TOWER HAMLETS HEALTH AND WELLBEING BOARD

Tuesday, 13 December 2016 at 6.30 p.m.
Whitechapel IDEA Store, 321 Whitechapel Road, London E1 1BU

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 Adults' 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)

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**.**

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.

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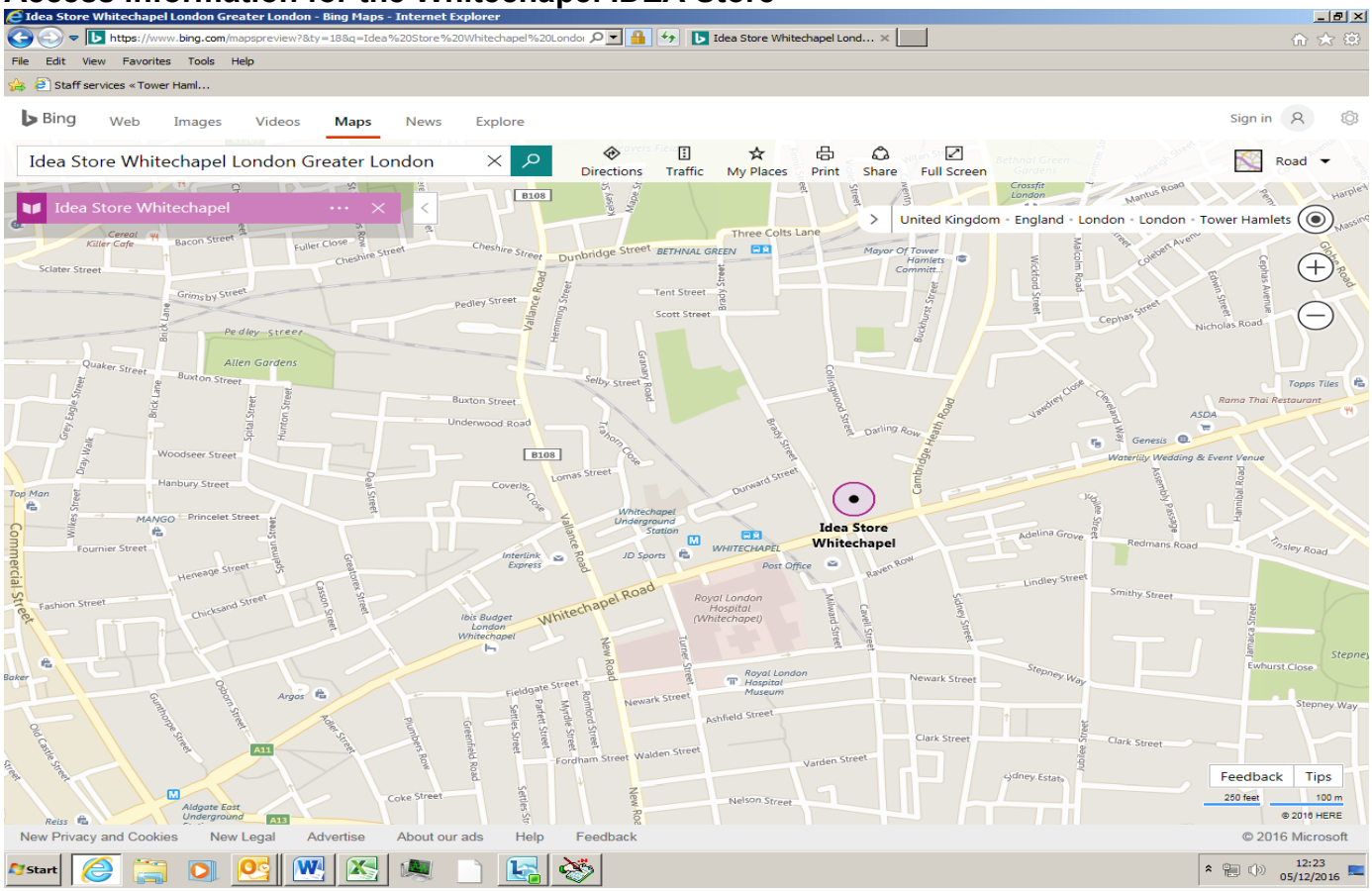

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1.	**STANDING ITEMS OF BUSINESS**	
1 .1	**Welcome, Introductions and Apologies for Absence** To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.	
1 .2	**Minutes of the Previous Meeting and Matters Arising** To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on. Also to consider matters arising.	**1 - 10**
1 .3	**Declarations of Disclosable Pecuniary Interests** To note any declarations of interest made by members of the Board. (See attached note of Monitoring Officer).	**11 - 14**
	ITEMS FOR CONSIDERATION	
2.	**HEALTH & WELLBEING STRATEGY 2017- 2020 - CONSULTATION FINDINGS**	**15 - 40**
3.	**DELIVERING THE HEALTH & WELLBEING STRATEGY 2017 - 2020 DISCUSSION PAPER**	**41 - 46**
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5.	**TOWER HAMLETS TOGETHER - VANGUARD PROGRAMME UPDATE**	**49 - 58**
6.	**BETTER CARE FUND QUARTER 2 MONITORING RETURN 2016 - 17**	**59 - 96**
7.	**TOWER HAMLETS DRAFT LOCAL PLAN 2031**	**97 - 108**
8.	**ANY OTHER BUSINESS** To consider any other business the Chair considers to be urgent.	
9.	**DATE OF NEXT MEETING**	

Date of Next Meeting:
Tuesday, 21 February 2017 at 5.30 p.m. in Mulberry Place, 5 Clove Crescent, London E14 2BG

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.35 P.M. ON TUESDAY, 18 OCTOBER 2016

MP702, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON E14 2BG.

Members Present:

Councillor Amy Whitelock Gibbs (Chair)	Cabinet Member for Health and Adult Services
Dr Sam Everington (Vice-Chair)	Chair of Tower Hamlets Clinical Commissioning Group
Councillor Rachael Saunders (Member)	Deputy Mayor and Cabinet Member for Education & Children's Services
Councillor David Edgar (Member)	Cabinet Member for Resources
Councillor Sirajul Islam (Member)	Statutory Deputy Mayor and Cabinet Member for Housing Management & Performance
Councillor Danny Hassell (Member)	Non-Executive Majority Group Councillor
Dr Somen Banerjee (Member)	Director of Public Health
Debbie Jones (Member)	Corporate Director, Children's Services
Denise Radley (Member)	Director of Adults' Services
Jane Ball	Gateway Housing
Simon Hall (Member)	Acting Chief Officer, NHS Tower Hamlets Clinical Commissioning Group

Co-opted Members Present:

Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Dr Navina Evans	East London and the Foundation Trust
Jane Ball	Tower Hamlets Housing Forum
Jackie Sullivan	Barts Health NHS
Sue Williams	Borough Commander
John Gillespie	Tower Hamlets Community Voluntary Sector, Health and Wellbeing Representative
Dr Victoria Tzortziou Brown	Chair of Complex Adult Working Group (CCG Board)
David Burbidge	Representing Tower Hamlets Healthwatch

Other Councillors Present:

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Apologies:

Jane Milligan	Chief Officer, Tower Hamlets Clinical Commissioning Group

Councillor Abdul Asad	Independent Group – Largest Minority Group on the Council

Others Present:

Sue Hogarth	Tower Hamlets Together
Megan Hill	City University

Officers in Attendance:

Karen Badgery	Children's Commissioning Manager, Children's Directorate
Monawara Bakht	Senior Strategy, Policy and Performance Officer, Children's and Adults Services
Emily Fieran-Reed	Service Manager, Community Cohesion, Engagement and Commissioning, Corporate Strategy and Equality
Carrie Kilpatrick	Deputy Director for Mental Health and Joint Commissioning
Chris Lovitt	Associate Director of Public Health
Tim Madelin	Senior Public Health Strategist, Adults' Services
Lisa Pottinger	Head of Sport & Physical Activity – representing Shazia Hussain
Christabel Shawcross	Safeguarding Adults Board Chair LBTH
Sarah Williams	Team Leader Social Care, Legal Services, Law Probity & Governance
Farhana Zia	Committee Services Officer

1. STANDING ITEMS OF BUSINESS

2. WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Chair, Cllr Amy Whitelock-Gibbs welcomed everyone to the Health and Wellbeing Board. In particular she was pleased the Borough Commander for Tower Hamlets Metropolitan Police – Sue Williams was able to attend as a new member of the Board.

She asked everyone to introduce themselves and moved to the business of the meeting.

Apologies were received from Cllr Abdul Asad, Independent Group – Largest Minority Group representative on the Health and Wellbeing Board, Esther Trenchard-Mabere, Associate Director of Public Health and Shazia Hussian, Service Head, Culture, Leisure and Learning Directorate.

2.1 Minutes of the Previous Meeting and Matters Arising

The minutes from the Board meeting of 9th August 2016 were agreed and approved as an accurate record of the meeting.

Matters Arising

Dr Somen Banerjee updated Board Members with regard to the 'Stepping up to the Place' workshop that had taken place in early October. He also stated that a workshop on Board development would be held at the end of January or early February.

In addition at the next meeting in December there will be a closed session to discuss the practical implementation of the Health and Wellbeing Strategy – this will be for an hour following the open meeting.

3. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

No Member of the Board declared any Discloseable Pecuniary interests, in reference to the agenda items.

4. COMMUNITY SAFETY PARTNERSHIP - DEVELOPING A WORKING RELATIONSHIP WITH HWBB

The Borough Commander Sue Williams introduced this item stating there are parallels between the Community Safety Partnership Board (CSP) and the Health and Wellbeing Board and she would welcome closer partnership working between the two Boards.

The action plan set out the priorities of the Community Safety Partnership Board with a focus on gangs and serious youth violence, anti-social behaviour, drugs and alcohol and violence against women and girls. Sue said much of the behaviours displayed which led to offences were driven by substance misuse and Police officers were dealing with very vulnerable people.

She recommended there should be cross representation on both boards.

Chris Lovitt, Associate Director of Public Health referred Members to pages 18-19 of the agenda pack and said the table mapped out the joint areas of interest and how a strengthened, joint partnership with aligned priorities could assist in tackling the common issues faced by crime and health agencies.

Board Members made the following comments.

- Senior officer representation was on both Boards with the Director for Adult Services and Director for Children's Services being members. The Director of Adults, Denise Radley stated she was also a Member of the Drug and Alcohol Action Team Board (DAAT)

- The Community Safety Partnership is seeking representation from Health (i.e. the NHS/CCG)?

- Proposed that Tower Hamlets Together partnership would be a an important link as this represents the key NHS partners (Barts Health, ELFT and the Primary Care Group)

- Have data sharing protocols been updated? Response – Protocols require updating.

- What prevention work has been done with regard to drug and alcohol? Response – a new Drug and Alcohol strategy has already been to the Health and Wellbeing Board – 21st June 2016 and subsequently has been adopted without further amendment.

The Chair, Councillor Amy Whitelock-Gibbs thanked Sue and Chris for their presentation.

Action: Simon Hall, Acting Chief Executive of Tower Hamlets Clinical Commissioning Group to liaise with colleagues in the NHS regarding representations of Health on the CSP Board's sub-groups.

5. SAFEGUARDING ADULTS ANNUAL REPORT

Christabel Shawcross, Chair of the Safeguarding Adults Board made her presentation, giving an overview of what the Safeguarding Adults Board (SAB) had achieved over the last 12 months and what the Board's priorities were for the forthcoming year.

She stated the SAB had asked 12 organisations to assess their safeguarding performance and had found they were delivering good services. They had undertaken a peer review which the Association of Directors of Adult Social Services (ADASS) had conducted and had 855 people referred for assessment under the Deprivation of Liberty Safeguards (DOLs) legislation.

With regard to forthcoming priorities, the SAB were looking to improve service user engagement and service user feedback. They also want to improve safeguarding training of voluntary sector staff and will continue to focus on adults with learning disabilities and their access to assessment and treatment.

The Chair thanked Christabel for her presentation and stated Members would have the opportunity to ask questions following item 5 of the agenda. The Chair pointed out the info-graphic summarising the SAB's achievements and priorities was on page 181 of the agenda pack.

The Board **NOTED** the annual report.

6. LOCAL SAFEGUARDING CHILDREN'S ANNUAL REPORT

Debbie Jones, Director for Children's Services introduced this report and thanked the report author, Sarah Baker, former independent Chair of the LSCB who had recently left the Local Authority.

She said the report detailed the achievements of the Local Safeguarding Children's Board (LSCB) and referred Members to the info-graphic on page 269 -270 of the agenda pack. She said this summarised the achievements of

the Board and introduced Monawara Bakht, Safeguarding Children, Strategy and Governance Manager, who added that the LSCB had three key messages.

Early Help and Intervention
The Board had undertaken an enquiry looking at early help and early intervention – in particular how the LSCB and the local authority responded to with Child Sexual Exploitation. They had applied the learning and had improved their early help response as well as their multi-agency response.

Harmful Practice's
The LSCB had also examined how it engaged with BME communities and responded to harmful practices such as FGM – Female Genital Mutilation. The service had reached over 1000 individuals.

Serious Case Reviews
Specific learning from serious case reviews was applied to improving the service response. For example harmful sexual behaviour and troubling transition from vulnerable child to adolescent and how the service can support children in both instances.

The Board Members raised the following questions:

- How is mandatory FGM recording progressing within the health service?
- What protection is provided to whistleblowing champions and are they kept informed of outcomes?

In response, it was said:

- Education and awareness of FGM in Primary Care was occurring and information is widely disseminated. However cases are difficult to identify but health colleagues are aware of cases. Chris Lovitt cautioned it was a difficult conversation to have, with some BME groups feeling they were being unfairly targeted.

- Denise Radley said whistle-blowers were given protection and in most cases feedback was provided as part of the process. She acknowledged in some cases this may not be happening and was happy to discuss individual cases with Healthwatch separately.

The Chair thanked Officers of their presentations and both Annual Reports were **NOTED** by the Board.
Monawara indicated that she would review current progress on mandatory recording of FGM by health services.

7. COMMUNITY ENGAGEMENT STRATEGY

Emily Fieran-Reed, Service Manager for Community Cohesion, Engagement and Commissioning presented her report. She gave an overview of the draft Community Engagement Strategy and said the report provided information on

the strategic drivers informing the development of the strategy alongside the proposed priorities and activities to embed community involvement at all levels of service design and delivery.

Board Members made the following observations and raised questions:

- Board members praised the strategy and felt the direction of travel for the strategy was positive, especially as it was empowering local communities.

- Board Members observed there was a cross-over in the number of community engagement strategies being developed across stakeholders groups – i.e. Community Safety Board, the CCG, the Tower Hamlets Together partnership and therefore it would be beneficial to link these together. It was suggested the Joint Commissioning Executive maybe the correct body to examine how links can be made between the various Boards/bodies that operate locally in Tower Hamlets.

- Board Members commented existing local structures should be used to consult residents. Emily re-assured members the strategy would map out where the links can be made and develop local groups.

- Consultation with BME groups was raised and how the Council will engage with these groups. Emily stated existing groups within the community would be used to engage with various communities.

- Board Members warned against consultation fatigue and said there were a number of strategies being consulted on during October – December 2016 and a timetable should be devised setting out what subject was being consulted on.

- Members of the public need more information on consultations, what they are, how they work, how their views can change the Council's policies.

The Chair thanked Emily for her presentation and the feedback provided by the members. She concurred a timetable setting out when various consultations were being undertaken would be a good idea but also warned that some consultation was due to statutory reasons and were legally required the timetable was determined by Government.

Emily stated the feedback provided would be incorporated in the draft strategy before the strategy was referred to the Corporate Management Team and the council process.

Board Members **NOTED** the report.

8. HEALTH AND WELLBEING BOARD STRATEGY 2016 - 2020

The Chair, Councillor Whitelock-Gibbs stated the Health and Wellbeing Strategy 2016-2020 had been discussed at various Board Meetings and the attached document sets out the vision and focus of the Board and priorities.

Dr Somen Banerjee said the focus of the strategy was on five key outcomes and was a shorter document than what had been produced in the past. The strategy was going to the Mayors Advisory Board on the 25th October followed by an 8-week public consultation period. He expected the strategy would be signed off at the February Health and Wellbeing Board meeting.

Councillor Whitelock-Gibbs added that whilst the strategy would focus on the five priorities it goes without saying that the other key areas the Board is responsible for will continue to be overseen.

Board Members made the following comments and raised questions relating to the strategy:

- How is the success of the outcomes going to be measured? Response – each section of the document has a 'How will we know if it's working' section. This explains the methodology and behind this will sit an evidence base and key development indicators.

- Are there specific workshops for the priorities identified?

- Who will be consulted with regard to the strategy? – With respect to outcome 3 – Employment and Health, the corporate community should also be consulted.

- The monitoring of the milestones achieved for each outcome should be more than once a year – perhaps the sub-groups could monitor more regularly.

- HWB board members need to champion the strategy and be involved in the public consultations.

The Chair thanked Board members for their views and said members would have a further opportunity to discuss and develop the practical steps of implementation at the closed session being held in December.

John Gillespie, Chair of the Community Voluntary Sector stated that with regard to Priority One, the CVS were holding a master-class on Health Creation in November, with a fact finding site visit to Margate. He invited HWB members to attend.

Board Members **AGREED** to endorse the Strategy and consented for the strategy to go out to consultation.

9. JOINT COMMISSIONING EXECUTIVE - TERMS OF REFERENCE

Denise Radley, Director for Adults Services introduced this report and wanted to draw attention of Board Members to the terms of reference for the Joint Commissioning Executive for noting.

The Joint Commissioning Executive is a new body responsible for the joint strategic commissioning of services in Tower Hamlets for children and young people, adults and public health.

It is responsible for coordinating the development of joint strategies for the relevant service areas and ensuring necessary arrangements are in place to implement strategies and procure service changes. This includes those decisions and proposals that would be inappropriate for reasons of commercial sensitivity to take to Health and Wellbeing Board Delivery Boards and other groups with provider representation.

It is responsible for strategic market development and management and overseeing plans to re-commission and de-commission services as well aligning this work with joint strategic procurement plans. It will report key decisions to the Health and Wellbeing Board and related Delivery Boards as well as to relevant executive and governing bodies of the CCG and the Council.

Denise Radley pointed out as per Priority 5, of the Health and Wellbeing Strategy the terms of reference for the Joint Commissioning Executive had to be approved by the Health and Wellbeing Board.

Board members made the following comments:

- Do contracts and tenders include a percentage for Community benefit?

Response: It is not within the Terms of Reference of the Joint Commissioning Executive.

The Board **NOTED** and **APPROVED** the terms of reference of the Joint Commissioning Executive.

10. TRANSFORMING CARE PLAN

Carrie Kilpatrick, Deputy Director for Mental Health and Joint Commissioning and Karen Badgery, Service Manager Children's Commissioning informed the Health and Wellbeing Board about the progress made on the Transforming Care Plan.

Transforming Care Plans (TCP) aim to reduce inpatient provision and enhance services for people with learning disabilities and/or autism who display behaviour that challenges, including those with a mental health condition.

Carrie informed the Board local plans had been developed for Adults and Children's services and requested the Board to endorse the detailed commitments contained within the report.

With regard to Children's plan there was a small cohort of children who were in 'out of borough' placements but the service was looking to develop a register and early years programme. Early intervention pathways were being developed.

Members of the Board made the following comments:

- Pleased to see Children and Young People were included in the Plan. Board should note that whilst the cohort of children is small the scale of difficulties is high and there is a high cost element to their care.

- It is important to look at vulnerable people and advocacy services available to them.

- Also would like to see the length of stays for those who are vulnerable or in 'out of borough' placements reduced.

The Board duly **NOTED** the transforming care plan report.

11. UPDATE ON NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (NEL STP)

Simon Hall, Acting Chief Officer of Tower Hamlets Clinical Commissioning Group gave a brief update on the North East London Sustainability and Transformation Plan. (NEL STP) This is the five year plan the North East London commissioners and providers are working to develop and while the mandate for the STP development and sign off lies with health partners, the CCG and NEL STP partners are keen to work with Local Authorities

He said whilst the STP set out the vision for the health economy, all CCG's were experiencing challenges as they negotiate their 2 year settlement with NHS England.

Councillor Whitelock-Gibbs stated some Local Authorities had expressed concern about their involvement in shaping the STP but understood the sign off process from the Local Authority side has now been strengthened.

Debbie Jones, Director of Children's services stated children's services were notably absent on the draft STP and she would like these services to be included in the plan.

Simon Hall noted the comments and said the local children's services were provided on a borough level footprint and this will continue to be the case. The STP was recognising what is required at a regional level in order to ensure the health economy for North East London can deliver the level and services required, in a changing and challenging environment.

The Board duly **NOTED** to report.

12. BETTER CARE FUND QUARTER 1 RETURN - UPDATE

Denise Radley, Director for Adults services explained to Board Members that the Better Care Fund was required to present its performance figures to the Health and Wellbeing Board and the attached report did just that.

She said that the return had been agreed and signed off between her and the CCG before being reported to the Board, as timescales and meeting dates did not align so well.

Members of the Board asked the following questions:

- Is the Disability Funding Grant consistent with previous years?
  Response – it has actually increased in size because of changes to the Adult Care grant.

- There is a lack of user involvement in the Better Care Fund and local agencies should be used to engage views about patient user experience.

The Board agreed to delegate sign off of Better Care Fund Returns to the Joint Commissioning Executive and HWBB will have responsibility in overseeing it.

The report was duly **NOTED.**

13. ANY OTHER BUSINESS

No other business was discussed.

14. DATE OF NEXT MEETING

Members of the Health and Wellbeing Board were asked to note the next meeting of the Board was on the 13th December 2016.

The Chair informed Members this meeting would be chaired by the Vice-Chair, Dr Sam Everington due to the imminent birth of her first child.

The meeting ended at 7.45 p.m.

Chair, Councillor Amy Whitelock Gibbs
Tower Hamlets Health and Wellbeing Board

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

Further advice

For further advice please contact:-

Melanie Clay, Corporate Director of Law, Probity & Governance & Monitoring Officer, Telephone Number: 020 7364 4801

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

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Health and Wellbeing Board Tuesday 13 December 2016	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Health and Wellbeing Strategy 2017 – consultation findings	

Lead Officer	Somen Banerjee/Dianne Barham
Contact Officers	Somen Banerjee/Dianne Barham
Executive Key Decision?	No

Summary

The consultation on the Tower Hamlets Health and Wellbeing Strategy started on the 11th of November 2016 and will end on the 21st December.

This agenda item will feedback on emerging findings at the board meeting on 13 December based on -

1. The online survey
2. Engagement through stakeholder groups
3. Engagement event coordinated by Health Watch on 26th November at Ideas Store Whitechapel

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note and comment on ongoing findings from the consultation
2. Suggest any opportunities for consultation that may have been missed

1. REASONS FOR THE DECISIONS

1.1 The purpose of the item is to give the Board the opportunity to discuss emerging findings from the consultation and also identify any further opportunities to strengthen the consultation findings that may have been missed.

2. ALTERNATIVE OPTIONS

2.1 Not presenting findings may result in lost opportunities to use the knowledge of the Board to strengthen the consultation.

3. DETAILS OF REPORT

3.1 As it is too early to provide a report, findings will be presented at the meeting.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 There are no financial implications at this stage arising from consideration of the consultation outcomes.

5. LEGAL COMMENTS

5.1 The Health and Social Care Act 2012 ("the 2012 Act") makes it a requirement for the Council to establish a Health and Wellbeing Board ("HWB"). S.195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.

5.2 This duty is reflected in the Council's constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety, and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.

5.3 Section 116A of the Local Government and Public Involvement in Health Act 2007 places a duty on the HWB to prepare and refresh a joint strategic health and wellbeing strategy in respect of the needs identified in the Joint Strategic Needs Assessment, so that future commissioning/policy decisions are based on evidence. The duty to prepare this plan falls on local authorities and the Clinical Commissioning Group, but must be discharged by the HWB.

5.4 In preparing this strategy, the HWB must have regard to whether these needs could better be met under s75 of the National Health Service Act 2006. Further, the Board must have regard to the Statutory Guidance on Joint

Strategic Needs Assessments and Joint Health and Wellbeing Strategies published on 26 March 2013, and can only depart from this with good reason.

5.5 Any consultation should comply with the following criteria: (1) it should be at a time when proposals are still at a formative stage; (2) the Council must give sufficient reasons for any proposal to permit intelligent consideration and response; (3) adequate time must be given for consideration and response; and (4) the product of consultation must be conscientiously taken into account. The duty to act fairly applies and this may require a greater deal of specificity when consulting people who are economically disadvantaged. It may require inviting and considering views about possible alternatives.

5.6 When considering the recommendation above, and when finalising the strategy, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 The strategy is fundamentally about addressing health inequalities and ensuring that the health needs of those in greatest need are addressed. This requires working with the public to get their perspectives.

7. BEST VALUE (BV) IMPLICATIONS

7.1 Engagement with the public on the strategy is essential to ensure that resources are best used to drive change through validation of priorities and identifying ways of delivering against them.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 Health Place is one of the five priorities of the strategy and there is a strong link between sustainability and health benefits.

9. RISK MANAGEMENT IMPLICATIONS

9.1 Consultation is essential to mitigate the risk that that strategy priorities and actions are in line with public perspectives and expectations. It is also essential for ongoing engagement and involvement on delivery.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 Although the implications are not direct, the strategy makes the link between feeling safe and mental and physical health.

Linked Reports, Appendices and Background Documents

Linked Report

- Tower Hamlets Health and Wellbeing Strategy 2017.

Officer contact details for documents:

- Somen Banerjee, Director of Public Health, LBTH
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TOWER HAMLETS TOGETHER

Tower Hamlets Health and Wellbeing Strategy 2017-2020

Draft for consultation

Tower Hamlets Health and Wellbeing Board

Contents

FROM THE MAYOR

I am delighted to support the Health and Wellbeing Board in taking this strategy forward.

In Tower Hamlets people start to develop poorer health ten years earlier than the rest of the country.

This is why this strategy is so vital for our borough. It is about partnership working to drive improvement, and how we can place local residents and communities at the centre of this change.

Only by working together can we start to tackle the inequalities we face and improve health and wellbeing for everyone in the borough.

John Biggs
Mayor of Tower Hamlets

FOREWORD

As local residents, we know that Tower Hamlets is a fantastic place to live and work. But as a borough we also face many challenges – and poor health is one of the starkest. Compared to other places we have some of the highest levels of mental health problems and higher rates of many physical illnesses like diabetes, heart disease and stroke.

For us, this is a matter of fairness and social justice. It can't be right that children in our borough are at greater risk of health problems – and that older people are less likely to live as long – as others in more affluent parts of London. Of course, these persistent challenges remain at a time of drastically reduced budgets across all parts of the public sector.

As Chair and Vice Chair of the Health and Wellbeing Board, we are determined that the council and NHS, together with our partners, will prioritise action on some of the most significant challenges in the next three years. We can't do everything at once and hope to have an impact, so we have used evidence to focus on five key themes where through joint leadership we believe we can and must make progress. We will still work hard through our organisations to deliver services and support across the full range of health issues, but the priorities set out in this strategy are where we will particularly focus our leadership as a Board.

Empowering communities to lead their own positive change in health and wellbeing, creating a healthier place and environment, and joining up our local services are all areas where the power of the Health and Wellbeing Board partnership will be critical to success. Employment and health, and children's weight and nutrition are two issues where Tower Hamlets has persistently poor outcomes but through focused effort we can make a huge difference to the physical and mental health of local people.

We can't achieve these ambitious goals alone, so we look forward to working with the public and our partners to deliver positive change in Tower Hamlets.

Cllr Amy Whitelock Gibbs
Chair of Health and Wellbeing Board
Cabinet Member for Health and Adult Services

Dr Sam Everington
Vice Chair of Health and Wellbeing Board
Chair of NHS Tower Hamlets Clinical Commissioning Group

HELLO & WELCOME

Welcome to the Tower Hamlets Health and Wellbeing Strategy – our aim is to make a difference to the physical and mental health and wellbeing of everyone who lives and works in Tower Hamlets.

To do this, we have brought together those who are in a position to help make that difference. They include local Councillors; the council (including social care, education, housing, environment, public health and employment services); the NHS; community groups; other key partners (including housing providers and the police); and, most importantly, organisations which represent the voice of local people, such as Healthwatch Tower Hamlets. Together we form the Tower Hamlets Health and Wellbeing Board.

We know we face some big health challenges in Tower Hamlets but also that by working together across services - and with our local communities - we can make a positive difference to everyone's wellbeing in Tower Hamlets. Therefore, we have looked at the evidence and worked hard to find out what needs to be done and plan how we will do it.

This strategy will tell you:

a. **what we want to do**
b. **why we have chosen these areas to focus on**
c. **what we plan to achieve.**

WHAT MAKES FOR GOOD HEALTH?

Factors of good health

The quality of our lives is strongly dictated by the state of our health. We are all subject to a range of factors which can make the difference between feeling good and feeling poorly. These include our environment (how clean is our air and do we have parks nearby); where we live (the condition of our homes and do we have access to affordable healthy food); how safe we feel (in our home and on our streets); how happy we feel (are we supported emotionally and socially); and where we go when we need additional support or help (how good are local services).

There are also other factors which can affect us physically (genetics, ethnicity, gender), emotionally (early life and childhood experiences, family life, relationships) and mentally (income, employment, stress).

Lastly, our lifestyle choices and the habits we develop also form part of our health equation; they may have a positive impact (e.g. regular exercise, healthy diet, managing stress) or a negative one (e.g. smoking, problem drinking, being overweight).

Because of these factors, all 300,000 of us in Tower Hamlets will have our own unique story, which will include our past, present and (not yet written) future health.

As individuals, we have the power to influence our own stories and to support others to improve their health. The council and its partners also play a key role in shaping the environment and services which help or hinder our health.

HEALTH IN TOWER HAMLETS

How we compare

In Tower Hamlets, people typically start to develop poorer health around ten years earlier than London and England. On average, a man living in the borough starts to develop health problems from the age of 54 compared to 64 in the rest of the country. For a woman, it is 56 compared to 64.

Tower Hamlets (average)

UK (average)

Reasons for poor health

The reasons for this are varied but include the health impacts of higher levels of poverty (low income, unemployment, insecure employment), poor housing quality, overcrowding, homelessness, social isolation, poor air quality, lack of access to affordable healthy food and lack of green spaces.

These factors are linked to low birth weight, dental decay in children, childhood obesity, smoking, unhealthy diet, alcohol consumption, high risk sexual behaviour and the use of illegal drugs.

The end result is reflected in our higher levels of physical and mental health conditions such as anxiety, depression, diabetes, heart disease, stroke, lung cancer, long-term lung diseases, liver disease, tuberculosis and HIV.

These are serious issues needing urgent solutions. The link between poverty and poor health is a social justice issue. That's why this strategy is so important.

WHAT WE INTEND TO DO

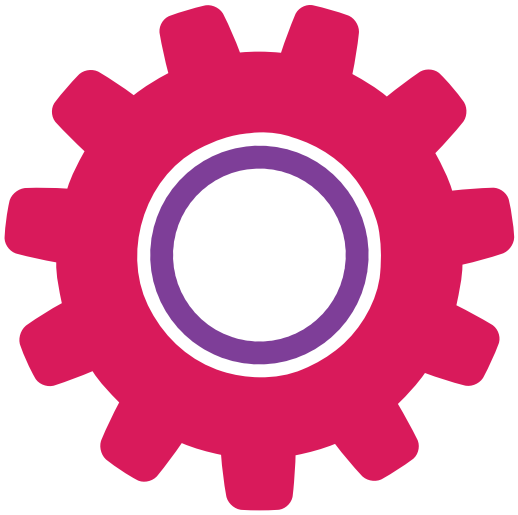
We need to take action now

The issues we face are urgent if we are going to be successful in combating the factors that will negatively impact the future health of people living in the borough.

However, we recognise that there are challenges – we will need to address issues such as rapid population growth, a transient population (high levels of people moving in and out of the borough), a diverse population with its individual needs, public expectations, scientific advances and welfare reform – all of this with less money available due to significantly reduced funding for local councils and lower levels of government spending on the NHS.

But we are prepared. Our Health and Wellbeing Board have the experience and expertise to approach these issues strategically; commission services that will have impact; and ensure that our residents are given the opportunities, guidance and support that will help them live healthier lives.

It is not right that people living in poverty do not live as long and face more unhealthy lives than those in wealthier areas. Together we can change this.



NTEND

Our next steps

We face lots of challenges, but we can't tackle them all at once. We want to drive change but if we spread ourselves too thinly, we will not have as big an impact. Our focus, therefore, will be on a small list high priority issues - where we know we face particular health challenges and where only by working together will we achieve the change we need for local people.

We will still be overseeing all strategic health issues across the borough, but we will be concentrating on five themes in the next four years which will have the most significant impact on the health and wellbeing of our residents.

How we decide

Our list of priorities was decided upon using the following criteria:

1. **Change** - Is the scale of the problem significant in Tower Hamlets and is there evidence that action will have a positive impact?
2. **Feedback** – What are the concerns of local residents?
3. **Feasibility** – Can change be supported by the system within the next four years?
4. **Motivation** – Is there enough collective will to achieve the change?

THE FIVE PRIORITIES

These are our five priorities:

1. **Communities Driving Change** – changes led by and involving communities
2. **Creating a Healthier Place** - changes to our physical environment
3. **Employment and Health** - changes helping people with poor working conditions or who are unemployed
4. **Children's Weight and Nutrition** changes helping children to have a healthy weight, encouraging healthy eating and promoting physical activity
5. **Developing an Integrated System** – changes which will join up services so they are easier to understand and access.

What is in this report?

For each of the priorities, we have asked:

- **Why is this important?**
- **What is being done already?**
- **What is our focus for action?**
- **First 12 months - what will we do?**
- **What will have changed in 3 years?**
- **How will we know if it's working?**

How will it be reviewed?

We will review these priorities every year looking at what is working; what needs to change; what lessons have been learnt; and how our approach may need to be altered.

We have outlined how we will be monitoring this progress over the next three years, including what we intend to achieve within the first year.

These actions will be reviewed annually so as to set out a plan for the following year.

Tower Hamlets Health and Wellbeing Strategy 2017-20

1. Communities driving change

Why is this important?

- Evidence suggests that supporting people to take action addressing factors influencing their health and that of their communities has long-term benefits.
- Listening to what residents are saying about what matters to them and the issues they face gives organisations valuable insight into how services can bechanged to respond to residents' priorities.
- In areas with higher deprivation and diversity, such as Tower Hamlets, it is particularly important for the contribution of local residents to health improvement to be valued and encouraged.

What is being done?

- Numerous projects involving residents are currently being run by the voluntary sector, housing associations, Healthwatch, the NHS and the council.
- Organisations who have developed (or are in the process of developing) community engagement strategies include the Clinical Commissioning Group (CCG), the council, Tower Hamlets Together, Barts Health and the Council for Voluntary Service.

What is our focus for action?

- We want to shift the focus from 'engaging' and 'involving' residents towards supporting residents to take leadership roles in identifying and acting on health challenges and improving the system's capacity to respond.
- We want to embed a culture across partner organisations that focusses on empowering and enabling people to have a sense of control overtheir lives, which evidence suggests leads to improvements in individual and community health.

First 12 months - what will we do?

We aim to:

- implement a 'health creation' programme in which residents:
  - identify issues impacting on health and wellbeing that matter to local people
  - recruit other residents who have the energy and passion to make a difference
  - develop and lead new ways to improve health and wellbeing locally
- implement a programme across the partnership to promote a culture in their organisations that empowers people to be in control and informed about how to improve their health
- engage local residents with the work of the Board and to deliver this strategy by:
  - hosting an event in each area at least one month prior to our Health and Wellbeing Board meetings
  - following this up with a further meeting with the public to report back
  - using social media to communicate more regularly and creatively with a wider range of local people.

What will have changed in three years?

We would like more people to:

- **feel in control of their health and informed to make positive changes**
- **support each other around their health and wellbeing**
- **take joint action on issues that affect their health and wellbeing**
- **get involved in shaping local services.**

How will we know if it's working?

- improvements to health outcomes or services which can be attributed to what local people are doing
- an increase in the hours given by volunteers (relating to health and wellbeing), the range of their experiences and levels of satisfaction
- we will develop further measures based on work we are currently doing with communities on outcomes that matter to them .

2. CREATING A HEALTHIER PLACE

Why is this important?

- Evidence strongly suggests that our environment (both in and outside) has an impact on our health and wellbeing. This includes the quality of our air; the condition of our homes; the safety and infrastructure of our localities (e.g. parks and roads); the promotion of everyday walking and cycling; the availability of affordable healthy food; and access to places where we can meet and socialise with other people.
- These issues are important in Tower Hamlets due to our higher levels of air pollution; lower standard of housing; overcrowding; high number of fast food outlets; and a high number of road traffic accidents. To compound this, not only do we have one of the highest levels of new development in London, but also one of the lowest expanse of green space.

What is being done?

- A new Local Plan is being developed which sets out spatial and development management policies. Evidence supporting the links between health and development are set out in this plan.
- Strategies have also been written for the following – open spaces, leisure facilities, green grid development (which links green spaces in the borough), transport, air quality and town centres.

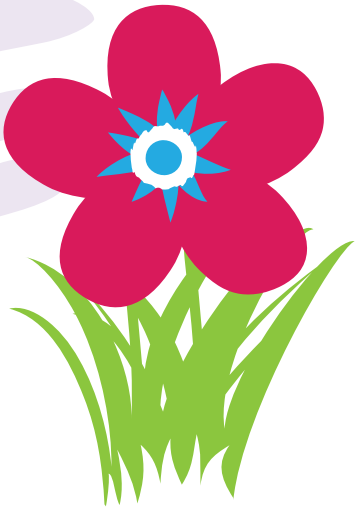
What is our focus for action?

- We will gather evidence showing the link between health and development so that health and wellbeing is central to planning and development decisions.
- We will make health impact assessment core to policy decisions across the partnership (not just the council).
- We will ensure that a healthy place is a priority for policy decisions around the Community Infrastructure Levy.

First 12 months - what will we do?

We aim to:

- identify three areas in the borough where there is particular need to improve the physical environment (e.g. lack of green space, population growth) and engage with residents and local organisations on priorities for improvement to benefit health and wellbeing
- develop a process to ensure that the impacts on health and wellbeing made by major developments are routinely assessed and considered in planning decisions
- support the council's Air Quality Plan and implement an air quality communications campaign across the partnership targeted at residents and organisations to:
  - increase awareness of poor air quality, how to minimise exposure and adopt less polluting behaviours
  - introduce pledges from organisations to minimise their impact on air pollution



What will have changed in three years?

We would like:

- **better and more creative use of open spaces**
- **better connections between green spaces**
- **reduced exposure to air pollution**
- **more residents using public spaces for healthy activities.**

How will we know if it's working?

- increase in active travel (e.g. walking, cycling)
- increase in use, quality and satisfaction with open spaces
- better air quality.

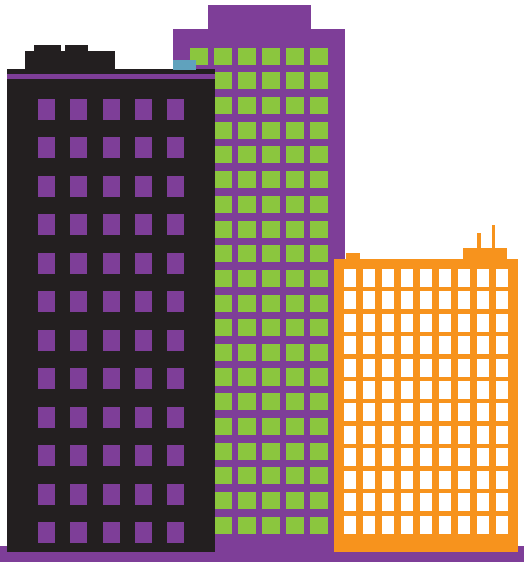
3. Employment and health

Why is this important?

- Unemployment and poor working conditions (e.g. lack of control, low wages, job instability, physical hazards, poor or stressful culture and environment) affects people both psychologically and physically. Evidence shows that being unemployed or in poor employment can lead to:
  - increased levels of risk factors for poor health (e.g. smoking, problem drinking, poor diet, low physical activity)
  - mental health issues, and
  - higher rates of long-term health problems (e.g. heart disease, stroke and musculoskeletal conditions such as back pain and arthritis).
- These issues are particularly important in Tower Hamlets due to our high levels of:
  - unemployment
  - people on a low income or who are on health-related employment benefits
  - people for whom mental health or learning disabilities is a barrier to employment.

What is being done?

- Employment provision is currently being reviewed in order to shape the council's new employment strategy. The review states that 'close strategic and operational links between health and employment is critical to the way forward in Tower Hamlets; to prevent unemployment, to maximise work opportunities for those who experience health and mental health problems and to support the long term unemployed back to work.'
- The council, the NHS and voluntary organisations are working both individually and collectively on programmes to support this agenda including social prescribing, apprenticeships and volunteering schemes offering pathways into employment.



What is our focus for action?

- We will take action that reduces unemployment and increases good or healthy employment.
- We will strengthen the integration between health and employment services.
- We will address health inequalities by developing the workplace as a setting for prevention and early help.

First 12 months - what will we do?

We aim to:

- strengthen the integration between health and employment services by:
  - using social prescribing as a lever to strengthen links between health and employment services
  - reviewing best practice elsewhere
  - shaping and ensuring effective local delivery of the Department of Work and Pensions Work and Health programme
- sign up our partner organisations to the London Healthy Workplace Charter and to:
  - undertake self-assessment
  - identify priorities for improvement and shared priorities for action to improve the level of healthy employment.

What will have changed in three years?

We would like:

- **more unemployed people given the support they need to maintain or improve their health**
- **an equal chance of good employment given to those with a physical or mental health condition**
- **more local employers to actively support the health and wellbeing of their employees.**

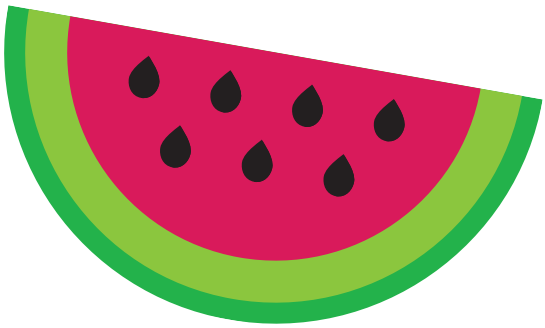
How will we know if it's working?

- improvement in the health and wellbeing of those using employment services
- improvement in the health and wellbeing of people who work in Tower Hamlets
- increase in the rates of employment for those who have been unemployed due to a health barrier.

4. Children's weight and nutrition

Why is this important?

- A healthy weight and good nutrition in childhood sets you up for life. It is a key factor in our life-long general physical and mental wellbeing as well as preventing common long-term conditions such as diabetes, heart disease, stroke and some cancers.
- This issue is of particular importance in Tower Hamlets as childhood obesity levels of our 4-5 year olds and 10-11 year olds are significantly higher than national levels (although levels have been decreasing for those aged 4-5, but not 10-11).
- In addition, a very small proportion of children (around 2%) are underweight, which is also significantly higher than the national average.
- There is also evidence of widespread micronutrient deficiencies e.g. Vitamin D which is mainly due to lack of exposure to sunlight.



What is being done?

- Action is being taken to improve access to healthy food, parks and play areas.
- A range of programmes exist which promote healthy weight, good nutrition and physical activity for children. These include healthy start vitamins and food vouchers, breastfeeding support, health visiting, school nursing, active play, active travel, healthy schools, child and family weight management and healthy parenting programmes.
- New 'primary school neighbourhood pathfinders' to engage parents and communities in shaping local services and identifying new opportunities for their children to be more active and eat healthily.

What is our for action focus?

- We want to ensure that schools and early years providers are promoting child health and wellbeing, focusing on healthy weight and good nutrition.
- We want to find out the best way to communicate effectively with parents and communities.

First 12 months - what will we do?

We aim to:

- strengthen existing school programmes by:
  - identifing and supporting a 'health representative' on the governing body of every school
  - telling parents what each school is doing for their child's health and wellbeing
  - promoting the 'Healthy Mile' in schools, which is a scheme ensuring that pupils run or walk for a mile a day
  - inviting a representative from the Tower Hamlets Education Partnership onto the Health and Wellbeing Board.
- develop and implement a community engagement and communications strategy around healthy weight and nutrition in children, with particular emphasis on high risk groups.

What will have changed in three years?

We would like:

- **more 10-11 year olds to be a healthy weight**
- **more schools and early years providers to promote child health and wellbeing**
- **more parents and communities to be involved with improving the healthy weight and nutrition of children.**

How will we know if it's working?

- increase in 4-5 year olds and 10-11 year olds who are a healthy weight
- improvement in healthy weight by age, ethnicity, gender and school
- improvement in physical activity and healthy eating (indicators to be developed).

5. Developing an integrated system

Why is this important?

- Many of our residents have multiple and complex needs and not everyone has the same access to services.
- A fragmented system is hard to understand therefore joined up services are needed to improve people's experiences (across health and social care, as well as other services).
- Even though our resources are diminishing, we still have a large and diverse range of community and voluntary organisations.
- We need to look at total investment so as to make best use of available resources.
- Nationally, the idea of integration is being promoted and all local areas have to have a plan for joined up services by 2020.

What is being done?

- 'Tower Hamlets Together' brings together partners across the council, NHS and voluntary sector to drive this change. Current actions include:
  - a new community model with GPs, local hospitals, social care and mental health providers working together
  - development of new models of integrated children's services across health, education, social care and community organisations
  - integrated personalised commissioning' pilot exploring how people can control their own budget for health and social care
  - extending the range of 'prescriptions' available to health and care providers to include wider council and voluntary sector services such as housing, employment and healthy living services ('social prescribing')
  - developing a single point of access for residents to easily access information and advice on healthy living, health and care services.

What is our focus for action?

- We will agree a shared vision.
- We will set out the system wide changes needed and prioritise these.
- We will ensure that the priorities are moving us towards achieving this vision.
- We will lead and inspire a campaign to support the cultural changes required across the system.

First 12 months - what will we do?

We aim to:

- create our shared vision and 'golden thread' developed through community engagement
- develop and agree our plan for a fully integrated health and care system by 2020
- campaign within our organisations to support the necessary culture change to join up services (see also Communities Driving Change).

What will have changed in three years?

We would like joined up health and social care for all (a vision which is based on community engagement and ownership) with more people saying:

- **'I have easy access to information, advice and guidance which helps me to find what I need.'**
- **'It's easy to get help from my GP practice and I can contact my Care Co-ordinator whenever I have any questions.'**
- **'There are different people involved in supporting me but everyone listens to what I want and helps me to achieve my goals.'**

How will we know if it's working?

- improvement in resident self-reported measures (to be developed) focussing on effectiveness of coordination
- increased number of staff in joint or multi-skilled roles
- measure of culture change (e.g. 'pulse check' for use across our joint workforce).

TOWER HAMLETS HEALTH AND WELLBEING BOARD

MEMBERS

Chair	
Councillor Amy Whitelock Gibbs	Cabinet Member for Health and Adult Services
Vice Chair	
Dr Sam Everington	Chair, NHS Tower Hamlets Clinical Commissioning Group
Councillor Rachael Saunders	Cabinet Member for Education and Children's Services
Councillor David Edgar	Cabinet Member for Resources
Councillor Sirajul Islam	Statutory Deputy Mayor and Cabinet Member for Housing Management and Performance
Councillor Danny Hassell	Labour Group
Dr Somen Banerjee	Director of Public Health, London Borough of Tower Hamlets
Dianne Barham	Healthwatch Tower Hamlets
Simon Hall	Acting Chief Officer, NHS Tower Hamlets Clinical Commissioning Group
Debbie Jones	Corporate Director, Children's Services, London Borough of Tower Hamlets
Denise Radley	Director of Adult Services, London Borough of Tower Hamlets
Det Ch Supt. Sue Williams	Borough Commander, Metropolitan Police

CO-OPTED MEMBERS

Jane Ball	Tower Hamlets Housing Forum
Aman Dalvi	Corporate Director, Development and Renewal, London Borough of Tower Hamlets
Councillor Abdul Asad	Independent Group
Deng Yan San	Young Mayor
Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Dr Navina Evans	Chief Executive, East London NHS Foundation Trust
Jackie Sullivan	Managing Director of Hospitals, Barts Health NHS Trust
John Gillespie	Tower Hamlets Council for Voluntary Service
Christabel Shawcross	Independent Chair, Safeguarding Adults Board
Stephen Ashley	Independent Chair, Safeguarding Children Board

The Tower Hamlets Health and Wellbeing Board want to hear your thoughts about this strategy, the priorities we have identified, what we plan to do and how you would like to be involved in the future.

To provide your feedback please visit our consultation page on:

www.towerhamlets.gov.uk/healthandwellbeing

Tower Hamlets Health and Wellbeing Board

Health and Wellbeing Board Tuesday 13 December	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Delivering the Health and Wellbeing Strategy - Discussion Paper	

Lead Officer	Somen Banerjee
Contact Officers	Somen Banerjee
Executive Key Decision?	No

Summary

This is a brief paper that looks ahead to how the Board will oversee the delivery of the new Health and Wellbeing Strategy. It sets out proposals on
1. A high level dashboard for overseeing the priority actions
2. The role of Board Champions
3. How priorities will come to the Board for discussion and action

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Review the paper and the questions for the Board that are set out in it

1. REASONS FOR THE DECISIONS

1.1 The purpose of the paper is to ensure that there is a clear and agreed process from the Board perspective on how the actions of the strategy are delivered.

2. ALTERNATIVE OPTIONS

2.1 Alternative options may emerge from the discussion at the Board. However, the option of not having the discussion would be that focus on driving change through the strategy may be lost.

3. DETAILS OF REPORT

3.1 See attached.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 The proposed actions set out in the draft delivery strategy are anticipated to be undertaken within existing resources; there are no additional financial implications arising from the report.

5. LEGAL COMMENTS

5.1 The Health and Social Care Act 2012 ("the 2012 Act") makes it a requirement for the Council to establish a Health and Wellbeing Board ("HWB"). S.195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.

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5.4 In preparing this strategy, the HWB must have regard to whether these needs could better be met under s75 of the National Health Service Act 2006. Further, the Board must have regard to the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies published on 26 March 2013, and can only depart from this with good reason.

5.5 The review of the strategy provides the opportunity to refresh and update the focus of the HWB to reflect current and future needs within the borough. This review programme provides the basis for the HWB to collate the perspectives of all relevant and interested parties before agreeing any final strategy and plan.

5.6 When considering the recommendation above, and when finalising the strategy, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 The strategy is fundamentally about addressing health inequalities and ensuring that the health needs of those in greatest need are addressed. Ensuring that action is concerted and impactful will be essential and this is the issue addressed in the paper.

7. BEST VALUE (BV) IMPLICATIONS

7.1 This paper is about ensuring the best use of the senior resource of the Health and Wellbeing Board and the strategy itself notes the issue of rising costs of the health and care economy in the context of declining resources and the need to integrate the system better to ensure efficiency.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 Health Place is one of the five priorities of the strategy and there is a strong link between sustainability and health benefits.

9. RISK MANAGEMENT IMPLICATIONS

9.1 The main risk of the strategy is creating expectation and not delivering. This paper seeks to mitigate this risk by agree a way forward to oversee delivery and establish ownership by the Board of its priorities.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 Although the implications are not direct, the strategy makes the link between feeling safe and mental and physical health.

Linked Reports, Appendices and Background Documents

Linked Report

- Tower Hamlets Health and Wellbeing Strategy 2017

Officer contact details for documents:

- Somen Banerjee, Director of Public Health, LBTH
  Somen.banerjee@towerhamlets.gov.uk

Delivering the Health and Wellbeing Strategy (Discussion paper)

'We face lots of challenges, but we can't tackle them all at once. We want to drive change but if we spread ourselves too thinly we will not have as big an impact. Our focus, therefore, will be on a small list of high priority issues - where we know we face particular health challenges and where only by working together will we achieve the change we need for local people' (p9 Tower Hamlets Together, Health and Wellbeing Strategy 2017 Consultation Draft)

1. Whilst the strategy consultation period is not quite complete, the purpose of this paper is to start thinking ahead to how we, as a Board, will take forward the change that we have outlined in the strategy.

2. The table overleaf sets out a simple dashboard covering the 15 actions of the strategy based on the 5 priorities (and the action around a shared outcomes framework). It is proposed that this is updated on an ongoing basis and is a standing agenda item at Board meetings. It would also be an option to put this on a public website (with hyperlinks to more detailed strategies)

3. The Board is asked to discuss the following issues:

Board champions

One of the core principles of the new strategy is ownership of the priorities by the board. For this reason, the role of Board members in shaping the priorities of the strategy has been vital. In continuing, this engagement through the delivery of strategy it is proposed that a small group of Board Champions are allocated to each priority (the table overleaf sets out those who have been involved so far in these priorities)

The proposed roles of the Board Champions include:

- Leading discussion on plans, progress and review of priorities at the Board
- Providing senior level leadership, guidance and support to officers/staff who have lead responsibility for development and implementation of the 15 actions
- Championing and promoting the priority outside Board meeting

Focussing on and reviewing priorities from the Strategy at Board Meetings

There are 6 board meetings a year. In order to provide adequate focus for the priorities, a possible approach could be to:

- Bring each priority to the Board three times through the year (covering a cycle of plans, mid year progress and review)
- Manage this by 2-3 priorities coming to each Board and the remaining priorities coming to the subsequent meetings
- Having an annual strategy review workshop to set actions and review priorities for the next year

Questions for Board

1. Does the described role for the Board Champions sound right?
2. Should there be a principle that each Board member is a champion for at least one priority?
3. Does the approach to reviewing priorities at Board meetings sound right?
4. What are Board views on putting strategy updates on a public website?

HEALTH AND WELLBEING STRATEGY - What will do in 2017?
Proposed High Level Dashboard

	PROGRAMME OF ACTIVITY	PROGRESS	RAG
	COMMUNITIES DRIVING CHANGE		
	Board Champions: Dianne Barham, John Gillespie		
1	Implement a 'Health Creation' programme in communities		
2	Implement a 'Health creation' programme in organisations		
3	Connect the Board to residents through engagement events and social media		
	CREATING A HEALTHIER PLACE		
	Board Champions: Cllr David Edgar, Shazia Hussain		
4	Improving physical environment action areas		
5	Integrate health impact assessment into planning and policy		
6	Increase awareness of and take action on air pollution		
	EMPLOYMENT AND HEALTH		
	Board Champions: Cllr Whitelock Gibbs, Ian Basnett, Somen Banerjee		
7	Better integrate health and employment services		
8	Sign up to London Healthy Workplace Charter and identify priority actions		
	CHILDRENS WEIGHT AND NUTRITION		
	Board Champions: Cllr Rachael Saunders, Debbie Jones, Sam Everington		
9	Identify and support health representatives on school governing bodies		
10	Provide better information to parents on how school support health and wellbeing		
11	Implement the 'Healthy Mile' programme in schools		
12	Engage with communities on healthy weight and nutrition in children		
	DEVELOPING AN INTEGRATED SYSTEM		
	Board Champions: Cllr Whitelock Gibbs, Denise Radley, Simon Hall,		
13	Develop a shared vision for an integrated system		
14	Develop a plan for a fully integrated system by 2020		
	AGREEING SHARED OUTCOMES		
	Board Champions: Somen Banerjee		
15	Develop a shared health and wellbeing outcomes framework with partners		

Health and Wellbeing Board Tuesday 13 December 2016	Tower Hamlets Health and Wellbeing Board
Report of: NHS Tower Hamlets Clinical Commissioning Group – update	**Classification:** Unrestricted
NHS Tower Hamlets Clinical Commissioning Group	

Contact for information	Simon Hall, Acting Chief Officer NHS Tower Hamlets Clinical Commissioning Group

Executive Summary

This agenda item will be a verbal update from the Clinical Commissioning Group on key current issues including the Sustainability and Transformation Plan (STP) for North East London, CCG Commissioning Plans from 17/18.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note and discuss update

1. DETAILS OF REPORT

1.1. This agenda item will be a verbal update from the Clinical Commissioning Group on key current issues including the Sustainability and Transformation Plan (STP) for North East London, CCG Commissioning Plans from 17/18.

2. FINANCE COMMENTS

2.1. Not applicable.

3. LEGAL COMMENTS

3.1. Not applicable.

4. IMPLICATIONS TO CONSIDER

4.1 Not applicable.

Appendices

Appendices

- NONE

Health and Wellbeing Board Tuesday 13 December 2016	Tower Hamlets Health and Wellbeing Board
Report of: Tower Hamlets Together (THT). Tower Hamlets Together is a partnership between Tower Hamlets Clinical Commissioning Group, London Borough of Tower Hamlets, Tower Hamlets GP Care Group, East London Foundation Trust, Barts Health NHS Trust and Tower Hamlets Council for Voluntary Service	**Classification:** Unrestricted
Tower Hamlets Together – Vanguard programme update	

Contact for information	Hafsha.Ali@nhs.net Head of THT Transformation Programme, THT Programme Management Office

Executive Summary

Tower Hamlets Together is a partnership of local health and social care organisations with an ambition to improve the health and wellbeing of people living in Tower Hamlets. This means health and social care organisations working more closely together and providing services in a more coordinated way to reduce duplication and improve the overall experience and outcomes for the patients who need them.

This paper provides a summary of the Multispecialty Community Provider Care Model and Tower Hamlets Together's plans for 2017/18 and builds on the Value Proposition developed by the partnership in 2016.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. **Endorse** the Tower Hamlets Together programme plans for 2017/18.

1. DETAILS OF REPORT

1.1. Tower Hamlets Together is a partnership of local health and social care organisations with an ambition to improve the health and wellbeing of people living in Tower Hamlets. This means health and social care organisations working more closely together and providing services in a more coordinated way to reduce duplication and improve the overall experience and outcomes for the patients who need them.

1.2. In 2015, Tower Hamlets was awarded 'Vanguard' status by NHS England for its Multi-speciality Community Provider Programme. This means the programme receives support from NHS England to develop innovative models of care which other parts of the country can learn from.

1.3. Over the past year, Tower Hamlets Together has been developing its care model, and making attributable progress towards addressing the health, care and financial gaps identified in the Five Year Forward View (FYFV). As part of the programme, Vanguards share plans, results and learning on a regular basis. Initial local evaluations are underway and intensive work continues to develop new contracting models and assurance.

1.4. To maintain and further build momentum, the NHS national programme will continue to support existing vanguards in 2017-18. Funding will increasingly be directed to support vanguards committed to full implementation and spread of the published care model frameworks, and able to deliver the greatest return on investment in addressing health, care and financial gaps.

1.5. This paper provides a summary of the Multi-speciality Community Provider model and Tower Hamlets Together's plans for 2017/18.

2. FINANCE COMMENTS

2.1 As part of the application process for transformation funding in 2017-18, Tower Hamlets Together have developed an updated delivery plan and implementation matrix, a quality improvement questionnaire, highlighting plans to improve care quality and patient experience and a financial template, confirming the local investment plans and requests for national transformation funding.

3. IMPLICATIONS TO CONSIDER

3.1 To further realise the opportunities of working as a partnership, Tower Hamlets Together plans are being aligned to the internal plans of each partner organisation for 2017/18. For example, Tower Hamlets CCG's commissioning intentions have been developed to support the ambitions of Tower Hamlets Together and as a consequence, aspects of the CCG's internal programme governance arrangements are being realigned accordingly.

Linked Report

- Tower Hamlets Together – Vanguard Programme Update (power-point)

Appendices

- NONE

Tower Hamlets Together

Vanguard programme update
December 2016

Tower Hamlets Together

- Tower Hamlets Together is a partnership of local health and social care organisations with an ambition to improve the health and wellbeing of people living in Tower Hamlets.

- The organisations involved are:

Background

- The partnership of these organisations (minus the CCG and Tower Hamlets CVS) has been in place for some time and was previously known as ‘Tower Hamlets Integrated Provider Partnership’ (THIPP).
- Recently there have been two significant developments that will strengthen the Tower Hamlets Together partnership even further. Firstly, in 2015, Tower Hamlets was awarded ‘Vanguard’ status by NHS England for its multi-specialty community provider programme.
- This means the programme receives support from NHS England to develop innovative models of care which other parts of the country can then learn from.
- Secondly, in April 2016, Tower Hamlets CCG announced that the partnership was to become the new provider of community health services (such as community nursing) in the borough. This will enable even better coordinated care to be provided to patients, outside of traditional hospital environments.
- Although Tower Hamlets Together is made up of a number of different partners, we are striving to develop a shared culture which provides person-centred, coordinated care to everyone who uses our services.

Working with you

- The only way we can ensure health and social care services meet our populations needs and address some of the challenges our patients face is to involve staff, patients and members of the public at every step of the way
- At the heart of Tower Hamlets Together sits our stakeholder council which comprises members from a range of different groups and organisations, each of which represents people with different types of needs. Although still in the early stages of development, the stakeholder council will provide invaluable input and challenge to the Tower Hamlets Together Board which will contribute toward decisions about the way care is provided.
- We are also in the process of establishing a community research network which involves recruiting a number of community volunteers who will build relationships with service users (often those whose views are seldom heard) and act as a feedback loop between these service users, the stakeholder council and the Tower Hamlets Together Board. This way we can ensure that the views of people who have first-hand experience of using health and care services are used to inform any changes we make.

Our priorities

Improving services for children and young people

Improving services for adults, particularly those with a long-term health condition or who are vulnerable to illness

A focus on prevention and supporting people to lead a healthy life

Multispecialty Community Provider (MCP) care elements

1. Whole population – prevention and population health management
2. Urgent care need – integrated access and rapid response service
3. Ongoing care needs – enhanced primary and community care
4. Highest care needs – coordinated community based and inpatient care
5. Contract, commissioning and funding
6. Flexible use of workforce and estates
7. Building shared care records and business intelligence systems
8. Cultural change
9. Strategic and operational governance

Thank you

Questions?

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Health and Wellbeing Board Tuesday 13 December 2016	Tower Hamlets Health and Wellbeing Board
Report of Tower Hamlets Clinical Care Group	**Classification:** Unrestricted
Better Care Fund Quarter 2 Monitoring Return, 2016-17	

Lead Officer	Denise Radley, Director of Adults' Services, LBTH Simon Hall, Acting Chief Officer, Tower Hamlets CCG
Contact Officer	Rahima Miah, Head of Integrated Commissioning, Tower Hamlets CCG
Executive Key Decision?	No

Summary

The purpose of this report is to provide the Health and Wellbeing Board with a summary of the Quarter 2 monitoring return that has been submitted to NHS England for the Tower Hamlets Better Care Fund (BCF) programme. The submission is attached as an Appendix to the report

Recommendations:

The Health & Wellbeing Board is recommended to:

- Note progress with the BCF programme in 2016-17, as set out in the Quarter 2 monitoring return that has submitted to NHS England (Appendix 1).

1. REASONS FOR THE DECISIONS

1.1 The Government's Better Care Fund (BCF) policy framework makes BCF resources available to areas across the country to help deliver significant improvements in the integration of local health and social care systems. The resources are to be spent in accordance with a local 2016/17 BCF plan, which has been developed by health and social care partners and approved by NHS England.

1.2 Health and Wellbeing Boards (HWBBs) are formally responsible for the oversight of BCF programmes. In Tower Hamlets, the lead role for overseeing the programme is now being undertaken by the new Joint Commissioning Executive (JCE) on behalf of the HWBB. The role of the JCE includes compiling and monitoring quarterly returns to NHS England on progress with the BCF programme.

1.3 At its 18 October 2016 meeting, the HWBB agreed to delegate responsibility for the sign-off of the quarterly monitoring returns to the LBTH Director of Adults' Services and the Acting Chief Officer of the CCG. Returns are reported to the next meeting of the Board for information and comment.

2. BACKGROUND

2.1 The aim of the Better Care Fund (BCF) is to deliver better outcomes and secure greater efficiency in health and social care services through better integration of provision. The BCF programme is agreed jointly by the council and Tower Hamlets CCG. A pooled fund for the jointly agreed programme is incorporated in a formal agreement under Section 75 of the NHS Act 2006.

2.2 Greater integration is seen as a way of using resources more efficiently - in particular, by reducing avoidable hospital admissions and facilitating early discharge. The local vision for health and social care services is concerned with implementing the NHS Five Year Forward View and moving towards integrated health and social care services by 2020.

2.3 Tower Hamlets' 2016-17 BCF programme is summarised below:

	Scheme description	Lead Provider	BCF Allocation (£)
Integrated Community Health Team	The focus of the service is primarily related to preventing the highest risk groups from requiring health interventions, particularly acute and secondary health services, and providing personalised, co-ordinated care in the community. The service offers a comprehensive range of specialities within one multi-disciplinary team, including nursing, therapies, social care, mental health and case management.	CCG	7,336,499

Primary Care Integrated Care Incentive Scheme	The introduction of the Integrated Care Network Improvement Scheme (NIS) aims to incentivise an integrated care approach for patients in the top risk levels in Tower Hamlets. The ICNIS contributes towards the delivery of the Integrated Care Strategy as a whole.	CCG	1,200,000
RAID	Rapid Assessment Interface and Discharge (RAID) is a service open to all patients with mental health and drug and alcohol problems over the age of 16 presenting at Health sites in Tower Hamlets. The model emphasises rapid response, with a target time of one hour within which to assess referred patients who present to A&E and 24 hours for seeing referred patients on inpatient wards.	CCG	2,106,420
Reablement Team	Reablement services aim to help people with illness or disability cope better by learning or re-learning skills necessary for daily living. These skills may have been lost through deterioration in health and/or increased support needs.	Council	2,413,871
7 Day Hospital Social Work Team	The scheme operates 7 days per week (from 9am to 8pm, Monday to Friday, and 10am to 8pm on Saturdays and Sundays). The scheme provides timely multidisciplinary assessments, which avoid unnecessary admissions to acute wards, and manages/facilitates speedier discharges in a seamless fashion.	Council	1,230,800
Assistive Technology team	The Assistive Technology (AT) Team provides training and support to social care and health professionals, as well as piloting and implementing new initiatives and projects.	Council	287,000
Community Health Team (Social Care)	The scheme seeks to improve the experience and outcomes for those with long term conditions, at the highest risk of hospital admission or readmission. The service works with those who are in the Integrated Care Pathway (ICP) target cohort; their families and Carers.	Council	895,500
Adult Autism Diagnostic Intervention Service	The service provides a high quality diagnostic and intervention service for high functioning adults (aged 18 years and over) with suspected Autism Spectrum Disorder (ASD) in Tower Hamlets. It also sub contracts a local Third Sector provider (JET) to provide a range of support options for people diagnosed with Autism Spectrum Disorder, and facilitate appropriate referral and signposting to other services where needed.	Council	330,000
7 Day Community Equipment Provision team	Community Equipment Service will provide services over a 7 day week. Staff will be available to receive requisitions for simple aids to living and complex pieces of equipment, via dedicated secure electronic faxes, telephone calls and secure emailing.	Council	154,985
Dementia café	The Alzheimer's Society provides a fortnightly, inclusive Dementia Café, run in English, for people with dementia and their carers in Tower Hamlets, including people from the black and ethnic communities and, a fortnightly Bangladeshi (Sylheti language) Dementia Café, for Bangladeshi carers and people with dementia.	Council	55,000

Community outreach service	The BME Inclusion service provides community-specific input to BME communities in order to support people to understand dementia, break down stigma and access services. Working with GP practices with high patient numbers from Bangladeshi and other BAME communities where there is a lower than expected dementia diagnosis rate.	Council	25,000
Social Worker Input into the Memory Clinic	The Diagnostic Memory Clinic is proposing a new pathway for 16/17 that puts more focus on the screening of referrals and early triage of service users, and a social work perspective on this is key to its success.	Council	50,000
Assistive Technology additional demand	Scheme enables vulnerable people who require support to remain living independently in their own homes, by providing specialist/assistive technology and utilising Telecare and Telehealth solutions.	Council	362,000
Carers	The strategic objective of the scheme is to help carers to care effectively and safely – both for themselves and the person they are supporting. It will focus on care packages, Carers' Hub and ensuring the necessary infrastructures are in place for information, advocacy and guidance.	Council	1,430,000
Local incentive scheme	The incentive scheme is intended to encourage and reward joint working that achieves the aims of the Tower Hamlets Integrated Provider Partnership.	CCG	1,000,000
Enablers	BCF programme management and coordination in the Council	Council	208,000
Falls prevention	The proposal is to implement an education programme which will provide skills and confidence to care home and domiciliary staff	CCG	68,000
Community Geriatrician Team	Funding is planned to increase the capacity of the existing community geriatrician team (part of the Integrated Community Health Team) to enable additional caseload and more effective Multi Disciplinary Team working.	CCG	115,000
Personalisation	The Personalisation Programme supports greater person-centred care, as part of Tower Hamlets' agenda on delivering Integrated Care.	CCG	212,000
Mental Health Personal Commissioning	This initiative aims to increase the capacity of the Barts Health, Health Psychology Team, by employing 2 additional psychologists that will be based in primary care and focus on the management of patients with LTCs and depression and anxiety.	CCG	300,000
Mental Health Recovery College	The Recovery College model complements health and social care specialist assessment and treatment, by helping people with mental health problems and/or other long term conditions to understand their problems and to learn how to manage these better in pursuit of their aspirations.	Council	110,000

Disabled Facilities Grant	The council has a statutory duty to provide Disabled Facilities Grants (DFGs) to eligible disabled residents for the adaptation of their home environment to enable them to continue to live as independently and safely as possible. DFGs are mandatory for necessary aids, equipment's and adaptations to provide better movement in and around the home and access to essential facilities.	Council	1,572,542

3. KEY FEATURES OF THE QUARTER 2 RETURN

3.1 The quarterly monitoring return provides performance information against six metrics: reablement, admissions to residential care, a national indicator concerned with non-elective admissions, a local indicator concerned with non-elective admissions to hospital, a local indicator concerned with patient experience and delayed transfers of care (DTOC).

3.2 Overall, the quarterly monitoring return indicates that:

- Performance on non-elective admissions and re-ablement is on track to meet the respective targets, which provides an indication of the effectiveness of our models of primary and community multi-disciplinary teams.
- Admissions of over 85s to residential and nursing care are too high and an audit is being carried out to identify the causes and issues associated with this.
- A continued focus is needed on delayed transfers of care and our enhanced discharge to assess model will achieve further improvement and better outcomes for people leaving hospital.

3.3 Further detail on performance against each of the metrics is available below:

- **Reablement (on track):**

- The Q2 performance was 89%. This compares to 2015/16 outturn position of 79%. Therefore the trend is towards an improvement in performance.

- **Admissions to residential care (off track):**

- The Q2 performance has not met the target. Overall, there appear to be an increasing number and rate of over 85s being admitted to nursing and residential care (32 in Apr-Sept 2016, compared to 21 people in Apr-Sept 2015) with a reduction in the 65-74 age group (5 in the period Apr-Sept 2016, compared with 10 during Apr-Sept 2015). Case auditing is taking place to better understand the context for placements being made.

- **A national indicator concerned with non-elective admissions (on track):**

- The Q2 performance data indicates non-elective admissions levels at 5,338 against a plan of 5,469.

- **A local indicator concerned with non-elective admissions to hospital - Month on Month Rate per 1000 of the risk bands 1 & 2 (on track):**

- The local target for non-elective admissions is aiming to achieve a 15% reduction in non-elective admissions for the target population, and was agreed with THT providers as part of the Single Incentive Scheme for 2016-17. The metric calculates the rate of emergency and unplanned admissions per 1,000 patients in the very high and high risk bands (i.e. having been identified as at very high/ high risk of admission to hospital). The Q2 performance rate has been estimated at 58.04 per 1,000, against a plan of 55.6 per 1,000. This is a slight deterioration from quarter 1 (rate of 55.6 per 1,000). However, this correlates with fluctuations in 2015/16, where quarter 2 saw the highest non-elective admissions rate, in comparison to the rest of the year. As such, we anticipate a similar pattern in 2016/17, with the target being met at year end.

- The Q2 performance rate has been estimated at 58.04, against a plan of 55.6. This is a slight deterioration from quarter 1 (rate of 55.6). However, this correlates with fluctuations in 2015/16, where quarter 2 saw the highest non-elective admissions rate, in comparison to the rest of the year. As such, we anticipate a similar pattern in 2016/17, with the target being met at year end.

- **An indicator concerned with patient experience (not possible to track at this point):**
- There has been a delay in the production of a local patient experience questionnaire by the Picker Institute. This has now been resolved and the questionnaire is expected to be released imminently. The CCG will then begin to negotiate reporting and targets with the relevant providers.

- **Delayed transfers of care (off track):**
- The Q2 performance indicated a rate of 702.3 against a plan of 590.9. This is an improvement from Q1 (rate of 756.7), as well as Q2 in the previous year (rate of 775.5).
- The plan was set based on the 2014/15 baseline for this metric. We believe that there were previous recording issues on DTOCs driven by data quality problems which have since been resolved. Our improvements quarter on quarter suggest the work underway to manage DTOC pressures is effective.
- The primary issue with DTOCs relates to delayed assessments and placements for complex neuro-rehabilitation patients. NHSE is responsible for the commissioning of these services and it is an issue across London. NHSE has initiated a pan-London review to look into the matter. Neuro-rehabilitation patients excepted, although there are fluctuations, we largely meet the DTOC target and have put in place a number of measures to facilitate discharge, which are summarised in the appendix.

4. CONCLUSIONS

4.1 As the concluding narrative to the Quarter 2 return indicates, overall, the BCF programme remains on track and is an important part of the borough's integration and joint commissioning arrangements. Performance on non-elective admissions is good, and this provides an indication of the effectiveness of our models of primary and community multi-disciplinary teams. A continued focus is needed on delayed transfers of care, though, as noted above, a significant element of current delays relates to delayed assessments and placements for complex neuro-rehabilitation patients. This is a London-wide problem that is under review by NHS England. The borough's enhanced discharge to assess model will achieve further improvement and better outcomes for people leaving hospital. Admissions of over 65s to residential and nursing care are too high and an audit is being carried out to identify the causes and issues associated with this. Reablement performance is good.

4.2 BCF planning for 2017-18 is well underway and plans will be reported to a future meeting of the HWBB. The Health and Well-Being Board is asked to:

- Note progress with the Better Care Fund (BCF) programme in 2016-17, as set out in the Quarter 2 monitoring return submitted to NHS England, and this associated report.

Linked Reports, Appendices and Background Documents

Linked Report
- None

Appendices
- BCF Quarterly Reporting Template for Quarter 2, 2016-17

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
- None

Officer contact details for documents:
- Rahima Miah, Head of Integrated Commissioning, Tower Hamlets Clinical Commissioning Group T: 020 3688 2523; E: rahima.miah@towerhamletsccg.nhs.uk

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Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 25th November 2016

The BCF Q1 Data Collection

This Excel data collection template for Q2 2016-17 focuses on budget arrangements, the national conditions, income and expenditure to and from the fund, and performance on BCF metrics.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an overview of progress with your BCF plan, the wider integration of health and social care services, and a consideration of any variances against planned performance trajectories or milestones.

Cell Colour Key

Data needs inputting in the cell
Pre-populated cells
Question not relevant to you

Throughout this template cells requiring a numerical input are restricted to values between 0 and 100,000,000.

Content

The data collection template consists of 8 sheets:

Checklist - This contains a matrix of responses to questions within the data collection template.
1) Cover Sheet - this includes basic details and tracks question completion.
2) Budget arrangements - this tracks whether Section 75 agreements are in place for pooling funds.
3) National Conditions - checklist against the national conditions as set out in the BCF Policy Framework 16-17 and BCF planning guidance.
4) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.
5) Supporting Metrics - this tracks performance against the two national metrics, a DTOC metric, a Non-Elective Admissions metric, locally set metric and locally defined patient experience metric in BCF plans.

6) Additional Measures - additional questions on new metrics that are being developed to measure progress in developing integrated, cooridnated, and person centred care.
7) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Checklist

This sheet contains all the validations for each question in the relevant sections.

All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 7 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This section requires the Health & Wellbeing Board to confirm if funds have been pooled via a Section 75 agreement. Please answer as at the time of completion.

If it had not been previously stated that the funds had been pooled can you now confirm that they have now?
If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the eight national conditions detailed in the Better Care Fund Policy Framework 16/17 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf) and Better Care Fund Planning Guidance 16/17 (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/) have been met through the delivery of your plan. Please answer as at the time of completion.

It sets out the eight conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' or 'No - In Progress' that these have been met. Should 'No' or 'No - In Progress' be selected, please provide an estimated date when condition will be met, an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed.

Full details of the conditions are detailed at the bottom of the page.

4) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Forecasted income into the pooled fund for each quarter of the 2016-17 financial year
Actual income into the pooled fund in Q1 & Q2 2016-17
Forecasted expenditure from the pooled fund for each quarter of the 2016-17 financial year
Actual expenditure from the pooled fund in Q1 & Q2 2016-17

Figures should reflect the position by the end of each quarter. It is expected that the total planned income and planned expenditure figures for 2016-17 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan or amendments to forecasts made since the previous quarter.

5) Supporting Metrics

This tab tracks performance against the two national supporting metrics, a Delayed Transfers of Care metric, a Non-Elective Admissions metric, the locally set metric, and the locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:

An update on indicative progress against the six metrics for Q2 2016-17
Commentary on progress against each metric

If the information is not available to provide an indication of performance on a measure at this point in time then there is a drop-down option to indicate this. Should a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

Guidance on accessing CCG based NEA numerator data from SUS via the 'Activity and Planning Report' has been circulated in tandem with this report in order to enable areas to perform their own in year monitoring of NEA data. This guidance document can also be accessed via the embeded object below.

Guide to accessing CCG based NEA data from SUS via

NEA denominator population (All ages) projections are based on Subnational Population Projections, Interim 2014-based (published May 2016) found here:
http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Please note that the Non-Elective Admissions per 100,000 population (All ages) population projections are based on a calendar year.

Delayed Transfers Of Care numerator data for actual performance has been sourced from the monthly DTOC return found here:
http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

DTOC denominator population (18+) projections are based on Subnational Population Projections, Interim 2014-based (published May 2016) found here:
http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1

Please note that the Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+) population projections are based on a calendar year.

Actual and baseline data on Re-ablement and Residential Admissions can be sourced from the annual ASCOF return found here:
http://content.digital.nhs.uk/searchcatalogue?productid=22085&q=ascof
Please note these are annual measures and the latest data for 2015/16 data was published 05/10/2016. Plan data for these metrics in 2016/17 were submitted by HWBs within Submission 4 planning returns and final figures are displayed within the 'Remaining Metrics Enquiry' tab of the Submission 4 report.

6) Additional Measures

This tab includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. Following feedback from colleagues across the system these questions have been modified from those that appeared in last years BCF Quarterly Data Collection Template (Q2/Q3/Q4 2015-16). Nonetheless, they are still in draft form, and the Department of Health are keen to receive feedback on how they could be improved / any complications caused by the way that they have been posed.

For the question on progress towards instillation of Open APIs, if an Open API is installed and live in a given setting, please state 'Live' in the 'Projected 'go-live' date field.
For the question on use and prevalence of Multi-Disciplinary/Integrated Care Teams please choose your answers based on the proportion of your localities within which Multi-Disciplinary/Integrated Care Teams are in use.

For the PHB metric, areas should include all age groups, as well as those PHBs that form part of a jointly-funded package of care which may be administered by the NHS or by a partner organisation on behalf of the NHS (e.g. local authority). Any jointly funded personal budgets that include NHS funding are automatically counted as a personal health budget. We have expanded this definition following feedback received during the Q3 reporting process, and to align with other existing PHB data collections.

7) Narrative

In this tab HWBs are asked to provide a brief narrative on overall progress, reflecting on performance in Q2 16/17.
A recommendation would be to offer a narrative around the stocktake themes as below:
Highlights and successes
What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?
Challenges and concerns
Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?
Potential actions and support

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

Guide to accessing CCG based NEA data from SUS via the 'Activity and Planning Report'

Background

Throughout 16/17 NHS England will be using the temporary National Repository (tNR) as the agreed source of the non-elective admissions (NEA) data monitoring. The tNR has been created in order to provide NHS England and others with a country-wide view of activity data for reporting and analysis. It includes Secondary Care data relating to Accident & Emergency, Outpatients and Admitted Patient Care in the form of Spells and Episodes. The detailed definition of the tNR NEA metric was set out in the Planning Round Technical Definitions.

The tNR is populated from the SUS Standard Extract Mart (SEM) which is extracted from the HSCIC each month. A timetable for extracting, processing and making the data available for use in the tNR has been agreed and published on the HSCIC website.

The BCF planning round established a HWB-level NEA activity plan by mapping the agreed CCG level activity plans to the HWB footprint. This was achieved by using the mapping formula provided in the planning return template. The HWB's were also asked whether they then wanted to plan for any additional quarterly reductions. If they did, then they were asked whether they would want to put in place a local risk sharing agreement.

Throughout 16/17 the NEA progress against plan and where applicable additional reductions and local risk sharing will be reported quarterly. The same tNR data extract as used by NHS England to manage activity levels against the CCG operational planning process will be utilised. To enable HWB to monitor progress the extract will be reported using the same BCF planning mapping formula.

Issue

Areas can access SUS directly but there is an issue with this, in that, an area is only able to see their own data in SUS and this causes some problems. As Health and Well-Being Board (HWB) data is mapped using CCG based data it is quite often the case that a HWB will need to see data from another CCG that they or their local CSU does not have access to.

Although that the data will be mapped centrally by NHS England and included in the quarterly reports it means that HWBs are limited in what in year monitoring they can do themselves.

Potential Solution

However, there is a potential solution to this issue as there is currently a report available on the Unify2 Report Library that contains monthly NEA data from SUS extracted using the same definitions as detailed in the BCF 16/17 planning guidance.

This report is available within the Unify2 report library and is made available to all users of the system. Unify2 is available to anyone with an N3 connection (CCGs, CSUs, Local Authorities etc.) and these reports are labelled as 'public' so can be viewed by anyone with an account.

Information on how to access Unify2 is contained at the end of this guide in Annex A

The report that areas would need to use is the Monthly 'Activity and Planning' Report "**M*04*_1617_Activity_Report_V4.5_Publish**" the 04 will change each month and relates to the latest month for the report, i.e. M01 is April, M02 is May and so on. This can be found in the "Activity and Planning Reports" section of the report library.

This report contains CCG data which will then need to be mapped to HWB level by using the CCG to HWB mapping (below) that is used for 16/17 and was part of the BCF planning returns.

CCG - HWB Mapping 16-17.xlsx

Worked Example

Below is a worked example of how a HWB would calculate their NEA data for a single month using the Activity and Planning report.

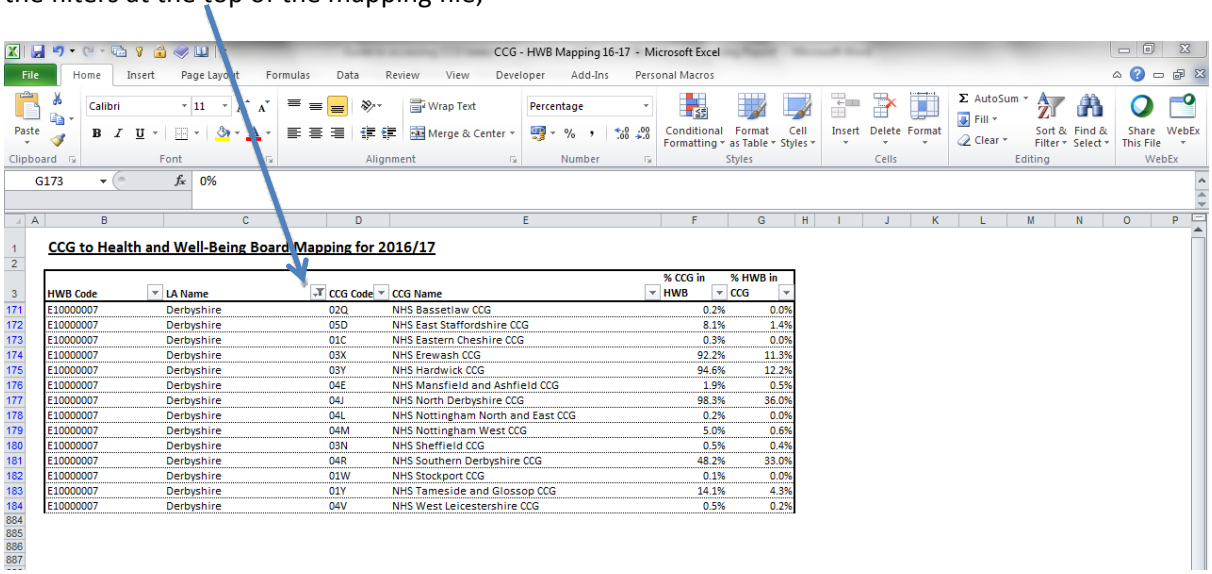
This is a 4 step process comprised of the following steps;

1. Identify the CCGs that need to be included in the mapping.
2. Download the Activity and Planning Report for the current month
3. Locate the relevant CCG NEA data in the monthly report
4. Map the CCG data to get a HWB figure

In this example I will calculate the NEA data for July 2016 for Derbyshire HWB.

1. Identify the CCGs that need to be included in the mapping.

The first step is identify which CCGs are in the HWB mapping so that you can extract data that you will need to be able to complete the mapping. To do this you need to find your HWB in the mapping file using the filters at the top of the mapping file;

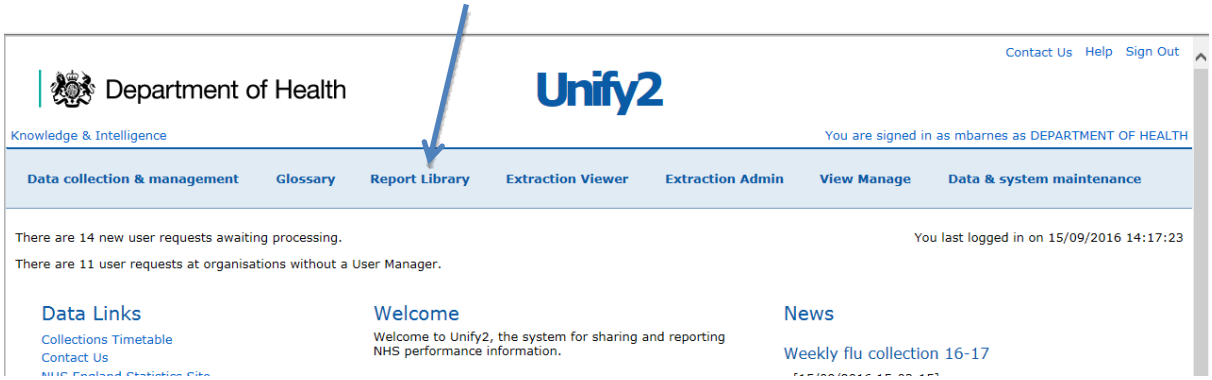


HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.1%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	03X	NHS Erewash CCG	92.2%	11.3%
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.2%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	1.9%	0.5%
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.3%	36.0%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.2%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.0%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.0%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.1%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%

At this stage it would be a good idea to copy the resulting table into a separate file so that you can keep a record of it and have somewhere separate to do the calculations.

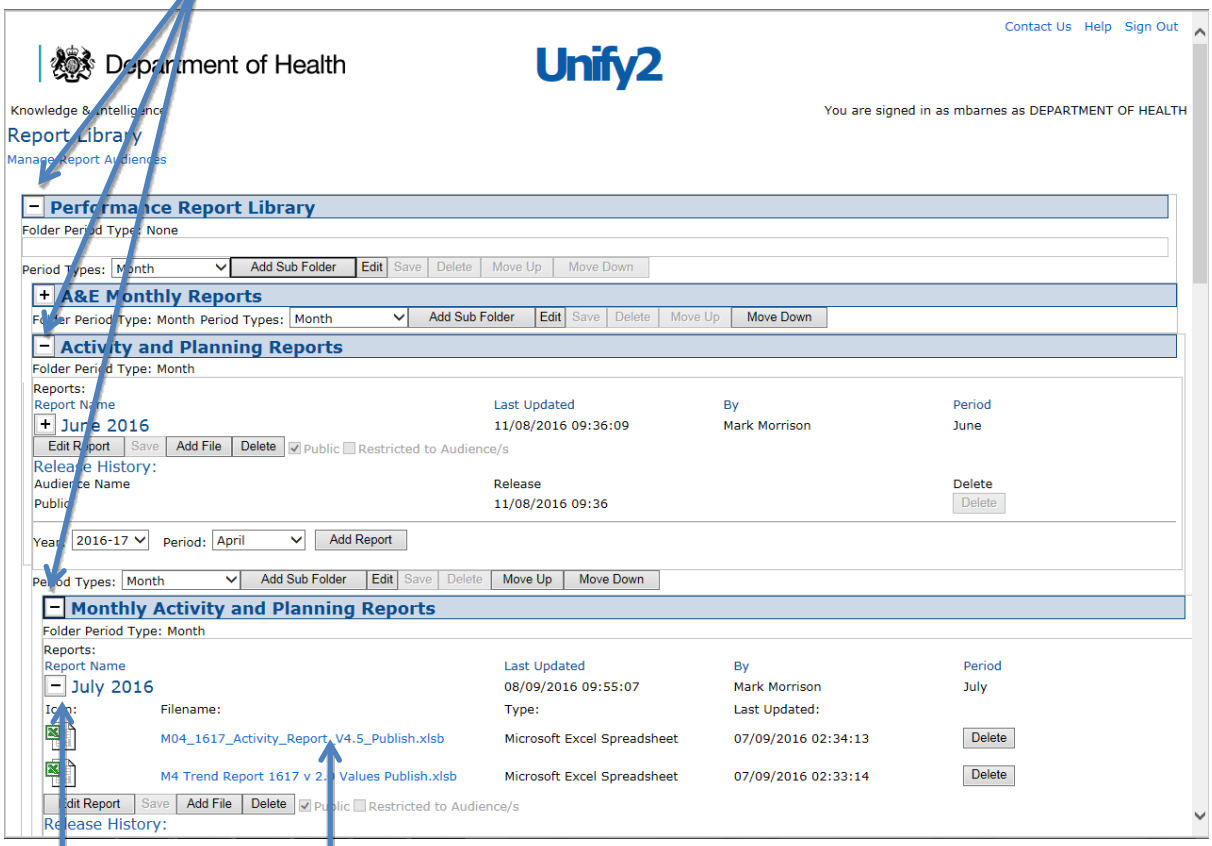
2. *Download the Activity and Planning Report for the current month*

The next step is to download the current month's Activity and Planning Report from the Unify2 Report Library. To do this you need to log in to Unify2 and once you're on the homepage you need to go into the 'Report Library' by clicking on the link in the light blue bar.



Once you have accessed the Report Library you need to expand the '**+**' buttons at the left hand side in the following order

- 'Performance Report Library'
- 'Activity and Planning Report'
- 'Monthly Activity and Planning Reports'



Then to download a report you need to expand the '**+**' for the relevant month and click on the filename for M*nn*_1617_Activity_Report_V4.5_Publish.xlsb where *nn* relates to the month number.

It would be a good idea to save this file to your desktop or a local drive too

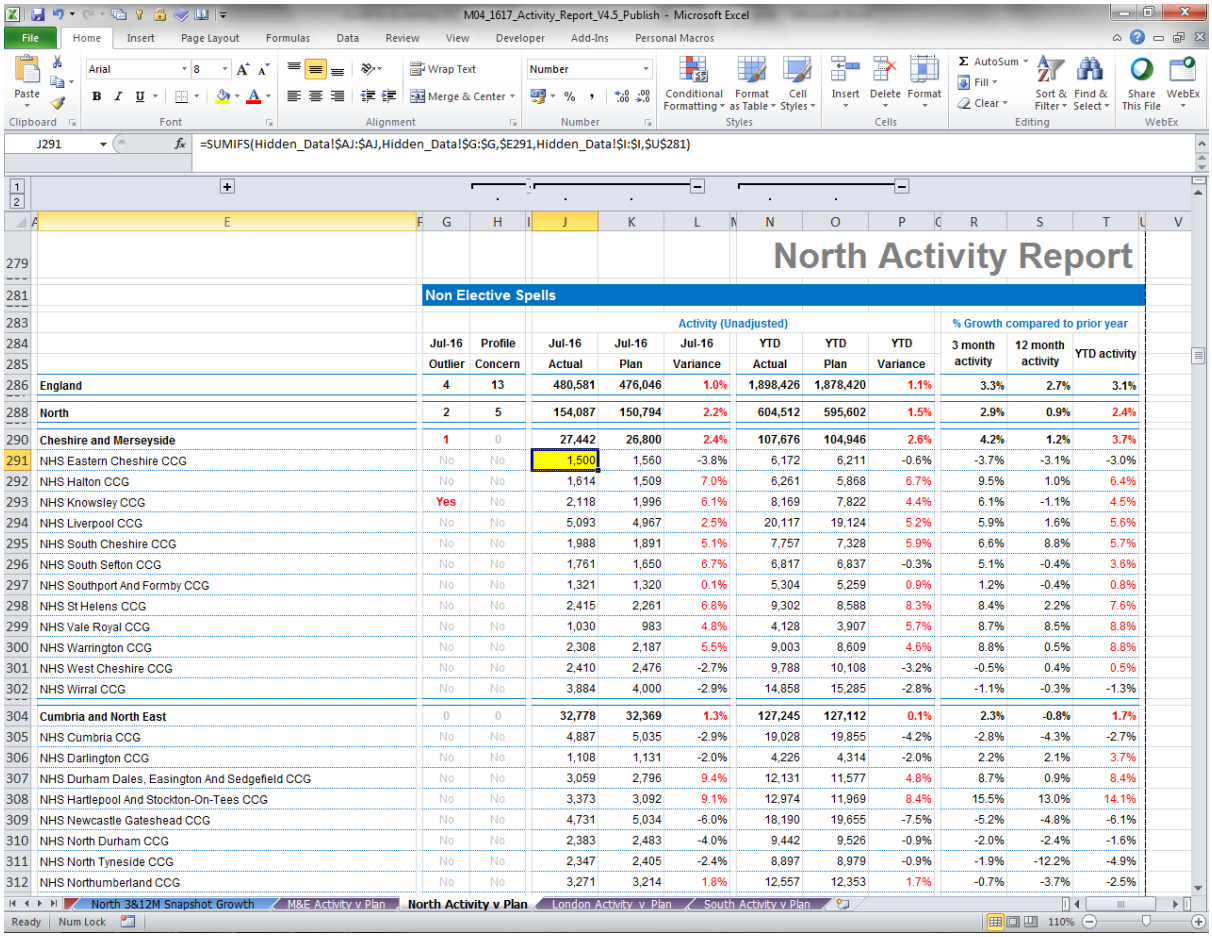
3. *Find the relevant CCG NEA data in the monthly report*

Now that you have downloaded the monthly report the next step is to locate the NEA data for the CCGs that you need (as per step 1).

To do this you need to navigate to the '*Region* Activity v Plan' tab, there are four of these tabs with one for each region. You just need to navigate to the relevant region tab for the CCG(s) that you need to use. Below is a file that lists which region a CCG is a part of.

CCGs by Region.xlsx

In our example we need to obtain CCG data from the 'M&E Activity v Plan' and 'North Activity v Plan' tabs. Once in the correct tab you need to find the data table that relates to NEAs. This is labelled as **Non Elective Spells** and is the 4th table within each sheet and start on different rows within each tab. You then need to copy the data from column J for each CCG that you require for the mapping;



M04_1617_Activity_Report_V4.5_Publish - Microsoft Excel

=SUMIFS(Hidden_Data!$AJ:$AJ,Hidden_Data!$G:$G,$E291,Hidden_Data!$I:$I,$U$281)

North Activity Report

Non Elective Spells

		Jul-16 Outlier	Jul-16 Profile Concern	Activity (Unadjusted) Jul-16 Actual	Jul-16 Plan	Jul-16 Variance	YTD Actual	YTD Plan	YTD Variance	% Growth compared to prior year 3 month activity	12 month activity	YTD activity
279												
281												
283												
284												
285												
286	**England**	4	13	480,581	476,046	1.0%	1,898,426	1,878,420	1.1%	3.3%	2.7%	3.1%
288	**North**	2	5	154,087	150,794	2.2%	604,512	595,602	1.5%	2.9%	0.9%	2.4%
290	**Cheshire and Merseyside**	1	0	27,442	26,800	2.4%	107,676	104,946	2.6%	4.2%	1.2%	3.7%
291	NHS Eastern Cheshire CCG	No	No	1,500	1,560	-3.8%	6,172	6,211	-0.6%	-3.7%	-3.1%	-3.0%
292	NHS Halton CCG	No	No	1,614	1,509	7.0%	6,261	5,868	6.7%	9.5%	1.0%	6.4%
293	NHS Knowsley CCG	Yes	No	2,118	1,996	6.1%	8,169	7,822	4.4%	6.1%	-1.1%	4.5%
294	NHS Liverpool CCG	No	No	5,093	4,967	2.5%	20,117	19,124	5.2%	5.9%	1.6%	5.6%
295	NHS South Cheshire CCG	No	No	1,988	1,891	5.1%	7,757	7,328	5.9%	6.6%	8.8%	5.7%
296	NHS South Sefton CCG	No	No	1,761	1,650	6.7%	6,817	6,837	-0.3%	5.1%	-0.4%	3.6%
297	NHS Southport And Formby CCG	No	No	1,321	1,320	0.1%	5,304	5,259	0.9%	1.2%	-0.4%	0.8%
298	NHS St Helens CCG	No	No	2,415	2,261	6.8%	9,302	8,588	8.3%	8.4%	2.2%	7.6%
299	NHS Vale Royal CCG	No	No	1,030	983	4.8%	4,128	3,907	5.7%	8.7%	8.5%	8.8%
300	NHS Warrington CCG	No	No	2,308	2,187	5.5%	9,003	8,609	4.6%	8.8%	0.5%	8.8%
301	NHS West Cheshire CCG	No	No	2,410	2,476	-2.7%	9,788	10,108	-3.2%	-0.5%	0.4%	0.5%
302	NHS Wirral CCG	No	No	3,884	4,000	-2.9%	14,858	15,285	-2.8%	-1.1%	-0.3%	-1.3%
304	**Cumbria and North East**	0	0	32,778	32,369	1.3%	127,245	127,112	0.1%	2.3%	-0.8%	1.7%
305	NHS Cumbria CCG	No	No	4,887	5,035	-2.9%	19,028	19,855	-4.2%	-2.8%	-4.3%	-2.7%
306	NHS Darlington CCG	No	No	1,108	1,131	-2.0%	4,226	4,314	-2.0%	2.2%	2.1%	3.7%
307	NHS Durham Dales, Easington And Sedgefield CCG	No	No	3,059	2,796	9.4%	12,131	11,577	4.8%	8.7%	0.9%	8.4%
308	NHS Hartlepool And Stockton-On-Tees CCG	No	No	3,373	3,092	9.1%	12,974	11,969	8.4%	15.5%	13.0%	14.1%
309	NHS Newcastle Gateshead CCG	No	No	4,731	5,034	-6.0%	18,190	19,655	-7.5%	-5.2%	-4.8%	-6.1%
310	NHS North Durham CCG	No	No	2,383	2,483	-4.0%	9,442	9,526	-0.9%	-2.0%	-2.4%	-1.6%
311	NHS North Tyneside CCG	No	No	2,347	2,405	-2.4%	8,897	8,979	-0.9%	-1.9%	-12.2%	-4.9%
312	NHS Northumberland CCG	No	No	3,271	3,214	1.8%	12,557	12,353	1.7%	-0.7%	-3.7%	-2.5%

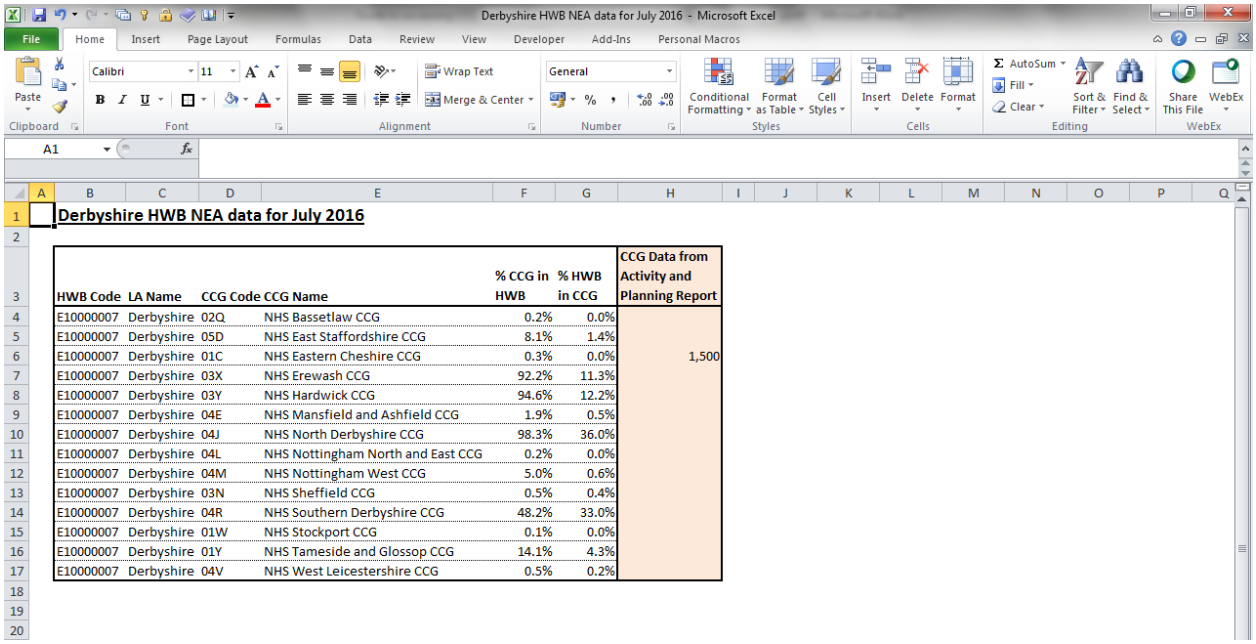
North 3&12M Snapshot Growth | M&E Activity v Plan | North Activity v Plan | London Activity v Plan | South Activity v Plan

Ready | Num Lock | 110%

The actual NEA figure for the month will always be in column J of the Activity v Plan sheets and the row numbers are as follows;

North starts on row 279, M&E starts on row 256, London starts on row 255 and South starts on row 258.

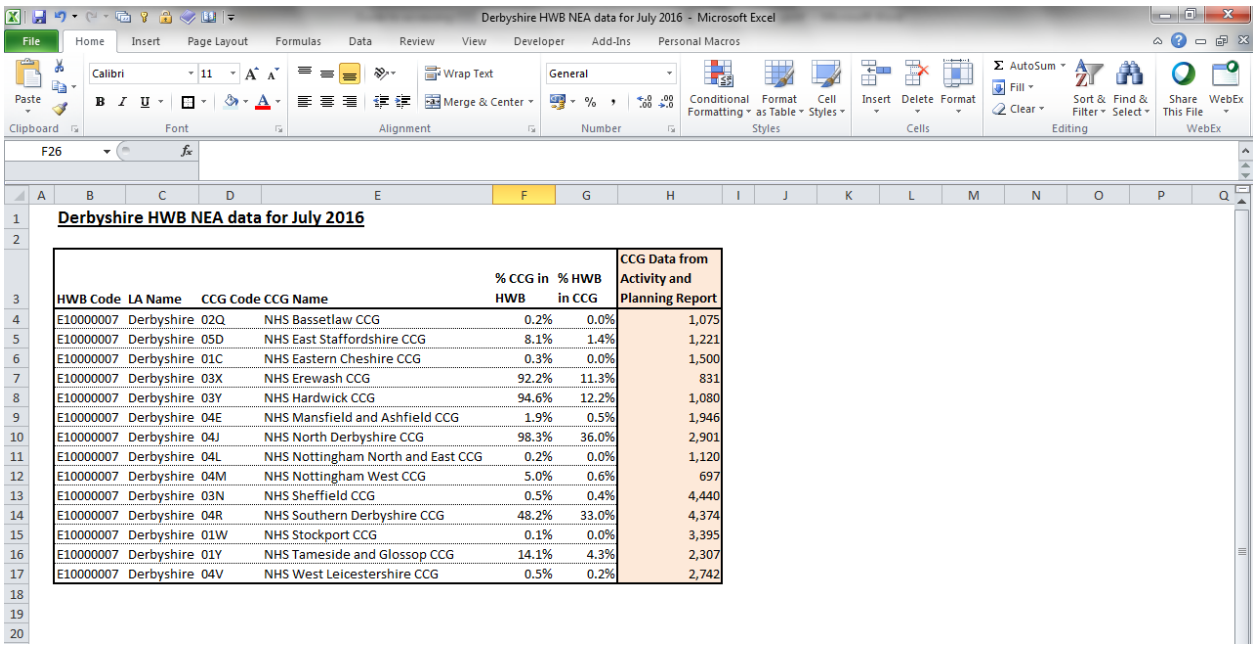
Then paste it into the file where you have the mapping for your HWB;



Derbyshire HWB NEA data for July 2016

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG	CCG Data from Activity and Planning Report
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%	
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.1%	1.4%	
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%	1,500
E10000007	Derbyshire	03X	NHS Erewash CCG	92.2%	11.3%	
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.2%	
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	1.9%	0.5%	
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.3%	36.0%	
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.2%	0.0%	
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.0%	0.6%	
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%	
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.0%	
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%	
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.1%	4.3%	
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%	

You need to repeat this until you have obtained all the CCG data you need to complete the mapping to your HWB;



Derbyshire HWB NEA data for July 2016

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG	CCG Data from Activity and Planning Report
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%	1,075
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.1%	1.4%	1,221
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%	1,500
E10000007	Derbyshire	03X	NHS Erewash CCG	92.2%	11.3%	831
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.2%	1,080
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	1.9%	0.5%	1,946
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.3%	36.0%	2,901
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.2%	0.0%	1,120
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.0%	0.6%	697
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%	4,440
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.0%	4,374
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%	3,395
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.1%	4.3%	2,307
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%	2,742

4. Map the CCG data to get a HWB figure

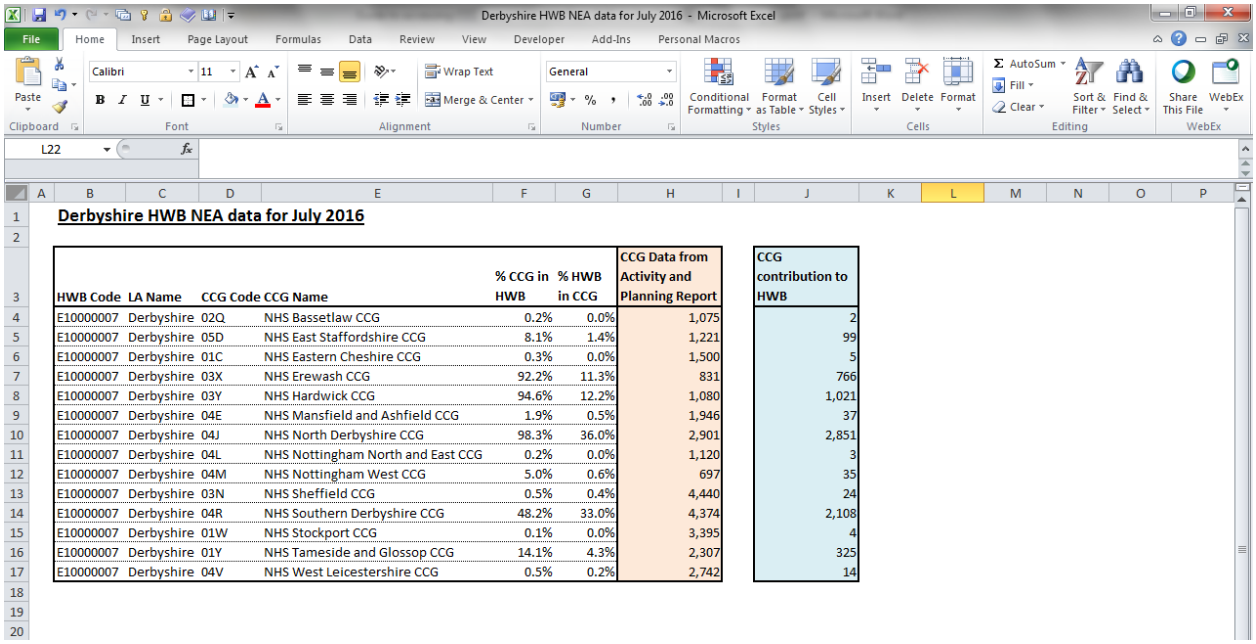
So the last step in the process is to map the CCG data you have obtained from the report to the HWB by multiply the value in the **'% CCG in HWB'** column (column F in our example) by the CCG data obtained from the report (column H in our example). By doing this you end up with the number of NEAs that each CCG contributes towards the final value for the HWB;

i.e. to get the proportion that NHS Erewash CCG contributes to Derbyshire HWB you need to do the following calculation;

NHS Erewash CCG contribution = % NHS Erewash CCG in HWB × NHS Erewash CCG NEAs (from report)

= 92.2% × 831 *(% shown to 1 decimal place, true value should be used)*

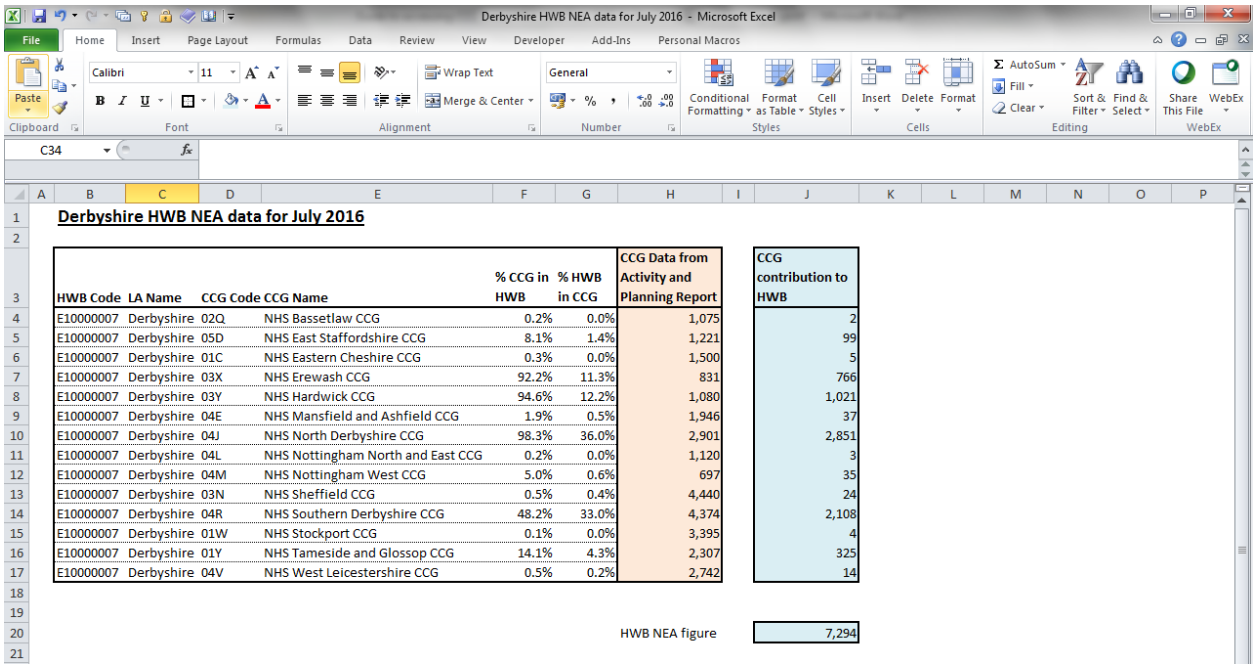
= 766 *(to the nearest whole number)*



Derbyshire HWB NEA data for July 2016

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG	CCG Data from Activity and Planning Report	CCG contribution to HWB
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%	1,075	2
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.1%	1.4%	1,221	99
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%	1,500	5
E10000007	Derbyshire	03X	NHS Erewash CCG	92.2%	11.3%	831	766
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.2%	1,080	1,021
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	1.9%	0.5%	1,946	37
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.3%	36.0%	2,901	2,851
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.2%	0.0%	1,120	3
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.0%	0.6%	697	35
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%	4,440	24
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.0%	4,374	2,108
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%	3,395	4
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.1%	4.3%	2,307	325
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%	2,742	14

Finally you just need to sum all the CCG contributions to get an overall NEA figure for the HWB;



Derbyshire HWB NEA data for July 2016

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG	CCG Data from Activity and Planning Report	CCG contribution to HWB
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%	1,075	2
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.1%	1.4%	1,221	99
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%	1,500	5
E10000007	Derbyshire	03X	NHS Erewash CCG	92.2%	11.3%	831	766
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.2%	1,080	1,021
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	1.9%	0.5%	1,946	37
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.3%	36.0%	2,901	2,851
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.2%	0.0%	1,120	3
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.0%	0.6%	697	35
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%	4,440	24
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.0%	4,374	2,108
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%	3,395	4
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.1%	4.3%	2,307	325
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%	2,742	14
					HWB NEA figure		7,294

So by following the 4 steps we have calculated the number of Non-Elective Admissions for Derbyshire HWB.

Below is the file that was created for Derbyshire for the purposes of the worked example that can be used by HWBs as a template if desired.

Derbyshire HWB NEA data for July 2016.xls

Annex A - Accessing Unify2

- If you already have login details, please access Unify2 via this link: http://nww.unify2.dh.nhs.uk/Unify/interface/homepage.aspx

- If you have an N3 connection but you do not yet have a Unify2 login, please register via this link: http://nww.unify2.dh.nhs.uk/Unify/AccessSecurity/Management/AccountRequest.aspx

Please ensure that you complete the first drop down box (Domain) on the account request form, before trying to select your organisation. For the domain, please select: Knowledge and Intelligence

- Please note that parts of the system don't work fully on Google Chrome or Internet Explorer 9 or above. If you have trouble with dropdown boxes (including submitting the request form), please try using IE in compatibility view.

- For further information on accessing an N3 connection please visit the N3 website using this link; http://n3.nhs.uk/

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Better Care Fund Template Q2 2016/17

Data Collection Question Completion Checklist

1. Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes

2. Budget Arrangements

Funds pooled via a S.75 pooled budget? If not previously stated that the funds had been pooled can you confirm that they have now? If no, date provided?
Yes

3. National Conditions

			7 day services		Data sharing							
	1) Are the plans still jointly agreed?	2) Maintain provision of social care services	3i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	3ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	4i) Is the NHS Number being used as the consistent identifier for health and social care services?	4ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	4iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	4iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	5) Is there a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	6) Is there agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	7) Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care	8) Agreement on local action plan to reduce delayed transfers of care (DTOC), including a locally agreed target
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter (in-line with signed off plan) and how this is being addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. I&E (2 parts)

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17
Income to	Forecast	Yes	Yes	Yes	Yes
	Actual	Yes	Yes		
	Please comment if there is a difference between the annual totals and the pooled fund	Yes			
Expenditure From	Forecast	Yes	Yes	Yes	Yes
	Actual	Yes	Yes		
	Please comment if there is a difference between the annual totals and the pooled fund	Yes			
Commentary on progress against financial plan:		Yes			

5. Supporting Metrics

		Please provide an update on indicative progress against the metric?	Commentary on progress
	NEA	Yes	Yes
	DTOC	Yes	Yes
	Local performance metric	Yes	Yes
	If no metric, please specify	Please provide an update on indicative progress against the metric?	Commentary on progress
Patient experience metric	Yes	Yes	Yes
	Admissions to residential care	Yes	Yes
	Reablement	Yes	Yes

6. Additional Measures

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Yes	Yes	Yes	Yes	Yes	Yes
From Hospital	Yes	Yes	Yes	Yes	Yes	Yes
From Social Care	Yes	Yes	Yes	Yes	Yes	Yes
From Community	Yes	Yes	Yes	Yes	Yes	Yes
From Mental Health	Yes	Yes	Yes	Yes	Yes	Yes
From Specialised Palliative	Yes	Yes	Yes	Yes	Yes	Yes

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Yes	Yes	Yes	Yes	Yes	Yes
Projected 'go-live' date (mm/yy)	Yes	Yes	Yes	Yes	Yes	Yes

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Yes

Total number of PHBs in place at the end of the quarter	Yes
Number of new PHBs put in place during the quarter	Yes
Number of existing PHBs stopped during the quarter	Yes
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	Yes

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes

7. Narrative

Brief Narrative	Yes

Cover

Q2 2016/17	
Health and Well Being Board	**Tower Hamlets**
completed by:	Rahima Miah
E-Mail:	rahima.miah@towerhamletsccg.nhs.uk
Contact Number:	2036882523
Who has signed off the report on behalf of the Health and Well Being Board:	Simon Hall (CCG) and Denise Radley (LBTH)

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	36
4. I&E	15
5. Supporting Metrics	13
6. Additional Measures	67
7. Narrative	1

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Budget Arrangements

Selected Health and Well Being Board:	Tower Hamlets

Have the funds been pooled via a s.75 pooled budget?	Yes
If it had not been previously stated that the funds had been pooled can you confirm that they have now?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Footnotes:

Source: For the S.75 pooled budget question, which is pre-populated, the data is from a previous quarterly collection returned by the HWB.

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National Conditions

Selected Health and Well Being Board: Tower Hamlets

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?

Condition (please refer to the detailed definition below)	Q1 Submission Response	Please Select ('Yes', 'No' or 'No - In Progress')	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed	Yes	Yes		
2) Maintain provision of social care services	Yes	Yes		
3) In respect of 7 Day Services - please confirm:				
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	Yes		
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	Yes	Yes		
4) In respect of Data Sharing - please confirm:				
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	Yes		
ii) Are we pursuing Open APIs (ie system that speak to each other)?	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes		
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	Yes		
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes	Yes		
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes		
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes		
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes	Yes		

National conditions - detailed definitions

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the Better Care Fund will contribute to a longer term strategic plan. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.

2) Maintain provision of social care services

Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16.

The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund.

In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process.

It should also be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013-14:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.

Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order:

- To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week;
- To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why.

The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf).
By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.

4) Better data sharing between health and social care, based on the NHS number

The appropriate and lawful sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a consistent identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:
- confirm that they are using the NHS Number as the consistent identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf; and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place.
- ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review.

The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide access to a central repository guidance on data access issues for the health and care system. See - http://systems.hscic.gov.uk/infogov/iga

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and named care coordinator, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by care coordinators, for example dementia advisors.

6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.

7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care

Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.

This should be achieved in one of the following ways:

- To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better Care Fund plan; or

- Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16);

This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.

8) Agreement on local action plan to reduce delayed transfers of care (DTOC)

Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue.

As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target.

All local areas need to establish their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month.

As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue.

We would expect plans to:

- Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
- Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
- Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance;
- Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
- Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;
- Demonstrate engagement with the independent and voluntary sector providers.

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Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-

Selected Health and Well Being Board: Tower Hamlets

Income

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,365,654	£5,365,654	£5,365,654	£5,365,655	£21,462,617	£21,462,617
	Forecast	£5,365,654	£5,365,654	£5,365,654	£5,365,655	£21,462,617	
	Actual*	£5,365,654					

Q2 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,365,654	£5,365,654	£5,365,654	£5,365,655	£21,462,617	£21,462,617
	Forecast	£5,365,654	£5,365,654	£5,365,654	£5,365,655	£21,462,617	
	Actual*	£5,365,654	£5,365,654				

Please comment if one of the following applies: - There is a difference between the forecasted annual total and the pooled fund - The Q2 actual differs from the Q2 plan and / or Q2 forecast	

Expenditure

Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,365,654	£5,365,654	£5,365,654	£5,365,655	£21,462,617	£21,462,617
	Forecast	£5,365,654	£5,365,654	£5,365,654	£5,365,655	£21,462,617	
	Actual*	£5,268,154					

Q2 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,365,654	£5,365,654	£5,365,654	£5,365,655	£21,462,617	£21,462,617
	Forecast	£5,365,654	£5,365,654	£5,365,654	£5,365,655	£21,462,617	
	Actual*	£5,268,154	£5,160,654				

Please comment if one of the following applies: - There is a difference between the forecasted annual total and the pooled fund - The Q2 actual differs from the Q2 plan and / or Q2 forecast	There is a difference between the forecast vs. actual spend in Q2 owing to delays with the implementation of two projects: 1. Mental Health Recovery College: This commenced at the end of September 2016, resulting in an underspend of approx. 55k. The unspent resources will be reallocated by the end of the financial year. 2. Personalised Commissioning. A revised project plan, with new timescales, is now in place. We expect to be able to break even on this budget by the end of the financial year.

Commentary on progress against financial plan:	There is a difference between the forecast vs. actual spend in Q2 owing to delays with the implementation of two projects: 1. Mental Health Recovery College: This commenced at the end of September 2016, resulting in an underspend of approx. £55k. The expectation is that the unspent resources will be reallocated by the end of the financial year. A proposal is currently being developed and will be reviewed/signed off by the Joint Commissioning Executive (JCE). 2. Personalised Commissioning. A revised project plan, with new timescales, is now in place. We expect to be able to break even on this budget by the end of the financial year.

Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB. Pre-populated Plan, Forecast and Q1 Actual figures are sourced from the Q1 16/17 return

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National and locally defined metrics

Selected Health and Well Being Board: Tower Hamlets

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Quarter 2 data indicates NEA levels at 5,338 against a plan of 5,469.

Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Quarter 2 DTOC rate of 702.3 against a plan of 590.9. This is an improvement from Quarter 1 (DTOC rate of 756.7), as well as Quarter 2 in the previous year (DTOC rate of 775.5). The plan was set based on the 14/15 baseline for this metric. We believe that there was previous recording issues on DTOCs driven by data quality problems which have since been resolved. Our improvements quarter on quarter suggest the work underway to manage DTOC pressures is effective. For instance, the DTOC target for the Royal London Hospital is 2.5% of an acute bed base of 544. This translates to no more than 13 DTOCs at any given time. The primary issue with DTOCs relates to delayed assessments and placement for complex neuro-rehabilitation patients. NHSE are responsible for the commissioning of these services and this is an issue across London. NHSE have initiated a pan-London review to look into this; Tower Hamlets CCG is participating in this review. Neuro-rehabilitation patients aside, although there are fluctuations, we largely meet the DTOC target and have put in place a number of measures to facilitate discharge, such as: a. Weekly "get me home" meetings organised by the Trust, which the CCG attends b. Funding of a number of schemes including: - Out of borough social worker to liaise with out of borough Local Authorities to facilitate discharge for patients who do not live in Tower Hamlets - 2 additional continuing healthcare nurses, to support with the timely completion of continuing healthcare assessments - Commissioning of Age UK to escort (medically fit for discharge) patients home and support them with practical tasks to help them settle at home e.g. stock fridge, shopping etc. - Additional resource for our admission avoidance and hospital at home teams, and the discharge to assess home pathway, and spot purchase of step down beds.

Local performance metric as described in your approved BCF plan	Non Elective Admissions - Month on Month Rate per 1000 (of the risk bands 1 & 2)
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Data is currently only available for Jul & Aug 2016. Based on a 2 month average, the quarter 2 rate has been estimated at 58.04, against a plan of 55.6. This is a slight deterioration from quarter 1 (rate of 55.6). However, this correlates with fluctuations in 2015/16, where quarter 2 saw the highest non elective admissions rate, in comparison to the rest of the year. As such, we anticipate a similar pattern in 2016/17, with the target being met at year end.

Local defined patient experience metric as described in your approved BCF plan	No local metric in place.
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	There has been a delay in the production of a local patient experience questionnaire by the Picker Institute that has been developed through the AETNA Foundation pilot. This has now been resolved and the questionnaire is expected to be released imminently. The CCG will then begin to negotiate reporting and targets with the relevant providers.

Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Q2 Performance has not met the target. In Q2 there were fewer admissions than in Q2 last year – 26 compared to 31, though recording lag could mean the current Q2 figure will rise. The rolling year figure to the end of September has fallen slightly, to a rate of 673 per 100,000, though this could also rise. Overall, there appear to be an increasing number and rate of over 85s being admitted to nursing and residential care (21 people in Apr-Sept 2015, compared to 32 in Apr-Sept 2016) with a reduction in the 65-74 age group (10 during Apr-Sept 2015, compared with 5 in the period Apr-Sept 2016). Case auditing is taking place to better understand the context for placements being made. Current performance is very low compared with in-year un-validated London benchmarking data.

Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	The Q2 performance where clients had the 91-day period fall between July and September was 89%. Reablement services continued to monitor their clients to track performance, and council continue to work with NHS to obtain discharge and admission data to improve performance monitoring. The 2015/16 outturn for Reablement was 79%. Therefore the trend is towards an improvement in performance as at Q2 2016/17. However, due to a small cohort, the measure is quite volatile and this could still be reversed through poor performance in Q3/4.

Footnotes:

For the local performance metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB.
For the local defined patient experience metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB, except in cases where HWBs provided a definition of the metric for the

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Additional Measures

Selected Health and Well Being Board: Tower Hamlets

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Not currently shared digitally
From Hospital	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Not currently shared digitally
From Social Care	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Not currently shared digitally
From Community	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Shared via Open API	Not currently shared digitally
From Mental Health	Shared via Open API	Shared via Open API	Shared via interim solution	Shared via Open API	Shared via Open API	Not currently shared digitally
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Live	Live	Live	In development	Live	Unavailable
Projected 'go-live' date (dd/mm/yy)				01/01/17		01/04/18

3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway

Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	6
Rate per 100,000 population	2.0

Number of new PHBs put in place during the quarter	0
Number of existing PHBs stopped during the quarter	0
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%

Population (Mid 2016)	303,891

5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **non-acute** setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **acute** setting?	Yes - throughout the Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016).
http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Population figures were updated to the mid-year 2016 estimates as we moved into the new calendar year.

Narrative

Selected Health and Well Being Board:	Tower Hamlets

Remaining Characters	31,952

Please provide a brief narrative on overall progress, reflecting on performance in Q2 16/17. A recommendation would be to offer a narrative around the stocktake themes as below:

Highlights and successes

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

Challenges and concerns

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

The programme remains on track and an integral part of our integration and joint commissioning arrangements. Performance on non-elective admissions is good which provides an indication of the effectiveness of our models of primary and community multi-disciplinary teams. A continued focus is needed on delayed transfers of care and our enhanced discharge to assess model will achieve further improvement and better outcomes for people leaving hospital. Admissions of over 65s to residential and nursing care are too high and an audit is being carried out to identify the causes and issues associated with this. Re-ablement performance is good. The new Joint Commissioning Executive is overseeing the BCF and reporting to the Health & Wellbeing Board on a regular basis. Planning for 2017/18 is well underway.

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Health and Wellbeing Board Tuesday 13th December 2016	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
The Tower Hamlets Draft Local Plan 2031 - *Managing Growth and Sharing Benefits*	

Lead Officer	Aman Dalvi, Corporate Director Development and Renewal
Contact Officers	Hong Chen, Team Leader, Local Plan Place Team and Adele Maher, Strategic Planning Manager
Executive Key Decision?	No

Summary

The Local Plan is the Borough's most important planning document. It sets out a vision, strategic priorities, and planning policy framework that guides all development in the Borough. Its purpose is to help inform decision on planning applications and to meet the Council's national and regional planning policy duties.

The Council has identified the preparation of a new Local Plan as a priority for the Council, to help manage the future growth anticipated and to respond to major planning policy changes at a national and regional level that have taken place since the last Local plan was adopted in 2010 and 2013.

The content of the Draft Local Plan was informed by national and regional planning policy to which it must accord; available evidence; and responses received from informal consultation to date. This includes information gathered during the initial informal consultation held between 14 December 2015 and 8 February 2016 on a document titled "Our Borough, Our Plan: A New Local Plan First Steps.

The *Tower Hamlets Draft Local Plan 2031: Managing Growth and Sharing Benefits* for public consultation from 11 November 2016 to 2 January 2017. This document (from here on referred to as the Draft Local Plan) has been prepared in accordance with the Town and Country Planning (Local Planning) (England) Regulation 2012. It includes draft policies and potential site allocations and is supported by evidence

All representations made in response to the public consultation on the Draft Local Plan will be taken into account and where appropriate, amendments will be made to its content. This will be published in the next iteration of the document called the Proposed Submission Local Plan, which will be published in spring/summer 2017.

The Health and Wellbeing Board and its membership organisations are encouraged to read and consider the draft Local Plan and respond to the ongoing consultation.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. To consider the *Tower Hamlets Draft Local Plan 2031: Managing Growth and Sharing Benefits*.
2. Respond to the consultation with any comments on the current content of the draft plan.

1. REASONS FOR THE DECISIONS

1.1 Item is for information and discussion, no decision required

2. ALTERNATIVE OPTIONS

2.1 Item is for information and discussion, no decision required

3. DETAILS OF REPORT

Introduction

3.1 The Council has an existing Local Plan, consisting of a Core Strategy adopted in 2010 and a Managing Development Document adopted in 2013. These documents translate national and regional policy requirements into a local planning framework to guide development and decisions on planning applications in the Borough.

3.2 Tower Hamlets is anticipated to experience high levels of population growth and the London Plan annual housing target has been revised upwards from 2,885 units per year to 3,931 units per year since 2015. The Council is now positioned the highest with a requirement to deliver approximately 9% of the total annual housing target set for London. Compared to the neighbouring boroughs, the borough housing target is about 3% higher than London Borough of Hackney (6%), 6% higher than LLDC (3%) and 4% higher than London Borough of Newham (5%). This is far greater than DCLG's household projections (2014) and the borough's objectively assessed housing need of 2,428. However, given that London housing need is strategic, Tower Hamlets is required to not only meet its local need but also London's strategic housing need. Thus, the new target would mean that Tower Hamlets will need to absorb approximately 9% of Greater London's overall minimum housing target by 2025 within just 1.3% of the capital's geographical land area.

3.3 This will have a significant impact on the Borough's housing, employment, town centres, infrastructure and environment for the next 15 years. As a result the Council has committed to the preparation of a new Local Plan as a priority, to respond to these changes.

Draft Local Plan - Content

3.4 The Draft Local Plan covers a period from 2016 to 2031, for 15 years. The content of the new Local Plan reflects and responds to the changes in national and regional planning policy, evidence including assessment of the communities' needs, the Council's corporate priorities and the Tower Hamlets Partnership Community Plan 2015. The Draft Local Plan incorporates the vision, objectives and strategic policies currently included in the Core Strategy and the development management policies and site allocations currently included in the Managing Development Document. Both the strategic and

development management policies are now included in one document the Draft Local Plan.

3.5 The Draft Local Plan vision and policies is focused on collectively aiming to achieving the following through new development in the Borough to 2031:

- Objective 1: Managing growth and shaping change; and
- Objective 2: Spreading the benefits of growth

3.6 The structure and content of the Draft Local Plan can be viewed in Appendix 1. Chapters 1, 2, and 3 provide details on consultation, followed by an introduction, context and vision and objectives. It also notes the importance of the Borough's existing 24 places to the character and identity of Tower Hamlets and strategically considers how future growth will take place at a sub area level, in four identified areas: City Fringe, Central, Lower Lea Valley and Isle of Dogs and South Poplar Sub-Areas. This is expanded on in greater detail in Chapter 5.

3.7 Chapter four of the Draft Local Plan includes a range of strategic and development management policies, including the delivery of new affordable housing, as well as additional jobs and workspaces, improvements to public transport and walking and cycling infrastructure to meet the needs of both existing and new communities. It also includes design, heritage and environmental sustainability which are essential to the creation of sustainable and liveable places, of which all our residents will be proud.

3.8 Chapter five links to the spatial approach introduced in the beginning of the document, and elaborates on the approach by providing further details for each of the sub-areas and includes relevant site allocations.

Draft Local Plan and Health Priorities

3.9 The important role planning, and the Local Plan, can play in improving public health has been recognised in both the preparation and contents of the new draft Local Plan.

3.10 The Plan Making Team has worked closely with the LBTH Public Health Team to identify the key public health areas the Local Plan can influence. The Health and Wellbeing workshop in January 2016, also helped identify key health priorities the Local Plan could help deliver. There priorities are supported by a new evidence base: 'Joint Strategic Needs Assessment: Strategic Planning and Health' which provides a summary of relevant health evidence base and resulting policy recommendations for the Local Plan.

3.11 The outcome of these discussions and evidence base has been to embed health improvements at the centre of the new Local Plan. One of the key Objectives for the new Local Plan is 'Sharing the Benefits of Growth', one of the key principles of which, is that 'growth must bring health benefits and reduce health inequalities'. This will be implemented through 'delivering healthy neighbourhoods that promote active and healthy lifestyles and recreation and enhances people's wider health and wellbeing.

3.12 This is a cross-cutting theme throughout the draft Local Plan, but has particularly shaped the following areas:

- A requirement for all major developments or those in particular areas or containing particular uses to complete a Health Impact Assessment.
- A strengthened policy on hot food take-ways.
- A new policy to limit over-concentration of Betting Shops.
- A strengthened policy on the provision and standards of child play space in new developments.
- A new approach to the provision of Open Space to ensure we maximise provision.
- A new focus on active travel and promoting walking and cycling.
- A strengthened policy on air quality to reduce the impact on air quality of new developments and to better protect users of new developments from existing poor air quality.
- Site allocations for health facilities, to ensure new provision in areas of growth.

Draft Local Plan – Preparation

3.13 The preparation of a new Local Plan must follow nationally set legal and procedural requirements that dictate: the stages of the plan preparation; who should be consulted and when; and what information is required to support the Local Plan. In particular, the new Local Plan must be prepared in accordance with the National Planning Policy Framework and must seek to meet the requirements of the London Plan.

3.14 The regulations also include the criteria against which the new Local Plan will be independently tested to ensure it is fit for purpose and 'sound' in planning terms. To be sound the new Local Plan must be:

- **Positively prepared**: for example that it positively seeks to meet the requirements of the London Plan;
- **Justified**: that the policies in the Local Plan are supported by evidence and are reasonable justified;
- **Effective**: that the policies in the plan can be delivered and have been formulated on the basis of effective joint working with partners; and
- **Consistent with national policy**: that it has been prepared in accordance with the National Planning Policy Framework (NPPF)

3.15 The Council considers that the Draft Local Plan has been 'soundly' prepared in accordance with the appropriate legal and procedural requirements, including the requirements of the National Planning Policy Framework (NPPF 2012) and the Town and Country Planning (England) Regulations 2012.

3.16 The development of the Draft Local Plan also builds on a substantial body of existing work, in particular the content of the Tower Hamlets Partnership Community Plan 2015 which identifies the main pressures and priorities for

the Borough and the policies in the existing Local Plan Core Strategy and Managing Development Document - the latter was examined, found sound and adopted relatively recently in 2013.

3.17 The Draft Local Plan has been informed by an informal consultation that was held from December 2015 to February 2016 on "Our Borough, Our Plan: A New Local Plan First Steps". In addition, on-going discussions also took place with both internal and external colleagues through individual meetings, and regular Internal/External Stakeholder Group meetings, including:

- **Externally** - including Canal and River Trust, Network Rail, Environment Agency, Health and Wellbeing Board London Gypsy and Traveller Unit, Greater London Authority, Transport for London and neighbouring boroughs through the established Local Plan External Stakeholders Group
- **Internally** - through the input of colleagues across the Council at the regular Local Plan and Opportunity Areas Framework (OAPF) Officer Steering Group Meeting. These discussions were followed by presentations to the Directorate DMT's and CMT's over recent months, followed by separate engagement with specific officers; Mayor, the Cabinet lead for Strategic Development and Councillors.

3.18 The policies contained in the Draft Local Plan have been informed by findings from an updated and relevant evidence base to ensure that they are sound and justified, and able to be robustly defended at Examination in Public (EiP). The list of evidence is included below in Table 1. This will be published on 11 November for public information, alongside the Draft Local Plan. The list below is not exhaustive and only includes newly commissioned Local Plan specific reports. The content of the Draft Local Plan is also informed by existing and emerging strategies and evidence produced by the Council and its partners including the LBTH Housing Strategy and the GLA's developing work on Isle of Dogs and South Poplar Opportunity Area Planning Framework (OAPF).

Table 1: A list of Evidence supporting the Draft Local Plan

Project	Details
Integrated Impact Assessment (IIA)	Meets the requirements of the EU Directive on Strategic Environmental Assessment and Habitats Assessment, and also covers health and equality.
Tower Hamlets Growth Model	This is based on the London Plan Strategic Housing Land Availability Assessment (SHLAA) and updated Borough SHLAA information can be found in the Draft Local Plan site allocations.
Employment Land Review (ELR)	Assesses supply and demand of employment land or floor space to inform Local Plan policies. All strategic sites put forward for inclusion as part of the Call for Sites have been included.

Project	Details
Town Centre Retail Capacity Study	Incorporates retail and leisure capacity study to inform Local Plan policies.
Waste Management Evidence	Identifies waste sites and assesses existing safeguarded waste sites.
Open Space Strategy	This reviews the quantity and quality of the Borough's existing open spaces. It also identifies the need for new open spaces.
Strategic Housing Market Assessment	This adds detail to the London Plan SHMA and identifies specific local housing need, in relation to market and affordable housing types, tenures and house size and the accommodation needs of specialist housing such as student housing
Gypsies and Travellers Accommodation Assessment	Assesses the local accommodation need to identify whether or not site allocations are required
Strategic Flood Risk Assessment	Assesses the flood risk of our allocated sites, likely significant effects to certain sites in the Borough and what mitigation may be required in line with the requirements of the National Planning Policy Framework (NPPF)
Viability Assessment	Assesses the combined impact of Local Plan policies on development viability, to ensure the policies do not prevent development coming forward
Infrastructure Delivery Framework	Identifies the infrastructure required to support growth, potential funding sources and timeframes for delivery
Transport Strategy	Considers the impact of the growth planned for in the new Local Plan on the transport network, taking into account investment to improvements secured
Green Grid Strategy Update	This assesses the Borough's green grid network and identifies a Strategy for making the most of opportunities to improve the network in line with the London Plan's requirement
Tall Buildings Study	Identities the most appropriate location for tall buildings in the Borough
Carbon Policy Evidence Base	To compare the cost of the GLA's zero carbon policy (which requires 35% reduction onsite) and the Tower Hamlets current zero carbon policy (which requires 45% reduction onsite).
Joint Strategic Needs Assessment Strategic Planning and Health	To ensure health and wellbeing considerations are embedded within the Local Plan and ensure planning contributes towards delivering a healthier borough.
Conservation Strategy	Provides a positive strategy for the management of the historic environment in line with the requirements of the

Project	Details
	NPPF

Draft Local Plan - Public Consultation 11 November 2016 to 2 January 2017

3.14 The regulation requires a six-week consultation period. However, officers recommend starting the consultation earlier and extending the total period to almost eight-weeks to account for the Christmas and New Year period.

3.15 The Draft Local Plan (Appendix 1), the Integrated Impact Assessment (IIA) and other supporting documents will be published on the Council's website from 5pm on Friday 11 November 2016. The public and stakeholders will be able to make comments online, via an online consultation portal, email or by post. The website will contain details of the consultation activities, as far in advance as possible. It should be noted that the Integrated Impact Assessment (IIA) at Appendix 1 is currently in draft, as minor changes to the draft Local Plan have been on-going. An addendum to the IIA will be provided prior to the Cabinet meeting with a final consolidated version then being provided for public consultation.

3.16 During this consultation period, a series of consultation events will be held to encourage public participation in the new Local Plan preparation process. Details of confirmed events are given below:

Table 2 Consultation events for Draft Local Plan

Drop-in Events			
Date	**Location**	**Time**	**Address**
Thursday 24/11	Idea Store, Chrisp Street	12:30 – 15:30	1 Vesey Path East India Dock Road, E14 6BT
Saturday 26/11	Idea Store, Bow,	10:00 – 13:00	1 Gladstone Place, Roman Road, Bow, E3 5ES
Saturday 03/12	V & A Museum of Childhood, Bethnal Green	10:00 - 13:00	Cambridge Heath Road, London E2 9PA
Wednesday 07/12	Alpha Grove Community Centre	17:30 – 20:30	Alpha Grove, London, E14 8LH
Wednesday 14/12	Idea Store, Whitechapel	17:30 – 20:30	321 Whitechapel Road, London, E1 1BU
Area Based Workshops			

Event	**Date**	**Time**	
Workshop 1: Central and City Fringe	Tuesday 13 December 2016,	18:00 – 20:00	Tickets can be booked via the Council Website
Workshop 2: Isle of Dogs and Lower Lea Valley	Monday 19 December 2016	18:00 – 20:00	Tickets can be booked via the Council Website

Timetable and next steps

3.17 A summary of the indicative Local Plan preparation timetable is set out below:

Table 3 Indicative Timetable for Local Plan

	Local Plan Key Stages	
1	Consult on the Draft Local Plan (Regulation 18)	Nov 2016 – January 2017
2	Publish the Proposed Submission Local Plan (regulation 19)	April/May 2017
3	Submission to the Planning Inspectorate	June 2017
4	Examination in Public	Autumn 2017
5	Adopt the new Local Plan	Winter 2017/18

3.18 New Local Plans take on average two to three years to produce. Notwithstanding, at a national and regional level, planning policy is currently in a state of transition and flux, as the Government considers how it implements the Housing and Planning Act and the new Mayor of London considers a new Housing Supplementary Planning Guidance (SPG) and new London Plan, to be adopted in 2019.

3.19 The policies in the Draft Local Plan have been prepared to be adaptive and flexible where appropriate and possible, to respond to changes that may come forward. Officers are working closely with GLA colleagues to make sure that the policies contained in the Draft Local Plan respond to the overall thrust of the emerging new London Plan.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 This report recommends that the Health & Wellbeing Board consider the *Tower Hamlets Draft Local Plan 2031: Managing Growth and Sharing Benefits*, and to respond to the consultation with any comments on the current content of the draft plan.

4.2 Whilst there are no specific financial consequences arising directly from the recommendations in the report, ultimately the Local Plan will underpin key decisions in relation to the allocation of the limited resources available within the Borough, and will influence the shaping of the Council's Medium Term Financial Strategy and Capital Strategy. In particular it will provide the basis for estimating the need for and cost of providing Council services based on changes to the boroughs 'population' together with the additional revenue generated from locally generated funding sources – Council Tax and increasingly Business rates.

4.3 The compilation of the various studies and evidence required to support the plan will set out some of the challenges that the Authority and its partners may face over coming years as a result of demographic and economic growth. Individual infrastructure developments will need to be subject to detailed planning at the appropriate time, including consideration of the financial impact on both partner organisations and on the Council. The Local Plan and supporting data will also provide evidence to determine the charging schedules in relation to Section 106 obligations and the newly introduced Community Infrastructure Levy, and to inform decisions concerning the appropriate use of the resources secured.

4.4 The main costs associated with the development of the Local Plan are staffing related and are financed from within existing resources. The consultation process will lead to expenditure on items such as advertising, printing, hiring venues and facilitating public meetings for which there is existing budgetary provision.

5. LEGAL COMMENTS

5.1 This report recommends that the Health and Wellbeing Board consider the Council's draft Local Plan and respond to the current consultation with any comments on its contents.

5.2 The Local Plan is the Borough's primary planning document and along with the London Plan will form the Council's development plan. The Council are required to determine planning applications in accordance with the development plan unless material considerations indicate otherwise (Section 38(6) of the Planning and Compulsory Purchase Act 2004).

5.3 In preparing the Local Plan the Council are required to have regard to *inter alia* national policies, advice contained in guidance issued by the Secretary of State and the London Plan, and the plan must be in general accordance with the latter.

5.4 The process which needs to be followed before the plan can be adopted is set out in this report, along with a summary of some of the ways in which health considerations have been taken into account in preparing the draft Local Plan.

5.5 The Health and Wellbeing Board are required to lead, steer and advise on strategies to improve the health and wellbeing of the population of Tower

Hamlets. They are to seek to do this through joint work across services in the Borough and the greater integration of health and social care as well as with those accessing services that can help to address the wider determinants of Health. Further, the Board are charged with supporting the ambitions of the Tower Hamlets Partnership outlined within the Tower Hamlets Community Plan. Pursuant to these roles, they also have an important role to play in providing comments on the Local Plan so far as these are relevant to these functions.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 A full equalities screening and if required Equalities Assessment has been prepared alongside the Draft Local Plan. This is included as part of the Integrated Impact Assessment. Officers will continue to work with the Equalities team to make sure that actions are undertaken to mitigate the likely impacts on the equality profile of those affected by the Draft Local Plan.

7. BEST VALUE (BV) IMPLICATIONS

7.1 A new Local Plan will enable the Council to continue to ensure that the delivery of housing and infrastructure is optimised, and that benefits continue to be secured for the wider community. The development of sites following the policies and guidance of the new Local Plan will generate section 106 and Community Infrastructure Levy (CIL) contributions where relevant. This may include the delivery of new affordable housing, local enterprise and employment opportunities, public realm enhancements and infrastructure.

7.2 Undertaking a range of consultations with council services and partners, as well as residents, will ensure the new Local Plan incorporates a full range of local priorities and is underpinned by a full and thorough evidence base. This will improve the likelihood of the plan being found sound when examined.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 A Sustainability Appraisal (SA) is a legal requirement for the preparation and development of the Local Plan. Under the Planning and Compulsory Purchase Act 2004, a Sustainability Appraisal must comply with the requirements of a Strategic Environmental Assessment (SEA). A SEA ensures that environmental issues are incorporated and assessed in decision-making throughout the entire plan making process. The SA report is prepared alongside the draft of the new Local Plan and submitted to the Secretary of State alongside the new Local Plan.

9. RISK MANAGEMENT IMPLICATIONS

9.1 Progress on the new Local Plan is being regularly reported through a number of internal groups that consider risk management issues and mitigation measures. These include:

- Local Plan Internal Stakeholders Group
- Development and Renewal Directorate Management Team
- Corporate Management Team

9.2 A Project Initiation Document (PID) was approved by Corporate Management Team in May 2015. Officers are working collaboratively across the relevant Services on the development of the new Local Plan and its evidence base through Corporate Management Team and the Local Plan Internal Stakeholder Group. The Mayor of Tower Hamlets and Lead Member for Strategic Development has been briefed on the new Local Plan on a regular basis and they have provided significant input into the development of the Draft Local Plan.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 The Draft Local Plan is not considered to have any implications for crime and disorder reduction at this stage. However the next draft of the new Local Plan will contain policies that will seek to ensure that the design of developments minimise opportunities for crime and create a safer and more secure environment.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

1. Tower Hamlets Draft Local Plan 2031: Managing Growth and Sharing Benefits. Please see link here
2. Tower Hamlets Draft Local Plan 2031: Integrated Impact Assessment (IIA). Please note this includes a Health Impact Assessment. Please see links here and here.

Local Government Act, 1972 Section 100D (As amended)

List of "Background Papers" used in the preparation of this report

- NONE

Officer contact details for documents:

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