

TOWER HAMLETS HEALTH AND WELLBEING BOARD



Tuesday, 20 February 2018 at 5.45 p.m. MP702, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London E14 2BG.

This meeting is open to the public to attend.

Members:	Representing
Councillor Denise Jones (Chair)	Cabinet Member for Health & Adult Services
Dr Sam Everington (Vice-Chair)	Chair, Tower Hamlets Clinical Commissioning Group
Dr Somen Banerjee	Director of Public Health, LBTH
Councillor David Edgar	Cabinet Member for Resources
Councillor Amy Whitelock Gibbs	Cabinet Member for Education and Children's Services
Simon Hall	Acting Chief Officer ,NHS Tower Hamlets Clinical Commissioning Group
Councillor Danny Hassell	Non - Executive Group Councillor
Councillor Sirajul Islam	Statutory Deputy Mayor and Cabinet Member for Housing Management & Performance
Debbie Jones	Corporate Director, Children's Services
Charlotte Ladyman	Chair of Healthwatch Tower Hamlets
Denise Radley	Director Health, Adults and Community
Co-opted Members	
Chris Banks	Chief Executive of Tower Hamlets GP Care Group CIC
Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Stephen Dudney	London Fire Brigade
Dr Navina Evans	Chief Executive East London NHS Foundation Trust
Asmat Hussain	Corporate Director of Governance, Monitoring Officer
Fahimul Islam	Young Mayor
Alison Robert	Partnership Manager Tower Hamlets CVS
Jackie Sullivan	Managing Director Royal London and Mile End Hospitals – Barts Health NHS Trust
Ann Sutcliffe	Acting Corporate Director Place
Simon Walton	Representative of Tower Hamlets Housing Forum
Sue Williams	Borough Commander – Chief Superintendent
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:

Committee Services Officer - Rushena Miah

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

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Web: <https://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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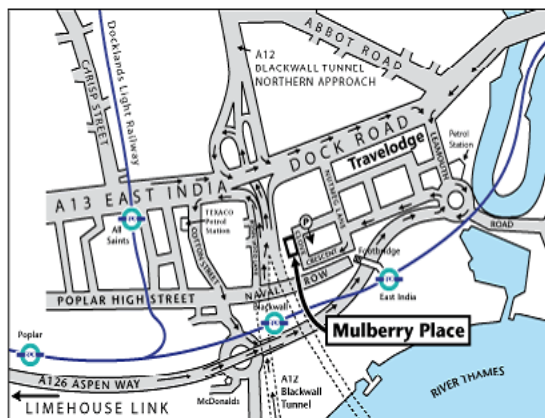
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4. BOARD DISCUSSION: HOW DO WE TACKLE LONELINESS IN TOWER HAMLETS?	
Councillor Denise Jones - Board Members will be asked to explore the question 'how can we tackle loneliness in the borough?' This will be to inform our approach going forward.	
5. ANY OTHER BUSINESS	
6. DATE OF NEXT MEETING	
To be confirmed.	

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:-

Asmat Hussain, Corporate Director, Governance & Monitoring Officer,
Telephone Number: 020 7364 4800

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	<p>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.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.</p>
Contracts	<p>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—</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
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	<p>Any tenancy where (to the Member's knowledge)—</p> <p>(a) the landlord is the relevant authority; and</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where—</p> <p>(a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either—</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(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.</p>

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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 WEDNESDAY, 20 DECEMBER 2017

MP701, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,
LONDON, E14 2BG.

Name	Membership	Role/Representing
Councillor Denise Jones (Chair)	Member	Cabinet Member Health & Adult Services
Councillor David Edgar	Member	Cabinet Member Resources
Councillor Danny Hassell	Member	
Councillor Amy Whitelock Gibbs	Member	
Dr Somen Banerjee	Member	Director Public Health, LBTH
Simon Hall	Member	Acting Chief Officer Tower Hamlets Clinical Commissioning Group
Ronke Martins-Taylor (representing Debbie Jones)	Member	Director Children's Services, LBTH
Denise Radley	Member	Director Health, Adults & Community, LBTH
Dr Paul Gilliley (representing Dr Navina Evans)	Co-opted	East London NHS Foundation Trust
Ann Sutcliffe	Co-opted	Acting Corporate Director of Place
Sarah Williams (representing Asmat Hussain)	Co-opted	LBTH Law and Governance
Sue Williams	Co-opted	Borough Commander – Chief Superintendent
Officers		
Dianne Barham	Officer	Chief Executive, Healthwatch TH
Nicola Donnelly	Officer	Programme Manager Young Adults
Chris Lovitt	Officer	Assistant Director Public Health
Rushena Miah	Officer	Committee Officer, Democratic Services
Misha Moore	Officer	Public Health Registrar
Andrew Moore	Officer	Occupational Health and Wellbeing Project Lead
Jamal Uddin	Officer	Strategy, Policy & Performance Officer
Apologies		
Dr Sam Everington (Vice Chair)	Member	Chair of Tower Hamlets CCG
Dr Navina Evans	Member	Chief Executive East London NHS Foundation Trust
Asmat Hussain	Member	Director of Law & Governance
Councillor Sirajul Islam	Member	Cabinet Member Housing
Debbie Jones	Member	Director Children's Services
Jackie Sullivan	Member	Managing Director of Hospitals, Bart's Health Trust

1. **STANDING ITEMS OF BUSINESS:**
2. **WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE**
3. **DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**

There were no declarations of interest.

3.1 **PUBLIC QUESTIONS AND PETITIONS**

There were no public petitions or questions submitted in advance of the meeting.

3.2 **MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING**

Denise Radley, Director of Health, Adults and Community, informed the Board that the concerns raised regarding the closure of Hoptown women's hostel have been resolved. A housing plan was implemented for the individual concerned.

It was confirmed that Simon Walton was the new housing representative replacing Jane Ball.

Dr Somen Banerjee, Director Public Health, confirmed that he submitted the Board's response to the London Health Inequalities consultation.

Outstanding Actions:

The Community Plan Refresh Document to be emailed to the Board.

The minutes of the meeting on 7 November 2017 were approved as an accurate record of the meeting and signed by the Chair.

3.3 **FORWARD PLAN**

The following points were noted in relation to the Forward Plan:

- The draft Pharmaceutical Needs Assessment will come to the February meeting of this Board with an aim to sign and adopt it at the March meeting.
- The March meeting will be presented with a draft strategy for the Health and Wellbeing Board 2018/19. Members were reminded to contact Dr Banerjee to express interest in becoming a Board Champion.
- The meeting scheduled for 20 March 2018 has now been changed to Tuesday 27 March 2018. This was due to a clash with Cabinet.

RESOLVED

The board noted the Forward Plan.

Action: Committee clerk to send a diary appointment to Members confirming the March meeting of the Board has been moved to **Tuesday 27 March 2018**.

4. HEALTH AND WELLBEING BOARD STRATEGY 2017-2020: DELIVERING THE BOARDS PRIORITIES - PROGRESS UPDATE

4.1 COMMUNITIES DRIVING CHANGE

The Board heard a verbal update from Dianne Barham, Tower Hamlets Healthwatch.

- A community insight network has been launched. The network is made up of researchers who have been trained in participatory appraisal and are working towards building a shared repository of community feedback. The data can be accessed by health partners via a license fee of £2000.
- Dr Banerjee said that the Community Insight project has been a positive development in aspirations to centralise data.
- The Healthy Communities tender has been awarded. An update on this will be provided later in the year.

RESOLVED

To note the Communities Driving Change priority update.

4.2 EMPLOYMENT AND HEALTH

The Board heard a presentation from Misha Moore, Public Health Registrar, and Andrew Moore, Occupation Health and Wellbeing Project Lead, on the London Healthy Workplace Charter. They advocated for partners on the Board to sign up to the Charter.

The accreditation is monitored by the Greater London Authority and has three levels of award: Commitment, Achievement and Excellence. Scoring is based on eight health criteria.

Members of the Board were enthusiastic about the accreditation. There was a consensus that the Tower Hamlets Employment Forum should be revived and use it as a platform to promote the London Healthy Workplace Charter.

Sue Williams, Borough Commander – Chief Superintendent, suggested that a domestic violence strand be included in the criteria for accreditation as it is an issue that significantly impacts wider health and wellbeing.

Other suggestions included linking the Charter to walking initiatives or the Community Plan under the heading of 'Space and Place'.

Dr Banerjee concluded the discussion by reminding Board Members that there was a commitment for Partners on the Board to sign up to the Charter. He asked Abigail Knight, Associate Director of Public Health, to discuss the Charter with Board partners who have not yet signed up.

The Chair thanked the speakers for their presentation.

RESOLVED

To implement the London Healthy Workplace Charter within Board Members respective organisations.

ACTIONS

Abigail Knight, Associate Director of Public Health, to look into restarting the Tower Hamlets Employment Forum.

Abigail Knight to follow up with Board Members on signing up to the London Healthy Workplace Charter.

4.3 CHILDREN'S WEIGHT AND NUTRITION

Ronke Martins-Taylor, Divisional Director Youth and Commissioning, provided an update on the progress of the Children –healthy weight and nutrition priority of the Action Plan. She summarised the work so far of the Board Champions. This included:

- Supporting work to ensure there is a school governor with a health background on every school governing body.
- Developing a school dashboard to measure health indicators.
- Promoting the 'Healthy Mile' in schools which is a scheme to encourage children to walk or run for a mile a day. Twenty eight schools were reported to be involved with the initiative.
- It was noted there will be an event held on the Healthy Mile on 20 March 2018. Board Members were invited to attend.
- Working towards increasing the number of schools achieving 'Healthy School' status. The Healthy Mile can contribute towards schools receiving silver status on the accreditation.
- The re-procurement of the Schools Health Service will begin in January 2018. The service specification requires a whole school approach towards healthy eating and healthy weight.

Councillor Amy Whitlock-Gibbs informed the committee that the Tower Hamlets Education Partnership (THEP) has appointed a new director named Tracy Smith. Councillor Whitlock-Gibbs volunteered to get in touch with Ms. Smith to discuss how THEP could get involved with the Action Plan.

RESOLVED

To note the progress report on the Children Healthy Weight and Nutrition priority.

ACTION

Councillor Amy Whitlock-Gibbs to get in touch with Tracy Smith, Director of THEP, to discuss joint working on the healthy weight and nutrition priority.

5. SUICIDE PREVENTION STRATEGY - FINAL

The Board heard a presentation from Chris Lovitt, Associate Director of Public Health and Nicola Donnelly, Programme Manager Young Adults. Mr Lovitt asked the Board to adopt the strategy further to the amendments listed on page 86 of the report.

The amendments primarily involved rephrasing the language used in describing the priority headings.

The strategy was praised by the Board.

Councillor Whitlock-Gibbs said that the strategy was very helpful and she was pleased that simplified language was used to promote accessibility. She endorsed the strategy and asked what more the Board could do to champion it.

Simon Hall, Chief Officer Tower Hamlets Clinical Commissioning Group, pointed out that the risk indicator of social isolation or withdrawal should not be limited to the young people's section as the issue affects all age groups.

Ronke Martins-Taylor, Divisional Director Youth and Commissioning, said that she was developing a strategy to engage with young people at risk. A tool kit has been developed and training will be delivered on how to use it at schools. She suggested there may be opportunities for cross working.

Denise Radley, Director of Health, Adults and Community, said that the strategy was a positive step forward in prevention and early intervention. She thanked the team for their work on the strategy.

Sue Williams, Borough Commander, endorsed the strategy. It was noted that the police will be supporting the work by interrogating their database for statistics on suicide in Tower Hamlets.

RESOLVED

To adopt the Suicide Prevention Strategy and Action Plan.

6. ANY OTHER BUSINESS

Youth Crisis Service

Ronke-Taylor Martins, Divisional Director Youth Commissioning, informed the Board about some partnership work carried out between the Council and

Docklands Outreach which targeted youths in crisis. The service was co-located at the Royal London Paediatric Unit from April 2015 to end of 2017.

The Board noted the message from the Divisional Director for Youth and Commissioning and advised that it would be more appropriate for a formal report to go to the Overview and Scrutiny Committee because it concerns an operational issue.

Chairs Announcements

Tower Hamlets Partnership is inviting Board Members to a Partnership Summit scheduled for Thursday 11th January 2018, at The Atrium, 124 Cheshire Street, London, E2 6EJ, from 9.30am – 2.00pm. This is to begin gathering the views of leaders across the community on the new Community Plan and what the shared vision for the future should be.


Those interested in attending (Board members only) will need to register their interest. Details have been emailed to board members.

7. DATE OF NEXT MEETING

Tuesday 20 February 2018, 5.30pm-8.00pm, venue tbc.

The meeting ended at 6.35 p.m.

**Chair, Councillor Denise Jones
Tower Hamlets Health and Wellbeing Board**

<p align="center">Health and Wellbeing Board Tuesday 20 February 2018</p>	
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Developing an integrated system - Tower Hamlets Together - Vision and Governance</p>	

Lead Officer	<p>Denise Radley, Corporate Director Health, Adults and Community</p> <p>Simon Hall, Managing Director, NHS Tower Hamlets Clinical Commissioning Group</p>
Contact Officers	As above
Executive Key Decision?	No

Executive Summary

'Developing an integrated system' is one of the five priorities of the Tower Hamlets Health and Wellbeing Strategy. Tower Hamlets Together (THT) is the partnership vehicle for delivering this (bringing together the Council, CCG, Barts Health, East London Foundation Trust, GP Care group and the Council for Voluntary Service). The attached presentation summarises its vision, values, background, operating context, outcomes framework and proposed governance. The issues in this presentation were discussed at a closed session of the Board on the 20th December and are now brought to the public meeting.

The Board is asked to note that the proposed governance structure aims to formalise the accountability of the Tower Hamlets Together Board and Joint Commissioning Executive to the Health and Wellbeing Board. This in turn will require that the terms of reference of the Health and Wellbeing Board be modified to reflect this. It is proposed to change these for the Annual Council Meeting on the 23rd May.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Agree to take forward work to change the terms of reference of the Health and Wellbeing Board for sign off at the next Health and Wellbeing Board (date tbc)

1. REASONS FOR THE DECISIONS

- 1.1 To establish clear lines of governance between Tower Hamlets Together and the Health and Wellbeing Board. This will ensure that the Health and Wellbeing Board will be playing its full oversight role across the health and care economy and clarify its accountability for delivery of the 'integrated system' priority of the Health and Wellbeing Strategy

2. ALTERNATIVE OPTIONS

- 2.1 Without the governance proposed, there would be a disconnect between the major vehicle for health and care integration (Tower Hamlets Together) and the Health and Wellbeing Board. Tower Hamlets Together is one of the key partnerships driving improvement in health and wellbeing in the borough and it is therefore critical to set out the governance relationship between Tower Hamlets Together bodies and the Health and Wellbeing Board.

3. DETAILS OF REPORT

- 3.1 See attached presentation

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1. This report recommends the formalisation of the accountability of the Tower Hamlets Together Board and Joint Commissioning Executive to the Health and Wellbeing Board.
- 4.2. There are no direct financial implications on Council resources as a consequence of the recommendation within this paper.

5. LEGAL COMMENTS

- 5.1. Section 194 of the Health and Social Care Act 2012 ('the 2012 Act') requires every upper-tier local authority to establish a Health and Wellbeing Board ('HWB') and that section also sets out the Membership requirements.
- 5.2. Whilst the HWB is considered a committee of the Council established under section 102 of the Local Government Act 1972, it is clear from the 2012 Act that HWBs are different to other section 102 committees. For example, regulations disapply the requirement for political proportionality and enables Directors of the Local Authority to become members of the board.
- 5.3. Sections 195 and 196 of the 2012 Act set out the statutory functions of the HWB. As a Committee of the Council, it is open to the Council to delegate further functions to the HWB provided that they accord with the HWB's statutory functions. In delegating further functions, the Council must consider its Best Value Duty. The Council is obliged as a best value authority under section 3 of the Local Government Act 1999 to "make arrangements to secure

continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness” (the Best Value Duty).

- 5.4. Any changes to the HWB’s Terms of Reference must be agreed by Council pursuant to Article 4.02(d) of the Constitution. The Board can discuss and recommend changes but these can only be implemented following agreement by Council.
- 5.5. In its consideration of this Report and its recommendations, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not (the public sector equality duty). There is some information in the report relevant to these considerations in paragraph 6 below.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1. Tower Hamlets Together principles reflect One Tower Hamlets considerations. The outcomes and intelligence driven approach seek to ensure that the health and care system targets resources based on need either geographically or based on demographic dimensions of equality. In addition, there is a strong commitment to coproduction and equal relationship with service users and carers.

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 7.1 Tower Hamlets Together links to this agenda in two respects. Firstly, there is alignment between a prevention orientated health and care system (promoting active travel e.g. cycling, walking and use of public transport) and sustainability. Secondly, through its estates workstream there are opportunities to promote sustainable action for a greener environment e.g. reducing emissions.

8. RISK MANAGEMENT IMPLICATIONS

- 8.1. Tower Hamlets Together can be framed as a vehicle for mitigating the risk of a fragmented health and care system resulting from lack of aligned working between its major constituent organisations. Bring the Health and Wellbeing Board into the overall governance framework mitigates this risk further.

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 9.1 The Tower Hamlets Outcomes framework includes an 'I' statement on sense of safety. This aims to ensure that health and care system plays its part in addressing issues in the borough relating to crime and disorder.

10. EFFICIENCY STATEMENT

- 10.1 Although the report is not linked to proposed expenditure, one of the underlying principles of Tower Hamlets Together is cost effectiveness and reduction of duplication within the health and care system.
-

Appendices and Background Documents

Appendices

- Tower Hamlets Together: Vision, Outcomes, Governance

Background Documents

NONE

Tower Hamlets Together

Vision, Outcomes, Governance

Presentation to the Health and Well Being Board

**TOWER HAMLETS
TOGETHER**

*Delivering better health
through partnership*

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Tower Hamlets health and care system share a vision, ambition and drive to become one of the best systems of interconnected health and care in the country. The Tower Hamlets Together vanguard has been a vital catalyst in driving forward this ambition. From joint planning, joint commissioning, and alignment of operational health and care teams in the community our plans involve working together to design services that address our local priorities, whilst at the same time working with wider planning footprints to ensure our system as a whole secures the best possible outcomes and maximum value for our collective investment.

We are developing a joint infrastructure, including a joint outcomes framework, fully aligned front-line stakeholder council, which encompass more co-location and the joint management of staff, as well as a shared focus on services for the whole course of life.

There is a commitment to an integrated health and care system as outlined in our Health and Wellbeing Strategy. The Tower Hamlets Together Partnership, underpinned by the new Alliance contract, will continue to develop and mature to deliver this commitment. Increasingly, integrated commissioning will strengthen the system leadership and focus on how best to deliver outcomes for local people in Tower Hamlets within a reducing cost envelope. We are clear that our integration partnership will remain focused on Tower Hamlets. We will work at tri-borough (WEL) and London-wide levels where this makes sense. Whilst not using the term ‘accountable care system’ locally, our Tower Hamlets Together partnership is in effect the accountable care model for our local area.

With this in mind we are working towards developing our end state vision which is challenged by a number of changes nationally and locally. Therefore there are a number of questions we are unable to answer at this stage. We will review the Operating Framework every three months in order to take account of these changes.

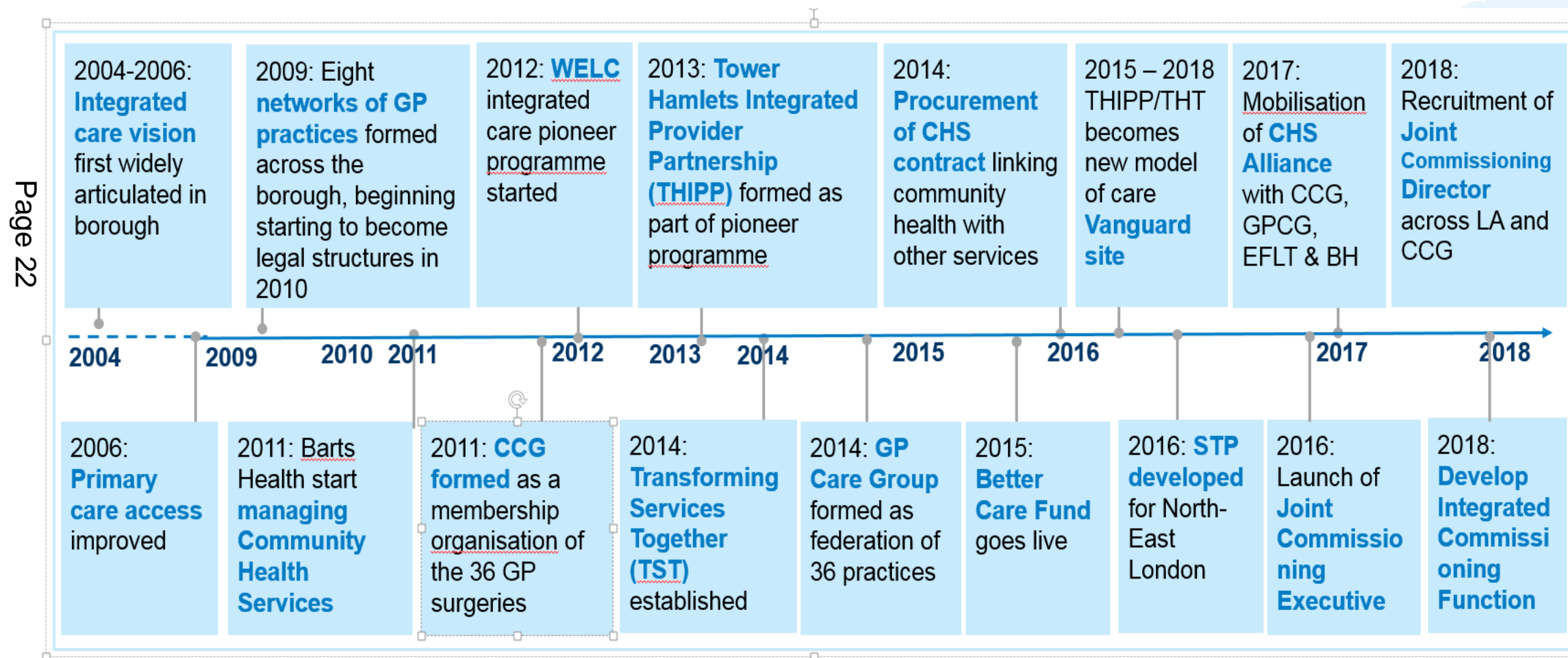
We are currently working out the arrangements that will be used to hold THT to account for improvements in health and care outcomes, as we transition to sustaining a structure post the vanguard programme.

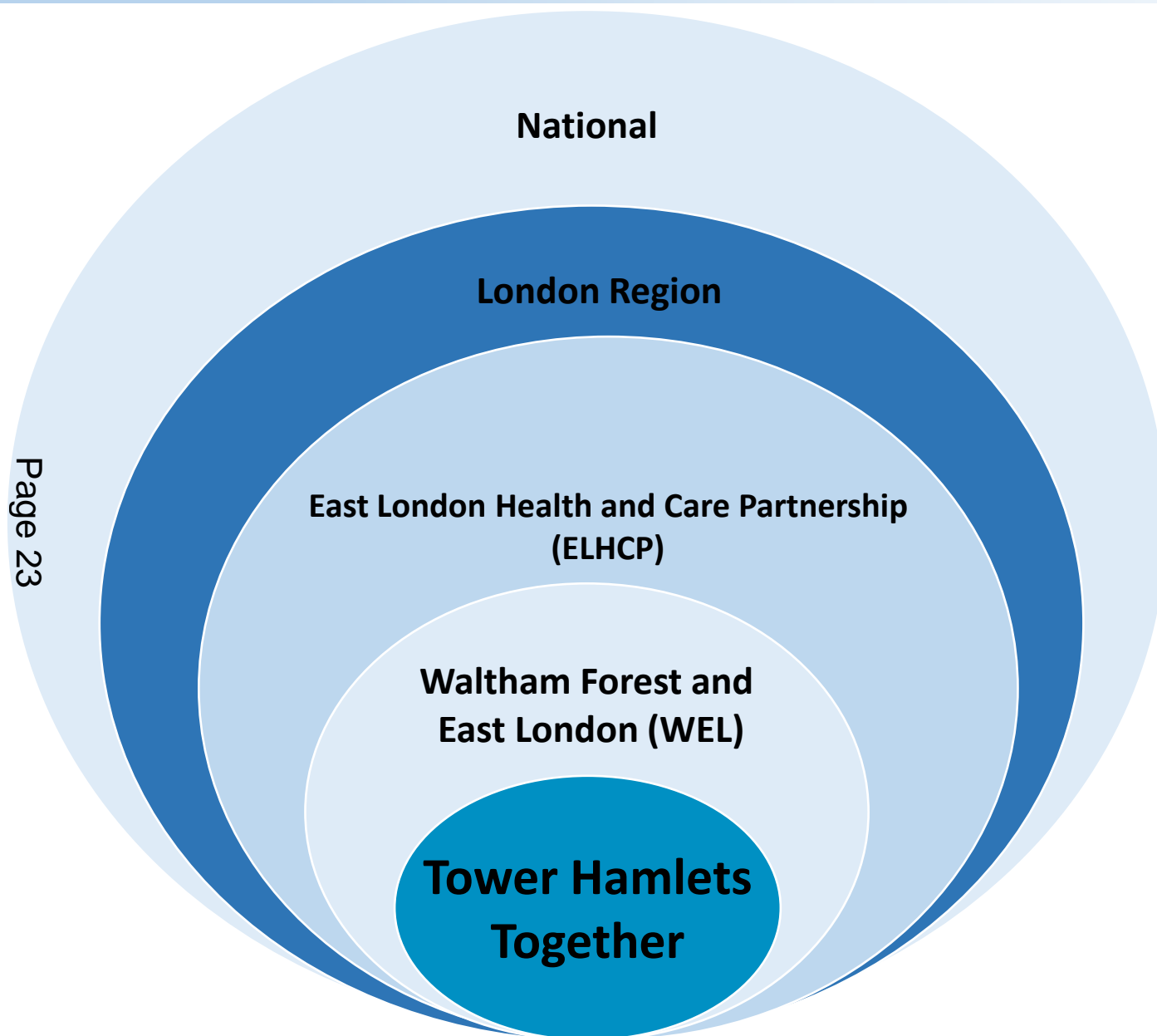
Purpose of the Session

- To provide an overview of progress around our ‘integrated systems’ priority
- To update Health & Wellbeing Board members on the redesign of the governance arrangements within Tower Hamlets Together
- To consider and indicate support for a changed role of the HWB
- To think about the opportunities of the London devolution offer and the changes to CCG management and governance aligned to the East London Health & Care Partnership

Our Journey

The timeline below illustrates some of the developments, along with others for health and social care integration in Tower Hamlets.





This diagram shows the layers of operating outside of Tower Hamlets. Currently there is uncertainty about what roles and functions will sit at the WEL and ELHCP level. A group has formed to look at what governance arrangements are required at the WEL level whilst the ELHCP is also taking form. Once these arrangements are developed THT will review the necessary connections required. THT partners are currently engaged in the WEL and ELHCP governance developments.

Our Vision and Values



Our Vision

We will work together in a partnership that delivers innovative, integrated and seamless care to people, their carers and families. Our care will be patient focused, coordinated and will make a real positive difference to the people who receive it.

Our Values

- We are focused on patient health and well-being.
- We are enabling and supportive.
- We always want to take a collaborative approach to deliver excellence in patient care and to solve the challenges we face.
- We aim to deliver only high quality care.
- We trust each other and our respective organisations.
- We are equal partners.
- We listen to each other and respect differences of views when they arise but still continue to work together.
- We are a compassionate partnership.
- We are open and honest with each other.

This is what we want our health and care system to look like:

1. **Person-centered care** with clear understanding and collaboration between residents and staff about what to expect from each other to make the right shared decisions based on individual needs
2. **Health and social care services integrated around people**, with staff not hindered by organisational boundaries or bureaucracy in order to put people's needs first
3. **Transparent and clear information for patients and staff** to help them make effective and timely decisions
4. **Joined-up working throughout Tower Hamlets** to drive improved wellbeing through partnerships outside of the health and social care system
5. **Scarce resources have the greatest impact** by allocating them according to changing population need. Clear accountability between clinical decisions and resource allocation
6. **A learning health and care system** – real time access to knowledge, digital capture of care experience, engaged empowered patients, incentives aligned for value, full transparency, a leadership instilled culture of learning, supportive system competencies

Whole person
mental,
physical and
social care

Service users
and carers
are active
and equal
partners

Evidence
based, safe
and
productive
pathways

Making
every
contact
count

Right care,
right place,
right time

Our Emerging Outcomes Framework



After using Tower Hamlets Together services we want residents to be able to say...

Around me	I feel safe from harm in my community
	I play an active part in my community
	I am able to breathe cleaner air in the place where I live
	I am able to support myself and my family financially
	I am supported to make healthy choices
	I am satisfied with my home and where I live
	My children get the best possible start in life
My doctors, nurses, social workers and other staff	I am confident that those providing my care are competent, happy and kind
	I am able to access the services I need, to a safe and high quality
	I want to see money is being spent in the best way to deliver local services
	I feel like services work together to provide me with good care
Me	It is likely I will live a long, healthy life
	I have a good level of happiness and wellbeing
	Regardless of who I am, I am able to access care services for my physical and mental health
	I have a positive experience of the services I use, overall
	I am supported to live the life I want



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.’

Tower Hamlets Together Operating Framework 2017-18



Approves JSNA
Approves H&WB Strategy – prioritizes wider determinants
Approves system health & wellbeing outcomes framework
Supports wider Tower Hamlets system alignment towards outcomes
Approves BCF

HEALTH AND WELL BEING BOARD

Joint Commissioning Exec

CCG (SFIC)

LBTH

Tower Hamlets Together Partnership Board

Stakeholder Council

Stakeholder Council provides advice to the THT Board. Engine for learning
Does it also provide scrutiny?
Is there a potential membership model?

Aligned commissioning decisions
Supports HWBB with key functions
Encodes system health & wellbeing outcomes into contracts
Manages outcomes based contracts
Currently carries substantive system performance risk (e.g. QIPP, PBR, BCF)
Takes into account THT Board recommendations on changes to contracts/commissioning. Risk that provider specific negotiations are for whatever reason not consistent with THT Board collective intent

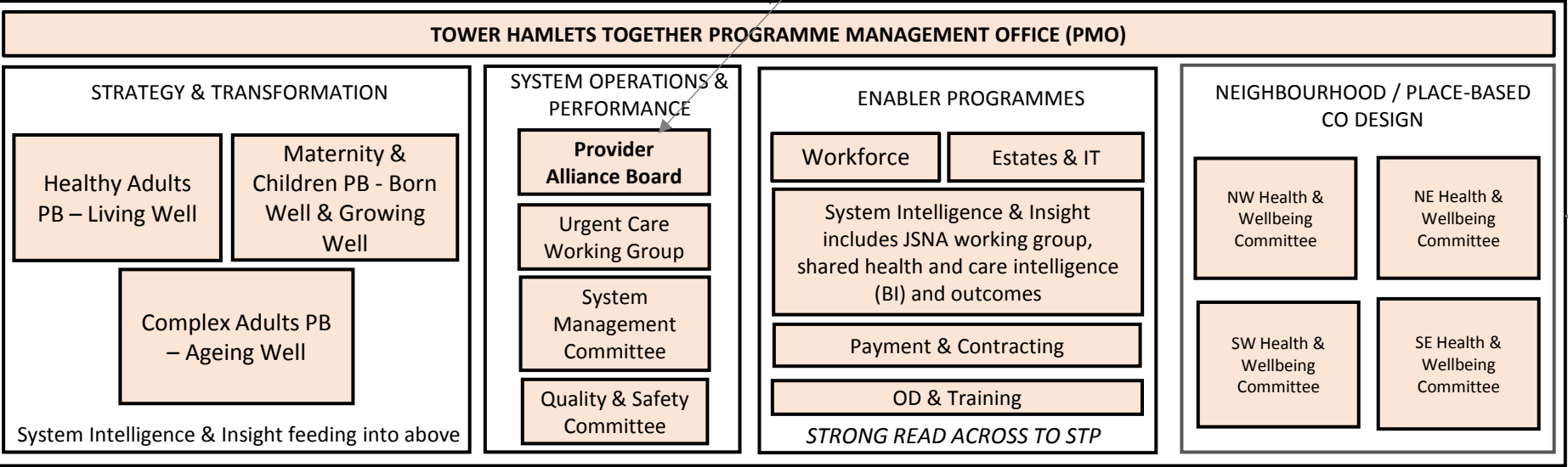
Systems leadership of an integrated system
A committee comprising the Joint Commissioning Executive & the Provider Alliance
Makes recommendations to the Joint Commissioning Executive on measures that need to be taken to manage system performance risk and deliver system outcomes framework
How do recommendations made by the THT Board relate to the process of contractual change and contract negotiation?
Challenges about how performance across the system is managed- shifting to all partners taking responsibility

Alliance currently includes NHS providers
Alliance expands to include LBTH as a provider via MOU
Possibly agrees local risk/reward scheme against outcomes framework embedded within existing contracts?
If providers are taking on collective risk/opportunity will need formal contractual framework
CHS Alliance currently also includes the CCG.. How does this work going forward?
Could the provider boards delegate any functions to the Alliance Board? Is there potential for the Alliance Board to be a committee in common?
There are a number of issues for providers that span CCG/ACS boundaries that need to be worked through

Strategy & Transformation Programme boards. LIFE COURSE

These groups bring together commissioners, providers, services users and communities to coproduce transformational models of care to deliver outstanding outcomes. Chair of each is on THT board

Each population segment workstreams has shadow budget from all relevant partner service lines
Responsible for understanding improvement opportunities to deliver outcomes and manage system performance risk



Health & Wellbeing Committees- PLACE BASED
Systems leadership of an integrated system at locality level. Discussion re locality vs network- again for iterative learning
Need to identify leadership teams for each of the locality H&WB Committees from across Alliance
The local H&WB committees may well in the future have a tactical commissioning type role too.
Do the committees have ward counselor reps attached?

Next steps towards integration



By end of 2017/18

- Appoint Joint Director of Integrated Commissioning
- Develop an approach to integrated commissioning – an integrated commissioning service under the joint director
- Outcomes driven through three boards – born/growing well, living well, ageing well (implementation of agreed strategies)
- Continue to commission based on co-production and ensure this approach is embedded throughout the commissioning cycle

During 2018/19

- Restructure of adult social care services to locality model enabling greater alignment with primary and community health services
- Development of programmes and opportunities at ELHCP level (and other footprints where appropriate)
- Explore devolution opportunities

Questions for the HWB?


Are members of the HWB supportive of becoming the formal partnership overseeing Tower Hamlets Together?

How will the HWB best oversee both integrated commissioning and provision?

How will the HWB drive improvements to outcomes?

What opportunities may be available through tapping into the devolution opportunities as part of ELHCP?

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<p align="center">Health and Wellbeing Board Tuesday 20 February 2018</p>	
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Tower Hamlets Together Outcomes Framework Update and next steps</p>	

Lead Officer	Somen Banerjee, Director of Public Health, LBTH
Contact Officers	Somen Banerjee, Director of Public Health, LBTH
Executive Key Decision?	No

Executive Summary

The foundation of the Tower Hamlets Health and Wellbeing Strategy is a shared outcomes framework that articulates the partnership aspiration for improvement of health and wellbeing in the borough. The Board has previously received presentations on how this is being developed as part of the Tower Hamlets Together Vanguard programme.

The work commissioned by Tower Hamlets Together involved working with partners and the public on identifying a set of primary outcomes expressed as 'I statements' setting out what matters to people in Tower Hamlets around their health and wellbeing.

The next phase in the programme is to measure 'what matters' and to embed these measures through the services and strategies to establish an outcomes driven health and care system. This report sets out the initial approach to achieving this using a worked example ('I am supported to make healthy choices'). It is planned that the newly established Tower Hamlets Together life-course groups will, as part of their development, identify this core set of primary and secondary metrics as a foundation for tracking progress and identifying priorities for action. The timeline for the initial pass through potential metrics is April 2018.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Review and comment on the approach

1. REASONS FOR THE DECISIONS

- 1.1 The purpose of the Outcomes Framework is to develop a shared set of outcomes across the health and care economy

2. ALTERNATIVE OPTIONS

- 2.1 If this did not happen, partners would not necessarily be working to aligned outcomes and this would miss opportunities to address inefficiencies and synergies for service redesign

3. DETAILS OF REPORT

- 3.1 See attached power-point presentation

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1. This report recommends the Health and Wellbeing Board to review and comment on the approach to the Tower Hamlets Together Outcomes Framework. The costs associated with this framework will be met through existing revenue budget (including funding through the Public Health grant) and through agreed Vanguard funding provided by NHS England.

5. LEGAL COMMENTS

- 5.1. The proposals in this report are consistent with the Council's duty to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness by virtue of section 3 of the Local Government Act 1999. This is known as its Best Value Duty.
- 5.2. 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"). Section 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.
- 5.3. 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.
- 5.4. Section 2B of the National Health Service Act 2006 (as amended by section 12 of the Health and Social Care Act 2012) introduced a new duty for all local authorities in England to take appropriate steps to improve the health of the people who live in their areas. The Council is therefore responsible for improving the health of its local population and for public health services

including services aimed at reducing inpatient provision and enhance community services.

- 5.5. This is consistent with the Council's duties under sections 1-7 of the Care Act 2014, including a duty to promote integration of care and support with health services and a duty under section 6 to co-operate generally with those it considers appropriate who are engaged in the Council's area relating to adults with needs for care and support. Further, there is a general duty under to prevent needs for care and support from developing.
- 5.6. When considering this report, 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 monitoring of outcomes and the impact on health inequalities of programmes to address these outcomes is fundamental to the purpose of the framework

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 7.1 The framework incorporates outcomes around air quality and improving the physical environment

8. RISK MANAGEMENT IMPLICATIONS

- 8.1. The framework principally mitigates the risk of the health and care system not working together around common outcomes and the impacts for residents of a system that is uncoordinated and fragmented.

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 9.1 The framework makes a link between crime and disorder, a sense of safety and health and wellbeing

10. EFFICIENCY STATEMENT

- 10.1 There is no specific expenditure proposal attached to this report. However, the working to a shared outcomes framework would provide a basis for identifying inefficiencies and duplication within the health and care system

Appendices and Background Documents

Appendices

Appendix 1: Presentation - Tower Hamlets Together Outcomes Framework Update

Background Documents

- NONE

Officer contact details for background documents:

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

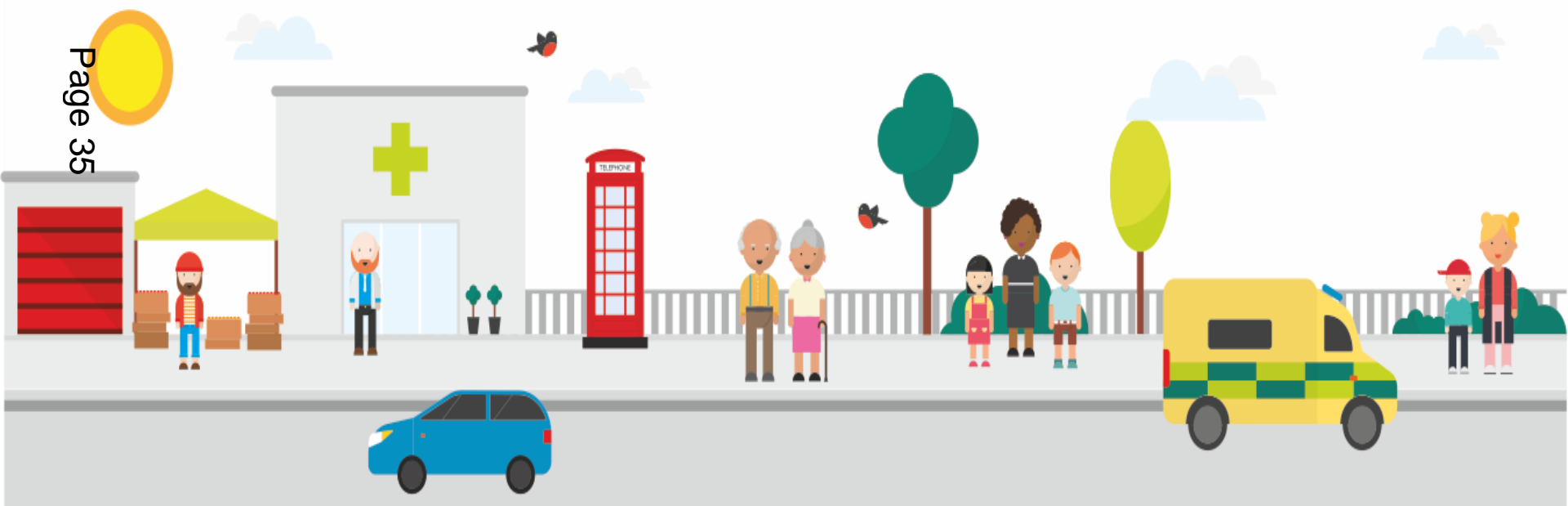
Tower Hamlets Together Outcomes Framework

Update to Tower Hamlets Health and Wellbeing Board, 20th February 2018

**TOWER HAMLETS
TOGETHER**

*Delivering better health
through partnership*

Page 35



What matters to people in Tower Hamlets in relation to their health and wellbeing...

Around me

- I feel safe from harm in my community
- I play an active part in my community
- I am able to breathe cleaner air in the place where I live
- I am able to support myself and my family financially
- I am supported to make healthy choices
- I am satisfied with my home and where I live
- My children get the best possible start in life

My doctors, nurses, social workers and other staff

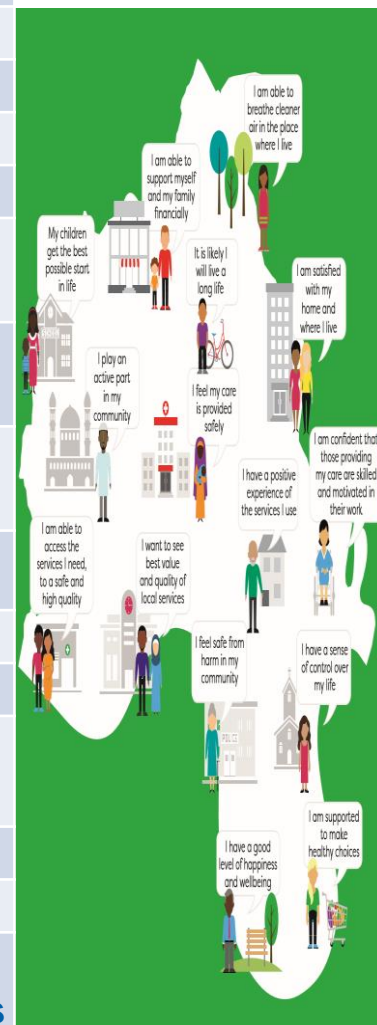
- I am confident that those providing my care are competent, happy and kind
- I am able to access safe and high quality services (when I need them)
- I want to see money is being spent in the best way to deliver local services
- I feel like services work together to provide me with good care

Me

- I understand the ways to live a healthy life
- I have a good level of happiness and wellbeing
- Regardless of who I am, I am able to access care services for my physical and mental health
- I have a positive experience of the services I use, overall
- I am supported to live the life I want

Tower Hamlets Together

- I believe the trust, confidence and relationships are in place to work together with services to decide the right next steps for us as a whole community



Measuring what matters...

What matters	Measuring what matters		
	Childrens	Adults	'Complex' Adults
I feel safe from harm in my community			
I play an active part in my community			
I am able to breathe cleaner air in the place where I live			
I am able to support myself and my family financially			
I am supported to make healthy choices			
I am satisfied with my home and where I live			
My children get the best possible start in life			
I am confident that those providing my care are competent, happy and kind			
I am able to access safe and high quality services (when I need them)			
I want to see money is being spent in the best way to deliver local services			
I feel like services work together to provide me with good care			
I understand the ways to live a healthy life			
I have a good level of happiness and wellbeing			
Regardless of who I am, I am able to access care services for my physical and mental health			
I have a positive experience of the services I use, overall			
I am supported to live the life I want			
I believe the trust, confidence and relationships are in place to work together with services to decide the right next steps for us as a whole community			

Worked example


I am supported to make healthy choices

Childrens		Adults		Complex Adults	
Primary	Secondary	Primary	Secondary	Primary	Secondary
Smoking Obesity Physical activity Healthy eating Oral health Sexual health	Measures from 1. Breast feeding 2. Fluoride varnish 3. Health visiting 4. School nursing 5. Healthy Schools 6. Integrated YP service	Smoking Obesity Physical activity Healthy eating Sexual health	Measures from 1. Integrated sexual heath 2. Health Checks 3. Tobacco cessation 4. Weight management 5. Healthy communities programme 6. Making Every Contact Count	Smoking Obesity Physical activity Healthy eating Sexual health	Measures from 1. Integrated sexual heath 2. Health Checks 3. Tobacco cessation 4. Weight management 5. Healthy communities programme 6. Making Every Contact Count (Disaggregated by high need population groups eg LD, SMI)

Issues

- We don't always have the perfect measure
- We don't always have complete data
- Data is rarely collected perfectly around protected characteristics
- We don't have joined up data collation or analytic functions
- This will need to be iterative (driven through life course THT groups)
- It's purpose is to drive an integrated approach

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<p style="text-align: center;">Health and Wellbeing Board Tuesday 20 February 2018</p>	
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Health and Wellbeing Strategy – Healthy Place</p>	

Lead Officer	Somen Banerjee, Director of Public Health
Contact Officers	Abigail Knight, Associate Director of Public Health
Executive Key Decision?	No

Executive Summary

This report provides an update on the Health and Wellbeing Board's Healthy Place priority action plan.

Action 2.1: We aim to identify three areas in the borough where there is a particular need to improve the physical environment (eg. lack of green space, population growth) and engage with residents and local organisation on priorities for improvement to benefit health and wellbeing.

Action 2.2: Develop a process to ensure that the impacts of health and wellbeing made by major developments are routinely assessed and considered in planning decisions.

Action 2.3: Support the council's Air Quality Action Plan and implement an air quality communications campaign across the partnership targeted at residents 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*

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Review the Healthy Place update.
2. Provide its support to the Healthy Streets approach to be presented at the board.

1. REASONS FOR THE DECISIONS

- 1.1 The updates in this paper relate to the Health and Wellbeing Strategy priority, creating a Healthy Place to enable the board to track progress against its ambitions.

2. ALTERNATIVE OPTIONS

- 2.1 Without progressing these critical projects, the Health and Wellbeing Board, its members and networks would fail to realise the ambition within the Health and Wellbeing Strategy for Healthy Place.

3. DETAILS OF REPORT

- 3.1 The Healthy Place priority Board Champions Group developed an action plan for delivery within 2017-18, and beyond. This paper provides an update against these actions.
- 3.2 *Action 2.1: We aim to identify three areas in the borough where there is a particular need to improve the physical environment (eg. lack of green space, population growth) and engage with residents and local organisation on priorities for improvement to benefit health and wellbeing.*

Through the Whitechapel Vision programme, we have identified three areas for community engagement focused on physical environment development: Collingwood Estate, Chicksand Estate and Sydney Estate. A programme of community engagement with residents in each of these areas has been established to inform regeneration programmes within existing infrastructure. For example, on Chicksand Estate local residents have co-designed improvements to green space within the estate and feasibility studies are underway.

Further work that has taken place in 2017-18 against this action includes:

- Publication of Open Space Strategy.
- Green Grid Strategy refreshed, with a programme to 'green' eleven areas within the borough for the benefit of mental wellbeing and encouraging increased physical activity. These areas are: Oval Public Square, Gillender Street, Sale Street, Andrew Street, Buxton Street East, Buxton Street West, Bow School, Spindrif Avenue, Boundary Estate – Redchurch Street / Old Nichol Street, Leonard Street, Pedley Street.
- Physical Activity Strategy is underway, with a focus on getting people to be active as part of their everyday lives and encouraging sedentary people to take up activity, as this is shown to have the biggest impact on population health.
- The 'Health section 106' account brings together all council activity into a single portfolio of work taking place across the council. Further work

next year will shape this programme against areas of greatest health need.

- Five locations have been identified for urban gym sites: Ropewalk Gardens, Rounton, Ion Square, St John McDougall and Jolly's Green. We are working with Patient Participation Groups within nearby general practices as part of an engagement and activation programme to encourage their use.
- Pocket Park work has focussed on St Leonards Priory to engage the local community to repurpose this site.
- The Local Infrastructure Forum has surveyed local residents to determine priority themes for improvement in each electoral ward.

3.3 *Action 2.2: Develop a process to ensure that the impacts of health and wellbeing made by major developments are routinely assessed and considered in planning decisions.*

The draft Local Plan includes requirements for Health Impact Assessments to be conducted in major developments. The Local Plan will be examined in Autumn 2018. We would like to expand the consideration of health impact assessments from development to also incorporate planning. The draft London Plan places emphasis on the adoption of the Healthy Streets Assessment tool in planning decisions. We invite the Health and Wellbeing Board to consider this tool and its adoption in order that we can take forward a dual approach in 2018/19. Details of the Healthy Streets tool are available in Appendix A.

3.4 *Action 2.3: Support the council's Air Quality Action Plan and implement an air quality communications campaign across the partnership targeted at residents 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*

The consultation on the Air Quality Action Plan was conducted over summer 2017. The action plan has now been completed and implementation has commenced. Oversight of its delivery is through the Air Quality Partnership Board, chaired by the mayor, which met for the first time in December 2017.

A communications campaign is currently being co-designed between Communications, environmental health, transport, education and public health colleagues. An initial campaign is likely to focus on support in schools.

We would like to engage the Health and Wellbeing Board partners in a discussion on increasing the number of, electric, hybrid, and cleaner vehicles in their fleets, in 2018/19, as is committed to within the Air Quality Action Plan.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 This report recommends the Health and Wellbeing Board to review the Healthy Place update and support the Healthy Streets approach. The costs associated with the Health and Wellbeing Strategy priority of creating a Healthy Place will be met within existing revenue budget (including funding through the Public Health grant) and existing capital programme budget (including funding through Section 106 allocations).

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”). Section 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. Considering the update on the Health and Wellbeing Board’s Healthy Place priority action plan falls within the remit of the Board.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1. The Healthy Place priority aims to target action to improve health and reduce health inequalities where the need is greatest. Environmental factors that are most detrimental to health are those found in areas of greatest deprivation.

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 7.1 Coproducing local action for better health and wellbeing, considers improving the health-related aspects of place, including access to open spaces, improving air quality and other environmental considerations.

8. RISK MANAGEMENT IMPLICATIONS

- 8.1. Actions proposed will be carried out within existing budgets and no specific risks are identified

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 9.1 Community engagement work to improve the physical environment is shown to have a positive impact on crime and disorder.

10. EFFICIENCY STATEMENT

10.1 Not applicable

Appendices and Background Documents

Appendices

- Healthy Streets tool

Background Documents

- None

Officer contact details for background documents:

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Healthy Streets for London

Prioritising walking, cycling and public transport to create a healthy city

About Transport for London (TfL)

Part of the Greater London Authority family of organisations led by Mayor of London Sadiq Khan, we are the integrated transport authority responsible for delivering the Mayor's strategy and commitments on transport.

As a core element in the Mayor's overall plan for London, our purpose is to keep London moving, working and growing, and to make life in our city better. We reinvest all of our income to run and improve London's transport services and to make it safer, more modern and affordable for everyone.

Our operational responsibilities include London Underground, London Buses, Docklands Light Railway (DLR), London Overground, TfL Rail, London Trams, London River Services, London Dial-a-Ride, Victoria Coach Station, Santander Cycles and the Emirates Air Line.

On the roads, we regulate taxis and the private hire trade, run the Congestion Charging scheme, manage the city's 580km red route network, operate all of the Capital's 6,300 traffic signals and work to ensure a safe environment for all road users.

We are delivering one of the world's largest programmes of transport capital investment, which is building the Elizabeth line, modernising Tube services and stations, transforming the road network and making it safer, especially for more vulnerable road users, such as pedestrians and cyclists.

We work hard to make journeys easier through effective use of technology and data. We provide modern ways to pay through Oyster and contactless payment cards and provide information in a wide range of formats to help people move around London.

Real-time travel information is provided directly by us and through third party organisations, which use the data we make openly and freely available to power apps and other services.

We listen to, and act upon, feedback and complaints to constantly improve our services and work with communities, representative groups, businesses and many other stakeholders to shape transport provision in London.

Improving and expanding transport in London is central to driving economic growth, jobs and housing throughout the United Kingdom. Where possible, we are using our land to provide thousands of new, affordable homes. Our own supply chain creates tens of thousands of jobs and apprenticeships across the country.

Foreword

London is facing an inactivity crisis. Over decades, machines, cars and technology have gradually taken over many of the tasks that used to require physical effort. More than 40 per cent of Londoners do not achieve the recommended 150 minutes of activity a week; and 28 per cent do less than 30 minutes a week. Almost without realising it, we have engineered physical activity out of our daily lives.

The consequences of this shift to more sedentary lifestyles are severe. Lack of physical activity is now one of the biggest threats to our health, increasing the risk of developing a range of chronic diseases including diabetes, dementia, depression and the two biggest killers in London – heart disease and cancer.

We urgently need to design physical activity back into our everyday lives. Active travel – walking more, cycling more, using public transport more – provides the easiest and most affordable way for us all to get more active and live healthier lives. In addition to these health benefits, all the evidence shows that more active travel will reduce air and noise pollution, help combat social isolation, ease congestion, make us safer and bring economic benefits to businesses – large and small – across the Capital.

The Mayor has shown that he is determined to help every Londoner live an active life. He has committed record levels of investment to cycling and active travel and has asked Transport for London (TfL) to put this agenda at the heart of its decision making. As the Capital's first

Commissioner for Walking and Cycling, it is my job to work with City Hall, TfL and our wider partners to make this happen.

Our ambition is for all Londoners to enjoy the benefits of being active through walking or cycling for at least 20 minutes a day.

The Healthy Streets Approach provides the framework of policies and strategies we will put in place to achieve this. At a street level, direct investment in our walking, cycling and public transport infrastructure is vital to providing a safer, easier, cleaner and more appealing environment for everyone to enjoy. At a network level, we must design and manage our streets and rail systems so that more active travel becomes part of every journey. And we need to plan for the future. As London continues to grow, active travel needs to be designed into the fabric of new developments and regeneration projects.

Increasing the number of people walking, cycling and using public transport has the potential to transform London and improve the lives of everyone who lives in, works in and visits this great city. I am committed to working with our public leaders, with businesses and with all our communities to make this happen.



Will Norman
Walking and Cycling Commissioner

Message from the Commissioner

It will be clear to anyone reading 'A City for all Londoners' that the Mayor's plans for the future of London are more ambitious and wide-reaching than anything our city has seen before. The document also challenges us to be more ambitious, particularly around the role of transport in improving health and quality of life.

As the capital's strategic transport authority, we have a crucial role in the health of all Londoners. There is ample evidence that inactivity is the cause of many of London's major health problems and that walking, cycling and using public transport to get around are the easiest ways to stay active.

But at TfL there is a lot more we can do to deliver on this responsibility – putting people at the heart of our decisions and prioritising walking, cycling and public transport over private vehicles. The Healthy Streets Approach provides us with the clear direction we need to ensure that we do so.

The key to understanding the Healthy Streets Approach is to understand that most journeys made by Londoners start, end or happen entirely on our streets. To enable these streets to function in the way we want them to, we have to make them work for walking, cycling and public transport, so both individuals and the city as a whole can benefit. Adopting the Healthy Streets Approach means using this simple idea to inform our decision making – in our own schemes, our relationships with the boroughs, and our role in planning for London's growth.

The benefits of making this change could be profound. If everyone walked or cycled for 20 minutes a day, one in six early deaths among Londoners could be prevented and many more people would avoid cancer, heart disease and diabetes. We are committed to playing our part in delivering a better life for people living in our city.

And the benefits are not limited to good health and wellbeing. The things that make a street work well for people are the same things that make a street work well for local and international businesses, and that create a resilient and sustainable environment.

These are challenges that cities around the world are grappling with, but they are challenges that we will overcome, because we want our city to be the best place in the world to live, work and visit.

Adopting the Healthy Streets Approach is essential if we are to create a city for all Londoners. I am determined that we will make the most of this opportunity to transform the health of our great city.



Mike Brown MVO
Transport Commissioner

High-quality public space in Woolwich (Greenwich) makes this town centre a pleasant place for people to meet, children to play and everyone to catch the bus



Chapter I

A new approach

Re-examining our streets

The transport system has a huge influence on the character of our city, and the experience of living, working and spending time here. London's streets account for 80 per cent of the city's public space, yet too often they are dominated by traffic. The nature of these places – public places that belong to us all – defines what London is like as a city.

The Mayor has set out his vision of London as a city that is well-connected, has healthy residents, and is a good place to do business, visit and live. To achieve this we need to re-examine how London's streets operate.

The impacts of car use

London has seen real progress in encouraging people to switch from using the car to taking public transport, walking and cycling, and traffic levels have remained largely stable, despite significant growth in the city's population. However, the city's streets still suffer because of high levels of car use.

Private cars are a relatively inefficient means of moving people. Cars take up 19 per cent of street space in central London, but account for only 11 per cent of journey kilometres. By comparison, buses take up only 11 per cent of street space, but account for 57 per cent of journey kilometres.

We need to use the space cars take up more efficiently. As London grows towards 10 million residents by 2030, the imperative to do so will become greater – not least because of increasing congestion.

Car dependency brings with it road danger and air pollution. It limits opportunities to walk and cycle, and damages the reliability of our bus services. Above all, it has tied us into living inactive lives, a situation that has contributed to one of the most serious health challenges London has ever faced¹.

Prioritising walking, cycling and public transport

Our vision for the future of London is of a city where people choose to visit their local shops. A city where high streets are designed for people and the neighbouring streets are pleasant to be in; where people choose to take the bus instead of driving because buses are prioritised over other traffic. It is a city where essential delivery and service vehicles can get around efficiently, keeping everyone's lives running smoothly.

London can become a city where people choose to walk, cycle and use public transport more, bringing huge health and wellbeing benefits to everyone.

Providing more appealing walking, cycling and public transport options is the best way to reduce car use.



Thoughtfully designed public realm creates a good place to interchange with public transport and a better place to walk and enjoy. (Shepherd's Bush, Hammersmith and Fulham)

London has taken significant steps to do this in recent years, but there is still considerable potential for more car journeys to be made in other ways. A quarter of all car trips could potentially be walked, and two thirds could potentially be cycled², which would provide huge health benefits to Londoners and make our streets more efficient.

Roughly half of all walking journeys in London are part of longer public transport journeys³ – walking to or from the bus stop or Tube station. This means an efficient and affordable public transport system is just as important as great walking and cycling routes to both the health of Londoners and the smooth functioning of the city's streets.

The Healthy Streets Approach

The Healthy Streets Approach is the system of policies and strategies to help Londoners use cars less and walk, cycle and use public transport more.

Because 80 per cent of Londoners' travel time is spent on our streets⁴ – including bus and tram trips and journeys to and from Tube and rail stations – we can only do this by creating streets that feel pleasant, safe and attractive. Streets where noise, air pollution, accessibility and lack of seating and shelter are not barriers that prevent people – particularly our most vulnerable people – from getting out and about.

The purpose of the Healthy Streets Approach is not to provide an idealised vision for a model street. It is a long-term plan for improving Londoners' and visitors' experiences of our streets, helping everyone to be more active and enjoy the health benefits of being on our streets.

To deliver the Healthy Streets Approach, changes are required at three main levels of policy making and delivery:

i) Street level

Londoners' direct interaction with the Healthy Streets Approach will be through the streets they use every day. An important measure of success will be positive changes to the character and use of the city's streets.

We can provide high-quality environments with enough space for dwelling, walking, cycling and public transport use. We can enhance our streets with seating, shade and greenery, and reduce the dominance of vehicles by designing for slower vehicle speeds. We can hold events and activities that entice people out to shop, play and chat, including temporarily closing streets to cars. All of these measures will improve Londoners' experience of individual streets, encouraging them to live active lives.

ii) Network level: planning and managing London's transport networks

How the city's streets are planned and used at a larger scale has a big impact on individual streets around London. For example, the extent and reliability of the public transport network; whether, where and how fast people drive; and how clean London's air is could all affect the character of any street, anywhere in London. To deliver appealing local street environments, wider action is required to manage our transport networks and to plan the Capital better.

Developing more efficient and affordable services will make public transport the obvious choice for more journeys, and this will deliver the switch from car use that will make the streets more attractive places to walk and cycle. Designing and managing our stations and stops better will encourage more people to walk and cycle for onward journeys.

An efficient and reliable bus network goes hand-in-hand with walking and cycling infrastructure, helping all Londoners to choose the healthiest way to travel for every journey. (Prince Regent Lane, Newham)



We will work with the freight industry, its customers and the London boroughs to develop more creative solutions to managing freight and deliveries. This will include considering different uses of our streets across the day so that more street space is available for walking, cycling and leisure purposes, while ensuring our shops and services continue to thrive.

We will better manage roadworks, traffic lights and on-street enforcement operations across London to ensure people feel safe and road danger is reduced.

iii) Strategic level: policy and planning

London's rapid growth means we will need to move people more efficiently to keep the city functioning and to maintain and improve the quality of life of its residents. Planning a city where walking, cycling and public transport are the first choices for travel is the only way for us to achieve this.

Developing new housing around stations and improving connections to town centres will mean more people have the things they need within walking or cycling distance, while destinations further afield will be easily accessible by public transport.

By establishing clear policies in the London Plan – the Mayor's spatial planning document for the whole of London – and by working with developers and local authorities, we can ensure that new development and regeneration embeds the Healthy Streets Approach from the outset. Policies for regeneration, new developments and growth areas that reduce car dependency and promote active travel will ensure that the Capital grows in a sustainable way.

The Mayor's Transport Strategy will also set out a broader approach to reducing car dependency and enabling a shift to more walking, cycling and public transport use. The document will provide a strategic overview of how streets and public transport services can be planned to help Londoners make healthy travel choices across the Capital.

What this means for Londoners – the Healthy Streets Indicators

The aim of the Healthy Streets Approach is to help create a vibrant, successful city where people can live active, healthy lives. The Mayor's forthcoming Transport Strategy will provide details of how we will measure ourselves against this aspiration over the coming years.



Photo: Greater London Authority

Local businesses can support making their neighbourhood more liveable by providing things to see and do. (Greenwood Theatre, Snowsfield, Southwark)

Londoners' experiences of using our streets will help determine whether they decide to walk, cycle and use public transport, whether they choose to visit their local high street or drive to an out-of-town shopping centre, and even whether they feel they need to own a car at all.

Our work at the street, network and strategic levels must all therefore be aimed towards improving the experience of travelling through and spending time on London's streets. The Healthy Streets Approach uses 10 evidence-based indicators of what makes streets attractive places. Working towards these will help to create a healthier city, in which all people are included and can live well, and where inequalities are reduced.

10 Healthy Streets Indicators

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Pedestrians from all walks of life

London's streets should be welcoming places for everyone to walk, spend time in and engage in community life.

People choose to walk, cycle and use public transport

Walking and cycling are the healthiest and most sustainable ways to travel, either for whole trips or as part of longer journeys on public transport. A successful transport system encourages and enables more people to walk and cycle more often. This will only happen if we reduce the volume and dominance of motor traffic and improve the experience of being on our streets.

Clean air

Improving air quality delivers benefits for everyone and reduces unfair health inequalities.

People feel safe

The whole community should feel comfortable and safe on our streets at all times. People should not feel worried about road danger or experience threats to their personal safety.

Not too noisy

Reducing the noise impacts of motor traffic will directly benefit health, improve the ambience of street environments and encourage active travel and human interaction.

Easy to cross

Making streets easier to cross is important to encourage more walking and to connect communities. People prefer direct routes and being able to cross streets at their convenience. Physical barriers and fast moving or heavy traffic can make streets difficult to cross.

Places to stop and rest

A lack of resting places can limit mobility for certain groups of people. Ensuring there are places to stop and rest benefits everyone, including local businesses, as people will be more willing to visit, spend time in, or meet other people on our streets.

Shade and shelter

Providing shade and shelter from high winds, heavy rain and direct sun enables everybody to use our streets, whatever the weather.

People feel relaxed

A wider range of people will choose to walk or cycle if our streets are not dominated by motorised traffic, and if pavements and cycle paths are not overcrowded, dirty, cluttered or in disrepair.

Things to see and do

People are more likely to use our streets when their journey is interesting and stimulating, with attractive views, buildings, planting and street art and where other people are using the street. They will be less dependent on cars if the shops and services they need are within short distances so they do not need to drive to get to them.

Source: Lucy Saunders

Partnership working

We cannot deliver Healthy Streets alone. It will require us to work with partners across the public, private and community sectors.

Many of our partner organisations across the Capital are already working hard to deliver against the Healthy Streets Indicators. We will continue to work with the London boroughs, developers and land owners, providing tools, training, support and guidance that will help them embed the Healthy Streets Approach in street schemes, borough and regional policies and plans, and developments and regeneration schemes. Vital to the success of Healthy Streets will be our continuing work with the Metropolitan Police Service, who provide on-street law enforcement and education.

Businesses will benefit greatly from the economic improvements the Healthy Streets Approach will deliver. We will continue to work with them to apply the Healthy Streets Approach and manage the impacts of freight on London's streets. We will also continue working with education and community partners on a range of supporting measures and initiatives to promote walking, cycling and public transport use.

Improving every street

London's streets function in two ways – as places where the city's social, economic and cultural life plays out, and as means for moving people and goods. Londoners' quality of life is dependent on both. We all want to have appealing places to visit and spend time in, just as we need to have goods delivered to our local shops and to get around ourselves.

The interaction between the need to create attractive places and the need to move goods and people varies from street to street. For example, bus routes can have a strategic significance for the movement of people, while high streets should be great places to dwell and spend time. Understanding these interactions will over time allow us to improve every street in the best way – keeping London functioning while making it a better place to live.

The movement of people on foot, by cycle and by public transport is central to the Healthy Streets Approach – these are the most efficient means for people to get around and they all provide health benefits. Public transport can be particularly important for people who are less able to travel on foot or by cycle.

Attractive, thriving streets also need to incorporate servicing and deliveries. Freight can be made more efficient so journeys are minimised. The impacts of remaining essential road freight can be reduced by encouraging more deliveries to be made using the cleanest vehicles, at times when the roads are less busy.

Some Londoners will continue to make essential journeys by car, particularly people with accessibility needs. Here, our priority is to ensure that these journeys are made by the cleanest vehicles available.

Traffic congestion

Congestion is a valid concern for many Londoners, and it's easy to see why – streets that are clogged with motor vehicles delay buses, make essential freight and car journey times unpredictable, and are unpleasant places to walk and cycle.

Flexible use of space on Lower Marsh (Lambeth) enables this local market to receive deliveries in the mornings, provide a lively food market at lunchtimes and a pleasant space for visiting shops and bars in the afternoons and evenings



The Mayor has a clear approach to addressing congestion. We are focusing on a short-term effort to ensure the streets are operating as efficiently as possible and we have a longer-term plan to achieve a shift away from car use towards more efficient means of travel. This recognises that it is not sustainable to go on trying to accommodate ever more vehicles within limited street space.

The Mayor's forthcoming Transport Strategy will describe the measures we will take to achieve this. In part, this will involve allocating more road space to the most efficient travel choices – installing new cycle lanes, giving buses more priority and providing more space for pedestrians. Over time, reallocating space will create streets that function better not only for people who are walking, cycling and using public transport, but also for taxis and essential delivery, servicing and car journeys. These changes have the potential to make short-term congestion worse in some locations. The Mayor has committed to planning and coordinating street improvement works more effectively to reduce this impact, and has announced a package of short-term measures that will keep the streets running as smoothly as possible. The Mayor's Transport Strategy will also look at how we can incentivise reductions in the most harmful car use more directly.



Most streets in London are local streets like Orford Road (Waltham Forest). These can be made less traffic-dominated and more welcoming

Chapter 2

Why Healthy Streets?

Reducing the use of the private car and increasing the number of people walking, cycling and using public transport has the potential to transform London and improve the lives of all those who live in, work in and visit the city.

The Healthy Streets Approach will make London a healthier, more sustainable, safer, more connected and, ultimately, more successful city for all Londoners.

A healthy city

Physical inactivity and sedentary lifestyles are creating one of the most serious public health challenges of our time. The easiest way for most Londoners to stay active is by walking or cycling as part of their daily travel. Two 10-minute periods of brisk walking or cycling a day is enough to get the level of physical activity recommended to avoid the greatest health risks associated with inactivity. At present, only about a third of adults in the capital are reporting this level of activity. It is our ambition for all Londoners to walk or cycle for 20 minutes every day.

This is not a small challenge, but more than 90 per cent of Londoners already walk each week, so we are building on a strong foundation. This shift in activity will see noticeable improvements in the health of Londoners, through improved mental wellbeing and a reduced risk of chronic illnesses such as Type 2 diabetes and cardiovascular disease.

If all Londoners walked or cycled for 20 minutes a day, this would save



in NHS treatment costs over 25 years and would contribute to fewer of the following⁵:

hip fractures	85,000	▼
dementia	19,200	▼
depression	18,800	▼
cardiovascular disease	16,400	▼
stroke	6,700	▼
type 2 diabetes	4,800	▼
colorectal cancer	1,500	▼
breast cancer	1,300	▼

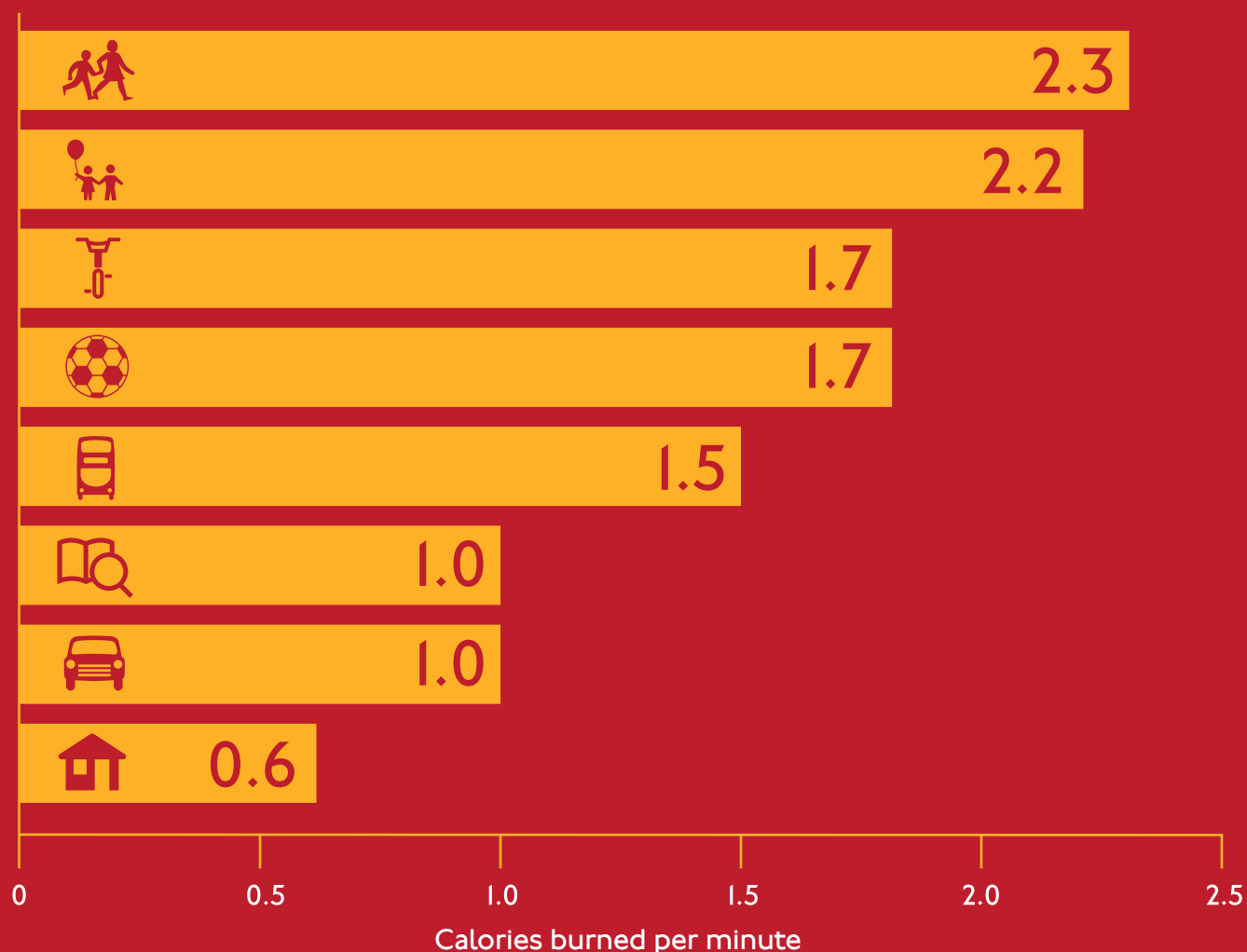


A person who is active every day reduces their risk of⁶:

Type 2 diabetes	35-50% ▼	Depression	20-30% ▼
Coronary heart disease	20-35% ▼	Alzheimer's disease	20-35% ▼
Hip fracture	36-68% ▼	Breast cancer	20% ▼
Death	20-35% ▼	Colon cancer	30-50% ▼



Calories burned per minute by children doing different activities⁷



- Walking
- Outdoor play
- Cycling
- Organised activities
- Taking the bus
- At school
- Taking the car
- At home

The health challenge is particularly acute for **children** as they need more **physical activity** to **stay healthy**. London has the highest levels of childhood obesity in England and streets and places provide important opportunities for children to get the activity they need through travel and play.

8 in 10

children in London do not get the **one hour** a day of physical activity that is the minimum they need to stay healthy⁸



Older **children** build their **independence** by being able to travel unaccompanied, but unpleasant street environments often prevent this in London⁹



Children who **walk and cycle** are more likely to become adults who walk and cycle¹⁰



London children who live in households **without a car** are¹⁰:



4 in 10

children in London are already overweight or obese⁸



2.3 times more likely to walk to school

1.4 times

more likely to walk outside of school on school days



1.8 times more likely to walk during the summer or weekends



Children **burn most energy** playing outdoors, walking and cycling⁷

Car ownership is the greatest factor that influences how often Londoners walk and cycle. It has a bigger impact than gender, income, employment, ethnicity and disability, in all parts of the Capital. Most car trips made by Londoners could be walked or cycled.

The short periods of walking and cycling associated with active travel have also been shown to be beneficial to mental health, improving self-esteem, physical self-worth, mood and mind-set, and reducing stress. Walking can reduce anxiety and depressive symptoms, and those who walk regularly – even for short periods – are significantly more likely to report better mental health than those who walk less.¹¹

There is growing recognition of the impacts of traffic noise on health and wellbeing. Noise pollution influences sleep, stress, anxiety, blood pressure and mental health. In children it can impact on school performance, memory and concentration. Traffic noise disproportionately affects disadvantaged people in their homes and workplaces as well as making walking, cycling and using public transport less pleasant.



Car ownership²



Car owners in London are **2 – 3 times less** likely to do **half an hour of activity** in a day than those who don't own cars

Nearly **1/2** of car trips made by **London residents** could be **cycled** in around **10 minutes**



More than **1/3** of car trips made by Londoners as a driver or passenger could be **walked** in **under 25 minutes**

2/3 of car trips made by **London residents** could be **cycled** in **under 20 minutes**



Only **1/3** of car trips are longer than **5km**. Some of these could be **cycled** in around **20 minutes**

A sustainable city

Improving air quality is vital to making London's streets healthier. Air pollution affects the health of everyone in London and unfairly impacts on the most vulnerable people in our community. Road transport is responsible for 50 per cent of the main air pollutants, so we have an important role to play in improving air quality. The Mayor is consulting on an ambitious package of air quality proposals, including bringing forward and expanding the Ultra Low Emission Zone. The 50 per cent reduction in specific harmful emissions these proposed measures are expected to deliver will help to improve London's streets. The Mayor's Air Quality Fund will continue to target pollution hotspots, the Low Emission Neighbourhoods programme will help London boroughs improve local air quality and Low Emission Bus Zones will prioritise the greenest buses on the worst polluted routes.

Introducing more trees and greenery creates more attractive public spaces, increases biodiversity and helps to mitigate the impacts of air pollution. Greener streets can deliver against all of the Healthy Streets Indicators and can contribute to London's resilience to the consequences of climate change, such as extreme weather events like flooding and heatwaves.

A safe city

Minimising danger on our roads is fundamental to delivering streets where everyone feels safe walking, cycling and using public transport. Safety concerns are the main reasons people give for not cycling more¹² and for being unwilling to let their children walk unaccompanied. Road danger disproportionately affects people travelling on foot, by cycle or by motorcycle. Adopting a Vision Zero approach – working towards the elimination of road traffic deaths by reducing the dominance of motor vehicles on our streets – will serve to put the needs of vulnerable road users first.

Fear of crime has been linked to reduced walking and playing in adults and children¹³, and personal safety concerns are a common reason given for older children preferring not to walk to school¹⁴. Healthy Streets, where more people are walking, cycling and using public transport, feel safer than streets with fewer people, and 'eyes on the street' can be a key factor in whether people consider streets suitable for walking¹³. Improving the feeling of safety can be particularly beneficial for more vulnerable groups, and could be an important factor in helping them to be physically active.

A connected city

London's streets need to be welcoming to ensure that our communities prosper. Currently 65 per cent of disabled Londoners consider the condition of pavements to be a barrier to walking, and 43 per cent report that obstacles on pavements, such as unnecessary signage, advertising boards and other clutter, are a barrier to walking more.

Social isolation and lack of community support puts pressure on health and care services. In London, a quarter of men and a third of women aged over 65 do not leave their house at all on a given day. The Healthy Streets Approach seeks to reduce the barriers to spending time on London's streets, whether these are physical or social.

More and more global cities are now realising the value of investing in high-quality, appealing public spaces, and healthy residents and efficient transport networks.

A successful city

Streets make up most of London's public space and the nature of these streets goes a long way to determining the character of the city. An attractive and well-designed public realm is an important factor in attracting people to London¹⁵. Creating people-focused streets and public places will contribute to the social and cultural life of the Capital. Streets that work well for people generate more trade for local businesses, because people who tend to walk to their local shops spend more money there over the course of a month than people who get there by any other means¹⁶. More and more global cities are now realising the value of investing in high-quality, appealing public spaces. Healthy residents and efficient transport networks are vital to attracting investment and business interest from overseas.

Adopting the Healthy Streets Approach will not only help our high streets to thrive, but will also help London retain its status as a globally competitive and innovative city.

Smooth wide pavements make streets more accessible and pleasant for everyone on foot. (Tower Bridge Road, Southwark)



Chapter 3

Investing in Healthy Streets

Our Business Plan, published in December 2016 and covering our investment plans for the next five years, has the Healthy Streets Approach at its heart. We have brought together all of our street spending into a new £2.1bn Healthy Streets portfolio to ensure that, with our borough partners, we direct all of our streets investment towards delivering against the Healthy Streets Indicators.

This portfolio will in part be targeted at delivering current commitments, such as new cycle routes. The Business Plan includes around double the average annual spend on cycling seen under the last Mayor, taking London's spend per head to the same levels as Denmark and the Netherlands.

Investment in walking will be integral to projects across the portfolio, maximising opportunities to deliver improvements for pedestrians.

It will also see the enhancement of bus networks through increased investment in bus priority. It will deliver major new projects such as the Rotherhithe to Canary Wharf pedestrian and cycle bridge and the transformation of Oxford Street.

Much of the funding will be invested in a fundamentally new way, looking not at single transport modes as we have done in the past, but taking a wider view of how streets function to best deliver for people.

As this document explains, people using the streets to walk, cycle, dwell or travel by public transport all need environments that are not dominated by motor vehicles, and the Healthy Streets Indicators will be used to direct our spending towards this aim. We will use this approach to develop our new Liveable Neighbourhoods Programme and Healthy Routes initiatives, as well as to inform spending decisions on existing programmes.

Decision-making

This new approach to investment will be overseen by a Healthy Streets Portfolio Board, bringing together decision-makers from across our organisation, as well as from City Hall. The Board will assess investment decisions against the Healthy Streets Indicators, using the Health Economic Assessment Tool (HEAT) for walking and cycling and a new Healthy Streets Check on every scheme.

Our Board and Programmes and Investment Committee will direct investment towards the Mayor's priorities and assess progress against the Healthy Streets Indicators. We will also ensure that our day-to-day decision-making processes prioritise the delivery against these Indicators as a matter of course.

We are currently developing new targets and key performance indicators that will ensure we assess our progress against the aims of the Healthy Streets Approach. These will be published in draft in the new Mayor's Transport Strategy in spring 2017.

High quality infrastructure makes cycling feel comfortable on roads with heavy traffic. (Victoria Embankment, Westminster)



Chapter 4

Next steps

Healthy Streets for London sets out an important new approach for us, our partners and stakeholders that will make London's streets better for people. This approach will be embedded across the full range of Mayoral policy and strategy documents to ensure it is delivered effectively across the city.

Related strategies

The Mayor set out his new vision for Healthy Streets in 'A City for All Londoners' and each of his statutory strategies will reflect how his vision will be delivered. The London Plan, the Mayor's Transport Strategy and the Health Inequalities Strategy will lead the way, but the Environment, Culture, Housing, Police and Crime, and Economic Development strategies all have roles to play in delivering the Healthy Streets Approach.

We will also produce a new Health Action Plan in 2017, which will provide a more detailed plan for the delivery of the health aims set out in this document.

Mayor's Transport Strategy

The Mayor's Transport Strategy is the statutory plan for London's transport. It sets out the Mayor's policies for promoting and encouraging safe, integrated, efficient and economic transport facilities and services to, from and within Greater London.

We are currently developing the new strategy, which will set out the guiding principles to achieve a shift away from car use through the Healthy Streets Approach.

The London boroughs have a statutory duty to prepare Local Implementation Plans (LIPs), setting out how they will help to deliver the aims of the Mayor's Transport Strategy, and new borough LIPs will be required to have the Healthy Streets Approach at their heart. We will work with boroughs to help them to achieve this, ensuring that the approach is applied in the best way across every part of London.

The Mayor's Transport Strategy will be published in draft for consultation in spring 2017.

London Plan

The London Plan serves as the overarching framework for all planning policies and decisions across the city, and embedding the Healthy Streets Approach here will ensure that it becomes an integral part of future land use planning policy. Land owners and developers will be required to contribute to the health of their neighbourhoods when planning and building their developments. City planners will be required to prioritise walking, cycling and public transport use through high-density, mixed-use developments with good public transport access. The London Plan will ensure that the health and wellbeing of Londoners are essential considerations as the city develops in the future.

The London Plan will be published in draft in 2017.



Across London, Business Improvement Districts work with local authorities, communities and TfL to create attractive, welcoming streets for people to walk, cycle and use public transport. (Southwark Street, Southwark)

Chapter 5

References

- 1 Roberts, I. and Edwards, P. 2010. 'The Energy Glut: The Politics of Fatness in an Overheating World'. Zed Books
- 2 Health impacts of cars in London. 2015. Greater London Authority
- 3 Travel in London 7. 2014. Transport for London
- 4 Transport and Health in London. 2014. Greater London Authority
- 5 MOVES tool from Sport England. Available online. Accessed January 2017
- 6 Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers. 2011. Department of Health
- 7 'Active People Survey data in Public Health Outcome Framework'. Public Health England. Available online
- 8 Mackett, R. and Paskins, J. 2004. Increasing Children's Volume of Physical Activity Through Walk and Play. Contribution to the Department of Culture, Media and Sport and Department of Health Consultation on 'Choosing Health, Choosing Activity: A Consultation on How to Increase Physical Activity'
- 9 Huttenmoser M. 1995. 'Children and their living surroundings: Empirical investigations into the significance of living surroundings for the everyday life and development of children', Children's Environments 12
- 10 Steinbach, R., Green, J. and Edwards, P. 2012. 'Look who's walking: social and environmental correlates of children's walking in London' Health & place, 18 (4). pp. 917-27
- 11 Making the case for investing in the walking environment. 2011. Living Streets
- 12 National Travel Survey. 2008. Department for Transport
- 13 Creating places that promote physical activity: Perceiving is believing. 2015. Active Living Research
- 14 Limiting Young People's Exposure to Air Pollution: a mixed-methods research report. Greater London Authority
- 15 Greater London Authority Annual London Survey 2015. 2016. Greater London Authority
- 16 The Pedestrian Pound – The business case for better streets and places. 2014. Living Streets




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<p align="center">Health and Wellbeing Board Tuesday 20th February 2018</p>	
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Tower Hamlets Pharmaceutical Needs Assessment 2018</p>	

Lead Member	Councillor Denise Jones, Cabinet Member for Health
Originating Officer(s)	Danielle Solomon, Public Health Registrar

Executive Summary

It is a statutory requirement for a Pharmaceutical Needs Assessment (PNA) to be developed and published every three years (or earlier where significant changes have occurred) by each area covered by a Health and Wellbeing Board (HWB). The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies.

The Tower Hamlets PNA team has updated the information presented in the 2015 PNA in relation to pharmacy services in its borough as well as information regarding changes in pharmacy services. In addition, the PNA team has reviewed the current health needs of its population in relation to the number and distribution of the current pharmacies in the borough and those pharmacies in neighbouring boroughs adjoining the borough. This report reflects pharmaceutical services going up to December 2017 – any data released after that point has not been included – to allow for Health and Wellbeing Board review and a 60 day consultation from January to March 2018.

Based on the latest information on the projected changes in the THHWB geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the PNA team has concluded that the current pharmacy services are adequate and have a good geographical spread.

Recommendations:

The Health and Wellbeing Board is recommended to:

- Consider and comment on the 2017 Tower Hamlets Pharmaceutical Needs Assessment;
- In principle, agree to its publication, noting that the product of consultation must be conscientiously taken into account and therefore, if the responses to the consultation raise issues that affect the assessment that the matter will

need to be reported back to the Board prior to publication.

- Note that a 60-day public consultation for the PNA commenced on 22nd January 2018, and
- Note that the PNA will be submitted to NHS England on 31/03/2018.

1. REASONS FOR THE DECISIONS

- 1.1 It is a statutory requirement for the Health and Wellbeing Board to produce a Pharmaceutical Needs assessment once every three years. This PNA will provide vital information for NHS England regarding the provision of pharmacy services in Tower Hamlets, and the commissioning needs going forward.

2. ALTERNATIVE OPTIONS

- 2.1 Failing to produce a Pharmaceutical Needs Assessment will mean that the Health and Wellbeing Board has not met a statutory NHS England requirement.

3. DETAILS OF REPORT

3.1 Background

The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies.

As such, it is required to cover the following:

- what services are necessary to meet the needs of the local population.
- which services have improved and/or have better access since the publication of the last PNA.
- what provision is currently available, highlighting any immediate or future gaps in services.
- any impact other NHS services have on pharmaceutical services.
- how the assessment was carried out and the resulting conclusions.

This information is held by NHS England to maintain a pharmaceutical list for the local area. This list is used to consider applications for new pharmacies as well as the relocation of existing pharmacies and to commission additional services.

The PNA bases its assessment on current and predicted demographics as well as analysing the health needs of the local population.

A steering group of key stakeholders was set up to oversee the PNA process. Terms of reference for the group are included in the Pharmaceutical Needs Assessment Draft Report for Consultation 2017 at Appendix D – Steering Group Terms of Reference (page 110).

An open tender process selected the Public Health Action Support Team (PHAST), a not for profit social enterprise company to develop the PNA.

3.2 The potential role of pharmacists in addressing priority areas identified by Tower Hamlets JSNA

The Tower Hamlets JSNA Priority Areas are described under the following headings:

- Conception, pregnancy and being born
- Growing up – early years
- Growing up – childhood and adolescence

- Being an adult
- Ageing, growing old and dying

Conception, pregnancy and being born:

Potential pharmacist role: promote initiatives that support infants being breastfed in the first months of life, Healthy Start vitamins, supplements for those who are vitamin D deficient, Healthy Start service and vaccination services.

Growing up – early years

- Potential pharmacist role: promote referrals to weight management service, promoting healthier lifestyles and schools service, promote childhood vaccinations

Growing up – childhood and adolescence

- Potential pharmacist role: promote and facilitate chlamydia screening and treatment service, condom supply service, emergency hormonal contraception service, pregnancy testing and schools service, promote and facilitate the alcohol screening and prevention service and stop smoking services

Being an adult

Potential pharmacist role: anticoagulant monitoring service, asthma support service, carer support, COPD support service, diabetes support service, domiciliary support service, inhaler technique service, medication review service, medicines assessment and compliance support service, in-demand availability of specialist medicines, post-hospital discharge medication support, supervised consumption of prescribed medicines, appliance use reviews (AURs), Medicines Use Reviews (MURs), new medicines service, blood pressure monitoring, palliative care service, repeat prescription service and supportive services, DOT service for TB treatment, chlamydia, screening and supporting the management of selected infectious diseases.

Ageing, growing old and dying

Potential pharmacist role: promote the care home service, falls service, palliative care service, supportive services, repeat prescription service and supportive services and carer support.

3.3 Population characteristics

In 2016, the population of Tower Hamlets was 304,854. The borough's population has increased by nearly 40% over the past ten years, a rate considerably higher than both London (15.7%) and England (8%) for the same period.

Projections from the Greater London Authority predict a 14% increase in borough population up to 2021 and 23% to 2026, in large part due to projected building work. The largest increases are shown in the (Old) wards of Blackwall and Cubitt and Millwall.

3.4 Pharmaceutical service provision within Tower Hamlets

There are 48 community pharmacies in Tower Hamlets (at September 2017) for a population of 304,854. This is an average of 15.7 pharmacies per 100,000, which is lower than the London and England averages of 21. The analysis of access further on in the PNA shows that virtually all residents are within half a mile of their nearest pharmacy.

There are three 100-hour pharmacies in the borough (6.3% of the total). This compares with 5.6% across London and 9.9% for England. Not all localities have a 100 hour pharmacy. In addition, there are two LPS pharmacies in Tower Hamlets with contracts exceeding 40 hours – one in the North East (84 hours per week) and one in the South West (72 hours per week).

The majority of pharmacies have a bus stop within a two-minute walk. Only two pharmacies are more than a five-minute walk from the nearest bus stop.

The majority of pharmacies have disabled parking available within ten metres of the pharmacy (37/48), have wheelchair access at the entrance (44/48) and have floors that are wheelchair accessible (43/48).

The majority of pharmacies have large print labels and leaflets (33/48); just over a quarter have automatic door assistance (14/48) and wheelchair ramp access (15/48); just under a quarter have a door chime at front door (11/48) and a hearing loop (9/48). Only a small number of pharmacies have additional facilities to help disabled customers such as bell at the front door, removable ramp, disabled toilet access, handrails and internet pharmacy.

Several of the pharmacies have constraints on developing their premises with just under a half having limited room for expansion (21/48); two pharmacies have listed building status and three are within a conservation area; about two thirds are rented buildings (24/48).

About a third of the pharmacies have toilets that patients can access for screening (17/48).

The majority of pharmacies have a consultation room on-site (47/48) and over three quarters of the consultation rooms have wheelchair access (39/48).

The majority of pharmacies have good facilities within their consultation areas including a bench and table (42/48), a computer terminal (41/48), a sink (38/48) and seating for three or more people (24/48). Half of the pharmacies have a separate area/room for advanced services for consultations with customers (24/48).

More than half of the pharmacies have two pharmacists on duty at key times during the week and eight pharmacies have two pharmacists available for more than 30 hours a week. The remaining 17 pharmacies have two pharmacists available at key times during the week. The times they are available vary between 1-24 hours during the week.

Just over half of the pharmacies involve a second pharmacist for reasons such as additional dispensary support, relieving pharmacists for administrative work, supporting medication reviews and covering shift handovers/lunch breaks.

A large number of pharmacies have pharmacists with special interests. For example, the majority offer flu vaccinations (43/48); over a half of the pharmacies have a Healthy Living pharmacist (26/48); and just over a third have special interests in asthma (18/48) and diabetes (19/48). In addition, one third have special interests in nutrition (16/48).

A large number of pharmacies have regular pharmacists who speak more than one language. Only three pharmacies do not have a regular pharmacist who speaks more than one language.

Two thirds of pharmacies dispense all types of appliances (30/48). One sixth only dispense dressings (8/48) and only five pharmacies do not dispense any appliances.

All 48 pharmacies provide the New Medicines Service and the Medicines Use Review. Less than three provide stoma customisation and appliance use review.

All 48 pharmacies provide flu vaccinations. The majority of pharmacies provide Minor Ailments Scheme (44/48), stop smoking service (43/48), Emergency Hormonal Contraception EHC (41/48), Medication Review Service (41/48), Home Delivery Service (39/48) and Supervised Administration Service (37/48). The majority of pharmacies currently provide the Minor Ailment Scheme (44/48), the stop smoking service (33/48) and emergency hormonal contraception (41/48). About three quarters provide chlamydia screening (35/48) and supervised administration of opioid substitution treatment (33/48) and over half provide chlamydia treatment (29/48).

Two thirds of pharmacies provide blood pressure diagnostic services (32/48) and about a half provide weight recording (22/48). Just under half offer carbon monoxide readings (20/48); one third provide pregnancy tests (16/48); just under a third provide height recording (15/48), body mass index (BMI) calculation (15/48) and blood glucose (14/48). Just under a quarter provide extra health testing (11/48).

Nearly all pharmacies have a computer that can access the internet (45/48), and almost all have good quality computer equipment that includes NHS Summary Care Records and printing facilities.

5.5 Pharmacy Users Views - Community Pharmacy Patient Questionnaire (CPPQ) Highlights



5.6 Conclusions

- There is no substantial evidence that there are any significant gaps in the provision of essential services across the borough other than ensuring Sunday pharmacy services are available from all localities.
- There is no substantial evidence that there are any significant gaps in the provision of advanced services across the borough.
- There is no substantial evidence that there are any significant gaps in the provision of enhanced services across the borough.
- There is no substantial evidence that there are any significant gaps in the provision of locally commissioned services across the borough.
- There are population increases expected in the borough in the next three years, particularly in the South East, but on current assumptions we believe these can be absorbed by the existing infrastructure of pharmacies, along with general developments in pharmacy services and the provision of services in different ways which will improve the delivery to the public.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 This report recommends the Health and Wellbeing Board to consider and agree in principle the 2017 Tower Hamlets Pharmaceutical Needs Assessment. There are no direct financial implications on Council resources as a result of this report's recommendations. Costs associated with drugs and their administration for which the Council is the responsible organisation are met within existing revenue budget of the Council (funded through the Public Health grant).

5. LEGAL COMMENTS

- 5.1 The Council's statutory duties with respect to the Pharmaceutical Needs Assessment are contained in the following:
- Section 128A of National Health Service Act 2006
 - National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ('2013 Regulations')
- 5.2 These provide that the Council's Health and Wellbeing Board ('HWB') must in accordance with 2013 Regulations assess the need for pharmaceutical services in its area, and publish a statement of its first assessment and of any revised assessment.
- 5.3 The first assessment was published on 31st March 2015 and regulation 6 of the 2013 Regulations provides that the HWB must publish a statement of its revised assessment within 3 years of its previous publication. Therefore, this latest assessment must be published by no later than 31st March 2018.

- 5.4 The assessment must take account of likely future needs and certain specified persons must be consulted about specified matters when making an assessment. The 2013 Regulations prescribe the matters to which the HWB must have regard when making an assessment.
- 5.5 As to consultation, the Council must also comply with its common law duty and which imposes a general duty of procedural fairness when exercising functions which affects the interests of individuals. This requires:
- (a) that the consultation be at a time when proposals are still at a formative stage and the proposals are still formative.
 - (b) the Council must give sufficient reasons for any proposal to permit intelligent consideration and response;
 - (c) adequate time must be given for consideration and response. The 2013 Regulations provide that a minimum of 60 days must be given and the Council is only giving the minimum period of 60 days. As the Council has to publish by 31st March 2018 or be in breach of statute, it is restricted to this minimum period. 60 days should be sufficient however. and
 - (d) the product of consultation must be conscientiously taken into account. No final decision to publish can be made until after the HWB has considered the consultation responses and therefore only an in principle decision to 'sign off' on the Assessment can be made at this time.
- 5.6 When considering the recommendations in this report, 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 victimisation 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 PNA was developed with significant input from the PNA Steering Group, which was composed of representatives from across Tower Hamlets. The report also incorporates inputs from stakeholder and public questionnaires.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 This report has no directly financial implications.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 This report has no environmental implications.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 There is a risk that if the Pharmaceutical Needs Assessment is not approved by the Health and Wellbeing Board, Tower Hamlets will not fulfil its statutory requirements as laid out by NHS England.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 This report has no implications for crime and disorder.

11. SAFEGUARDING IMPLICATIONS

- 11.1 This report has no safeguarding implications.

Linked Reports, Appendices and Background Documents

Linked Report

- [Pharmaceutical Needs Assessment Draft Report for Consultation 2017](#)

Appendices

- NONE

Background Documents – Local Authorities (Executive Arrangements) (Access to Information)(England) Regulations 2012

- NONE

Officer contact details for documents:

Danielle Solomon – Public Health Specialist Registrar

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