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| <p style="text-align: center;">Health and Wellbeing Board Wednesday 26th July 2017</p> |  |
| <p>Report of the London Borough of Tower Hamlets</p> | <p>Classification: Unrestricted</p> |
| <p>Implementing the Health and Wellbeing Strategy Tower Hamlets Together - Shared Outcomes Framework</p> | |

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| Lead Officer | Somen Banerjee, Director of Public Health |
| Contact Officers | Somen Banerjee |
| Executive Key Decision? | Yes |

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 in 2016/17 involved working with partners and the public on identifying a set of primary outcomes expressed as 'I statements' and primary and secondary indicators to track progress against primary outcomes.

This paper sets out the plans for 2017/18 to establish the Outcomes Framework as a foundation and central point of reference and logic modelling for driving improvement in health outcomes.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Review and comment on the action plan

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 Please see attached report

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The establishment of a Shared Outcomes Framework will ensure partners within the Health and Social care system are focussed on aligned outcomes.
- 4.2 There are no anticipated additional resource(s) required for the delivery of this project as funding has been provided through the Vanguard initiative funded by the Department of Health.

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 finalising and implementing the Framework, 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. BEST VALUE (BV) IMPLICATIONS

- 7.1 Best value is a key driver of the framework as working to a shared outcomes framework would provide a basis for identifying inefficiencies and duplication within the health and care system.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

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

9. RISK MANAGEMENT IMPLICATIONS

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

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

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

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- Report - Tower Hamlets Together Outcomes Framework
- Appendix - Poster of Tower Hamlets Together 'I' statements

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

List of “Background Papers” used in the preparation of this report

- NONE

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