


<p><b>Health and Wellbeing Board</b> Tuesday 5 September 2017</p>	
<p><b>Report of the London Borough of Tower Hamlets</b></p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Health and Wellbeing Strategy, delivering the boards priority: Communities Driving Change - Progress Report</b></p>	

<b>Lead Officer</b>	Somen Banerjee, Director of Public Health
<b>Contact Officers</b>	Somen Banerjee, Director of Public Health
<b>Executive Key Decision?</b>	No

### Executive Summary

This is an update on the plan developed by the Board Champion Group for the Communities Driving Change priority of the Health and Wellbeing Strategy to deliver against the following 17/18 actions.

**Action 1.1:** Implement a ‘health creation’ programme in which residents:

- identify issues impacting on health and wellbeing that matter to local people
- recruit other residents who have the energy and passion to make a difference
- develop and lead new ways to improve health and wellbeing locally

**Action 1.2:** Implement a programme across the partnership to promote a culture in their organisations that empowers people to be in control and informed about how to improve their health

**Action 1.3:** Engage local residents with the work of the Board and to deliver this strategy by:

- hosting an event in each area at least one month prior to our Health and Wellbeing Board meetings
- following this up with a further meeting with the public to report back
- using social media to communicate more regularly and creatively with a wider range of local people.

### Recommendations:

The Health and Wellbeing Board is recommended to:

1. Support the Action Plan to enable us to realise the ambition set out in the Health and Wellbeing Strategy Priority on Communities Driving Change.

## **1. REASONS FOR THE DECISIONS**

- 1.1 This report sets out the progress against the action plan for the Communities Driving Change priority within the Health and Wellbeing Strategy, in order to realise the ambition of the strategy. The action plan has been developed based on knowledge of the existing work that is already ongoing, and what is thought to be realistically achievable within existing budgets.

## **2. ALTERNATIVE OPTIONS**

- 2.1 The alternative option of business as usual would not allow us realise the ambition within the Health and Wellbeing Strategy.

## **3. DETAILS OF REPORT**

### **Action 1. 1 of Health and Wellbeing Strategy**

#### ***Implement a 'health creation' programme in which residents:***

- ***identify issues impacting on health and wellbeing that matter to local people***
- ***recruit other residents who have the energy and passion to make a difference***
- ***develop and lead new ways to improve health and wellbeing locally***

#### **3.1 What will we have achieved by the end of March 2018?**

- Tower Hamlets Healthy Communities Programme in place
- Existing initiatives for capturing insight better joined up
- A publicly accessible repository of insights available
- Clear pathway for residents to get involved established
- Process for feeding back to residents established

#### **3.2 What progress has been made made?**

- The locality based Healthy Communities Programme, commissioned by Public Health, is at award stage and on track to commence at the start of October.
- The Social Movement for Life programme, which is a Tower Hamlets Together Vanguard pilot programme to inform the Healthy Communities Programme, has progressed four local coproduction initiatives (Isle of Dogs, Chicksand Estate, Bow and Watney Market).
- The Community Insights Network programme, which is a Tower Hamlets Together Vanguard pilot to develop and train researchers from the community, is taking forward a project to review options for sustainably embedding participatory research and other approaches across the partnership
- A partnership task finish group (NHS, council, voluntary sector, Healthwatch) have met and are reviewing the option of using the

Healthwatch repository as the main repository for insights around health and care.

### 3.3 What will have been achieved in the next six months?

- Locality based coproduced delivery plans will have been developed through the Healthy Communities Programme
- The Social Movement for Life programme will have been evaluated and lessons learnt are informing the Healthy Communities Programme
- A model for sustainably embedding the Community Insights Network across the partnership will have been developed
- There will be a single repository for insights on community perspectives on health and wellbeing (this will include a review of health and wellbeing issues raised through Members Enquiries)

### **Action 1.2 of Health and Wellbeing Strategy**

***Implement a programme across the partnership to promote a culture in their organisations that empowers people to be in control and informed about how to improve their health***

### 3.4 What will we have achieved by the end of March 2018?

- Partner organisations pledge to support Communities Driving Change
- Partner organisations clearly promote the ways that residents can drive change
- Partner organisations regularly feedback to residents on how residents have driven change
- Partner organisations support the delivery of initiatives that empower people to improve their health, for example Making Every Contact Count and Integrated Personal Commissioning

### 3.5 What progress has been made?

#### Partner organisations pledge to support Communities Driving Change

- The Tower Hamlets Together User and Stakeholder Focus workstream has brought together partner engagement and involvement leads, Healthwatch, voluntary and community sector representatives and residents.
- Over the last six months the workstream has focussed on the delivery of the new community health services contract, admission avoidance, reablement and rapid response, integrated personal commissioning, the whole systems dataset project and the local implications of the East London Health and Care Partnership.
- The focus of these discussions has not only been to provide an update about developments but also to explore how to move beyond service delivery to co-production and community leadership. This has developed more open and flexible relationships anchored in trust.

### Partner organisations clearly promote ways that residents can drive change

- In 2016 Tower Hamlets Together developed a draft outcomes framework to inspire both residents and the workforce and help understand the nature of the change we require.
- The New Economics Foundation has been commissioned to explore this further particularly with sections of the community not previously engaged with.
- This work will be completed by early October and is designed to shape thinking about how local commissioning can be driven more strongly by the experiences and desires of local residents.
- As part of the latest stage of the outcomes work the Tower Hamlets Together Stakeholder Council met in July bringing together a diversity of voices which nevertheless articulated consistent aspirations for the borough.

### Partner organisations regularly feedback to residents on how residents have driven change

- Alongside the regular work undertaken by individual organisations, Tower Hamlets Together partners have worked with Healthwatch at the 'Your Voice Counts' events at the Barkantine Health Centre in April and Victoria Park in August, met with older residents at the Zacchaeus Project in Bethnal Green in April and participated in the Barts Health Patient Experience Conference in July.
- Getting the new public-facing portal for community health services right is one example of the kinds of issue explored. A key challenge is ensuring residents receive feedback (both positive and negative) about how their engagement and involvement influences local developments.
- This will be a fundamental part of the next steps for the User and Stakeholder Focus workstream, the stakeholder council and the outcomes framework described above.

### Partner organisations support the delivery of initiatives that empower people to improve their health

- Since February 2015, 750 frontline staff members have completed the Making Every Contact Count (MECC) training programme, enabling staff to have conversations with their clients around healthy eating and drinking, exercise, smoking and mental and sexual health. Trained staff members are from all Tower Hamlets Together partner organisations, including housing associations. Discussions have also begun with the Fire and Police Services. The training programme has evaluated well and buy-in from THT partners has been good.

### 3.6 What will have been achieved in the next six months?

- Building on their learning, the Tower Hamlets Together User and Stakeholder Focus workstream will have developed proposals for sustaining

a culture across the partnership that empowers people to be in control and informed about how to improve their health.

- A coproduced shared outcomes framework will have been developed with a plan for implementation post 2018
- The governance structure for the health and care system will incorporate the learning from the Stakeholder Council pilot (that brings together residents, staff, the voluntary and community sector and other partners to act as a 'critical friend')
- At least a further 320 staff will have gone through the Making Every Contract Count training programme (as part of the Tower Hamlets Together Vanguard programme)
- A community of practice will be in place to support those trained to deliver MECC and to offer further training opportunities to develop their skills, for example in health coaching.
- Partner organisations will have embedded the MECC programme into job descriptions and client record systems across the THT partnership organisations
- A MECC 'train the trainers' model will have been established to ensure the sustainability of the programme.
- The current training scheme will have been evaluated to understand the impacts of the programme

### **Action 1.3 (p13)**

***Engage local residents with the work of the Board and to deliver this strategy by:***

- ***hosting an event in each area at least one month prior to our Health and Wellbeing Board meetings***
- ***following this up with a further meeting with the public to report back***
- ***using social media to communicate more regularly and creatively with a wider range of local people.***

#### **3.7 What will we have achieved by the end of March 2018?**

- Residents engaged in shaping engagement with the Board
- Process for engaging with the Board established and publicised
- Process for the Board feeding back to residents established and publicised
- Board Members using social media to engage residents on Board topics

#### **3.8 What progress has been made?**

- Progress has not been as fast on this as desired. This has been partly due to plans for holding the Board in the community have fallen through due to availability issues and changes in the dates of the Board.
- The Board for the 5th September will be preceded by an engagement event held by Healthwatch and there will be feedback from this event at the Board.

- The Health and Wellbeing Board webpage has been updated but there remains a need to make it more public facing.

### 3.9 What will have been achieved in the next six months?

- Health and Wellbeing Board meetings will have been held in community settings
- The Health and Wellbeing Board will be routinely receiving and responding to the insights from community engagement events
- There will be a communications plan for the Board and this will include a refreshed public facing webpage and a greater social media presence

## 4. **COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1. The Communities Driving Change programme is fully funded from the Public Health Grant. The programme is expected to cost £800K per year plus a £50K support cost in year 1.
- 4.2. The ongoing support costs after year 1 is yet to be ascertained but it is expected that this would be managed/monitored in line with LBTH's financial management policy.

## 5. **LEGAL COMMENTS**

- 5.1. Section 116A of the Local Government and Public Involvement in Health Act 2007 places a duty on the Health and Wellbeing Board ('HWB') to prepare and refresh a joint strategic health and wellbeing strategy in respect of the needs identified in the Joint Strategic Needs Assessment, so that future commissioning/ policy decisions are based on evidence. The duty to prepare this plan falls on local authorities and the Clinical Commissioning Group, but must be discharged by the HWB. It is therefore consistent with this duty that the HWB receives this report on the action plan so that it can review how this part of the Strategy is being discharged.
- 5.2. With regard to Action 1.1 this involves engagement with residents. If this engagement is considered to be consultation then any such should comply with the following criteria: (1) it should be at a time when proposals are still at a formative stage; (2) the Council must give sufficient reasons for any proposal to permit intelligent consideration and response; (3) adequate time must be given for consideration and response; and (4) the product of consultation must be conscientiously taken into account. The duty to act fairly applies and this may require a greater deal of specificity when consulting people who are economically disadvantaged. It may require inviting and considering views about possible alternatives.
- 5.3. In carrying out its functions, the Council must comply with the public sector equality duty set out in section 149 Equality Act 2010, namely it must have due regard to the need to eliminate unlawful conduct under the Equality Act

2010, the need to advance equality of opportunity and to foster good relations between persons who share a protected characteristic and those who do not.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

- 6.1. Communities coming together to drive change is likely to have a positive impact on cohesion.

## **7. BEST VALUE (BV) IMPLICATIONS**

- 7.1 One of the drivers shaping the strategy is the cost pressure on the health and care economy. Communities coming together to drive change is likely to have implications around prevention and reducing demand for future health and care services. Best value will be an important discussion point for the delivery group and Health and Wellbeing Board over the next three years.

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 8.1 Communities may wish to drive change for environmental improvements. Empowering residents to take action on their own health and wellbeing may reduce travel trips to seek professional healthcare advice which could improve environmental sustainability.

## **9. RISK MANAGEMENT IMPLICATIONS**

- 9.1 The actions proposed will be carried out within existing budgets and there are no specific risks identified.

## **10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 10.1 Improving health and wellbeing may have a positive impact on crime and disorder reduction.

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## **Appendices and Background Documents**

### **Appendices**

- NONE

### **Background Documents**

If your report is a decision making report, please list any background documents not already in the public domain including officer contact information.

- NONE

### **Contact officer:**

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