

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD  
HELD AT 5.00 P.M. ON TUESDAY, 10 MARCH 2015  
COMMITTEE ROOM MP701, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5  
CLOVE CRESCENT, LONDON E14 2BG**

**Members Present:**

Councillor Abdul Asad	– (Vice-Chair) (In the chair)
Councillor Denise Jones (Member)	– Non-executive Majority Political Group Councillor Nominated by Council
Robert McCulloch-Graham (Member)	– (Corporate Director, Education Social Care and Wellbeing)
Dr Somen Banerjee	– (Interim Director of Public Health, LBTH)
Dr Sam Everington	– (Chair, Tower Hamlets Clinical Commissioning Group)
Jane Milligan	– Chief Officer, Tower Hamlets Clinical Commissioning Group

**Co-opted Members Present:**

Dr Ian Basnett	– Bart's Health
Dianne Barham	– Healthwatch Tower Hamlets

**Apologies:**

Councillor Alibor Choudhury	– (Cabinet Member for Resources)
Councillor Gulam Robbani	– (Cabinet Member for Education and Children's Services)
Councillor Mahbub Alam	- (Executive Advisor on Adult Social Care)
Dr Amjad Rahi	– (Healthwatch Tower Hamlets Representative)
Steve Stride	– (Chief Executive, Poplar HARCA)

**Others Present:**

Sarah Castro	- Poplar HARCA
Chris Lovitt	- Associate Director of Public Health, LBTH
Abigail Knight	- Acting Associate Director of Public Health
Wesley Hedger	- Senior Strategy Policy & Performance Officer
Karen Sugars	- Care and Health Reform Programme Manager

**Officers in Attendance:**

- |                   |   |
|-------------------|---|
| Jamal Uddin       | – Strategy, Policy and Performance Officer, LBTH) |
| Elizabeth Dowuona | – (Senior Committee Services Officer)             |

**1. STANDING ITEMS OF BUSINESS**

**1.1 Welcome**

The Chair welcomed everybody to the Health and Wellbeing Board. He reported that the meeting would largely focus on the Council's responsibility to approve the Health and Wellbeing Strategy Delivery Plans in addition to statutory duties such as signing off the Better Care Fund Section 75 Agreement.

**1.2 Apologies for Absence and Substitutions**

Apologies for absence were received from Councillor Alibor Choudhury (Cabinet Member, Resources), Councillor Mahbub Alam (Executive Advisor on Adult Social Care), Dr Amjad Rahi (Healthwatch Tower Hamlets Representative) and Dr Navina Evans, Co-opted Member.

**1.3 Minutes of the Meeting on 13 January 2015**

**RESOLVED:**

The minutes of the meeting held on 13 January 2015 be approved as a correct record subject to the inclusion of Dr Ian Basnett on the list of Co-opted Members' Present.

**1.4 Public Questions**

The Board noted that no questions had been received from members of the public.

**2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**

There were no declarations of interest.

It was noted that advice of the Legal Adviser to the Board, regarding the query raised at the Board meeting on 9 December 2015 on the declaration interests already declared in the Members Register of Interests, was outstanding.

It was agreed that the advice be reported to the next meeting of the Board.

**Action By:** Sarah Williams (Legal Services)

### **3. FORWARD PROGRAMME**

The Board noted the Forward Plan.

### **4. INTEGRATION : HEALTHWATCH PERSPECTIVE**

#### **4.1 Evaluation: Tower Hamlets Coordinated Care Programme - Summary**

Dianne Barham, Director, Healthwatch Tower Hamlets introduced the report, which was taken together with Agenda Item 3.2 Integrated Care Programme Update were taken together.

A short video was played, which showed services users experiences of the integrated care programme.

Dianne Barham outlined the Integrated Care programme as a major piece of health and social care transformational work. The purpose of the evaluation of the programme was to understand the experiences of and obtain feedback from both providers and the users of the new service over a period of time so that the programme could be both improved upon and tailored to their needs.

A second video was played. The video highlighted communication/ interaction between the social care providers arrangements in respect of scheduling of appointments, patient transportation and patient care including rapid response.

Members discussed the system of integrated care and underlined the need for healthcare providers and commissioners to enable better integration of care so that services were less fragmented and easier for patients to access.

It was noted that Tower Hamlets in collaboration with Waltham Forest, Newham and City and Hackney (WELC) had been chosen as a pioneer in the new models of care, supporting self-management to promote and enhance the quality of life for people with long term conditions. This had attracted £2million funding and support from Central Government.

Robert McCulloch-Graham, Corporate Director, Education Social Care and Wellbeing) pointed to the need for a press release in the local media as a good news story to which the Board agreed.

#### **RESOLVED –**

1. That the report be noted.
2. That a briefing would be provided to the Board in September 2015 with an update on the progress of the programme.

#### **4.2 Integrated Care Programme Update**

This item was discussed conjunction with Item 4.1 – Evaluation: Tower Hamlets Integrated Care Programme Summary.

**RESOLVED –**

That the report be noted.

**4.3 Better Care Fund S75 Agreement**

Robert McCulloch-Graham, Corporate Director, Education Social Care and Wellbeing) introduced the report.

He outlined the establishment of the £5.3bn Better Care Fund (formerly the Integration Transformation Fund). It was noted that the Fund was a Government initiative to ensure a transformation in integrated health and social care. The Better Care Fund (BCF) is one of the most ambitious ever programmes across the NHS and Local Government. It created a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services.

The Tower Hamlets Better Care Fund plan was submitted to the Department of Health in April 2014, a revised version was submitted in September 2014 and approval of the plan was confirmed by NHS England on 7 January 2015 (see Appendix 1). The plan has effect from 1 April 2015. The planned expenditure covered by the Better Care Fund plan is £21.577 million in 2015/16.

In order to provide a governance framework for the commissioning and delivery of the Better Care Fund and the management of the budget and expenditure, an agreement made under Section 75 of the National Health Services Act 2006 was required. This agreement included the following core components:

- Commissioning arrangements, including confirmation of which agency would act as Lead Commissioner for each element of the fund;
- Governance arrangements, including arrangements for reporting progress in delivering the plan to the Health and Wellbeing Board;
- Arrangements for management of the pooled funds;
- Arrangements for managing risk across the partners to the agreement;
- Information about each of the individual schemes which together made up the Better Care programme; and
- A standard range of terms and conditions covering issues such as dispute resolution and information sharing.

In response to questions, the Board heard that the Lead Commissioner was ultimately accountable to the Health and Wellbeing Board for the delivery of the Better Care Fund plan. It was recommended that the Health and Wellbeing Board devolved responsibility for overseeing delivery of the Better Care Fund plan to the Integrated Care Board, a sub-group of the Board. It was further recommended that the Integrated Care Board provide an annual report on performance against the plan, to include any recommendations for

change. It was noted that the Integrated Care Board, would report to the Health and Wellbeing Board as required.

It was noted that if the recommendation to devolve oversight to the Integrated Care Board was agreed, the Terms of Reference for the Integrated Care Board would be amended to reflect the additional requirements relating to overseeing plan delivery about the proposal for monthly meetings of all parties.

Members also noted the proposed timescale as April 2015.

Following discussion, it was

**RESOLVED:**

That Subject to Mayoral approval, the Health and Wellbeing Board:

1. Note that the terms of the Tower Hamlets Better Care Fund Section 75 Agreement between NHS Tower Hamlets Clinical Commissioning Group (the CCG) and the London Borough of Tower Hamlets (the Council) as attached at Appendix 2 to this report were consistent with the Better Care Fund Plan approved by HWB on 9 September 2014 and recommend approval of the agreement to the CCG and the Council;
2. Note the lead commissioning arrangements for managing the delivery of the Tower Hamlets Better Care Fund;
3. Delegate authority for overseeing delivery of the Better Care Fund Plan to the Tower Hamlets Integrated Care Board and to note the arrangements for reporting of progress back to the Health and Wellbeing Board.
4. Strengthen patient and voluntary sector representation on the Integrated Care Board.

**5. HEALTH AND WELLBEING STRATEGY - DELIVERY PLAN**

Dr Somen Banerjee, Interim Director, Public Health introduced the report and outlined the revisions to the Health and Wellbeing Strategy's current delivery plans to ensure delivery against the current strategy's objectives continued in 2015-16.

Dr Banerjee referred to the details of the action plan and drew attention to the priorities namely: Early years and Maternity, Mental Health, Healthy Adults Lives and Healthy Environments, Long Term Conditions.

The Board discussed item following the presentation of the priorities under the following items:

Item 5.1 – Early Years

Item 5.2 – Healthy Lives

Item 5.3 – Integrated Long Term conditions and Cancer

The Board asked a number of questions and made comments on the report. The following points were noted:

- That leisure activity had been omitted in the Plan;
- That a meeting had been planned for the Overview and Scrutiny Committee on 6<sup>th</sup> March 2015 to consider the scrutiny review report on the impact of health communications of literacy and numeracy levels on outcomes for children and their families;
- That it was important to target support in schools in order to improve education achievement;
- There was a need to close gaps in outcomes of healthcare interventions, particularly in conditions such as diabetes; and
- To re-enforce the issue of prevention and use every opportunity to involve young people.

It was noted that the current Health and Wellbeing Strategy was in the process of being refreshed with a view to a new strategy commencing from April 2016. In the meantime the current, delivery plans were being revised to ensure that delivery against the current strategy's objectives continued in 2015-16.

#### **RESOLVED –**

1. That the delivery plans, proposed outcome measures and targets which would be the measures used to track progress on the plan and on which performance would be reported to the Health and Wellbeing Board be agreed.
2. That the delivery and performance monitoring arrangements set out in section 3 of the report below be agreed.
3. That the Health and Wellbeing Strategy Sub-Group be requested to monitor and adapt the delivery plan targets on behalf of the Health and Wellbeing Board and provide 6 monthly updates.

#### **5.1 Early Years**

The Health and Wellbeing Board noted the priorities, targets and objectives of the Early Years (0-5 year olds) to ensure that more children were given the opportunity of a healthy start in life by the following action plans:

- Supported by parents and carers with good physical and mental health before, during and after pregnancy
- With secure emotional attachment and good cognitive development
- Being breastfed and establishing healthy eating habits
- With strong foundations for excellent oral health
- Developing physically and socially through play

- Living in environments free from the health harms of alcohol, tobacco and drugs
- Fully immunised

## 5.2 Healthy Lives

The Wellbeing Board noted the action plans for the Healthy Lives Priority of the Health and Wellbeing Strategy for 2015/16.

It was underlined that tackling health inequalities required a holistic approach, recognising the importance of factors determining health (eg income, employment, education), healthy environments, (eg housing, physical environment), strong communities and integrated services promoting prevention and early intervention. This approach also recognised that health behaviours impacting on health such as diet, physical activity, smoking were strongly influenced by the environments the people lived in.

The action plan was a basis of changes in lifestyles improve health and wellbeing and reduce health inequalities in the borough.

The action plans covered the following areas:

1. More people living healthy fulfilling lives (cross cutting actions around developing new HWBS Strategy in 16/17)
2. Healthy People (supporting mental wellbeing, physical health, healthy habits and protecting them from health harms)
  - a. Healthy families, children and adolescents
  - b. Healthy adults
3. Healthy place
  - a. Healthy environments
  - b. Healthy communities
  - c. High quality integrated services supporting prevention and early intervention

## 5.3 Long Term Conditions and Cancer

Jane Milligan outlined the action plan relating to Integrated Long Term Conditions, Cancer and Integrated Care System. She described the partnerships vision of an integrated care system, as one in which care is coordinated around the individual and was delivered in the most appropriate setting for that individual.

The main aim was to ensure that:

- More patients, users and their carers' were empowered;
- More patients were receiving responsive, coordinated and proactive care through shared data between providers across the NHS, Council and other provider organisations;

- More patients were receiving quality of care that was consistent and cost effective

It was noted that the Care Act, the Better Care Fund were significant levers for driving integrated care and Transforming Services Together Programme, a five year strategic plan commissioned by Newham, Tower Hamlets and Waltham Forest.

## **RESOLVED**

That the report be noted.

## **6. CCG COMMISSIONING UPDATE**

Jane Milligan, Chief Officer, Tower Hamlets Clinical Commissioning Group presented the report which provided a full and comprehensive Update on primary care commissioning. The Board noted Tower Hamlets CCG was one of 64 CCGs across the country that had been approved by NHS England to take on greater 'delegated' commissioning responsibility for GP services from April 2015. This would give patients, communities and clinicians more scope in deciding how local services were developed.

The latest move follows the plan set out in the Next steps towards primary care co-commissioning document developed by the joint CCG and NHS England primary care co-commissioning programme oversight group in partnership with NHS Clinical Commissioners, and is another step towards delivering the wider strategic agenda set out in the Five Year Forward View.

Jane Milligan reported that the Tower Hamlets GP Care Group put in a bid for the Prime Minister's Challenge Fund, to improve primary care access of Tower Hamlets residents to face to face primary care services from 8am to 8pm 7 days a week, for provision of routine and urgent care. The fund would also be used to improve working in partnership with community pharmacies to offer an enhanced Minor Ailments Service with increased formulary and upskilling of pharmacists as independent prescribers as well as working closely with voluntary groups in the borough to complement enhanced primary care provision to address the cycle of demand.

The GP Care Group was awaiting the outcome of the bid, would be known by early March 2015.

Jane Milligan also reported on a recent review by the King's Fund celebrated the scale and ambition of the WELC Integrated Care Programme, recognising the significant progress made over the recent years. The King's Fund Review took place in December 2014 and January 2015, and involved stakeholder interviews along with a literature review. The King's Fund noted a clear vision for integrated care across WELC and the successful implementation of a number of new services and interventions to support integration. The emerging challenges highlighted the demanding plan for capitated budgets



and the requirement to change behaviours and cultures throughout local organisations to facilitate integrated working.

It was noted that the Tower Hamlets and City and Hackney Clinical Commissioning Groups in partnership with East London NHS Foundation Trust (ELFT) were conducting a 13 week consultation on proposed changes to inpatient services for older people with mental health problems aged 65 and over, who lived in City and Hackney and Tower Hamlets. It was noted that the consultation would end on 16 March 2015.

## **RESOLVED**

That the submitted report be noted.

### **7. LOCAL ACCOUNT 2013/14**

Robert McCulloch-Graham (Corporate Director, Education Social Care and Wellbeing, LBTH) presented the report. The report outlined the introduction of the publication of a single set of data for local authorities which replaced the requirement for local authorities to produce an Annual Performance Assessment within a format prescribed by Care Quality Commission, abolished in 2011.

In response to questions, the purpose of the Local Account were noted as follows:

- That Local Accounts was a means of ensuring that the care and support provided locally by the local authorities was open and transparent;
- That the publication of Local Accounts would make the people of Tower Hamlets aware of the work undertaken by the Department during 2013-14, in relation to both social care and safeguarding.
- To publicise the range and scale of services provided by the Authority.
- That Local Accounts uses a combination of performance information, survey results and case studies to demonstrate how Tower Hamlets Council has enhanced the quality of life for people using care and support services.

It was noted that the Local Account would be published as a Council-wide document and made available to the public through the Tower Hamlets Council website. It is proposed to use the Local Account as part of a wider set of mechanisms for obtaining customer views and feedback and informing residents, users and carers about progress made in delivering services and the Authority's priorities for the future.

Robert McCulloch-Graham highlighted the key messages in the Local Account, and drew particular attention to the following:

- The impact of the significant cuts in funding provided by Central Government to Local Government, leading to difficult decisions across the public sector, changes to welfare benefits;
- The introduction of the 2014 Care Act. The Act brings together more than 40 separate pieces of legislation and puts people's needs, goals and aspirations at the centre of care and support, supporting people to make their own decision, realise their potential and pursue life opportunities. Significantly the Act set out new rights for carers, emphasised the need to prevent and reduce care and support needs, and introduces a national eligibility threshold for care and support. Additionally it introduced a cap on the costs that people would have to pay for care and set out a universal deferred payment scheme so that people would not have to sell their home in their lifetime to pay for residential care. It was noted that the Care Act would be implemented in two phases in April 2015 and April 2016. In preparation for these changes a Care and Health Reform Programme to the Care Act had been set up by the Authority.
- As a consequence of supporting people in the community for longer our residents generally tend to access residential and nursing care at an older age than other boroughs at a point where they are too frail to be supported in the community.
- The Local Account includes a section on the financial position of the relevant divisions of the ESCW directorate. This includes financial outturn and performance data for 2013/2014 which is consistent with publications and reports that are already within the public domain. In particular, the Council's annual accounts and reports submitted to Cabinet and Full Council in April 215.

## **RESOLVED –**

### The Health and Wellbeing Board

1. That the content and format of The Tower Hamlets Local Account for 2013/14 be noted;
2. That the Tower Hamlets Local Account for 2013/14 be approved for publication;
3. That the Tower Hamlets Local Account for 2013/14 be submitted to CABINET for consideration.

## **8. LOCAL GOVERNMENT DECLARATION ON TOBACCO CONTROL**

The Health and Wellbeing Board received a presentation on the Local Government Declaration on Tobacco Control.

It was noted that the aim of the Declaration was to ensure that there was clear local leadership on reducing smoking rates and that tobacco control is part of mainstream public health work. The Declaration included a number of specific commitments for individual boroughs to sign up to:

- Reduce smoking prevalence and health inequalities
- Develop plans with partners and local communities
- Participate in local and regional networks
- Support government action at national level
- Protect tobacco control work from the commercial and vested interests of the tobacco industry
- Monitor the progress of our plans
- Join the Smoke free Action Coalition

The Board was reminded about previous and ongoing work by Tower Hamlets in relation to the use of tobacco in the borough and the concerns of the impact on both the individual and the wider community - the main cause of premature death and poor health in local residents.

It was noted that the Borough had since 2007 implemented a comprehensive tobacco control strategy, working in collaboration with health, social care, education and the voluntary sector to reduce tobacco use and subsequent harm. This partnership work had led to some of the most successful outcomes of any London borough in terms of cessation and tobacco control. The Tower Hamlets Tobacco Control Alliance continues to support and implement this strategy.

Members in discussion expressed strong support for the Declaration which they considered would enhance the Authority's work on tobacco control. They noted that the NHS who were their partners in this regard had also been invited to sign the National NHS statement of support which was had been launched on 23 February 2015.

Officers considered that a press launch to show case the work already done in Tower Hamlets would be most appropriate.

#### **RESOLVED –**

The Health and Wellbeing Board

1. Note the good progress that had been made in reducing the harm associated with tobacco use in Tower Hamlets.
2. To ask the Mayor, as the Chair of the Health and Wellbeing Board to sign the Local Government Declaration on Tobacco Control.
3. Consider communication and publication opportunities where partners could demonstrate their commitment to the declaration.

## 9. PHARMACEUTICAL NEEDS ASSESSMENT

The Health and Wellbeing Board considered the report on the statutory requirement on every local authority to produce, a Pharmaceutical Needs Assessment (PNA) by March 2015 under the Health and Social Care Act 2012. The Pharmaceutical Needs Assessment was to examine health needs in the Borough, services currently provided, public views of local pharmacy services provided and how those services could be improved in future.

The report provided the findings of the consultation responses and how the responses would inform the NHS planning of local pharmacy services. Specifically, for the NHS England in informing decisions on applications for new pharmacies, changes in premises for existing pharmacies, and changing services of existing pharmacies.

It was noted that the Pharmaceutical Needs Assessment consultation document was published on 30<sup>th</sup> January 2015 and the consultation would conclude at the end of March 2015.

It was noted that the overall conclusions were that overall, there was sufficient capacity of community pharmacy provision to meet need and no significant gaps were identified. However, the assessment was that population growth would increase the need for services. This increase could be met to an extent through increasing staff within existing provision and increasing automated services.

Following discussion, the emerging view was the need to include Pharmaceutical Needs Assessment in the system of integrated services.

### RESOLVED-

1. That the views of the Health and Wellbeing Board be noted.
2. That the Health and Wellbeing Board note that an amended version of the consultation document would be distributed electronically to the Health and Wellbeing Board members on the 23<sup>rd</sup> of March 2015 for final comments.

## 10. ANY OTHER BUSINESS

### Proposed Dates of Future Meetings - 2015/2016 Municipal Year

It was noted that future meetings of the Health and Wellbeing Board would continue to be held on **Tuesdays at 5.00pm**

The proposed dates were noted as follows:

7 July 2015

8 September 2015  
8 December 2015  
12 January 2016  
15 March 2016

The meeting ended at 6.45 p.m.

Vice Chair, Councillor Abdul Asad  
Tower Hamlets Health and Wellbeing Board

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