

<p style="text-align: center;">Health and Wellbeing Board Tuesday 13 December 2016</p>	
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Health and Wellbeing Strategy 2017 – consultation findings</p>	

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

Summary

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

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

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

Recommendations:

The Health & Wellbeing Board is recommended to:

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

1. REASONS FOR THE DECISIONS

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

2. ALTERNATIVE OPTIONS

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

3. DETAILS OF REPORT

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

4. COMMENTS OF THE CHIEF FINANCE OFFICER

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

5. LEGAL COMMENTS

- 5.1 The Health and Social Care Act 2012 (“the 2012 Act”) makes it a requirement for the Council to establish a Health and Wellbeing Board (“HWB”). S.195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.
- 5.2 This duty is reflected in the Council’s constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety, and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.
- 5.3 Section 116A of the Local Government and Public Involvement in Health Act 2007 places a duty on the HWB to prepare and refresh a joint strategic health and wellbeing strategy in respect of the needs identified in the Joint Strategic Needs Assessment, so that future commissioning/policy decisions are based on evidence. The duty to prepare this plan falls on local authorities and the Clinical Commissioning Group, but must be discharged by the HWB.
- 5.4 In preparing this strategy, the HWB must have regard to whether these needs could better be met under s75 of the National Health Service Act 2006. Further, the Board must have regard to the Statutory Guidance on Joint

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

- 5.5 Any consultation should comply with the following criteria: (1) it should be at a time when proposals are still at a formative stage; (2) the Council must give sufficient reasons for any proposal to permit intelligent consideration and response; (3) adequate time must be given for consideration and response; and (4) the product of consultation must be conscientiously taken into account. The duty to act fairly applies and this may require a greater deal of specificity when consulting people who are economically disadvantaged. It may require inviting and considering views about possible alternatives.
- 5.6 When considering the recommendation above, and when finalising the strategy, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic

6. ONE TOWER HAMLETS CONSIDERATIONS

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

7. BEST VALUE (BV) IMPLICATIONS

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

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

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

9. RISK MANAGEMENT IMPLICATIONS

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

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 Although the implications are not direct, the strategy makes the link between feeling safe and mental and physical health.
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Linked Reports, Appendices and Background Documents

Linked Report

- Tower Hamlets Health and Wellbeing Strategy 2017.

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