

Tower Hamlets Health and Wellbeing Board

Agenda

Tuesday, 5 December 2023 at 5.00 p.m.
Council Chamber - Town Hall, Whitechapel

Members:

Chair: Councillor Gulam Kibria Choudhury

Vice Chair:

Councillor Kabir Ahmed, Cabinet Member for Housing Management and Performance
Councillor Saied Ahmed, Cabinet Member for Resources
Councillor Maium Talukdar, Cabinet Member for Education & Childrens Services
Councillor Ahmodur Khan, Chair of the Health Scrutiny Sub-Committee
Councillor Amy Lee, Non-Executive Largest Opposition Group Councillor
Denise Radley, (Corporate Director, Health and Social Care)
Matthew Adrien, Service Director at Healthwatch Tower Hamlets
Dr Neil Ashman, Chief Executive of The Royal London and Mile End hospitals
Zainab Arian, Acting Chief Executive Officer at Tower Hamlets GP Care Group CIC
Dr Somen Banerjee, Director of Public Health, LBTH
Dr Ian Basnett, Public Health Director, Barts Health NHS Trust
Lucie Butler, Director of Nursing and Governance, Barts Health
Amy Gibbs, Chair of Tower Hamlets Together
Vicky Scott, Chief Executive Officer THCVS
Warwick Tomsett, Joint Director, Integrated Commissioning
Helen Wilson, Clarion Housing/THHF - representative to HWBB

Substitutes: Councillor Suluk Ahmed, Councillor Iqbal Hossain and Councillor Mohammad Chowdhury

[The quorum for this body is 3 voting Members]

Contact for further enquiries:





Joel West, Democratic Services Officer (Committee),
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<http://www.towerhamlets.gov.uk/committee>



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Public Information

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.

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A Guide to the Health and Wellbeing Board

The aim of the Tower Hamlets Health and Wellbeing Board (HWBB) is to improve the health and wellbeing of Borough residents. To achieve this, the Board will carry out the following:

To encourage joint working between health or social services providers in Tower Hamlets for the advancement of the health and wellbeing of Borough residents.

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 Commissioning (CCG) 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.

The quorum of the Board in the Terms of Reference is a quarter of the membership.

Public Engagement

Meetings of the committee are open to the public to attend, and a timetable for meeting dates and deadlines can be found on the council's website.



London Borough of Tower Hamlets

Tower Hamlets Health and Wellbeing Board

Tuesday, 5 December 2023

5.00 p.m.

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.

1.2 Minutes of the Previous Meeting and Matters Arising (Pages 7 - 12)

To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on. Also to consider matters arising.

1.3 Declarations of Disclosable Pecuniary Interests (Pages 13 - 16)

To note any declarations of interest made by members of the Board. (See attached note of Monitoring Officer).

2. ITEMS FOR CONSIDERATION

2.1 Review of the Terms of Reference of the Tower Hamlets Health and Wellbeing Board (Pages 17 - 30)

2.2 Big Conversation Presentation

2.3 Combating Drugs Partnership

2.4 Winter Planning (Pages 31 - 34)

2.5 Better Care Fund spending (Pages 35 - 44)

3. ANY OTHER BUSINESS

To consider any other business the Chair considers to be urgent.



Next Meeting of the Tower Hamlets Health and Wellbeing Board

Tuesday, 6 February 2024 at 5.00 p.m. to be held in Council Chamber - Town Hall,
Whitechapel



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Tower Hamlets Town Hall
160 Whitechapel Road
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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.00 P.M. ON TUESDAY, 19 SEPTEMBER 2023

COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL

Members Present in Person:

Councillor Gulam Kibria Choudhury	Cabinet Member for Adults, Health and Wellbeing
Councillor Kabir Ahmed	Cabinet Member for Housing Management and Performance
Councillor Maium Talukdar	Cabinet Member for Education & Childrens Services
Councillor Amy Lee	Non-Executive Largest Opposition Group Councillor
Matthew Adrien	Service Director at Healthwatch Tower Hamlets
Denise Radley	(Corporate Director, Health and Social Care)
Dr Somen Banerjee	Director of Public Health, LBTH
Amy Gibbs	Chair of Tower Hamlets Together
Vicky Scott	Chief Executive Officer THCVS
James Thomas	(Corporate Director, Children and Culture)
Helen Wilson	Clarion Housing/THHF - representative to HWBB
Councillor Iqbal Hossain	LBTH Member

Apologies:

Councillor Saied Ahmed	(Cabinet Member for Resources and the Cost of Living)
Councillor Ahmodur Khan	Scrutiny Lead for Adults and Health Services

Others Present in Person:

Others In Attendance Virtually:

Officers Present in Person:

Ranjit Matharu	Partnership Board Manager
Suki Kaur	(Deputy Director of Partnership Development)
Liam Crosby	Associate Director of Public Health (Acting)
Liam Flannigan	(Specialist Registrar Public Health)
Joel West	(Democratic Services Team Leader (Committee))

Officers In Attendance Virtually:

Ellie Kershaw (Acting Director, Growth and Economic Development)

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

The Chair welcomed all attendees to the meeting and asked each to introduce themselves.

1.2 Minutes of the Previous Meeting and Matters Arising

RESOLVED that the minutes of the meeting of the Board on 20 July 2023 were agreed as a correct record and signed by the Chair.

1.3 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

2. ITEMS FOR CONSIDERATION

2.1 Health Wellbeing Board Story - London Bangladeshi Health Partnership

Somen Banerjee, Director of Public Health, introduced the report that introduced the London Bangladeshi Health Partnership (LBHP) a new partnership which aims to bring together an interdisciplinary group of key health partners with Bangladeshi community organisations and representatives to support the development of a strategic workplan, aiming to respond to the health priorities of Bangladeshi communities in London and mitigate against health inequity.

Somen provided an overview of the health data relating to Bangladeshi communities in Tower Hamlets and how this compared to other community groups and ethnicities. The data suggested some stark inequalities between the Bangladeshi community and others in key health measures.

At the invitation of the chair, Riyadul Karim, Dr Sharmin Shajahan and Khasruz Zaman provided a verbal presentation on the history, role and aims of the London Bangladeshi Health Partnership. The presentation included information on:

- How the partnership learnt from the Covid-19 pandemic.
- How the partnership came into being, its aims and purpose
- Its role with the Legacy and Health Equality partnership (LHEP)
- Its recent webinar and the informative guest speakers that attended.
- Next steps and priorities for the partnership moving forwards
- How the partnership aligned with the Boards Health and Wellbeing Principles

Further to questions from the Board, Riyadul, Sharmin and Khasruz provided more information on:

- Their local connection to and engagement with Tower Hamlets residents
- Health outlier data and whether gender differences could be identified and if so, how they could be addressed
- The partnership's approach to mental health and the potential impact of overcrowding on prevalence.
- Timescales for aims and how the partnership proposed to measure its success.
- Their thoughts on the root causes of the disparities in health outcomes and how the partnership would work to uncover them.

Somen explained that there was existing work underway and some established networks also working toward many of the partnership's aims. He asked that the Board reflect on the presentation today to better understand how the partnership could be included in this work.

RESOLVED that the presentation and report be noted.

2.2 Gender Inequalities in Healthy Life Expectancy - initial findings from 2021 census

The Chair asked the Board to notes that it had earlier in the year received a presentation on the Annual Public Health Report, which had highlighted that healthy life expectancy in women is consistently poorer in Tower Hamlets than elsewhere and the Board had resolved to bring the matter back to a future meeting.

Liam Crosby, Associate Director of Public Health provided a presentation on Healthy Life Expectancy and Healthy Life Expectancy in LBTH. The presentation noted that

- Life Expectancy is a metric of mortality for a group(s) of people and is defined as the average number of years that would be lived by babies born in a given time period, if mortality levels at each age remain constant. Healthy Life Expectancy (HLE) is a key headline measure of population health, constructed by combining mortality statistics with survey data on self-reported poor health and is defined as the average number of years babies born this year would live in a state of 'good' general health, if mortality levels at each age, and the level of good health at each age, remain constant in the future
- Life expectancy has improved for both males and females, but inequalities in life expectancy by deprivation persist and may be widening
- Circulatory, Respiratory and (for males) Cancer are more common in deprived groups and contribute to the life expectancy inequality.
- Females in Tower Hamlets live fewer years in good health than males. This is an unusual sex differential in Healthy Life Expectancy
- The latest Census gives a good opportunity to understand local health patterns further

- Self reported health gets worse at older ages, which makes it important to age-standardise
- Females' self-reported health in Tower Hamlets, relative to London averages, is much worse than males'.
- Females' self-reported health is worse than males', across all ethnic groups in Tower Hamlets;
- The gap is wider in Asian and Mixed ethnic groups
- The larger cohort of females who are long-term unemployed explains the sex difference in HLE

Further to questions from the Board, Liam and Board stakeholders provided more information on:

- How census data allows closer focus on the cohort of health inequalities, but does not necessarily pose solutions to how to address those. This needs to be a focus of the Board.
- How the Council's employment team worked with those experiencing health issues, including long term issues, to help them into employment.
- The impact of Covid on data collection and quality
- The clinical priorities set out in the CORE20+5 framework

Further to the presentation, the Board discussed:

- In-work poverty was a huge challenge in London. The focus on helping persons into employment may not address health inequalities.
- How the Board could encourage other employers in the borough to improve their pay differentials to tackle in-work poverty.
- The scope for better integration between Council services and health services. Better connecting of services, including those from partners, could make tangible differences to some of the identified health inequalities.
- How the insourcing of leisure services provided an opportunity to reach a wider audience for public health services.
- The impact of housing and overcrowding in exacerbating reduced life and healthy life expectancy.
- Isolation and hard to reach groups – promoting alternative access to services such as via local community groups, mosques etc. VCS organisations could offer learning and expertise from their work.

RESOLVED that the report be noted.

2.3 Tower Hamlets Together Board's Priorities

Amy Gibbs, Independent Chair of Tower Hamlets Together, provided a presentation on the role and priorities of the Tower Hamlets Together partnership.

The presentation included information on:

- The partnership's vision, mission, objectives and outputs

- THTs outcomes framework which is designed to ground the services it designs and delivers in line with the needs and expectations of service users.
- How it tracks improvements as a result of its work
- A snapshot of the current workstreams and a closer look at some specific priority areas including Enhancing mental health & emotional wellbeing access and outcomes for children and young people; Tackling health inequalities; Community Health Facilitation for Prevention and Early Detection of LTCs and the Anti-racism action plan.

Further to questions from the Board, Amy and other partnership members provided more information on:

- Scope for the Council and voluntary sector to address some of the health inequalities identified
- How recent blood pressure results had showed how having better data could help to direct existing provision more intelligently.
- Opportunities to utilise Town Hall meeting spaces, including residents hub, to better join up and coordinate services.

Denise Radley, Corporate Director Adults Social Care added detail to the Partnership's promoting independence workstream. Denise explained how the focuses on frailty and homelessness had connected with wider conversations to promote better sharing of priorities and resources.

James Thomas, Corporate Director Children, provided a brief overview of the work strands under the children's partnership. James explained a new priority of combatting poverty had been added in the current year.

RESOLVED that the report and presentation be noted.

2.4 Health Wellbeing Board's Terms of reference

Officers advised that discussions to address earlier concerns concerning this matter had yet to be fully investigated and resolved. Accordingly the Board was asked, and agreed, to defer consideration of this matter until the December 2023 meeting when a full report would be provided.

RESOLVED to defer consideration of the Board's Terms of Reference until the December 2023 meeting.

3. ANY OTHER BUSINESS

3.1 Sexual and reproductive health strategy information

Liam Crosby, Associate Director of Public Health advised of an upcoming sexual and reproductive health strategy consultation which would go live between now and the next Board meeting. He noted the nature of sexual health services necessitated cross-borough and pan-London working. He

briefly summarised the purpose of the strategy and engagement undertaken so far. Workshops were planned for coming months. There would be a borough-specific action plan in addition to approaches to charred challenges.

RESOLVED that the information update be noted.

3.2 Winter Plan and Covid/Flu update

Liam Flannigan, Specialist Registrar Public Health, provided a brief update on the Winter and Covid/Flu plans. The presentation included approaches to Covid-19 variants and why the NHS vaccination programme had been brought forward in response. Liam explained the eligibility criteria for Covid-19 and flu vaccinations and the different ways eligible persons in Tower Hamlets could get vaccinations.

Denise Radley, Corporate Director Health and Adults Social Care asked if service providers were sufficiently challenging themselves to ensure as wide a reach for the programmes as was possible. It was critical that the vast learning from the Covid-19 pandemic experience was applied. Liam advised that a programme of engagement was in progress and was informed by Covid learning.

Somen Banerjee, Director of Public Health, advised that all GP practices in Tower Hamlets were participating in the vaccination programme, which was very welcome as it added to the range of options residents could choose.

The meeting ended at 7.20 p.m.

Chair, Councillor Gulam Kibria Choudhury
Tower Hamlets Health and Wellbeing Board

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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Non-Executive Report of the: Tower Hamlets Health and Wellbeing Board Tuesday, 5 December 2023	
Report of: Janet Fasan, Director of Legal and Monitoring Officer	Classification: Open (Unrestricted)
Review of the Terms of Reference of the Tower Hamlets Health and Wellbeing Board	

Originating Officer(s)	Matthew Mannion, (Head of Democratic Services)
Wards affected	(All Wards);

Executive Summary

The Terms of Reference of the Health and Wellbeing Board were last reviewed in November 2021. This report presents the proposed changes to the Terms of Reference to reflect the changes to the Integrated Care System covering the borough, the draft guidance on Health and Wellbeing Boards, to clarify voting rights and quorum, and also to better reflect the Board’s purpose and function.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Recommend the proposed revised Terms of Reference as set out in Appendix 2 to this report to the Mayor for approval.

1 REASONS FOR THE DECISIONS

- 1.1 The Department of Health and Social Care released draft guidance for Health and Wellbeing Boards on 29th July 2022 for consultation. The draft guidance does not propose any change to the statutory role of Health and Wellbeing Boards but adjusts the core membership slightly to include representation from the Integrated Care Board for the area.
- 1.2 Therefore, it is proposed that some minor changes are made to the Terms of Reference of the Board. These changes mainly focus on updating the health sector membership. It is also proposed to request other minor changes such as: updating titles; refreshing the Board’s purpose and function statement; references to voting rights and quorum.

2 ALTERNATIVE OPTIONS

- 2.1 The Board could ask the Mayor to approve additional members of the Board or could suggest alternative terms of reference, as long as the statutory requirements set out in the report were satisfied.

3 DETAILS OF THE REPORT

Changes to Board membership

- 3.1 The Terms of Reference of Tower Hamlets Health and Wellbeing Board were last reviewed in November 2021. There have been a number of changes to the health landscape since, most notably the introduction of the NHS North-East London Integrated Care Board.
- 3.2 The Department of Health and Social Care released draft guidance for Health and Wellbeing Boards on 29th July 2022. The draft guidance does not propose any change to the statutory role of Health and Wellbeing Boards but adjusts the core membership slightly to include reference to the Integrated Care Board (ICB) for the area, which must have representation on the Board. The core statutory membership of Health and Wellbeing Boards is otherwise unchanged. This is:
- At least one elected representative, nominated by the Mayor;
 - a representative from each Integrated Care Board (previously CCG) whose area falls within or coincides with, the local authority area;
 - the local authority directors of adult social services, children's services, and public health; and
 - a representative from the local Healthwatch organisation.
- 3.3 It is for the Mayor to determine the precise number of elected representatives on the Board.
- 3.4 The Guidance confirms that Health and Wellbeing Boards can continue, at their discretion, to invite other organisations to join including, for example voluntary, community and social enterprise, business sectors and healthcare providers. The proposed revised terms of reference include a broader list of non-voting members who will be invited to attend or otherwise contribute to Board meetings.

Functions and purpose

- 3.5 A new statement is proposed covering the functions and purpose of the Health and Wellbeing Board as set out in the Appendix 2. Also included is a new section to highlight and strengthen roles and responsibilities of Board members. This section explains how the Council's Code of Conduct for members applies to Board members.

Quorum and voting rights

- 3.6 The proposed new terms of reference aims to clarify voting rights of Board members and, in particular, distinguish between core (voting) members and partner (non-voting) members. They also clarify that the quorum of the Board is based on core voting members only.

4 EQUALITIES IMPLICATIONS

4.1 None.

5 OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

5.2 No other statutory implications have been identified.

6 COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 There are no direct financial implications of this report.

7 COMMENTS OF LEGAL SERVICES

7.1 Section 194 of the Health and Social Care Act 2012 requires local authorities to establish Health and Wellbeing Boards for their area. The same section sets out the requirements for the membership of the Board.

7.2 The Health and Care Act 2022 introduced Integrated Care Boards and Integrated Care Partnerships as part of the structure of the National Health Service. The Health and Social Care Act 2012 has been amended to reflect this change. The change is also set out in the revised non-statutory guidance on Health and Wellbeing Boards published in November 2022.

7.3 Section 111 of the Local Government Act 1972 permits local authorities to do anything which is calculated to facilitate the discharge of their functions.

7.4 The matters set out in this report comply with the above legislation and guidance.

Linked Reports, Appendices and Background Documents

Linked Report

- None.

Appendices

- Appendix 1 – Current Terms of Reference of the Board
- Appendix 2 – Proposed revised Terms of Reference of the Board

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

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

List any background documents not already in the public domain including officer contact information.

[Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards)

Officer contact details for documents:

Joel West, Democratic Services Team Leader (Committees)

17. Tower Hamlets Health and Wellbeing Board

Summary Description: The Health and Wellbeing Board will lead, steer and advise on strategies to improve the health and wellbeing of the population of Tower Hamlets. It will seek to do this through joint work across services in the Borough and the greater integration of health and social care as well as with those accessing services that can help to address the wider determinants of Health. The Board continues to support the ambitions of the Tower Hamlets Partnership outlined within the Tower Hamlets Community Plan.

Membership: The membership of the Board is as follows:

Chair

- Cabinet Member for Adults, Health and Wellbeing (LBTH)

Vice Chair

- Clinical Representative of NHS North East London Clinical Commissioning Group (NEL CCG)

Elected Representatives of LBTH

- Cabinet Member for Education & Children's Services
- Cabinet Member for Housing Management and Performance
- Cabinet Member for Resources
- Non-executive majority group councillor nominated by Council

Local Authority Officers - LBTH

- Director, Public Health
- Corporate Director, Children and Culture
- Corporate Director, Health, Adults and Community

Plus Membership from Healthwatch and the NHS.

Co-opted (non-voting) Members include:

- Corporate Director, Communities of Place
- The Young Mayor (LBTH)

Stakeholders that may attend the Board from time to time but are not members include:

- Councillor nominated by Council from the largest opposition group as a stakeholder
- Representative of NHS England
- Chairs of Tower Hamlets Safeguarding Boards (Adults and Children's)
- Chair of the LBTH Health Scrutiny Sub-Committee

Full Membership including all appointments external to Tower Hamlets Council are listed in the Board's procedures in the Supporting Document to this constitution.

Functions	Delegation of Functions
1. To have oversight of assurance systems in operation	None
2. To encourage integrated working between persons	None

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.	
3. To provide advice, assistance or other support in order to encourage partnership arrangements under Section 75 of the NHS Act 2006.	None
4. To encourage those who arrange for the provision of any health-related services in Tower Hamlets (e.g. services related to wider determinants of health, such as housing) to work closely with the HWB.	None
5. To encourage persons who arrange for the provision of any health or social care functions in Tower Hamlets and those who arrange for the provision of health-related services in Tower Hamlets to work closely together.	None
6. 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.	None
7. To prepare the Joint Health and Wellbeing Strategy.	None
8. To develop, prepare, update and publish the local pharmaceutical needs assessments.	None
9. To be involved in the development of any CCG Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.	None
10. 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.	None
11. Consider and promote engagement from wider stakeholders.	None
12. To have oversight of the quality, safety, and performance mechanisms operated by member organisations of the Board, 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. Areas of focus to be agreed from time to time by members of the Board as	None

part of work planning for the Board.	
13. Such other functions delegated to it by the Local Authority.	None
14. Such other functions as are conferred on Health and Wellbeing Boards by enactment.	None

Quorum: The quorum of the Board in the Terms of Reference is a quarter of the membership.

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Health & Wellbeing Board

Terms of Reference

November 2023

Purpose & Background

The Health and Social Care Act 2012 created a statutory Health and Wellbeing Board (HWBB) in every Upper-Tier Local Authority in England, effective from April 2013. The HWBB is a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government.

The intention of the HWBB is to steer, advise and lead approaches that improve the health and wellbeing of the population of Tower Hamlets. It will seek to do this by encouraging joint work across different services and organisations in the Borough, and by promoting greater integration of health and social care system, as well as services that can help to address the wider determinants of health. In addition, the Board provides democratic oversight and accountability of the local Health & Care Partnership and Tower Hamlets Together (THT).

The HWBB sets out its plans for improving the health of local population through a statutory Health & Wellbeing Strategy. In the current strategy (2021-2025), the HWBB sets out its key improvement principles for the local system as well as its ambitions for local residents:

Improvement principles:

- Better targeting
- Stronger networks
- Equalities and anti-racism
- Better communications
- Communities first
- Making the best of assets

Followed by HWBB's Healthy Borough Ambitions:

- Safe, social spaces
- Children happy, healthy and confident
- Young adults opportunities, connection and support for wellbeing
- Middle aged and older people healthy and well
- Joined up system focussed on what matters

Functions of the Health of Wellbeing Board

The purpose of the Health and Wellbeing Board as set out in the relevant statutory guidance is as follows:

- To lead the improvement of health and wellbeing in Tower Hamlets, undertaking duties required by the Health and Social Care Act 2012.

- To encourage integrated working between organisations 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 health and wellbeing needs and priorities across Tower Hamlets and publish and refresh a Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are evidence-based.
- To prepare and oversee the development and implementation of a Joint Health and Wellbeing Strategy to reduce health inequalities in Tower Hamlets, ensuring that integrated care strategies prepared by the Integrated Care Board (ICB) are taken into account in this process.
- To provide advice, assistance, or other support to encourage partnership arrangements under Section 75 of the NHS Act 2006.
- To promote integration and partnership working between health and the council, including social care and public health by providing oversight and accountability of the Tower Hamlets Together partnership.
- To review, endorse and oversee the successful implementation of the Better Care Fund (BCF)
- Lead the needs assessment of the local population and subsequent preparation of the borough's Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. It will ensure that both are updated at regular intervals and that integrated care strategies that are prepared by the Integrated Care Board.
- To encourage those who arrange for the provision of any health-related services in Tower Hamlets (e.g., services related to wider determinants of health, such as housing) to work closely with the HWB.
- To develop, prepare, update, and publish the local Pharmaceutical Needs assessments.
- To be involved in the development of any NHS local strategy delivery plans and commissioning plans that applies to Tower Hamlets and to give its opinion to the NHS North-East London and the Integrated Care Board 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.
- Ensure decisions, service developments and programmes impacting on health and wellbeing in the borough are driven by community needs and have coproduction and co-design at its core
- Seek assurance of partner plans to responding to a health related emergency, e.g. pandemics.
- To have oversight of the quality, safety, and performance mechanisms operated by member organisations of the Board, 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. Areas of focus to be agreed from time to time by members of the Board as part of work planning for the Board.

- Such other functions delegated to the Board by the Local Authority.
- Such other functions as are conferred on Health and Wellbeing Boards by enactment.

Membership

The Health and Wellbeing Board brings together political, professional and community leaders from across the health and care system in the borough. The membership consists of a mixture of mandatory members, who are required under statute to be members of the Health and Wellbeing Board, and some additional members who have been invited to join the Board. The membership is as follows:

Voting members of the Board

Chair: Cabinet Member with responsibility for health, wellbeing and social care (LBTH)*

Vice Chair: Tower Hamlets Place Lead, NHS North-East London

Elected Representatives of LBTH

- Cabinet Member with responsibility for education and children's services (LBTH)
- Cabinet Member with responsibility for resources (LBTH)
- Cabinet Member with responsibility for housing and regeneration (LBTH)

Local Authority Officers - LBTH

- Director of Public Health*
- Corporate Director of Children Services*
- Corporate Director of Health & Adults Social Care*

Representative from Tower Hamlets Healthwatch

Partner members of the Board (non-voting)

- Representative from Barts Health NHS Trust
- Representative from East London Foundation Trust
- Representative from North-East London NHS Integrated Care Board
- Representative from the London Metropolitan Police
- Representative from the THCVS
- Representative from the Tower Hamlets Housing Forum
- Independent Scrutineer of Tower Hamlets Safeguarding Children Partnership
- Independent Chair of Tower Hamlets Safeguarding Adults Board
- Chair of Tower Hamlets Together Board
- The Young Mayor or nominated Deputy Young Mayor (LBTH)
- Chair of the Health Scrutiny Sub-Committee (LBTH)
- Councillor nominated by Council from the largest opposition group

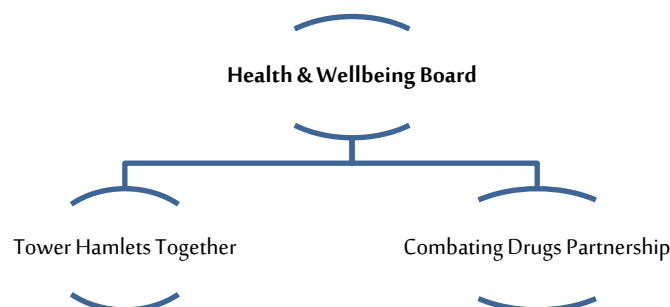
**Indicate statutory member - the regulations require 1 local Councillor but this does not have to be the Lead Member*

All members of the Board, as a statutory committee of the Council, must take into account the Council’s code of conduct for members and to follow any rules set out by their own organisations and act appropriately.

- Board members are expected to attend all board meetings whenever possible and fully and constructively contribute to discussions, reading and digesting any documents and information provided prior to meetings.
- Where Board members cannot attend, they should endeavour to send a deputy to represent their organisation at Board meetings. This is to ensure unfettered engagement of all partner organisations in achieving the Board’s vision.
- The membership of the Board is constructed to provide a broad range of perspectives on the development of strategy and tackling health inequalities in the borough.
- Member of the Board are expected to fully and effectively communicate outcomes and key decisions of the Board to their own organisations, acting as ambassadors for the work of the Board, and participating where appropriate in communications/marketing and stakeholder engagement activity to support the objectives of the Board.
- Contributing to the ongoing development of the Board, including ensuring that appropriate items are brought to the Board’s attention and added to the Board’s forward plan, where relevant.
- Contribute to the development and delivery of the Joint Health and Wellbeing Strategy; holding the system to account, highlighting and celebrating our achievements and challenging performance against the strategy where necessary.
- Seek and consider diverse opinions as a process for driving innovation, maximising assets and making best use of available resources.
- Act in a respectful, inclusive and open manner with all colleagues to encourage constructive debate and challenge.

Subgroups & Accountability


The Board will have the subgroups who will be expected to bring a minimum of one report per year to a Health and Wellbeing Board, to update the Board on progress made at their partnership. The following sub-groups that report to the Board:



The Health & Wellbeing Board will operate according to the Council's Constitution and according to these Terms of Reference. A meeting of the Health & Wellbeing Board shall not be quorate unless at least a quarter of the voting members, rounded up, are present. There are currently 9 voting members, so the quorum, rounded up, is 3 voting members.

As a committee of the Council, except where it is set out in these Terms of Reference the convening and conduct of meetings will be in accordance with the Council Procedure Rules approved by the Council.

DRAFT

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>5 December 2023</p>	
<p>Report of: Directorate of Integrated Commissioning</p>	<p>Classification:</p> <p>Unrestricted</p>
<p>Report Title: 2023/24 Winter Plan Update</p>	

Originating Officer(s)	Julie Dublin, Senior Programme Manager, Unplanned Care
Wards affected	All wards

Executive Summary

The winter plan is developed to provide additional resource to support Urgent and Emergency Care (UEC) resilience and performance during winter October 2023 to March 2024. The plan has been developed in collaboration with stakeholders representing system partners, from across health and social care. The schemes are targeted to achieve the following goals:

- Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance
- Optimising flow through Acute, Mental Health and Community trust sites.
- Engaging in proactive population health management to keep people well in the community

These schemes are expected to sustain urgent and emergency care resilience and performance over the winter period, by helping prevent avoidable admissions or by reducing discharge delays over the winter 2023/24.

The winter plan is funded from multiple sources:

- NEL ICB has earmarked £200k from demand and capacity funding. No further additional funding has been announced from NHS England. Additionally,
- North East London (NEL) Integrated Care System (ICS) was identified as a tier one UEC system. Systems identified as tier one, are considered the most challenged and eligible to apply for targeted funding through the Department of Health & Social (DHSC). The local authority submitted a proposal and was awarded a grant of circa £687k (based on schemes costed over a 6-month period). The funds are additional to existing LA expenditure and capacity

plans and linked to NHS winter surge plans and Better Care Fund demand and capacity plans,

- Section 256 funding is being considered as a potential vehicle to fund schemes that have “funding to be determined. The process is under development and initiatives under this category must demonstrate how they fit the seven Tower Hamlets Together priorities to qualify for funding. The process is under development.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the update and the next steps.

1. REASONS FOR THE DECISIONS

1.1. No decision required.

2. ALTERNATOVE OPTIONS

2.1. Not applicable.

3. DETAILS OF THE REPORT

3.1. Slides attached.

4. EQUALITIES IMPLICATIONS

4.1. Not applicable.

5. OTHER STATUTORY IMPLICATIONS

5.1. Not applicable.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1. Not applicable.

7. COMMENTS OF LEGAL SERVICES

7.1. Not applicable.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- None

Local Government Act, 1972 Section 100D (As amended) List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- None

Officer contact details for documents:

Julie Dublin, Senior Programme Manager, Unplanned Care Integrated Care, Ageing Well

Julie.dublin@nhs.net

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North East London

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Tower Hamlets winter plan 2023/24

Julie Dublin, Senior Programme Manager, Unplanned Care

Ageing Well, Integrated Commissioning Team

Winter planning overview

- The ICB took a decision to start planning for winter early this year in recognition of the challenges of winter 2022/2023 and the continuing high demand throughout the year, particularly for urgent and emergency care services. The ICB engaged a third party to support the development of a system resilience plan in spring 2023, reporting to our system UEC Executive.
- The process to develop the plan was hugely collaborative, reaching out across all parts of our system including the NHS (community, mental health, ambulance, primary and secondary care), local authorities (children and young people, adult services, public health, community provision), the VCSE (across our geography from small to larger organisations) and local people through a process of information capture and ideas development to build on best practice and to share awareness of existing and emerging interventions.

Page 36 Over the same period, we have been finetuning our UEC improvement plans at place and hospital footprint in response to Tier 1 Improvement requirements, working across system partners in the NHS, local authorities and the VCSE to ensure we support interventions from keeping people well at home to enabling sustained discharge.

We have also developed individual place based winter plans through our seven place based partnerships working with specific hospital sites, which have focused on delivery of those interventions requiring more attention in specific places, again working with system partners at a local place level (primarily NHS, local authority and VCSE).

- The winter plan for the NEL system is focused on the following approach:
 - The ICB will lead on the following high impact interventions encompassing intermediate care demand and capacity, virtual ward occupancy, urgent community response, single point of access and the delivery of a system coordination centre (SCC).
 - Acute and specialist trusts will lead on same day emergency care, frailty, inpatient flow and length of stay, community bed productivity and flow.
 - There are a number of defined responsibilities and roles for partners in developing collaboratively the winter operating plan. These include: Primary care, children and young people, community trust and integrated care providers, ambulance trusts, mental health providers and local authorities/social care.

Setting the context for winter planning

Critical winter plan areas

- Three critical areas that all ICBs have been asked to focus on:
 1. The delivery of **capacity plans across all services**
 2. The delivery of **agreed winter priorities**
 3. The implementation of a **robust UEC operating model** drawing on best practice across the country

• What is our focus this winter?

- Focus on our high-risk populations including respiratory and frailty
- Clear, accessible and direct pathway into NEL services
- Increasing understanding and awareness of our services
- Enhancing our collaboration

• What is happening to ensure collaboration across NEL?

- Events bringing together key stakeholders and leaders across the system to strengthen collaboration, partnership working and meeting the challenges on service delivery over the winter period
- Using these events to assess and test the current state of placed based and system winter plans in terms of readiness and robustness for the winter challenges

Tower Hamlets winter planning

Focus on engaging in proactive population health management to keep people well in the community. Optimising flow through Acute, Mental Health and Community trust sites. Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance

What's in the plan?

- Health & Social Care scheme
- High impact change interventions

Funding available?

- NHS - identified funding £200k. No new funding allocated
- DHSC – Tier 1 funding approved.

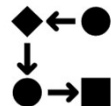
High impact interventions



Same Day
Emergency Care
(SDEC)

Frailty

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Intermediate Care
demand and
capacity

In patient flow
(Discharge)

A self-assessment was conducted at place in July against a national maturity matrix.

The outcome is that four areas have been identified for rapid transformation and identified champions will be taking part in the NHS England Programme to develop our High Impact Changes.

The High Impact Changes will form part of the winter plan and delivery will be via the UCWG and its sub groups. The four priority areas report into sub-groups of the Urgent Care Working Group shown below:

- Same Day Emergency Care – Front door sub-group
- Frailty – Front door sub-group
- Intermediate Care – Group to be confirmed
- Inpatient flow – Discharge sub-group



North East London

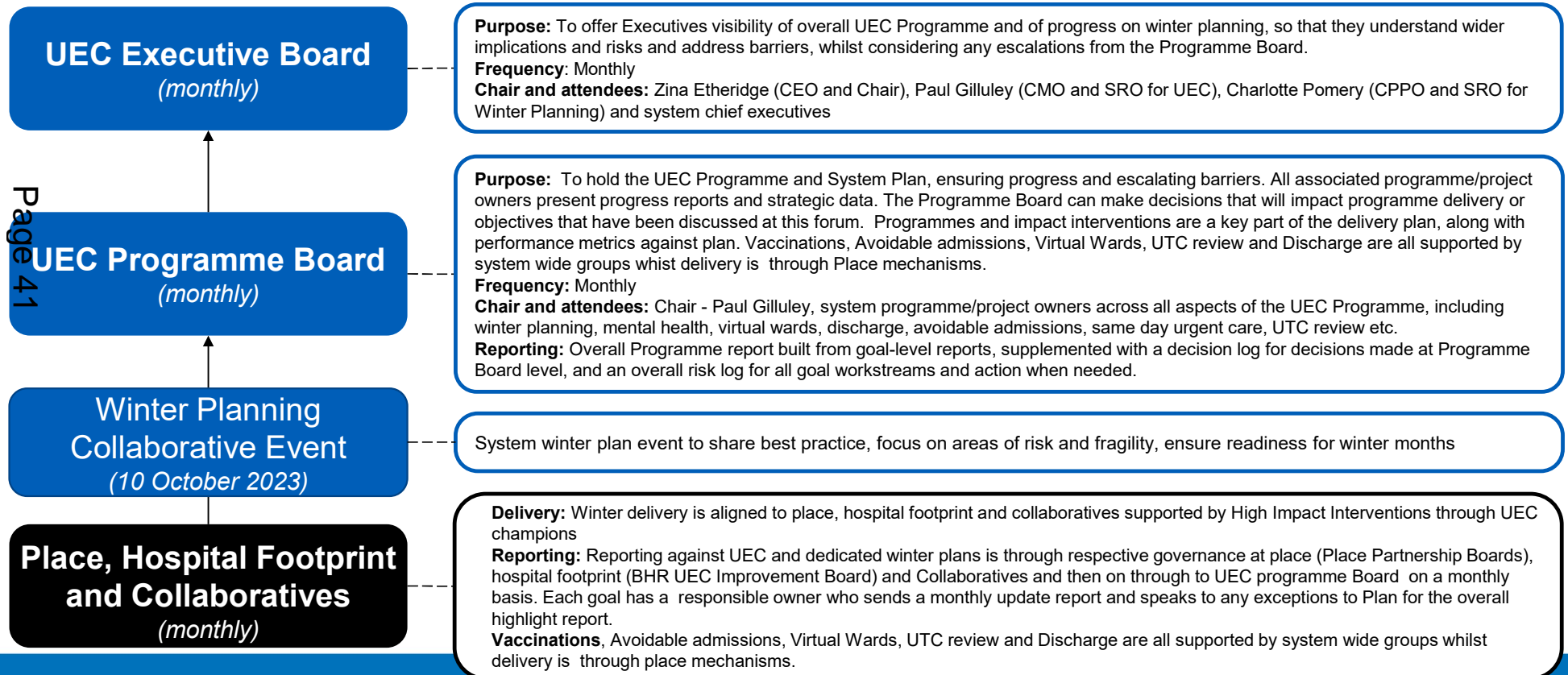
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Governance

Winter planning governance and monitoring approach

Winter planning sits as part of our comprehensive UEC system programme and utilises our well established Urgent and Emergency Care governance, complemented by new supporting groups at a system and local level to ensure our system leaders are informed on progress and risks, support opportunities as required and make key and timely decisions to drive the direction of the programme.

The UEC programme governance reflects the importance of Place, Collaborative, Hospital Footprint and System working seamlessly together to ensure both oversight and delivery, with a problem solving approach being adopted at all levels. Tier 1 reporting is aligned through this governance structure.



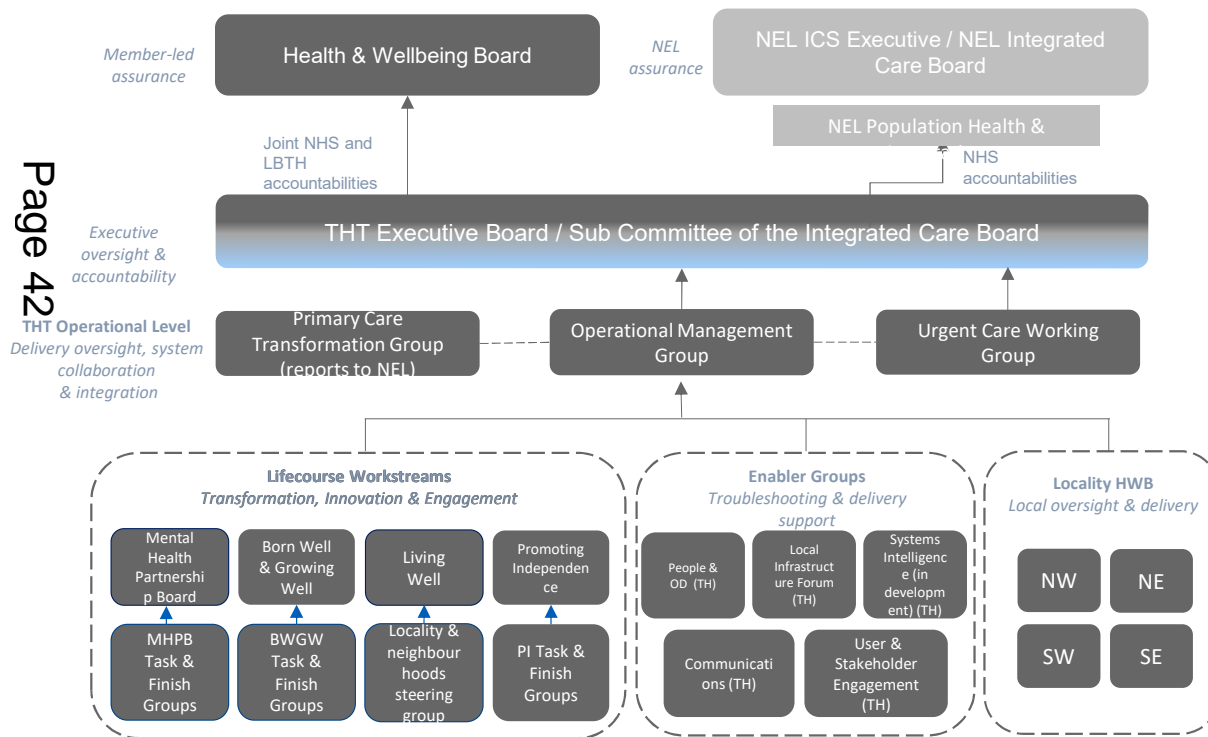
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Governance

Tower Hamlets

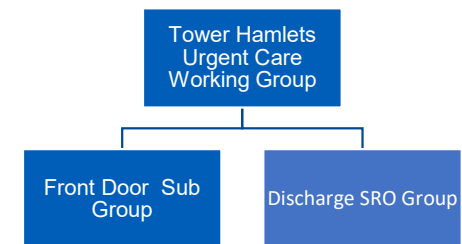
NEL

Borough partnerships: Tower Hamlets



Urgent Care Working Group sub groups

Proposed governance within Tower Hamlets place for delivery and monitoring of winter planning schemes.





North East London

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23/24 Winter Schemes

Winter Schemes Business as usual provided by Tower Hamlets place system partners.

Engaging in proactive population health management to keep people well in the community
Flu/COVID vaccination campaign for eligible people
LBTH education offer (in particular, 0-19 service, Health Visitors to advise and support with young children)
LBTH leisure offer, health and wellbeing
Tower Hamlets Connect
Social prescribing
LBTH community spaces/warm rooms programme
LBTH winter preparedness public comms campaign
Community pharmacy
Idea store/Mosques - familiar, trusted spaces accessed by TH residents
Support to homelessness

Optimising flow through Acute, Mental Health and Community trust sites.
Transfer of Care Hub
Step-down provision - Gloria House - Leggett Road - East Ham Care Centre

Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance
Rapid Response Teams
Physician Response Unit (PRU)
Geriatric MDT led service
Community MDT
Advance care planning
REACH support with pathways before ED
SDEC/admission avoidance/alternative care pathways
Mental health crisis response/crisis café/crisis line
Neighbourhood mental health teams—information needed on how people can self-refer.

Winter Schemes : Initiatives to support delivery that do not require funding

Goal	Activities
<p>Engaging in proactive population health management to keep people well in the community.</p>	<p>Winter Communications</p> <p>Clear around pathways where people are more likely to use services e.g. children's asthma</p> <p>Using data understand which cohorts in the population are most impacted during winter and how we target them to help us use our resources</p> <p>Think about the wider socio-economic issues and how those lead to people being in hospital, when they don't need to be. What do we do/need to support people to move back into the community</p> <p>Recruit to ward discharge coordinator role(s)</p>
<p>Optimising flow through Acute, Mental Health and Community trust sites.</p>	<p>Ongoing changes to RLH transfer of care hub</p> <p>Early referral arrangement for pathways 1, 2, 3. BH needs to implement electronic referral form in Cerner</p> <p>Strengthen mental health home treatment team at crisis pathways—piloting in next six months.</p>
<p>Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance</p>	<p>Frailty virtual ward doing admission avoidance through a SPA with REACH</p> <p>Launch of the Respiratory Virtual Ward</p> <p>Streamaway appointments in Primary care hubs</p> <p>Develop direct access to SDEC for primary care</p> <p>Primary Care access to advice and guidance from specialist services</p> <p>Advance care planning—awareness/education with LAS and colleagues</p> <p>Nursing homes and care homes in TH.</p> <ul style="list-style-type: none"> - Work with dedicated GP and named rapid response for these homes - Identify a designated contact point for queries - Comms for nursing station (in-hours/OOH) with contact details for rapid response, St Joseph's, GP OOH

Winter Schemes – new initiatives funded through NHS Winter and Department of Health & Social Care (DHSC) tier 1 grant

Goal	Scheme Nos.	Activities	Lead	Funding source
Engaging in proactive population health management to keep people well in the community.	1	Produce simple, one-page comms for staff particularly those services visiting patients in their home – adopt a make every contact count (MECC) approach - on what's available so they can advise residents	NEL ICB	To be determined
	2	Simple one pager showing different pathways and placing in ED and other spaces	NEL ICB	To be determined
Optimising flow through Acute, Mental Health and Community trust sites.	3	OOB Social worker - Inequity in provision across boroughs, different processes, difficulty in engagement	LBTH ASC	DHSC Tier 1 Funding
	4	Strengthen mental health home treatment team at crisis pathways—piloting in next six months.	LBTH ASC	DHSC Tier 1 Funding
	5	Increase SW in A&E/admission avoidance provision to facilitate early discharge	LBTH ASC	DHSC Tier 1 Funding
	6	Additional capacity in brokerage to process requests during out of hours and weekend	LBTH ASC	DHSC Tier 1 Funding
	7	Increased capacity within initial assessment service supporting both admission avoidance and discharge process	LBTH ASC	DHSC Tier 1 Funding
	8	Reablement therapy resource enabling prompt discharge and D2A into the community on a rehabilitation pathway	LBTH ASC	DHSC Tier 1 Funding
	9	Additional capacity in Take Home & Settle hospital scheme	LBTH ASC	DHSC Tier 1 Funding
	10	Additional winter beds	LBTH ASC	DHSC Tier 1 Funding
	11	Pilot D2A early follow-up	LBTH ASC	DHSC Tier 1 Funding
	12	Waiting list management - reducing wait time	LBTH ASC	DHSC Tier 1 Funding
	13	Support mental health residents to access supported accommodation upon hospital discharge	LBTH ASC	DHSC Tier 1 Funding
	14	RLH Inpatient inreach Front Door Acute Therapies. Further to this, last year we showed a reduction in LoS for patients seen by acute therapies teams in ED from 13 days to 6, and whereas this perhaps can be multi-factorial, this evidence alongside readily available national best practice clearly demonstrates the impact that therapists can have at reducing admissions and improving outcomes.	Barts Health	To be determined
	15	RLH TTA Pharmacy Hub	Barts Health	To be determined
	16	RLH Medical Outliers/ED Team 1 Reg and 2 SHOs 9-5 x 7 vs 5 days (6months)	Barts Health	To be determined
Strengthening the provision and access of alternative pathways to reduce UEC footfall and attendance	17	RLH Medical Outliers/ED Team 1 Reg and 2 SHOs 9-5 x 7 vs 5 days (6months)	Barts Health	To be determined
	18	Home Treatment Team – Mental Health	ELFT	To be determined
	19	Crisis Alternatives - Mental health	ELFT	NHS Winter Fund
	20	ED support - Mental health	ELFT	To be determined
	21	Discharge Team - Mental health	ELFT	To be determined
	22	Discharge/Step Down	ELFT	To be determined
	23	Step down P1	ELFT	NHS Winter Fund




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Next steps

Next steps

- Develop programme plan, populate the plan with leads, activities, metrics, status
- Identify alternative funding streams for unfunded schemes.
- Operationalise schemes
- Monitor and evaluate impact

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>5th December 2023</p>	
<p>Report of: Warwick Tomsett</p>	<p>Classification: Unrestricted</p>
<p>Better Care Fund Update 2023-25</p>	

<p>Originating Officer(s)</p>	<p>Suki Kaur Deputy Director of Partnership Development</p>
<p>Wards affected</p>	<p>All wards</p>

Executive Summary

The Better Care Fund (BCF) is aimed at bringing together health and social care organisations to plan, fund and commission integrated services.

The BCF Policy Framework sets out four national conditions that all BCF plans must meet. These are:

1. A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
2. Plan for enabling people to stay well, safe and independent at home for longer and provide the right care in the right place at the right time
3. Provide the right care in the right place at the right time
4. Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

The Tower Hamlets two-year BCF plan was signed off in July 2023 and it was agreed to review the plan during 2023-2024.

This paper provides an update on the review.

Recommendations:

The Health and Wellbeing Board is recommended to note the update.

1. REASONS FOR THE DECISIONS

No decision required

2. ALTERNATIVE OPTIONS

None

3. DETAILS OF THE REPORT

Slides attached

4. EQUALITIES IMPLICATIONS

The Better Care Fund is focussed on integrating health and social care services to better support people with a diverse range of illnesses and conditions. These include people with mental health problems, people at risk of being admitted to hospital and people being discharged from hospital with appropriate support. It also funds Reablement which supports people to learn or relearn skills necessary for daily living following ill-health or disability; the adaptation of the domestic accommodation of people with disabilities to enable them to live at home, and the training of staff in the use of assistive technology.

As the Better Care Fund is used to fund a number of schemes across health and social care, equalities issues are picked up within each of these individual schemes.

5. OTHER STATUTORY IMPLICATIONS

The Better Care Fund is concerned with achieving best value in the health and social care economy, by ensuring that services are provided most appropriately across the system and that the allocation of resources supports efficiency improvements, as well as better outcomes for service users. It also seeks to reduce the historic problem of financial savings in one sector being achieved at the expense of additional costs in the other, through better joint planning and shared priorities

Linked Reports, Appendices and Background Documents

Appendices

- Appendix 1 – BCF Presentation slides

Local Government Act, 1972 Section 100D (As amended) List of “Background Papers” used in the preparation of this report

- None

Officer contact details for documents:

Suki Kaur, Deputy Director of Partnership Development
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Tower Hamlets Health and Wellbeing Board Better Care Fund Review Update

5th December 2023

**TOWER HAMLETS
TOGETHER**

*Delivering better health
through partnership*

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www.towerhamletstogether.com

#TH2GETHER



Tower Hamlets Better Care Fund 2023-25

- The main aim of the Fund is to drive the transformation of local services to ensure people receive better and more integrated care and support. This transformation is driven by requiring local health bodies and local authorities in each Health and Wellbeing Board to pool funding.
- The BCF is received by the ICB and amounted to £38.5m in 2023/24. This was an increase of 5.66% from that received in 2022/23 and now includes the hospital discharge fund.
- The Disabled Facilities Grant (£2.3m), Improved Better Care Fund and Winter Pressures Grant (£16.8m) are received by the Council. The Winter Pressures Grant has been merged with the iBCF since 2020/21
- Both the ICB and Council make additional contributions to the fund.
- This provides a total fund of £62.6m in 2023/24.
- The Better Care Fund is monitored by five metrics. Our performance to date against these metrics are on the next slide.

	2023/24 Plan	2024/25 Plan
Minimum ICB Contribution	£25,839,202	£27,301,701
Additional ICB Contribution	£13,043,575	£13,043,575
ICB ASCDF	£926,545	£1,952,110
CCG Total	£38, 556,871	£42,297,386
iBCF & Winter Pressures	£16,810,321	£16,810,321
DFG	£2,320,693	£2,320,693
Additional LA Contribution	£1,364,805 (includes ASCDF underspend from ICB 22/23)	£774,839
LA ASCDF	£2,356,781	£3,912,256
LA Total	£22,852,600	£23,818,109
BCF Total	£62,661,922	£66,115,495

BCF National Conditions: Metrics

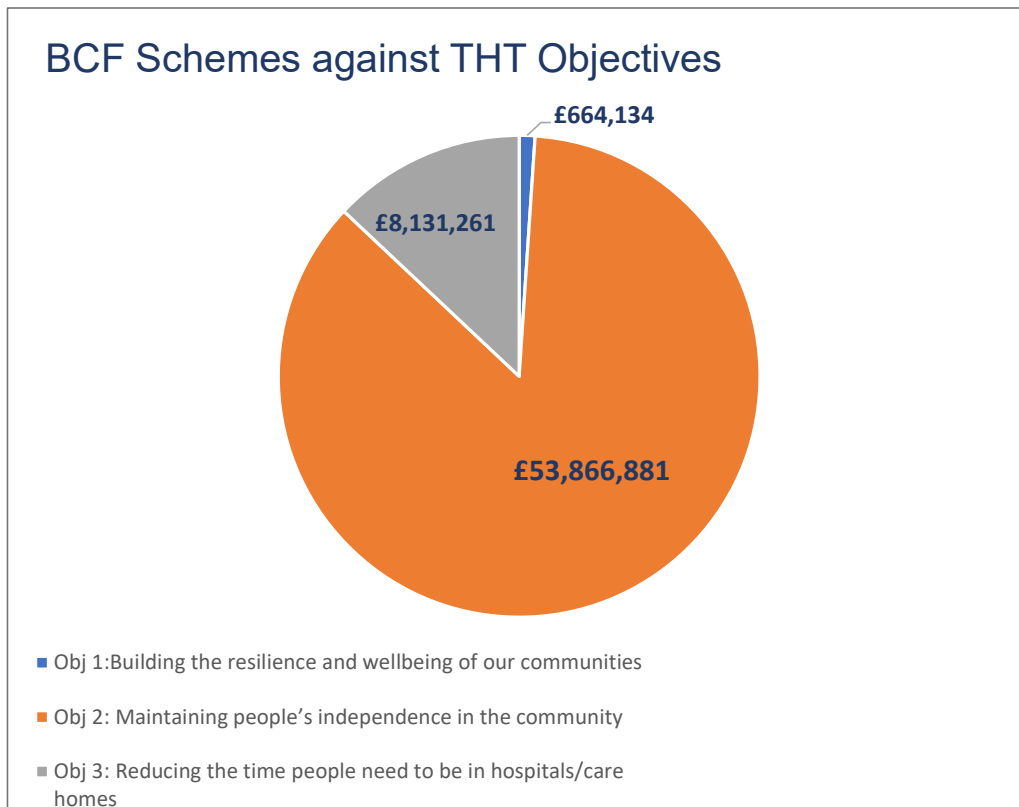
- The BCF performance is monitored quarterly via national returns to NHS England. The effectiveness of the BCF schemes are measured by the below metrics.
- Four of the five indicators are off track. These require deep dives and question whether the schemes are having the intended impact.

BCF National Standards Metrics	2023/24				Performance Commentary
	Q1	Q2	Q3	Q4	
Page 53 Avoidable Admissions	Target: 35 Actual: 57	Target: 41 Actual: 33.2	Target: 35 Actual: tbc	Target: 29 Actual: tbc	Not on track to meet the target at Q2. The data for Q2 includes July & Aug data only
Discharge to normal place of residence	Target: 96.2% Actual: 96.19%	Target: 97.3% Actual: 96.94%	Target: 96.8% Actual: tbc	Target: 96.8% Actual: tbc	On track to meet the target although actual performance is only slightly below the plan
Permanent Admissions to Residential and Nursing Care Homes				313	Not on track to meet the target due to the increase in number of admissions.
People >65 still at home 91 days after discharge from hospital into rehab/reablement				66.4%	On track to meet performance targets
Falls	546.7				Not on track to meet target. The Q1 and Q2 performance is at 215.5

Outline of the BCF Review

- In July 2023 it was agreed to undertake a review of the current Better Care Fund (BCF) programme.
- The purpose of the review is to:
 1. Review the strategic purpose: are we spending the full BCF amount (~£62.6m) on the programmes, interventions and services that will make the most difference to the people of Tower Hamlets (in the context of national requirements of the programme)?
 2. Review each item of spend to identify opportunities to reallocate funding, including opportunities to stop or reduce spend.
 3. Review the intermediate care and falls pathways which will include schemes within and outside the BCF, focussing on demand and capacity.
 4. Review the Disabled Facilities Grant (DFG) and its implementation in line with grant conditions
 5. Develop a strategic framework for identifying future BCF schemes. There are three locally agreed strategic objectives for the Tower Hamlets Together Partnership which could be used to frame the BCF spend for Tower Hamlets. These are
 - (i) Building the resilience and wellbeing of our communities;
 - (ii) Maintaining people's independence in the community; and
 - (iii) Reducing the time people need to be in hospitals/care homes.

Total BCF Funds against the 3 THT Objectives



- Objective 1 includes one scheme related to prevention which is the LinkAge Plus scheme jointly funded by the ICB and LBTH. This objective relates to prevention and has the least number of BCF schemes.
- The vast majority of schemes fall under objective 2, maintaining independence in the community.
- Objective 3 includes schemes relating to hospital discharge
- The total BCF spend on statutory health and social care amounts to £37,132,062 which makes up the core budgets. The total spend on non-statutory services amounts to £2,525,555. This excludes the DFG, iBCF and the adult social care discharge fund.

Intermediate Care and Falls Pathway Review

- A detailed review of the intermediate care and falls pathway will be undertaken against the NICE definition/criteria.
- Intermediate care is a multidisciplinary service that helps people to be as independent as possible. It provides support and rehabilitation to people at risk of hospital admission or who have been in hospital. It aims to ensure people transfer from hospital to the community in a timely way and to prevent unnecessary admissions to hospitals and residential care (<https://www.nice.org.uk/guidance/ng74>)
- The NICE guideline covers assessment of fall risk and interventions to prevent falls in people aged 65 and over. It aims to reduce the risk and incidence of falls and the associated distress, pain, injury, loss of confidence, loss of independence and mortality (<https://www.nice.org.uk/guidance/cg161>)
- The schemes within the BCF which are under the intermediate care definition are reablement and rehabilitation. The community equipment scheme also supports this pathway.
- The schemes not included in the BCF which are included within the intermediate care and falls are the falls services across ELFT and Barts plus the step down beds.

Next steps

- Lead appointed on a 18 month fixed term to undertake review and implement recommendations. Start date is 1st Jan 2024
- Detailed work on schemes for further pooling/aligning
- Review falls services, reablement and rehabilitation against NICE guidance for intermediate care and falls
- Review under performance for avoidable admissions, falls, discharge to usual place and residential admissions
- Establish a finance and activity group
- Awaiting guidance and timeline on the 2024/25 refresh but to agree by March 2024 whether to refresh the BCF and submit return

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