



TOWER HAMLETS HEALTH AND WELLBEING BOARD



Tuesday, 9 August 2016 at 5.00 p.m. MP702, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London E14 2BG.

This meeting is open to the public to attend.

Members:	Representing
Chair: Councillor Amy Whitelock Gibbs	(Cabinet Member for Health & Adult Services)
Vice-Chair: (TBC)	
Councillor Rachael Saunders	(Cabinet Member for Education & Children's Services)
Councillor David Edgar	(Cabinet Member for Resources)
Councillor Sirajul Islam	(Statutory Deputy Mayor and Cabinet Member for Housing Management & Performance)
Councillor Danny Hassell	(Non - Executive Group Councillor)
Dr Somen Banerjee	(Interim Director of Public Health, LBTH)
Dr Amjad Rahi	(Healthwatch Tower Hamlets Representative)
Dr Sam Everington	(Chair, NHS Tower Hamlets Clinical Commissioning Group)
Jane Milligan	(Chief Officer, Tower Hamlets Clinical Commissioning Group)
Debbie Jones	(Corporate Director, Children's Services)
Denise Radley	(Director of Adults' Services)
Co-opted Members	
Dr Ian Basnett	(Public Health Director, Barts Health NHS Trust)
DengYan San	(Young Mayor)
Dr Navina Evans,	(Deputy Chief Executive and Director of Operations)
Jackie Sullivan	Managing Director of Hospitals, Bart's Health Trust
John Gillespie	(Tower Hamlets Community Voluntary Sector, Health and Wellbeing Representative)
Jane Ball	(Tower Hamlets Housing Forum)
Aman Dalvi	(Corporate Director, Development & Renewal)
Sue Williams	(Borough Commander)
The quorum of the Board is a quarter of the membership including at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group.	

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.**

Contact for further enquiries:

Democratic Services

1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG

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E:mail: Farhana.Zia@towerhamlets.gov.uk

Web: <http://www.towerhamlets.gov.uk/committee>

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Role of the Tower Hamlets Health and Wellbeing Board.

- To encourage integrated working between persons 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 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 (CCG) Commissioning 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.

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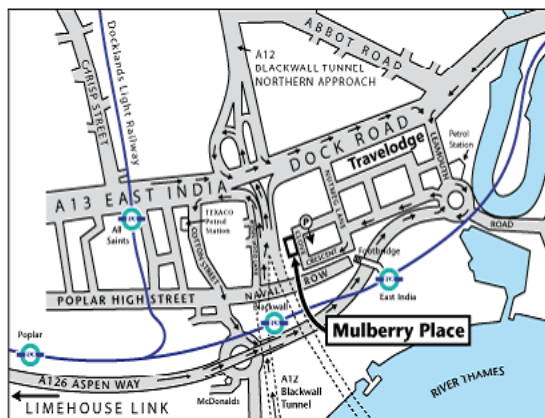
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1. STANDING ITEMS OF BUSINESS

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 **1 - 10**

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 **11 - 14**

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

ITEMS FOR CONSIDERATION

2 .1 Revised Terms of Reference - Health and Wellbeing Board **15 - 22**

2 .2 Appointment of Vice-Chair

2 .3 Ageing Well Strategy - Scoping Paper **23 - 48**

2 .4 Housing Strategy Consultation **49 - 84**

2 .5 North and East London Sustainability & Transformation Plan (NEL STP) update **85 - 98**

2 .6 Health and Social Care Outcomes Framework - Discovery Phase Findings (Tower Hamlets Together) **99 - 110**

2 .7 Health and Wellbeing Strategy 2016-2020 Priorities **111 - 114**

2 .8 HWBB - Board Development **115 - 122**

3. ANY OTHER BUSINESS

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

4. DATE OF NEXT MEETING

Date of Next Meeting:

Tuesday, 18 October 2016 at 5.30 p.m. in

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.00 P.M. ON TUESDAY, 21 JUNE 2016

**MP702, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,
LONDON E14 2BG.**

Members Present:

- Councillor Amy Whitelock Gibbs (Member) – (Cabinet Member for Health & Adult Services)
- Councillor Rachael Saunders (Member) – (Deputy Mayor and Cabinet Member for Education & Children's Services)
- Councillor David Edgar (Member) – (Cabinet Member for Resources)
- Dr Somen Banerjee (Member) – (Director of Public Health, LBTH)
- Jane Ball – -Gateway Housing
- Councillor Danny Hassell (Member) –
- Debbie Jones (Member) – (Corporate Director, Children's Services)
- Denise Radley (Member) – (Director of Adults' Services)

Co-opted Members Present:

- Dr Ian Basnett – (Public Health Director, Barts Health NHS Trust)
- Jane Ball – Tower Hamlets Housing Forum Rep
- Jackie Sullivan – Managing Director of Hospitals, Barts Health NHS

Other Councillors Present:

Apologies:

- Mayor John Biggs – (Executive Mayor)
- Dr Amjad Rahi – (Healthwatch Tower Hamlets Representative)
- Dr Sam Everington – (Chair, Tower Hamlets Clinical Commissioning Group)
- Jane Milligan – (Chief Officer, Tower Hamlets Clinical Commissioning Group)
- DengYan San – (Young Mayor)
- Dr Navina Evans, – (Deputy Chief Executive and Director of Operations)

Others Present:

- Henry Black – Chief Finance Officer, TH Clinical Commissioning Group

Monsur Ali	– (Deputy Young Mayor)
Officers in Attendance:	
Shazia Hussain	– (Service Head Culture, Learning and Leisure, Communities Localities & Culture)
Kevin Kewin	– (Interim Service Head, Corporate Strategy and Equality)
Carrie Kilpatrick	– (Supporting People Manager)
Tim Madelin	– (Senior Public Health Strategist, Adults' Services)
Rachael Sadegh	– (DAAT Manager, Community Safety Service, Communities Localities & Culture)
Esther Trenchard-Mabere	– (Associate Director of Public Health, Commissioning & Strategy)
Sarah Williams	– (Team Leader Social Care, Legal Services, Law Probity & Governance)
Leo Nicholas	– (Strategy, Policy and Performance Officer, Education, Social Care and Wellbeing)

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

The Vice-Chair welcomed everybody to the Health and Wellbeing Board. She stated that the meeting would cover the following reports: The Board's terms of reference, a report on the Transforming Care Partnership Plan, a report on Sustainability and Transformation Plans, Substance Misuse and presentations relating to the Health and Wellbeing Strategy.

Apologies for absence were received from Mayor John Biggs, Jane Milligan – Chief Officer for Tower Hamlets Clinical Commissioning Group, Dr Amjad Rahi – Chair of Healthwatch Tower Hamlets, Dr Navina Evans – Director of Operations and Deputy Chief Executive of East London Foundation Trust, Stephen Halsey – Director of Communities, Localities and Culture and Sue Barker – Independent Chair of Local Safeguarding Children's Board.

The Board noted that there were no questions received from members of the public.

1.2 Minutes of the Previous Meeting and Matters Arising

The Vice-Chair referred members of the Board to the supplemental agenda and the minutes from the meeting held on the 15th March 2016. The Board approved these to be an accurate record of the meeting.

Matters arising: The Vice-Chair updated members with regard to item 4.4 of the agenda pertaining to Air Quality. She summed up the discussion relating to this item and stated that the Director of Public Health, Dr Somen Banerjee and herself had met with the lead Member for Environment whereby they discussed the issues and barriers facing the borough in improving air quality.

Councillor Whitelock-Gibbs explained Air Quality was one of the priorities of the Mayor and Cabinet Members were to hold a workshop to discuss this topic in more detail across the portfolios.

Dr Ian Basnett confirmed he would raise the issue of air quality with relevant officers in relation to the commissioning of the Bart's Health Trust's transport contract.

1.3 Declarations of Disclosable Pecuniary Interests

There were no declarations of interest.

2. TERMS OF REFERENCE

Councillor Whitelock-Gibbs referred Board Members to pages 5-13 of the agenda and explained the Board wanted to make several changes to the Membership of the Board.

The proposed changes were outlined in the recommendations (pages 5-6) and were being put forward following the LGA peer review.

Councillor Whitelock-Gibbs assured existing members representing stakeholders – page 12, that these appointments would remain.

The Board **RESOLVED:**

To ratify the proposed changes to the Membership as outlined in pages 5-6 of the agenda pack, namely:-

1. The Board noted the Terms of Reference, Quorum, Membership and Dates of future meetings as set out in Appendix 1 and 2 of the report.
2. The Board **APPROVED** the following changes to the Health and Wellbeing Board:
 - a) That the Cabinet Member for Health and Adult services be the Chair of the Health and Wellbeing Board.
 - b) That the Clinical Commissioning Group nominates a representative as Vice-Chair of the Board
 - c) That the Mayor of Tower Hamlets and Chief Executive of LBTH attend at least one meeting in the municipal year to review

priorities and progress, and as required when key decisions are being considered.

- d) That the Cabinet Member for Housing Management and Performance becomes a voting member of the Board
- e) That the Tower Hamlets Borough Commander of Met Police; Corporate Director of Communities, Localities and Culture (CLC); and Corporate Director of Development & Renewal, LBTH are co-opted members (non-voting members) of the Board
- f) That Council nominate a Councillor from the largest opposition group as a stakeholder (non-voting)
- e) That the regional Managing Director for East London Foundation Trust attends the Board in place of the Chief Executive.

3. TRANSFORMING CARE PARTNERSHIP PLAN

Carrie Kilpatrick, Deputy Director for Mental Health and Joint Commissioning presented this report and explained to Board Members the report set out the progress made to date regarding the formation of the Inner North East London Partnership Board, the development of the plan and next steps.

She stated this was in response to the Winterbourne findings. NHS England had directed CCG's to collaborate in creating Transforming Care Partnerships (TCPs).

NHS England had outlined "what good looks like" for people with learning disabilities and/or autism and the model being adopted is structured around 9 principles (page 18) - seen from the point of view of a person with a learning disability and/or autism.

Carrie stated Tower Hamlets has a good record when it came to commissioning services for those with learning disabilities and/or autism but learning from the mapping exercise showed more work was necessary to understand the reasons why a significant number of users were placed to 'out of borough' facilities.

Denise Radley commented assessment and treatment of those with learning disabilities was good in Tower Hamlets and the care pathways available to users were clear. Although she recognised that 'out of borough' placements were a concern.

Following discussion, the Health and Wellbeing Board **RESOLVED:**

To note the requirements of the Transforming Care Partnership Plan, the progress made to date and that the final plan, would be presented to the Board to authorise in August 2016.

4. SUSTAINABILITY AND TRANSFORMATION PLANS

Henry Black, Chief Finance Officer at Tower Hamlets Clinical Commissioning Group introduced this report.

He stated NHS England had directed CCG's to develop a Sustainability and Transformation Plan. The plan for East London, of which Tower Hamlets is a part, is known as the North East London Sustainability Plan (NEL STP).

While the mandate to sign off the STP development plan lies with health partners, Local Authorities are also required to comment and develop the plan.

The STP involves seven CCG's plus the five main providers in East London. The STP will set out how the NHS Five Year Forward View will be delivered. In other words, how local health and care services will transform and become sustainable, built around the needs of local people.

Henry Black stated that the STP would be developed around 4 themes:

- **Transformation** – focussing on prevention and better care for local people;
- **Productivity** – to ensure providers and local authorities operate in the most effective and efficient way as possible;
- **Infrastructure** – considering the best use of the NHS estate; and
- **Specialised Services** – establishing sustainable specialised services, both for residents and those accessing services in North East London.

He informed the Board that NHS England expected the NEL STP to be submitted by the 30th June but this would be seen as a 'Checkpoint' as the formal submission does not need to be submitted until July.

Discussion ensued and Henry was asked to explain how the NEL STP fitted in with other work streams. Henry responded stating the STP was the five year vision and this was underpinned by the Transforming Services Together (TST) strategy which was the delivery model, followed by Tower Hamlets Together (THT) initiative which is about delivering integrated local services.

Dr Somen Banerjee also pointed out that the NHSE commissioned work (Optimity) had highlighted the high return on investment on smoking cessation and that as well as behavioural change in the public there was an important theme of behavioural change in clinicians and that this was particularly important in relation to them seeing 'smoking as treatment'

Board Members commented the NEL STP should take into consideration the following:

- The use of the Estate

- Facilities for Mental Health Care
- Ensuring the Plan involves local people; and
- It's interface with the voluntary sector.

The Health and Wellbeing Board **RESOLVED**

To note the approach as set out in Appendix A, covering the vision, draft priorities and enablers for the NEL STP and hoped the comments from Board Members were helpful to the team developing the plan.

5. **SUBSTANCE MISUSE STRATEGY 2016-19**

Rachael Sadegh, the DAAT Co-ordinator updated members with regard to the Substance Misuse Strategy.

A new strategy had been developed by Tower Hamlets and its partners, which is part of the Crime and Disorder Reduction Strategy – i.e. the Community Safety Plan.

Rachael referred members to points 3.6-3.10 in the report (pages 38-39) which set out the detail of the work undertaken.

She stated the action plan was being developed and the appendices gave more detail on this.

Cllr Hassell commented he was pleased the Strategy made reference to Safeguarding but was concerned about gaps such as how substance misuse in BME and LBG T communities was being tackled.

Rachael reassured the Board the Strategy would aim to tackle substance misuse in minority communities especially as old structures and contracts were coming to an end. The DAAT team was commissioning new services which would provide a more tailored service.

Board members also raised the following points:

- The DAAT teams interface with Bart's Health Trust.
- The collation of data from A&E
- The Strategy to state what its desired outcomes were; and
- How DAAT services link with other services – i.e. in terms of prevention and behaviour change.

The Health and Wellbeing Board **RESOLVED**

To note the report and recommendations:

1. That the Substance Misuse Strategy 2016-2019 is part of the Crime and Disorder Reduction Strategy in Tower Hamlets;

2. That the Substance Misuse Strategy 2016-2019 is part of the Crime and Disorder Reduction Strategy then pursuant to the Council's Budget and Policy Framework Procedure Rules, the Mayor as the Executive has responsibility for preparing the draft strategy for submission to the full Council to adopt;
3. That the Action Plan was due to go to the DAAT Board on the 11th July 2016 to be further developed;
4. That the draft Substance Misuse Strategy 2016-2019 and Action Plan will be referred to the strategic partners for approval that the Strategy be adopted by their respective organisations;
5. Having given careful analysis to the consultation response, review and comment upon the draft Substance Misuse Strategy 2016-2019 as drafted;
6. That if any further changes are made to the draft Substance Misuse Strategy 2016-2019 or if, for any reason, any of the strategic partners do not approve the Strategy then a further report must be submitted to Cabinet for the Mayor to consider and make a fresh recommendation to Full Council.

6. HEALTH AND WELLBEING STRATEGY 2016-2020, DEVELOPING A STRATEGY THAT WILL MAKE A DIFFERENCE- NEXT STEPS

Cllr Amy Whitelock-Gibbs, Vice-Chair of the Health and Wellbeing Board introduced this item.

She reminded members that the Board had previously held discussions about the Health and Wellbeing Strategy and following workshops held in March, there was consensus that the Strategy should be "a strategy with a small number of core, widely owned, accountable objectives, but that is adaptive and responds to feedback."

The Board had identified five areas for transformation:

- Addressing the health impacts of deprivation
- Helping communities lead change around health
- Healthy place
- Tackling childhood obesity; and
- Developing a truly integrated system to support health.

To explore these areas, Board Members were assigned to each transformation area and were asked to give presentations as to their initial thoughts and findings.

Dr Somen Banerjee, presented slides on the next steps for the strategy. The plan is to bring a draft document to the meeting on the 9th August and a final version for sign off at the October meeting.

Presentation 1 – Health Impacts of Deprivation, Employment and Health
Presentation given by Dr Somen Banerjee

- Does this strand refer to those living in Tower Hamlets and/or people who also visit /work in the borough?
- Consideration should be given to health impacts on carers and those with learning disabilities.
- Consider developing an interface with private businesses
- Matrix required showing how the Health and Wellbeing Strategy can influence other strategies/ organisations.
- Consider as partner organisation how we can improve the health of our employees. Should have a minimum standard for health and wellbeing.

Presentation 2 – Helping Communities lead change around Health

Presentation given by Dianne Barham and John Gillespie

- Consider if this should be a separate strand or a theme which runs through the other strands. Should it be underpinning/ overarching?
- Consensus – it should be kept has a priority but which influences the other strands.

Presentation 3 – Healthy Place

Presentation given by Shazia Hussain

- Challenge Developers about the quality of 'Child Play space'. Need to engage with Public Realm.
- Healthy Food Initiatives should not have short term goals subject to funding but lifelong goals.
- Examine the role Schools play – opening schools up for 'community' use.
- Extension of food exclusion zones – i.e. the Chicken mile. Working with businesses and creating a healthy place for all.

Presentation 4 – Healthy weight and nutrition in children

Presentation given by Cllr Rachael Saunders

- Board Members appreciated the Data sets/ graphs shown in presentation
- Need to target early years and early health but also how it then carries through to primary and secondary school years.
- Reference to the 'Daily mile' initiative adopted by some schools.
- Give consideration to healthy eating to include parents – possibly have a KPI indicator not just healthy weight of children but also parents.

Presentation 5 – Developing a Truly Integrated system to Support Health

Presentation given by Denise Radley

- Health and Wellbeing Boards need to take ownership of the Integration agenda.
- Concur need a campaign on culture change.
- Need to develop a framework and review the tools of assessment used by health and social care providers. Should have a common framework.
- Consider what the shared vision is and how we can influence culture change.

7. AOB

There was no other business discussed.

8. DATE OF NEXT MEETING

It was noted that future meetings of the Health and Wellbeing Board would to be held on **Tuesdays at 5:00 p.m.**

The proposed dates were noted as follows:

9th August 2016
18th October 2016
13th December 2016
21st February 2017
18th April 2017

The meeting ended at 7.48 p.m.

Vice Chair, Cllr Amy Whitelock-Gibbs
Tower Hamlets Health and Wellbeing Board

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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:-


Melanie Clay, Corporate Director of Law, Probity & Governance & Monitoring Officer, Telephone Number: 020 7364 4801

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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Health and Wellbeing Board Tuesday 9 th August 2016	
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
Revised Terms of Reference Tower Hamlets Health and Wellbeing Board	

Lead Officer	Somen Banerjee, Director of Public Health
Contact Officers	Farhana Zia, Committee Services Officer
Executive Key Decision?	No

Summary

Following on from the Board decision of 21st June 2016 to update the Terms of Reference for the Board, the terms of reference and membership changes have been approved by Full Council.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note the revised Terms of Reference, taking into account the changes as agreed by the Board at its meeting of 21st June 2016, which were approved by Full Council at its meeting of 20th July 2016. Attached herewith as Appendix 1

1. REASONS FOR THE DECISIONS

- 1.1 In accordance with Council procedure, the Health and Wellbeing Board at its inaugural meeting of 21st June 2016 agreed to revise the Terms of Reference and Membership of the Board, taking into account Officer changes as well as changes to job/role titles.
- 1.2 The changes will help to strengthen the leadership of the Board and were suggested following the LGA peer review.
- 1.3 The proposed changes were considered by Full Council at its meeting of 20th July 2016, who approved the membership as set out in Appendix 1 of this report.

2. ALTERNATIVE OPTIONS

- 2.1 The Board and Full Council could have chosen not to consider the Terms of Reference but it is not recommended as the Health and Wellbeing Board is expected to meet all the stated requirements in the Terms of Reference.

3. DETAILS OF REPORT

- 3.1 It is traditional that following the Annual General Meeting of the Council at the start of the Municipal Year, at which various committees are established, that those committees note their Terms of Reference, Quorum and Membership for the forthcoming Municipal Year.
- 3.2 The Health and Wellbeing Board did this by considering their Terms of Reference at its meeting of 21st June and decided to revise their Terms of Reference and Membership to reflect the most up-to-date job titles and roles. Significantly it proposed that the Cabinet Member for Health and Adult Services be the Chair of the Health and Wellbeing Board and that the Clinical Commissioning Group nominates a representative as Vice-Chair of the Board.
- 3.3 Council considered the proposed changes at its meeting of the 20th July 2016 and approved the proposed changes subject to amendments relating to the Elected representatives for London Borough of Tower Hamlets, which have been incorporated in the appended Terms of Reference. – APPENDIX 1

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 There are no financial implications directly relating to this report.

5. LEGAL COMMENTS

- 5.1 Section 194 of the Health and Social Care Act 2012 requires the establishment of a Health and Wellbeing Board and sets out how the Board must be constituted. The membership proposed in the revised Terms of Reference meets those requirements. The Board must comprise at least one nominated Councillor of the Local Authority, the Directors of Children's Services, Adult Social Care and Public Health, a representative from the Local Healthwatch and each relevant Clinical Commissioning Group, and any other members the Local Authority considers appropriate.
- 5.2 With regard to Councillor nominations, the Act requires that where the authority operates executive arrangements, as the Council does, then the Mayor must nominate these Councillors. If changes in the Councillor Membership of the Committee are proposed then a report has to go to the Mayor to nominate these Councillors.
- 5.3 In accordance with section 9E of the Local Government Act 2000 (as amended) any arrangements made by the Mayor for the discharge of an executive function by an executive member, committee or officer are not to prevent the Mayor from exercising that function.
- 5.4 Any changes to the Terms of Reference must be agreed by full Council pursuant to Article 4.02(d) of the Constitution.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 When drawing up the schedule of dates, consideration was given to avoiding school holiday dates and known dates of religious holidays and other important dates where at all possible.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 There are no specific Best Value implications arising from this noting report.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 There are no specific sustainability implications arising from this noting report.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 There are no specific risk implications arising from this noting report.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 There are no specific crime and disorder implications arising from this noting report.

Linked Reports, Appendices and Background Documents

Linked Report

- Tower Hamlets Health and Wellbeing Board Terms of Reference, Quorum, Membership and Dates of Meetings – HWB 21st June 2016
- Appointments of Members to the Tower Hamlets Health and Wellbeing Board - Council 20th July 2016

Appendices

- Health and Wellbeing Board revised Terms of Reference and Membership – APPENDIX 1

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:

- N/A

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Tower Hamlets Health and Wellbeing Board – Terms of Reference, Quorum and Membership

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.

The Health and Wellbeing Board has the following functions:

1. To have oversight of assurance systems in operation
2. To encourage integrated working between persons 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.
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.
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.
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.
7. To prepare the Joint Health and Wellbeing Strategy.
8. To develop, prepare, update and publish the local pharmaceutical needs assessments.
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.
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.
11. Consider and promote engagement from wider stakeholders.
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 part of work planning for the Board.
13. Such other functions delegated to it by the Local Authority.
14. Such other functions as are conferred on Health and Wellbeing Boards by enactment

Quorum

The quorum of the Board in the Terms of Reference is a quarter of the membership including at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group.

Membership The membership of the Board is as follows:

Chair

- Cabinet Member for Health and Adult Services (LBTH)

Vice Chair

- Representative of NHS Tower Hamlets Clinical Commissioning Group (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 of Public Health
- Corporate Director of Children's Services
- Corporate Director of Adult Services

Local HealthWatch

- Chair of local Healthwatch

NHS (Commissioners)

- Chair - NHS Tower Hamlets Clinical Commissioning Group
- Chief Officer – NHS Tower Hamlets Clinical Commissioning Group (CCG)


Co-opted Members (Non-Voting)

- Council
 - Corporate Director of Communities, Localities and Culture (CLC)
 - Corporate Director of Development and Renewal (D&R)
- Health Providers
 - Chief Officer - Barts Health
 - Chair of Tower Hamlets - Council for Voluntary Services
 - Regional Managing Director - East London and the Foundation Trust
- Other Partners
 - Borough Commander for Metropolitan Police
 - Representative from the Tower Hamlets Housing Forum.
 - Chair of the Complex Adult Working Group (CCG)
 - Chairs of the Adults and Children's Working Group (CCG)
 - The Young Mayor (LBTH)

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

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

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Health and Wellbeing Board Tuesday 9 August 2016	
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
Ageing Well in Tower Hamlets strategy – initial scoping paper and governance arrangements	

Lead Officer	Denise Radley, Director of Adult's Services
Contact Officers	Karen Sugars, Service Head: Commissioning and Health Keith Burns, Programme Director: Special Projects
Executive Key Decision?	No

Summary

1.1 The Adults' Services Directorate is leading the development of an Ageing Well strategy for Tower Hamlets. The purpose of this report is, therefore, to:

- propose arrangements for ensuring that the strategy is co-produced with residents of the borough and other stakeholders;
- define the scope of the strategy;
- identify the key inter-relationships with other strategies and plans;
- propose a process and timescales for development of the strategy and for subsequent management of the delivery of the strategy;
- propose governance arrangements for the above activities.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Approve the proposed governance arrangements for development and delivery of the strategy, including the creation of an Ageing Well Strategy Group to act as a sub-group of the Board;
2. Approve the proposal that the governance arrangements for the Ageing Well in Tower Hamlets strategy incorporate oversight of the actions and deliverables associated with the key aims of the Older Persons' Housing Statement (2013-2015), which are currently being incorporated into the borough's new Housing Strategy 2016 – 2019;

3. Agree the proposed exploration of the feasibility of committing to making Tower Hamlets a dementia friendly borough by 2020, in line with the Alzheimer's Society's challenge, during the development phase of the strategy;
4. To note the high level project plan for developing the strategy along with the identified interdependencies and to identify any additional interdependencies that require consideration as the strategy is developed;
5. To note the planned activities to engage residents and stakeholders in the co-production of the strategy and to identify any additional co-production opportunities or requirements;
6. To note that proposals for reporting progress on delivering the strategy to the Board will be brought forward when the draft strategy is brought to the Board prior to its final approval.

1. REASONS FOR THE DECISIONS

- 1.1 To confirm the governance arrangements for the proposed Ageing Well in Tower Hamlets strategy in order to enable continued development of the strategy;
- 1.2 To confirm the appropriateness of these governance arrangements incorporating the actions and deliverables associated with the key aims of the Older Persons' Housing Statement currently being incorporated into the borough's new Housing Strategy 2016-2019;
- 1.3 To confirm the appropriateness of utilising the strategy development process to explore the feasibility of committing to Tower Hamlets becoming a dementia friendly borough by 2020.

2. ALTERNATIVE OPTIONS

- 2.1 The Health and Wellbeing Board could propose alternative governance arrangements for the proposed Ageing Well in Tower Hamlets strategy. Given the scope and nature of the proposed strategy, however, it is suggested that the Board is the most appropriate body to retain responsibility for the development and delivery of the strategy;
- 2.2 The Health and Wellbeing Board could propose not to incorporate responsibility for the actions and deliverables associated with the key aims of the Older Persons' Housing Statement into the governance arrangements for the Ageing Well Strategy. Given the nature of these key aims and their relevance to the strategy, however, it is suggested that the recommended course of action represents the most efficient and effective way of ensuring oversight of the delivery of the relevant actions;
- 2.3 The Health and Wellbeing Board could decide that it is not necessary or appropriate to consider the Alzheimer's Society's dementia friendly borough challenge as part of the process of developing the strategy.

3. DETAILS OF REPORT

3.1 INTRODUCTION

- 3.1.1 The Adults' Services Directorate in the Council is leading the development of an Ageing Well strategy for Tower Hamlets. The purpose of this report is, therefore, to:
 - propose arrangements for ensuring that the strategy is co-produced with residents of the borough and other stakeholders;
 - define the scope of the strategy;
 - identify the key inter-relationships with other strategies and plans;
 - propose a process and timescales for development of the strategy and for subsequent management of the delivery of the strategy;

- propose governance arrangements for the above activities.

3.2. AIM AND SCOPE OF THE STRATEGY

- 3.2.1 The aim of the strategy is defined initially as enhancing the health, wellbeing and quality of life of people growing older in Tower Hamlets – ensuring that Tower Hamlets is a borough where growing older is about retaining your independence and dignity with the assistance of family, friends and the community where necessary but knowing that the right care and support is there if that independence becomes significantly reduced or your changing circumstances mean increased isolation and loneliness.
- 3.2.2 This initial iteration of the aim of the strategy will continue to be refined during the development of the strategy with residents and other stakeholders, but it is useful as a starting point for debate and discussion.
- 3.2.3 The scope of the proposed strategy encompasses the breadth of responsibilities placed upon the local authority by the Care Act 2014. In summary these responsibilities are centred on:
- maintaining and promoting independence and wellbeing;
 - facilitating the development of a vibrant social care market in the borough;
 - assessing and providing for needs which the authority has a duty or power (subject to available resources) to meet. This encompasses both the provision of a range of services in the community (to enable the individual to continue living in their own home) and the provision of residential and nursing home care when living in your own home is no longer a viable option;
 - safeguarding vulnerable individuals; and
 - working in partnership with the NHS and other stakeholders to deliver integrated and personalised care and support.
- 3.2.4 Promoting independence and preventing current and future need for more intensive social care provision (the first of the bullet points above) is described in the statutory guidance to the Care Act as typically being provided at three levels:
- Primary: open access / universal type services that promote and enhance independence through the provision of information and advice; by reducing social isolation and loneliness and by providing practical assistance to continue to live independently. LinkAge Plus is one type of service provided in the guidance as an example of this primary prevention activity. Population based public health interventions are another example of this type of activity, as are the activities of local housing providers in supporting potentially vulnerable tenants. The scope of this strategy extends both to services of this type focused specifically on older people as well as those that are not age specific;
 - Secondary: more focused and targeted interventions covering specific cohorts of individuals (for example individuals with a specific long term condition) at a cohort or individual level. Adaptations to an individual's

home and handypersons services are examples of this level of preventative activity;

- Tertiary: services such as reablement and intermediate care that are individually focused on regaining and maximising independence, usually following an acute health-related episode of some kind, in order to minimise ongoing reliance on social care and health services.

3.2.5 The scope of the proposed strategy therefore encompasses activity at all three of these levels along with the other areas outlined above. Given this wider focus on services and interventions that promote and prevent loss of independence and tackle isolation and loneliness, the scope of the strategy, in age terms, is proposed to include residents aged 55+. This age range is consistent with earlier work on, for example, the LinkAge Plus programme.

3.2.6 Providing the right housing options for individuals, along with the right kinds of support to maintain that housing, is critically important to maintaining independence, wellbeing and quality of life as people age and their needs change. It follows therefore, that housing and accommodation options will be central to the scope of the Ageing Well strategy. Work is already underway to ensure that the relationship between Ageing Well and the borough's Housing Strategy is fully understood and reflected in both strategies.

3.2.7 There are a range of key demographic factors that will necessarily inform the scope and focus of the proposed strategy. As a borough, Tower Hamlets has a very diverse and rapidly changing and growing population of older people, and levels of social care provision are high relative to those provided in other comparable boroughs. In addition, a model that estimates subjective loneliness at borough, middle and lower super output areas, ranks Tower Hamlets as 1 out of 33 for London and 1 out of 326 for England, meaning that persons aged over 65 living in Tower Hamlets are predicted to be among the loneliest in both London and England (Loneliness and isolation in older people JSNA, LBTH, 2016).

3.2.8 The strategy will also be developed in a way that ensures consistency with, and supports the ongoing implementation of, the Adult Social Care Practice Framework and Resource Allocation Model.

3.2.9 It is proposed that the strategy be developed to cover the period from 2017 to 2020. This is consistent with the timeframe for the new iteration of the Health and Wellbeing Strategy.

3.2.9 During development of the strategy it is proposed that the potential to make Tower Hamlets a 'dementia friendly' borough by 2020, by meeting the Alzheimer's Society's standards for this designation, be explored with the intention of incorporating the necessary work to achieve this into the strategy. A guide to the dementia friendly standard is attached to this report as appendix 1.

3.3. KEY INTERDEPENDENCIES (BROADER SCOPE OF THE STRATEGY):

3.3.1 A strategy with the scope outlined above clearly has a range of key interdependencies with other strategies, policies and procedures including the following:

- Community Plan
- Community Engagement Strategy
- Community Safety Plan
- Health and Wellbeing Strategy
- Housing Strategy
- Local Development Framework and associated policies related to managing the built environment
- Economic Development and Employment Strategies
- Transforming Services Together
- Integrated Care (Including Integrated Personal Commissioning)
- Carers Strategy
- London Adult Safeguarding Procedures

3.3.2 A key strand of work to develop the proposed strategy will be work to understand the extent of these interdependencies; how maximum benefit can be derived from exploiting these interdependencies; and how duplication of effort can be avoided. It is important to note here that there are a number of key areas where there are multiple points of interdependency across the different levels of prevention described above and in respect of the duties and powers to provide social care services. Housing, public health, culture and leisure provision are examples where these multiple points of interdependency exist.

3.3.3 The strategy will also provide a core reference point for the future development of service delivery and/or commissioning strategies for a range of adult social care and supported housing services including:

- Information and advice provision;
- Community support, handypersons and befriending type services;
- Advocacy;
- Personal care;
- Daytime activities provision;
- Support and care in sheltered and extra care sheltered housing;
- Residential and nursing home care

3.3.4 Given the scope and interdependencies outlined above, the strategy also provides an opportunity to define how the authority and its partners respond to a range of local and national policy drivers such as the Tower Hamlets Dignity Code.

3.4. STRATEGY DEVELOPMENT, DELIVERY AND GOVERNANCE

STRATEGY DEVELOPMENT

- 3.4.1 It is proposed that the approach to developing the strategy is one that is broadly equivalent to that which guides the commissioning process: Analyse; Plan; Deliver; Review.
- 3.4.2 The **analyse** phase of the work will be focused around answering three interlinked questions:
- What have we got;
 - What do we need; and
 - What are the gaps?
- 3.4.3 The newly completed Joint Strategic Needs Assessment for older people, along with the Joint Strategic Needs Assessment on Loneliness and isolation in older people completed in January 2016, will be core reference points for this initial analysis stage. Each of those JSNAs makes a series of recommendations regarding future service development and the Ageing Well strategy will be a key means of delivering against those recommendations.
- 3.4.4 The **plan** phase will then be about how we bridge the identified gaps between what we have and what we need – by developing specific commissioning plans; by working with other stakeholders to align strategies and objectives; by encouraging and facilitating market development and by ensuring that comprehensive information about the range of community organisations that operate in the borough is widely communicated and available to front line services in contact with older people.
- 3.4.5 The **delivery** phase is about delivering these plans, while the **review** phase is ongoing through delivery – in terms of monitoring impact and adjusting delivery plans where necessary or desirable - and more formally towards the end of the life of the strategy in order to inform the next iteration of the strategy and its associated commissioning and market development activity.
- 3.4.6 Residents of the borough, and in particular older people and their informal carers are critical stakeholders in the work to develop the strategy, and from the outset the work to develop the strategy will need to be co-produced with those residents. Early work is being undertaken to determine what existing co-production arrangements can be used to facilitate this approach, and what additional mechanisms need to be developed and put in place. Initial scoping discussions have taken place, or are scheduled, with the Older Persons Reference Group co-ordinator, Tower Hamlets CVS and Healthwatch Tower Hamlets to identify opportunities for resident and stakeholder engagement. Various discussions have also been undertaken or scheduled with officers across the Council to identify opportunities for linking consultation and engagement activities relating to for example the Housing Strategy and Community Safety Plan.
- 3.4.7 Throughout all of the planned engagement and co-production activities particular efforts will be made to engage with people aged 55 to 70 who are possibly still in employment and/or leading full and active lives with no current need for care or support, with the intention of getting a fuller understanding of the aspirations and concerns this group have for their later lives.

3.4.8 At this stage, the following engagement and co-production activities are proposed as a minimum:

- A series of ‘Ageing Well: What matters to us’ events to be held in Idea Stores, LinkAge Plus hubs, Carers Centre and other community venues across the borough – to allow residents to drop-in and to identify the things that matter to them about growing old in Tower Hamlets. These events are being combined with engagement around the new Carers Strategy and the re-procurement of the LinkAge Plus service. (September 2016);
- A simple consultation pack, designed to elicit views about ageing well, to be prepared and circulated to all relevant commissioned services with a request that the pack be used at service user forums or similar to encourage discussion about what matters to those service users and the results fed back to the Ageing Well Strategy Group (see 4.7 below) (August / September 2016);
- Resident and carer representation to be incorporated into the membership of the Ageing Well Strategy Group, and the Strategy Group to consider, with the Older Persons’ Reference Group, how it might develop a wider ‘sounding board’ of residents (from October 2016 onwards);
- An Ageing Well Conference to be held in order to present emerging priorities and to test, develop and refine these priorities (November 2016).

3.4.9 It is proposed that the Older Persons Partnership Board, which is not currently active, be reconstituted as an Ageing Well Strategy Group and the membership of the group reviewed to ensure that all key stakeholders (including residents and carers) are represented. It is intended that the strategy group play a central role in the development of the strategy and subsequently the monitoring and management of the delivery of the strategies objectives and actions. How it is proposed the group would fit into the governance arrangements for the strategy is dealt with in paragraphs 3.4.11 to 3.4.15 below.

3.4.10 The table below sets out a proposed process and timetable for the development of the strategy to the point where it is ready for sign off by Cabinet.

Ref	Activity	Timescale (complete by)	Lead
Phase 1: Project set-up			
AW1	Initial briefing paper to DMT	04 July 2016 ✓	Karen Sugars
AW2	Briefing for Cabinet Member	05 July 2016 ✓	Keith Burns
AW3	Schedule first meeting of Ageing Well Strategy Group (AWSG) and send invites	20 July 2016 ✓	Keith Burns
AW4	Initial briefing paper to CMT	20 July 2016 ✓	Denise Radley

Phase 2: Research and analysis			
AW5	Desktop research of existing best practice literature and research (national)	31 July 2016	Keith Burns
AW6	Review of existing survey and research data (local)	31 July 2016	Keith Burns
AW7	Consultation pack designed and list of forums and meetings to be distributed to agreed	20 August 2016	Keith Burns
AW8	Review and identify all existing services and projects that fall within scope of strategy	31 Aug 2016	Keith Burns
AW9	Present research and review findings to first meeting of AWSG	31 Aug 2016	Keith Burns
AW10	Workshops to define interdependencies with other strategies and plans	30 Sept 2016	Keith Burns
AW11	Ageing well: what matters to us? Events held across the borough	30 Sept 2016	Keith Burns
AW12	Survey findings returned and analysed	10Sept 2016	Keith Burns
AW13	Present overall synopsis of research and analysis findings to second meeting of AWSG	20 Sept 2016	Keith Burns
Phase 3: Planning			
AW14	Develop draft strategy	30 Sept 2016	Keith Burns
AW15	Present initial draft to third meeting of AWSG	10 Oct 2016	Keith Burns
AW16	Present initial draft to MAB for agreement to go out to consultation	15 Oct 2016	Karen Sugars
AW17	Hold Ageing Well conference	20 Nov 2016	Keith Burns
AW18	Complete consultation	30 Nov 2016	Keith Burns
AW19	Present consultation responses and final draft of strategy to fourth meeting of AWSG	10 Dec 2017	Keith Burns
AW20	Present consultation responses and final draft of strategy to HWBB	31 Dec 2017	Karen Sugars
AW21	Present final draft strategy to Cabinet for approval	10 Jan 2017	Karen Sugars
Phase 4: Delivery planning			
AW22	AWSG workshop to develop detailed delivery plan and performance management structure	31 Jan 2017	Keith Burns
AW23	AWSG sign-off detailed delivery plan	28 Feb 2017	Keith Burns
AW24	Delivery plan reported to and signed-	31 Mar	Keith Burns

	off by all key stakeholder organisation management teams and by HWBB	2017	
AW25	Delivery plan initiated	01 April 2017	Keith Burns
Phase 5; Ongoing delivery and review			
AW26	AWSG meets bi-monthly to monitor and review delivery progress and recommend corrective / additional actions as necessary	31 Mar 2020	Keith Burns
AW27	Annual review of progress reported to Cabinet and all key stakeholders	30 April 2018 and 2019	Keith Burns

GOVERNANCE

3.4.11 As noted in paragraph 3.4.9 above, it is proposed that the Older Person's Partnership Board be reconstituted as an Ageing Well Strategy Group (AWSG) and that this group play a key role in the governance around the development and delivery of the strategy. The membership of the AWSG will need to be broad enough to ensure that all relevant stakeholders can be properly represented. An initial membership list is set out below:

- Resident representatives;
- Carer representatives;
- Adults' Services Commissioning and Health;
- Adult Social Care;
- Public Health;
- D&R Housing Strategy Team;
- CLC Idea Stores;
- CLC culture / leisure representation;
- CLC Community Safety;
- CCG;
- Tower Hamlets Together;
- Healthwatch;
- Tower Hamlets CVS;
- Age UK East London;
- Alzheimer's Society Tower Hamlets;
- LinkAge+
- Carer's Centre;
- Tower Hamlets Inter-Faith Forum;
- Tower Hamlets LGBT Community Engagement Forum;
- Independent sector provider representatives;
- Tower Hamlets Homes / other RSLs

3.4.12 Given the potential size of the AWSG, as indicated by the membership list outlined above, careful thought will need to be given to how meetings of the full group are managed and what sub-groups / officer executive structures are needed to ensure that the group can function efficiently and give sufficient focus to the core task of monitoring strategy delivery. It is likely that sub-

groups focusing on specific aspects of strategy delivery will want to include membership that is broader than that of the main group (for example, Community Pharmacy, or specific independent sector representatives may have an important role to play in delivering specific actions). The starting presumption will be that it is for the sub-groups to define their own membership requirements.

- 3.4.13 It is proposed that overall ownership of the strategy sit with the Health and Wellbeing Board. The AWSG would therefore be required to report into the Health and Wellbeing Board, at agreed frequencies, on progress in delivering the strategy. It is also proposed that the HWBB / AWSG take ownership of the 'Older Persons' Housing Statement' (now being incorporated into the council's new Housing Strategy) and the actions and deliverables associated with the statement.
- 3.4.14 Within the Council's Adults Services it is proposed that the Director of Adults Services act as project sponsor for the strategy deliverables that are the responsibility of the Directorate, and that DMT act as the project board. Arrangements for progress reporting to other Directorate Management Teams and /or the Corporate Management Team will need to be developed.
- 3.4.15 As noted at paragraph 4.4.6 above, it is proposed that the AWSG and Older Persons' Reference Group be asked to consider how it can support the development of a broader 'sounding board' of residents whose views on the impact the strategy is having as it is implemented could play an important role in progress reporting within the governance structure.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The development of the Ageing Well in Tower Hamlets Strategy is in the initial stages of scoping work and setting out a governance framework. The resources required for developing the strategy is contained within the existing funds set aside for the Older Persons' Reference Group from within the Commissioning and Health budget.
- 4.2 As the strategy takes form, any agreed changes to Service delivery will be subject to the Councils' outcomes based budgeting process as part of the medium term financial plan.

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 Development of the proposed Ageing Well strategy is consistent with the Council's duties under Sections 1-7 of the Care Act 2014, including a duty to promote integration of care and support with health services and a duty under section 6 to co-operate generally with those it considers appropriate who are engaged in the Council's area relating to adults with needs for care and support. Further, there is a general duty under to prevent needs for care and support from developing.
- 5.5 Section 8 provides that those eligible needs may be met in a number of ways, including accommodation in a care home or care and support in the home or community. Section 23(1) of the Care Act states that a local authority may not meet these needs by doing anything which it or another local authority is required to do under the Housing Act 1996. The Care and Support Statutory Guidance, most recently updated in July 2016, details a person-centered approach which is consistent with the proposed focus of the strategy.
- 5.6 When developing a 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 scope of the proposed strategy means that it will support the delivery of a number of key priorities in both the Community Plan and the Health and Wellbeing Strategy.
- 6.2 The strategy will be the subject of a full Equalities Analysis prior to being finalised and will address fully all of the Protected Characteristics covered by the Equality Act 2010. The planned co-production work will include specific engagement with the Tower Hamlets Inter-Faith Forum, LGBT Community Engagement Forum, Local Voices and the Older Persons Reference Group.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 There are no immediate Best Value implications arising from this report. The proposed strategy will incorporate a range of actions, commissioning and service development activities designed to improve the Council's ability to achieve Best Value in respect of the provision of services to residents of the Borough aged 55+.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 There are no immediate environmental sustainability implications arising from this report.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 There are no identified risk management implications arising from this report.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 Fear of crime, and issues relating to community safety, are regularly cited as key issues by older residents of the borough in residents surveys and other engagement activities. It follows that the Ageing Well strategy will need to consider ways of alleviating older residents' concerns and making communities feel and be safer for those residents. Scoping work is underway with the Council's Community Safety service to ensure that the relevant connections are made between the Ageing Well strategy and the Community Safety Plan, which is also currently being reviewed and updated.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- A guide for councillors: Transforming the quality of life for people with dementia in the community

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:

- N/A

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Leading the fight
against dementia

**Alzheimer's
Society**

A guide for councillors:

Transforming the quality of life for people
with dementia in the community



**Changing the lives of people with dementia:
a priority for everyone**

Dementia is the biggest health and social care challenge facing England today



There are over 685,000 people living with dementia across England, many of whom are not living well and can't access the vital care and support they need.

The average cost of a year's dementia care is £32,250 per patient, and it is estimated that dementia costs the English economy £22.1 billion annually. There is no doubt as to the tough challenge this poses. Whilst the population ages and demand for social care grows, we know that local authorities have reduced expenditure on adult social care by £4.6 billion since 2010.

With two-thirds of people living with the condition doing so in the local community, it is local authorities who hold the key to helping people with dementia live well in their community.

That is why Alzheimer's Society is calling on all local councils and communities across the country to support our vision to improve the lives of people affected by dementia and work towards building dementia friendly communities by 2020.

By prioritising the needs of people with dementia, not only can local authorities meet the needs of a significant proportion of its older population, but also provide services that respond to those with other long-term conditions.

Local councils can make a difference by:

- Ensuring dementia is a key feature in integrated health and social care plans, a priority within the Better Care Fund and Health and Wellbeing Board
- Delivering on the Care Act to ensure availability of the right support for people with dementia and their carers
- Proactively informing the population how to reduce their risk of developing dementia

With leadership from councils now, everyone with dementia in the future can have a better quality of life. Working together we can improve the lives of people affected by dementia and work towards making your community dementia friendly by 2020.

A handwritten signature in black ink that reads "Jeremy Hughes". The signature is written in a cursive, slightly slanted style.

Jeremy Hughes, CBE
Chief Executive, Alzheimer's Society

Dementia in the UK: key statistics

Estimated number of people living with dementia in UK:

850,000

£10.3 bn

is spent on social care costs (publicly and privately funded)

Estimated number of people under-65 living with dementia in the UK:

42,000

£11.6 bn

is contributed by the work of unpaid carers of people with dementia

The societal cost of dementia in the UK is estimated at an average cost per person of:

£32,250

Average dementia diagnosis rate in the UK (March 2015):

66.5%

Two thirds

of people with dementia live in the community

£4.3 bn

is spent on healthcare costs

The total cost of dementia in the UK is estimated at

£26.3 billion

per year (2012/13 prices)

Raising awareness and building dementia-friendly communities

- 1 in 10 people with dementia reported that they only left the house once a month (DFC August 2013)
- Nearly 70% of people with dementia feel lonely and trapped in their own homes, with limited or no social networks
- Less than half of people with dementia think their community has the services they need to help them live well with dementia

Around three quarters of people think that communities and society as a whole are not geared up to deal with dementia¹. For many of those living with dementia, having a good quality of life is a distant dream, with support for everyday things like shopping or participating in community unavailable.

But local authorities can really help to build dementia friendly communities.

Alzheimer’s Society Dementia Friendly Communities Programme focuses on improving inclusion and quality of life for people with dementia, with many areas across the country already taking action to become dementia friendly by setting up local forums or Dementia Action Alliances. These are made up of public, private and voluntary sector organisations who are taking action to become more dementia friendly.

Our Dementia Friends initiative continues to raise awareness of dementia and is leading the change in communities to become more dementia friendly. Working with local government, this programme is the biggest ever initiative to change people’s perceptions of dementia. It aims to transform the way the nation thinks, talks and acts about the condition.

What local authorities can do?

- Put forward a council motion to become a dementia friendly local authority.
- Help establish (or join) a local dementia forum or action alliance and play a leadership role in its development.
- Appoint a dementia lead within the council to ensure the needs of people with dementia are taken into account and lead the work around Dementia Friendly Communities.
- Through Alzheimer’s Society, offer regular Dementia Friends sessions to councillors, council staff and the wider community.
- Commit to council buildings becoming dementia-friendly.
- Work with transport providers to ensure transport is responsive and respectful to the needs of people with dementia.
- Work with local business and other organisations to enable them to play their part, a little understanding about dementia and its effects is the only way to create dementia friendly communities.
- Create a dementia friendly generation by rolling out dementia awareness resources for schools.



Public health and prevention: reducing the risk of dementia

- Dementia is the biggest health concern of the over 55s
- 64% of people don't know that regular exercise and physical activity could reduce the risk of developing dementia

Dementia represents a major public health challenge. It is anticipated that there will be over one million people with dementia in the UK by 2021 and over two million by 2051 if no action is taken and current trends continue.

At present there is no cure and limited effective treatments for dementia. However, a healthy diet, regular physical exercise, managing conditions like type 2 diabetes and high blood pressure and avoiding smoking and excessive drinking can reduce the risk of developing Alzheimer's disease and vascular dementia (UK Health Forum, 2014).

A clear message of 'What's good for your heart is good for your head' is needed throughout preventative public health interventions and campaigns to improve public understanding of how people can reduce their risk of developing dementia.

What local authorities can do?

- Run local awareness raising campaigns focusing on risk reduction. In addition any campaigns on physical exercise, alcohol, smoking or diet should include a clear message of 'What's good for your heart is good for your head'.
- Public health teams and other health partners to prioritise dementia as a public health challenge and plan activity accordingly.
- Make sure that Health and Wellbeing Boards include a plan for dementia in their health and wellbeing strategies.
- Support Alzheimer's Society's annual Dementia Awareness Week.

Getting the right support: delivering integrated, person-centred dementia care

- The cost of dementia in the UK is estimated at **£26.3 billion per year (2012/13 prices)**
- The average cost of dementia per person per year is **£32,250**
- **70% of people with dementia have a co-morbidity**

Nearly everyone living with dementia will require care and support from both the NHS and social care system as a result of dementia's combination of features of chronic neurological disease, mental illness and physical frailty that cross the boundaries of the health and social care system.

In recent years the diagnosis of people with dementia has doubled. This means more people are wanting to access information, advice and support to maintain independence and make more informed choices about their future life.

People with dementia have to navigate a complex web of services from multiple providers and in different care settings, without appropriate co-ordination or a holistic perspective. We know, just in health and social care, that people with dementia have to access around twenty different local bodies and agencies just to get the vital care they need.

Inaccessible services lead to worse outcomes for people with dementia and significant costs to the taxpayer.

Integrated health and social care: the opportunity for change

The current financial pressures and the increasing demand on adult social care are putting local authorities under a lot of strain, so the need for change is greater than ever. The commitment to deliver local integrated health and social care plans, alongside new models of care vanguards and the Better Care Fund open up a real opportunity to transform the experience of health and care for people with dementia.

It's essential that an integrated health social care pathway is in place to support people to live well with dementia. Without a diagnosis and the right support in the community, people with dementia often enter the health service at point of crisis, e.g. they end up in hospital following a fall, or are forced to enter a care home early.



What local authorities can do?

- Ensure that dementia features in the local integrated health and social care plan.
- Prioritise dementia in Better Care Fund plans and ensure that there is a focus on preventative care (community support), person centred care and joining up non-clinical care.
- Make information about local dementia services more accessible by embedding the free Dementia Connect database on the local authority website.
- Highlight dementia care as a key criteria for the success of local new models of care for older people.
- Work with the CCG to address variations in dementia diagnosis rates and post-diagnosis support across your area, including how to reach seldom heard groups.
- Ensure people with dementia, and their carers, are involved in both designing and commissioning integrated dementia health and social care services.

Alzheimer's Society estimates there are

289,000

people living with dementia undiagnosed in the UK

Dementia is the **biggest** health concern of the over 55s

To discuss what action you can take, please email stakeholderrelationsteam@alzheimers.org.uk and we will work with you to deliver the change people with dementia and their carers need.

You can also:

- Take forward a council motion to make your local authority dementia friendly
- Become a Dementia Friend
- Visit one of our local services and meet people affected by dementia in your area
- Help us to raise awareness of dementia on social media, don't forget to mention @alzheimerssoc



Useful links and websites of interest

www.alzheimers.org.uk/dementiafriendlycommunities

Free resources and guides about making communities more dementia friendly.

www.alzheimers.org.uk/dementiaconnect

Free online services directory for anyone affected by dementia in England, Wales and Northern Ireland. It can be embedded on other websites.

www.dementiaaction.org.uk

Information about Dementia Action Alliances.

www.dementiafriends.org.uk

Information about dementia awareness sessions.

www.dementiavoices.org.uk

The Dementia Engagement and Empowerment Project, resources about involving and consulting people with dementia.

www.dementiaaction.org.uk/dementiafriendlyschools

Dementia friendly school resources.

www.alzheimers.org.uk/training

Alzheimer's Society offers training and consultancy services.

Alzheimer's Society's Stakeholder Relations team can also provide resources and further information on how to take forward any of the actions suggested in this leaflet.

Please contact us at stakeholderrelationsteam@alzheimers.org.uk

About Alzheimer's Society

Alzheimer's Society is the UK's leading support and research charity for people with dementia, their families and carers. We provide information and support to people with any form of dementia and their carers through our publications, National Dementia Helpline, website, and 3,000 local services.

We campaign for better quality of life for people with dementia and greater understanding of dementia. We also fund an innovative programme of medical and social research into the cause, cure and prevention of dementia and the care people receive.

For more information about dementia and the support available, visit alzheimers.org.uk or call our National Dementia Helpline on **0300 222 1122**.


Alzheimer's Society

Devon House
58 St Katharine's Way
London E1W 1LB

020 7423 3500

info@alzheimers.org.uk

alzheimers.org.uk

Health and Wellbeing Board Tuesday 9 th August 2016	 Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
Housing Strategy 2016 – First Stage consultation	

Lead Officer	Aman Dalvi – Corporate Director - Development and Renewal
Contact Officers	Martin Ling x 0469
Executive Key Decision?	No

Summary

- 1.1 The Council's last Housing Strategy ran from 2009 to 2012 and has not been updated since. Under Part 2, Article 4.01(a) – Policy Framework of the Council's Constitution, the Housing Strategy is listed as a discretionary strategy which if produced must be approved by the Council.
- 1.2 The Council is currently consulting over a new Housing Strategy and which will be taken to full Council for approval in November 2016.
- 1.3 The provision of decent affordable housing for all sections of the community is inextricably linked to the health and wellbeing of the community. Issues such as tackling overcrowding, reducing homelessness ensuring residents have access to disabled aids and adaptations are just a few examples of such interdependency. The Health and Wellbeing Board are asked to consider the key issues as set out in the Challenges and Options paper at Appendix A in order to further inform the next round of consultation.

Recommendations:

The Health & Wellbeing Board is recommended to:

- To consider the Challenges and Options paper set out at Appendix A
- To discuss any relevant issues related to the development of the Housing Strategy

2. **REASONS FOR THE DECISIONS**

No decision required from this meeting.

3. **ALTERNATIVE OPTION**

No alternative option requires consideration from this meeting.

4. **BACKGROUND**

5.1 The Council has embarked upon a six month programme to develop a new Housing Strategy.

5.2 The programme was launched on Monday 15th May 2016 with an article in East End Life by Mayor John Biggs setting out his concerns with regard to the measures contained in the Housing and Planning Act 2016 and informing residents that the Council will respond by developing a new Housing Strategy.

5.3 **The first stage consultation** (16 May 2016 - 31 July 2016) comprised publication of:

- An online survey for respondents to complete (there is a short and a long survey, seeking people's opinions and comments on issues that we have identified that will be important to the borough's new housing strategy)
- A housing strategy challenges and options paper – Attached at Appendix A
- Internal and external partner consultation programme
- Resident engagement programme

5.4 **The second stage consultation** (August 2016 - November 2016) comprises publication of:

- A detailed draft housing strategy document with a proposed action plan.
- Draft 'daughter' documents of the strategy potentially including the housing allocation scheme, tenancy strategy, homelessness strategy, overcrowding action plan and equalities impact assessment draft documents.
- Housing Conference

A link to the online survey and related papers can be viewed here:

http://www.towerhamlets.gov.uk/News_events/News/May_2016/Shape_the_future_of_housing_in_the_borough.aspx

5.5 At present the Council has the following housing and policy statements:

Allocations Scheme (statutory)	Approved 2013
Tenancy Strategy (statutory)	Approved 2013
Homelessness Statement 2013 /17	Approved 2013
Older Persons Housing Statement 2013 /15	Approved 2013
Overcrowding and Underoccupation Plan	Approved April 2016
Private Sector Renewal Policy	Approved April 2016

5.6 All other policy areas will be updated following the consultation process and incorporated into an overarching housing strategy with links to fuller documents as appendices where appropriate.

5.7 In taking forward the Housing Strategy, the Division will need to be mindful of other strategic developments elsewhere in the Council including:

- The Community Plan
- The Strategic Plan
- The Local Plan

Commissioning Strategies relating to vulnerable adults:

- Hostels Plan
- Sheltered Housing Plan
- Accommodation Strategy for people with Learning Disabilities

Other corporate documents including:

- Health and Wellbeing Strategy
- Children and Families Plan

5.8 In addition the outcomes from the Housing and Planning Act 2016 and Mayor of London election can be taken into account. The Housing Strategy has to be in general compliance with the 2014 London Housing Strategy.

5.9 The Challenges and Options and paper sets out its vision as follows:

Tower Hamlets Council wants to ensure that:

- there are housing choices for all sections of our diverse community
- the homes people live in are in a decent condition, warm, and weathertight
- the most vulnerable people's housing needs are met in a fair and inclusive way
- all homes are in safe, prosperous and thriving areas

To deliver this vision, we have broken down our approach into four broad themes, identifying challenges and options. The themes are:

- Delivering affordable housing, economic growth, and regeneration
- Meeting people's housing needs
- Effective partnership working with residents and stakeholders
- Raising private rented housing standards

To achieve this we need to understand what the borough's strengths and weaknesses are; where the opportunities are; and chart a way forward with our residents and other stakeholders, to realise our vision

The final housing strategy adopted will be more outward facing than in the past and will need to address private rented housing issues in more depth, as well as considering investing beyond our borough boundaries, using our own resources and initiative, to develop and implement housing options for people in housing need.

The Government's has just passed a new Housing and Planning Act which will have a big impact on our strategy. The Act includes the following proposals:

- Charge up to market rents to council tenants on incomes of over £40,000 a year
- Require council planners to allow a new 'affordable' home product called Starter Homes for sale at no more than £450,000 which will replace other forms of affordable housing
- Make fixed term tenancies mandatory for new council tenancies
- The assumption that high value council homes will be sold to fund the extension of right to buy to housing association tenants.

This Act and associated interventions detailed in the Government's 2015 Spending Review, such as the four year 1% rent reductions and wider welfare reform changes (including the rolling out of Universal Credit) will present major challenges to all stakeholders in the borough – residents, housing associations, advisory agencies and the council itself.

The council will need to be flexible in its approach to dealing with the implications of the changes being proposed and come up with ideas and initiatives that will mitigate the negative impacts that are likely to emerge.

6. COMMENTS OF THE CHIEF FINANCIAL OFFICER

- 6.1 This report provides an update to the Health & Wellbeing Board on the proposed preparation of the council's Housing Strategy for 2016 to 2021, and asks the Board to consider the Challenges and Options paper (Appendix A), and to discuss any relevant issues related to the development of the Housing Strategy.

- 6.2 The Housing Strategy will contain various policies and statements setting out a range of activities and priorities for the council and key partners that will provide a clear focus for ensuring that available resources are targeted to and in line with these needs. The individual statements and policies are itemised at 5.5 above, and have all been considered separately by Cabinet.
- 6.3 The implementation of the various elements of the strategy will be subject to the availability of funding and further reports assessing the financial impact of individual proposals will be submitted to the Mayor in Cabinet. Delivery of the strategy will be extremely challenging in the current economic climate, particularly in view of the uncertainty surrounding the implications of the recently enacted Housing and Planning Act where much of the financial detail will only become clear when secondary legislation is published over the coming months. The strategy will require a co-ordinated approach and alignment of funding from all major partners, and will also require that best value is obtained from limited sources of external funding, given that the council's mainstream resources to support the strategy are extremely limited.
- 6.4 The costs of preparation and subsequent consultation on the Housing Strategy and its constituent elements will be met from within existing revenue resources.

7. LEGAL COMMENTS

- 7.1 The Council is a local housing authority and pursuant to section 333D(1) of the Greater London Authority Act 1999 ('the 1999 Act') when exercising any function relating to housing or regeneration, the Council shall have regard to the London housing strategy. Section 333D(2) of the 1999 Act provides that any local housing strategy prepared by a local housing authority in Greater London must be in general conformity with the London housing strategy.
- 7.2 The term 'general conformity' is not defined in the Act. In the context of the 1999 Act, 'general conformity' would allow a considerable degree of movement between the London housing strategy and the Council's housing strategy. There does not have to be strict conformity but providing that the Council considers or includes the main features or elements of something then that will be sufficient.
- 7.3 A local housing strategy is defined in the 1996 Act as any statement of the local housing authority's policies or proposals relating to housing. Therefore the six (6) housing and policy statements listed in paragraph 5.5 of this report are local housing strategies.
- 7.4 Whilst the Council is not under a duty to have an overarching Housing Strategy, the overarching strategy can reflect the core values and goals and the underlying strategies for achieving them. The overarching strategy can provide clear direction for the Council and its partners in meeting housing expectations.

- 7.5 The Housing Strategy is a discretionary policy within the Council's Budget and Policy Framework and therefore its final approval is for Full Council. However, pursuant to the Council's Budget and Policy Framework Procedure Rules, the Mayor as the Executive has the responsibility for preparing the draft plan or strategy for submission to the full Council. It will therefore be for the Mayor in Cabinet to recommend the draft strategy to Full Council.
- 7.6 There is no statutory requirement to consult but the Council must consider whether a common law duty arises. This common law duty imposes a general duty of procedural fairness upon public authorities exercising a wide range of functions which affects the interests of individuals (see *R (Moseley) v Haringey London Borough Council* [2014] UKSC 56, [2015 1 All ER 495 at [35] per Reed LJ). In considering whether a common law duty arises, has there been a promise that the Council would consult on a particular issue. This can be as a result of a decision or statement by Members (or an officer). This gives rise to a legitimate expectation. Specifically, the decision or statement must be clear, unambiguous, and not have any relevant qualification. The decision or statement must also have been made by someone who had actual or apparent authority to make that decision or statement. If it is not then the decision is *ultra vires*. This would also arise where the Council does not have the legal power to act in the way proposed.
- 7.7 Further has the Council's past practice been to consult on such proposal? If so, then again a legitimate expectation arises and which has been induced based upon the Council's past behaviour.
- 7.8 The common law duty would also arise where, in exceptional circumstances, a failure to consult would lead to conspicuous unfairness. Specifically a legitimate expectation can arise even without a decision/ statement or past practice, so as to prevent a public authority from acting so unfairly that its conduct amounts to an abuse of power. For example, is what is proposed likely to have a harmful impact on service users?
- 7.9 On balance, it is considered advisable to consult and this report sets out how such consultation is planned.
- 7.10 The consultation should comply with the following common law criteria:
- (a) it should be at a time when proposals are still at a formative stage;
 - (b) the Council must give sufficient reasons for any proposal to permit intelligent consideration and response;
 - (c) adequate time must be given for consideration and response; and
 - (d) the product of consultation must be conscientiously taken into account.
- 7.11 The duty to act fairly applies and prior to undertaking a consultation exercise, consideration must be given to whether the matter to be consulted on impacts on those with protected characteristics. If it does then the method of consultation should be adapted to ensure that those persons are able to respond to the consultation so as to inform the decision making process. For

example, if a group of persons with a protected characteristic is a 'hard to reach' group then they may not be reached by traditional consultation techniques.

- 7.12 When deciding whether or not to proceed with the proposals, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't (the public sector equality duty). To inform the Council in discharging this duty an Equality Assessment will be carried out on the Housing Strategy prior to the 2nd stage consultation.

8. ONE TOWER HAMLETS CONSIDERATIONS

- 8.1 An Equality Assessment will be carried out on the Housing Strategy prior to the 2nd stage consultation.

9. BEST VALUE (BV) IMPLICATIONS

- 9.1 The proposals set out in Housing Strategy will be required to align with the Council's Best Value Duty.

10. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 10.1 The Housing Strategy will have implications for sustainable actions for a greener environment and these will be considered within its development.

11. RISK MANAGEMENT IMPLICATIONS

- 11.1 The proposals set out in the Housing Strategy will carry risks for the Council. Each action is separately monitored and subject to local risk management conditions by either the Council or its partners.

12. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 12.1 Not applicable.

13. SAFEGUARDING IMPLICATIONS

- 13.1 Not applicable.

Linked Reports, Appendices and Background Documents

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- Appendix 1: Challenges and Options paper
- **Background Documents – Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations**
- None

Officer contact details for documents:

- Martin Ling
martin.ling@towerhamlets.gov.uk

0207 364 0469

Towards a New Tower Hamlets Housing Strategy Challenges and Options

Message from the Mayor of Tower Hamlets

Housing is the biggest issue facing Tower Hamlets residents – as my postbag and email inbox confirms every day. I spend a lot of time thinking about what the Council should do to help.

As Mayor I pledged to build 1000 new council homes, and to look at helping residents who are being priced out of renting or buying in their local area. I also want to work with housing associations to ensure they are financially sustainable and properly accountable to their residents.

This outline document is about more than new housing delivery as residents draw on a range of services that the council provides.

Please take the time to complete both the survey and comment on this document so we can improve it and make it reflect local people's and others stakeholders' views.

Mayor John Biggs – May 2016

Consultation Note

This document sets out what we currently envisage the shape and content of the 2016 – 2021 housing strategy we intend to adopt later in the year looking like.

This is the first stage of consultation with residents and other stakeholders on the borough's proposed housing strategy. The second stage will begin in September 2016 and we plan to adopt the final Housing Strategy in November 2016.

Responding to this consultation

There are various ways that you can respond. You can:

Complete the online survey at <http://www.towerhamlets.gov.uk/housingstrategy2016> and include comments on this outline document there.

Email us at housing.strategy@towerhamlets.gov.uk

Write to us at:

Housing Strategy Team
London Borough of Tower Hamlets
Mulberry Place
5 Clove Crescent
London
E14 2BG

Ring us on 0207 364 0469

If any aspect of this document is unclear or you have issues understanding what we have set out, contact us by 'phone or email and we will explain more clearly what we're trying to say.

Please respond by 31 July 2016 so we can take account of your views

We will be consulting again in September 2016 – the second stage of consultation - so you'll have further opportunity to comment on more detailed proposals once we've taken account of views we receive from this first stage consultation process..

Housing in Tower Hamlets today – key evidence

- Population growth - Population expected to increase from 254,000 in 2011 to 370,000 by 2035
- The borough has for centuries welcomed and been home for many immigrants to Britain. Today, some 49 per cent of residents are from black and minority ethnic (BME) communities; 33 per cent are of Bangladeshi heritage, and there are also sizable Somali, Caribbean, Chinese, Vietnamese, Indian and Pakistani communities.
- Deprivation and poverty is present in the area, providing a stark contrast to the wealth and prosperity that has grown around Canary Wharf and the City fringes that also lie within the borough.
- There are over 118,000 households across the borough
- Current tenure mix - The Private Rented Sector is now the biggest single tenure at 39% of homes in the borough, with around 36% social housing and 25% owner occupation
- Housing need – nearly 20,000 households on the Common Housing Register with over 50% in high priority need
- Over 2000 households accepted as homeless are in temporary accommodation with over 1000 currently placed in accommodation outside Tower Hamlets
- Projected housing need - evidence from both the GLA London and LBTH Strategic Housing Market Assessments estimate that LBTH will require an additional 58,000 homes by 2035
- Projected housing development and growth – GLA has set LBTH a target of 3,931 homes per year for the next 10 years Affordable housing delivery – 4,386 new affordable homes built over the last 5 years
- The shortage of affordable homes has led to an extremely heated housing market. The private rented sector has doubled in size over the past 10 years but rents are beyond the reach of households on average incomes are well above Local Housing Allowances
- Private market sales start at a minimum of £300,000 for an ex local authority right to buy flat and so even the lowest level of home ownership is beyond the mean of average income households
- The only homes that are truly affordable to most residents in the borough are those provided by the council at social rents and housing associations at target rents

Section 1 – Setting the vision for Housing

Tower Hamlets Council wants to ensure that:

- there are housing choices for all sections of our diverse community
- the homes people live in are in a decent condition, warm, and weathertight
- the most vulnerable people's housing needs are met in a fair and inclusive way
- all homes are in safe, prosperous and thriving areas

To deliver this vision, we have broken down our approach into four broad themes, identifying challenges and options. The themes are:

- Delivering affordable housing, economic growth, and regeneration
- Meeting people's housing needs
- Effective partnership working with residents and stakeholders
- Raising private rented housing standards

To achieve this we need to understand what the borough's strengths and weaknesses are; where the opportunities are; and chart a way forward with our residents and other stakeholders, to realise our vision

The final housing strategy adopted will be more outward facing than in the past and will need to address private rented housing issues in more depth, as well as considering investing beyond our borough boundaries, using our own resources and initiative, to develop and implement housing options for people in housing need.

The Government's has just passed a new Housing and Planning Act which will have a big impact on our strategy. The Act includes proposals to:

- Charge up to market rents to council tenants on incomes of over £40,000 a year
- Require council planners to allow a new 'affordable' home product called Starter Homes for sale at no more than £450,000 which will replace other forms of affordable housing
- Make fixed term tenancies mandatory for new council tenancies
- High value council homes to be sold to fund the extended right to buy for housing association tenants.

This Act and associated interventions detailed in the Government's 2015 Spending Review, such as the four year 1% rent reductions and wider welfare reform changes (including the rolling out of the Universal Credit) will present major challenges to all stakeholders in the borough – residents, housing associations, advisory agencies and the council itself.

The council will need to be flexible in its approach to dealing with the implications of the changes being proposed and come up with ideas and initiatives that will mitigate the negative impacts that are likely to emerge.

Working with the new Mayor of London

Sadiq Khan was elected as the new Mayor of London on 5th May 2016. Meeting housing need is one of his key objectives and the Council will work closely with him over the next four years. Set out below are his election commitments and the Council will need to consider these as it sets out its own Housing Strategy.

Homes for Londoners

The Mayor will set up a new team at City Hall dedicated to fast-tracking the building of genuinely affordable homes to rent and buy.

Putting Londoners first

The Mayor will set a target for 50 per cent of all new homes in London to be genuinely affordable, and use mayoral powers and land to stop 'buy-to-leave' and to give 'first dibs' to first-time buyers and local tenants. He will end the scandal of thousands of homes in new developments being sold off-plan to overseas investors each year.

More investment in housing

The Mayor will support housing associations in their plans to ensure a minimum of 80,000 new homes a year.

Land for homes

The Mayor will bring forward more land owned by public bodies like Transport for London and use the Mayor's new homes team to develop that land. This will enable more homes to be built where they are needed, rather than where developers think they can make the most money.

London Living Rent

The Mayor will create a new form of affordable housing, with rent based on a third of average local income, not market rates. A new form of tenure, more affordable, and giving Londoners the chance to save for a deposit.

Action for private renters

The Mayor will establish a London-wide not-for-profit lettings agency to promote longer-term, stable tenancies for responsible tenants and good landlords across London.

Action on Landlords

The Mayor will work with boroughs to set up landlord licensing schemes – naming and shaming bad landlords and promoting good ones.

The Current London Housing Strategy

The Council has to ensure that its housing strategy is on general conformity with the Mayor of London's Housing Strategy. This was produced in 2014 by the former Mayor of London and can be viewed here:

<https://www.london.gov.uk/what-we-do/housing-and-land/housing-strategy/mayors-housing-strategy>

Aims of the former Mayor of London's Housing strategy:

To meet the needs of London's growing population, The Strategy aims to almost double housebuilding to at least 42,000 homes a year for the next twenty years. This challenge formed the core ambition of the former Mayor's Housing Strategy – formally adopted in October 2014

The strategy also aimed to better reward those who work hard to make this city a success by:

- massively increasing opportunities for home ownership
- improving the private rented sector
- ensuring working Londoners have more priority for affordable homes to rent
-

At the same time, the strategy reiterates the previous Mayor's long-standing commitment to address homelessness, overcrowding and rough sleeping.

Section 2 - Challenges and Options for the future

Theme 1 – Building affordable housing, economic growth and regeneration

Challenges

Building new homes: Local Plan Policy

During December 2015 to February 2016 the Council undertook the first stage of consultation on its new Local Plan Which is the key planning document for the borough. The Plan should make clear what development, e.g., homes, offices, schools, is intended to happen over a certain period; where and when this development will occur; and how it will be delivered

Responses to this document, *Our Borough, Our Plan – A new Local Plan First Steps (Dec 2015)* have been received and are currently being considered. A summary of the responses to the consultation will be published here in due course:

http://www.towerhamlets.gov.uk/lgn/council_and_democracy/consultations/Local_Plan.aspx

A further, more developed version of the Draft Local Plan will be consulted on later in autumn 2016. The aim is to adopt the final Local Plan document, subject to secretary of state approval, by autumn 2017.

The December 2015 document set out the following statement:

Tower Hamlets is expected to contribute a minimum of 39,310 new homes, approximately 10 per cent of the London housing target, by 2025. The borough's ability to supply land for housing in these quantities is becoming increasingly limited as a significant proportion of our available sites have already been developed. Land also needs to be secured to support the delivery of new infrastructure, such as schools, open spaces, health centres and transport links to create sustainable communities – Our Borough, Our Plan – A new Local Plan First Steps (Dec 2015)

The borough currently has around 118,000 homes, so adding a further 39,310 by 2025 is going to have a major impact and pressures on the places that we have and the services that the council provides.

What we set out in the in final housing strategy needs to be fully aligned with what is set out in the Local Plan. But we're adopting our housing strategy in autumn 2016, a year earlier than the Local Plan. The Local Plan document and associated guidance documents are the key documents referred to when considering planning decisions, but until the Plan is adopted the draft planning documents will be considered as 'emerging policy'. The adopted housing strategy influences current and emerging planning policy but will not determine it.

At present, the council seeks 35% to 50% affordable housing from developers, but due to national planning policy and viability arguments made by developers, it is often difficult to deliver affordable housing within that range. Due to the significant proportion of housing that is proposed by private developers, which historically has yielded a large amount of affordable housing through what are called s106 agreements, the council will need to continue maximising affordable housing from this source.

This will prove increasingly difficult with the policy changes the government is bringing in, particularly on Starter Homes, which will be set by the government at a cost of up to £450,000 in London.

A common perception of housing choice in Inner London areas is one where you have to be very wealthy or very poor to be able to access accommodation. Even a high income is not necessarily sufficient to enter the low end of the home ownership market. An outcome sought from this strategy is how we can recreate some of the housing choices which enabled the borough to attract a wide range of people that contributed to public services, e.g., essential workers, but also people who contribute to the borough's diversity and cultural life. We need to look at what we can do to recreate those choices in a lasting way and what outcomes they can generate.

Where will the new homes be built?

Tower Hamlets has considerable capacity to grow. The borough has hosted significant housing delivery in the past decade for a mix of reasons: the rebuilding of docklands, its proximity of the City of London and more recently the Olympic Park (now the Queen Elizabeth Park); and now with the more recent Overground and Dockland Light Railway upgrades, the transport infrastructure is soon to benefit from Crossrail opening in stages from 2017 onwards.

The significant housing delivery the borough has hosted is likely to continue for the next decade, mainly but not exclusively in the areas below identified by the Mayor of London for housing and employment growth:

- Area 1 - City Fringe / Tech City (including Whitechapel) where 15,000 homes can be delivered
- Area 2 - Isle of Dogs and South Poplar – 10,000 homes can be delivered
- Area 3 – Lower Lea Valley which the Tower Hamlets element includes the Poplar Riverside Housing Zone where 9,000 homes can be delivered.

The council is already working with the Mayor of London to maximise affordable housing delivery in the Poplar Riverside area through a Housing Zone. We will need to look at other ways of ensuring affordable housing delivery can be accelerated. other delivery mechanism.

The Mayor of Tower Hamlets Housing Policy and Affordability Commission

Mayor John Biggs established a Cabinet Commission to investigate the delivery of actual affordable housing in December 2015. The Mayor appointed an expert

external panel who met three times: December 2015, January 2016 and February 2016.

Details of the Commissions' meetings and discussions can be viewed here:

<http://modern.gov.towerhamlets.gov.uk/mgCommitteeDetails.aspx?ID=755>

The Mayor in Cabinet considered the recommendations of the Affordability Commission at a meeting on the 10th May 2016 and agreed to prioritise the following areas of work:

1. Council owned sites

To deliver 100% rented housing combining social target rents and homes at 'living rent' (set at a proportion of median incomes at or below Local Housing Allowance levels) that is affordable without recourse to benefits for households with median incomes. These would cross-subsidise the social target rented homes.

To investigate letting the higher rent homes through a separate waiting list and potentially developed by a council sponsored Housing Company.

2. Section 106 Sites

Explore the option to reduce Borough Framework rents to more affordable levels including social target rents taking into account impact on viability and possible reduction in overall affordable housing units.

Plan for emerging Government policy, in particular the proposed requirement to deliver 20% Starter Homes on schemes over 10 units as part of the affordable housing offer.

3. Commuted sums

Given the changes in the housing market and land values, the Council should review its policy regarding commuted sums for affordable housing with reference to:

- Creating mixed and sustainable communities
- Considering the overall output of affordable housing.

Funding new council homes, estate regeneration and other affordable housing

The council continues to be a major landowner in the borough through its ownership of homes and council land managed by Tower Hamlets Homes. In recent years it has been undertaking a council house building programme part funded by right to buy receipts. However, with the government's policy of reducing social rents by 1% a year for four years, this means previous assumptions on future revenue for asset management of council housing and building new homes has had to be revised.

That said, the council is committed to supporting the delivery of:

- more council housing
- more housing association affordable homes to rent and buy
- the regeneration of our estates
- Building and/or acquiring new homes, possibly outside the borough through a council sponsored local housing company
- Intermediate housing, i.e., homes for working households, including shared accommodation in certain circumstances

The council is committed to the delivery during 2014-18 of 5,500 affordable homes in total by all affordable housing providers, of which 1,000 will be by the council for rent. The majority of these 1,000 homes will be built on council-owned vacant land.

New Housing Company

Like many other Local Authorities, the council is considering setting up a new Company to deliver housing on its behalf. This could include homes both inside and outside the borough and for both rent and sale. The advantage of this is that it would operate under different financial rules and possibly enable more homes to be built. The Council will bring forward plans for the company later this year.

Affordable home ownership and other forms of intermediate housing

Intermediate housing is for people who need affordable housing, but can't afford it on the open market, but are not eligible to join the common housing register.

A traditional form of affordable home ownership in the borough has been through the provision of shared ownership homes built by housing associations. Typically an applicant can buy (usually with a mortgage) a minimum of 25% of the open market value of a home and rent (and pay service charges) for the remainder. Because of high house prices in the borough, even this model is becoming increasingly unaffordable for people on average incomes. Other forms of intermediate housing include sub market rented housing which is below private market rents but above social rents.

The council will need to review how it approaches the delivery of intermediate housing with the advent of Starter Homes and the increasingly unaffordable cost of shared ownership housing. Increasing the amount of genuinely affordable homes for ownership for local people is an important part of the council's future housing approach.

Quality, design and energy efficiency of affordable housing

The council will seek to build homes that deliver:

- acceptable space standards meeting *DCLG Technical housing standards – nationally described space standard (March 2015)* and ideally exceeding them
- bedroom mixes that meet people's needs
- wheelchair accessible standards (10% minimum) and Lifetime Homes Standards
- energy efficient standards which helps both reduce fuel poverty and carbon emissions

Regeneration: Jobs, Skills and the Local Economy

An ongoing challenge for the council is how to maximise social, economic and environmental gains for the disadvantaged in our communities from the enormous private sector economic activity undertaken in Canary Wharf and the City of London adjacent to the borough.

With the major growth of residential, business and cultural activity across the borough in the coming decades, the need for a connection between capturing the value of growth and applying it to those who need a start most continues to be great.

As referenced earlier, the three opportunity areas in the borough in the Lower Lea Valley including Poplar Riverside, South Poplar, and City Fringe / Tech City (including Whitechapel) is where the main growth will be in the future.

Later this year, the Mayor will be considering a new growth strategy to help ensure local job opportunities are maximised for local people.

Options for consideration

How we can consider delivering affordable housing, economic growth and regeneration

- Maximise affordable housing building in the borough's three key development areas
- Use council-owned sites to deliver 100% rented housing combining social target rents and homes at 'living rent'
- Use council-owned sites to develop higher rent homes let to applicants from a separate waiting list and potentially developed by a Council owned Housing Company.
- Consider setting up housing company to deliver new homes both inside and outside the borough
- Explore the option to reduce 'Affordable' rents to more lower levels including social target rents taking into account the possible reduction in overall affordable homes for rent
- Plan for emerging Government policy, in particular the proposed requirement to deliver 20% Starter Homes on schemes over 10 units as part of the affordable housing offer
- Review its policy regarding commuted sums for affordable housing, with the aim of:
 - Creating mixed and sustainable communities
 - Considering the overall output of affordable housing

- Making best use of Council owned land/assets
- Complete a full capacity study of Council owned land site (within the Housing Revenue Account and the General Fund) to identify opportunities and funding options.
- Develop a new employment strategy to help ensure local job opportunities are maximised for local people
- Develop clear policy for market sale, for discounted market sale including Starter Homes and shared equity schemes with reference to evidence available regarding take up of subsidised home ownership schemes.
- Explore long term financial investment from institutions for an intermediate rent product for households with average/median incomes

Theme 2 – Meeting people’s housing needs

Challenges

Common housing register allocation scheme

The council is required by law to have a Housing Allocation Scheme which sets out how applicants who are homeless and/or in housing need can join the housing register. The council operates its scheme in partnership with housing associations that have homes in the borough and are signed up as borough partners.

For that reason, the council’s scheme is called *The Common Housing Register Partnership Allocations Scheme (23 April 2013)*.

The current scheme can be viewed here:

<https://www.ths.org.uk/Data/Pub/StreamTemp/1gg42is3.pdf>

As part of the housing strategy consultation process, we are going to review and consider amending some aspects of the scheme in conjunction with our Partnership members.

Consultation will include a focus on:

- Priority banding, including whether the council should continue giving priority to applicants not in housing need
- Right to move requirements (where applicants from outside the borough have priority in order to take up work in the borough)
- Review our residency conditions which currently require people to have lived in the borough for at least 3 years before they can join the Housing Register

Homelessness Strategy

The council currently has in place a *Homelessness Statement 2013 to 2017* which sets out our approach to preventing and reducing homelessness focused on:

- Homeless prevention and tackling the causes of homelessness
- Access to affordable housing options
- Children, families and young people
- Vulnerable adults

The statement can be viewed here and comments on this statement and any other aspect of tackling homelessness are welcome through this stage of the consultation and will be taken into consideration when formulating the final Housing Strategy

http://www.towerhamlets.gov.uk/lgnl/housing/housing_statements_and_strateg/homelessness_strategy.aspx

Many aspects of this document are still relevant but we need to consider what other options are available to prevent and meet homelessness demand.

At this stage we are primarily seeking views on the priority given to homeless households by the Council through the review of our allocations scheme.

In addition we will consider purchasing accommodation within the borough to use as our own temporary accommodation which will reduce the cost to the Council. This could be taken forward through the creation a Social Lettings Agency that can help offer more housing options for homeless people and others in housing need

We will also review the current statement and set out which areas to take forward and identify further work required.

Tenancy Strategy – Changes to new Tenancy Agreements

The council is required by law to have a Tenancy Strategy that sets out what kind of social housing tenancies should be granted by housing associations and the council (through Tower Hamlets Homes) in the borough and what basis those tenancies should be renewed.

The government through its Housing and Planning Act propose that future tenancies granted by the council and housing association landlords should be for fixed terms of between two years and 10 years. The government is also proposing that where families have children under the age of nine, a tenancy should be granted until the child reaches the age of 19. There will be some exceptions to fixed term tenancies, possibly for the elderly and the disabled, which will be set out in regulations to be published in the future.

The government is also proposing that other than where a spouse or civil partner is succeeding a tenancy, the new tenancy should be for a fixed term. The new Tenancy Strategy adopted will impact on future tenancies granted by Tower Hamlets Homes, and influence the tenancy policies of our local housing association partners.

Now that the government's proposals on tenancies have been set out in the Housing and Planning Act, we will seek your views on future length of tenancies.

The current Tenancy Strategy can be viewed here:

<http://www.towerhamlets.gov.uk/Documents/Housing/Tower-Hamlets-Tenancy-Strategy.pdf>

Tackling overcrowding

The council currently has in place a 2016-2018 Overcrowding Action Plan which was updated in March 2016 and includes the following:

- Property based actions by delivering larger family accommodation through s106 schemes and new affordable housing schemes
- Lettings actions by having a flexible approach to the operation of the Common Housing Register Allocation Scheme (April 2013)
- Advice and partnership actions by ensuring all housing associations with stock in the borough sign up to the Common Housing Register Forum
- Under occupation actions by developing bespoke packages to meet specific households' needs; encouraging housing associations to reduce under-occupation; and financial incentives to encourage under-occupiers to consider moving

The plan can be viewed here and comments on this plan and any other aspect of tackling overcrowding are welcome through this stage of the consultation and will be taken into consideration when formulating the final Housing Strategy.

<http://www.towerhamlets.gov.uk/Documents/Housing/Housing-provision/Overcrowding-and-Under-Occupation-statement-Final-July-2013.pdf>

Older Persons' Housing Needs

People are living longer and often do not have housing choices that enable them to move to more appropriate accommodation that meets their needs. In an affordable housing context, this can involve small-sized households, sometimes single people, under-occupying family homes which could be used for larger households. Whilst the council has access to sheltered housing for older people available through its Housing Association partners, older people's needs sometimes require consideration of health and/or mobility issues. The need to continue to meet the two aims of the council's 2013 – 2015 Older Persons' Statement remain valid, which are:

- Aim 1: Provide a range of good quality accommodation and access to home adaptations and improvements that offers older people housing that meets their needs;
- Aim 2: Help older people to continue to remain active, independent and healthy in their homes supported by flexible and affordable services

The council will refresh its Older Persons' Statement and align it with the broader objectives of the final housing strategy adopted in autumn 2016.

The statement can be viewed here and comments on this statement and any other aspect of older persons housing are welcome through this stage of the consultation and will be taken into consideration when formulating the final Housing Strategy

<http://www.towerhamlets.gov.uk/Documents/Housing/LBTH-Older-Person-Housing-Statement-May-2013.pdf>

Disabled people including those with learning disabilities

The council recognises the need to provide affordable housing accommodation that is suitable for people with physical disabilities including people who use wheelchairs.

An emerging issue is the lack of affordable accommodation for people with learning disabilities (including people with autism) who are able to live independently with some support. This has been given added impetus with the government's recent announcement that it expects future accommodation to be delivered in community based settings rather than hospitals and residential care settings. The council is in the process of developing a strategy for meeting disabled people's housing needs.

Supported Housing and other forms of temporary accommodation

Supported Housing plays an important role in providing accommodation for people who may have dependency issues, such as alcohol, drugs, or who have particular mental health issues. Consideration also needs to be given to children leaving care and those fleeing domestic violence. Services required, e.g., floating support, to enable people to live independently is funded from the Supporting People programme administered by the council, guided by the Supporting People Strategy.

We will consider the needs of all these groups when developing new housing and reviewing allocations policies and take into account the view of our partner organisations who provide services to the most vulnerable people in our community.

Gypsies and Travellers

Part of the Local Plan development process deals with assessing the housing needs of gypsies and travellers in the borough. As part of this process, council officers from planning and housing will liaise to ensure that gypsy and traveller housing needs are fully considered in housing strategy and set out in the Local Plan to be adopted in autumn 2017.

Options for consideration

What we can consider doing to better meet people's housing needs

- Refresh the Common Housing Register Allocation Scheme to widen housing options for the council to give priority to those in housing need and use private rented housing and other suitable accommodation to meet housing needs
- Keep under review the Overcrowding and Under-occupation Plan
- Refresh the Tenancy Strategy to take account of legislative changes requiring local authorities to issue fixed term tenancies
- Explore the merits of creating a Social Lettings Agency that can help offer more housing options for homeless people and others in housing need
- Explore the merits of the council buying or developing its own hotel to meet emergency housing needs
- Refresh our Homelessness Statement and align it with the 2016-21 Housing Strategy

- Refresh our Older Persons' Housing Statement and align it with the 2016-21 Housing Strategy
- Work closely with colleagues and partners to support the most vulnerable people in the borough and continue to meet their housing needs
- Assess the existing and future requirements for the gypsy and traveller communities

Theme 3 – Effective partnership working with residents and stakeholders

Challenges

The council needs to consider the way it works with its partners, primarily its residents; housing associations; and other stakeholders in the borough and the Greater London Authority.

It will be important that the council is clear in expressing what changes are going to be proposed over the coming years and explain why. Some issues such as the passing into law the introduction of fixed term tenancies will involve further consultation and some difficult discussions with existing tenants and particularly those who hope to live in the borough in the future.

The introduction of Universal Credit benefits system may mean that council and housing association tenants in the future will have to pay their rent in a different way so we need to make sure advice and support is in place to ensure rent arrears do not build up.

In terms of specific areas of partnership working in the future:

Tower Hamlets Homes and the council's tenants and leaseholders

Tower Hamlets Homes (THH) is the arms length management organisation (ALMO) that is responsible for managing and maintaining the council's housing stock of some 21,000 social rented homes and leaseholder homes originally sold under the right to buy.

The ALMO (a company 100% owned by the council) was established to access government funding to deliver a “decent homes” programme, to repair and modernise the housing stock, whilst this programme was completed in 2016, the council continues to make significant investment in its stock to maintain a decent standard-.

Working with our housing association partners

The council works in partnership with around 50 housing associations in the borough, who collectively own and manage more homes than the council. A good example of this partnership working is demonstrated by the operation of the Common Housing Register Allocation Scheme, overseen by the Tower Hamlets Housing Forum, comprising our housing associations and council representatives.

Some of these housing associations – Poplar Harca, Eastend Homes and Tower Hamlets Community Housing – were set up by the council to deliver decent homes, improvements, new homes and broader regeneration outcomes which they have been undertaking.

With the government's recent decision to force housing associations to reduce their rents by 1% for four years, has meant that housing associations nationwide are progressing discussions about merging which are proceeding. Although a 1% reduction for four years doesn't sound much, this reduction has had a profound impact on housing association financial planning. This has impacted on the council (through Tower Hamlets Homes) too with difficult decisions having to be made about future investment. The impact on housing associations' business plans – particularly those who are developing new homes – is causing some organisations to pursue mergers with others to ensure their (merged) business plans remain robust.

We're concerned that such mergers will have a negative impact on local service delivery and negatively impact on broader strategic investment decisions. We are particularly keen that Tower Hamlets based local housing associations stay locally focused and accountable and we will work with the statutory authorities – principally the Greater London Authority and the Homes and Communities Agency - to make sure this remains the case.

A further issue is the government's stated intention to 'deregulate' the housing association sector. What this means in practice will emerge over time, but our concern is that agreements and understandings in place on issues such as nomination agreements; responsibility to house homeless households; and council rights to nominate members to housing association boards will loosen.

The large majority of new affordable housing for rent will be delivered by housing association partners, most of whom are members of the council's Preferred Partners Panel. We intend to maintain this Panel but recognise that there will be difficulties ahead as with the trend with mergers, there will be fewer developing housing associations and the ability of the council to prescribe who builds what affordable housing

Options for consideration

- Continue to work with council tenants and leaseholders on the development of Tower Hamlets Homes
- Develop more effective working with local housing associations that are based in the borough delivering local priorities remain local, independent and accountable to residents.

Theme 4 – Raising private rented housing standards

Challenges

The Council wants to raise the standard of private rented housing in the borough. Private sector housing – housing for home ownership and private renting – represents two large segments of the housing market in Tower Hamlets. Whilst much of the new private housing in the borough is both expensive but well managed, some private sector rented homes are in poor condition and/or poorly managed.

There are also a significant number of homes bought under the right to buy which are now being let by private landlords. There are a number of interventions that the council is undertaking in respect of private sector housing and other initiatives and issues it has to consider. These include:

A **Landlord Licensing Scheme** for private landlords in the west of the borough covering the following wards:

- Spitalfields and Banglatown
- Weavers
- Whitechapel

The council wants to use selective licensing to tackle anti-social behaviour, deal with poor housing standards and assist in improving the overall management of rented accommodation. The Council could consider extending this scheme to homes in multiple occupation provided further conditions are met.

The council's **Private Sector Housing Renewal Policy 2016 – 2018**, makes available a mix of grants and loans, some of which are means-tested, to tenants and landlords that fund:

- Bringing long term empty homes back into use
- Disabled facilities that allow tenants to live independently in their homes
- Home repair grants to fund small scale repairs so that tenants can remain in their own homes safely and avoid minor accident

The policy can be viewed here:

http://www.towerhamlets.gov.uk/Documents/Housing/Private_Sector_Renewal_Policy_2016_18.pdf

Other private sector housing issues:

Empty Properties

'Buy to Leave' - The council, as with other inner London authorities, has concerns about a perceived trend of homes being bought on the open market and being left empty. For the council this means fewer homes available to rent and which also has a negative impact on the local economy. We need to research this perceived trend

and establish what evidence there is for it and what, if any, actions are required to address it.

As well as 'Buy to Leave' existing properties are also often left empty and the council will review its existing approach to approaching owners of these properties in order to encourage them to bring properties back into use, including through legal action.

The **Self Build and Custom Housing Act 2015** requires the council to hold a register of individuals and associations of individuals who are seeking serviced plots of land (i.e., serviced with water, electricity, etc) to either self build their own homes or use custom housing (e.g., housing, wholly or partly assembled in factories). The council will be maintaining such a list as required by law and will monitor interest in this form of housing.

Student Accommodation does not sit neatly in the standard types of accommodation – housing for market sale, market rent, low cost home ownership, and for social (and affordable) rent. Planning policy will guide the policy framework by which decisions will be made on whether additional student accommodation should be built in the borough to support students wanting to study at local academic institutions.

Options for consideration

- Review selective/additional licensing schemes for private rented sector and explore options for a scheme for houses in multiple occupation.
- Review the action the Council could take to reduce the number of new homes that are being purchased but being left empty by investors and by owners of existing empty properties.
- Support the Mayor of London's London Rental Scheme and London Landlord Accreditation Scheme to improve regulation in the Private Rented Sector
- Analyse the register of self builders in line with statutory requirement and in order to inform the Local Plan and respond to self and custom build.

Section 6 - Equalities Statement

The 2010 Equalities Act places an equality duty on local authorities (and other public bodies) to protect people from discrimination in the workplace and in wider society. To meet this duty, the Council needs to consider all individuals when carrying out their day-to-day work when shaping policy, in delivering services and in relation to their own employees. It also requires that public bodies to:

- have due regard to the need to eliminate discrimination
- advance equality of opportunity
- foster good relations between different people when carrying out their activities

The adoption of the Housing Strategy and associated documents requires the Council to undertake an Equalities Impact Assessment (EqIA) to fully assess what the positive, negative or neutral impacts of adopting the documents will be on defined equality groups. The nine relevant protected characteristics of these groups are:

- age
- disability
- gender reassignment
- Marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

When we publish the draft housing strategy and associated documents in the autumn, we will also publish a draft equalities impact assessment for stakeholders to review and comment on.

Summary of options for consideration

Set out below is a summary of the options for consideration that are covered in the four key sections of this Housing Strategy Outline document.

At the beginning of this document, are details on how you can give comment on what we've set out.

Theme 1 - Delivering affordable housing, economic growth, and regeneration

- Maximise affordable housing building in the borough's three key development areas
- Use council-owned sites to deliver 100% rented housing combining social target rents and homes at 'living rent' (set at a proportion of median incomes at or below Local Housing Allowance levels) that is affordable without recourse to benefits for households with median incomes. These would cross-subsidise the social target rented homes.
- Use council-owned sites to develop higher rent homes let to applicants from a separate waiting list and potentially developed by a Council owned Housing Company.
- Consider setting up housing company to deliver new homes both inside and outside the borough

- Explore the option to reduce 'Affordable' rents to more lower levels including social target rents taking into and the possible reduction in overall affordable housing units.
- Plan for emerging Government policy, in particular the proposed requirement to deliver 20% Starter Homes on schemes over 10 units as part of the affordable housing offer
- Review its policy regarding commuted sums for affordable housing, with the aim of:
 - Creating mixed and sustainable communities
 - Considering the overall output of affordable housing
 - Making best use of Council owned land/assets
- Complete a full capacity study of Council owned land site (within the Housing Revenue Account and the General Fund) to identify opportunities and funding options.
- Develop a new employment strategy to help ensure local job opportunities are maximised for local people
- Develop clear policy for market sale, for discounted market sale including Starter Homes and shared equity schemes with reference to evidence available regarding take up of subsidised home ownership schemes.
- Explore long term financial investment from institutions an intermediate rent product for households with average/median incomes

Theme 2 - Meeting people's housing needs

- Refresh the Common Housing Register Allocation Scheme to widen housing options for the council to give priority to those in housing need and use private rented housing and other suitable accommodation to meet housing needs
- Keep under review the Overcrowding and Under –occupation Plan
- Refresh the Tenancy Strategy to take account of expected legislative changes requiring local authorities to issue fixed term tenancies
- Explore the merits of creating a Social Lettings Agency that can help offer more housing options for homeless people and others in housing need
- Refresh our Homelessness Statement and align it with the 2016-21 Housing Strategy
- Refresh our Older Persons' Housing Statement and align it with the 2016-21 Housing Strategy

- Work closely with colleagues and partners to support the most vulnerable people in the borough and continue to meet their housing needs
- Assess the existing and future requirements for the gypsy and traveller communities

Theme 3 - Effective partnership working with residents and stakeholders

- Continue to work with council tenants and leaseholders on the development of Tower Hamlets Homes
- Develop more effective working with local housing associations who are based in the borough delivering local priorities remain local, independent and accountable to residents

Theme 4 - Raising private rented housing standards

- Review selective/additional licensing schemes for private rented sector and explore options for extensions to schemes.
- Review the action the Council could take to reduce the number of new homes that are being purchased but being left empty by investors and by owners of existing empty properties.
- Support the Mayor of London's London Rental Scheme and London Landlord Accreditation Scheme to improve regulation in the Private Rented Sector
- Analyse the register of self builders in line with statutory requirement and in order to inform the Local Plan and respond to self and custom build.

Glossary of Terms

Affordable Rented Housing – comprises two forms of affordable rented housing.

- Social rented housing is usually owned by local authorities and private registered providers (as defined in section 80 of the Housing and Regeneration Act 2008), for which guideline target rents are determined through the national rent regime.
- Affordable rented housing is let by local authorities or private registered providers of social housing to households who are eligible for social rented housing. Affordable Rent is subject to rent controls that require a rent of no more than 80 per cent of the local market rent (including service charges, where applicable).

Arms Length Management Organisation (ALMO) – an organisation set up and owned by the council to manage its housing stock. The ALMO in the borough is called Tower Hamlets Homes.

Assured Tenancy – The type of tenancy issued by housing associations which are 'lifetime' tenancies. For new tenants, these are preceded by a 'Starter Tenancy', usually for one year.

Assured Shorthold Tenancy – The type of tenancy issued by housing association landlords which are fixed term tenancies. These are usually for five years, but can be as short as two years or longer than five years. Private landlords also use this tenancy, but usually issue them for shorter periods, between 6 months and year, but can be longer.

Common Housing Register Allocation Scheme – The council is required by law to produce a Housing Allocation Scheme. In Tower Hamlets, the council works in partnership with local housing associations to produce a joint document, the Common Housing Register Allocation Scheme. This document sets out the policies which decide who can go on the register which may mean being allocated affordable rented housing in the borough. The scheme also sets out how homelessness needs are met.

Commuted Sums – See S106.

Department for Communities and Local Government (DCLG) – The government department of state responsible for housing, planning and regeneration, which also sponsors the Homes and Communities Agency.

Fixed Term Tenancy – The type of tenancy issued by local authority or ALMO landlords which are for fixed terms. These are usually for five years (but can be for longer), but can be as short as two years or longer than five years. These tenancies have the same rights and conditions as Secure Lifetime Tenancies, but are for fixed terms.

Greater London Authority – comprises the Mayor of London; London Assembly; and the staff who support their work. It is the capital's strategic regional authority, with powers over transport, policing, economic development, housing, planning and fire and emergency planning. The Mayor is responsible for producing the London Housing Strategy and the London Plan. The council's housing strategy and local plan need to be in general conformity with the Mayor's documents.

Homes and Communities Agency (HCA) – The government appointed regulator of housing associations who are registered with the HCA, i.e., registered providers. The HCA provides governance and financial viability ratings for individual housing associations.

Housing Allocation Scheme – See Common Housing Register Allocation Scheme.

Housing Associations – are social landlord organisations which are not local authority landlords, who provide affordable rented accommodation. Housing

associations registered with the Homes and Communities Agency are known as 'Private Registered Providers' and used to be known as Registered Social Landlords (RSLs).

Intermediate Housing – A broad term to describe accommodation which is intended to be affordable for working households available for rent; ownership or a combination of rent and ownership. Such households do not usually qualify to go on the Common Housing Register but are not able to afford housing on the open market for private rent or ownership.

London Living Rent - Not an official term but widely understood as rent that could be offered in new 'intermediate' affordable homes. It's based on the principle that rents shouldn't be more than around a third of what people earn.

Secure Lifetime Tenancy - The type of tenancy issued by councils or ALMOs which are 'lifetime' tenancies. For new tenants, these can be preceded by an 'Introductory Tenancy', usually for one year.

Local Plan – A local authority planning document that sets out the council's proposed planning and land allocation policies over a set period of time.

Low Cost Home Ownership (LCHO) – A form of affordable housing that is available for sale at less than open market values, either through shared ownership or at a discounted price.

Private Rented Housing – Accommodation let by private landlords at market rates, usually on an Assured Shorthold Tenancy.

Registered Providers – Housing associations which are registered as providers of affordable housing with the Homes and Communities Agency (HCA).

S106 – is a legal agreement between a developer and the council for the developer to provide specific community contributions in return for the council granting planning consent for a scheme. These community contributions can be money – commuted sums – to go towards build of schools, health facilities, or affordable housing. Alternatively it can be an agreement to do certain things, for example, environmental improvements or provide affordable housing. The housing is usually provided through the developer contracting with a housing association.


Shared Ownership – An intermediate housing product available from housing associations (and more recently other bodies) whereby the applicant buys a share of a home (not less than 25%) and rents the remainder.

Starter Homes – A government-sponsored affordable housing product which will be available to buy at no more than £450,000 (or £250,000 outside London) and no more than 80% of local market values. The government wants to require local authorities to deliver Starter Homes through private developers.

Tenancy Strategy – A statutory local authority document that sets out its policy on the types of affordable housing tenancies (i.e., lifetime tenancies or fixed term tenancies) they wish to see granted by Registered Providers in their areas and on what terms they think the tenancies should be renewed.

Tower Hamlets Homes – The council's arms length management organisation (ALMO) which manages the council's housing stock.

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Health and Wellbeing Board Tuesday 9 th August 2016	
Report of: Jane Milligan, Chief Officer, Tower Hamlets CCG	Classification: Unrestricted
Update on North East London Sustainability and Transformation Plan (NEL STP)	

Contact for information	Helena Pugh, Local Authority Engagement Lead, NEL STP, Tower Hamlets, CCG E-mail: nel.stp@towerhamletsccg.nhs.uk
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Executive Summary

This report provides a further update to the Board on the development of the north east London Sustainability and Transformation Plan (known as the NEL STP). While the mandate for the STP development and sign off lies with health partners, we are working closely with local authorities to develop the approach to sustainability and transformation as we recognise that their involvement is central to the success of our ambitious plans to develop truly person-centred and integrated health and social care services.

A draft 'checkpoint' STP was submitted to NHS England on 30 June 2016; it formed the basis of a local conversation with NHS England on 14 July. Appendix A includes a summary of the key points of the draft STP submission. A public facing summary of the draft NEL STP is being developed and will be shared widely when it is available. We expect to hold public events across north east London over the summer, so we can discuss it with local people. Further work is continuing to develop the plan in more detail; additional updates will be presented to the Board as they become available.

Recommendations

The Health and Wellbeing Board is recommended to provide:

- a) feedback to the NEL STP Team on the draft priorities of the draft submission to enable us to test ideas and strengthen the STP
- b) suggestions regarding the key principles that should underpin any NEL-wide governance for the STP

1. DETAILS OF REPORT

Background

- 1.1 In December 2015 NHS England planning guidance required health and care systems across the country to work together to develop sustainability and transformation plans (STPs). An STP is a new planning framework for NHS services which is intended to be a local blueprint for delivering the ambitions NHS bodies have for a transformed health service, which is set out in a document called Five Year Forward View (5YFV). England has been divided into 44 areas (known as footprints); Tower Hamlets is part of the north east London footprint.
- 1.2 STPs are five year plans built around the needs of local populations and are:
- based on a 'place' footprint rather than single organisations, covering the whole population in this footprint, which is agreed locally
 - multi-year, covering October 2016 to March 2021
 - umbrella strategies, which span multiple delivery plans, ranging from specialised services at regional levels, to health and wellbeing boards' local commissioning arrangements, as well as transformational programmes, such as those redesigning services for people with learning disabilities, or urgent care
 - required to cover the full range of health services in the footprint, from primary care to specialist services, with an expectation that they also cover local government provision
 - to address a number of national challenges, such as around seven day services, investment in prevention, or improving cancer outcomes
- 1.3 These plans will become increasingly important in health service planning because they are the gateway to funding. In 2016/17 they are the basis for accessing a transformation pot of £2.1bn. This will encompass the funding streams for all transformational programmes from April 2017 onwards, and will rise to £3.4bn by 2021. It is envisaged that this approach will have significant benefits over the earlier approach to transformation funding. Where there had previously been fragmented approaches, both in terms of schemes and locality-based working as a result of emerging programmes and new funding arrangements (such as the Prime Ministers Challenge Fund, Urgent & Emergency Care Vanguard etc.), there will now be a single unified approach across the STP footprint. This will prove extremely valuable in assisting providers and commissioners to work in a more collaborative and co-ordinated way enabling transformation and efficiencies to be delivered that would not otherwise be achievable.
- 1.4 As well as implementing the Better Care Fund, many local areas are developing more ambitious integrated health and care provision. The Spending Review committed the government to build on these innovations – it will require all areas to fully integrate health and care by 2020, and to develop a plan to achieve this by 2017. The Spending Review offered a range of models to achieve this ambition, including integrated provider models or devolved accountabilities as well as joint commissioning arrangements. The STP guidance requires STPs to be aligned with these local integration programmes and ambitions.

- 1.5 The NEL STP describes how locally we will meet the ‘triple challenge’ set out in the NHS Five Year Forward View, to:
- meet the health and wellbeing needs of our population
 - improve and maintain the consistency and quality of care for our population
 - close the financial gap
- 1.6 It builds on existing local transformation programmes and supports their implementation. These are:
- Barking and Dagenham, Havering and Redbridge: devolution pilot (accountable care organisation)
 - City and Hackney: Hackney devolution in part
 - Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme
 - The improvement programmes of our local hospitals, which aim to support Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures
- 1.7 Further guidance was issued on 19 May which set out details of the requirements for 30 June. This guidance stated that the draft STP will be seen as a ‘checkpoint’ and did not have to be formally signed off prior to submission; it will form the basis of a local conversation with NHS England. For NEL this took place on 14 July.

Assessment of local need

- 1.8 A recent **public health profile of north east London** (March 2016) is being used to help us understand the health and wellbeing, care and quality and the financial challenges locally and identify priorities for inclusion in the NEL STP.
- 1.9 The profile shows that:
- There is significant deprivation (five of the eight STP boroughs are in the worst IMD quintile); estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.
 - There is a significant projected increase in population with projections of 6.1% (120,000) in five years and 17.7% (345,000) over 15 years. Estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.
 - There is an increased risk of mortality among people with diabetes in NEL and an increasing ‘at risk’ population. The percentage of people with Type 1 and Type 2 diabetes who receive NICE-recommended care processes is poor. Primary care prescribing costs are high for endocrine conditions (which includes diabetes).
 - NEL has higher rates of obesity among children starting primary school than the averages for England and London. All areas have cited this as a priority requiring system wide change across the NHS as well as local government.
 - NEL has generally higher rates of physically inactive adults, and slightly lower than average proportions of the population eating 5-a-day.

- Cancer survival rates at year one are poorer than the England average and screening uptake rates below England average.
- Acute mental health indicators identify good average performance however concerns identified with levels of new psychosis presentation.
- With a rising older population continuing work towards early diagnosis of dementia and social management will remain a priority. Right Care analysis identified that for NEL rates of admission for people age 65+ with dementia are poor.

1.10 All of these challenges are linked to poverty, social exclusion, and vary by gender, age, ethnicity and sexuality. Equality impact assessment screenings will be conducted to identify where work needs to take place and where resources need to be targeted to ensure all protected groups gain maximum benefit from any changes proposed as part of the STP.

Draft NEL STP

1.11 Initial discussions have led us to identify the following **vision and six key priorities** to ensure the long-term sustainability of the NEL health and social care system. Appendix A lists the priorities and a summary of the actions we are going to take to address them.

Vision

- To measurably improve health and wellbeing outcomes for the people of north east London and ensure sustainable health and social care services, built around the needs of local people.
- To develop new models of care to achieve better outcomes for all; focussed on prevention and out of hospital care.
- To work in partnership to commission, contract and deliver services efficiently and safely.

1.12 To implement this vision we have developed a common framework that will be consistently adopted across the system through our new model of care programmes. This framework is built around our commitment to person centred, place based care for the population of NEL.

1.13 The **focus** throughout our work is to:

1. Promote prevention and personal and psychological wellbeing
2. Support people to access care closer to home
3. Improve quality of secondary care for those who need it

1.14 The following five **enablers** have been identified to support our work.

- **Workforce:** recruitment and retention of a high calibre workforce, including making NEL a destination where people want to live and work, ensuring our workforce is effectively equipped to support delivery of new care models, caring for the workforce and reduction in use of bank/agency staff.
- **Infrastructure:** considering the best use of our estates across the system. We recognise that estates are a crucial enabler for our system-wide delivery model. We need to deliver care in modern, fit-for-purpose buildings and to meet the capacity challenges produced by a growing population. The STP will establish appropriate system leadership to ensure that people think about estates at an NEL level whilst building on local priorities.
- **Communications and engagement:** ensuring stakeholders, including local people, understand and support the need to deliver the Five Year Forward View.
- **Technology:** considering the best use of technology to support and enable people to most effectively manage their own health, care and support, and to ensure a technology infrastructure which supports delivery of new care models.
- **Finance:** access and use of non-recurrent fund to support delivery of the plan, delivering financial sustainability across NEL.

Governance and leadership arrangements

1.15 In the initial NEL STP submission to NHS England in April we outlined the governance and leadership arrangements that we had put in place for the high level planning phase of our STP. As we move into the detailed planning and implementation phases we will update our governance arrangements so that they remain appropriate. The **proposed principles for the development of these governance arrangements** are outlined below, and we would welcome any feedback on these principles:

- The governance will be as collaborative and streamlined as possible to ensure timely decision making
- Patients and local communities will be represented to ensure their voices are heard
- There will be strong clinical leadership and involvement to ensure proposals have a robust clinical rationale
- Decisions will be taken at the most appropriate level
- Any decision that has a material impact on patient services will be approved by the statutory organisations legally responsible for those services
- All areas of the NEL health and care system will be represented in the governance process
- The system level governance will be aligned with local delivery plans and governance arrangements

- 1.16 The NEL STP, the NEL Sustainability and Transformation Board (STB) will continue to act as a central voice, representing the NEL system. (The STB includes representatives from all CCGs, providers, local authority STP leads, Health Education England, NHS England, NHS Improvement, patients and lay members. It draws on the expertise of the STP Executive, a smaller group of senior leaders who will continue to work through content and provide recommendations to aid the decision-making process.) The Local Authority lead for the eight boroughs' engagement with the STP process is currently the Chief Executive of London Borough of Waltham Forest, Martin Esom.
- 1.17 A **governance workshop** involving senior leaders from Local Authorities, CCGs, providers as well as lay representatives to develop the governance arrangements for the next phase of the NEL STP programme took place on 8 July. The useful workshop highlighted the need to identify and agree what we are aiming to achieve and set up the appropriate governance. We welcome suggestions regarding the best way to set up NEL-wide governance for the STP.
- 1.18 We are keen to move forward in establishing how we will work together to carry out the more detailed **transformation planning** that will be required. For WEL partners this process began with a workshop on 18 July, mirroring events on 14 and 19 July in each of the other areas of NEL (Barking & Dagenham, Havering and Redbridge, and City & Hackney respectively). The aim was to take stock of:
- What is already included in the STP (in transformation and productivity)
 - What this means for each NEL area in terms of savings / delivery
 - How this compares to the other areas, and what does it tell us about where the opportunities are for NEL wide work
- 1.19 The Clinical Senate met on 20 July to review the transformation and productivity work that is ongoing across the patch, with a view to agreeing how we will work together through the STP to maximise further opportunities (a verbal update will be provided to at the meeting.) The aim was to:
- Agree objectives and aims for STP transformation
 - Review and agree all transformation opportunities in NEL
 - Agree level at which each opportunity is best pursued
 - Carry out prioritisation exercise to agree which NEL / STP level opportunities to pursue and in what order of priority
 - Agree governance and ways of working for STP transformation
 - Map out more detailed four month timeline
 - Agree initial resourcing and structure of programme

Next steps

- 1.20 To help us with the process of **developing and implementing our STP** we have engaged the Local Government Association (LGA) to provide the following support:
- *Stage one:* individual HWB or cluster workshops to explore self-assessment for readiness for the journey of integration - with the use of a toolkit launched at the recent LGA conference and being piloted until early October
 - *Stage two:* NEL strategic leadership workshop to consolidate outputs from individual HWB / cluster workshops and to explore potential strategies and ways to strengthen the role of local authorities.
- 1.21 We will be developing and sharing a **public facing summary** of the draft NEL STP with our stakeholders and intend to hold **public events** across north east London over the summer, so we can discuss the STP with local people. The summary document will be used to facilitate meaningful engagement over the coming months, enabling us to gather feedback, test our ideas and strengthen the NEL STP.
- 1.22 **Further work will continue** beyond this to develop the plan in more detail.
- 1.23 For **more information** go to <http://www.nelstp.org.uk> or email nel.stp@towerhamletsccg.nhs.uk

2. FINANCE COMMENTS

- 2.1 The checkpoint NEL STP includes activities to address current financial challenges across the health and social care economy. The ambition is to ensure that all NHS organisations are able to achieve financial balance by the end of the five year period of the plan.

3. LEGAL COMMENTS

- 3.1. The NEL STP Board is developing a plan as stipulated by the NHS England guidance.

6. IMPLICATIONS TO CONSIDER

- 6.1. Whilst we recognise that aspects of the STP process are challenging in particular where the NEL STP footprint cuts across existing local government and partnership planning arrangements, the importance of developing a shared purpose and vision for the NEL population and the need to build understanding and trust across the local health and care system is paramount. Much work within Tower Hamlets, WEL and NEL more generally (including having a local authority Chief Executive on the STP board), has helped to address this. There is a need to consider how:
- **resources are allocated between different organisations** and the way that risks and rewards are shared (this will require detailed technical knowledge, and a less transactional and more relationship-centred approach).
 - **local leaders use their authority to design structures and processes that support more collaborative working** – both within and across organisations.
 - **lessons from Vanguards and the Better Care Fund can be shared.**
- 6.2. We know the key role local authorities can play in supporting the aim of seven day working by helping to prevent people seeking emergency admissions and assisting them to be supported in the community as soon as possible following admission to hospital. This includes improving mental health and dementia services as well as care for those with learning disabilities.
- 6.3. In addition, the NEL STP footprint does not align easily with London health and care devolution programmes, all of which are looking at the wider cross borough opportunities for devolution broader than health and social care. In Tower Hamlets work has been aimed at delivering more seamless care to local residents and health has become increasingly joined up with local authority initiatives. Some of the other boroughs in NEL are part of an eight borough partnership (Barking & Dagenham, Havering, Redbridge, Newham and Waltham Forest) not all of whom are included in the NEL footprint. Therefore careful management will be required of any conflicts within the STP footprint where the objectives of the STP are in conflict with emerging priorities of devolution programmes with which NEL local authorities are also engaged.

Appendices

- A. Summary of the actions proposed in response to each priority in the NEL STP submission to NHS England

Appendix A: Summary of the actions we are going to take in response to each priority

1. Channel demand with appropriate capacity

Issue

Our population is projected to grow at the fastest rate in London (18% over 15 years to reach 345,000 additional people) and this is putting pressure on all health and social care services. Adding to this, people in NEL are highly diverse. They also tend to be mobile, moving frequently between boroughs and are more dependent on A&E and acute services. If we do not make changes, we will need to meet this demand through building another hospital. We need to find a way to **channel the demand for services through maximising prevention**, supporting self-care and innovating in the way we deliver services. **It is important to note that even with successful prevention, NEL's high birth rate means that we may need to increase our physical infrastructure.**

Actions

To meet the fundamental challenge of our rapidly growing, changing and diverse population we are committed to:

- Shifting the way people using health services with a step up in prevention and self-care, equipping and empowering everyone, working across health and social care;
- Ensuring our urgent and emergency care system directs people to the right place first time, with integrated urgent care system, supported by proactive accessible primary care at its heart;
- Establishing effective ambulatory care on each hospital site, to ensure our beds are only for those who really need admission, so we don't need to build another hospital;
- Ensuring our hospitals are working together to be productive and efficient in delivering patient-centred care, with integrated flows across community and social care; and
- Ensuring our estates and workforce are aligned to support our population from cradle to grave.

2. Transform delivery models to support self-care, deliver better care close to home and high quality secondary care

Issue

Transforming our delivery models is essential to empowering our residents to manage their own health and wellbeing and tackling the variations in quality, access and outcomes that exist in NEL. There are still **pockets of poor primary care quality and delivery**. We have a history of innovation with two of the five **devolution pilots (see appendix for detailed plans)** in London, an Urgent and Emergency Care (UEC) vanguard and a Multispecialty Community Provider (MCP) in development. However, we realise that these separate delivery models in each health economy will not deliver the benefits of transformative change. Crucially, we must **establish a system vision** that leverages community assets and ensures that residents are **proactive** in managing their own physical and mental health and receive coordinated, quality care in the right setting.

Actions

We have a unique opportunity to bring alive our system-wide vision for better care and wellbeing. We are already working together on a system-wide clinical strategy; this will build on our two devolution pilots in BHR and CH, and the TST programme (which is being implemented already in WEL). At its core we are committed to:

- Transforming primary care and addressing areas of poor quality/access, this will include offering accessible support from 8am to 8pm (seven days a week), with greater collaboration across practices to work to support localities, and address workforce challenges; and
- Addressing hospital services: streamlining outpatient pathways, delivering better urgent and emergency care, coordinating planned care/surgery, maternity choice and encouraging provider collaboration. This will allow us to meet all of our core standards including those relating to RTT and A&E, and enable the planned ED closure of King George Hospital.

3. Ensure our health and social care providers remain sustainable

Issue

Many of our health and social care providers face challenging financial circumstances; this is especially true with Bart's Health and BHRUT being in special measures. Both are currently being re-inspected to ensure that all necessary recommendations are embedded. Although our hospitals have made significant progress in creating productivity and improvement programmes, we recognise that medium term provider-led cost improvement plans cannot succeed in isolation: our providers need to collaborate on improving the costs of workforce, support services and diagnostics. Our challenge is to create a roadmap for viability that is supported at **a whole system level** with NEL coordinated support, transparency and accountability.

Actions

Our health and social care providers are committed to working together to achieve sustainability. Changes to our NEL service model will help to ensure fewer people either attend or are admitted to hospitals unnecessarily (and that those admitted can be treated and discharged more efficiently):

- We have significant cost improvement plans, which will be complimented by a strong collective focus on driving greater efficiency and productivity initiatives. This will happen both within and across our providers (e.g. procurement, clinical services, back office and bank/agency staff);
- The providers are now evaluating options for formal collaboration to help support their shared ambitions; and
- Devolution pilots in BHR and CH are actively exploring opportunities with local authorities, which will be set out in their forthcoming business cases.

4. Transform specialised services

Issue

NEL residents are served by a number of high quality and world class specialist services; many of these are based within NEL, others across London. We have made progress recently in reconfiguring our local cancer and cardiac provision. However, the quality and sustainability of specialist services varies and we need to ensure that we realise the benefits of the reviews that have been carried out so far. Our local financial gap of £134m and the need for **collaboration** both present challenges to the transformation of our specialised services. We need to move to a more collaborative working structure in order to ensure high quality, accessible specialist services for our residents, both within and outside our region, and to realise our vision of becoming a truly world class destination for specialist services.

Actions

We will continue to deliver and commission world class specialist services. Our fundamental challenge is demand and associated costs are growing beyond proposed funding allocations. We recognise that this must be addressed by:

- Working collaboratively with NHS England and other STP footprints, as patients regularly move outside of NEL for specialised services; and
- Working across the whole patient pathway for our priority areas from prevention, diagnosis, treatment and follow up care – aiming to improve outcomes whilst delivering improved value for money.

5. Create a system-wide decision making model that enables placed-based care and clearly involves key partner agencies

Issue

Our plans for proactive, integrated, and coordinated care require changes to the way we work in developing system leadership and transforming commissioning. We have plans to **transform commissioning** with capitated budgets in WEL, a pooled health and social care budget in BHR and in CH. Across NEL, we recognise that creating accountable care systems with integrated care across sectors will require joining previously separate services and close working between local authorities and other partners; our plans for **devolution** (see appendix) have made significant progress in meeting the challenge of integration. New models of system leadership and commissioning that are driven by real time data, have the ability to support delivery models that are truly **people-centred and sustainable** in the long term.

Actions

We are committed to establishing robust leadership arrangements, based on agreed principles that provide clarity and direction to the NEL health and wellbeing system, and can drive through our plans. For us, involving local authority leaders is the only way to create a system which responds to our population's health and wellbeing needs. Building on our history of collaboration, we have agreed a set of principles which our leaders will be accountable for, including a commitment to making NEL-wide decisions as opposed to local decisions whenever appropriate. This will help us to deliver the scale of change required at pace to deliver place-based care for our population.


6. Maximise the use of our infrastructure so that it supports our vision

Issue

Delivering new models of primary and secondary care at scale will require modern, fit-for-purpose and cost-effective infrastructure. Currently, our workforce model is outdated as are many of our buildings; Whipps Cross, for example, requires £80 million of critical maintenance. This issue is compounded by the fact that some providers face significant financial pressures stemming from around **£53m remaining excess PFI cost**. Some assets will require significant investment; others will need to be sold. The benefits from sale of resources will be reinvested in the NEL health and social systems. **Devolution** will be helpful in supporting this vision. **Coordinating and owning a plan** for infrastructure and estates at a NEL level will be challenging; **we need to develop approaches to risk and gain share that support our vision.**

Actions

Infrastructure is a crucial enabler for our system-wide delivery model. We need to deliver care in modern, fit for purpose buildings and to meet the capacity challenges produced by a growing population. We are now working on a common estates strategy which will identify priorities for FY16/17 and beyond. This will contain a single NEL plan for investment and disposals, utilisation and productivity and managing PFI, with a key principle of investing any proceeds from disposals in delivering the STP vision.

Health and Wellbeing Board Tuesday 9 th August 2016	
Report of the London Borough of Tower Hamlets	Classification Unrestricted
Tower Hamlets Together Vanguard partnership - Health and Social Care Outcomes Framework - Discovery Phase findings.	

Lead Officer	Richard Fradgley, Director of Integrated Care, ELFT
Contact Officers	Somen Banerjee, DPH, LBTH
Executive Key Decision?	Yes/No

Summary

Tower Hamlets Together, the New Model of Care Vanguard partnership in Tower Hamlets, is seeking to design and develop a local system-wide Health and Social Care Outcomes Framework.

It is our aspiration that this framework will:

- Articulate clearly our collective ambition to improve the health and wellbeing of the population
- Be informed by citizen voice, i.e. it will be framed around what matters most to the residents of Tower Hamlets, and will be accessible in design and content
- Clearly identify how the Tower Hamlets JSNA and emergent (refreshed) Health and Wellbeing Strategy drive priority outcomes
- Clearly identify how our respective commitments to deliver the national outcomes frameworks for public health, the NHS, and Adult Social Care are linked
- Provide an architecture within which contract specific, or population-segment specific outcomes contribute to over-arching outcomes
- Provide an architecture through which performance can be measured, both at individual team level and across the system, with associated metrics in line with the ambition of design principle 10 of Kings Fund (2015) *Place based Systems of Care*
- Form the primary accountability mechanism between Tower Hamlets Together and the population it serves
- Improve quality throughout Tower Hamlets' services by encouraging a change in culture and behaviour focused on health outcomes not process
- Articulate clearly how health inequalities will be conceptualised and measured within the framework.

The framework will be co-produced with the residents of Tower Hamlets to identify

outcomes that are important to those living in the borough. This means directly engaging with people who use services, their friends and family, and other neighbourhood, civic or voluntary associations, in order to understand what change people want for themselves and their local area.

Overall, the three outcomes for the Tower Hamlets Together Vanguard programme are:

L1: Citizens feel in control of their health and wellbeing

L2: Citizens have the best possible resolution to their priorities at any contact with the Vanguard

L3: A cultural change such that the citizen / service relationship is mutually supportive

Our model of care will encourage the citizens of Tower Hamlets to find and develop resources and skills within themselves and their communities and to have confidence to work in partnership with our services in order to improve their own and their families' health and well-being from cradle to grave. We will achieve this in part through the delivery of integrated care models, which are 'more than the sum of the individual parts' and through our commitment to tackle health inequalities by understanding the wider determinants of health and prevention needs. We believe that if we focus on our community's well-being 'health' will mean more than 'a lack of illness'.

At the heart of our vision is our commitment to improving outcomes for Tower Hamlets citizens. We are clear that the outcomes we need to focus on are the outcomes that matter to patients and their families, so our approach to development will be co-production.

The framework will have a clear line to the priorities for health and wellbeing improvement laid out in the Joint Strategic Needs Assessment, and provide an architecture through which we are able to clearly articulate how population and contract specific outcomes contribute to our broader ambition. It is our intention that the outcomes framework may inform the basis of current work on a potential capitation contract in the future.

This reports sets out the findings of the discovery phase of this work which has been commissioned and was conducted over a six week period involving:

- 34 interviews with key stakeholders to understand the status and aspirations of the programme
- Reviewed previous public engagement and strategy work and identified gaps
- Review existing 'I statements' and outcomes development work
- Based on these interviews and reviews, and using Cobic's experience of implementing Outcomes Frameworks, set out our assessment of readiness against a number of key areas

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Review the findings from Phase One set out in the Executive Summary
2. Comment on the proposals set out for Phase Two of the programme

1. REASONS FOR THE DECISIONS

- 1.1 This is a critical and ambitious piece of work for Tower Hamlets Together Vanguard Programme and the wider health and social care economy as it aims to develop and coproduce a set of widely owned outcome measures
- 1.2 If the work is to have a sustainable impact it is vital that the Health and Wellbeing Board is engaged, provides strategic input and shapes the programme

2. ALTERNATIVE OPTIONS

- 2.1 The development of the outcomes framework happens without the involvement of the Health and Wellbeing Board. As high level strategic engagement is critical to the success of this programme, this would limit its impact.

3. DETAILS OF REPORT

- 3.1 The report is attached. The executive summary is from pages 4 to 7. However, given the importance of the work, the full report is included to enable Board members explore findings in greater detail.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The London Borough of Tower Hamlets (LBTH) is a partner member of Tower Hamlets Together, the New Model of Care Vanguard which has commissioned the discovery phase of this work.
- 4.2 Vanguard funding is in place to fund the second phase of this work through our partners; East London NHS Foundation Trust (ELFT) and consequently, there is no direct financial impact to LBTH in commissioning the recommended next phase. Indirectly, there will be commitment through officer time in engaging with the planned work and this is to be contained within the Adults' Services budget.
- 4.3 LBTH Vanguard funding of £60,000 is supporting the development of the programme in 2016/17. Future financial consequences as a result of this work will be considered for incorporation into the Councils' outcomes based budgeting process as part of the 2017-20 medium term financial strategy.

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 The model of care proposed under the Framework is consistent with the Council's duties under Sections 1-7 of the Care Act 2014, including a duty to promote integration of care and support with health services and a duty under section 6 to co-operate generally with those it considers appropriate who are engaged in the Council's area relating to adults with needs for care and support. Further, there is a general duty under to prevent needs for care and support from developing.
- 5.5 When considering the recommendation above, and in designing and developing a local Framework, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 The purpose of the work is to identify and track health and care outcomes for the whole population and also to monitor impact on equality groups. It is therefore a critical piece of work to provide the basis for prioritisation of resourcing based on health and care need.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 This is an external report. However, the outcomes framework will enable the council, alongside partners, to evaluate the impact of investments impacting on health and wellbeing in the borough from an outcome and cost effectiveness perspective.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 The framework encompasses wider determinants of health potentially including sustainability, clean air and access to green spaces so there may be link to the greener environment agenda.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 The purpose of a health and care outcomes framework is to mitigate the risk that outcomes of investment in health and care are unquantified and that different parts of the health and care system measure outcomes inconsistently. The impact of this would be resources being used ineffectively through duplication and lack of focus on outcomes that are considered to be important.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 Crime and disorder reduction has health impacts and also health interventions can contribute to reduction in crime and disorder. Links to this agenda are therefore potentially within the scope of the health
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Linked Reports, Appendices and Background Documents

Linked Report

- Tower Hamlets Together: Discovery Phase Executive Summary Report

Appendices

NONE

Officer contact details for documents:

- Somen Banerjee, Director of Public Health (LBTH) - somen.banerjee@towerhamlets.gov.uk
- Richard Fradgely, Director of Integrated Care, ELFT - richard.fradgley@elft.nhs.uk



Tower Hamlets Together Discovery Phase Executive Summary

Proposal title>

Version 1.0 1st July 2016

Executive Summary

1.1 Background to Discovery Phase

Cobic has been commissioned to develop a local system-wide health and social care outcomes framework for the Tower Hamlets Together Vanguard. This report sets out our findings from the discovery phase of the programme during which we assessed the initial readiness of the system to deliver the Vanguard objectives of an integrated, person-centred health and care system. The report includes our recommendations on the scope of, and approach to, the further development of the outcomes framework.

1.2 Methodology

Over a six-week period Cobic undertook the following activities:

- 34 interviews with key stakeholders to understand the status and aspirations of the programme
- Reviewed previous public engagement and strategy work and identified gaps
- Review existing 'I statements' and outcomes development work
- Based on these interviews and reviews, and using Cobic's experience of implementing Outcomes Frameworks, set out our assessment of readiness against a number of key areas

1.3 Findings

On the basis of our analysis, there are significant opportunities for Tower Hamlets to progress successfully to a whole population outcomes-based approach. Tower Hamlets has a strong base of work and delivery on outcomes from which to build and develop. Given the established local partnership and engagement routes, we think that the gaps identified in this report can be addressed through a co-design phase. However, the success of the outcomes-based implementation will depend on further work in key areas such as: clear governance; front line staff hearing and seeing a clarity of purpose and aims from senior leadership; and establishment of a programme of staff engagement and communication. The key themes are outlined below and have been collated into a holistic system-wide SWOT analysis (Figure 1).

1.3.1 Key themes from stakeholder engagement

- A strong sense of innovation, extensive range of projects, a focus on and belief in making a difference to residents of Tower Hamlets.
- Great progress has been made with the integration work to-date – and there is an understanding that the existing projects need to be brought together
- A lack of clarity about the aims and impact, and disconnection between those directly involved in specific projects/Vanguard boards and wider management/front-line.
- Good focus and early impact been achieved on the high risk/high cost population groups but desire that emphasis needed to shift to reduce and prevent demand.
- Engagement has tended to be structured around existing services rather than around the person.
- A sense of a lot of 'why' being defined, but not enough of the 'how' – the need to have a facilitator to 'bring it all together'
- Wider consideration around the children's and adults transformation agenda from Local Authority perspective
- A need for more clarity and strength around the governance of programmes

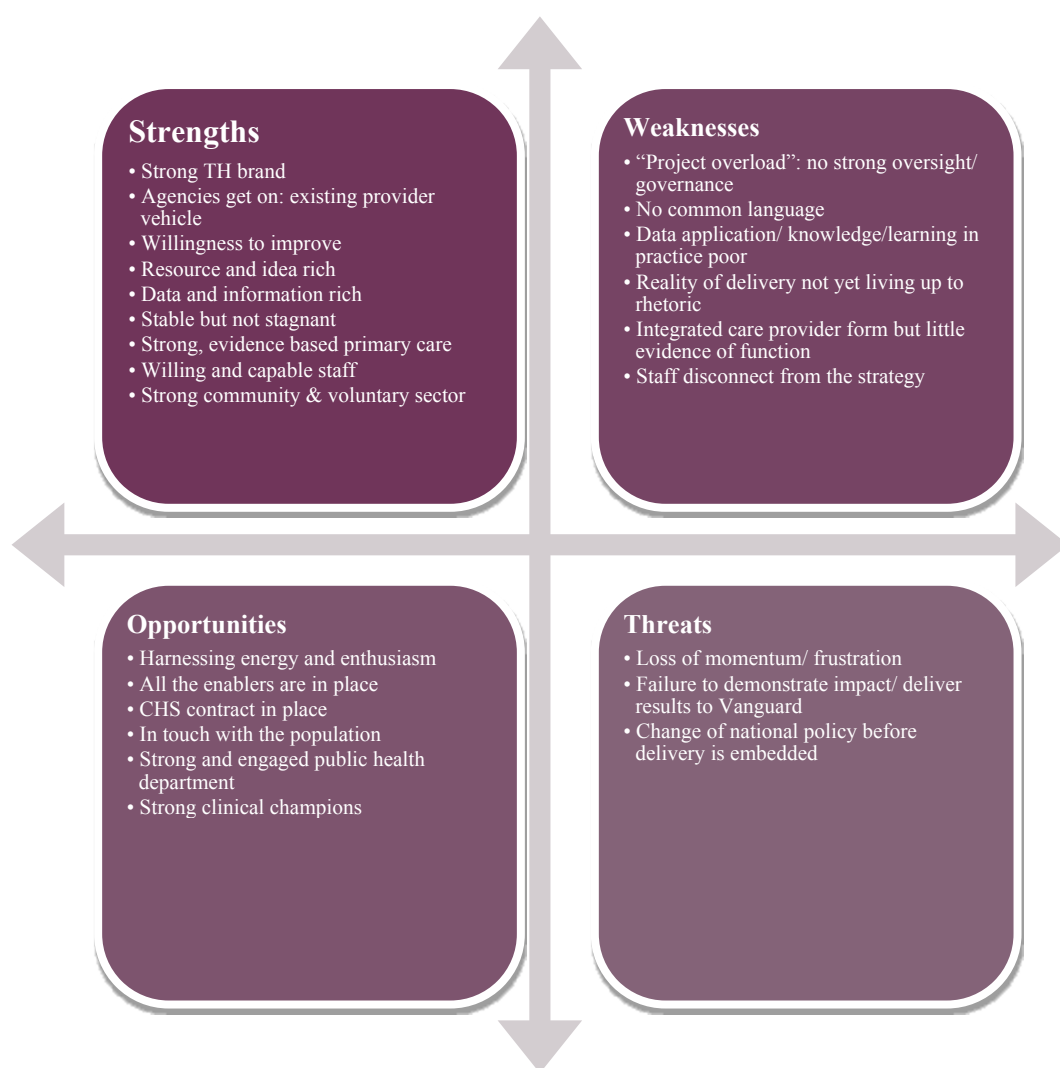
1.3.2 Key themes from analysis of Public Engagement

- Significant engagement undertaken but less evidence of demonstration of involvement in changing service delivery to meet identified needs
- Focus on top tier needs and very much service-led
- Desire to address the impact of wider determinants of health on people's well-being
- Need to understand and accommodate the cultural and religious diversity in Tower Hamlets
- Some historically under-represented groups identified by population and need

1.3.3 Key themes from analysis of existing Outcomes Frameworks

- Existing investment in the development and co-production of outcomes frameworks provides a good basis on which to build
- There is potential for alignment as existing frameworks overlap in scope (population groups) and implementation
- There is significant variation and inconsistency in the language used to describe outcomes frameworks and hence incomplete understanding of what an ‘outcome’ is or means in terms of service redesign and delivery











Figure 1: SWOT Analysis for Tower Hamlets Together



1.4 Readiness Assessment

The assessment criteria outlined below in Table 1 have been derived by Cobic from our reviews of the literature reporting on key indicators for successful integrated and/or accountable care organisations, together with our practical experience of supporting the development of OBC contracts in England. These are combined with the well-established underlying principles required for readiness for change: attitudes, conditions and resources.

Table 1: Assessment of system readiness for outcomes based care

Focus and RAG	What's going well	Areas for development
Design  • Population and scope  • Outcomes  • Finance	<p>Clear intention to build whole population.</p> <p>Risk stratification and data modelling in place</p> <p>Some frameworks already in place</p> <p>Work on capitation modelling underway</p>	<p>Person centred approach not yet embedded</p> <p>Lack of connectivity to front-line staff</p> <p>Alignment of existing frameworks</p> <p>Common language</p>
Delivery  • Co-production  • Care model design  • OD	<p>Significant engagement on needs</p> <p>Strong sense of place and importance of wider determinants of health</p> <p>Working groups established for 3 THT population areas</p>	<p>Co-design with frontline staff and local people needs to be embedded in model reform</p> <p>Engagement has been service-led and focused on the top tier of need</p> <p>Care model groups need to engage with frontline staff and users</p>
Evaluation 	<p>Robust evaluation in place for existing integrated care programmes</p> <p>Good data linkage in place across health sector, facilitating evaluation</p>	<p>Mechanism for ongoing evaluation to demonstrate Vanguard objectives required</p> <p>Connectivity of operational patient-level information</p> <p>PDSA cycle (or similar) to demonstrate and learn from short term achievements/failures</p>
System readiness  • Resource and investment  • Skills and capability  • Governance	<p>Vanguard funding in place</p> <p>Move to GP networks – strong clinical champions</p>	<p>Need consolidation of human and financial resource across the system to align with THT objectives</p> <p>Potentially too many projects – resource spread too thin</p> <p>System and programme governance needs to be embedded around THT</p>

1.5 Summary


In summary Tower Hamlets is in a strong place from which to develop and apply an outcomes framework to improve the health outcomes of local people. It has already created several outcomes frameworks for some cohorts of its residents; the Vanguard programme and the existing legacy of innovative practice have created a project-rich, data-rich environment. However, due to the pace of change, the opportunity for connectivity and linkage across the system has sometimes been missed.

1. A single overarching outcome framework for the whole population of Tower Hamlets would provide a common language, shared narrative, and consistent approach to measurement and communication. It would need to build on and encapsulate the work already achieved but also allow a focus and phasing to the priorities to be addressed.
2. Our assessment is that the Framework should build on (but not repeat) the strong public engagement already achieved, and, rather than start a new engagement exercise, instead move to a public co-design phase. This phase should be centred on population groups rather than services, thereby shifting the approach to person-centred models.
3. Clear governance and strong engagement will facilitate the development and implementation of Outcomes Frameworks with staff across health and care sectors. We recommend that governance and engagement are considered in parallel so that the framework can be embedded across commissioners and providers of health and care and delivered by December 2016.
4. The scope of this analysis did not include financial and contractual form. We understand work is underway within Tower Hamlets regarding capitation. It is recommended that the early in the next

phase we aim to align the work on capitation and the structure of the developing framework. The Vanguard programme board must ensure that the resulting incentive model is aligned with the outcomes and service changes the commissioners seek for their population.

1.6 Recommendations for Phase 2: Development and Implementation

Focus	Recommendation
1. Public Engagement	<ul style="list-style-type: none"> • Coordinate and support a small cross-borough engagement steering group to support the engagement programme in the next phase • Focus on wider population, particularly prevention
2. Outcomes Framework Structure	<ul style="list-style-type: none"> • Construct an overarching whole population outcomes framework, bringing together existing work on outcomes and providing an infrastructure and rationale for integrated person-centred care. • Establish an outcomes reference group to test and challenge the draft outcomes framework structure • Promote and disseminate clarity of language around outcomes across the system
3. Staff Engagement	<ul style="list-style-type: none"> • Ensure there is a strong and embedded mechanism for staff engagement and communication across and within THIPP, with authority from senior leaders to ensure this can happen • Staff involvement in co-design • Middle management support for change management
4. Governance	<ul style="list-style-type: none"> • Ensure central oversight via one board during governance re-structure • Embed programme to deliver outcomes framework within existing governance structures
5. Consolidation	<ul style="list-style-type: none"> • Consolidate multiple programmes ongoing in Tower Hamlets and optimise use of finite resource to achieve THT/ THIPP objectives • Programme governance dependent on system governance structures in place (as above)
6. Co-design and delivery of services	<ul style="list-style-type: none"> • Establish mechanisms for co-design and co-delivery of services in order to achieve outcomes and support integration across health and social care • Need to involve the voluntary sector in design and delivery, and to assist in building community health capital • Ensure there is read through from the outcomes framework to front-lines teams.
7. Communications	<ul style="list-style-type: none"> • Establish stakeholder comms group to communicate to wider stakeholder groups on what is being co-designed and co-delivered (ideally use existing channels and forums)

Health and Wellbeing Board Tuesday 9 th August 2016	
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
Tower Hamlets Health and Wellbeing Strategy 2016-2020 - focussing actions and next steps	

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

Summary

The role of the Health and Wellbeing Strategy is to provide the Health and Wellbeing Board with clear areas of focus for the next three years for driving change to improve health and wellbeing in the borough. The focus of the strategy is to identify those areas over and above business as usual and where the Board through its leadership role across the health and care economy can make a difference.

There will be a presentation at the Board to discuss:

1. Finalising of actions proposed at previous board discussion for priority areas
2. Consultation timetables
3. Action planning

Recommendations:

The Board is asked to discuss the issues raised in the presentation.

1. REASONS FOR THE DECISIONS

- 1.1 The reasons for the decision are to provide the Board with a strategic focus for transformation change through identification of a small number of widely owned, accountable objectives for the strategy and to discuss how agreed priorities will be taken forward.

2. ALTERNATIVE OPTIONS

- 2.1 If the Board did not have strategic focus it would not be effective

3. DETAILS OF REPORT

- 3.1 There will be a presentation at the meeting to discuss:
1. Finalising of actions proposed at previous board discussion for priority areas
 2. Consultation timetables
 3. Action planning

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The Tower Hamlets Health and Wellbeing Strategy focuses on five priority areas of which successful delivery over the medium term will depend on strong cross organisational and departmental partnership working. Capacity building and attention to acquiring the right infrastructure will take time and resources that will require coordination and management.
- 4.2 At this stage, there are no financial implications to report until a more detailed action plan is agreed.
- 4.3 The structure and detailed action plan for implementing the strategy will be incorporated into the Councils' outcomes based budgeting process as part of the 2017-20 medium term financial strategy. .

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 The review of the strategy provides the opportunity to refresh and update the focus of the HWB to reflect current and future needs within the borough. This review programme provides the basis for the HWB to collate the perspectives of all relevant and interested parties before agreeing any final strategy and plan.
- 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 about how health can be improved for the borough as a whole but with a particular priority on how those in greatest need can be targeted. It highlights the issue of significant health inequalities between Tower Hamlets and elsewhere and within Tower Hamlets itself

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 One of the drivers shaping the strategy is the cost pressure on the health and care economy. The priorities identified will all have implications around prevention, reducing demand for future health and care services eg employment and health, integrated health system, reducing childhood obesity. Best value will be a critical priority of the Health and Wellbeing Board discussions over the next three years.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 Healthy place is one of the transformation areas identified. Implementation of this priority will involve identifying the synergies between sustainability and health improvement.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 The proposals in the paper are draft currently and address a risk that the strategy focus does not engage the board and reflect the priorities and approach that will work for the board in years to come

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 There may be interdependencies between strategies such as those relating to crime and disorder and the priorities emerging through health and wellbeing strategy

Linked Reports, Appendices and Background Documents

Linked Report


- NONE

Appendices

- NONE

Officer contact details for documents:

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<p align="center">Health and Wellbeing Board Tuesday 9th August 2016</p>	
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Developing an exemplar Health and Wellbeing Board</p>	

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

Summary

This report follows on from the Local Government Association (LGA) session on Board Development earlier in the year. It sets out best practice guidelines identifying areas for development of the Board and proposes a one day away-day in September to explore Board development further and agree practical actions.

Recommendations:

- Hold a one day Board development session for September (prior to the next formal board)

1. REASONS FOR THE DECISIONS

- 1.1 The Board has an aspiration to be exemplar. The LGA development session earlier in the year identified areas for development which would help the Board move towards this aspiration

2. ALTERNATIVE OPTIONS

- 2.1 If the Board was not reflective and did not focus on its development on an ongoing basis it would be ineffective.

3. DETAILS OF REPORT

- 3.1 See attached report

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 There are no direct financial implications arising from this report however, the need to respond strategically to austerity is a key issue identified that needs to be fully reflected in the Board's approach to its role and be aligned to the Council's Medium Term Financial Strategy.

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. The proposal to hold an away-day to develop the HWB is consistent with the Board's functions.
- 5.3 When considering the recommendation above, and during the away-day itself, 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 role of the Board is about how health can be improved for the borough as a whole but with a particular priority on how those in greatest need can be targeted.

7. BEST VALUE (BV) IMPLICATIONS

7.1 One of the drivers shaping the work of the Board are the cost pressures on the health and care economy and this will need to be a consideration in the discussions

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 Healthy place and sustainability is one area on the agenda of the Board's work

9. RISK MANAGEMENT IMPLICATIONS

9.1 The proposals in the paper are to address a risk that the Board work is not focussed, does not reflect on its work and does not make best use of resources that support boards to be exempla

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 The link between the Board and the Community Safety Partnership is an important area of Board development

Linked Reports, Appendices and Background Documents

Linked Report

- Developing an exemplar Health and Wellbeing Board

Appendices

- NONE

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Developing an Exemplar Health and Wellbeing Board (HWBB)

What makes for an effective HWBB?

Based on the most recent national annual review on the 'State of Health and Wellbeing Boards'¹, the factors associated with an effective board are:

- Committed leadership (political and managerial)
- “Collaborative plumbing” (history of partnership working)
- Clarity of purpose (clarity about primary task of board)
- Geography that works
- Collaborative response to austerity (rather than retreat to silos)
- Focus on Place (shared local priorities driving collaboration)
- 'Fulcrum' role of Director of Public Health (DPH) (spanning health across whole population)
- High quality support (flexible approach to 'council committee thing')
- Consistent membership (continuity in face of churn)
- Getting basics right (basic housekeeping enabling systems leadership)

To what extent are we an effective board?

- **Committed leadership**
- **Collaborative plumbing**
- Clarity of purpose
- **Geography that works**
- Response to austerity
- **Focus on Place**
- **Role of Director of Public Health (DPH)**
- High quality support
- **Consistent membership**
- Getting basics right (basic housekeeping)

Overall, we have some strengths (areas in bold) but also some fundamental issues to address. The feedback from our Board self-assessment and discussions that emerged from it indicate:

1

<http://www.local.gov.uk/documents/10180/6101750/HWB+Shared+Intelligenc+report+March+2016+WEB.pdf/392c708e-1591-4b3f-8347-95291fde4f47>

- Confidence in the membership and potential for the influence of the group.
- Need for a sharper focus on priorities and also to drive a focus to prevention and early intervention (including a shift of resources).
- Need to strengthen high level visible leadership across the whole council and all council function particularly in the context of 'health in all policies' which needs to incorporate a health perspective to important determinants of health such as employment, income, environment and housing.
- Lack of visibility in the community and need to be more outward-facing and accessible

What do we need to focus on to develop as an exemplar Board?

Based on feedback from the Local Government Association (LGA) and other sources we need to consider the following issues and ensure that:

- The Board gets the attention level it requires at the most senior level in the council
- There is visible shared leadership between the council and the Clinical Commissioning Group (CCG)
- The Board is a primary strategic forum for delivering change
- The Board is both a hub (bringing people together) and a fulcrum (a point around which things happen)
- There is shared understanding of the primary task of the Board
 - Clear understanding among all Health and Wellbeing Board (HWB) members of our power rooted in 'moral leverage' – our ability to change culture in our organisations. Also consistency of members, and at right level who can make decisions, key to progress.
 - Understanding among members of role as collective leaders of place - not of your particular organisation.
 - Be able to answer crucial question - is HWB having an impact on people's lives in our local place.
- The Board plays a more robust role in the Sustainability and Transformation Plan (STP) – a crucial system change that all partners need to drive, not just the NHS and making sure through the HWBB that our local 'place' is central to this
- The Board enables partners to get on, try new things and push boundaries to shape integration and transformation based on our local needs and partnerships; with a focus on what works for Tower Hamlets.
- The Board reviews the frequency of meetings and what happens in between them (e.g. supplementing formal meetings with informal discussion and workshops)-

- The Board is co-producing strategy with the community focused on aspirations and being open to answers.
- The Board seeks to continually improve its effectiveness through seeking out best practice elsewhere and challenging ourselves

Across the country, Boards are at different stages of development. Examples of good practice identified include the following:

- Developing a 'concordat' or statement of intent which all HWB members sign up to clarify purpose, goals, ways of working
- Creative approaches to being an outward-facing Board - not just meeting locations but also online communications and more interactive formats to involve the public.
- On integration, the Local Government Association (LGA) are piloting a tool to help HWBs clarify their vision and role in driving this

What are the next steps on getting there?

- Organise an awayday session for the Board with the LGA to discuss and agree practical next steps for further Board Development including a local concordat
- Use the strategy development process as lever to sharpen focus
- Raise the community profile of the Board drawing on communications support and through the areas of focus and venues
- Develop a Board development programme
- Review the Executive Officer Group arrangements to ensure the appropriate level of support to the Board

Question for discussions at the Board

- What do you see as priorities for Board development?
- What would you help you be effective as a Board member?

Recommendation

- Organise a Board development session for September (prior to the next formal board)

21-Jul-16

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