Executive Summary
The foundation of the Tower Hamlets Health and Wellbeing Strategy is a shared outcomes framework that articulates the partnership aspiration for improvement of health and wellbeing in the borough. The Board has previously received presentations on how this is being developed as part of the Tower Hamlets Together Vanguard programme.

The work commissioned by Tower Hamlets Together involved working with partners and the public on identifying a set of primary outcomes expressed as ‘I statements’ setting out what matters to people in Tower Hamlets around their health and wellbeing.

The next phase in the programme is to measure ‘what matters’ and to embed these measures through the services and strategies to establish an outcomes driven health and care system. This report sets out the initial approach to achieving this using a worked example (‘I am supported to make healthy choices’). It is planned that the newly established Tower Hamlets Together life-course groups will, as part of their development, identify this core set of primary and secondary metrics as a foundation for tracking progress and identifying priorities for action. The timeline for the initial pass through potential metrics is April 2018.

Recommendations:
The Health and Wellbeing Board is recommended to:

1. Review and comment on the approach
1. **REASONS FOR THE DECISIONS**

1.1 The purpose of the Outcomes Framework is to develop a shared set of outcomes across the health and care economy.

2. **ALTERNATIVE OPTIONS**

2.1 If this did not happen, partners would not necessarily be working to aligned outcomes and this would miss opportunities to address inefficiencies and synergies for service redesign.

3. **DETAILS OF REPORT**

3.1 See attached power-point presentation.

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

4.1 This report recommends the Health and Wellbeing Board to review and comment on the approach to the Tower Hamlets Together Outcomes Framework. The costs associated with this framework will be met through existing revenue budget (including funding through the Public Health grant) and through agreed Vanguard funding provided by NHS England.

5. **LEGAL COMMENTS**

5.1 The proposals in this report are consistent with the Council’s duty to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness by virtue of section 3 of the Local Government Act 1999. This is known as its Best Value Duty.

5.2. 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”). Section 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.

5.3. 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.

5.4. Section 2B of the National Health Service Act 2006 (as amended by section12 of the Health and Social Care Act 2012) introduced a new duty for all local authorities in England to take appropriate steps to improve the health of the people who live in their areas. The Council is therefore responsible for improving the health of its local population and for public health services.
including services aimed at reducing inpatient provision and enhance community services.

5.5. This 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.

5.6. When considering this report, 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 monitoring of outcomes and the impact on health inequalities of programmes to address these outcomes is fundamental to the purpose of the framework

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

7.1 The framework incorporates outcomes around air quality and improving the physical environment

8. RISK MANAGEMENT IMPLICATIONS

8.1. The framework principally mitigates the risk of the health and care system not working together around common outcomes and the impacts for residents of a system that is uncoordinated and fragmented.

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

9.1 The framework makes a link between crime and disorder, a sense of safety and health and wellbeing

10. EFFICIENCY STATEMENT

10.1 There is no specific expenditure proposal attached to this report. However, the working to a shared outcomes framework would provide a basis for identifying inefficiencies and duplication within the health and care system
Appendices and Background Documents

Appendices

Appendix 1: Presentation - Tower Hamlets Together Outcomes Framework Update

Background Documents

- NONE

Officer contact details for background documents:

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