

<p>Non-Executive Report of the:</p> <p>Health & Wellbeing Board</p> <p>17th September 2019</p>	
<p>Report of: Somen Banerjee, Director of Public Health</p>	<p>Classification: Unrestricted</p>
<p>2020 Health and Wellbeing Strategy</p>	

<p>Originating Officer(s)</p>	<p>Joanne Starkie, Head of Strategy and Policy for Health, Adult and Community Services</p>
<p>Wards affected</p>	<p>All wards</p>

Executive Summary

The current Health & Wellbeing Strategy expires in March 2020, and preparatory work is underway to develop its successor for the period 2020-25. This paper covers:

- Progress and achievements against the priorities of the 2017-20 Health and Wellbeing Strategy;
- The main health and wellbeing issues in Tower Hamlets, as articulated in the 2018 Public Health Annual Report;
- How we plan to develop the next Health and Wellbeing strategy; and
- The approach we could take to health and wellbeing in future.

It is intended to enable early discussion by the Board about the development of the strategy and what the overarching approach should be to improving health and wellbeing in Tower Hamlets.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Comment on the proposed approach to developing the next Health and Wellbeing Strategy, set out in (3.4) of this report.
2. Provide initial comment on what the overarching approach should be to improving health and wellbeing in Tower Hamlets, described in (3.5) of this report.

1. REASONS FOR THE DECISIONS

- 1.1 The next Health and Wellbeing Strategy is due to be in place by April 2020. The views of Board members on the development of the strategy at this early stage will help to ensure the process is robust and partnership led.

2. ALTERNATIVE OPTIONS

- 2.1 The Board may wish to wait until the Health and Wellbeing Strategy has been developed as a draft document before providing input and comment. However, taking the recommended approach enables input at an early stage.

3. DETAILS OF THE REPORT

3.1 The current Health and Wellbeing Strategy

The Health and Wellbeing Strategy is a statutory requirement, and the responsibility of the Health and Wellbeing Board. The current strategy covers the period 2017-20 and is made up of five priorities:

1. Communities Driving Change – changes led by and involving communities;
2. Creating a Healthier Place – changes to our physical environment;
3. Employment and Health – changes helping people with poor working conditions or who are unemployed;
4. Children’s Weight and Nutrition – changes helping children to have a healthy weight, encouraging healthy eating and promoting physical activity;
5. Developing an Integrated System – changes which will join up services so they are easier to understand and access.

3.2 Progress and change over the last three years

- 3.2.1 The **Communities Driving Change** programme has been in place for a number of years. Four providers have been commissioned to develop work in 12 selected neighbourhoods, areas or estates across four ‘localities’. The providers work with residents to identify issues impacting on health and wellbeing that matter to local people, recruit residents who have the energy and passion to make a difference, and develop and lead new ways to improve health and wellbeing locally. The aim is for residents to feel in control of their health and informed to make positive changes, for residents to support each other around their health and wellbeing, for residents to take joint action on

issues that affect their health and wellbeing and to get involved in local services. Overall, Communities Driving Change adopts a community-led approach, reshaping the way we address health and wellbeing problems, throwing it back to the community to identify the issues and develop new ways to improve health and wellbeing locally.

3.2.2 Creating a Healthier Place: A detailed programme of work has been carried out to make Tower Hamlets a healthier place. Achievements include:

- Identifying up to £32m worth of capital improvements in 2019/20 to maximise the health facilities landscape, enhancing access to and availability of primary care.
- Carrying out public realm improvement programmes - such as Buxton Street East and West - with our highways team.
- Reactivating Marnier Family and Community Space in consultation with local people, creating outdoor green and social space.
- Starting the Liveable Streets programme with partners, aiming to improve the look and feel of public spaces across the borough. The ambition of the programme is to make it easier, safer and more convenient to get around by foot, bicycle and public transport.
- Our new Local Plan has a policy that requires developers to consider the health and wellbeing of residents within planning applications.
- Carrying out a Breathe Clean campaign aimed at residents.
- Working with health professionals to support families with children who have asthma to reduce the amount of air pollution created and inhaled.

3.2.3 Employment and Health: Work in this area has included rolling out social prescribing, providing mental health training to staff, and supporting people with health issues or caring responsibilities into employment:

- Social Prescribing enables residents to get information, advice and signposting to non-clinical activities and services to promote their health and wellbeing. Often, social prescribing takes place in GP surgeries or other health settings. Social prescribing has grown in recent years, and a significant proportion of social prescribers work involves referring people to education, training and volunteering – important precursors to employment.
- The Tower Hamlets Community Education Provider Network (CEPN) has worked with partners including public health to provide key mental health training to persons working and living in Tower Hamlets. To date, over 1000 people who live or work in the borough have received Mental Health First Aid Training, helping people to support colleagues or residents who are experiencing mental health issues.
- The number of people a learning disability who need support from social care who are in employment has also increased from 5.3% in 2017 to 8.5% two years' later, and we are committed to increasing this figure further.

- The Carer Academy launched in 2019, coordinating courses that provide life skills, improve employability and help people prepare for life after caring
- In the draft 2019 Mental Health Strategy, there is an explicit commitment to partner organisations becoming 'exemplar employers' when it comes to mental health.

3.2.4 Children's Weight and Nutrition – Significant activity has taken place in the borough to address childhood obesity. Historically, Tower Hamlets' 'Healthy Borough Programme' implemented a large programme of work to take a whole system approach to tackling obesity, which left a legacy of a number of programmes which continue today. Tower Hamlets was also part of a sector-led improvement programme, facilitated by the Association of Directors of Public Health for London, aimed at improving local action to address obesity, and this work has fed into existing programmes.

- An infant feeding support team;
- Free/low cost health eating and physical activity programmes;
- Action to prevent fast food outlets opening near schools in the borough through the Local Plan;
- A healthy early years and healthy schools programme;
- An active travel team and work to improve the public realm to support walking & cycling (Liveable Streets);
- The 'Food for Health' scheme that helps food outlets provide healthier food
- Outdoor gyms, a playground improvement initiative and pocket parks;
- Free swimming;
- A 'Sugar Smart' campaign to help reduce overconsumption of sugar.

3.2.5 Tower Hamlets Together - a partnership of health and care commissioners and providers - is the main vehicle through which we have continued to develop a more integrated health and care system. Since 2017, Tower Hamlets Together has continued to strengthen joint working between health and care services. To drive forward the work at a strategic level, we have created a joint integrated commissioning team with a Joint Director; we have developed a system-wide set of commissioning priorities and we have agreed what areas of joint work to focus on for different population groups. At a service level, partners have made joint working a reality in a range of ways that include:

- Helping people to benefit from activities in the community that promote their health and wellbeing by rolling out social prescribing.
- Supporting older patients to leave hospital quicker through a Admission Avoidance and Discharge to Assess Service
- Offering more evening and weekend appointments in primary care

- Reducing the likelihood of people having to tell their story multiple times by health and care teams working closely together and covering the same “patch”
- Reducing A&E attendances for people living in care homes through a robust support service

3.3 The current health and wellbeing of Tower Hamlets residents

As stated in the 2018 Public Health Annual Report:

“Amongst the key issues where Tower Hamlets is a significant outlier in health and its determinants are diabetes, common mental health issues, maternal health, behavioural risk factors for health (particularly smoking and diet), infectious diseases, environmental factors and multiple deprivation (income, poverty, adult literacy). The data also highlights the specific vulnerabilities at both ends of the life course (children/families and older people).”

These are explained in more detail in the 2018 Public Health Annual Report Key Messages (Appendix I).

3.4 How we plan to develop the next Health and Wellbeing Strategy

Two main activities will drive the development of the next Health and Wellbeing Strategy.

Firstly, we will analyse a range of evidence related to health and wellbeing in Tower Hamlets. This will focus on the most recent Public Health Annual Report, Joint Strategic Needs Assessments and an analysis of changes in the national and local environment (e.g. the local implications of the NHS Long Term Plan).

Secondly, we want to carry out a detailed programme of coproduction with residents and stakeholders to understand needs, experiences and what people want to change to improve health and wellbeing in the borough. A draft timetable for this activity is included at Appendix II - the high level programme will include:

- Health and Wellbeing Roadshows in October, aimed at residents in each of the four localities. These will build on an earlier set of roadshows carried out by Healthwatch Tower Hamlets in May 2019.
- A Health and Wellbeing Summit planned for November, aimed at residents and all interested stakeholders
- A set of meetings with staff including Locality Health and Wellbeing Committees, provider forums and staff forums where health and social care staff come together.

In addition, we will utilise existing the wealth of existing insights we have, including from Communities Driving Change participants and work carried out by Healthwatch Tower Hamlets.

3.5 The approach we could take to health and wellbeing in future

3.5.1 Focusing on outcomes

The local authority and partners are putting an increasing emphasis on outcomes, keeping the focus on what we want the impact of an action to be, rather than the action itself. Tower Hamlets Together has an outcomes framework that describes the intended impact of health and care services. The framework is attached as Appendix III. It is important to note that these outcomes look at health and wellbeing in its broadest sense, in recognition of the crucial role of wider determinants. The Health and Wellbeing Strategy will aim to lead on some of these outcomes, and to shape and influence others.

3.5.2 Focusing on coproduction

Building on the excellent work that already exists, we want coproduction to be the central part of how we improve health and wellbeing in the borough: essentially working in partnership with people and communities to improve health and wellbeing. This means:

- People and communities improving their own and each other's health and wellbeing, in partnership with services. Building on the Communities Driving Change programme, this could involve empowering more people to identify and address health and wellbeing issues.
- People and communities designing, delivering and monitoring health and care services, in partnership with those services. This will mean strengthening and expanding how we already engage and work with people.

3.5.3 Focusing on neighbourhoods

It is proposed that the Health and Wellbeing Strategy have a local focus, potentially looking at health and wellbeing issues in four areas (or 'localities') in the borough. The reasons for this approach are:

- It is likely to make more sense to residents. Events run by Healthwatch Tower Hamlets in May 2019 called 'what would you do?' focused on local issues facing local people, and feedback revealed tangible improvements that residents wanted to see (please see Appendix IV for more detail).
- The health and care system operate at multiple levels (at neighbourhood, borough and regional levels) with an increasing focus on neighbourhoods in Tower Hamlets: Services and structures including Extended Primary Care Teams, Adult Social Care Teams, local authority-commissioned home care, Locality Health and Wellbeing Committees and Communities Driving Change work all cover the same "patch".
- Other services and systems operate in this way. For example, some community safety-related services are based on distinct

neighbourhoods. Shaping the Health and Wellbeing Strategy around neighbourhoods provides an opportunity for better joint working with these systems.

4. EQUALITIES IMPLICATIONS

4.1 The Health and Wellbeing Strategy will be informed by equalities information: It will identify where key inequalities exist in relation to health and wellbeing, and seek to address them. In practice, this means ensuring that:

- The evidence base to inform the strategy includes information to identify where there is inequality based on the nine protected characteristics.
- Engagement and co-production includes all views and experiences, including groups who are 'seldom heard'. We will do this through analysing existing intelligence and through proactive planning and outreach – for example, we know that housebound people are unlikely to come to a roadshow event, but may be interesting in sharing their views with people who visit and provide support.

4.2 One of the key functions of the Health and Wellbeing Strategy will be to reduce the significant health inequalities that exist in the borough.

5. OTHER STATUTORY IMPLICATIONS

5.1 As previously noted, local authorities and Clinical Commissioning Groups must have a 'Joint Health and Wellbeing Strategy', in accordance with the 2012 Health and Social Care Act. Guidance states: "*Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare joint strategic needs assessments and joint health and wellbeing strategies, through the health and wellbeing board*¹."

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 There are no direct financial implications of the recommendations made in this report. As the next Health and Wellbeing strategy is developed, the financial implications will be considered and built in to respective organisations financial planning processes.

7. COMMENTS OF LEGAL SERVICES

7.1 Section 116A of the Local Government and Public Involvement in Health Act 2007 places a duty on the Health and Wellbeing Board (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

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

commissioning/policy decisions are based on evidence. The duty to prepare this plan falls on the Council and the Clinical Commissioning Group, but must be discharged by the HWB. The Board must have regard to the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, and can only depart from this with good reason.

- 7.2 Sections 244-247 of the National Health Service Act 2006 govern the council's health scrutiny function. It is appropriate for Health Scrutiny Committee to review proposals to develop the Health and Wellbeing Strategy, to ensure that it is consistent with the Council and its health partners' statutory duties.
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Linked Reports, Appendices and Background Documents

Linked Report

- List any linked reports
- State NONE if none.

Appendices

- Appendix I – Public Health Annual Report 2018 -Key Messages
- Appendix II – HWB Strategy Draft Coproduction Plan
- Appendix III – THT Outcomes Framework
- Appendix IV – Healthwatch Report

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.

- These must be sent to Democratic Services with the report
- State NONE if none.

Officer contact details for documents:

Or state N/A