


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