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| Health and Wellbeing Board Tuesday 18 th October 2016 |  Tower Hamlets Health and Wellbeing Board |
| Report of the London Borough of Tower Hamlets | Classification: Unrestricted |
| Tower Hamlets Health and Wellbeing Strategy 2016-2020 – Draft strategy | |

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

1. Summary

- 1.1 The current Health and Wellbeing Strategy and delivery plan expired this year and is due for a refresh. The current strategy focuses on 4 overarching and broad priorities: maternity and early years; healthy lives; mental health and long term conditions and cancer.
- 1.2 This report presents the draft Health and Wellbeing Strategy 2016-20 for comments by the Board prior to consultation and engagement with local stakeholders. The Strategy outlines an approach developed and agreed through the board in which it will focus on a small number of priorities where the leadership of the board is needed to drive transformational change.
- 1.3 The draft Health and Wellbeing Strategy will undergo formal consultation from 24th October to 21st November 2016. It will be presented to local people and organisations such as CCG Governing Body, Local Medical Council, Voluntary and Community Sector, Bart's Health, East London Foundation Trust and Tower Hamlet Housing Forum.
- 1.4 It is anticipated that post-consultation the strategy will be signed off at the Health and Wellbeing Board meeting in December followed by the Council's Cabinet in January 2017. This will lead on to the actual launch of strategy towards the end of January 2017.

2. Recommendations:

The Health & Wellbeing Board is recommended to:

- Comment on the content, structure and layout of the draft Health and Wellbeing Strategy 2016-20
- Note the Health and Wellbeing strategy development timeline

1. REASONS FOR THE DECISIONS

- 1.1 The current Health and Wellbeing Strategy is due to be refreshed after being rolled over for an additional year. The Health and Social Care Act 2012 requires the Health and Wellbeing Board to develop a Health and Wellbeing Strategy to address local health and care needs and this document outlines the plans of the board to achieve this.

2. ALTERNATIVE OPTIONS

- 2.1 The draft Health and Wellbeing Strategy 2016-20 can be rewritten if the Board decides that the priorities are not right.

3. DETAILS OF REPORT

- 3.1 The current Health and Wellbeing Strategy and its associated delivery plans are due a refresh for 2016-20. The current strategy focuses on 4 overarching and broad priorities: maternity and early years; healthy lives; mental health and long term conditions and cancer.
- 3.2 The Strategy refresh is being led by the Director of Public Health with support from Corporate Strategy and Equality.
- 3.3 The Health and Wellbeing Board (HWB) and relevant stakeholders, attended a King's Fund facilitated session in October 2015. The session explored the purpose of the strategy, the role of the Health and Wellbeing Board and the elements of an exemplar strategy.
- 3.4 Following on from the King's Fund session, the HWB agreed to develop a Health and Wellbeing Strategy built on a small number of priorities that could benefit from a partnership approach whilst addressing other areas of need through existing work programmes.
- 3.5 A pinpoint workshop session was held for the board in January 2016 which aimed to identify potential priorities the strategy. The board agreed five areas of focus for transformation based on the following criteria:
- Transformation will have significant positive impact
 - The area is considered to be an important health and wellbeing issue with regard to the size of the problem, inequalities issues and/or cost
 - There is good evidence for intervention (or credible potential to build evidence)
 - The area matters to Tower Hamlets citizens
 - System change is feasible
 - There is collective will to achieve the change

3.6 Through the workshop, and subsequent activity, the Board arrived at the priorities detailed below. Lead Board members were allocated to each transformational area and presented to the Health and Wellbeing Board in June 2016.

- Communities Driving Change
- Creating a Healthier Place
- Tackling Deprivation
- Children's Weight and Nutrition
- Developing an Integrated System

3.7 Delivery planning and performance management arrangements will be put in place to support implementation of the strategy, which will form a core part of the Health and Wellbeing Board's work programme.

3.8 Indicative Timeline:

- Public consultation on the draft strategy: 24th October to 18th November
- Final strategy to the Health and Wellbeing Board: 13th December 2016
- Final strategy to Cabinet: 10th January 2017
- HWS launch: End of January 2017

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 This paper moves forward the discussion on the Tower Hamlets Health and Wellbeing Strategy 2016-2020. There are no direct financial implications indicated at this stage as a result of the recommendations in this report.

4.2 The Council's Public Health grant allocation has reduced from £32.261million in 2015-16 to £29.595 million in 2016-17. The government has confirmed that further reductions averaging 3.9% will be made over the next 3 years. The Health and Wellbeing Strategy 2016 - 2020 will therefore need to be delivered within the context of significant on-going reductions in funding.

4.3 The Council gained additional responsibility for 0-5 year old in October 2015. This has also been subject to the same reduction as the public health grant. The grant allocation in 2016-17 is £7.288 million.

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**'). 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.

5.2 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 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 ensure the priorities identified are the right areas of focus for the strategy before agreeing any final strategy and plan.
- 5.5 The terms of reference for the HWB require it to prepare the strategy but the final approval of the strategy will be for the Mayor in Cabinet.
- 5.6 In preparing this strategy, the HWB must have regard to whether these needs could better be met under section 75 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 26th March 2013, and can only depart from this with good reason.
- 5.7 Further in preparing this strategy the Council and each of its partner clinical commissioning groups must involve the Local Healthwatch organisation for the area of the responsible local authority, and involve the people who live or work in that area. In that regard, it is noted that the draft strategy will undergo formal consultation between the 24th October and the 21st November.
- 5.8 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.
- 5.9 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.

- 5.10 When considering the recommendations, and during the review 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'.

6. ONE TOWER HAMLETS CONSIDERATIONS

This strategy identifies priority areas that will make transformational change to the local community and help address health in equalities that exists within the borough. A key priority within the refreshed strategy is 'communities driving change' which will empower local people and enable them to shape local health and care services to ensure it meets the needs of all communities.

- 6.1 An Equality Quality Assurance Checklist will be completed alongside the final version of the strategy and if required a full EA will accompany the document.

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.
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Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- Draft Health and Wellbeing Strategy 2016/20

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:

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