The Localism Act gave people new rights and powers to bid for assets of community value, challenge to take over a local service, or develop their own neighbourhood plan. Essentially, the Act gave people the power to get involved and make their neighbourhoods what they want them to be.

The 2010 Spending Review set out plans for Community Budgets, which enabled partners to redesign public services in consultation with service users in their areas, agreeing outcomes and allocating resources across different organisations. The Neighbourhood Community Budgets are simply another way in which people can take greater control over their local services and amenities.

In 2011, some 12 areas across the country took up the challenge to pilot Neighbourhood Community Budgets and Poplar was chosen as one of the pilot areas. The focus of this Community Budget is health.

The Poplar Neighbourhood Community Budget (PNCB) area encompasses two wards, Bromley by Bow and Mile End East with a natural geography, bordered to the North by Mile End Road, South by the Limehouse Cut Canal, East by the River Lea and West by Burdett Rd.

This area is also historically known as Local Area Partnership (LAP) 6 within the London Borough of Tower Hamlets. The area is populated by 27,689 people with 12,872 in Mile End East and 14,817 in Bromley by Bow with 2 predominating ethnic groups - White and Bangladeshi (Source: Lez Mayhew Population estimate March 2011 / GLA Population estimate 2011).

The area has a very young population with over 50% of the residents being under 30. Whilst the area has some of the lower crime rates for the Borough, it is characterised by poverty, high levels of worklessness, indicators of poor health and high morbidity rates. Life expectancy for males in the PNCB area is 3.6 years below the England average in Mile End East and 3.2 years below England in Bromley-by-Bow. The area has the highest hospital admission rates and consequently the highest
hospital costs per head of population of the 8 Local Area Partnerships in Tower Hamlets.

The PNCB area has the highest proportion of residents living in social housing in Tower Hamlets and the highest rate of housing benefit and out-of-work benefit claims. Based on the CLG Indices of deprivation, Bromley by Bow is ranked 9th with Mile End East ranked 21st most deprived wards in London (IMD 2010).

The pilot has been developed in partnership by our 5 community anchor organisations; the Andrew Mawson Partnership, the Bromley by Bow Centre, St Paul’s Way Trust School, the GP Network for Mile End East and Bromley by Bow and Poplar HARCA. Poplar HARCA is the lead accountable body for the PNCB.

This project builds upon a particularly strong history of partnership working between the anchor organisations. The lead players in each organisation have well established working relationships that have grown organically over many years through a culture of ‘learning by doing’. The PNCB project presents the partners with the next logical stage in this ongoing development, which has been focused around innovation, enterprise and the development of integrated working.

Outside the scope of the community budget, the St Pauls Way CIC is responsible for the delivery of the St Pauls Way Transformation project and is delivering the following projects with non-statutory resourcing:

- Working closely with St Pauls Way Trust School a programme funded by JP Morgan Chase will fund the establishment of a series of real trading enterprises run by pupils in the school working in close partnership with other community organisations.
- Private sector engagement in health related behaviour change programmes working in partnership with a range of local organisations, with the following elements; delivery, research, dissemination. Public Health England have now agreed to partner with SPWTP and to work with us to seek private sector partners.

London Borough of Tower Hamlets Council (LBTH) is fully supportive of the concept of Community Budgets and has reviewed its resident engagement structure. In 2013 the Council will be launching Local Community Ward Forums. The
Forums will be citizen-led and facilitated by Community Champion Co-ordinators who will be trained and have access to Council ‘troubleshooters’. The Forums will identify priorities and co-produce/commission services to address them. Each Forum will receive £10,000 from the Mayor’s budget and LBTH is currently exploring the feasibility of top-sliced core, mainstream budgets – in effect Community Budgets. There is also the potential to draw in private funding from other sources e.g. Registered Social Providers.

As a direct result of the PNCB pilot process a number of changes have come about. There are now closer working relations and new collaborative activities are developing between the partner agencies. Local people have been involved in service design and decision making, 200 people have enrolled on course and we now have an even greater understanding of the community’s concerns and aspirations.

**Community Involvement:**

In line with the original ‘Expression of Interest’, community involvement has been key to the development of the PNCB. During the summer months of 2012, the PNCB embarked on a far reaching programme of engagement and consultation.

The aim was to talk with at least 1,000 members of the local community who were broadly representative of the local demographics and, in consultation with project partners, it was agreed that the community would be defined as: anyone who lives, works, studies or has an interest in the LAP 6 area.

Over 1170 people were interviewed and surveyed on the community budget pilot. There were 5 focus groups across different locations within the area and the PNCB team was invited to participate in the live phone-in community channel television programme (Community Matters Channel NTV Sky).

The engagement phase of the pilot revealed that there is a strong appetite within the community.
for civic participation with 86% of individuals saying community members have a responsibility 'to do their bit' to improve the area, and 31% expressing an interest in volunteering. A further 68% expressed a desire to be involved in shaping services in some way. 408 individuals stated they would like to be kept informed about the progress of the PNCB and 113 people expressed an interest in being involved in the strategic decision making of the pilot. The PNCB plans to harness this sense of civic responsibility to help create positive changes across the 2 wards in focus.

The final outcome of the consultation showed that the Poplar community saw health as the key area the PNCB should focus on, followed by jobs, education and youth. With health as the primary focus of the PNCB, jobs, education and young people are to be approached and addressed within the context of the wider determinants of health.

*Full Engagement Report Appendix 1

**Co-design:**

The community continued to be involved in the PNCB development by way of co-design workshops. This ensured that the proposed projects have benefited from a dialogue between residents and services. PNCB partners have conducted a series of initial workshops to explore how the community can be involved in developing services and what shape any volunteering activities could take.

As part of the first element of the co-design / co-production phase, the delivery team reached out to residents in locations where they already meet and facilitated the workshops. The workshops were designed to:

1. Gain initial feedback on services and the project activities proposed under the PNCB.
2. Recruit 1 or 2 residents to take part in a structured co-design workshop with clinicians and commissioners that will take place in the first year of operation.

**Workshops were conducted with:**

- Burdett Women’s Circle
- Mile End Children’s Centre
- Father’s Group
Collectively 64 individuals have been engaged in this process. Participants in the workshops were present with details around the proposed PNCB activities and invited to comment and design community led projects that would address health concerns in the area.

Opportunities to be further involved with the PNCB will include: a Health Forum, focus groups on service design and delivery, volunteering opportunities and commissioning - by way of the Local Ward Forums.

**SERVICE DEFINITION:**

There are 2 sections to the PNCB proposal. One area is what the service providers such as the MEEBBB, the Bromley by Bow Centre and Poplar HARCA are committed to delivering to improve health outcomes, and the other is what the community will do by way of resident led initiative and volunteering. During the first year of operation the PNCB will be tackling 3 specific areas of health, volunteering and employment.

**Health Care Packages:**

The PNCB area has higher rates of coronary heart disease, diabetes, hypertension, stroke and chronic kidney disease in Tower Hamlets. The prevalence of diabetes is 6.8% compared to 4.6% in the rest of Tower Hamlets. Surprisingly given the area’s younger age profile, it would be expected to have lower rates of this condition than other parts of Tower Hamlets.

Diabetes is now regularly reported in the press and recent coverage claimed that British people of South Asian, African or African Caribbean descent are significantly more likely to develop Type 2 diabetes than their European counterparts, and failing to deal with diabetes could have huge financial consequences for the NHS in the future. There is also concern that people have often been living with the condition for around 10 years before they are diagnosed, which increases the risk of complications such as heart disease, stroke, kidney failure, blindness and amputation. During the co-design workshops, local people recognised this problem and identified it as a lifestyle issue.

Under the direction and guidance of the GP Network for Mile End East and Bromley by Bow (MEEBBB), the PNCB proposes to address the issues of diabetes with care packages.

A care package is designed by a team of clinicians and commissioners who undertake a consistently thorough process from design through to roll-out, beginning from the long term conditions (LTC) strategy, drawing on evidence from international and local best practice (supported by improved outcome measures), and defining a package that meets the requirements of patients and subject to the constraints that exist.

*More information on Diabetes and Care Packages attached – Appendix 2

*Tower Hamlets PCT Strategic Investment Plan – Appendix 2.1
Through the PNCB we propose to add value to the current clinical care packages by incorporating areas that impact on the wider determinants of health such as: employment, education, language, housing and welfare benefits. Volunteers will be deployed to work with the practices to support this approach and ensure any issues identified will be addressed by linking patients with the relevant service.

**Social Prescribing:**

In addition to care packages, the MEEBBB in partnership with the Bromley by Bow Centre has implemented a Social Prescriber initiative which enables GPs across Mile End East and Bromley by Bow to address some of the wider determinants of health.

This has been achieved by embedding the Single Universal Referral Form on the computers of all clinical consultation rooms in the 5 Health Centres across the 2 wards and creating a Central Referral Hub for the use of all GPs, nurses and healthcare assistants. GPs can now refer patients to services such as - ● social welfare and housing advice ● money management ● learning, skills and training ● community activities and groups (such as craft, bingo, dance) ● time banking, employability and ● employment.

In some cases patients will be referred to specialist services beyond the catchment area. Health practitioners are provided with training on how to make referrals and information on the services and activities available and their relevance to patients.

The Bromley by Bow Centre will conduct an evaluation with the patients who have been referred in order to measure the impact on health and wellbeing and other outcomes.

**Pilot within the Pilot:**

In addition to the Care Packages, the PNCB proposes to develop a second smaller pilot that will involve an in-depth study into the health and wider determinates of health such as housing, employment and education affecting residents in LAP 6. The area where this study will take place has yet to be defined but it is likely to involve a housing estate or block within a housing estate.

**Volunteering:**

The PNCB plans to harness the desire for voluntary action emerging from the engagement process. There is already existing knowledge and experience within the partnership by way of Health Trainers who operate from the Bromley by Bow Centre. The Health Trainers service consists of trained local people who work with individuals, helping them find ways to lead a healthier lifestyle and offering support to help people make positive health changes. The Health Trainers offer one-to-one motivational support using personal development plans and by signposting to appropriate services, activities, and specialist organisations.

Alongside the Health Trainers, Tower Hamlets Public Health (THPH) has rolled out a successful Health Champions initiative. Community Health Champions are trained volunteers who are able to relate to people within their own communities. They support and motivate people within their families, neighbourhoods and workplaces to get involved in healthy social activities, create groups to meet local needs and sign-post people to relevant support and services. Champions can also help shape local services, increase civic participation, initiate community development opportunities and gain skills to move into further volunteering roles and activities.

*Health Champions Framework attached as Appendix 3*
Champions can also help shape local services, increase civic participation, initiate community development opportunities and gain skills to move into further volunteering roles and activities.

There is good evidence on the effectiveness of lay health workers or volunteers in:

- Increasing knowledge and awareness of health issues in communities
- Helping people access health services including increasing uptake of preventive measures such as immunisation
- Supporting positive behaviour changes, particularly when working with disadvantaged, low income or minority ethnic communities. Reported outcomes include increased physical activity, increased consumption of fruit and vegetables, lower intake of dietary fat, and better food safety knowledge and skills
- Improving health status including better mental health and improved disease management where programmes are focused on helping people with long term conditions
- Supporting appropriate use of health care services including reducing barriers to access and decreasing hospital admissions.


The volunteers will be recruited from the pool of people who were surveyed during the consultation and engagement phase and trained to provide support and deliver activities aimed at improving the health outcomes for the Poplar community. The Health Champions training model is already tested and we envisage the volunteers will receive some accredited training such as; Understanding Health – level 2, first aid, food hygiene, and non-accredited development courses such as interpreting for health and social care and customer services.

Incentives that help provide personal development can increase employability and so are likely to further encourage participation from unemployed people into volunteering. Evidence from the Yorkshire & Humber region’s ‘All Together Better’ Programme shows that such initiatives are likely
to be more successful where the community is fully engaged and empowered. Evidence shows that meaningful engagement with patients, carers, volunteers and communities achieves:

- **Better health and wellbeing:**
  - improved self-management of long-term conditions
  - healthier lifestyles and behaviours
  - improved mental health
  - reduced isolation and loneliness

- **Better quality services:**
  - more intelligent commissioning
  - better quality, more accessible and appropriate services
  - reduced hospital admissions, re-admissions and delayed discharge

- **More active citizens:**
  - more confident patients with greater ownership of health
  - better reach and connections with disadvantaged communities
  - increased active citizenship and volunteers in health
  - better knowledge of the needs and assets in communities

(Source: NHS Confederation and Altogether Better (2012), Community)

The PNCB health volunteering programme will be further developed and implemented by the Poplar Health Forum, once established.

**Employment and Training:**

As a direct consequence of the community identifying employment as one of the priority areas for PNCB, a community centre has been made available for the delivery of training and employment support services in the west of the PNCB area.

The Burdett Centre on the Burdett Estate now enhances and complements the work of the Bromley by Bow Centre in the east. This purpose built community centre is situated in a densely populated area, close to local schools and the job centre. Its facilities, including 2 large rooms and smaller meeting rooms, makes it ideal for the provision of a dedicated resource for the community around training, learning and skills development.

The centre will be able to provide a programme of high quality training for the ‘Health Makers’ and other volunteers.

The skill based training is complemented with employability skills and direct links with employment opportunities sourced from the health sector well as other employers the partnership is linked with.

Other health related training will prepare people to work and volunteer in various parts of the health sector. Training will cover areas such as health and safety, food safety, cleaning, catering, community interpreting and customer service. The provision of courses in numeracy, literacy and
ESOL will enable the community to more fully participate in and to access the health service.

The co-location of services which support those with long term health conditions into employment will enable the centre to widen the range of support it offers. The Westminster Kingsway College is currently providing the PNCB Employment and Training programme with free accredited training courses.

Two agencies within the PNCB Partnership (Poplar HARCA and Bromley by Bow Centre) have knowledge and experience in delivering these services. Both organisations offer employment support to local residents and through this support they have been able to secure about 150 job outcomes per year.

Both organisations have dedicated teams providing information, advice and guidance to support people into employment and training along with centres for job search, and deliver employment support in various locations. Both will continue to deliver these services within the facility, and the offer to residents will include: support in developing a CV, applications for jobs, covering letters, preparation for interviews, and referrals to further training and other support.

**Poplar Health Forum:**

There is an urgent need to pull together all the various health initiatives currently operating in Bromley by Bow and Mile End East. During the development of the PNCB, we have identified various voluntary organisations, community groups, chemists and statutory providers that are all working in a variety of ways to address health issues in the area. In this environment there is risk of overlap and duplication with some services.

To address this issue, a Health Forum covering both Bromley by Bow and Mile End East will be established in partnership with Tower Hamlets Public Health. The forum will be made up of statutory and voluntary organisations and all groups with an interest in improving the health outcomes for people in the Poplar area, including: schools, housing providers, community champions and organisers.

The role of the forums will be to:

- Establish a strategic overview of current service provision and develop a directory of projects and initiatives
- Create stronger links between organisations that support and impact people’s health in the Poplar area
- Develop community led initiatives to improve health outcomes using volunteers
- Increase the community awareness of the health inequalities in the Wards through events
- Engage in co-design and co-production with health service providers

The Health Forum will be administered by the PNCB team and supported by THPH.

**Governance:**

The PNCB stakeholder group will transfer the governance of the community budget pot to the Local Community Ward Forums. This option is viewed as a positive move as it reflects total devolution and will provide a forum for those in the sector interested in shaping and influencing local services. It will also ensure the PNCB programme is fully incorporated into the Local Authority.
Local Community Ward Forums (LCWFs):

LCWFs are the new, most localised element of the Tower Hamlets Local Strategic Partnership structure. This means that they are part of the formal governance of the LSP and there is a clear relationship with the Partnership Executive (the strategic decision-making body of the partnership, responsible for the management and direction of the Partnership Agenda as informed by the Community Plan) which includes, among others, the chief officers of the Council, NHS, Police, Fire Service and the Council for Voluntary Service; and the Community Plan Delivery Groups (the thematic strategic delivery groups of the Partnership which are responsible for the delivery of a set of objectives relating to each of the Community Plan themes).

LCWFs are open public meetings which will be accessible to all the stakeholders who have an interest in a particular ward. Attendance will include everyone who lives, works and studies within the ward - and will include the local ward members. LCWFs are arranged by Community Champion Coordinators who are local residents who have been recruited, trained and supported by the Council and the Local Strategic Partnership to deliver the meetings. The meetings will be delivered by adhering to a set of guiding principles and decisions are made by a consensus of those attending the meeting.

LCWFs are organised by the Community Champion Coordinators but the Council holds the framework for the LCWFs and has an overall role in ensuring that the Forums operate effectively and have developed guidelines and processes for the organisation of the delivery of the programme of meetings in each ward in order to do this. The local community in each of the wards who attend the meetings are the decision makers and any disputes would be handled through the Council’s existing clear and robust complaints process.
**Budget Management:**

The budgets for the Local Ward Forums will be held by the Local Authority on behalf of the ward forums.

In the first year a cash budget of £20,000 will be transferred to the Bromley by Bow and Mile End East Wards (£10,000) per ward ring-fenced to be spent on community led initiatives to promote health in the Poplar area.

**Costs and benefits:**

The forecast Cost Benefit Analysis of the Poplar Neighbourhood Community Budget Pilot uses the Manchester New Economy SROI (Social Return on Investment) template to calculate and demonstrate the anticipated benefits from the project over a five year period. SROI is an approach to valuing social, economic and environmental outcomes created by a project in terms which go beyond simple financial investment and return.

The analysis has treated the PNCB pilot, the introduction of diabetes care packages, and the generation of new employment and training activities as inherently part of the same project since they are being introduced in tandem in order to complement each other; with the pilot and employment programme enhancing the effect of the care packages.

The calculations suggest that the investment from partners and other stakeholders valued at just over £1m is likely to generate, in terms of social return, a net present project value of around 12 times the initial investment.

This result is a particularly large multiplier for a social return on investment calculation. Its size can in part be explained by the very high secondary care savings that will be achieved as a result of the combination of these initiatives.

The ratio particularly shows that investments are made by local organisations while the key beneficiaries are the local community (nearly £7m), the NHS (over £4M) and HMRC (1.6m).

The analysis was carried out for Poplar HARCA by the ethical business consultancy ‘Greenmarque’ in March 2013. The evaluation takes into account inputs and outputs incurred during the set-up period to 2013, and anticipated costs during the 3 years of the pilot to March 2016. Benefits have been valued from the 3 years of the pilot and the following 2 years.

* Full report Appendix 4 & 4.1

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CBA Monitoring:
The Poplar HARCA Programme Manager will put in place systems to collect project data and monitor PNCB outcomes against an internally constructed performance management framework. The MEEBBB and Tower Hamlets CCG will be required to supply relevant anonymised primary and secondary care output data. Outputs and progress will be reported to the Tower Hamlets Council Health and Well Being Board and Poplar Health Forum once established.

Next steps:
In the first year of operation, a Health Forum will be established. The care packages, social prescribing, and employment and training support will be delivered along with training for volunteers as Health Champions. The Local Ward Forums will be established by the Local Authority and PNCB funds will be passed to the Mile End East and Bromley by Bow Local Ward Forums and ring-fenced to be spent on community led initiatives to promote Health in the Poplar area.
Poplar Neighbourhood
Community Budget

in partnership with