

Meeting of the

# HEALTH SCRUTINY PANEL

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Tuesday, 23 April 2013 at 6.30 p.m.

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## SUPPLEMENTAL AGENDA

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	PAGE NUMBER	WARD(S) AFFECTED
4.4 Health Scrutiny Review - Community Assets Report Revised report attached	1 - 14	
4.5 Health Scrutiny Review - Healthy Borough Programme Report Revised report attached	15 - 34	

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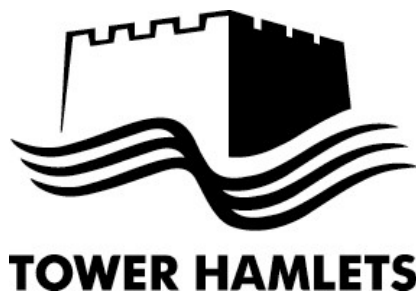
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# **Report of the Scrutiny Review on Community Health Assets**



**London Borough of Tower Hamlets  
April 2013**

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## **Acknowledgements**

Thanks to all the officers and partners that gave their valuable time to the review and were so generous with their ideas. The views and perspectives of all that were involved have been fundamental in shaping the final recommendations of this report. We want to thank particularly the people who participated in the St Paul's Way case study who so willingly shared their knowledge and expertise with us.

### **Review Chair:**

Councillor Rachael Saunders, Chair Health Scrutiny Panel

### **Participants**

Tower Hamlets Interfaith Forum

Father Duncan Ross: St Paul's Church, Bow

Dr. Joe Hall: St. Paul's Way Medical Centre

Mohbub Ali: Burdett Estate Mosque

### **One Tower Hamlets Team:**

Robert Driver

Strategy, Policy and Performance Officer

### **Public Health Tower Hamlets:**

Susie Crome

Tower Hamlets Public Health Locality Manager

## Chair's foreword

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St Paul's Way has undergone a huge transformation, with new homes, community facilities, a new school building with rapidly improving exam results and a GP surgery that is increasingly able to meet the needs of local people.

That change has been achieved, partly through investment and policy interventions, but overwhelmingly through collaboration between individuals organisations and with local people.

As public health transfers to the local authority Health Scrutiny committee chose to think through how we make the most of the transition, through making connections and building on existing goodwill and partnerships. St Paul's Way seemed to be a good place to start.

Faith organisations are significant on St Paul's Way, as across the borough, and their role is often not well understood. That is why we have given them some focus in this review.

## 1. Introduction

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*“Communities have never been built upon their deficiencies. Building communities has always depended on mobilising the capacity and assets of people and place”<sup>1</sup>.*

- 1.1 This review will discuss the findings of an investigation in to ‘community health assets’ in Tower Hamlets. This will feed in to wider community asset related projects taking place within Public Health and the Council.
- 1.2 The ‘asset approach’ builds on the assets and strengths of specific communities and engages citizens in taking action. It is often cost-effective, since it provides a conduit for the resources of citizens, charities or social enterprises to complement the work of local service providers. The ‘asset approach’ highlights where communities are already flourishing rather than concentrating on the deficits and problems within communities.
- 1.3 This review will assess how community assets contribute to a shift in thinking about how communities and service providers can improve wellbeing and respond to ill-health. It will demonstrate how practitioners can change the way they engage with individuals and the way planners design places and services so that more meaningful and appropriate services are provided.
- 1.4 The Marmot Review emphasises the importance of individual and community empowerment. It comments that this requires mapping community assets, identifying barriers to participation and influencing and building community capacity through systematic and sustained community development<sup>2</sup>. This review will consider these principles when discussing the key findings.

## 2. Aims and Objectives

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- 2.1 The aims and objectives of this review are:
  - To provide an introduction to community assets and their relation to health
  - To explore how faith communities can act as community health assets

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<sup>1</sup> Building Communities from the Inside Out, Kretzman & McKnight (1993)

<sup>2</sup> Fair Society, Healthy Lives: The Marmot Review (2010)

- To present a case study of a community asset mapping exercise in St. Paul's Way, with a specific focus on faith communities and their capacity to promote health and wellbeing
- To suggest how local conditions can be improved to promote the health benefits of existing community assets

### **3. Methodology**

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3.1 Evidence sessions and desk based research were undertaken to inform the evidence base for this review. The below individuals and organisations contributed to the evidence sessions:

- Tower Hamlets Inter Faith Forum
- Father Duncan Ross: St Paul's Church, Bow
- Dr. Joe Hall: St. Paul's Way Medical Centre
- Mohbub Ali: Burdett Estate Mosque

### **4. Terminology**

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4.1 "A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses"<sup>3</sup>.

4.2 A 'health asset' includes any of the following:

- The practical skills, capacity and knowledge of local residents
- The passions and interests of local residents that give them energy for change
- The networks and connections – known as 'social capital' – in a community, including friendships and neighbourliness
- The effectiveness of local community and voluntary associations

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<sup>3</sup> Antony Morgan, associate director, National Institute for Health and Clinical Excellence (NICE), 2009



- The resources of public, private and third sector organisations that are available to support a community
  - The physical and economic resources of a place that enhance well-being
- 4.3 The 'asset approach' values the capacity, skills, knowledge, connections and potential in a community. It is an alternative to the more familiar 'deficit' approach that focuses on the problems, needs and deficiencies in a community which can lead to service design that fill the gaps and fixes problems. As a result, a community can feel disempowered and dependent; people can become passive recipients of expensive services rather than active agents in their own and their families' lives<sup>4</sup>.

## 5. The Local Context

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- 5.1 Tower Hamlets is rich in physical, economic, social and cultural assets. The borough has been the place of settlement for migrant communities for centuries. Situated at the edge of the City and on the river, the borough has been an access point for many. During the twentieth century as the local and national welfare state developed and worked to address the problems of poverty many members of migrant communities played an active role in challenging prejudice and discrimination as elected councillors or community activists. In recent times, the area has experienced rapid economic growth and has been a focal point of regeneration in London. Significant development activities include the 2012 Olympic and Paralympic Games, continued development within the Thames Gateway and the expansion of Canary Wharf. Tower Hamlets boasts extensive waterways, Victoria and Mile End Park and an assortment of museums and markets. All of these contribute to the borough's sense of place and identity. These wide ranging assets provide immense opportunities for the borough.
- 5.2 There is a strong sense of community unity and civic responsibility in the borough. This is demonstrated by the level of participation and engagement in the annual Young Mayor election, which takes place in secondary schools and youth centres across the borough and regularly sees turn out of fifty percent. In addition 3.7% of the borough's population provide more than 20 hours of unpaid care per week and 50% of them provide more than 50 hours of unpaid care.
- 5.3 Religion continues to play a prominent role in the lives of many of the borough's population, with 65% of residents claiming a religious belief<sup>5</sup>. The borough is also home to the largest Muslim population in the

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<sup>4</sup> A glass half full: how an asset approach can improve community health and well-being , Improvement and Development Agency (2010)

<sup>5</sup> '2011 Census: Second Release – Headline analysis', Corporate Research Unit

country. Beyond their immediate congregations, many faith communities are able to reach out and support people in their local area through social action. The networks and relationships developed by faith communities in themselves offer opportunities to promote health and wellbeing.

## **6. Faith communities and community assets**

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- 6.1 National research defines nine different factors which may lead to positive healthy outcomes for those participating in faith based activities: “moral directives, spiritual experiences, role models, community and leadership skills, coping skills, cultural capital, social capital, network closure, and extra–community links”<sup>6</sup>. Given the prominent place of religion in the lives of many residents, this review has a specific focus on examining the networks, relationships and activities of faith communities and how these affect the health and wellbeing of individuals and communities in the borough.
- 6.2 As part of the review, an evidence gathering session was held with the Tower Hamlets Inter Faith Forum (THIFF). THIFF members were asked to discuss the community assets that they are aware of within their respective religious groups and associated communities.
- 6.3 It was highlighted that the local cultural, economic and social environment poses many challenges as well as opportunities. Examples included high levels of unemployment and poor housing negatively impacting health and wellbeing in Tower Hamlets. However, it was also discussed how there are certain characteristics of the borough that have positive impacts on health and wellbeing. The key two areas highlighted was an active civil society and high levels of residents practising a religion or faith. It was agreed that places of prayer, worship or other spiritual involvement have the capacity to limit the negative effects of these health determinants.
- 6.4 There was discussion about the role faith communities can play in helping to address the reluctance of certain isolated or excluded minorities in seeking help from healthcare agencies. In the field of mental health, people from ethnic minority backgrounds may be less likely to seek interventions due to narrow stereotypes about the role of mental health services. Wider research indicates that religious minorities may tend towards seeking pastoral help at the religious institution for emotional problems rather than specialist mental health support<sup>7</sup>. It was highlighted by the THIFF that different faith organisations could offer employment and social opportunities for vulnerable people and hard to reach groups.

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<sup>6</sup> Spiritual Capital, 2012, Theos and The Grubb Institute

<sup>7</sup> Ibid

- 6.5 It was suggested that religious institutions have a number of unique resources which make them especially effective in health promotion. These include the social support, networks and organisational structure provided by religious institutions. Examples of this include being visited by members of the community or congregation or the development of social ties for those experiencing, or at risk of, isolation. This could be especially relevant for older people.
- 6.6 There was discussion on how research has identified that places of worship may also form the basis of wider voluntary and community sector initiatives. These would be able to assist members of vulnerable communities beyond those who regularly attend religious meetings. Such fostering of social capital, and in some cases social entrepreneurship, may therefore have broader impacts on wellbeing across the local community<sup>8</sup>.
- 6.7 A number of participants highlighted the Bromley-By-Bow Centre as an example of a very successful approach to health promotion and illness prevention, grounded in the metaphysical and physical space of a faith tradition, which includes the entire community. The Centre originally started in a church hall and is still influenced by its religious origins. It was highlighted that the combination of arts and community work which involve people from a range of backgrounds, combined with religious activities, helps breed familiarity and cohesive communities. It was suggested that this model of integrating GP practices and other community care facilities on the same site could act as a means of encouraging and facilitating access to healthcare services. The group agreed that this holistic approach (of which working through community engagement with religious/spiritual activities and organisations are intrinsic components) should receive greater consideration from central and local government as a model for working with deprived and ethnically diverse communities.

## **7. Case study: Community Assets in St. Paul's**

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- 7.1 Community asset mapping is a process of “building an inventory of the strengths and gifts of the people who make up a community and highlights the interconnections among them”<sup>9</sup>. As part of the review a community asset mapping exercise was undertaken in the St Paul's Way, Bow. The objective of this exercise was to investigate what community assets exist in the locale, how they contribute to improving health and how local conditions can be improved to promote the health benefits of existing community assets. The findings of the case study are set out below:

### **7.2 St Paul's Church**

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<sup>8</sup> Ibid

<sup>9</sup> 'Revitalising the evidence base for public health: An assets model' Morgan and Ziglio, 2007

Father Duncan explained how the church and church hall are resources for the whole community to use regardless of their religious background. It was highlighted that community assets must be seen as inclusive and welcoming if they are to be used to their full potential.

- 7.3 There were wide ranging discussions on how physical community assets will only be used to their fullest effect if trust has been built with diverse groups of local people. It is the social capital of relationships around an institution as well as the physical assets of buildings that can have an impact on improving wellbeing. For example, the church hall is used as a space for young people to spend time and be safe in the early hours of the morning. It is also a mental health drop-in centre.
- 7.4 An effective community asset approach depends on taking risks and trusting people. Services should thus be designed in a way that allows providers and service users to make the most of opportunities and connections that already exist. This means that trust, engagement, participation and planning need to leave capacity for development of new ideas.
- 7.5 Partnership work: Poplar HARCA and the Church of England  
There are examples of collaborative working between different groups to provide community services within St. Paul's Way. One such example is between Poplar Harca and the Church of England where they jointly fund services. The regular coffee morning on St Paul's Way is often mentioned as an important tool to generate connections and co-operation. It was highlighted that there needs to be an open dialogue between organisations so that all parties are aware of possible areas of collaboration.
- 7.6 The Good Gym  
A prime example of a locally based network that promotes health is 'Good Gym' – a group of runners who get fit by doing physical tasks which benefit the community. This work ranges from shifting rubble, planting gardens and making deliveries and friendly visits to older people. These networks of individuals improve their own health through participation, improve the mental health of older people they visit individually and improve the physical community assets they work with as a group.
- 7.7 St Paul's Way Community Trust School and Queen Mary University  
It was highlighted that the St Paul's Way Community Trust School is a key community asset within the St Paul's Way community because the building and facilities are outstanding, the good relationships the school holds with the community, and the expertise that has been built up through a period of rapid and successful change. The use of a physical community asset such as the school is very useful for promoting public health messages as it has an existing connection with the community and can utilise existing communication networks.

- 7.8 Using medical students from the local university (Queen Mary University) to undertake engagement work with local school children to promote the idea of entering the medical profession demonstrated how existing human resources may be being underused. Students have huge amounts of skills and energy that can be used in schools on a wide range of activities. These activities can be beneficial for students as valuable experience for their CVs.
- 7.9 St Paul's Way Medical Centre  
GP surgeries, like schools, offer a multitude of opportunities for promoting community assets. This has manifested itself in the provision of other services within the St Paul's Way Medical Centre such as housing, financial and welfare advice. This provision complements the principle of having to tackle the wider determinants of poor health to create a sustainable approach to good health and wellbeing of a community. Through adopting this approach a wide variety of opportunities are available for incorporating community assets when looking to improve the health of a population.
- 7.10 Burdett Estate Mosque  
There were wide ranging discussions around the huge potential places of worship have in promoting health in the borough. Some schemes already exist within the London Muslim Centre where Public Health engage with attendees. It was suggested that there are these engagement opportunities could be developed further.
- 7.11 A key obstacle that was identified with engagement activities is language barriers when health professionals are unable to engage with mosque attendees. One possible solution to this problem is to engage young bi-lingual mosque attendees to act as interpreters. This would enable the community to help itself and thus provide a more sustainable and effective health intervention.
- 7.12 Community Health Champions  
Community Health Champions (CHC) are volunteers who are trained and supported to champion health improvement in their communities. This has a direct impact on their own health and – as their confidence, motivation and knowledge increases – the health and well-being of their neighbourhoods and communities. The Tower Hamlets Involvement Network (THINK) are currently training CHC in the borough. Going forward with this work it should be ensured that the CHC work within existing networks and community assets.
- 7.13 ***Findings from the St Paul's Way case study***  
Much of the research on community assets, the St Paul's Way case study and the evidence gathered as part of this review suggest that successful solutions to public health challenges will be rooted in local communities. There are many examples of an 'asset approach' to

improving health in St. Paul's Way which builds on the assets and strengths of specific communities and citizen engagement.

- 7.14 Community assets within St. Paul's Way play a key role in improving health through supporting the wider determinants that contribute to good health and wellbeing. This is through creating connectedness and inter-related networks that improve the psychological health of a community more so than the physical. This is often through promoting human interaction and mental engagement.
- 7.15 Through assessing the strengths of individuals and the assets of a community in St. Paul's Way new ways of thinking about improving health and wellbeing emerged. This new way of thinking has the potential to change the way practitioners and commissioners engage with individuals and the provision of services. It highlighted the potential for promoting social capital, community action and co-production of health services to develop more effective services.

## 8. Conclusion

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- 8.1 Asset based working promotes wellbeing by building social capital in a number of ways including face to face community networks, promoting civic participation and citizen power and encouraging trust and reciprocal help. This report suggests that levels of social capital are correlated with positive health outcomes, well-being and resilience. Whilst central government and local primary care organisations may take the leading role in driving and organising health promotion – this report suggests that local, organically developed initiatives may be the most appropriate and effective means of working to promote health amongst the diverse demographic of Tower Hamlets. The key themes and issues which emerged through this review are set out below:

- 1) **The role of faith communities in promoting health and wellbeing:** Faith communities often offer the possibility of a professional local leadership presence in communities that would otherwise be lacking. They can act as catalysts of action to meet the needs of their congregations and other members of the community. They have the capacity to provide some support, stability and continuity to areas suffering from low levels of health and wellbeing.
- 2) **Volunteering:** Research by UK volunteering organisation Timebank has shown the difficulty of recruiting volunteers, and highlights the importance of developing volunteer-centric roles for volunteering. GoodGym is a "fine grain" approach to volunteering, where participation is based on frequent low impact activities that are integrated usefully into the participant's life. Its model of voluntary action focuses on the positive experience of the volunteer which results in a higher number and quality of volunteers. The

model aims to make it as easy as possible for people to integrate voluntary participation into their lives. This is an approach that could usefully be promoted elsewhere in the borough.

- 3) **Role of ward councillors:** There is a pivotal role for Councillors in making visible the assets in their communities, promoting the use of appreciative inquiry and supporting communities to develop their resources. Research suggests that Councillors can utilise their community leadership role to build a constructive partnership between a wide range of individuals, groups and organisations to improve the health of their wards. A key aspect of this role is stimulating creative ideas about where services are based and how they are delivered<sup>10</sup>.
- 4) **Informing commissioning plans:** One of the key challenges to promote an asset based approach to health will be integrating the community assets principles within strategic commissioning for services. With the transition of Public Health to the local authority it is suggested there will be greater scope to commission support for community development and community building. This should include developing commissioning models that have more synergy with an assets approach, for example, that specify co-production and involving users and carers.

## 9. Recommendations

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1. Provide opportunities for ward councillors to develop their knowledge of community health assets in their local areas and inform development of local asset maps to inform health promotion activities, through:
  - Walk-about for ward councillors, Public Health Locality Managers and HealthWatch members to identify community health assets as well as health issues, followed by a workshop to identify how these issues could be addressed through co-production
2. Encourage health and social care strategists to recognise the trust, social networks and relationships that exist in many community assets, including faith communities, and support them to promote health and wellbeing
3. Encourage health and social care commissioners to recognise the value of community assets in commissioning decisions and continue to resource programmes such as the Can Do small grants scheme to support small, locally based groups to develop their health promotion work

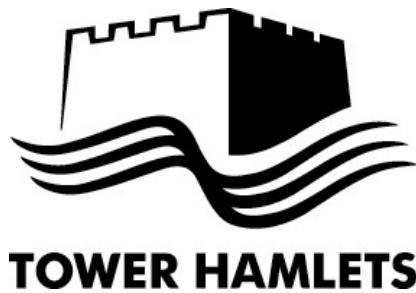
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<sup>10</sup> *Empowering Communities: making the most of local assets. A Councillors Guide* (2012). Local Government Association

4. The Council and NHS to consider how to ensure that practitioners on the ground have the capacity to collaborate, and how to drive culture change to create a way of working where people say yes to requests for help and support and innovative ideas.



**Report of the Scrutiny Review on the  
Healthy Borough Programme**



**London Borough of Tower Hamlets  
April 2013**

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## **Acknowledgements**

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The Working Group would like to thank all officers and partners that embraced this review. The views and perspectives of all that were involved have been fundamental in shaping the final recommendations of this report. We would like to thank all of those who gave their time and expertise during the review process.

## **Chair's foreword**

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Public health responsibilities coming to the council is a moment of opportunity to rethink how we tackle the symptoms and causes of poverty that come with ill health and disadvantage. The Healthy Boroughs programme is an example of where public health work was taken forward across the council, with central coordination and senior leadership buy in alongside sufficient flexibility to allow people with good ideas to take them forward, and to support innovation.

This review noted some of the Healthy Boroughs programme, as well as some of the areas where it could have gone further. Our recommendations are intended to support the council to integrate public health into how we operate, to address the shocking health inequalities that prevent too many of our people from reaching their potential.

## **1. Introduction**

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- 1.1 Tower Hamlets Healthy Borough Programme (HBP) started as part of the national Healthy Towns pilot programme funded through the Cross Government Obesity Unit between 2009 and 2011. The HBP was delivered in partnership with Tower Hamlets Public Health, Tower Hamlets Council, Tower Hamlets voluntary sector and other partners. The programme has now been mainstreamed.
- 1.2 This review will focus specifically on how children have been impacted by the HBP. It will evaluate how well projects and service provision have been mainstreamed for early years and children of school age across the NHS, within Council directorates and external organisations.
- 1.3 At the time that the funding for the HBP was received the national economic climate looked very different and the information for bidders suggested that if pilot schemes were successful there would be opportunities to bid for additional funding to extend beyond March 2011. The subsequent financial crisis in late 2008 and increasing pressure on public sector finances created a very different context for the development of this programme. This review will evaluate the HBP within this context through focusing on financially viable ways to progress and develop on the achievements and objectives of the Programme.
- 1.4 As Public Health is transferred to the Council in April 2013 the HBP offers a wider model of how improving health outcomes for residents can be taken forward across the Council. This review will offer recommendations on how different stakeholders can work together and build on past successes once Public Health is transferred to the Council.

## **2. Aims and Objectives**

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The aims and objectives of this review are:

- To focus on how the HBP has impacted health outcomes for early years and children of school age.
- Analyse how HBP projects and service provision have been mainstreamed for Early Years and children of school age across the NHS, within Council directorates and external organisations.
- Identify how the legacy of the HBP can continue to achieve improved health outcomes for local children in the current financial context.
- Highlight how the HBP offers a wider model of improving the health and wellbeing of residents once Public Health is transferred to the Council in April 2013.

### 3. Methodology

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- 3.1 The group agreed the following timetable and methodology for the Review:

*Understanding health priorities for children in Tower Hamlets*

- The session brought together key stakeholders to discuss the health priorities for children within their respective organisations and how their organisations 'join up' their work to help achieve these priorities. Public Health, the Council, Barts Health NHS Trust and Tower Hamlets Clinical Commissioning Group attended.

*Understanding how the HBP has been mainstreamed*

- Public Health and directorate leads presented to Councillors on how the HBP has been mainstreamed across Council directorates and how the HBP has improved the health outcomes of young people.

*HBP: mainstreaming and the transition process*

- Senior managers within Public Health and the Council discussed how the mainstreaming process of the HBP can inform the transition of Public Health to the Council.

3.2 Considered evidence

The Review received the below documents as evidence:

- Tower Hamlets Food for Health Award Project (March 2009 – March 2012) Evaluation Report
- Healthy Early Years Project Evaluation Report
- Tower Hamlets HBP: Phase 1 Progress Report (September 2011)
- Influence of the Healthy Borough Programme on the Public Health Transition – Background Briefing
- Government Office for Science Foresight Programme (The Foresight Report), Tackling Obesities: Future Choices, 2007
- Department of Health, Fair Society, Healthy Lives, (The Marmot Review), 2010

## 4. Background

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### 4.1 The National Context

The Foresight Report, *Tackling Obesities*<sup>1</sup>, concluded that:

*Obesity is linked to broad social developments and shifts in values, such as changes in food production, motorised transport and work/home lifestyle patterns. The technological revolution of the twentieth century has left in its wake an `obesogenic environment` that serves to expose the biological vulnerability of human beings.*

4.2 The Report proposes the need for a step away from medicalised and individualised approach to obesity that prioritised treatments and emphasised the importance of individual responsibility and education. It proposed a `whole system` approach that targets the lived environment - the infrastructure of workplaces and education facilities, public realm, transport systems and leisure and recreational spaces.

4.3 Foresight underlines “the importance of designing options for healthy behaviours or `cues` for behavioural change that can become usual practice and which will influence those not ready to make active choices”. “Preventing obesity requires changes in the environmental and organisational behaviour, as well as changes in group, family and individual behaviour.” Avoiding the “futility of isolated initiatives” meant investing in “a cross-cutting, comprehensive, long term strategy that brings together multiple stakeholders”

4.4 This was a point later taken up and amplified by the Marmot Review of Health Inequalities that reported in 2010 the need to “fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality”. It also highlighted the importance of locally developed and evidence-based community regeneration programmes that remove barriers to community participation and action<sup>2</sup>.

4.5 NICE guidance states that local authorities and partners should work with other local partners, such as industry and voluntary organisations, to create and manage safe spaces for incidental and planned physical activity, addressing as a priority any concerns about safety, crime and inclusion, by:

- Making streets cleaner and safer, through measures such as traffic calming, congestion charging, pedestrian crossings, cycle routes, lighting and walking schemes

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<sup>1</sup> Government Office for Science Foresight Programme, *Tackling Obesities: Future Choices*, 2007

<sup>2</sup> Department of Health, *Fair Society, Healthy Lives*, 2010

- Ensuring buildings and spaces are designed to encourage people to be more physically active (for example, through positioning and signing of stairs, entrances and walkways)
- Considering in particular people who require tailored information and support, especially inactive, vulnerable groups

#### 4.6 The local perspective

The findings, principles and objectives of the Marmot Review, Foresight Report and NICE guidance are all relevant to the Tower Hamlets context of tackling obesity and informed the approach of the HBP.

- 4.7 The physical environment of the Borough is densely built up with several of London's major arterial roads dissecting the Borough's neighbourhoods. For many areas only a limited amount of green space is easily accessible for exercise.
- 4.8 The health of the population is poorer than average for England and Wales. Life expectancy is three years less for men and two years less than average for women. There are significant inequalities within the Borough where, for example, life expectancy in the richest ward is thirteen years more than in the poorest. The social determinants are exacerbated by other lifestyle factors such as high levels of smoking (almost 50% amongst Bangladeshi men). Levels of heart disease, lung cancer, diabetes and chronic obstructive pulmonary disorder are significantly higher than national levels.
- 4.9 The Borough has a rapidly growing population – projected to increase by 63% between 2001 and 2030. The population is diverse with around 40% black and minority ethnic residents of which 34% are of Bangladeshi background. Despite the pace of economic development Tower Hamlets remains one of the most deprived local authority areas in England and Wales.
- 4.10 Obesity has been identified as one of the top Public Health priorities in Tower Hamlets. 12.7% of local 4-5 year olds, and 25.6% of local 10-11 year olds, are obese. These are some of the highest prevalence rates of obesity in the country.
- #### 4.11 Health and Social Care reforms
- The Health and Social Care Act 2012 will change the way that health services are provided in Tower Hamlets through introducing new structures and processes within Public Health and the Council.
- 4.12 With the transfer of Public Health in to the Council in April 2013 there will be a new duty on for the Council to promote health for the population of Tower Hamlets. This will involve taking on key functions in ensuring that robust plans are in place to protect the local population's health, providing Public Health advice to NHS



commissioners and providing some mandatory services. The key changes that this will make to the way the Council works will be:

- ensuring that health issues are included in all policies so that all decisions seek the most health benefit
- encouraging health promoting environments (e.g access to green spaces)
- supporting local communities to stay healthy and pursue a healthy lifestyle
- focusing on wellness services that address multiple needs rather than single issue services

4.13 From April 2013 all commissioners and providers of publicly funded healthcare and social care can be held to account by health scrutiny panels through powers to obtain information, ask questions in public and make recommendations for improvement that have to be considered.

4.14 Health and Wellbeing Boards are committees of Councils with social care responsibilities that take the lead on improving health and wellbeing outcomes and reducing health inequalities in the local community. The Board leads on the Health and Wellbeing Strategy, sets local health and social care priorities and provides a framework for the commissioning of local health and social care services. Boards will take on their statutory functions from April 2013.

4.15 The Tower Hamlets Health and Wellbeing Board has an executive function of the Council and is responsible for identifying current and future health and social care needs. The Health and Wellbeing Board can be collectively held to account for its effectiveness through the Health and Scrutiny Panel. The Tower Hamlets Health and Wellbeing Board is composed of local councillors, directors of Public Health, adult social services and children's services; clinical commissioning groups; and local Healthwatch. The Board collectively takes the lead on improving health and wellbeing outcomes and reducing health inequalities for the local community. Through the Health and Wellbeing Board, the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment (JSNA) there will be a more integrated approach to implementing local commissioning strategies and a more community wide approach to promoting and protecting the public's health and wellbeing.

4.16 Public Health

Under the Health and Social Care Act 2012 most local Public Health services will become the responsibility of the local authority from 1<sup>st</sup> April 2013.

- 4.17 The core role of the Tower Hamlets Public Health directorate is to work with partners around a common purpose to improve health and wellbeing in the Borough.
- 4.18 The broad domains of Public Health functions (as set out nationally) are:
- Improving wider determinants of health
  - Health improvement
  - Health protection
  - Health/social care and preventing premature mortality
- 4.19 A set of key criteria has been used to help assess the options for how Public Health services should be developed within the Council:
- Integrate Public Health activity and maximises synergies – promotes ‘health in all policy’
  - Provide a clear focus and profile for Public Health, retaining expertise and disciplines
  - Align with the existing Council approach/model for corporate services
  - Provide potential for innovation and transformation
- 4.20 The HBP is amongst a number of programmes where Public Health staff have worked closely with Council colleagues. However, the HBP is different in that a dedicated team was created, placed within the Council and worked across Council directorates.
- 4.21 There are significant areas of Public Health where Council teams already hold the lead role. These include the drug and alcohol misuse team and the environmental health services in CLC. Other examples are in the Children, Schools and Families directorate, where health promotion activities, commissioned by Public Health, are delivered in schools and Early Years settings. One of the successes of the HBP was that it was able to recognise the importance of this Council based health work and to support and extend the work with additional resources and a clearer outcome framework.

## **5. Evaluation of the HBP**

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- 5.1 The ‘Becoming a Healthy Borough’ programme in Tower Hamlets set out its long term vision as being:

*To transform Tower Hamlets into a place that promotes and supports health and well being and makes it easier for children, families and the wider community to be more physically active, eat well and maintain a healthy weight throughout their lives.*

- 5.2 The programme delivery model was focused around three core themes - Healthy Environments, Healthy Organisations and Healthy Communities and three cross cutting strands which were active travel, active lives and healthy food.
- 5.3 The HBP defined its main target audience as being children and families, especially Bangladeshi children and families (as 60% of children and young people in Tower Hamlets are from the Bangladeshi community), Somali children and families (who have high prevalence of obesity although relatively small numbers) and children from low income groups in all communities.
- 5.4 There were 16 Healthy Borough projects, which included many more 'sub projects' underpinning these whilst the Community Led Projects scheme supported over 200 local projects and initiatives. As such, it is beyond the scope of this scrutiny review to evaluate the HBP in its entirety. However, the below evaluation will focus on specific areas which provide evidence for the objectives of the Review.
- 5.5 Healthy Environments  
The new Local Development Framework Core Strategy adopted in 2010 acknowledges the importance of addressing poor health and health inequalities and promoting healthy and sustainable communities far more than previous planning frameworks. Strands that are embedded under 'Strengthening Neighbourhood Wellbeing' include 'creating healthy and liveable neighbourhoods' and 'creating a green and blue grid' to support healthier food choices and increased physical activity.
- 5.6 New cycling routes have been established, existing cycle routes improved and volunteer cycle rangers have carried out audits. Reported defects to the Council have been quickly remedied.
- 5.7 Significant numbers of residents, primarily families from BME communities, have attended a wide range of events in different parks across the Borough and gained confidence about making more use of these free facilities. The importance of play in young people's development and to help provide the physical activity levels needed has been demonstrated to schools. Stronger partnerships between schools, parents and play providers have been established.
- 5.8 Substantial numbers of women and girls, a majority from BME communities, have been encouraged to go swimming regularly. Many have improved their swimming ability and a significant commitment to sustain the women only swimming offer has been made by the Borough's leisure services provider.
- 5.9 Over 100 catering businesses have improved the availability of healthy food choices that they offer to secure a Food for Health Award, a significant number of these have been local takeaways and cafes. 22

convenience stores now offer a much improved display of fruit and vegetables with evidence that this has resulted in increased sales.

5.10 Healthy Organisations

Key results from the Healthy Organisations projects were that most of the Boroughs` nurseries and children`s centres participated in the Healthy Early Years Accreditation award scheme and 22 achieved the required standard by March 2011, with others still working towards achieving it later in the year. Over 120 breast feeding welcome venues were accredited across Tower Hamlets in venues ranging from Idea Stores, pharmacies and restaurants.

5.11 A range of additional activities were delivered in schools that helped schools achieve Healthy School status including a neighbourhood games programme, physical activity and healthy food workshops, a Recipes for Fun website, cycle training through the Bike It scheme. There was also a number of pupil led projects where pupils themselves implemented their ideas about how to encourage a focus on health in schools.

5.12 The Workplaces project engaged a total of 49 workplaces in the Borough including public sector, private sector and voluntary and community sector employers. 36 workplaces achieved the Healthy Workplace Accreditation. 48 Get Active Healthy Workplace grants were awarded to employees who had developed their own activities. The Active Travel Plan work, led by a joint NHS and Council Active Travel Officer, achieved a significant increase in workplace cycling at Tower Hamlets Council, NHS sites and other workplaces through investment in improved and more secure facilities, cycling training and other support for cyclists such as free "Dr Bike" maintenance sessions, pool bikes, networking and competitive events.

5.13 Walking to work was also promoted - for example through walk to work week - and a range of healthy walks were provided. Travel plans were developed in partnership with Transport for London for major destinations including East London Mosque and a range of active travel maps were produced and distributed right across the Borough.

5.14 Change in the Community

Key results from the Healthy Community projects included the Community Led Projects work stream where 216 community led projects were commissioned between 2009 and 2010 – 16 project grants, 24 small grants and 176 Can Do awards of £500 each; just under 20,000 people took part and benefited. In addition a further 10 community food growing projects were commissioned in a partnership with registered social landlords (social housing providers). The activities funded through the grants ranged across the active lives, active travel and healthy food cross cutting themes with some projects involving a mix of approaches.

- 5.15 Independent evaluation of the community led projects and the Can Do awards showed that the community based projects delivered locally by community organisations and individual activists made a significant difference to people's lives and were highly valued by participants. Knowledge and awareness of health issues increased, real behaviour change – particularly changes to food preparation - resulted for many people and in some cases this extended more widely to the immediate family and sometimes wider family networks. There was an important finding that the social interaction involved in participating in the above projects was both valued by participants and improved social cohesion.
- 5.16 In total 1,776 parents and carers attended the 80 programmes that were delivered over two years. 2,275 children benefited. Feedback about the programmes was very positive with 100% of parents and carers reporting an increase in `knowledge and confidence`, particularly around `making healthy food choices while shopping`, preparing healthy lunchboxes and doing more physical activities. 60% of parents surveyed for the evaluation said that they had made changes to the family diet and the whole family had become more active and 45% of mums said that they had become more physically active.
- 5.17 The Active Travel in the Community projects supported a range of active travel initiatives in community based settings. Evaluation of this work provided valuable evidence on different approaches to engaging local communities and there were some promising cost effective interventions that justify further development and support.
- 5.18 The Social Marketing and Communications project delivered three major campaigns of activity in the Borough, from January to March 2010, June to August 2010 and January to March 2011, using a range of publicity techniques including advertising on bus supersides and interiors, lamp post banners and street furniture and billboards. The impact of the campaigns work was tracked through face to face and telephone surveys using samples of 500 residents from the Tower Hamlets Citizens Panel. This showed that levels of awareness of the HBP increased from 19% in January 2010 to 28 % in July 2010 to 33% by March 2011. This is considered a positive level of recognition and compares well with other initiatives.

#### 5.19 Programme Delivery

A number of broad learning points emerged from the programme delivery and its evaluation. These included:

- Allowing adequate lead in time to assemble the project teams and develop well thought out delivery plans
- Engaging stakeholders at all levels is essential and this requires a range of different communication techniques

- Leadership and champions should also be at all levels and these will need to be constantly renewed
- Building on strong existing service/project delivery is a good way to secure additional or accelerated outcomes especially if timescales are short
- When there is a lot of change happening in the background it is vital to have a very strong programme plan with a clear vision, agreed performance measures and an agreed accountability process
- Whole system change is necessary to address a 'wicked issue' like obesity but it is unlikely to be an even process across the system
- A commitment to building knowledge and learning from the work is essential

5.20 The Food for Health Award (FFHA)

The FFHA was one of a variety of projects developed and delivered within Tower Hamlets as part of the HBP. It offered an example of best practice for ensuring the legacy of the HBP and demonstrates a whole system approach to tackling obesity. Development and delivery of this project was carried out in partnership with the Council's Environmental Health Department's Food Safety Team.

5.21 Public Health and the Council knew that the high volume of chicken and chip shops and other takeaways around Tower Hamlets, as well as the health of the young people who consumed it, had been of concern to local residents and health workers for some time.

5.22 The funding enabled Public Health and the Council to work with local restaurants, cafes and takeaways to guide them in providing healthier food as well as investigate ways of limiting the opening of new fast food outlets in the Borough.

5.23 Partnership working between Public Health and Environmental Health was key to engaging businesses and encouraging them to apply for an award. They were able to access fast food outlets in a way no health professional could. Although essentially having an enforcement role, which could be intimidating, many food business had a good relationship with the food safety officers who guided them to meet the numerous food safety regulations and requirements. This unique role gave the officers a "foot in the door" to promote the scheme. For example, a 30 second conversation with a food business about the oil they use could potentially have a big impact on the health of a population, considering the number of visits the officers carry out annually.

5.24 Over the three year evaluation period (2009 – 2012), food safety officers carried out 1,444 awareness raising visits (approximately 80%

of broadly compliant food businesses in the Borough) which led to 157 FFHAs being granted at bronze, silver or gold. Based on number of meals served per week by all our businesses and number of changes made it is estimated that approximately 90,500 meals sold per week could be healthier now than before the scheme began.

- 5.25 During the second year of the FFHA scheme, the economic crisis began. Many fast food outlets identified that business had not been good for them. This meant some takeaways whose main business was selling Indian curries decided to diversify into selling chicken and chips which was more profitable. Take-away curry sold for a higher price than chicken and chips and generated a lower profit margin and the businesses identified that customers preferred to purchase chicken and chips due to its relative cheapness. This was detrimental to the objectives of the FFHA scheme as curry dishes were much easier to manipulate and make healthier than chicken and chips.

## **6. Key Lessons from the HBP that could influence the transition of Public Health to the Council**

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- 6.1 The evaluation of the HBP focused particularly on the “Strategic and Cultural” impact of the Programme as this was felt to be particularly important in terms of generating and sustaining “whole system” change. It is useful to adopt the same focus to think about how the lessons from the HBP can be most helpfully drawn on to inform the work that is taking place transferring Public Health to the Council.

- Understanding of Public Health

The HBP helped to develop a much clearer understanding within the Council and the wider community of the core objectives of Public Health, specifically the importance of taking preventative measures to poor health.

- Highlighting the Wider Determinants of Health

The HBP demonstrated how not challenging the wider environmental factors that lead to poor health can result in increased health costs for society, as well as serious health risks for individuals. The HBP enabled Council officers to develop an understanding of the complex ways in which service areas that the Council largely controlled – such as planning, parking control, leisure – could interact with the health of the local population.

The HBP placed a strong emphasis on the need to tackle “the wider determinants of health” – factors such as poor housing, community safety, environmental neglect, worklessness and low incomes. Many of these are areas where the Council is in a stronger position to exercise influence than health services.

- Making Strategic and Operational Connections  
Through the Tower Hamlets Partnership a collaborative approach to improving health outcomes has been embedded through the Community Plan and the structures of the Partnership. Senior managers from the NHS have worked closely together to deliver priority health objectives. However, it is questionable how far the connections made at senior management level were able to be cascaded downwards throughout the different organisations, and to what extent the objectives of the Partnership were able to achieve equality with the internal priorities of the respective organisations and departments.

The HBP provided an opportunity to engage more strongly with middle managers and their teams to deliver some specific objectives. A key strength of the HBP was its capacity to demonstrate how Council officers could be tasked with work towards a health objective alongside other more traditional areas of work. This has been demonstrated by the work of environmental health officers who alongside their statutory regulatory roles on food safety work positively with businesses on the healthiness of their food.

- Cultural Influences  
To the extent that the team planning and delivering the HBP was a “mixed” team (i.e. leadership came from both the Council and the PCT as a partnership of equals) there was a process of developing a common understanding to enable working towards shared goals. In practice, this required explaining to individuals and teams in respect to team’s governance and decision-making structures, legal frameworks, financial standing orders, staff and recruitment processes and strategic priorities. Additionally, a common approach to community engagement and co-production was necessary and critical to the success of the programme. Being jointly accountable to central government through the HBP should be a valuable foundation on which the transition process in Tower Hamlets can be built on.
- Changing Organisational Behaviours  
Organisational behaviours are notoriously hard to change and the difficulty of achieving change was acknowledged in the external evaluation of the HBP. It was found that some teams responded enthusiastically to the challenge from the HBP to do more to support a healthier environment, others less so.

A significant number of the people who have worked together to deliver the HBP are working together now to help deliver the transition of Public Health to the Council. Due to these relationships having already been formed there is existing common understanding of how the teams can work together. The experience of delivering a cutting edge Public Health programme also means that there is a collective understanding about where difficulties are likely to arise.



## 7. Key Findings

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- 7.1 Members endorsed the view that a more community led and whole system approach with a stronger focus on the wider environmental determinants of health was the best way to achieve a transformation of population health.
- 7.2 'Looked after children' are some of the most vulnerable individuals in Tower Hamlets. It was highlighted in evidence sessions how this group may not be benefiting from Public Health and Council health initiatives. These children may not have the support to participate in a wider network of peer, school and community activities to help tackle obesity and promote a healthy lifestyle.
- 7.3 It was highlighted by the Tower Hamlets Clinical Commissioning Group that there needs to be clear definitions between obesity and malnutrition when analysing the success of programmes with the objective of promoting healthy lives for children. There are cases in the Borough where being a normal weight does not mean you are fed correctly or healthily. It can thus be erroneous to focus exclusively on obesity.
- 7.4 All evidence sessions raised the issue of the need for better joined up working to ensure successes already made (such as the plateauing of obesity statistics) continue on the same trajectory when funding runs out for projects. It was found that there are good examples of joined up working between Public Health and the Council, however there is untapped potential for joined up work between Barts Health NHS Trust (which now has responsibility for community health services in the Borough). There is already a commitment from Barts to engage seriously with the public health agenda, which is to be welcomed. It will be important that these good intentions are developed in partnership.
- 7.5 It was highlighted how every health interaction is a possibility for a health intervention, such as working with obese parents to provide education to reduce the risk of lifestyle factors affecting their children. As such, Community Health Workers have a key opportunity for intervention in Tower Hamlets. One possible future area of working could be between the Healthy Lives Team and the paediatrics team at Barts Health NHS Trust. The long term objective for Community Health Services should be a seamless service of integrated care incorporating social, acute and primary care.
- 7.6 Within primary care in Tower Hamlets there are good examples of data sharing such as a league table for all GP surgeries which measures the amount of specific medication being prescribed. This has led to the driving up of standards. A similar system could be applied to schools such as rating which schools provide swimming or which have higher

levels of obesity. It was also highlighted that there needs to be better integration of health in the curriculum in schools.

- 7.7 From 2013, the Tower Hamlets Clinical Commissioning Group (CCG) will have access to Public Health advice, information and expertise in relation to the healthcare services that they commission. Through Public Health having greater input to informing the commissioning intentions of the CCG it is important that tackling obesity, wider issues around nutrition and healthy life styles are viewed as a priority.
- 7.8 From the evaluation of the HBP, there are areas where the Council can learn from practice in the NHS, and Public Health in particular. With its scientific mind-set, medicine and the health field generally tend to have a stronger focus on use of evidence and scientific trialling of approaches. These are areas where the Council's culture can be enriched and strengthened by the addition of Public Health expertise and ways of working.
- 7.9 Cultural change requires seriously committed leadership and this was strongly evidenced through the HBP. Leadership is an important factor in the Public Health transition in a number of ways. To what degree Public Health is prioritised within the Council, and how it can be championed along with other current priorities, will be an area of future scrutiny for the Health Scrutiny Panel. From evaluation of the HBP it was clear that leadership came strategically from senior managers in the NHS and Council, from elected members and from members of the community, schools and staff in all areas of the Council. This multi level leadership needs to continue to ensure that progress continues through the 'whole system' approach to tackling obesity.
- 7.10 As with leadership, community engagement was key in making real changes to children's lifestyles. A key example of this was the 'Can Do' grants (£500 grants for residents to take forward ideas that will help Tower Hamlets to become a healthier place). It was found that the successful community engagement projects and initiatives of the HBP have not been continued. These community funded health initiatives helped promote an effective approach to improving health which gave responsibility to those with the ability to make change.
- 7.11 The ability to focus on the wider determinants of health through the ongoing activities of Council directorates offers a unique opportunity. The HBP had some success in piloting how this can happen in practice. Some of the relationships to take this further are already in place and the transition should cement these. A key example is the work of planning officers using applications for fast food outlets. This injected a much stronger health imperative into an area of planning that had not considered this previously. This should be used as an example of best practice in how the Council can integrate 'health' as a core part of its business.

- 7.12 An emerging area of collaborative working between Council and Public Health teams will be around 'health impact assessments'. Much work has been done on mainstreaming equalities within the Council through the development of frameworks, guidance, training and internal communications. It was highlighted how making health a core part of all the Council's business has many parallels to the embedding of equalities across the organisation. It was noted that the processes and approach taken by the Council for 'Equality Analyses' can be adopted by the Public Health teams to ensure an integrated and joined up approach is taken to these assessments.
- 7.13 It was highlighted that Councillors need to have greater support for their community leadership role of promoting the health of Tower Hamlets residents. This could include ward health profiles and advice on where to signpost residents with specific health problems.
- 7.14 The women and girls only swimming was a good example of how a particular group with an identified health need had no 'place' to exercise. This scheme was extremely successful and could be replicated for other groups who have health related needs which are not being met.

## **8. Recommendations**

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1. That small grants are used as a tool to engage community groups or groups of individuals in the public health agenda, to collect views, understand needs, build trust and encourage personal responsibility for their wellbeing. This approach should be considered beyond Public Health.
2. To work with Barts Health NHS Trust to ensure a joined up approach is taken to tackling childhood obesity through closer working with Public Health teams within the Council and the Tower Hamlets Clinical Commissioning Group.
3. All Councillors to get advice from Public Health and the One Tower Hamlets Team on how to use their community leadership role to improve the health of residents within their wards. This to include advice on changes that could have the greatest impact on public health for different demographic groups. Councillors should be supported in developing a two way public dialogue on health and wellbeing.
4. The implementation of 'health impact assessments' of new policies to be developed in partnership between Public Health and the Corporate Strategy and Equality Service.
5. An internal communications strategy to be developed prior to the transition of Public Health to allow all staff to be aware of Public Health's role, how their current role may be impacted and how they can incorporate Public Health objectives within their current role. That this strategy includes

specific messages to managers about supporting staff to take forward public health priorities even when it appears they fall outside the ordinary scope of their day job.

6. For there to be a stronger role for local markets in promoting health and wellbeing. This to include promoting healthy eating options within the ten street markets the Council manages.
7. For vending machines in all Council buildings, especially leisure centres, to offer healthy food and drink options.
8. To work with schools to develop a league table to highlight how healthy schools are in Tower Hamlets. This could include assessment of what activities are being undertaken (i.e. access to exercise, health outputs, obesity levels, levels of malnutrition, levels of vitamin deficiencies). This should work alongside the current awards scheme which recognises baselines of activities undertaken.
9. For Public Health to develop a workable definition of malnutrition, and means of reporting against it.
10. To ensure vulnerable children including those in looked after care and with disabilities have access to health initiatives to promote healthy lifestyles.
11. To review the care of children with disabilities to ensure they have joined up services and a single point of contact across health and social care.
12. To ensure that when Public Health transfers to the local authority they are operating at a sufficiently senior level to be able to effect cultural change in the organisation.
13. To ensure that Public Health has officer and political leadership that will enable them to work through any blockages they encounter in mainstreaming and championing their work.