

Meeting of the

HEALTH SCRUTINY PANEL

Tuesday, 11 June 2013 at 6.30 p.m.

A G E N D A

VENUE

Room C1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent,
London, E14 2BG

Members:

Chair:

Vice-Chair:

Councillor David Edgar
Councillor Rachael Saunders
Councillor Dr. Emma Jones
Councillor M. A. Mukit MBE
Councillor Gulam Robbani
Councillor Lutfa Begum
Councillor Zenith Rahman

Deputies (if any):

Councillor Peter Golds, (Designated Deputy representing Councillor Dr. Emma Jones)
Councillor Anwar Khan, (Designated Deputy representing Councillors David Edgar, M. A. Mukit MBE, Zenith Rahman and Rachael Saunders)
Councillor Bill Turner, (Designated Deputy representing Councillors David Edgar, M. A. Mukit MBE, Zenith Rahman and Rachael Saunders)
Councillor Lesley Pavitt, (Designated Deputy representing Councillors David Edgar, M. A. Mukit MBE, Zenith Rahman and Rachael Saunders)

[Note: The quorum for this body is 3 Members].

Co-opted Members:

Mr David Burbridge
Dr Amjad Rahi

Healthwatch Tower Hamlets
Healthwatch Tower Hamlets

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Tel: 020 7364 0842, E-mail: alan.ingram@towerhamlets.gov.uk

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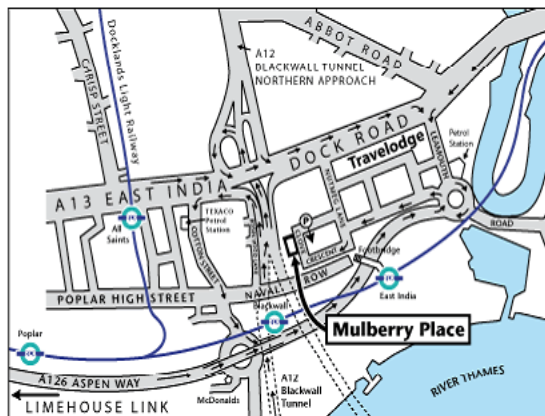
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LONDON BOROUGH OF TOWER HAMLETS

HEALTH SCRUTINY PANEL

Tuesday, 11 June 2013

6.30 p.m.

1. ELECTION OF VICE-CHAIR

The Overview and Scrutiny Committee at their 4 June 2013 meeting will appoint the Chair of the Health and Scrutiny Panel for the Municipal Year 2013/2014.

However, it is necessary to elect a Vice-Chair of the Health Scrutiny Panel for the Municipal Year 2013/2014.

2. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

3. DECLARATIONS OF DISCLOSABLE PECUNIARY INTEREST

To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Monitoring Officer.

4. UNRESTRICTED MINUTES

PAGE NUMBER	WARD(S) AFFECTED
5 - 10	

To confirm as a correct record of the proceedings the unrestricted minutes of the ordinary meeting of Health Scrutiny Panel held on 23 April 2013.

5. REPORTS FOR CONSIDERATION

5.1	Health Scrutiny Panel Terms of Reference, Quorum, Membership and Dates of Meetings	11 - 18
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6. LIFE COURSE - YOUNG ADULTS SESSION

6.1	Introduction and Presentation from Public Health on Young Adults	19 - 30
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Public Health Leads – Chris Lovitt and Esther Trenchard-Mabere, Associate Directors of Public Health)

- a) Marmot Review about the life course with focus on young adults.
- b) Overview of health issues from JSNA
- c) Link to HWB Strategy and related strategies

6.2 Clinical Commissioning Group Presentation

Rahima Miah and Hannah Falvey presenting on what they are commissioning in terms of young adults' health.

6.3 Barts Health Presentation

31 - 46

- How do Barts improve life chances of young adults?
- What type of prevention and intervention services do Barts have in place for young adults in Tower Hamlets?
- Transition services

6.4 Presentations by Community Organisations

47 - 68

- a) Osmani Project – Obesity
- b) Life Line – Alcohol and Substance Abuse

7. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

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Agenda Item 3

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

Further advice

For further advice please contact:-

Isabella Freeman, Assistant Chief Executive (Legal Services), 020 7364 4801; or
John Williams, Service Head, Democratic Services, 020 7364 4204

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority—</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to the Member's knowledge)—</p> <p>(a) the landlord is the relevant authority; and</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where—</p> <p>(a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either—</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 6.30 P.M. ON TUESDAY, 23 APRIL 2013

**ROOM C1, FIRST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE
CRESCENT, LONDON, E14 2BG**

Members Present:

Councillor Rachael Saunders (Chair)

Councillor Denise Jones (Vice-Chair)

Councillor Dr. Emma Jones

Councillor M. A. Mukit MBE

Councillor Lesley Pavitt

Other Councillors Present:

Nil

Co-opted Members Present:

David Burbridge – Healthwatch Tower Hamlets Representative

Guests Present:

Dianne Barham – (Director of Healthwatch Tower Hamlets)

Jean Taylor – (Local Resident)

Officers Present:

Sarah Barr – (Senior Strategy Policy and Performance Officer,
One Tower Hamlets, Chief Executive's)

Tahir Alam – (Policy, Strategy & Performance Officer)

Frances Jones – (Service Manager One Tower Hamlets, Chief
Executive's)

Afazul Hoque – (Senior Strategy Policy & Performance Officer,
One Tower Hamlets, Chief Executive's)

Deborah Cohen – (Service Head, Commissioning and Health,
Education, Social Care and Wellbeing)

Dr Somen Banerjee – (Interim Director of Public Health)

Alan Ingram – (Democratic Services)

COUNCILLOR RACHAEL SAUNDERS (CHAIR), IN THE CHAIR

1. APOLOGIES FOR ABSENCE

There were no apologies for absence.

2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTEREST

No declarations of Disclosable Pecuniary Interest were made.

3. UNRESTRICTED MINUTES

RESOLVED that the unrestricted minutes of the meeting of the Panel held on 22 January 2013 be agreed as a correct record of the proceedings.

4. REPORTS FOR CONSIDERATION

4.1 Diabetes Alliance

At the request of the Chair, Dr Somen Banerjee, Interim Director of Public Health, made a verbal presentation relating to the incidence of diabetes in the Borough population and how this might be addressed. He gave details of the proposed Diabetes Summit that was being organised for 22 May 2013, as a Quickstart project of the Health and Wellbeing Board, with the aim of establishing a Diabetes Alliance across the Borough. He made the point that diabetes treatment was not just a matter for the NHS but involved all partnerships in the Borough.

During the presentation, Dr Banerjee commented that:

- Type 2 diabetes was preventable if a life-course approach were adopted.
- Gestational (pre-birth) diabetes was prevalent in the Borough and resulted in increased health risks to mother and child.
- The single biggest key risk factor in developing diabetes was obesity, of which there were high levels in the Borough from age five and through school age.
- About 20,000 people in the Borough aged 25 – 40 years had a one in five chance of developing the condition in the next 10 years. Individuals could address this through physical activity and care with diet.
- Diabetes sufferers of 40+ years might yet need to be diagnosed. It was felt that up to 3,000 – 4,000 such persons in the Borough could be undiagnosed.
- A key measure in treatment was a patient focused care package.
- He would seek to stress the wider approach that should be taken by all service providers, at the Diabetes Summit, when a wide range of services would be represented.

The Chair then invited questions from those present and Dr Banerjee responded that:

- The ratio of diagnosed to undiagnosed cases was better in Tower Hamlets than in neighbouring Boroughs.
- Retinal screening coverage was lower in the Borough than the national average.
- The rate of diabetes hospital admissions was falling in Tower Hamlets and this might be attributed to improvements in primary care outcomes.
- South Asians had a higher susceptibility to diabetes in general and this applied globally. This was further associated with socio-economic deprivation generally in the Bangladeshi community in the Borough. There were further links to dietary and physical activity factors. Self management programmes were being developed that were tailored specifically to the Bangladeshi community, taking account of cultural factors.
- Preventative interventions such as the health trainers' programme were targeted towards those in greatest need. However, parts of the Borough also had high incidences of cardio-vascular problems and diabetes in the white population.
- There was probably a tendency towards late diagnosis of diabetes but this was no worse in the Borough than elsewhere. However, the rationale behind the Diabetes Summit was to raise awareness in the community as sometimes symptoms were difficult to assess.
- Diabetes was a huge problem in the Borough and there was a great need to integrate health messages along the individual's life course, linking in to cancer and cardio-vascular issues.

The Chair thanked Dr Banerjee for his presentation.

4.2 Healthwatch Tower Hamlets Update

At the request of the Chair, Ms Dianne Barham, Director of Healthwatch Tower Hamlets, made a verbal presentation on the functions to be undertaken by Healthwatch as a new consumer champion on health and social care, indicating that:

- The views of local people would be obtained about their needs and experiences of local care services and present such views to those involved in the commissioning, provision and scrutiny of services.
- It was intended to work closely with the voluntary sector and reach all groups.
- There would be a significant role in helping people find their way through the system and make informed choices.
- One platform would be provided based on patient-focused, rather than provider-focused, services. People should also have the opportunity to rate how the service was provided.
- There would be liaison with the Health and Wellbeing Board (HWB) and Clinical Commissioning Group (CCG) to seek more comments from the community.
- A broader and stronger group of community leaders to examine how better to provide services relating to maternity; young people; long-term health conditions; mental health; the Bangladeshi community.

- There would be a launch in June 2013, with a more high profile approach than had been adopted by THINK, and a clear relationship established regarding the respective roles of Healthwatch, HWB and the Health Scrutiny Panel.

The Chair stated that the HWB would represent the Executive, decision-making process and a workshop would be useful to ensure roles were clarified. This would also be helped by holding public meetings. She then invited questions from those present, to which Ms Barham responded that:

- A Board was being recruited that could run the business side of Healthwatch but still provide a good sounding-board for the local community. This was still in the development process and might involve paid posts.
- In order to make HWB available to everyone, a regular slot was being sought in east End Life and there would be quarterly open meetings of the Board to fully engage with and discuss issues and experiences raised by the community.
- In order to accommodate whistle-blowers, people would be able to refer issues to Healthwatch anonymously.

The Chair commented that local councillors would form a resource, with officers and other health partners and a broad conversation was needed across the voluntary sector in Tower Hamlets to effect change. She then thanked Ms Barham for her presentation.

4.3 Clinical Commissioning Group

At the request of the Chair, Ms Jane Milligan, Chief Officer, Tower Hamlets Clinical Commissioning Group, presented a verbal presentation, stating that:

- As from 1 April 2013, Tower Hamlets PCT had been dissolved and replaced by a number of organisations, of which the CCG comprised one, with responsibility for commissioning hospital and community care.
- The CCG was now statutorily organised and must consider how to progress business over the next six months to a year.
- The CCG had a commitment to champion health care for the Borough and would be assisted by a much more clinical leadership.
- Work had been undertaken on the transfer of functions from the PCT to CCG over the last 18 month/two years and some elements were still being put in place. From April, the Governing Body would meet in public every alternate month and would publicise its meetings in the press.
- There had been close working with the HWB to develop strategies and refine areas that still needed work and an easy-to-read prospectus was being developed relating to the commissioning plan. It was likely that the prospectus could be provided for the next Health Scrutiny Panel meeting.
- Work was ongoing on the integration of information systems and it was expected this would be delivered over the next six months.

- The clinical interface with Barts Health was progressing and there had been robust discussions in connection with improvements to cancer groups.
- There would still be financial provision in the current year to allow investment in new areas, such as integrated care, preventative measures and how to support people in looking after themselves. However, as for the Council, the financial envelope would reduce in future years.
- It was accepted that there should be a 'no surprises' policy, with advance knowledge being made of any proposals involving, for example, the decommissioning or relocation of services. The earlier that patient consultation could be undertaken, the better.

In regard to requests made by the Panel, **Ms Milligan undertook:**

- (1) to circulate dates of CCG Board meetings to the next Health Scrutiny Panel meeting;
- (2) to provide a breakdown of the sum of approximately £473m spent on Tower Hamlets health care (as mentioned by Deborah Cohen as being some £340m to the CCG; £32m to the Public Health Service; £45m each for primary care and specialist health care services).
- (3) to provide details of which GP surgeries had been open on evenings and Saturdays but now were not.
- (4) to provide information about future plans and any other changes in service provision.

The Chair thanked Ms Milligan for her presentation.

4.4 Health Scrutiny Review - Community Assets Report

The Chair introduced the report summarising the findings of the Scrutiny Review on Community Health Assets for the Health Scrutiny Panel, which highlighted a number of recommendations to be put before Overview and Scrutiny Committee for their consideration and referral on to Cabinet for agreement. She commented that a revised copy of the report had been circulated at the meeting.

The Chair indicated that the review had taken place in the St Paul's way area and assets had been found to be significantly faith-based. The report recommendations were aimed at linking housing issues with social behaviour, health and wellbeing and how to tackle poverty. Faith organisations could act as translators and facilitators for local groups to contribute to promoting health and welfare.

After discussion, the Panel –

RESOLVED

That the report of the Scrutiny Review of Community Health Assets be submitted to the Overview and Scrutiny Committee for their consideration and referral to Cabinet.

4.5 Health Scrutiny Review - Healthy Borough Programme Report

The Chair introduced the report summarising the findings of the Scrutiny Review on the Healthy Borough Programme for the Health Scrutiny Panel, which highlighted a number of recommendations to be put before Overview and Scrutiny Committee for their consideration and referral on to Cabinet for agreement. She commented that a revised copy of the report had been circulated at the meeting.

The Chair added that the report recommendations reflected awareness that the Borough was an area of high deprivation and there was a need to encourage progress among the Council's partners. It was necessary to point out the links between what people were currently eating and their future health and to ensure that Public Health could achieve the greatest possible impact.

After discussion, the Panel –

RESOLVED

That the report of the Scrutiny Review on the Healthy Borough Programme be submitted to the Overview and Scrutiny Committee for their consideration and referral to Cabinet.

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

5.1 Seminar for Health Scrutiny Councillors

Ms Sarah Barr, Senior Strategy, Policy and Performance Officer, reported that a seminar for Health Scrutiny Councillors across London was to be held on Tuesday 30 April 2013 at 6.00 p.m. to offer bespoke training to enable Members to scrutinise Barts Health services effectively. This would involve designing proper questioning methods to be able to monitor services. A meeting of the JOSOC would also be held on that evening.

In response to queries, the Chair stated that Ms Dianne Barham and Mr David Burbridge would be able to attend the JOSOC meeting also. She added that she would take up the matter of the lack of appropriate provision of JOSOC meetings.

The meeting ended at 8.30 p.m.

Chair, Councillor Rachael Saunders
Health Scrutiny Panel

Agenda Item 5.1

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	11 June 2013	Unrestricted		5.1
Report of: Assistant Chief Executive Originating Officer(s) : Alan Ingram, Democratic Services		Title : Health Scrutiny Panel Terms of Reference, Quorum, Membership and Dates of Meetings Ward(s) affected: N/A		

1. Summary

- 1.1 This report sets out the Terms of Reference, Quorum, Membership and Dates of meetings of the Health Scrutiny Panel for the Municipal Year 2013/14 for the information of members of the Committee.

2. Recommendation

- 2.1 That the Health Scrutiny Panel agrees to note its Terms of Reference, Quorum, Membership and Dates of future meetings as set out in Appendices 1, 2 and 3 to this report.

3. Background

- 3.1 At the Annual General Meeting of the full Council held on 22 May 2013, the Authority approved the proportionality and establishment of the Committees and Panels of the Council.
- 3.2 At the first meeting of the Overview and Scrutiny Committee held on 4 June 2013, the Committee noted the proportionality and establishment of the Health Scrutiny Panel and approved the appointment of Members thereto.
- 3.3 It is traditional that following the Annual General Meeting of the Council at the start of the Municipal Year, at which various committees are established, that those committees note their Terms of Reference, Quorum and Membership for the forthcoming Municipal Year. These are set out in Appendix 1 and 2 to the report respectively.
- 3.4 The Committee's meetings for the remainder of the year, as agreed at the Annual General Meeting of the Council on 22 May 2013, are as set out in Appendix 3 to this report.
- 3.5 In accordance with the programme of meetings for principal meetings, meetings are scheduled to take place at 6.30pm.

4. Comments of the Chief Financial Officer

- 4.1 Matters brought before the Committee under its terms of reference during the year will include comments on the financial implications of decisions provided by the Chief Finance Officer. There are no specific comments arising from the recommendations in the report.

5. Concurrent report of the Assistant Chief Executive (Legal)

- 5.1 The information provided for the Committee to note is in line with the Council's Constitution and the resolutions made by Council on 22 May 2013 and resolutions made by the Overview and Scrutiny Committee on 4 June 2013.

6. One Tower Hamlets Considerations

- 6.1 When drawing up the schedule of dates, consideration was given to avoiding schools holiday dates and know dates of religious holidays and other important dates where at all possible.

7. Sustainable Action for a Greener Environment

- 7.1 There are no specific SAGE implications arising from the recommendations in the report.

8. Risk Management Implications

- 8.1 The Council needs to have a programme of meetings in place to ensure effective and efficient decision making arrangements.

9. Crime and Disorder Reduction Implications

- 9.1 There are no Crime and Disorder Reduction implications arising from the recommendations in the report.

LOCAL GOVERNMENT ACT, 1972 SECTION 100D (AS AMENDED) LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Brief description of "background paper"

If not supplied
Name and telephone
number of holder

None

Alan Ingram
Democratic Services
020 7364 0842

APPENDIX 1

HEALTH SCRUTINY PANEL

1. Establishment

1.1 The Council's Constitution states that the Annual Council Meeting will establish "such other committees/panels as it considers appropriate to deal with matters which are neither Executive Functions nor reserved to the Council".

1.2 The Constitution refers to the establishment of "a standing Sub-Committee to discharge the Council's functions under the Health and Social Care Act 2001 to be known as the Health Scrutiny Panel". The reference to the Health and Social Care Act 2001 is out of date and this should be taken as a reference to the National Health Service Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

1.3 At the Annual General Meeting of the Council, held on 22 May 2013 the Health Scrutiny Panel was established for the Municipal Year 2013/14 with a membership numbering 7, and an allocation of places in accordance with overall proportionality requirements as follows: 4 Majority Group Members (Labour), 1 Minority Group Member (Conservative) and 2 Minority Group Members (Independent).

1.4 The actual membership of the Health Scrutiny Panel remains a matter for the determination of the Overview and Scrutiny Committee and the Panel membership, as appointed at the meeting of that Committee held on 4 June 2013, is detailed in Appendix 2 of this report. The Lead Scrutiny Member for Adults, Health and Wellbeing shall be appointed as a Member and Chair of the Health Scrutiny Panel.

2. Terms of Reference and Quorum

2.1 The Health Scrutiny Panel will undertake the Council's functions under the National Health Service Act 2006 and associated Regulations and consider matters relating to the local health service as provided by the NHS and other bodies including the Council:

- (a) To review and scrutinise matters relating to the health service within the Council's area and make reports and recommendations in accordance with any regulations made thereunder;
- (b) To respond to consultation exercises undertaken by an NHS body; and
- (c) To question appropriate officers of local NHS bodies in relation to the policies adopted and the provision of the services.

2.2 The quorum will be 3 voting members.

2.3 The Health Scrutiny Panel will meet at least four times a year.

3. Reports

The Overview and Scrutiny Committee will report to full Council, Cabinet or the appropriate Cabinet member and make recommendations, as appropriate. All reports and/or recommendations of Scrutiny Panels shall first be considered by the Overview and Scrutiny Committee before being reported to full Council, Cabinet or the appropriate Cabinet member, as appropriate.

4. Proceedings of Scrutiny Panels

The Overview and Scrutiny Committee and its Scrutiny Panels will generally meet in public and conduct their proceedings in accordance with the Procedure Rules in Part 4 of the Constitution.

APPENDIX 2

HEALTH SCRUTINY PANEL (Seven members of the Council)			
Labour Group (4)	Conservative Group (1)	Respect Group (0)	Others (2)
<p>Cllr David Edgar Cllr M A Mukit MBE Cllr Zenith Rahman Cllr Rachael Saunders</p> <p>Deputies:- Cllr Anwar Khan Cllr Lesley Pavitt Cllr Bill Turner</p>	<p>Cllr Dr Emma Jones</p> <p>Deputies:- Cllr Peter Golds</p>	n/a	<p>Cllr Lutfa Begum (Ind) Cllr Gulam Robbani (Ind)</p> <p>Co-opted Members:- To be appointed by the Overview & Scrutiny Committee</p>

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APPENDIX 3

SCHEDULE OF DATES 2013/14

HEALTH SCRUTINY PANEL

11 June 2013
3 September 2013
19 November 2013
28 January 2014
11 March 2014

It may be necessary to convene additional meetings of the Panel should urgent business arise. Officers will keep the position under review and consult with the Chair and other Members as appropriate.

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Agenda Item 6.1

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	11/06/13			6.1
Reports of: PP Presentation on Life Course Young Adults 11 – 24 years. Presenting Officers: Esther Trenchard- Mabere, Chris Lovitt Associate Directors of Public Health		Title: Life Course – Young Adults 11 – 24 years Ward(s) affected: All		

1. Summary

This brief presentation is a summary of some of the key issues and priorities that are prevalent in the borough amongst young people and how Public Health is working towards tackling these issues in relation to young people's health.

2. Recommendations

Comments and any questions on service delivery

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Life Course Young Adults 11- 24yrs old

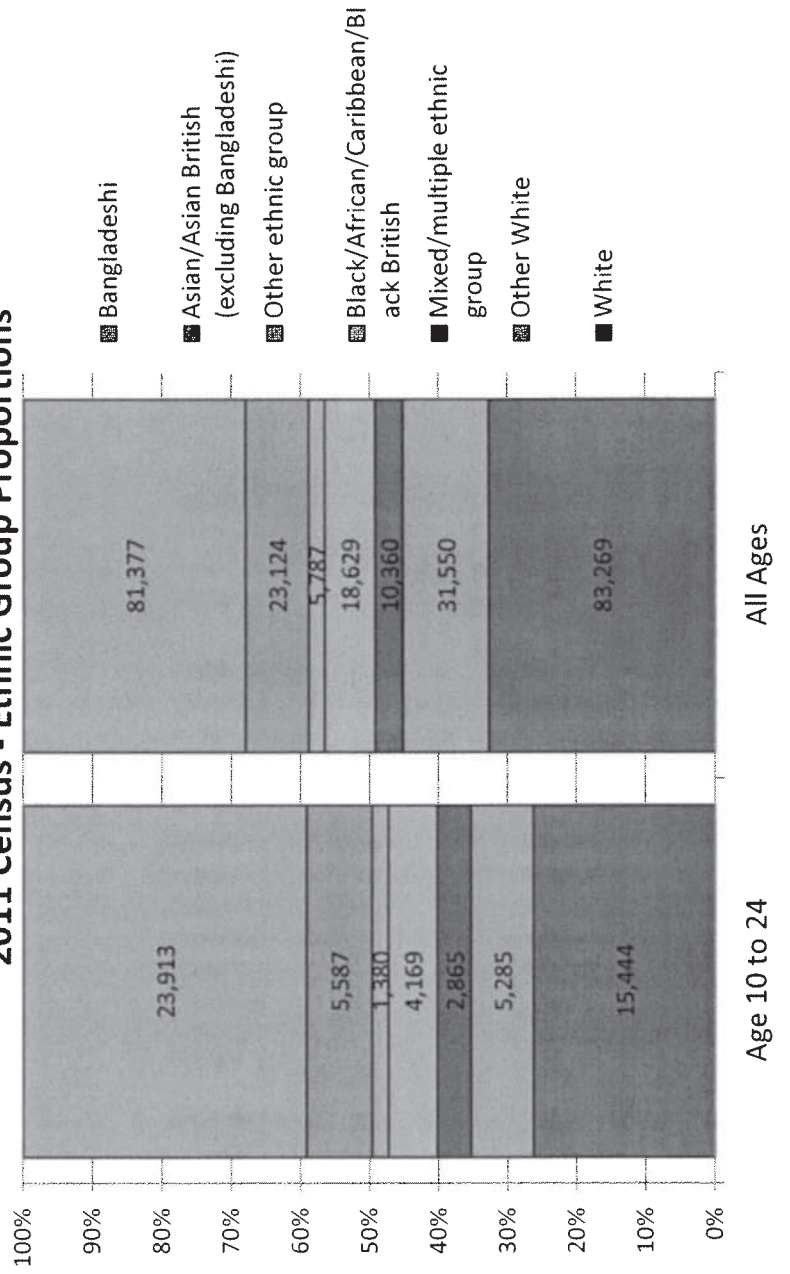
11th June 2013

Esther Trenchard- Mabere, Chris Lovitt
Associate Directors of Public Health

Young adults in Tower Hamlets

Graph Table		Number of residents		Proportion of residents	
All Residents	All categories: Ethnic group	Age 10 to 24	All Ages	Age 10 to 24	All Ages
		55,643	254,095	100%	100%
White	15,444	83,269	26.3%	32.8%	
Other White	5,285	31,550	9.0%	12.4%	
Mixed/multiple ethnic group	2,865	10,360	4.9%	4.1%	
Asian/Asian British (excluding Bangladeshi)	5,587	23,124	9.5%	9.1%	
Bangladeshi	23,913	81,377	40.8%	32.0%	
Black/African/Caribbean/Black British	4,169	18,629	7.1%	7.3%	
Other ethnic group	1,380	5,787	2.4%	2.3%	

2011 Census - Ethnic Group Proportions

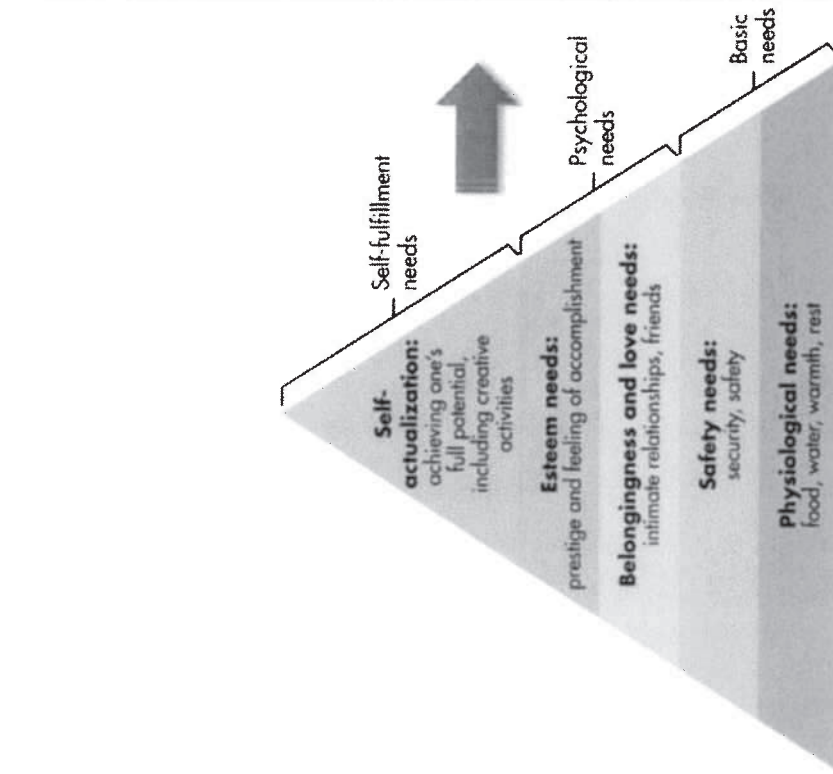


What will improve health?



- Giving every child the best possible start in life
- Enabling all to make the most of their capabilities and have control over their lives
- Creating fair employment and good work for all
- Ensuring a healthy standard of living for all
- Creating and developing healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

What makes for a healthy life?



Being born, early years and childhood

- High quality maternity services
- Health of your mother
- High quality preschool provision

Growing up

- Good parenting, supporting emotional & physical well being
- High quality education
- Extending support role of schools with families & communities
- Implement child protection Munroe recommendations
- Early identification of behavioural risk factors such as smoking, diet, physical activity, alcohol, drugs
- Peer led approaches to support behaviour change
- Young people focused services
- social/cultural networks: friends, family, culture, religion, sense of community

Being an adult

- A sense of control of one's life
- Secure and decent employment

Growing old

- Staying fit and eating healthily
- Maintaining strong family and social relations
- Services that are integrated and built around your needs

An income for healthy living, quality housing, an environment that supports health, strong social networks, a sense of community, living healthily, high quality services

Growing up – Children and Young People

- 48.6% of children in TH live in poverty (over twice national rate)
- 57% entitled to free school meals
- Per capita one of the lowest amounts of green space
- Very poor air quality
- 212 incidents of reported serious youth violence in 2012-13



Sexual Health

- 6th highest rates of sexually transmitted infections with 33% in 15-24yr olds
- Reduced under-18 conception rate by 50.7% from 1998 (England 43.8% and London decrease of 34%)
- Contraception uptake in under 20yrs is lower than London and nationally
- Women aged 20-24 followed by those aged 18-19 years have highest termination
- High rates of HIV concentrated in gay men and people from black ethnicities

Mental Health

- Little local data, can be difficult to use national estimates with local population
- Half of those with mental health problems first experience symptoms by the age of 14 and three-quarters before their mid 20s
- Physical and mental health strongly linked
- Prevalence of mental disorders among CYP aged 15 and under is 9.1%, compared to 9.6% nationally
- Mental illness is associated with educational failure, family disruption, disability, offending and antisocial behaviour

Obesity

- Childhood obesity measured at age 4-5 and 10-11 as part of statutory National Child Measurement Programme
- Obesity at 10-11 years in Tower Hamlets was 25.1% in 2012/13 (6th highest in London)
- Fall of .5% since 2011/12, steady state since 2009/10

Alcohol, drugs and tobacco

- 4th highest ambulance calls out for alcohol related illness in young people
- hidden harm, 593 adults in treatment (32% of the treatment population) were parents who had their children living with them
- Young people have high rates of admittance to hospital for alcohol
- Girls are more likely to smoke than boys, 16% of year 6,8,10 thought to have ever smoked with 4% regular smokers

Vulnerable children

- High levels of identified child protection need compared to London and England, but within expected range given high levels of deprivation
- Majority of Tower Hamlets' children in need were aged 10-15 years (30.6%)
- Review of Serious Case Reviews show that most common family characteristics are domestic violence, mental ill-health, and drug and alcohol misuse (often more than one present)
- 459 children with Autism Spectrum Disorder or severe learning difficulty, 381 with complex health needs, 718 with low-medium learning difficulties/ global delay and 102 with either hearing loss or visual loss (2011/12)

Injury

- Hospital emergency admissions due to injury-related cause in the 0-17 age group are consistently higher in Tower Hamlets (122.5/10,000) than London (99.7),
- Rate of 0-15yr old road traffic for 'all road users' is higher in Tower Hamlets than for London but lower than that for England

Looked after children

- Vulnerable when leaving care - more likely to be teenage parents, x2 as likely to have problems with drugs or alcohol and almost x2 as likely to report mental health problems
- 42% in Tower Hamlets aged 10-15, 24% over 16
- Mixed health outcomes for looked after children
- Higher rates of substance misuse (and a smaller percentage of those identified being in receipt of treatment)
- Better uptake of annual health and dental checks, but generally lower completion of courses of immunisation

Local Strategic priorities

Children and Families Plan 2012- 2015

- Targeted at the needs of most vulnerable children and families, takes life-course approach
- 2 action plans support the CFP for this age group – ‘Young People’ and ‘Preparing for Adulthood’

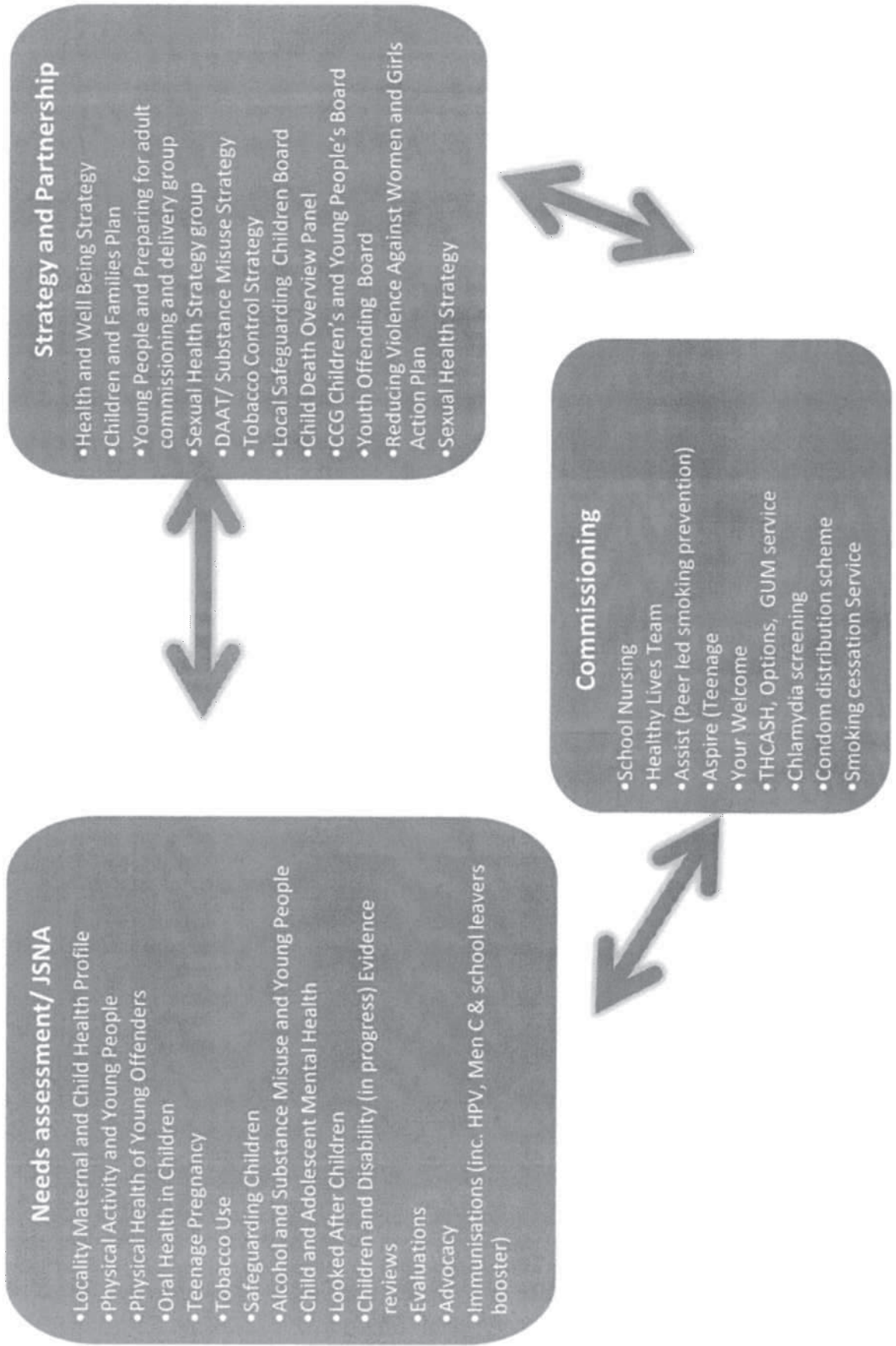
Young People- health priority

- Reduction in the no. of YP sustaining injuries
- Reduction in the under 18 conception rate
- Decreasing levels of young people with STIs
- Reduction in young people re-entering alcohol or substance misuse treatment
- Reduction of smoking amongst young people
- Increased human papilloma virus (HPV) vaccination and school leavers booster among girls
- Looked After Children receive annual health assessment with their teeth checked by a dentist within the previous 12 months
- Looked After Children have good emotional wellbeing, with positive results in their Strengths and Difficulties Questionnaire
- All young people with mental health needs have access to appropriate services

Preparing for Adulthood- health priority

- Increasing numbers of <24 year olds accessing sexual health services, decreasing levels of young people with STIs
- Increasing numbers of young people, especially Looked After Children leaving care, registering/ accessing primary care services
- Good and improving levels of young people with mental health needs progressing to adult services

Role of Public Health



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Agenda Item 6.3

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	11/06/13			6.3
<p>Reports of:</p> <p>Barts Health Services for Young People</p> <p>Presenting Officers:</p> <ul style="list-style-type: none"> • Dr Ian Basnett, Public Health Director • Jane Hawdon, Group Director, Women's and Children's Health CAG and consultant paediatrician • Denise McEneaney, Consultant Midwife, Supervisor of Midwives and Named Midwife for Safeguarding Children • Janet Lewis, Director of Operations, Community Health Services • Dr Liat Sarner, Consultant HIV/GUM • Professor Graham Foster, Consultant Hepatologist and Professor of Hepatology (QMUL) 		<p>Title: Tower Hamlets Scrutiny – Young People (Barts Health)</p> <p>Ward(s) affected:</p> <p>All</p>		

1. Summary

This brief presentation is a summary of some of the key issues and work that Barts are doing in tackling health issues relating to adolescence and young adults.

2. Recommendations

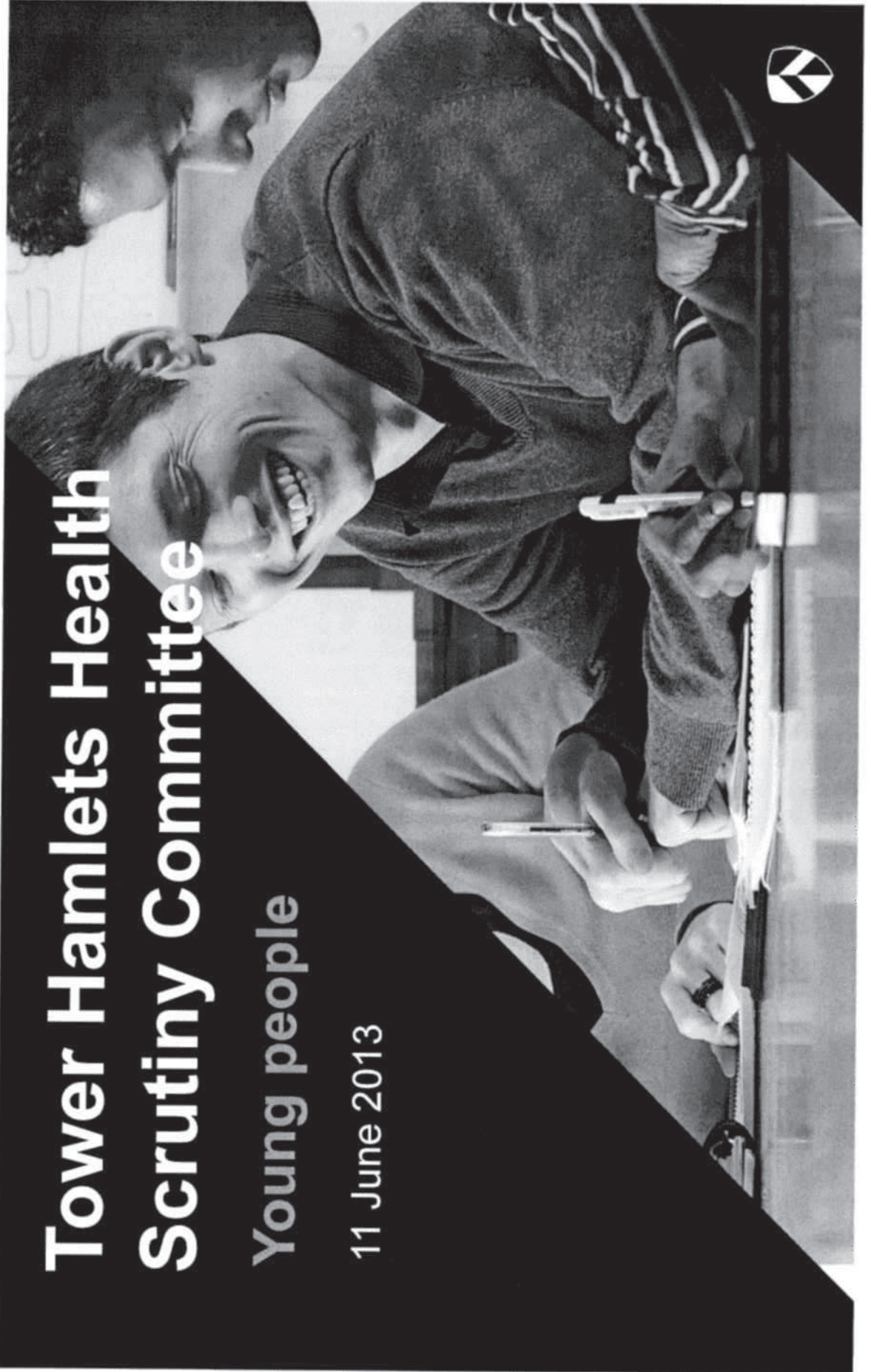
Comments and any questions on service delivery

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Tower Hamlets Health Scrutiny Committee

Young people

11 June 2013





Dr Ian Basnett
Public Health Director



Overview

- Committed to achieving our public health vision for improving the lives of the local population.
- Public health strategy launched in September 2012. Public Health Director joined in early 2013.
- Three themes: Health services; staff health; determinants of health
- Priorities include diabetes and obesity prevention, sexual health, weight management, maternity / pregnancy and employment (community works for health team).
- The Trust is also working with local schools in particular with regards to education in diet and exercise.



Jane Hawdon

**Group Director, Women's and
Children's Health CAG and
Consultant Paediatrician**



Services for children and teenagers/young people

- The transition from paediatric to adult services is a key element of specialist services such as gastroenterology and cystic fibrosis.
- Our aspiration is to provide a dedicated adolescent service across Barts Health.
- Current activity includes:
 - A regional service for diabetes operating to best practice standards.
 - A clear safeguarding focus on vulnerable young people in whichever service they access.
 - Provision for looked-after children, including a dedicated consultant.
 - Multidisciplinary management of individuals involved in gang related violence and abuse, both in community and acute services.
 - Comprehensive range of obesity services, ranging from the Active8 programme to our metabolic clinic, integrated across all providers (supported by a Darzi fellow).
 - Family nurse partnership.
 - Youth workers in emergency departments.





Challenges and opportunities

How are young people using services and how do we react to their needs?

- Providing the right help at the right time.
- Education support and working with schools.
- Joint working with children's social care and directors of public health.
- Promote joint working with partners.
- Provide dedicated sexual health and contraception services.
- Explore use of technology to reach and engage with young people.





Janet Lewis
Director of Operations, Community
Health Services



Weight management services

- Based at Mile End Hospital and delivered across community venues.
- 0 – 18 year-olds above a healthy weight.
- Team includes dieticians, psychologists, physiotherapists, nutritionists exercise specialists, therapy assistants and link workers.
- Single point of referral, including self referral.
- Includes tier two (targeted community programmes) and tier three (intensive 1:1 with a range of clinician involvement) of the local obesity pathway.
- On-going support for a year including follow up appointments, events and trips.
- Partnership with the Osmani Trust in delivering a new and innovative teenage healthy lifestyle programme (previous funding partnerships with Morgan Stanley and BUPA).
- In 2012/13, approximately 700 referrals were received, 300 children started a programme and a third of these achieved a BMI reduction.

School health services

- Part of the community nursing team, based in health centres, GP surgeries and Mile End Hospital.
- Provides health promotion, sexual health advice, substance misuse advice, safeguarding advice.
- Referral route includes self-referral, health visitors, GPs educational staff, social services.



Denise McEneaney

**Consultant Midwife, Supervisor of
Midwives and Named Midwife for
Safeguarding Children**



Maternity services gateway team

Specialist team of midwives for vulnerable women

Improving life chances for young women and families:

- Outreach and responsive service
- Continuity of clinical midwifery care
- Lead professional role – overview and co-ordination of care pathway
- Joint consultations
- Antenatal groups – designed for young parents
- Physical and mental health lifestyle changes
- Safeguarding – young parents and unborn/newborn children
- Promoting self worth in relationships



Sexual health services
Dr Siat Larner, Consultant HIV/GUM

HBV (Hepatitis B)
Professor Graham Foster,
Consultant Hepatologist



Sexual health services

Tower Hamlets has the 6th highest Sexually Transmitted Infection (STI) rates in England, high teenage pregnancy (TP) rates, young population

Prevention and interventions:

- Three sexual health hubs for Barts Health: Ambrose King, Sylvia Pankhurst, Barkantine:
 - Open access, walk-in, integrated sexual health / contraception services. Five days a week and two Saturday clinics
 - Termination of pregnancy at Sylvia Pankhurst
- Screening and treatment at peripheral clinics and pharmacies
- Community long-acting reversible contraception (LARC) strategy
- OPTIONS - dedicated service for under 25s
 - Provision of all sexual and reproductive education for 11-18 in Tower Hamlets
 - TP advisor, stakeholder engagement, chlamydia screening programme
 - Partnership working: Healthy Lives Advisers – Step Forward
- Outreach/pop-up events with community partners

Improving life chances:

- Reduction of sexual ill health/long term sequelae of STIs
- Education re: self confidence, negotiating skills & safer sex
- Reduction of under 18 TP rate – already halved since 1998
- Increase in LARC availability – 3-fold (17%-50%) between 2009-12






HBV (Hepatitis B) clinic for young adults

Royal London Hospital

- HBV is the world's leading cause of cancer.
- Common in East End youngsters (~1% of population).
- Transmitted sexually and from mother to child during birth.
- Youngsters need special attention.
- Dedicated clinic established at the Royal London Hospital in 2010.
- Clinic currently cares for 240 patients aged between 16 and 30, and 30 patients aged under 16.
- Popular with patients – excellent feedback.
- Innovative research output (Gastroenterology 2012).





Getting in touch

Presenters:

- **Dr Ian Basnett**, Public Health Director: ian.basnett@bartshealth.nhs.uk
- **Jane Hawdon**, Group Director, Women's and Children's Health CAG: jane.hawdon@bartshealth.nhs.uk
- **Denise McEaney**, Consultant Midwife, Supervisor of Midwives and Named Midwife for Safeguarding Children: Denise.McEaney@bartshealth.nhs.uk
- **Janet Lewis**, Director of Operations, CHS: janet.lewis@bartshealth.nhs.uk
- **Dr Liat Sarnar**, Consultant HIV/GUM: liat.sarnar@bartshealth.nhs.uk
- **Professor Graham Foster**, Consultant Hepatologist and Professor of Hepatology (QMUL): graham.foster@bartshealth.nhs.uk

Strategic and corporate issues and enquiries, including Committee business:

- **Jo Carter**, Stakeholder Relations and Engagement Manager: jo.carter2@bartshealth.nhs.uk / 020 7092 5424



Agenda Item 6.4

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	11/06/13			6.4 b)
Reports of: Lifeline (Substance Misuse Service for Young People who are using drugs and alcohol - PP Presentation) Presenting Officers: George Gallagher		Title: Lifeline – Service Presentation Ward(s) affected: All		

1. Summary

This brief presentation is a summary of the Lifeline Service and the work it does around alcohol and substance misuse amongst young people in the borough.

2. Recommendations

Comments and any questions on service delivery

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Health Scrutiny Panel

George Gallagher, Lifeline



LIFELINE: Who are we?

- Lifeline is the specialist Substance Misuse Agency for Young People in Tower Hamlets who are using drugs and alcohol
- We provide education around different drugs, consequences of use, harm reduction advice and access to further support, using a person- centred and interactive approach
- We work with lots of different partners within Tower Hamlets to ensure harder to reach and vulnerable young people have access to appropriate advice, information and education around substances.

What we offer?

Free and confidential advice and information for young people using drugs and alcohol up to 18 – we also have a transitional worker who can work with those from 19 up to 25 – this group is very hard to get into treatment

- Offering regular 1:1 psycho- social support - usually outreach
- Specialist support for pregnant clients and those with mental health issues
- Tailored training for professionals where appropriate
- Advice for professionals
- Advice to carers surrounding how to approach young people concerning substance misuse
- Reduction planning and advice on how to cut down and avoid triggers
- Staffing- four staff: Includes one manager, three substance misuse workers (one part- time) and one administrator (part time)

How to Refer?

Referral information

- Clients can refer themselves directly to the service by phoning the office and speaking to a worker and providing contact details
- Anyone who is concerned about a young person that may be using substances can talk through their concerns by contacting the office
- Professionals can also contact Lifeline and make the referral over the telephone or email/ send referral form
- If in doubt about referring? Call us for a chat
- **All young people must consent to the referral**

Mon-Fri 9:30am-5:00pm

Unit 26 Skylines Village, Lime Harbour,

E14 9TS

T: 020 3069 7878

NTA: National Drugs Strategy

- **Preventing today's young people from becoming tomorrow's problem drug users**
- **Not just about developing specialist drugs treatment**
- **Ensuring that all children & YP services are committed to identifying & intervening to tackle drugs problems before they become acute**

Drug Use in 16- 24 year olds nationally and local: NTA

Drug	2009/10	2010/11
Cannabis	16.1%	17.1%
Cocaine Sulphate	5.5%	4.4%
Mephedrone	Not collected	4.4%
Ecstasy	4.3%	3.8%
Ketamine	1.7%	2.1%

- These are mean averages, so higher in 'harder to reach' groups
- Data can be misleading as there is some robust evidence that people of all ages will under report use

The local Picture 2012- 13:

In our clients, the most common substances in Tower Hamlets for under 18's?

There are many drugs available, but the vast majority of referrals are for:

- **Cannabis 83% – usually rolled with tobacco**
- **Alcohol 15%**
- **Heroin 1%**
- **Solvents 1%**
- **It is interesting to note that all of our clients are cigarette smokers**
- **Majority start smoking cigarettes and cannabis at a very early age**

What makes some YP more vulnerable to drug use?

- Living in 'harder to reach' or more closed off communities
- From poorer backgrounds and living in social housing
- Substance misusing parents/ siblings/ households
- Disrupted family life
- Poor education achievement and those at PRU's
- Young offenders
- Those who smoke cigarettes regularly
- Parents/ carers on benefits
- Mental health problems
- Looked after children
- Those NEET, or on benefits
- Homeless/ Vulnerably housed
- Sex Working, organised or otherwise

These are the groups who can ill afford to buy drugs/ alcohol

Protective factors than reduce the likelihood of problematic drug and alcohol use

- Have daily structure and focus
- Being in education or work
- Being more 'employable'
- Recognise that difference situations require different behaviours – 'being yourself' is sometimes not the best of advise
- Good education achievement
- Well informed about health care messages, and open to evidenced based information
- Have a regular income
- Stable mental health
- Life Status
- Those living in better quality housing or parents who are home owners
- Parents/ carers who work
- Smokefree and drugfree role models
- More highly tuned emotional intelligence; Discuss problems, reflect on behaviour and access support when it is needed
- Have aspirations and goals to make medium/ longer term plans for the future

Some reasons for drug and alcohol use

- Peer group pressure, particularly amongst males
- Enjoyment
- Environments- like estates where drugs and alcohol use is normalised and are freely available
- Lack of smokefree and drugfree role models- casual or lax attitude to drugs within the home
- Curiosity
- The defence mechanism- to self medicate
- Natural rebellion
- Promotion and availability of alcohol even to those who are under age
- Cheap cost of alcohol and drugs
- Money given carelessly by carers can easily be spend on substances, even £5 can be put together with another friend to buy a bag of hash or bottle of vodka
- Some parents/ carers have been known to actively give money to YP to spend on drugs and alcohol

Barriers to accessing support:1

- Normalization and desensitization of some drugs, particularly cannabis, amongst both public and professionals- similar to attitude towards cigarettes in 1980's and 90's
- Not knowing where to get free and confidential support
- Attitudes of professionals have an important role to play; Professional attitudes vary; some staff refer clients on but other do not
- Outdated beliefs that certain groups do not take drugs or drink- the opposite is often true

Barriers to accessing support:2

Parents/ Carers attitudes and environments have an even greater role to play

- Lack of knowledge of where to get specialist support
- Users and families often worry that it is illegal and they and their children may get in trouble
- Children often continue to live at home with parents and in environments where drugs are normalized, so potentially nothing changes
- Other boroughs have younger populations that are more likely to move on/ out which can help break the cycle
- Denial and Shame, so keep it a secret and think it will just go away
- Not being aware of what their children are doing even when at home
- Turning a blind eye- Active/ Passive/ Unwitting Environmental Collusion
- Financial Collusion- Not keeping tabs on what money is spent on
- Some parents/ carers/ extended family members giving their children monies that they know will be spent on drugs and/or alcohol
- In some cases some parents and carers will financially benefit from their Childs drug use
- **These issues can unwittingly 'fast track' a young person into addiction**

Health issues for Young People who misuse substances and alcohol

- Poor mental health
- **Impact of smoking both cigarettes and cannabis**
- Lack of exercise
- Poor diet and normalisation of caffeinated, energy and fizzy drinks
- Irregular sleeping patterns
- Binge drinking and its dangers
- Risky behaviour especially around unsafe sex
- Risk of pregnancy
- Risk of exploitation i.e. Sexual abuse
- Risk of Blood Borne Virus'
- Risk of overdose

Harm reduction

- The principle aim of all treatment should be to help the client move away from problem drug or alcohol use towards a healthier and safer lifestyle
- It is recognised that some people with problematic use do not often magically quit substances, some may choose to continue their use despite knowledge of harmful consequences
- Harm reduction (or less commonly known as harm minimization) refers to a range of public health policies designed to reduce the harmful consequences associated with human behaviours, even if those behaviours are risky or illegal
- Cornerstone of substance misuse work, but also commonly used in other fields
- In the UK it started in the 1980's as a response to Heroin Use and HIV, however not all countries incorporate this into front line work
- Very successful at reducing HIV rates amongst I/v drug user, saving lives and extending life expectancy
- Saves a lot of money for the country, in the NHS and criminal justice system et al
- In essence it is a non- judgmental approach that supplies evidence based information on how to reduce the harm from substance use

Marketing and Promotion of service

- To push up referral rates a pro- active marketing plan has already been put in place
- This includes targeted visits to front line services to explain what we offer and how we can support them in their work i.e., Housing Providers, Youth Services, GP's, Schools and Colleges

Partnership working

- **Relationship building with front line services is essential to drive up referral rates**
- **We already have good links with local schools, CAMHT, YOT and other drug services**

What else does Lifeline offer?

- Open mornings for staff and clients-
first Wednesday of the month 11am- 12
noon
- Basic Level 1 Training in Cannabis and
Alcohol quarterly
- Other tailored training as required

Further information and references

- Advice on where to access drug and alcohol support in Tower Hamlets http://www.towerhamlets.gov.uk/lgs/10001-10100/10023_drugs_and_alcohol_advice/where_to_get_help.aspx
- Lifeline National Website <http://www.lifeline.org.uk/>
- Facts on Alcohol: [drinkaware.co.uk](http://www.drinkaware.co.uk)
- Tower Hamlets Community Alcohol Team- over 18's; <http://www.rapt-thcat.org.uk/>
- Frank: Drugs- Know what's what. www.talktofrank.com/
- National Treatment Agency for Substance Misuse <http://www.nta.nhs.uk/>
- DS Daily News on Drugs and Alcohol <http://www.dsdaily.org.uk/>
- Information site on legal highs: [whynotfindout.com](http://www.whynotfindout.com). They also answer email enquiries
- Young Minds Information and support for those with mental health issues <http://www.youngminds.org.uk/> Mind Mental Health Charity, Over 18's: <http://www.mind.org.uk/>
- Antidote: LGBT Service <http://www.antidote-lgbt.com/> Gay Men Health Information: <http://www.gmfa.org.uk/>
- British Lung Foundation <http://www.blf.org.uk/Home>
- Tower Hamlets Mind Khat Project 0207510 1081 info@mithn.org.uk
- Tower Hamlets NHS Stop Smoking Service. Call health hotline 0207364 5016 or visit your local pharmacy <http://www.towerhamlets.nhs.uk/your-health/smokefree/>
- AMP: Voice of Young People in Tower Hamlets <http://amp.uk.net/>
- Motivational Interviewing: <http://www.health.org.uk/public/cms/75/76/313/3082/training%20in%20motivational%20interviewing%20research%20scan.pdf?realName=dF7hmm.pdf>
- Tower Hamlets Council <http://www.towerhamlets.gov.uk/>
- North East London and the City NHS Trust <http://www.elc.nhs.uk/>
- Recovery Maps: <http://www.nta.nhs.uk/routes-to-recovery.aspx>
- Nice guidelines: <http://www.nice.org.uk/guidance/index.jsp?action=byType&type=2&status=3>
- BBC health: http://www.bbc.co.uk/health/0_1_NHS_Direct: <http://www.nhsdirect.nhs.uk/>
- NHS 5 a day advice; <http://www.nhs.uk/LiveWell/5ADAY/Pages/5ADAYhome.aspx>
- NHS Sleep hygiene advice: <http://www.nhs.uk/Conditions/Insomnia/Pages/Treatment.aspx>
- Osmani Trust- Mentoring for BME groups aged 10- 21 year olds- 0207247 8080
- Support for Gamblers: <http://www.gamcare.org.uk/>
- NHS Sexual health services in England: <http://www.nhs.uk/NHSEngland/AboutNHSservices/sexual-health-services/Pages/guide-to-sexual-health-services.aspx>
- HIV support and advice in Tower Hamlets <http://www.positiveeast.org.uk/>
- Hepatitis C Information: <http://www.nhs.uk/Conditions/Hepatitis-B> <http://www.hepb.org.uk/>
- Time Out Guide London: <http://www.timeout.com/london>

Finish

Thank You for your time



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