



# TOWER HAMLETS HEALTH AND WELLBEING BOARD



**Tuesday, 18 April 2017 at 5.30 p.m. MP701, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG.**

**This meeting is open to the public to attend.**

<b>Members:</b>	<b>Representing</b>
<b>Chair:</b> Councillor Amy Whitelock Gibbs	Cabinet Member for Health & Adult Services
<b>Vice-Chair:</b> Dr Sam Everington	Chair, Tower Hamlets Clinical Commissioning Group
Councillor Rachael Saunders	Cabinet Member for Education & Children's Services
Councillor David Edgar	Cabinet Member for Resources
Councillor Sirajul Islam	Statutory Deputy Mayor and Cabinet Member for Housing Management & Performance
Councillor Danny Hassell	Non - Executive Group Councillor
Dr Somen Banerjee	Director of Public Health, LBTH
Debbie Jones	Corporate Director, Children's Services
Denise Radley	Director Health, Adults and Community Services
Aman Dalvi	Corporate Director, Development & Renewal
Simon Hall	Acting Chief Officer ,NHS Tower Hamlets Clinical Commissioning Group
<b>Co-opted Members</b>	
Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Dr Navina Evans	Chief Executive East London NHS Foundation Trust
Jackie Sullivan	Managing Director of Hospitals, Bart's Health Trust
Sue Williams	Borough Commander - Chief Superintendent
John Gillespie	Tower Hamlets Community Voluntary Sector, Health and Wellbeing Representative
Fahimul Islam	Young Mayor

The quorum of the Board is a quarter of the membership including at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group.

## Questions

Before the formal business of the Board is considered, up to 15 minutes are available for public questions on any items of business on the agenda. Please send questions to the Officer below by **5pm the day before the meeting.**

## Contact for further enquiries:

Farhana Zia, Democratic Services  
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG  
Tel: 02073640842

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### Role of the Tower Hamlets Health and Wellbeing Board.

- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.
- To prepare the Joint Health and Wellbeing Strategy.
- To be involved in the development of any Clinical Commissioning Group (CCG) Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.
- To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local HealthWatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.
- To carry out new functions as requested by the Secretary of State and as advised in guidance issued from time to time.

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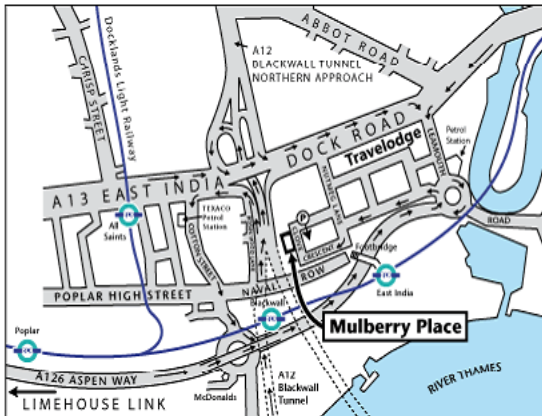
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**1. STANDING ITEMS OF BUSINESS**

**1.1 Welcome, Introductions and Apologies for Absence**

To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.

**1.2 Minutes of the Previous Meeting and Matters Arising** **1 - 10**

To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on. Also to consider matters arising.

**1.3 Declarations of Disclosable Pecuniary Interests** **11 - 14**

To note any declarations of interest made by members of the Board. (See attached note of Monitoring Officer).

**1.4 Forward Plan** **15 - 16**

**ITEMS FOR CONSIDERATION**

**2. HEALTH AND WELLBEING BOARD STRATEGY 2017-20 -  
DELIVERING THE BOARDS PRIORITIES**

**2.1 Communities Driving Change** **17 - 24**

**2.2 Employment and Health** **25 - 38**

**2.3 Children's weight and nutrition** **39 - 48**

**3. LOCAL GOVERNMENT DECLARATION ON SUGAR  
REDUCTION AND HEALTHIER FOOD** **49 - 78**

**4. BETTER CARE FUND 2017 UPDATE** **79 - 82**

**5. ANY OTHER BUSINESS**

To consider any other business the Chair considers to be urgent.

**6. DATE OF NEXT MEETING**

**Date of Next Meeting:**

Tuesday, 4 July 2017 at 5.30 p.m. in a Room to be specified, Mulberry Place, 5 Clove Crescent, London E14 3BG

**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD**

**HELD AT 5.30 P.M. ON TUESDAY, 21 FEBRUARY 2017**

**MP702, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,  
LONDON E14 2BG.**

**Members Present:**

Councillor Amy Whitelock Gibbs (Chair)	Cabinet Member for Health and Adult Services
Dr Sam Everington (Vice-Chair)	Chair, Tower Hamlets Clinical Commissioning Group
Councillor David Edgar (Member)	Cabinet Member for Resources
Councillor Danny Hassell (Member)	Non-Executive Group Councillor
Dr Somen Banerjee (Member)	Director of Public Health
Denise Radley (Member)	Corporate Director, Health, Adults & Community
Charlie Ladyman (Member)	Co-Chair, Tower Hamlets Healthwatch
Jane Milligan (Member) (Substitute for Simon Hall)	Chief Officer, Tower Hamlets Clinical Commissioning Group
Nasima Patel (Substitute for Debbie Jones)	Divisional Director, Children's Social Care, Children's
Kevin Cleary (Substitute for Dr Navina Evans)	Chief Medical Officer

**Co-opted Members Present:**

Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Jane Ball	Tower Hamlets Housing Forum
Jackie Sullivan	Managing Director for Hospitals, Barts Health NHS
Sue Williams	Borough Commander
John Gillespie	Tower Hamlets Community Voluntary Sector, Health and Wellbeing Representative
Fahimul Islam	Young Mayor

**Other Councillors Present:**

**Apologies:**

Councillor Rachael Saunders	Deputy Mayor and Cabinet Member for Education & Children's Services
Debbie Jones	Corporate Director, Children's
Dr Navina Evans	Chief Executive East London NHS Foundation Trust
Simon Hall	Acting Chief Officer, NHS Tower Hamlets

Clinical Commissioning Group

**Others Present:**

Dianne Barham  
Martin Bould

Director of Healthwatch Tower Hamlets  
Tower Hamlets Clinical Commissioning  
Group)

Tim Oliver

Healthwatch Tower Hamlets  
Representative

Shaian Islam  
Mahbub Anam

Young Mayor Team

Owen Adamasun

Healthwatch Tower Hamlets  
Tower Hamlets Together

**Officers in Attendance:**

Thorsten Dreyer

Strategy & Business Development  
Manager – Culture Environmental Control  
& Spatial Planning

Chris Lovitt  
Layla Richards

Associate Director of Public Health  
Service Manager, Policy Programmes  
and Community Insight

Karen Sugars

Acting Divisional Director, Integrated  
Health

Jamal Uddin  
Gulten Kaya  
Farhana Zia

Strategy Policy & Performance Officer  
Social Care Lawyer , Legal Services  
Committee Services Officer

**1. STANDING ITEMS OF BUSINESS**

**1.1 Welcome, Introductions and Apologies for Absence**

The Chair, Cllr Amy Whitelock-Gibbs welcomed everyone to the Health and Wellbeing Board. In particular she welcomed Charlie Ladyman, co-chair of Healthwatch Tower Hamlets and a coptee member of the Board, as well as the Young Mayor and his deputy.

The Chair stated she would respond to the 'Tower Hamlets Keep our NHS Public' group, who had requested their letter regarding the North East London Sustainability and Transformation Plan (NEL STP) be circulated to Board Members. For the record, Cllr Whitelock-Gibbs stated that the Board had at previous meetings received reports regarding the STP and would do so at future meetings following the NHS engagement process.

Apologies for absence were received from Cllr Rachael Saunders - Cabinet Member for Education and Children's Services; Cllr Ayas Miah – Cabinet Member for Environment; Cllr Asma Begum – Cabinet Member for Culture; Debbie Jones – Corporate Director for Children's Services; Simon Hall – Acting Chief Officer, NHS Tower Hamlets Clinical Commissioning Group; Dr Navina Evans – Chief Executive, East London NHS Foundation Trust; Shazia

Hussain – Divisional Director for Customer Access; Esther Trenchard-Mabere – Associate Director for Public Health; Christabel Shawcross – Independent Chair of Safeguarding Adults Board and Tracy Stanley – Senior Strategy, Policy and Performance Officer.

## **1.2 Minutes of the Previous Meeting and Matters Arising**

The minutes from the Board meeting of 13<sup>th</sup> December 2016 were agreed and approved as an accurate record of the meeting subject to the following clarifications:

Page 2 - Cllr Whitelock – Gibbs did give her apologies for the meeting.

Page 5 – final paragraph should state NEL STP ‘engagement’ rather than ‘consultation’

## **1.3 Declarations of Disclosable Pecuniary Interests**

No Member of the Board declared an interest.

## **2. HEALTH & WELBEING STRATEGY 2017-20 - CONSULTATION FINDINGS**

Dr Somen Banerjee, Director of Public Health provided the Board with an update regarding the Health and Wellbeing Strategy 2017-20.

He stated the final analysis from the consultation had been undertaken and there was broad agreement on the approach, priorities and proposed outcomes of the Strategy. The qualitative feedback provided a rich insight from residents and local organisation which would help shape the action plans.

Somen informed Members there would be an organisational development session for the Board, which would further examine the strategy priorities and the impact nationally, regionally and locally. The provisional date for the workshop is the 21<sup>st</sup> March 2017.

The draft strategy is going to Cabinet for formal sign off and at the next meeting of the Board, the following strands will be reporting on the progress made so far:

- Communities leading change
- Healthy environments and
- Employment and Health

Dr Banerjee referred Members to page 17 of the agenda which summarised the key findings.

The qualitative findings were of great interest and there was strong feedback from residents and local stakeholders to be inclusive of groups such as older people, those with long-term conditions and disabilities ensuring they are represented and heard.

Around the healthy place priority there was significant concern around air pollution - What can be done to improve the quality of air we breathe?

The feedback also highlighted the need to engage with stakeholders such as Tower Hamlets Housing forum as part of the Integrated Care priority.

Board Members made the following comments:

- Voluntary Sector groups who have expressed an interest should be represented on the Board Champion Groups.
- Equalities should be incorporated in all the priority areas of the strategy.

Board Members **AGREED** voluntary sector groups should be included in each Board champion groups as well as equalities.

The Health and Wellbeing Board

1. **NOTED** the findings of the consultation and the approach to delivering the strategy and
2. **FORMALLY** approved the Strategy

### 3. LOCAL ACCOUNT

Layla Richards, Service Manager Policy Programmes and Community Insight presented her report.

The “How we are doing?” magazine represents the sixth annual Local Account on adult social care.

The primary purpose of the Local Account is to inform residents, adult social care users and carers of the quality, performance and future priorities of adult social care, so that the local authority is transparent and accountable. It is an expectation that all councils with social care responsibilities produce a Local Account, although it not a statutory requirement.

Staff and Stakeholder feedback has informed the publication and two new forewords have been inserted. A report will be going to April Cabinet with a communications plan also attached.

Members of the Board made the following comments:

- Good to see the magazine style document is clear and accessible.



- The magazine needs to include residents and users patient experience.
- Referring to Page 56 – Is the Council benchmarking against other local authorities? Denise Radley responded stating the magazine by its nature was not intending to provide too much detail. She acknowledged that in Tower Hamlets spend on care homes is higher than other local Authorities and is a challenge. She supported the opportunity to consider how Adult Social Care can communicate spends to the community.
- Can the Local Account state what happens when need is unmet and how this compares with other authorities?
- Page 69 – require a softer approach such as “If you are worried about someone you can contact...” Information on how to access safeguarding processes.

#### The Health and Wellbeing Board

1. Commented of the “How are we doing?” Local Account magazine for publication in spring 2017; and
2. **NOTED** the Local Account Communications Plan, setting out how the Local Account magazine will be communicated to residents, adult social care users and carers.

#### 4. **AUTISM STRATEGY**

Karen Sugars, Acting Service Head for Commissioning and Health referred Members to the strategy and stated this was the first strategy of its kind in Tower Hamlets. The strategy set out how local services would support adults with autism over the next five years and how the local authority and its stakeholders will collectively meet national policy requirements in relation to adults with autism.

The strategy has eight priorities which will be further developed and delivered over the next five years.

Karen referred Members of the Board to Pages 95 – 104 of the agenda pack, which set out in greater detail the aims and objectives of each priority.

Members of the Board made the following comments:

- The wider consultation should seek to test the definition of Autism? There is a disparity between diagnoses and access to treatment.

- It would be beneficial to see data in terms of how many people are identified through GP databases and how many cases local services would expect to be dealing with, in order to inform the level of under diagnosis. The strategy would need to monitor this.
- The communications plan needs to be inclusive of the Autistic community and should be widely circulated; co-production of the document is encouraged.

The Health and Wellbeing Board

1. **NOTED** and commented on the 2017-22 Autism Strategy for Adult; and
2. Endorsed a full public consultation of the Strategy, which would be a joint consultation with the Clinical Commissioning Group.

## **5. ENGAGEMENT PAPER ON EMERGING STRATEGY**

### **5.1 Open Space Strategy 2017-27**

### **5.2 Indoor Sports Facilities Strategy 2017-27**

Thorsten Dreyer, Service Manager for Strategy, Performance and Resources explained to Members there were two reports before them. The Open Space Strategy 2017-27 and the Indoor Sports Facilities Strategy 2017 -27. Both strategies were being presented together as they were intrinsically linked, focusing on the borough's facilities and assets. It is restricted to conditions set by Sports England and the Mayor of London respectively.

The two strategies sat in a suite of Council led strategies including the Health and Wellbeing Strategy, discussed earlier, with the aim of delivering the vision and priorities of the Borough.

The Open Space Strategy and the Indoor Sports Facilities Strategy were being developed in alignment with the Council's vision to make the borough a great place to live with healthy and supportive communities. Some of the challenges faced were the continuing financial restraints and austerity measures; population growth, pressure of local infrastructure and how to meet increasing need for publicly accessible facilities that support physical activities, sport and healthier lifestyles.

Both strategies were in draft format and Thorsten invited views of Board members about the key findings informing the emerging themes within the strategies. He also stated Sport England were looking for 10 pilot areas to drive up participation, with a funding pot of £13m, for each area. He invited stakeholders to express their interest by contacting him directly.

Board Members made the following comments:

- The Open Spaces strategy needs to link in with the Health and Wellbeing Strategy priority of 'Healthy Environments', in particular with air quality.
- The Local Plan should encourage developers to provide open space for children's play, as should registered social landlords. **Response:** It was acknowledged the 'Play strategy' was due to be refreshed and that assessment of play space would be conducted separately to the open space strategy. Thorsten said he would discuss with Children's Services about the cross-relationship between the two strategies.
- Both strategies need to highlight the health benefits of exercise and healthy lifestyles. Future leisure facilities need to be designed so they are inclusive and inviting to all groups – for example, people with disabilities and impairments, mental health and BME communities. Under-utilization of open space and 'no go' zones because of animals also needs to be addressed.
- Wider consideration needs to be given to getting people more active and the barriers to accessing leisure facilities and open space in the borough. Healthwatch is willing to support with engagement activities.
- More should be done to ensure School facilities are opened for community use. Some schools are better than others but the strategies could harness the benefit of wider community through the emerging strategies.
- Outdoor gyms should be promoted as a method of physical exercise and other activities such as walking, cycling, gardening should also be highlighted. The strategies should link with the Green Grid and active transport initiatives and mental wellbeing should be considered in the development of the strategies plus addressing accessibility for those who are out of work.
- The strategies should link in with the NHS's social prescribing initiatives and should encourage usage of sports facilities and open spaces as a way to improve better health outcomes. Motivational coaches should be assigned to people who have long term conditions who want to make a healthy lifestyle change.

The Health and Wellbeing Board:

1. **NOTED** the key findings informing the emerging strategies; and
2. Considered and commented on how the Health and Wellbeing Board can contribute to meeting the challenges presented by the key findings.

## 6. BETTER CARE FUND 2017-18

Denise Radley, Corporate Director for Adult's, informed Members of the Board the publication of the national Better Care Fund (BCF) planning guidance and policy framework for the period 2017-19 had been delayed, together with details of available resources. The anticipated guidance would be different in a number of aspects for that covering 2016-17.

She made a presentation to the Board on what was currently known and what was anticipated in the guidance. There is a need to maintain the programme locally and she expected the anticipated guidance to be a two year programme as opposed to one and said there needs to be better alignment with the local STP.

She said integration of health and social care was a key priority in the Health and Wellbeing Strategy and the BCF was committed to delivering joint up service planning and delivery. There was an opportunity to 'graduate' from BCF regime using a similar methodology applied to the 'Stepping up to the Place' assessment. The Health and Wellbeing Board are required to approve the BCF programme and plan however the Board has previously agreed to delegate responsibility of BCF to Denise Radley and Simon Hall.

The Health and Wellbeing Board were asked to **NOTE**:

1. The delay in the issuance of national guidance governing BCF for 2017-19, which had delayed the production of the borough's proposed BCF programme and plan;
2. Delegate to the Joint Commissioning Executive (JCE) responsibility for signing off and submitting to NHS England the borough's BCF Plan and Programme for 2017-19;
3. Agree that the proposed BCF Plan and Programme should be circulated to members of the HWBB for comment prior to submission; and
4. Agree that a further report be presented to the Health and Wellbeing Board's April meeting.

**ACTION:** Denise Radley to outline BCF programme and plan at the next meeting scheduled in April 2017, given national guidance is available.

## 7. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH TRANSFORMATION PLAN

Martin Bould, Senior Joint Commissioner for Mental Health and Joint Commissioning Team, Tower Hamlets Clinical Commissioning Group presented his report stating that the Local Transformation Plan was an opportunity for the partners to set the strategic direction for the next five years and provide transparency about spending and services.

The Transformation Roadmap set out the journey made so far and what needed to be achieved by 2021.

The refreshed priorities for 2016 – 2021 are to increase the number of Children and young people receiving treatment to 35% of the diagnosable population and greater integration of services.

The Plan is consistent with Tower Hamlets Joint Mental Health Strategy and approval of the plan will improve mental health services for children and young people in 2017/18 and set the framework for future development.

Board Members asked the following comments:

- There needs to be parity of esteem between mental health objectives and the services delivered.
- Public engagement and communication of the strategy with service users and members of the public needs to be make clear the offer available – i.e. 0-5 years, Child and Adolescents, identification of mental health and prevention treatments available.
- Board Members agreed the reference the proposed 10% reduction in suicide rates in the plan, should be a target of 0%. This should be the aim of the service.
- Schools need to offer more Mental Health support to young people and the school offer needs to be improved. Communication and awareness among young people is required.

The Health and Wellbeing Board:

1. Approved the Local Transformation Plan for Children and Young People's Mental Health.

## **8. ANY OTHER BUSINESS**

No other business was discussed.

## **9. DATE OF NEXT MEETING**

Members of the Health and Wellbeing Board were asked to note the next meeting of the Board was for the 18<sup>th</sup> April 2017.

The meeting ended at 7.30 p.m.

Chair, Councillor Amy Whitelock Gibbs  
Tower Hamlets Health and Wellbeing Board

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## **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:-

Graham White, Acting Corporate Director, Governance & Monitoring Officer,  
Telephone Number: 020 7364 4800



## 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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# Agenda Item 1.4

Health and Wellbeing Board Forward Plan				
Date: 4 July 2017				
	Report Title	Lead Officer	Reason for submission	Time
Public Questions	Public Questions			
Standing Items	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		10 mins
Health and Wellbeing Strategy - priorities (Delivering the priorities)	Developing Integrated System	Denise Radley		20 mins
	A Healthier Place	Somen Banerjee		20 mins
	Outcomes Framework	Somen Banerjee / Jamal Uddin		20 mins
Discussion Items	BCF update - final submission			
Any Other Information				5 mins
Date: 5 September 2017				
	Report Title	Lead Officer	Reason for submission	Time
Public Questions	Public Questions			
Standing Items	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		10 mins
Health and Wellbeing Strategy - priority (mid-point review)	Communities driving change - update	Flora Ogilvie		20 mins
	Employment and Health - update	Flora Ogilvie		20 mins
	Children's weight and nutrition update	Esther Trenchard Mabere		20 mins
Discussion Items				
Any Other Information				5 mins
Date: 7 November 2017				
	Report Title	Lead Officer	Reason for submission	Time
Public Questions	Public Questions			
Standing Items	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		10 mins
Health and Wellbeing Strategy - priority (mid-point review)	Developing Integrated System - update	Denise Radley		20 mins
	A Healthier Place - update	Somen Banerjee		20 mins
	Outcomes Framework - update	Somen Banerjee / Jamal Uddin		20 mins
Discussion Items	Physical activity and sport strategy	Thorsten Dreyer	Sign off required ahead of Cabinet approval scheduled for 28 November 2017.	20 mins
	BCF - quarterly update			5 mins
Any Other Information				5 mins
Date: 20 December 2017				
	Report Title	Lead Officer	Reason for submission	Time
Public Questions	Public Questions			
Standing Items	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		10 mins
Health and Wellbeing Strategy - priorities (Initial assesment/ evaluation)	Communities driving change - update	Flora Ogilvie		20 mins
	Employment and Health - update	Flora Ogilvie		20 mins
	Children's weight and nutrition - update	Esther Trenchard Mabere		20 mins
Discussion Items				
Any Other Information				5 mins
Date: 20 February 2018				
	Report Title	Lead Officer	Reason for submission	Time
Public Questions	Public Questions			

<b>Standing Items</b>	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		10 mins
<b>Health and Wellbeing Strategy - priorities</b> (Initial assesment/ evaluation)	Developing Integrated System - update	Denise Radley		20 mins
	A Healthier Place - update	Somen Banerjee		20 mins
	Outcomes Framework - update	Somen Banerjee / Jamal Uddin		20 mins
<b>Discussion Items</b>				
<b>Any Other Information</b>				5 mins
<b>Date: 20 March 2018</b>				
	<b>Report Title</b>	<b>Lead Officer</b>	<b>Reason for submission</b>	<b>Time</b>
<b>Public Questions</b>	Public Questions			
<b>Standing Items</b>	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		10 mins
<b>Health and Wellbeing Strategy - priorities</b> (Annual Review)	Health and Wellbeing Strategy - annual review of delivery plans: - Communities Driving Change; - Employment and Health; - Children's healthy weight and nutrition - Developing an integrated system; - A healthier place; - Outcomes Framework		End of year reflections from each of the delivery work streams.	45-60 mins
<b>Discussion Items</b>				
<b>Any Other Information</b>				5 mins

<b>Health and Wellbeing Board</b> Tuesday 18 <sup>th</sup> April 2017	
<b>Report of the London Borough of Tower Hamlets</b>	<b>Classification:</b> Unrestricted
<b>Health and Wellbeing Strategy, delivering the boards priority: Communities Driving Change</b>	

<b>Lead Officer</b>	Flora Ogilvie, Acting Associate Director of Public Health
<b>Contact Officers</b>	Flora Ogilvie, Acting Associate Director of Public Health
<b>Executive Key Decision?</b>	No

## Executive Summary

This action plan was developed by the Board Champion Group for the Communities Driving Change priority of the Health and Wellbeing Strategy, consisting of Councillor Rachel Saunders; Charlotte Ladyman (Healthwatch); Dianne Barham (Healthwatch); Gemma Cossins (Tower Hamlets Council for Voluntary Services); Flora Ogilvie (Public Health), Michael Keating (Tower Hamlets Together) and Sue Hogarth (Tower Hamlets Together).

The plan sets out what we will have achieved by March 2018; the overall plan for the year; what we will do in the next three months, and how we will measure success, for each of the actions within this priority area:

**Action 1.1:** Implement a ‘health creation’ programme in which residents:

- identify issues impacting on health and wellbeing that matter to local people
- recruit other residents who have the energy and passion to make a difference
- develop and lead new ways to improve health and wellbeing locally

**Action 1.2:** Implement a programme across the partnership to promote a culture in their organisations that empowers people to be in control and informed about how to improve their health

**Action 1.3:** Engage local residents with the work of the Board and to deliver this strategy by:

- hosting an event in each area at least one month prior to our Health and Wellbeing Board meetings
- following this up with a further meeting with the public to report back
- using social media to communicate more regularly and creatively with a wider range of local people.

**Recommendations:**

The Health and Wellbeing Board is recommended to:

1. Support the Action Plan to enable us to realise the ambition set out in the Health and Wellbeing Strategy Priority on Communities Driving Change.

## 1. REASONS FOR THE DECISIONS

- 1.1 This report sets out the proposed action plan for the Communities Driving Change priority within the Health and Wellbeing Strategy, in order to realise the ambition of the strategy. The action plan has been developed based on knowledge of the existing work that is already ongoing, and what is thought to be realistically achievable within existing budgets.

## 2. ALTERNATIVE OPTIONS

- 2.1 The alternative option of business as usual would not allow us realise the ambition within the Health and Wellbeing Strategy.

## 3. DETAILS OF REPORT

### 3.11 *Action 1. 1 (p13)*

### 3.12 *Implement a 'health creation' programme in which residents:*

- *identify issues impacting on health and wellbeing that matter to local people*
- *recruit other residents who have the energy and passion to make a difference*
- *develop and lead new ways to improve health and wellbeing locally*

### 3.13 What will we have achieved by the end of March 2018?

- Tower Hamlets Healthy Communities Programme in place
- Existing initiatives for capturing insight better joined up
- A publicly accessible repository of insights available
- Clear pathway for residents to get involved established
- Process for feeding back to residents established

The Council's Public Health Team is currently commissioning a 'health creation' programme – the Tower Hamlets Healthy Communities Programme, through which local residents will have the opportunity to come together and identify the health and wellbeing issues and outcomes that matter to them, as well as designing local delivery plans that set out how local people will come together with other stakeholders in order to achieve the outcomes that matter. This will build on the existing work being done through the Social Movement for Life programme and community cohesion commissioning, as well as the Tower Hamlets Together Stakeholder Council and the stakeholder engagement on 'health creation' that has been carried out by Tower Hamlets Council for Voluntary Services.

In addition, there is already a range of initiatives through which residents **identify issues** (Healthwatch's Community Intelligence; Tower Hamlets Together's Community Research Network; a range of public and patient participation groups; direct reporting to elected members) **recruit others**

(volunteers and volunteering opportunities) and **improve health and wellbeing**. We will build on the work already undertaken by the Tower Hamlets Together User and Stakeholder Focus Workstream to support and join up these initiatives. We will ensure that the Health and Wellbeing Board have a repository of the insights that are gathered and that there is a clear pathway for residents to become more involved in improving health and wellbeing.

3.14 What is the overall plan for the year?

The Tower Hamlets Healthy Communities contract is currently out to tender and will be awarded in July, with the contract due to start in October. The first 6 months of the contract will be spent engaging and planning with the identified communities, and by March 2018 action plans will be in place in a number of local areas around the borough, setting out how residents plan to improve health and wellbeing locally.

In the next 6 months we will build on the work already done by The Tower Hamlets Together User and Stakeholder Focus Workstream to map out the ways that residents' issues are currently being identified in order to ensure a more joined up approach and a reduction in duplication. We will then create a repository for these insights, owned by the Health and Wellbeing Board and accessible to the public, and ensure that action is taken in response to these issues (see Action 1.2) and that actions taken are feedback to residents (see Action 1.3).

3.15 What are we going to do in the next three months?

We will conduct a review of the issues raised through Members Enquiries, so that the new Healthy Communities Programme builds on existing intelligence about what matters to residents. We will review the work already done by Tower Hamlets Together, identify any gaps and agree the next steps for this workstream.

3.16 How will we measure success?

The Healthy Communities Programme will be evaluated against the outcomes within the Health and Wellbeing Strategy, including whether more people feel in control of their health and informed to make positive changes; support each other around their health and wellbeing; take joint action on issues that affect their health and wellbeing; and get involved in shaping local services. We will also measure levels of engagement with the range of public and patient engagement groups, as well as levels of volunteering.

3.2.1 **Action 1.2 (p13)**

3.2.2 ***Implement a programme across the partnership to promote a culture in their organisations that empowers people to be in control and informed about how to improve their health***

3.2.3 What will we have achieved by the end of March 2018?

- Partner organisations pledge to support Communities Driving Change



- Partner organisations clearly promote the ways that residents can drive change
- Partner organisations regularly feedback to residents on how residents have driven change
- Partner organisations support the delivery of initiatives that empower people to improve their health, for example Making Every Contact Count and Integrated Personal Commissioning

Tower Hamlets Council for Voluntary Service have already been working with partnership organisations to help them to understand the health creation approach and the role that the statutory sector needs to play in order to allow communities to drive change. We will work towards a pledge or set of principles that partner organisations can sign up to, to show their commitment to empowering people to be in control and informed about how to improve their health and wellbeing.

Tower Hamlets Together' User and Stakeholder Focus workstream have already been working in this area, mapping out the ways in which partner organisations currently engage and empower people. We will build on this work, encouraging partner organisations to clearly promote the ways in which residents can engage with them, as well as regularly feeding back information to residents to let them know what has changed as a result of their input.

Beyond March 2018 we will look to see whether partnership organisations can adopt a unified approach to the way they engage and empower local people.

#### 3.2.4 What is the overall plan for the year?

We will hold a public event at one of the Healthwatch quarterly events, which will give residents the opportunity to engage with organisations from across the partnership to discuss how they would like to better engage with statutory organisations. We will then organise a workshop at one of the Tower Hamlets Together staff events, which will share what is already known as a result of the Tower Hamlets Together work, as well as feeding back the comments from the Healthwatch event. We will use the staff event as an opportunity to look at organisational culture and how organisations, and individuals within them, currently empower local people to be in control and informed about their health, as well as what could be done differently.

We will also ensure that existing work to empower people to be in control and informed to improve their health and wellbeing, such as work on self-care, Making Every Contact Count, and Integrated Personal Commissioning are promoted across the partnership.

#### 3.2.5 What are we going to do in the next three months?

We will scope out the dates and content for the proposed workshops.

#### 3.2.6 How will we measure success?

Through attendance and feedback from participants at the events as well as the number of partner organisations who commit to support communities

driving change, as well as the uptake of specific empowerment initiatives such as Making Every Contact Count and Integrated Personal Commissioning.

3.31 **Action 1.3 (p13)**

3.32 **Engage local residents with the work of the Board and to deliver this strategy by:**

- **hosting an event in each area at least one month prior to our Health and Wellbeing Board meetings**
- **following this up with a further meeting with the public to report back**
- **using social media to communicate more regularly and creatively with a wider range of local people.**

3.33 What will we have achieved by the end of March 2018?

- Residents engaged in shaping engagement with the Board
- Process for engaging with the Board established and publicised
- Process for the Board feeding back to residents established and publicised
- Board Members using social media to engage residents on Board topics

There is already a process set up by which Healthwatch hosts a public event in a different area prior to each of the Health and Wellbeing Board meetings, to feedback information from the previous meetings as well as to gather new insights. Work has also been done by the Tower Hamlets Together communications team to align messaging across the partnership. By the end of March 2018 we will ensure this is a well-publicised process, with the Health and Wellbeing Board page on the Council's website making it clear how people can engage with the work of the Board as a whole, as well as with the work of individual partnership organisations. Board Members will be regularly using social media to promote the topics being discussed by the Board as well as opportunities for residents to get involved.

3.34 What is the overall plan for the year?

We will engage with the 30 residents who indicated, through the consultation on the Health and Wellbeing Strategy that they would like to get more involved. We will invite them to shape the specific actions that we take to better engage local residents with the work of the Board. We will share insights gained from the residents on how they would like to be engaged with the Board. We will update the Health and Wellbeing Board' webpage, taking advice from the residents we have engaged, to ensure that the information that is provided is meaningful and accessible and local people, and will work to expand the Tower Hamlets Together Communications Plan to enable it to encompass communications relating to the Health and Wellbeing Board.

3.35 What are we going to do in the next three months?

We will engage with the residents identified above to agree the best way to engage a wider range of residents. We will develop a plan to update the Health and Wellbeing Board webpage on the council's website to make it

clear how people can engage, both with the Health and Wellbeing Board as a whole, as well as with each of the partner organisations.

3.36 How will we measure success?

We will monitor the number of people who attend the Healthwatch events and Board meetings as well as the numbers who engage in other ways.

**4. COMMENTS OF THE CHIEF FINANCE OFFICER**

4.1. The Communities Driving Change programme is fully funded from the Public Health Grant. The programme is expected to cost £800K per year plus a £50K support cost in year 1.

4.2. The ongoing support costs after year 1 is yet to be ascertained but it is expected that this would be managed/monitored in line with LBTH's financial management policy.

**5. LEGAL COMMENTS**

5.1. Section 116A of the Local Government and Public Involvement in Health Act 2007 places a duty on the Health and Wellbeing Board ('HWB') to prepare and refresh a joint strategic health and wellbeing strategy in respect of the needs identified in the Joint Strategic Needs Assessment, so that future commissioning/ policy decisions are based on evidence. The duty to prepare this plan falls on local authorities and the Clinical Commissioning Group, but must be discharged by the HWB. It is therefore consistent with this duty that the HWB receives this report on the action plan so that it can review how this part of the Strategy is being discharged.

5.2. With regard to Action 1.1 this involves engagement with residents. If this engagement is considered to be consultation then any such should comply with the following criteria: (1) it should be at a time when proposals are still at a formative stage; (2) the Council must give sufficient reasons for any proposal to permit intelligent consideration and response; (3) adequate time must be given for consideration and response; and (4) the product of consultation must be conscientiously taken into account. The duty to act fairly applies and this may require a greater deal of specificity when consulting people who are economically disadvantaged. It may require inviting and considering views about possible alternatives.

5.3. In carrying out its functions, the Council must comply with the public sector equality duty set out in section 149 Equality Act 2010, namely it must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and to foster good relations between persons who share a protected characteristic and those who do not.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

- 6.1. Communities coming together to drive change is likely to have a positive impact on cohesion.

## **7. BEST VALUE (BV) IMPLICATIONS**

- 7.1 One of the drivers shaping the strategy is the cost pressure on the health and care economy. Communities coming together to drive change is likely to have implications around prevention and reducing demand for future health and care services. Best value will be an important discussion point for the delivery group and Health and Wellbeing Board over the next three years.

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 8.1 Communities may wish to drive change for environmental improvements. Empowering residents to take action on their own health and wellbeing may reduce travel trips to seek professional healthcare advice which could improve environmental sustainability.

## **9. RISK MANAGEMENT IMPLICATIONS**

- 9.1 The actions proposed will be carried out within existing budgets and there are no specific risks identified.

## **10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 10.1 Improving health and wellbeing may have a positive impact on crime and disorder reduction.

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## **Appendices and Background Documents**

### **Appendices**

- NONE


### **Background Documents**

If your report is a decision making report, please list any background documents not already in the public domain including officer contact information.

- NONE

### **Contact officer:**

Flora Ogilvie, Acting Associate Director of Public Health, LBTH  
[Flora.ogilvie@towerhamlets.gov.uk](mailto:Flora.ogilvie@towerhamlets.gov.uk)

<b>Health and Wellbeing Board</b> Tuesday 18 <sup>th</sup> April 2017	
<b>Report of the London Borough of Tower Hamlets</b>	<b>Classification:</b> Unrestricted
<b>Health and Wellbeing Strategy, delivering the boards priority: Employment and Health</b>	

<b>Lead Officer</b>	Somen Banerjee, Director of Public Health, LBTH
<b>Contact Officers</b>	Flora Ogilvie, Acting Associate Director of Public Health
<b>Executive Key Decision?</b>	No

### Executive Summary

This action plan was developed by the Board Champion Group for the Employment and Health priority of the Health and Wellbeing Strategy, consisting of Councillor Amy Whitelock-Gibbs; Somen Banerjee (Public Health); Jackie Sullivan (Barts Health); Ian Basnett (Barts Health); Andy Scott (Economic Development); Aelswith Frayne (Economic Development); Joseph Lacey-Holland (Welfare Reform); Alicia Thornton (Public Health); and Flora Ogilvie (Public Health).

The plan sets out what we will have achieved by March 2018; the overall plan for the year; what we will do in the next three months, and how we will measure success, for each of the actions within this priority area:

**Action 3.1:** We aim to strengthen the integration between health and employment services by:

- Using social prescribing as a lever to strengthen links between health and employment services
- Reviewing best practice elsewhere
- Shaping and ensuring effective local delivery of the Department of Work and Pensions Work and Health programme

**Action 3.2:** We aim to sign up our partner organisations to the London Healthy Workplace Charter and to:

- undertake self-assessment
- identify priorities for improvement and shared priorities for action to improve the level of healthy improvement

A logic model is included in appendix 1.

**Recommendations:**

The Health and Wellbeing Board is recommended to:

1. Support the Action Plan to enable us to realise the ambition set out in the Health and Wellbeing Strategy Priority on Employment and Health.

## 1. **REASONS FOR THE DECISIONS**

- 1.1 This report sets out the proposed action plan for the Employment and Health priority within the Health and Wellbeing Strategy, in order to realise the ambition of the strategy. The action plan has been developed based on knowledge of the existing work that is already ongoing, and what is thought to be realistically achievable within existing budgets.

## 2. **ALTERNATIVE OPTIONS**

- 2.1 The alternative option of business as usual would not allow us realise the ambition within the Health and Wellbeing Strategy.

## 3. **DETAILS OF REPORT**

### ***3.1 Action 3.1 (page 17)***

***We aim to strengthen the integration between health and employment services by:***

- ***Using social prescribing as a lever to strengthen links between health and employment services***
- ***Reviewing best practice elsewhere***
- ***Shaping and ensuring effective local delivery of the Department of Work and Pensions Work and Health programme***

#### **3.1.1 What will we have achieved by the end of March 2018?**

##### **Social Prescribing:**

- Provide training/information regarding Work Path to the social prescribing network. There is a huge range of employment support services which are available in the Borough. In April 2017 the Economic Development Team are launching Work Path, a new system which will bring together all the employment support offers within the Borough. There is a need to ensure that social prescribers are fully aware of all the services which are available for their clients who have employment issues and know how to make use of the Work Path offer. As part of developing relationships between health and employment services we will use the social prescribers network to provide information and training on Work Path and other available employment support services.
- Link social prescribing providers to the development of the Client Record Management System (CRM). As part of the development of Work path, a new CRM is being developed. This will be an integrated system which allows all providers to see which other services their clients are engaged with. There is potential for integration of this system into social prescribing services and other health services.
- Ensure that social prescribing services are included within the GIS mapping of employment services and that social prescribers have access to the final product. This product is currently underdevelopment

- Ensure that the social prescribing service is providing a consistent offer with regard to employment support across the Borough. By providing training across the social prescribing network and by monitoring the referral of social prescribers into employment and support services we will ensure that there is a consistent offer for all clients attending social prescribing services.

#### **Reviewing best practice:**

- Complete the review of best practice, focussing on the integration of employment and health services, and creating recommendations for practice. In particular, this will include a defined plan for ensuring ongoing relationships between employment and health services
- Take Best practice review to Employment Board
- Begin implementation of the recommendations from this review

#### **Shaping the Department of Work and Pensions (DWP) Work and Health Programme:**

- Ensure that the DWP Work and Health Programme is delivered locally in a way which best service the Tower Hamlets residents. This will include defining referral pathways which make good use of existing services. A description of the Programme is provided in appendix 2.

#### **3.1.2 What is the overall plan for the year?**

The focus this year is on baseline assessment of the links between employment and health, gathering evidence for how best to strengthen these links and taking the first practical steps to a more integrated offer of employment and health services. An overview for each of the three areas is provided below:

#### **Social prescribing**

There are now 6 social prescribing providers working across the Borough. Services are commissioned by the Clinical Commissioning Group (CCG). Social prescribing is a key resource in linking employment and health services. Clients are referred to social prescribers by GPs and employment is a concern for many of these clients.

At present it is unclear whether social prescribers are aware of all the employment support services which are available to Tower Hamlets Residents. We will begin developing relationships with the social prescribers by linking in to the local social prescribing network. This work will be primarily conducted by the public health team and the economic development team within the council. Having made these links we will then begin to assess the current referral of social prescribing clients into employment support services. As part of this we will investigate the current methods in place for recording the activity of social prescribers.

This baseline work will be built upon by offering training/ presentations via the social prescribing network which give details of Work Path and how social prescribers can link into Employment services across the Borough. In order to facilitate the links created we will begin to investigate the possibility of social prescribing being included in the new CRM system.



### **Best Practice Review**

There is a wealth of academic evidence which links employment to health outcomes. In addition, previous work has been conducted to assess methods for increasing employment opportunities for those with health conditions. In particular, a large review of evidence was conducted by the University College London, Institute of Health Equity in 2014. A number of other areas are also conducting work in this year. We will synthesise available information to create local, evidence based, recommendations for action. In particular, we will focus on the link between employment and health services. To ensure that the recommendations of our review are adopted by all relevant departments within the council, the results of the review will be taken to the Health and Wellbeing Board as well as the Employment Board and the anti-poverty Steering Group.

### **Shaping the DWP Work and Health Programme**

The procurement for the DWP Work and Health Programme is already underway. Public Health and the Economic Development teams have produced a local integration plan which describes how existing services may act as referral points into the programme and options for co-location of the Programme's caseworkers within existing services. There is a need to understand the characteristics of the cohorts who will be referred into this programme, in order to ensure that the model of delivery is appropriate. With this further understanding we will continue to input into the procurement process.

#### **3.1.3 What are we going to do in the next three months?**

##### **Social Prescribing**

- Investigate the current systems used by social prescribers for recording activity
- Conduct a baseline assessment of those employment services which the social prescribers are currently referring into
- Develop links with CRM developers for initial discussions about how social prescribing and other health services could be included within or access the system.

##### **Best Practice review**

- Complete review of best practice and develop recommendations for ongoing collaboration between health and employment services within Tower Hamlets

##### **Shaping the DWP Work and Health Programme**

- Conduct an analysis to describe the characteristics of the target groups for the Work and Health Programme
- Ensure Public Health and Economic Development representation on the Task and Finish Group in order to influence the competitive dialogue process of the procurement

#### **3.1.4 How will we measure success?**

- Increased knowledge among social prescribers about the employment services available within the borough
- Increased referrals from social prescribers into relevant employment services
- Successful referral of individuals into the DWP work and Health Programme

### 3.1.5 Are there any further issues to share with the Board at this stage?

The DWP Work and Health Programme is being procured by Central London Forward, led by City of London. However, the level of flexibility with regard to the target groups and the methods for assessment of eligibility for the programme is unclear. As such, the extent to which the programme can be tailored to the local situation is also uncertain.

Issues yet to be resolved:

- General eligibility criteria and assessment methodology
- Potential conflict with existing JCP provision;
- Referral and cross referral processes - JCP will be the main referral agent to the Provider and will be the “gate keeper” for all referrals - which means that an agreement will have to be reached as to how local referrals are “approved” by JCP.
- Local providers and how they link in – the chosen Provider will be responsible for securing their local sub-contractors.
- Securing clarity on double counting issues created with other ESF Programmes

### 3.2 **Action 3.2 (page 19)**

***We aim to sign up our partner organisations to the London Healthy Workplace Charter and to:***

- ***undertake self-assessment***
- ***identify priorities for improvement and shared priorities for action to improve the level of healthy improvement***

#### 3.2.1 What will we have achieved by the end of March 2018?

- All organisations represented on the Health and Wellbeing Board will have conducted a London Healthy Workplace Charter self-assessment and formed an action plan for achieving the next level within the Charter.
- Increased numbers of businesses within the Borough undertaking self-assessments
- Identify areas of shared priorities and develop mechanisms for sharing learning and best practice.
- Increase the number of individuals in partner organisations who have undertaken Mental Health First Aid Training

### **3.2.2 What is the overall plan for the year?**

Many organisations are already undertaking self-assessments for the London Healthy Workplace Charter. In addition, within the Borough a number of businesses have signed the Time to Change Pledge which focusses specifically on mental health. These business share their work and experiences through an Employers Forum, facilitated by the Council. We will use this Forum to promote the London Healthy Workplace Charter and expand the remit of this forum to consider further aspects of Workplace Health.

### **3.2.3 What are we going to do in the next three months?**

- Conduct a baseline assessment of the number of organisations which have undertaken a self-assessment and have an action plan for achieving the next level.
- Promote the London Healthy Workplace Charter through the Time to Change Employers Forum.

### **3.2.4 How will we measure success?**

The number of organisations who have achieved each level of the London Health Workplace Charter will be monitored

### **3.2.5 Are there any further issues to be shared with the Board at this stage?**

In order to achieve the higher levels of the London Healthy Workplace Charter, there may be a need to cultural change within the organisations. This will require high level leadership and commitment. A key role for the Board could be as role models for Healthy Workplace practices.

### **3.3 *Following the consultation, just under 30 residents expressed interest in being engaged further (contact list available) - what are your thoughts on how to engage with them?***

There are a number of elements of the work which could benefit from co-production with the community. For example, understanding what employers could do make workplaces more health promoting. In the first instance we plan to contact these 30 individuals by email to assess the specific areas of interest which they have and any particular areas of expertise. Subsequently we will plan how to engage them in development of the work.

## **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1. The Employment and Health Programme has no unplanned financial implications to LBTH. The programme for Central London (of which LBTH is a partner) is funded by the DWP (£29m) with match funding of £24m from European Social Fund. The programme will run for 5 years with an option to extend for two years.

- 4.2. The financial contributions required from LBTH are: £20K membership fee for Central London Forward Strategic Partnership and a potential £12K for additional Management and Admin support. These costs will be covered from budgets within Growth & Economic Development (G&ED).

## **5. LEGAL COMMENTS**

- 5.1 The report asks the Health and Wellbeing Board to approve the Employment and Health Action Plan. There are no legal implications arising at this point in time.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

- 6.1 Employment and health is a priority area of the Health and Wellbeing Strategy and the plan of actions proposed is likely to help address health inequalities that exist within the borough.

## **7. BEST VALUE (BV) IMPLICATIONS**

- 7.1 One of the drivers shaping the Health and Wellbeing Strategy is the cost pressure on the health and care economy. This priority, employment and health will have implications around prevention and reducing demand for future health and care services. Best value will be an important discussion point for the delivery group and Health and Wellbeing Board over the next three years.

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 8.1 By strengthening the integration between health and employment services it could improve environmental sustainability.

## **9.0 RISK MANAGEMENT IMPLICATIONS**

- 9.1 The actions proposed will be carried out within existing budgets and there are no specific risks identified.

## **10.0 CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 10.1 Improving health and wellbeing may have a positive impact on crime and disorder reduction.

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## **Appendices and Background Documents**

### **Appendices**

- Appendix 1: Logic Model
- Appendix 2: DWP Work and Health Programme

**Background Documents**

If your report is a decision making report, please list any background documents not already in the public domain including officer contact information.

- NONE

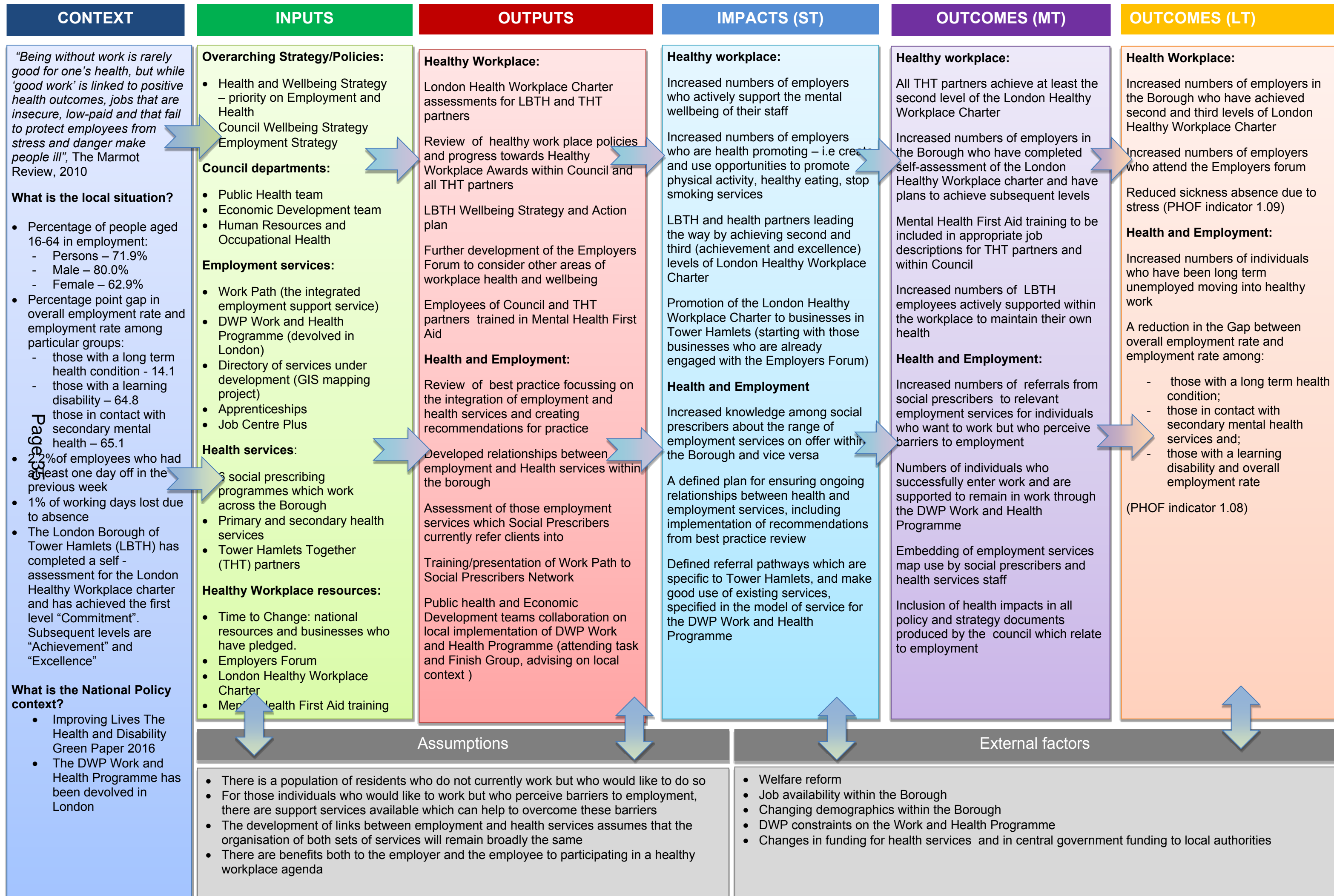
**Contact Officer:**

Flora Ogilvie, Acting Associate Director of Public Health, LBTH

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# Employment and health logic model



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## **Appendix 2: DWP Work & Health Programme**

Central Government has agreed to devolve the Work and Health Programme to London (and Manchester). There are 4 sub-regions within London who are leading procurement and management of the programme. London Borough of Tower Hamlets (LBTH) has recently been confirmed as a partner in Central London Forward (CLF). The programme is being commissioned by Corporation of London (CoL) on behalf of CLF. Provision is intended to support people with mental and physical health issues into work and employment. Economic Development & Public Health are working jointly on LBTH involvement with the programme.

### Programme Summary:

- Total value of funding to London is in the region of £135m.
- The programme will run for 5 years with an option to extend by a further 2 years.
- DWP funding for Central London is £29m with European Social Fund (ESF) match, taking the total funding package to £53m.
- CLF will support between 20,000-22,000 people across Central London with employment and health support.
- The devolved programme will be qualitatively different from the national Work and Health Programme and, through improved local accountability and leadership, will provide greater opportunities for local investment, integration and innovation.

### Client groups

- Participants will be drawn from the following groups
  - Health and disability: 75% of caseload, two third of which will be claiming job seekers allowance (JSA), one third will be claiming Employment and Support Allowance (ESA) and in the Work-related activity group (WRAG). These individuals will be referred on voluntary basis.
  - Long Term Unemployed (> 2 years): 17% of caseload. These individuals will be mandated to elements of the programme
  - Early entrant: 8% of caseload. Includes individuals such as, care-leaves, ex-offenders, ex-carers, refugees, ex armed forces personnel. These individuals will be referred on a voluntary basis

### Programme design

- Claimants will spend 15 months on the programme and will be tracked for a further 6 months to capture any job outcomes, and provide in-work support.
- All referrals to the programme will be made via a Jobcentre Plus (JCP) Work Coach.
- Approach has been co-designed with boroughs and local health partners and the specification will include the preferred options for integrating the Work and Health Programme with local services.

### Procurement process and governance

- Procurement process went live at the beginning of March 2017, with a view to the programme going live by March 2018.
- Competitive dialogue phase – from April 2017
- Current governance arrangements include the CLF Board, Decision Panel, Advisory Board and Task and Finish Groups.
- Will set up additional Work and Health Programme and Employment and Skills Boards.

### Considerations


Whilst being commissioned by CoL on behalf of Central London Forward there are concerns that there is little real influence that partner boroughs can exert over the delivery mechanisms in order to reflect local priorities, and that it will effectively remain a relationship between DWP (JCP) and the chosen provider.

CLF staff are currently drafting the accompanying ESF bid for co-financing.

#### *Issues yet to be resolved:*

- General eligibility criteria and assessment methodology
- Potential conflict with existing JCP provision;
- Referral and cross referral processes - JCP will be the main referral agent to the Provider and will be the “gate keeper” for all referrals - which means that an agreement will have to be reached as to how local referrals are “approved” by JCP.
- Local providers and how they link in – the chosen Provider will be responsible for securing their local sub-contractors.
- Securing clarity on double counting issues created with other ESF Programmes

Growth & Economic Development has a new member of staff starting work with us on April 4<sup>th</sup> to manage cross borough relationships and so we will be better resource to engage with the tender evaluation panel, and potentially shape the programme during the competitive dialogue stage of the procurement. She will need to liaise closely with Public Health.

<b>Health and Wellbeing Board</b> Tuesday 18 <sup>th</sup> April 2017	 Tower Hamlets <b>Health and Wellbeing Board</b>
<b>Report of the London Borough of Tower Hamlets</b>	<b>Classification:</b> Unrestricted
<b>Health and Wellbeing Strategy, delivering the boards priority: Children's Healthy Weight and Nutrition</b>	

<b>Lead Officer</b>	Esther Trenchard-Mabere, Associate Director of Public Health
<b>Contact Officers</b>	Esther Trenchard-Mabere, Associate Director of Public Health
<b>Executive Key Decision?</b>	No

## Summary

This draft action plan was put together following a meeting of the Board Champions for the Children: Healthy Weight and Nutrition priority:

- Cllr Rachael Saunders, Lead Member for Children
- Dr Sir Sam Everington, Chair Tower Hamlets CCG
- Debbie Jones, Director of Children's Services

Supported by Esther Trenchard-Mabere, Associate Director of Public Health

The draft action plan sets out:

- What we will have achieved by the end of March 2018
- The overall plan for the year
- What we going to do in the next three months
- How we will measure success

This is based on the following actions already agreed in the Health and Wellbeing Strategy and the comments received from the consultation.

### Action 4. 1

We aim to strengthen existing school programmes by:

- identifying and supporting a 'health representative' on the governing body of every school
- telling parents what each school is doing for their child's health and wellbeing
- promoting the 'Healthy Mile' in schools, which is a scheme that ensures pupils run for a mile a day
- inviting a representative from the Tower Hamlets Education Partnership into the Health and Wellbeing Board

#### Action 4.2

- Develop and implement a community engagement and communications strategy around healthy weight and nutrition, with particular emphasis on high risk groups

#### **Recommendations:**

The Health & Wellbeing Board is recommended to:

1. Comment on the Draft Action Plan for Priority Area Four: Children: Healthy Weight and Nutrition.

## **1. REASONS FOR THE DECISIONS**

- 1.1 This report sets out the proposed action plan to address the Children's Healthy Weight and Nutrition priority within the Health and Wellbeing Strategy. The action plan has been developed based on knowledge of the existing work that is already ongoing, as well as additional activity that is realistically achievable within existing budgets.

## **2. ALTERNATIVE OPTIONS**

- 2.1 Not to have an Action Plan for Priority Area Four: Children: Healthy Weight and Nutrition. This would not be the ambition within the Health and Wellbeing Strategy to be realised however.

## **3. DETAILS OF REPORT**

### **Action 4. 1**

We aim to strengthen existing school programmes by:

- identifying and supporting a 'health representative' on the governing body of every school
- telling parents what each school is doing for their child's health and wellbeing
- promoting the 'Healthy Mile' in schools, which is a scheme that ensures pupils run for a mile a day.
- invite a representative from the Tower Hamlets Education Partnership into the Health and Wellbeing Board

### **3.1 What will we have achieved by the end of March 2018?**

- X% (TBC) of schools will have a 'health representative' as governor and evidence of increased engagement of schools in the health of their children
- Positive feedback from parents and schools on communications regarding child health and healthy weight
- Increase in numbers of schools achieving HLP Healthy Schools status at Silver and Gold levels, with sharing of good practice examples of projects undertaken to achieve gold status
- Increase in numbers of schools implementing 'Healthy Mile' and other initiatives to build regular physical activity into the school day
- Improvements in the quality of school meals and wider school food policies

### **3.2 What is the overall plan for the year?**

#### **3.2.1 Identifying and supporting a 'health representative' on the governing body of every school**

- Scope how many school governors with a health background we already have
- Next step is to recruit a pool of people with health backgrounds interested in becoming a school governor – this could be done by contacting local health organisations (e.g. CCG, NHS Trusts, primary care and public health) for volunteers – might need some type of briefing pack
- Could try to engage ‘head-hunters’ to assist on a voluntary basis in recruiting the ‘health representatives’ as part of corporate social responsibility (CSP) – e.g. organisations such as Morgan Stanley, Tower Hamlets Education and Business Partnership – to match the ‘health representatives’ to schools working with LBTH Governors services

### **3.2.2 Telling parents what each school is doing for their child’s health and wellbeing**

- If parents are given information on what their school (and other schools) are doing to improve the health of their children they can be drivers of change
- School Health (Compass Wellbeing) already send out letters to both parent / carers and schools giving the results from the National Child Measurement Programme (NCMP).
- Can give parents more information on whether their school has achieved HLP Healthy School status at Bronze, Silver or Gold and what their school has done to achieve this (coordinated by the LBTH Healthy Lives team)
- Need to give head teachers (and other school staff) comparative health information, particularly on health outcomes – ensure that we do annual presentations on the National Child Measurement Programme (NCMP) data at the Head Teachers Forum updating on overall trends plus letter giving their individual school results
- Could develop a ‘health report’ that goes to each school governors board

### **3.2.3 Promoting the 'Healthy Mile' in schools, which is a scheme ensure that pupils run or work for a mile a day**

- The ‘Healthy Mile’ has already been introduced to Tower Hamlets schools following a briefing event by Elaine Wyllie on 10<sup>th</sup> June 2016, 10 schools have introduced the programme with support from Healthy Lives Team and 10 additional schools have shown interest and Healthy Lives Team will support them to start the programme in September 2017
- Share good practice on other ways of building in regular physical activity into the school day, including after school activities

### **3.2.4 Invite a representative from the Tower Hamlets Education Partnership onto the Health and Wellbeing Board**

## **3.3 What are we going to do in the next three months?**

- Agree how to recruit 'health representatives' as school governors and start the process
- Review existing letters and communication on health and healthy weight to parents and develop an action plan to improve the health information provided to parents
- Review current levels of participation in 'Healthy Mile' and other examples of good practice in building in regular physical activity into the school day including after school activities
- Confirm the appointment of a representative from the Tower Hamlets Education Partnership (THEP) onto the Health and Wellbeing Board

### **3.4 How will we measure success?**

- NCMP trend data on the BMI of children aged 4-5 and 10-11 years
- Feedback from parents and schools on communications regarding child health and healthy weight
- Numbers of schools achieving HLP Healthy Schools status at Silver and Gold levels, with sharing of good practice examples of projects undertaken to achieve Gold status
- Numbers of schools implementing 'Healthy Mile' and other initiatives to build regular physical activity into the school day

### **3.5 Are there any further issues to share with the Board at this point?**

- To consider measures to further improve the quality of school meals

## **Action 4.2**

### **3.6 Develop and implement a community engagement and communications strategy around healthy weight and nutrition, with particular emphasis on high risk groups**

### **3.7 What will we have achieved by the end of March 2018?**

- Evidence of engagement parent/carers and schools and local champions taking a leadership role

### **3.8 How will we measure success?**

- As above

### **3.9 What is the overall plan for the year?**

- Focus needs to be on the engagement of parents/carers and schools (rather than general 'community engagement' – too vague)
- Key issue is sustainability through genuine engagement of parents/carers and schools
- To engage schools could explore some type of 'contract' where the school commits to undertaking certain measures, with a dashboard to measure progress. This could build on the two-way service agreements that School

Health (Compass Wellbeing) are currently negotiating with schools and also the Healthy London Partnership Healthy Schools standards.

- Could work with school clusters and introduce an element of competition between schools
- Organise a 'Health Summit' with high profile speakers to engage schools (probably in the Autumn term 2017)
- Look at how to build on the role of the 'Healthy Family Parent Ambassadors' – coordinated by the LBTH Parent and Family Support service
- Possible project working with the 'Healthy Family Parent Ambassadors' to interview all of the parents of primary school aged children in a specific area
- Review 'primary school neighbourhood pathfinders' piloted with Marner and Cubit Town Primary Schools to inform future work
- Identify some head teachers (or other school) health champions

### **3.10 What are we going to do in the next three months?**

- Develop concrete engagement action plan based on the above
- Start planning the 'Health Summit'
- Identify resources to support the work programme

### **3.11 Are there any issues to share with the Board at this point?**

- The Board Champions questioned the need to give a particular emphasis on engagement of high risk groups (*NB this proposal had come from the LBTH Equalities Steering Group (THESG) and was also a priority in the LBTH 2016/17 strategic plan*).

## **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1 Children's Healthy Weight and Nutrition programme will be funded from existing LBTH resources (Public Health Grant and Children Services budget). This programme ensures that resources are redirected to deliver some of the priorities of the Health and Wellbeing Board strategy.
- 4.2 There is clarity around the available funds hence the programme activities being limited to what can be delivered within existing earmarked resources.

## **5. LEGAL COMMENTS**

- 5.1 This report sets out the proposed action plan to address the Children's Healthy Weight and Nutrition priority within the Health and Wellbeing Strategy.
- 5.2 Section 11 of the Children Act 2004 ('the 2004 Act') places duties on a range of organisations, including local authorities, and individuals to ensure their



functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

- 5.3 Safeguarding is a term which is broader than 'child protection' and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone's responsibility. Safeguarding is defined in Working together to safeguard children 2013 as:
- protecting children from maltreatment
  - preventing impairment of children's health and development
  - ensuring that children grow up in circumstances consistent with the provision of safe and effective care and
  - taking action to enable all children to have the best outcomes
- 5.4 Actions around safeguarding therefore include ensuring healthy weight and nutrition for children and therefore having an action plan to address such is meeting the Council's statutory duty under section 11 of the 2004 Act.
- 5.5 Further the general duty contained in section 1(a) of the Childcare Act 2006 ('the 2006 Act') is to improve the well-being of young children in their area. Well-being includes physical and mental health and emotional well-being, protection from harm and neglect, education, training and recreation, the contribution made by them to society and social and economic well-being.
- 5.6 Having an action plan to ensure healthy weight and nutrition for children is therefore also meeting the statutory duty under section 1 of the 2006 Act.
- 5.7 Section 2B of the National Health Act 2006 ('the NHS Act 2006') also places a duty on the Council to improve the health of people in its area. Section 6C of the 2006 Act empowers the Secretary of State to issue regulations proscribing the Council's public health functions. These are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, and include duties in respect of the weighing and measuring of children and health visiting functions.
- 5.8 Having actions to ensure healthy weight and nutrition for children is therefore also meeting the statutory duty under section 2B of the NHS Act 2006.
- 5.9 The Council is obliged as a best value authority under section 3 of the Local Government Act 1999 to "make arrangements to secure continuous improvement in the way in which its functions are exercised having regard to a combination of economy, efficiency and effectiveness'. Best value is in part a financial consideration in terms of value for money but best value can also include consideration of community or social value.
- 5.10 In carrying out its functions, the Council must comply with the public sector equality duty set out in section 149 Equality Act 2010, namely it must have due regard to the need to eliminate unlawful conduct under the Equality Act

2010, the need to advance equality of opportunity and to foster good relations between persons who share a protected characteristic and those who do not.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

- 6.1 Children living in the most deprived communities in England are twice as likely to be obese or overweight as those in the least deprived communities. Children from Black and Minority ethnic groups and boys are also more likely to be obese or overweight. We see similar patterns within Tower Hamlets. Childhood obesity increases the longer term risk of diabetes, heart disease and some cancers and all of these conditions are also associated with deprivation.

## **7. BEST VALUE (BV) IMPLICATIONS**

- 7.1 The proposals are mainly focussed on engagement with schools and parents but any procurement that is subsequently undertaken would be carried out in line with the Council's BV Action Plan.

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 8.1 While there are no direct implications arising from these proposals, it should be noted that a broader strategy to promote healthy weight would have a number of co-benefits for sustainable action for a greener environment, e.g. promoting active travel (walking and cycling), reducing car use and the procurement of healthier, and sustainably produced food.

## **9. RISK MANAGEMENT IMPLICATIONS**

- 9.1 Once the draft action plan is finalised it will be important to identify the risk management implications.

## **10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 10.1 There are no direct crime and disorder reduction implications arising from these proposals.

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### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

- NONE

#### **Appendices**

- NONE

**Local Government Act, 1972 Section 100D (As amended)**

**List of “Background Papers” used in the preparation of this report**


List any background documents not already in the public domain including officer contact information.

- NONE.

**Officer contact details for documents:**

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<b>Health and Wellbeing Board</b> Tuesday 18 <sup>th</sup> April 2017	
<b>Report of the London Borough of Tower Hamlets</b>	<b>Classification:</b> Unrestricted
<b>Local Government Declaration on Sugar Reduction and Healthier Food</b>	

<b>Lead Officer</b>	Somen Banerjee, Director of Public Health, LBTH
<b>Contact Officers</b>	Esther Trenchard-Mabere, Associate Director of Public Health
<b>Executive Key Decision?</b>	No

## Summary

The purpose of the Local Government Declaration on Sugar Reduction and Healthier Food is to provide a framework to support local authorities to make a public commitment to improve the availability of healthier food and drinks and to reduce the availability and promotion of unhealthy options. This is a key component of a strategy to reduce obesity and other diet related diseases such as dental decay, diabetes, cardiovascular disease and some cancers. There is a close fit with two of the high level priorities in the draft Tower Hamlets Health and Wellbeing Strategy (2017-20): 'Creating a Healthy Place' and 'Children's Weight and Nutrition'.

The support pack (see appendix 1) sets out six key areas of action with a number of specific possible actions under each area. By signing the declaration the local authority commits to implementing at least one action from each of the six key areas (see details of report 3.11-3.16 for suggested commitments). In addition, the local authority commits to report on progress annually. The longer term aim is that each year the local authority will build on their previous commitments and take on one or more new actions, as well as maintaining previous actions.

## Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note the recommendations being considered by the Mayor in Cabinet, to agree
  - (a) to sign up to the Local Government Declaration on Sugar Reduction and Healthier Food and agree which specific actions should be recommended for 2017/18,
  - (b) that the formal sign up to the Declaration to be used as a publicity opportunity, and

(c) a cross council work programme to ensure that the agreed actions are implemented during 2017/18 and to provide a progress report at the end of the year

2. Partner agencies of the Health and Wellbeing Board are invited to consider whether they could sign up to a similar declaration of commitments

## **1. REASONS FOR THE DECISIONS**

- 1.1 This is a key component of a strategy to reduce obesity and other diet related diseases such as dental decay, diabetes, cardiovascular disease and some cancers. There is a close fit with two of the high level priorities in the draft Tower Hamlets Health and Wellbeing Strategy (2017-20): 'Creating a Healthy Place' and 'Children's Weight and Nutrition'.

## **2. ALTERNATIVE OPTIONS**

- 2.1 Not to agree sign up to the Local Authority Declaration on Sugar Reduction and Healthier Food.

## **3. DETAILS OF REPORT**

- 3.1 The development of the Local Government Declaration on Sugar Reduction and Healthier Food grew out of the 'Healthier Children, Healthier Place' programme of the East London 'Growth Boroughs' (former Olympic Boroughs) that was established to share good practice and learning on how to tackle the high levels of childhood obesity common to all of the participating Boroughs.
- 3.2 The 'Growth Boroughs' shared evidence on the impact of the wider 'food environment' on patterns of food consumption, and in particular of foods high in sugar, fat and salt, through a series of workshops and master classes. It was agreed that local authorities are well placed to influence the wider 'food environment' but to exert maximum influence need to ensure that they are models of good practice in terms of provision of healthier food and reducing the promotion of unhealthy options.
- 3.3 The idea of a Declaration was inspired by the work on tobacco control, led by Action on Smoking and Health (ASH) during the 1990s and early 2000s and the Local Authority Healthy Weight Declaration developed by a group of local authorities in North West England working with a voluntary organisation Food Active.
- 3.4 The Healthier Children, Healthier Place Programme Board agreed to commission an independent organisation to develop and promote a framework to support local authorities to make a public commitment to improve the availability of healthier food and drinks and to reduce the availability and promotion of unhealthy options. Following a competitive commissioning process, the contract to do this work went to Sustain, an organisation with a strong track record of campaigning on food, sustainability and health. From 2017 the Declaration will feature as one of the measures that local authorities are assessed against in the Good Food for London report, produced by Sustain.

- 3.5 The specific focus on sugar reduction was agreed in response to the recommendation from the Scientific Advisory Committee on Nutrition (SACN) that population average intake of free sugars should not exceed 5% of total dietary energy. The SACN evidence review highlighted that consumption of sugar sweetened drinks, compared to non-sugar sweetened drinks, results in greater weight gain in children and adolescents due to increased energy consumption as well as increasing the risk of dental caries and type 2 diabetes. Average intakes of sugar in England are three times higher than the maximum recommended level in school-aged children and teenagers and around twice the maximum recommended level in adults.
- 3.6 It was also agreed that the scope of the Declaration should extend to healthier food as a whole this would have the greatest impact on health. Dietary risks contribute 10.8% to the global burden of disease in England (slightly higher than the contribution of tobacco smoke) with the largest component being diets low in vegetables and fruit.
- 3.7 In Tower Hamlets 27.1% of 10-11 year olds are obese (compared to 23.2% in London and 19.8% in England) and 41.0% have excess weight (obese or overweight) (compared to 38.1% in London and 34.2% England) .. In Tower Hamlets 33.0% of Asian and 35.6% of Black 10-11 year old boys are obese and 48.7% and 55.6% respectively have excess weight.
- 3.8 There has been extensive consultation on the content of the Declaration with local authorities across London, London Councils, Greater London Authority and also expert groups including Public Health England, British Dietetic Association, London Food Board, Food Foundation, Queen Mary University, Action on Sugar and Health Equalities Group.
- 3.9 The following actions are suggested as measures that the council could commit to addressing during 2017/18. There is scope for these suggested actions to be modified to describe what is considered to be achievable during 'year one' of the commitment.

**3.10 Area 1 – Tackle advertising and sponsorship**

1.1 Develop a policy on future corporate partnerships or sponsorships that welcomes opportunities for investment in the borough and joint working, whilst avoiding sponsorship being used as an opportunity to promote brands or messages that are associated with foods and drinks that are high in sugar, fat or salt, that undermine breastfeeding or are associated with other unhealthy products (e.g. alcohol and tobacco)

**3.11 Area 2 – Improve the food controlled or influenced by the council and support the public and voluntary sectors to improve their food offer**

2.1 Improve catering by ensuring that all council canteens and other council food provision meet the 'gold standard' of the local Food for Health Award Scheme and build these standards into contracts as they come up for re-tender, as a step towards a longer term goal of meeting the Government Buying Standards.



2.3 Discontinue promotions by council canteens including 'meal deals' on foods high in sugar, fat and salt and replace with promotions on healthier food e.g. fruit and vegetables

2.4 Develop a policy to improve the food provided at all Council meetings and events, to ensure that healthier options (e.g. fruit) are always available and to reduce or eliminate the provision of foods that are high in sugar, fat or salt.

2.5 Review the school meal menus offered by the Council's contract services to reduce the frequency of cakes and desserts high in sugar and saturated fat and replace with fruits and other options low in sugar and saturated fat.

**3.12 Area 3 – Reduce the prominence of sugary drinks and actively promote free drinking water**

3.3 Put in place a voluntary sugary drinks levy on sales from council run canteens and raise funds for children's health promotion e.g. sign up to the Children's Health Fund

*NB this measure has been adopted by the GLA who have reported that it did not have an adverse impact on sales*

**3.13 Area 4 – Support businesses and organisations to improve their food offer**

Tower Hamlets is already addressing the following suggested actions and so the commitment could be to ensure these actions continue:

4.1 Restrict the proliferation of businesses selling foods high in sugar, fat and salt by maintaining planning regulations to stop new outlets opening (in areas of high concentration)

4.5 Ensure that Public Health continues to be consulted on planning applications, including at pre-application stage or that the local plan includes clear health criteria, agreed with public health that will apply to all planning applications

4.7 Work with takeaway businesses, public facing establishments, iconic businesses e.g. museums, park cafes, and the food industry to make food healthier by working to meet the local Food for Health Award scheme standards and increasing the number of establishments achieving the silver and gold standards.

4.8 Encourage local fruit and vegetable businesses to accept Healthy Start Vouchers

**3.14 Area 5 – Public events**

5.1 Ensure that the majority of food and drink provided at public events organised by the council are healthy choices, supporting food retailers to deliver this offer (through agreeing a policy)

### **3.15 Area 6 – Raise public awareness**

6.1 Develop a network of local champions from various backgrounds e.g. elected members of the council, schools, public health, children's centres, nursing, primary care, education, health visiting, catering and retail to advocate the healthier food and sugar reduction agenda

And / or

6.7 Support and promote local voluntary and community food partnerships and projects that encourage a healthy food culture e.g. sign up as a member of Sustainable Food Cities.

## **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

4.1 The report does not have any additional financial implications. The cost of implementing the Local Government Declaration on Sugar Reduction and Healthier Food is to be met within the Public Health Grant (£35.974m for 2017/18) under the Healthy Environments, Healthy 0-5's, Healthy Children & Adolescents and Healthy Communities allocations. Areas 2 and 4.7 of the support pack will be covered within the £72k Food for Health Awards allocation. Areas 1, 3, 4 (except 4.7) and 5 is policy work that will be covered by current staff in the Healthy Environments Team. Area 6 costs will be met by existing commissioned programmes within the services detailed above, with the aim of improving communication across these programmes.

## **5. LEGAL COMMENTS**

5.1 There are no legal implications arising out of this report. The sign up to the Local Government Declaration on Sugar Reduction and Healthier Food is an Executive decision and therefore it is for the Mayor. Signing up also supports the Healthy and Supportive Community Theme of the Council's Community Plan.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

6.1 Improving the availability of healthier foods and reducing the availability and promotion of unhealthy options has important Equalities considerations as poor diet, excess weight and tooth decay, along with other health conditions, are strongly associated with deprivation. Children living in the most deprived communities in England are twice as likely to be obese or overweight as those in the least deprived communities. Children from Black and Minority ethnic groups and boys are also more likely to be obese or overweight.

## **7. BEST VALUE (BV) IMPLICATIONS**

7.1 Implementation of the recommendations in this proposal will have implications for future procurements but should be entirely compatible with the Council's Best Value Action Plan. By improving the quality of food provided by the Council the benefits to the local population will be increased and the costs of poor health reduced.

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 8.1 While the focus of this proposal is on improving the availability of healthier food, there is scope to ensure that the supporting policies to be agreed also address increasing the use of sustainably produced food and this is included in the Government Buying Standards, referred to under 3.11 , that provide the gold standard for food procurement.

## **9. RISK MANAGEMENT IMPLICATIONS**

- 9.1 The proposals in the report mitigate risks and costs to the Council arising from nutrition related disease.

## **10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 10.1 There are no crime and disorder reduction implications arising from this proposal.

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### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

- NONE

#### **Appendices**

- APPENDIX 1 - Local Government Declaration on Sugar Reduction and Healthier Food Support Pack, Sustain: the alliance for better food and farming.

#### **Local Government Act, 1972 Section 100D (As amended)**

#### **List of “Background Papers” used in the preparation of this report**

List any background documents not already in the public domain including officer contact information.

- NONE

#### **Officer contact details for documents:**

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# Local Government Declaration on Sugar Reduction and Healthier Food Support pack



Sustain: The alliance for better food and farming, advocates food and agriculture policies and practices that enhance the health and welfare of people and animals, improve the living and working environment, enrich society and culture, and promote equity. It represents around 100 national public interest organisations working at international, national, regional and local level.

Part of Sustain, London Food Link is an independent network of individuals, businesses and organisations working for better food in the capital. We run and partner on policy initiatives, campaigns and practical projects that improve the food system including Urban Food Fortnight, the Urban Food Awards, the Capital Growth network, The Jellied Eel magazine, London Food Poverty Campaign, the Good Food for London report, Cage Free Capital, as well as running good food training and networking events.

## More information and resources

Available at [www.sustainweb.org/londonfoodlink/declaration](http://www.sustainweb.org/londonfoodlink/declaration)

Contact: [sofia@sustainweb.org](mailto:sofia@sustainweb.org)

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# Introduction

The aim of the Local Government Declaration on Sugar Reduction and Healthier Food is to achieve a public commitment to improve the availability of healthier food and drinks and to reduce the availability and promotion of unhealthy options. It should be endorsed by the elected leaders of London boroughs and relevant senior officers such as directors of public health.

The declaration is open to all local authorities in London and beyond. To sign the declaration the local authority has to commit to take at least six different actions across six different key areas. In addition, the local authority commits to report on progress annually.

Action can include continuing support to existing initiatives as long as there is a commitment to new initiatives as well.

This support pack includes a menu of initiatives under each key area of action for local authorities to choose from. Local authorities can adapt the wording of the initiatives based on local conditions, as long as commitments cover all six areas and some of them are new.

From 2017 the declaration will feature as a measure in the [Good Food for London report](#), encouraging local authorities to sign up and implement an annual evaluation programme.



The Buywell Food for Health project supports market traders to increase their fruit and veg sales.  
Courtesy for Tower Hamlets Council

# What is the problem?

Diet related conditions, including obesity, diabetes and heart disease, are some of the greatest health problems facing the UK today. More is spent on the direct medical costs of diabetes and obesity-related conditions than on fire and police services combined. And the total societal cost of obesity, including lost productivity, is second only to smoking.

The problems are even worse in London, where one in three children are overweight or obese by the time they start secondary school.<sup>1</sup> If left unchanged, this situation will lead to serious health complications later in life, such as diabetes, heart disease and cancers. In total more than 3.8 million Londoners are overweight or obese.<sup>2</sup>

Overconsumption of foods high in sugar, fat and salt, and sugary drinks is a major contributor to the health crisis. Unfortunately unhealthy foods are available at every corner, at every time of the day and night and strategically located near schools, in our high streets and in areas of higher deprivation where few healthy alternatives are available. Consumption of unhealthy food is also actively promoted through advertising, sponsorship deals and price promotions.

Urgent action is needed at all levels to promote healthy eating and sugar reduction. Local authorities have an important role to play. They control planning, public and environmental health, leisure and recreation. They control or at the very least influence food and drink in schools, nurseries, civic centres, leisure centres and others.

In order to help local people to achieve healthier diets, local authorities need to integrate and co-ordinate their policies. This is a vital part of taking a whole-systems approach to achieving healthier diets.

A Local Government Declaration on Sugar Reduction and Healthier Food is a whole-systems approach which will help to address these problems through targeted action under six key areas of commitment by local authorities across the Capital.

<sup>1</sup> National Child Measurement Programme - England, 2014-15, available online at <http://content.digital.nhs.uk/catalogue/PUB19109>

<sup>2</sup> London Health Commission (2014), Better Health for London, available online at [http://www.london-healthcommission.org.uk/wp-content/uploads/London-Health-Commission\\_Better-Health-for-London.pdf](http://www.london-healthcommission.org.uk/wp-content/uploads/London-Health-Commission_Better-Health-for-London.pdf)

# The steps to sign the declaration

## Step 1: Identify the priorities in your borough and define the scope of the declaration

Make a compelling case for why action is needed in your borough. You may have already identified priorities (e.g. in your Health and Wellbeing Strategy or Obesity Strategy). Choose at least six actions, one under each of the six key areas from the menu or propose your own as long as they include SMART goals. What are the outcomes you would like to see in terms of meal quality, increase in water points, vending, money raised through a voluntary sugary drinks' duty, etc.? Start with the easy wins. Your borough may already be taking action but this is an opportunity to galvanize support and do more.



## Step 2: Take the proposal to your champion(s)

Take the proposal to the elected member responsible for public health and director of public health. Ideally they will champion the declaration through the democratic process. They need to be well briefed to make their case to other members and the media.



## Step 3: Internal consultation

Ideally your champion will facilitate consultation with other departments such as Children's Services (school meals, nurseries), Adult Services (meals on wheels, care homes), Leisure (leisure centres), Environment and/or Parks (water points in parks), Finance, Corporate Management Team, etc. What are the priorities for the whole of the council? What are the difficulties envisaged? At the end of this process you should have a declaration that the whole of the council will support.



## Step 4: Identify the route the council will take to sign up

Ideally the declaration should be discussed and agreed in full council and/or cabinet. This will signal strong political ownership and support and may protect the actions under the declaration from future budget cuts.



## Step 5: Sign up and celebrate

Send the commitments you chose to work on and expected impact to Sustain and...  
Congratulations! You have become a signatory. Take photos, share it with the local media and think about holding an event to celebrate. Send photos to Sustain so we can publicise it on our website and news too.



## Step 6: Don't let the declaration gather dust...

Review local policies and practise and embed the declaration's commitments into local plans and activity.

Monitor the progress of the plan against commitments and publicise the results annually.

Work in partnership with other boroughs in London to exploit opportunities to collectively shift our food culture and environment across borough boundaries.

Support the government in taking action at national level to help local authorities reduce obesity prevalence and health inequalities in our communities.

## The journey to a Local Authority Declaration on Healthy Weight in Blackpool

Obesity is a problem in Blackpool, as it is across the country. Billed as Britain's favourite seaside resort, the town has a high density of fast food outlets. Fish and chips, and sweet 'treats' like ice-cream and sticks of rock have become synonymous with a trip to the seaside.

Following support from Food Active, the council team first presented the idea for a local declaration to the portfolio holder for public health in September 2015 alongside a review of the local healthy weight strategy. They discussed the complex challenges driving obesity levels, and the particularly worrying rates in children. The declaration moved forward and a paper to the authority's Corporate Leadership Team followed soon after. A process of consultation with the Healthy Weight Steering Group and senior managers from across all directorates of the authority was set up to determine the local areas for action. The wide range of discussions revealed a number of perspectives ranging from the practicalities of advertising restrictions, income from corporate sponsorship of council-led events and initiatives, the strength of the council's position to lead by example and influence the local environment.

This process was taking place at a time when child obesity was featuring frequently in the media and this greatly influenced the local declaration going forward in the council. The House of Commons Health Select Committee was working on child obesity and celebrity chef Jamie Oliver was campaigning for a sugary drinks tax. There was local interest too around the #GULPchallenge, Blackpool's campaign encouraging teens to 'give up loving pop'.

In the end the journey has been quicker and smoother than originally anticipated. In January 2016, only five months after the first discussions the Local Authority Declaration on Healthy Weight was formally presented and signed in a Full Council meeting. Although there were some anxieties about potential impacts on the economy and revenues, there was a clear acceptance that supporting healthier weight was the right thing to do. The council has since then been working with procurement and revising vending arrangements to reduce the amount of sugary drinks available, linking to other Strategies. Other work underway include the relaunch of the council's healthier catering award, a healthier packed lunch project with schools, a re-run of the GULP campaign and a Health and Wellbeing Board summit for partner organisation to commit to similar declarations.

### Contact

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# The six key areas of action – menu of actions

The declaration is open to all local authorities in London and beyond. To sign the declaration the local authority has to commit to take at least six different actions covering all the six key areas.

The menu of options below is not an exhaustive list. The local authority can choose more from amongst these actions or commit to different actions as long as they have SMART (specific, measurable, attainable, realistic, timely) goals so we can quantify impact locally and cumulatively across all those who have signed the declaration. Action can include initiatives under council control as well as those influenced by the council.

Action can include support to existing initiatives as long as there is a commitment to new initiatives on some of the six areas.

In addition, the local authority should set up a timetable outlining when they expect to reach the outcomes and implement an annual evaluation programme.

## Area 1 – Tackle advertising and sponsorship

### Actions under council control:

1.1 Develop coherent policy on future corporate partnerships or sponsorships that welcomes opportunities for investment in the borough and joint working, whilst avoiding those that promote unhealthy foods and drinks and undermine breastfeeding (total number of corporate partnerships affected by the policy)

1.2 Develop coherent policy on future marketing/advertising that welcomes opportunities for investment in the borough and joint working, whilst avoiding those that promote unhealthy foods and drinks and undermine breastfeeding (total number of advertising boards covered by the policy)

### Actions under council influence:

1.3 Ensure all food and beverage advertising in publications, events, billboards, bus stops and others under the control of the council includes nutrition information e.g. traffic light labels (number of adverts affected by this policy)

## Hackney corporate sponsorship policy on sugar-sweetened fizzy drinks

Hackney Council has previously refused sponsorship offers from fizzy drinks companies, but did not have a formal policy to ensure that the health implications of sponsorship opportunities are considered in a consistent way. This changed when Hackney launched a new Obesity Strategic Partnership (OSP) in February 2016.

The OSP is chaired by Hackney Council's Chief Executive, and brings together stakeholders from across the system to work together for a place where everyone can achieve a healthy weight. The OSP members discussed opportunities to use corporate levers to make healthier food and drink choices easier for local residents.

Following agreement at an OSP meeting, the Public Health team provided input into the review of the Corporate Sponsorship Policy in June 2016. The policy states that the Council will not put itself in a position where entering into an agreement could, or could be thought to, have aligned the Council with any organisation that conducted itself in a manner that conflicted with the Council's aims and objectives. The Council will, therefore, make a case-by-case decision on sponsorship from sugar-sweetened fizzy drinks companies and sponsorship from these companies will not be accepted for events targeting children. The Council will not accept direct sponsorship for promotions of products that the Council feels may adversely affect the well-being of its residents, or be in conflict with the organisation's values or policies (including its new responsibilities to protect and improve the public's health).

## Contact

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## St Helens Borough Council experience

St Helens is a metropolitan borough of Merseyside, in North West England. Over the years it has undertaken various approaches to try and increase the prevalence of healthy weight and halt the increase in unhealthy weight. Currently, adult obesity stands at almost 30 per cent. Obesity in children, as captured in the NCMP (National Child Measurement Programme), currently stands at ten per cent in reception age and increases to 20 per cent amongst year six pupils, demonstrating a linear increase in unhealthy weight through generations.

In 2014 a Healthy Weight Strategy was launched which highlighted three priority areas to address – people, places and policy. Action since then has included:

**People** reframing weight management services to include more universal preventive programmes and recommissioning of specialist weight management services.

**Policy** building on the successful supplementary planning guidance, working with local takeaways on a chip fryer award, healthier takeaways.

**Places** introducing the workplace wellbeing charter with local businesses; healthy eating awards in early years settings and schools, introducing a range of outdoor gyms across the borough and promotion of active travel.

When Food Active developed the Healthy Weight Declaration this presented an ideal resource for the council to put their own spin on. The council has adopted the declaration in September 2016. Key to ensure uptake included:

- Availability of local data highlighting the issue, particularly amongst children (via NCMP).
- National Childhood Obesity Strategy coverage within the media generating the interest of local press, the local population and members.
- Proactive and passionate cabinet member for Public Health who took on a personal approach to highlighting the need for such a declaration convincing peers to adopt.
- Being the first council in Merseyside to adopt the declaration.

The declaration highlighted the work that was already underway and provided an opportunity for the council to commit to a whole system approach. It raised the profile of the work on healthy weight and provided cross council support for a number of initiatives that are being taken forward.

## Contact

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## Area 2 – Improve the food controlled or influenced by the council and support the public and voluntary sectors to improve their food offer

### Actions under council control:

2.1 Improve catering by working towards the [Government Buying Standards](#), for example by running accreditation programmes such as [Food for Life Catering Mark](#), [Sustainable Restaurant Association](#), [Healthier Catering Commitment](#) and build these standards into contracts as they come up for re-tender (number of meals served by caterers making commitments)

2.2 Remove foods high in sugar, fat and salt from tills and queuing areas e.g. register action at [Check junk off the checkouts](#) (number of checkouts committed)

2.3 Discontinue promotions including ‘meal deals’ on foods high in sugar, fat and salt and replace with promotions on healthier food e.g. fruit and vegetables (number of points of retail affected)

2.4 Remove vending offering food and drinks high in sugar, fat and salt from council run premises or commissioned services e.g. leisure centres (number of vending machines affected)

2.5 Tackle portion size by working towards ‘nutrition best practise’ in the [Government Buying Standards](#) (number of points of retail affected)

### Actions under council influence:

2.6 Work with public and voluntary sector partners e.g. schools, early years, after school clubs, youth clubs, to improve food and restrict access to foods high in sugar, fat and salt with initiatives such as a closed gate policy, vans on site, awareness days, etc. (number of settings affected)

### Central Bedfordshire vending requirements in leisure centres

When the Council re-tendered the management of leisure centres in 2014, staff from different departments were engaged to identify ways in which the centres could contribute to wider objectives. Discussion with Public Health resulted in the inclusion of a section for ‘Promoting health and reducing health inequalities’. Contracts now have a requirement that:

- At least 25 per cent of options in vending machines should be ‘healthy eating’
- Cafes need to achieve Heart Beat Award

Leisure centres need to report monthly as part of an outcomes scorecard. The results from the vending machines vary from month to month but most of the time the 25 per cent target is being (or close to being) reached. The ‘healthy eating’ options includes a reduction in the number of sugar sweetened fizzy drinks and availability of bottled water.

Two leisure centres achieved the Heart Beat Award so far and the Council is working with the remaining four.

The Heart Beat Award is a local award to caterers who can demonstrate that they offer healthy, nutritious and wholesome food to customers. Central Bedfordshire works with dietitians at Bedford Hospital to ensure updates are correctly implemented into the scheme. Criteria is currently being revised but so far includes: at least one-third of the dishes on the menu are ‘healthy choices’; at least 30 per cent of food handling staff had received training on hygiene; healthy options were applied in the preparation of food for sale in canteens and workplaces; placement of products for sale.

### Contact

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## Area 3 – Reduce prominence of sugary drinks and actively promote free drinking water

### Actions under council control:

- 3.1 Put in drinking fountains, or become a water refill point. List your venue on [tapwater.org](http://tapwater.org) (number of drinking fountains installed/registered)
- 3.2 Make sure that bottled water is most prominent in vending and retail, ban promotions on sugary drinks, or make sure health warning information on sugary drinks is displayed (number of points of retail affected)
- 3.3 Put in place voluntary sugary drinks levy and raise funds for children's health promotion e.g. sign up to the [Children's Health Fund](#) (amount of money raised/amount of drinks affected)

### Actions under council influence:

- 3.4 Promote voluntary 'sugary-drinks duty' to local businesses, such as convenience stores, cafes and restaurants, to help dissuade people from drinking high-sugar drinks and raise vital funds for children's health promotion e.g. [Children's Health Fund](#) (amount of money raised/amount of drinks affected)

### London's City Hall becomes first Government building to introduce sugar tax

In January 2016 the City Hall café, operated by OCS, introduced a 10 pence charge on all added-sugar soft drinks sold in its café. By doing so they joined 130 others around the UK, including all Jamie Oliver restaurants, Leon, Abokado and Tortilla who had already introduced a levy on added-sugar drinks.

The money raised by the levy goes to the [Children's Health Fund](#), launched by celebrity chef Jamie Oliver and food charity Sustain to support schemes that improve children's health. To date, the Fund has awarded £50,000 to 26 projects from 11 regions in the UK to provide water fountains within its Water Fountain Fund and £40,000 to strategic projects working on children's food.

### Contact

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Lisa Bennett, Principal Policy Officer, GLA Food Team,  
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### Brighton influences outlets to go Sugar Smart

In October 2015, Brighton launched its campaign to become the first Sugar Smart City. The campaign is led by Brighton and Hove City Council in conjunction with other partners. As the leading partner in the campaign, the council is using its influence to ask caterers, cafes, restaurants and takeaways to be sugar smart.

Caterers have already begun making pledges including those working in NHS Trusts, universities, workplaces, leisure centres and major venues. The University of Brighton is leading the way by being the first university in the country to consider introducing a sugar levy across their campuses with any funds raised supporting cookery sessions and food education for their students. The council's primary school caterer, Eden Foodservice, has reduced sugar in their desserts by 40 per cent by changing recipes and removing drizzles and icings. Lusso Catering, for employer Legal & General, has committed to reducing unhealthy snacks available in the staff restaurant. The i360 (catered by Heritage Portfolio) is committing to serving a selection of low/sugar-free cakes are served in their tearoom.

Sussex County Cricket Club is one of the latest major players in the city to go Sugar Smart. The club has introduced a 20p levy on sugary drinks. The club has posters prominently displayed to explain the changes. The cricket ground is also introducing healthy kids lunch boxes and new meal deals. The club has achieved a [Healthy Choice Award](#) in recognition of making these, and other, commitments.

### Contact

[www.brighton-hove.gov.uk/sugarsmart](http://www.brighton-hove.gov.uk/sugarsmart)



## Area 4 – Support businesses and organisations to improve their food offer

### Actions under council control

- 4.1 Restrict the proliferation of businesses selling foods high in sugar, fat and salt by adopting planning laws to stop new outlets opening, or use licensing to encourage them to improve the standard of food sold (number of outlets affected by the policy)
- 4.2 Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives is limited (number of outlets affected by the policy)
- 4.3 Put in place weighted/financial support or favourable treatment in planning or access to land and premises for healthier affordable retail e.g. greengrocers, co-operatives, street markets, etc., especially in deprived areas (number of outlets affected by the policy)
- 4.4 Work towards adopting a Breastfeeding Friendly/Welcome scheme which encourages and supports businesses to welcome breastfeeding mothers (number of services and businesses accredited)
- 4.5 Ensure that Public Health is consulted on planning applications, including at pre-application stage (number of planning applications reviewed by Public Health)
- 4.6 Work with vending suppliers to ensure only healthy produce is sold (number of vending machines affected)

### Actions under council influence:

- 4.7 Work with takeaway businesses, public facing establishments, iconic businesses e.g. museums, park cafes, and the food industry to make food healthier by working towards the [Government Buying Standards](#) for example by running accreditation programmes such as [Food for Life Catering Mark](#), [Sustainable Restaurant Association](#), [Healthier Catering Commitment](#) (number of outlets and meals affected)
- 4.8 Encourage local fruit and vegetable businesses to accept [Healthy Start Vouchers](#) and/or [Rose Vouchers](#) (number of outlets accepting vouchers and total number of vouchers)
- 4.9 Encourage local businesses and public sector employers to run their own sugar campaigns e.g. [Sugar Smart](#) campaign (number of businesses taking action)
- 4.10 Encourage local food retailers, public facing establishments, iconic businesses (e.g. museums, park cafes) to remove foods high in sugar, fat and salt from tills and queuing areas e.g. register action at [Check junk off the checkouts](#) (number of checkouts committed)
- 4.11 Work with local employers to remove vending offering food and drinks high in sugar, fat and salt from their premises or encourage them to work with vending suppliers to ensure only healthy produce is sold (number of vending machines affected)
- 4.12 Encourage local businesses and employers to tackle portion size by working towards 'nutrition best practise' in the [Government Buying Standards](#) (number of points of retail affected)

## Gateshead's Supplementary Planning Document to limit hot food takeaways

The [Gateshead and Newcastle core strategy and urban core plan](#) (2015) set out to improve access to healthier food and control the location of unhealthy outlets following concern of Council members with high levels of child obesity. The Gateshead Approach to Healthy Weight (2014) emphasised a number of levers to influence the local environment and set out a target to lower obesity amongst Year 6 children to less than 10% in every ward. This measure was chosen because it can be monitored using the National Child Measurement Programme (NCMP) ward level data.

The SPD developed states that planning permission to new hot food takeaways (A5) will not be granted in locations where:

- Children and young people congregate
- Levels of child obesity above 10 per cent (using NCMP data)
- Over proliferation of hot food takeaways
- Clustering of hot food takeaways will have a negative impact on the vitality of the local area

All future hot food takeaways would need to be accompanied by a Health Impact Assessment.

To make a robust case for determining planning permission for new A5 outlets the Council collected and tested 374 food samples from 187 takeaways for nutritional quality and portion size. This proved the poor nutritional quality of takeaway food. Furthermore, the Council has checked the concentration of takeaways in each ward using data from the Local Food Premises Register and made a review of academic evidence linking obesity to exposure to takeaways.

The conditions set out in SPD mean there are currently no locations where opening a new hot food takeaway would be possible (all wards have child obesity levels above 10 per cent). The numbers of applications and successful appeals have dropped, resulting in no new permissions granted since the SPD was implemented.

The resources deployed were staff time (to review academic evidence, undertake research and draft the policy), costs of collecting samples and laboratory analysis (£90 per sample).

### Contact

[LDF@gateshead.gov.uk](mailto:LDF@gateshead.gov.uk)

## Islington targeted approach to takeaways near secondary schools and in planning

The [Healthier Catering Commitment](#) was initially promoted in Islington through Hearty Lives Islington, a British Heart Foundation grant-funded project, and is now funded by Islington Council. The cost is approximately £125 per outlet plus the associated administration, monitoring and evaluation costs.

There are currently over 240 businesses signed up (16 per cent of all catering outlets), serving approximately 26,600 meals a day.

In 2013 Islington ran a pilot targeting takeaways within 500 metres of secondary schools and of the 25 initially targeted 16 signed up. In 2014 the secondary schools project was rolled out across the whole borough. In total 90 hot food takeaways within 500 metres of 11 secondary schools are now aware of the Healthier Catering Commitment and around 70 have signed up and meet the required criteria. Businesses include pizza premises, fish and chip shops, kebab shops and sandwich bars.

The work is promoted to young people through the Youth Health Forum and to schools via Junior Citizens for primary school age children and through secondary school food technology teachers.

In parallel, the new [Supplementary Planning Document](#) approved in April 2016 restricts the opening of new hot food takeaways within 200 metres of schools and will only grant planning/change of use permission to outlets that have a minimum three star Food Hygiene Rating and gain the Healthier Catering Commitment award within six months.

The council is using its procurement powers to promote further take up of the Healthier Catering Commitment. Children's centres with cafes are contractually required to have the award and adventure playgrounds and greenspace concessions are expected to work towards it.

### Contact

Michelle Webb, Environmental Health Manager, London Borough of Islington, [Michelle.Webb@islington.gov.uk](mailto:Michelle.Webb@islington.gov.uk)

## Tower Hamlets Buywell Food for Health markets project

The [Food for Health Award and Buywell](#) were launched in Tower Hamlets in 2009 as part of the Healthy Borough Programme, a whole systems approach to tackling the environmental causes of obesity. The award scheme recognises restaurants, cafes and market traders for making small, healthy changes to the food they sell and recognising them through a three-tiered award system -standard, silver or gold. Buywell supports convenience stores to increase purchase of fruit and vegetables by improving availability, positioning and promotion.

The Buywell Food for Health markets project builds on these schemes and supports market traders to increase their fruit and veg sales by providing them with the help of a retail and marketing expert who works with them to help grow their business and boost their sales. By improving the quality, range and freshness of their produce, displays, pricing and promotions, sales have increased by nearly £1.5M a year through the Buywell Food for Health project.

Traders can then be assessed for a Food for Health Award. In order to qualify for a standard award, fruit and veg stalls must increase by 40% compared to sales before joining the scheme, for silver they must develop a partnership with the local community where appropriate (for example by supplying the local school tuck shop) and gold winners have to demonstrate innovation.

A pilot started in 2015 to help low income families buy more fresh fruit and vegetables from their local market by supporting traders to accept the government's Healthy Start Vouchers. This scheme provides £3.10 or £6.20 a week to families which can be spent on healthier produce. The pilot project focused on two gold Food for Health fruit and vegetable stall traders in Chrisp Street Market. This is one of four Buywell markets across the borough located in a deprived area, who had been struggling to survive financially.

The pilot was funded by the Mayor of London's High Street Fund. The £3,440 budget covered retail advice to traders, support with setting them up in terms of systems and processes, banners and posters. It also provided support to, and gained support from, parent volunteers from the local children's centre who undertook targeted outreach to spread the word to families and friends and encourage them to spend their vouchers in the market.

After the six month pilot, the project continues to grow and has proved its sustainability. The scheme offers great quality affordable and easily accessible fruit and veg to identified low income families. Traders are benefiting from a marketing campaign that brings them new customers, estimated to be worth £20,000 per annum.

### Contact

Buywell Fruit and Vegetable Scheme, [stephanie@ricemarketing.co.uk](mailto:stephanie@ricemarketing.co.uk)

Food for Health Award, [foodsafety@towerhamlets.gov.uk](mailto:foodsafety@towerhamlets.gov.uk)

## Area 5 – Public events

### Actions under council control:

5.1 Ensure that the majority of food and drink provided at public events organised by the council are healthy choices, supporting food retailers to deliver this offer (number of events affected by the policy)

### Actions under council influence:

5.2 Ensure that the majority of food and drink provided at public events on council premises and property are healthy choices, supporting food retailers to deliver this offer (number of events affected by the policy)

5.3 Ensure that mothers are aware that breastfeeding is welcome at public events, and space to breastfeed is provided (number of events affected)

5.4 Influence other event organisers to provide healthy choices (number of events affected)

## Area 6 – Raise public awareness

### Actions under council control:

6.1 Develop a network of local champions from various backgrounds e.g. elected members of the council, schools, public health, children's centres, nursing, primary care, education, health visiting, catering and retail to advocate the healthier food and sugar reduction agenda (number of champions recruited)

6.2 Run staff development and training programmes e.g. sign up to the [GLA's Healthy Workplace Charter](#) or similar workplace led initiatives (number of council staff affected)

6.3 Use the council's publicity team to help promote simple steps individuals can take to reduce the amount of excess sugar, fat and salt they consume through national campaigns such as [Change4Life](#), [One You](#) or more locally sensitive campaigns set around the [Eatwell Guide](#) (number of people engaged)

6.4 Support mothers to start and maintain breastfeeding by promoting the health and wellbeing benefits of breastfeeding along with creating a supportive environment for women to breastfeed in. Ensure maternity and health visiting services are working towards achieving UNICEF Baby Friendly accreditation (number of beneficiaries)

6.5 Develop healthy eating programmes targeting residents in areas of high deprivation and those at risk of diabetes and cardiovascular disease (number of beneficiaries)

6.6 Support and influence the London Mayor and national government in taking action at London-wide and national level to help local authorities reduce obesity prevalence and health inequalities in our communities e.g. by taking part in national consultations (number of consultations)

6.7 Support and promote local voluntary and community food partnerships and projects that encourage a healthy food culture e.g. sign up as a member of [Sustainable Food Cities](#) (number of beneficiaries of projects)

## StreetBase and Splash healthy living reward scheme in Barking and Dagenham

The StreetBase and Splash card scheme is unique to Barking & Dagenham and consists of reward cards to encourage young people to lead healthier and more active lives.

Every young person between the age of 11 and 19 who lives and studies in the borough is given a StreetBase card free of charge and the parents/guardians of every child aged five to 11 are given a Splash card. Each time a young person uses this to buy healthy food items at their school or take part in positive activities such as using a local library, leisure centre or attending a youth club, they earn points. The activities rewarded through the StreetBase and Splash scheme are wide ranging and include visits to Trewern Outdoor Activity Centre in Wales, cycling proficiency training and attending the theatre or gym. The points earned can be exchanged for prizes such as free swims, art sets or sports equipment. In 2015/16, 2,500 young people claimed rewards.

The scheme has seen an increase in the number of healthy items of food and drink consumed in the borough's schools by 500,000 last year.

### Contact

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## Hackney Community Kitchens

One You Community Classes are Hackney's Council programme of fitness and cook and eat courses taking place in community centres, churches and libraries across Hackney. They run alongside the national Public Health England One You campaign to encourage residents to get fitter, eat healthier and feel better.

Within this programme, residents can learn how to cook healthy and nutritious meals on a budget at the community kitchens the council run on estates across Hackney. There are lunchtime and after-school cooking courses for families with children, and adults' courses on week nights delivered by local providers including Made in Hackney, Shoreditch Trust and Helping Hackney Health.

The programme, now in phase four, is making a positive impact on long-term healthy choices of participants. Evaluations are carried out at the end of every phase of the programme and adjustments are made based on the outcomes. For example:

Daily fruit and vegetables consumption increased from three portions (pre-course) to four portions six months after the course (evaluation by Helping Hackney Health, Family Cook and Taste Courses delivered April to July 2014 in the New Kingshold Community Centre)

Confidence in preparing new foods and recipes at home increased from 18 to 90 per cent six months after the course (evaluation by Made in Hackney, courses delivered during the summer of 2014 at the Redmond Community Centre)

The programme started in May 2014 and is funded until April 2017. To date 1,700 residents took part and approximately half of those are families. Annual funding is dependent on the number of courses and locations. The approximate spend for three years of the programme is £220,000 – equivalent to around £130 per beneficiary – for a six week course / 12 hours course time.

### Contact

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# FAQs

## Obesity is a complex problem. Will a local authority declaration make a difference?

Everyone agrees that encouraging lifelong good food habits is going to take many different interventions and policies. Public Health England conducted an analysis of the evidence for action on sugar reduction and suggests that a successful programme should include action at many levels including the environment around us that influences our food choices; our food supply and changes that could be made to this; knowledge and training; and local action.<sup>1</sup>

Local authorities have an important role to play. They control planning, public and environmental health, leisure and recreation and regeneration and this declaration is a vehicle to take the sort of whole-systems approach needed to tackle this complex issue. By seeking a public commitment endorsed by the elected leaders of London boroughs, the declaration can have an impact across local authority departments, making sure the council works as one to achieve maximum impact, and ideally will by working with other local partners have an impact far beyond council controlled areas.

## Why the focus on these six areas of action and not others?

During consultation with stakeholders from local authorities, GLA (Greater London Authority), health sector and campaigning organisations these six areas were identified as the ones where local authority action will have the maximum impact.

Many local authorities in London are currently taking action to improve school meals, restrict hot food takeaways, working with businesses to improve their food and running local eating programmes. While we think it is important to recognise what is already being done, we invite local authorities to go beyond and look at the crucial areas of advertising and sponsorship policies and public events where there hasn't been so much action.

## How the idea for a local declaration came about?

It arose out of the East London 'Growth Boroughs' 'Healthier Children Healthier Place' programme. The latter was established to share learning and good practise on developing a whole systems approach to tackling child obesity, including what can be done differently to improve local food and the local food environment. The inspiration for a local declaration came from the Local Declaration on Tobacco Control and the work of Food Active in the North West that culminated in the Blackpool Local Government Declaration on Healthy Weight. The councils then commissioned Sustain as an independent organisation to run the project, from consulting with key stakeholders on the content of the declaration to promoting it to the majority of London councils.

## Can we change the wording or add to the declaration?

Absolutely! The acknowledgments section can be tailored to the local authority and contain local data (e.g. NCMP child obesity data). The commitments (at least six, covering all six areas of action) can be chosen from the menu of actions or include new ones not included in the menu as long as the action goals are relevant and SMART (specific, measurable, attainable, realistic, timely).

## The Government has adopted a national Sugary Drinks Industry Levy. Why are you advocating local voluntary action on sugary drinks?

We are thrilled that the Government has now committed to doing this, with the national Soft Drinks Industry Levy to be introduced in 2018. However the nature of how the levy will be introduced is still up for debate, and there is a likelihood that none of the levy will be passed on by the industry to make the most sugary drinks more expensive, therefore missing out on one of the key components of, for example, those participating in the Children's Health Fund where customers pay more for the those drinks with added sugar.

Also, two years is a long time in politics and a lot could change before the national levy is implemented. Action is needed now to improve the health of our diet. This is why we are encouraging local authorities to influence local restaurants to implement a sugary drinks levy for the foreseeable future, and re-distribute this money to causes that help healthier food and food education.

<sup>1</sup> Public Health England (2015), Sugar Reduction: The evidence for action. Available online at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/470179/Sugar\\_reduction\\_The\\_evidence\\_for\\_action.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf)

Sugary drinks levies have been introduced successfully in France and Mexico in recent years. They have worked – for example, in Mexico there was a decrease of approximately 6 per cent in sales of sugary drinks in the year since January 2014 when they imposed the levy. The effect has been even greater in lower-income households, which are often the most affected by diet-related ill-health.

France, Finland, Hungary, and Berkeley and Philadelphia in the USA have also successfully introduced extra taxes on sugary drinks.<sup>1</sup> Studies suggest that people who swap to lower or no-sugar alternatives don't tend to add on the extra sugar and calories elsewhere in their diets.

## What do you mean by healthier products in vending?

Healthier products are low in sugar, fat and salt. [The Irish Health Service Executive](#) has standards in place concerning vending that the declaration signatories should look to for best practise. It differentiates between 'Better Choice Items' and 'Other Choice Items' and lays out that the ratio of 'Better Choice' to 'Other Choice' in vending machines should be 60:40. This classification of products is useful but there is no reason why local authorities should not go beyond the 60:40 target and aim for 100 per cent better choice.

	<b>Better Choice Items</b>	<b>Other Choice Items</b>
Energy	≤150kcal per packet	≤250 kcal per packet
Total fat	≤20g/ 100g	Not restricted
Saturated fat	≤5g / 100g	Not restricted
Sugar	≤15g/ 100g	Not restricted
Salt/ sodium	≤1.5g/0.6g /100g	Not restricted

Furthermore:

- No soft drinks, energy drinks, sports drinks and fruit/vegetable drinks with added sugars (or sugar products) can be included in the 'Better Choice' selection.
- Milk and water will be the only drinks that can be included in the "Better Choice" items.
- Packets of unprocessed nuts and dried fruit are exempt from sugar and fat criteria. Items containing nuts and dried fruit as an ingredient must meet sugar and fat criteria.

## What about the economic impact of the declaration?

The role of the local authority is to work for the wellbeing of the population and the situation we are in now is one were we can't afford inaction. Sugary drinks and unhealthy food are posing a heavy burden on our NHS, social care services and society as a whole.

The local authority and other public sector bodies need to balance the long term costs to the health and care services against the short term costs of turning down sponsorship or vending deals. Sponsorship and advertising, vending or others may be a source of income locally and for the local authority but supporting healthier food is the right thing to do.

<sup>1</sup> <http://foodresearch.org.uk/wp-content/uploads/2015/06/Food-and-beverages-taxes-final-amended.pdf>

# Template press release

## XXX becomes the first council in London to sign a charter on sugar reduction and healthier food

Councillors voted in favour of a Local Authority Declaration on Sugar Reduction and Healthier food at the Full Council/ Cabinet meeting held XXX.

The Council's declaration leads the way amongst other local authorities in London by it becoming the first to sign this new initiative conceived by local authorities in East London and now promoted by Sustain, a charity working for better food and farming and with a strong presence in London.

Council leader XXX, along with Public Health Director XXX, met with representatives from Sustain to put the Council's commitment down in writing by signing a declaration that will be proudly placed in the Council building.

Cllr XXX, Cabinet Member for XXX, said: "Obesity is a huge problem for us in XXX. XX% of children in the borough are overweight or obese by the time they start secondary school (complete using National Child Measurement Programme borough level data).

"I'm really pleased that this council is working with other councils in London and Sustain to lead the way on tackling sugary drinks and making food under council control or influence healthier.

"Our work will focus on ... (complete with actions the council is committing to under the declaration)

Sofia Parente, coordinator of this initiative on behalf of Sustain, said: "Congratulations to XXX Council for taking this stand.

"We all know how difficult it is to make the right choices when we are surrounded by unhealthy food, the wrong advertising messages and when sugary drinks are cheaper than water. I am delighted that XXX Council is doing everything they can to help their residents, workers and pupils eat healthier.

"I hope other councils in London will now follow XXX's example".

For more details on the Local Authority Declaration on Sugar Reduction and Healthier Food initiative visit: [www.sustainweb.org/londonfoodlink](http://www.sustainweb.org/londonfoodlink)





# Local Government Declaration on Sugar Reduction and Healthier Food Support pack

**A Sustain publication**  
November 2016

Sustain: The alliance for better food and farming, advocates food and agriculture policies and practices that enhance the health and welfare of people and animals, improve the living and working environment, enrich society and culture, and promote equity. It represents around 100 national public interest organisations working at international, national, regional and local level.

**sustain**  
the alliance for better food and farming


**Sustain: The alliance for better food and farming**  
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Part of Sustain, London Food Link is an independent network of individuals, businesses and organisations working for better food in the capital.

We run and partner on policy initiatives, campaigns and practical projects that improve the food system including Urban Food Fortnight, the Urban Food Awards, the Capital Growth network, The Jellied Eel magazine, London Food Poverty Campaign, the Good Food for London report, Cage Free Capital, as well as running good food training and networking events.

<b>Health and Wellbeing Board</b> Tuesday 18 <sup>th</sup> April 2017	
<b>Report of:</b> Tower Hamlets Clinical Commissioning Group/ Tower Hamlets Council	<b>Classification:</b> Unrestricted
<b>Better Care Fund 2017-19</b>	

<b>Lead Officer</b>	Denise Radley, Corporate Director of Health, Adults and Community
<b>Contact for information</b>	Louise Inman, Programme Manager- Better Care Fund and Joint Commissioning, Tower Hamlets Clinical Commissioning Group Steve Tennison, Senior Strategy, Policy and Performance Officer – Integration Lead, LB Tower Hamlets

## Executive Summary

At its February meeting, the Board was advised that the publication of the national Better Care Fund (BCF) planning guidance and policy framework for the period 2017-19 had been delayed, together with details of available resources.

The HWBB agreed to delegate to the Joint Commissioning Executive (JCE) responsibility for signing off and submitting to NHS England the Borough's BCF Plan and Programme for 2017-19, and that the proposed BCF Plan and Programme should be circulated to members of the HWBB for comment prior to submission;

The BCF policy framework for 2017-19 was published on 31 March. At the time of writing, the detailed planning requirements document and allocations that underpin the framework have not yet been published. An oral update will be provided to the meeting.

## Recommendation:

The Health and Wellbeing Board is recommended to:

1. Note the further delay in the publication of BCF guidance and receive an oral update at the meeting.

## 1 DETAILS OF REPORT

1.1. Further information will be provided in the presentation to the meeting

## 2 FINANCE COMMENTS

2.1 The finance comments set out here are a summary of the financial information known so far. The full implications for Tower Hamlets will be examined further as the guidance is digested and understood.

2.2 In 2016/17, Tower Hamlets received a BCF funding of circa £21.46m. Of this amount, £9.3m represented BCF funding for LBTH led interventions whilst the remainder was for THCCG commissioned interventions.

2.3 Confirmation of the 2017/18 and 2018/19 BCF settlement was only released on 31st March 2017. The following table sets the national position.

<b>Better Care Fund funding contribution</b>	<b>2017-18 £bn</b>	<b>2018-19 £bn</b>
Minimum NHS (clinical commissioning groups) contribution	£3.582	£3.650
Disabled Facilities Grant (capital funding for adaptations to houses)	£0.431	£0.468
New grant allocation for adult social care (Improved Better Care Fund)*	£1.115	£1.499
<b>Total</b>	<b>£5.128</b>	<b>£5.617</b>

\*Combined amounts announced at Spending Review 2015 and Spring Budget 2017

The guidance for 2017-19 states that there are four national conditions, rather than the previous eight. These are as follows

- i. Plans to be jointly agreed
- ii. NHS contribution to adult social care is maintained in line with inflation
- iii. Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care
- iv. Managing Transfers of Care (a new condition to ensure people's care transfers smoothly between services and settings).

The guidance also states that beyond this, areas have flexibility in how the Fund is spent over health, care and housing schemes or services, but need to agree how this spending will improve performance in the following four metrics:

- i. Delayed transfers of care;
- ii. Non-elective admissions (General and Acute);
- iii. Admissions to residential and care homes; and

iv. Effectiveness of reablement.

- 2.4 The minimum NHS contribution to BCF for the Tower Hamlets area is yet to be released but in line with the statement in the guidance, it appears that a 1.79% inflationary uplift has been added to the national 2016/17 figure to arrive at the 2017/18 amount of £3.582 billion. Based on this, it is reasonable to assume that the allocation for Tower Hamlets in 2017/18 should not be significantly different to the 2016/17 allocation in real terms.
- 2.5 The £1.115 billion earmarked as ‘new grant allocation for adult social care’ appears to be a combination of the original £105m earmarked as Improved Better Care Fund (IBCF) allocation within 2017/18 local government financial settlement and the recent Spring Budget 2017 announcement of £1.01 billion as additional funding for Adults Social Care. It is expected based on earlier correspondence that LBTH will receive £1.6m of the original £105m and £7.02m of the £1.01 billion. These figures were all used in our budget preparation.
- 2.6 It is anticipated that most of the 2016/17 BCF programme in Tower Hamlets can be rolled forward and additional interventions created to improve services available to service users. The S75 agreement in place remains a relevant tool aimed at addressing the financial and non-financial risks.

### 3. LEGAL COMMENTS

- 3.1. The Care Act 2014 (‘the 2014 Act’) places a duty on the Council to exercise its functions by ensuring the integration of care and support provision with health provision; promote the well-being of adults in its area with needs for care and support; and contribute to the prevention or delay of the development by adults in its area of needs for care and support. The 2014 Act also amended the National Health Service Act 2006 (‘NHS Act 2006’) to provide the legislative basis for the Better Care Fund. This allows for the NHS Mandate to include specific requirements relating to the establishment and use of an integration fund.
- 3.2. The Government provides funding to local authorities under the Better Care Fund to integrate local services. The funding is through a pooled budget which is made available upon the Council entering into an agreement with a relevant NHS body under section 75 of the NHS Act 2006. Such agreements may be entered into where arrangements are proposed which are likely to lead to improvement in the way that prescribed NHS functions and prescribed health-related functions of the Council are exercised.
- 3.3. In order to receive the Better Care funding, the Government requires the Council to set out its plans for the application of those monies. The Government published a policy framework for the 2016/17 Better Care Fund programme in January 2016 which indicated that plans should be agreed by the Council’s Health and Wellbeing Board (“**HWB**”), then signed off by the

Council and the Clinical Commissioning Group ('CCG'). This is consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and wellbeing strategies and the joint strategic needs assessment. Although the 2017-19 policy framework has yet to be finalised, it can reasonably be anticipated that this will contain similar provisions, and will set out the requirements for the plan to demonstrate how the area will meet certain national conditions.

- 3.4. The Equality Act 2010 requires the council in the exercise of its functions to have due regard to the need to avoid discrimination and other unlawful conduct under the Act, the need to promote equality of opportunity and the need to foster good relations between people who share a protected characteristic (including age, disability, maternity and pregnancy) and those who do not.

#### **Appendices**

- None