



# TOWER HAMLETS HEALTH AND WELLBEING BOARD



Tuesday, 5 September 2017 at 5.30 p.m. MP702, 7th Floor, Town Hall,  
Mulberry Place, 5 Clove Crescent, London E14 2BG.

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

## Members:

**Vice-Chair:** Dr Sam Everington  
Councillor Amy Whitelock Gibbs

Councillor Danny Hassell  
Councillor David Edgar  
Councillor Sirajul Islam

Simon Hall

Dr Somen Banerjee  
Debbie Jones  
Denise Radley  
Patrick Goulbourne  
Jane Ball

## Co-opted Members

Fahimul Islam  
Dr Ian Basnett  
Jackie Sullivan  
Dr Navina Evans  
Sue Williams

## Representing

Chair, Tower Hamlets Clinical Commissioning Group  
Cabinet Member for Education and Children's Services

Non - Executive Group Councillor

Cabinet Member for Resources

Statutory Deputy Mayor and Cabinet Member for Housing Management & Performance

Acting Chief Officer, NHS Tower Hamlets Clinical Commissioning Group

Director of Public Health, LBTH

Corporate Director, Children's Services

Director Health, Adults and Community Services

London Fire Brigade

Representative of Tower Hamlets Housing Forum

Young Mayor

Public Health Director, Barts Health NHS Trust

Managing Director of Hospitals, Bart's Health Trust

Chief Executive East London NHS Foundation Trust

Borough Commander - Chief Superintendent

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:

Democratic Services Officer

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

Tel: 0207364 4878

E:mail:

Web: <http://www.towerhamlets.gov.uk/committee>

Scan this code for the electronic agenda



## 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.

## Public Information

### **Attendance at meetings.**

The public are welcome to attend meetings of the Committee. However seating is limited and offered on a first come first served basis.

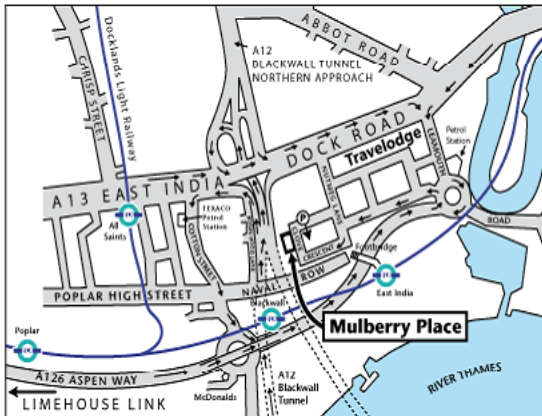
### **Audio/Visual recording of meetings.**

Should you wish to film the meeting, please contact the Committee Officer shown on the agenda front page

### **Mobile telephones**

Please switch your mobile telephone on to silent mode whilst in the meeting.

### **Access information for the Town Hall, Mulberry Place.**



Bus: Routes: D3, D6, D7, D8, 15, 108, and 115 all stop near the Town Hall.

Docklands Light Railway: Nearest stations are East India: Head across the bridge and then through the complex to the Town Hall, Mulberry Place

Blackwall station: Across the bus station then turn right to the back of the Town Hall complex, through the gates and archway to the Town Hall.

Tube: The closest tube stations are Canning Town and Canary Wharf

Car Parking: There is limited visitor pay and display parking at the Town Hall (free from 6pm)

If you are viewing this on line: ([http://www.towerhamlets.gov.uk/content\\_pages/contact\\_us.aspx](http://www.towerhamlets.gov.uk/content_pages/contact_us.aspx))

### **Meeting access/special requirements.**

The Town Hall is accessible to people with special needs. There are accessible toilets, lifts to venues. Disabled parking bays and an induction loop system for people with hearing difficulties are available. Documents can be made available in large print, Braille or audio version. For further information, contact the Officers shown on the front of the agenda



### **Fire alarm**

If the fire alarm sounds please leave the building immediately by the nearest available fire exit without deviating to collect belongings. Fire wardens will direct you to the exits and to the fire assembly point. If you are unable to use the stairs, a member of staff will direct you to a safe area. The meeting will reconvene if it is safe to do so, otherwise it will stand adjourned.

### **Electronic agendas reports and minutes.**

Copies of agendas, reports and minutes for council meetings can also be found on our website from day of publication.

To access this, click [www.towerhamlets.gov.uk/committee](http://www.towerhamlets.gov.uk/committee) and search for the relevant committee and meeting date.

Agendas are available at the Town Hall, Libraries, Idea Centres and One Stop Shops and on the Mod.Gov, iPad and Android apps.



QR code for smart phone users.

**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. Any public questions or petitions can also be taken at this time if required.

**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 - PROGRESS  
UPDATE:**

**2.1 Children: Healthy Weight and Nutrition 17 - 26**

**2.2 Communities Driving Change 27 - 34**

**2.3 Employment and Health 35 - 40**

**3. DRAFT LOCAL PLAN 41 - 50**

**4. BETTER CARE FUND 2017-19**

Report to follow.

**5. FINAL ADULT LEARNING DISABILITY STRATEGY 51 - 92**

**6. ANY OTHER BUSINESS**

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

**7. DATE OF NEXT MEETING**

**Date of Next Meeting:**

Tuesday, 7 November 2017 at 5.30 p.m.

**LONDON BOROUGH OF TOWER HAMLETS**

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

**HELD AT 6.30 PM ON WEDNESDAY, 26 JULY 2017**

**COMMITTEE ROOM MP702, 7TH FLOOR, MULBERRY PLACE, 5 CLOVE  
CRESCENT, LONDON E14 2BG**

**Members Present:**

Councillor Rachael Saunders (Chair)	Deputy Mayor for Health and Adult Services
Dr Sam Everington (Vice-Chair)	Chair of NHS Tower Hamlets Clinical Commissioning Group
Councillor David Edgar	Cabinet Member for Resources
Councillor Sirajul Islam	Statutory Deputy Mayor and Cabinet Member for Housing
Councillor Danny Hassell	Non-executive majority group councillor
Denise Radley	Corporate Director of Health, Adults and Community, LBTH
Debbie Jones	Corporate Director of Children's Services, LBTH
Simon Hall	Acting Chief Officer, NHS Tower Hamlets Clinical Commissioning Group
Dr Somen Banerjee	Director of Public Health

**Co-opted Members Present:**

Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Dr Navina Evans	Chief Executive Officer, East London and the Foundation Trust
Sue Williams	Borough Commander, Metropolitan Police
Patrick Goulbourne	Borough Commander, London Fire Brigade
Alison Robert	Partnership Manager, Tower Hamlets Community and Voluntary Sector

**Others Present:**

Karen Bollan	Healthwatch representative
Karen Sugars	Interim Service Head of Commissioning and Health, LBTH
Lonica Vanclay	Interim Project Manager, Learning Disability, TH CCG
Dr Hannah Emmett	Speciality Registrar in Public Health, LBTH

## **1. STANDING ITEMS OF BUSINESS**

## **2. WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE**

The Chair, Councillor Rachel Saunders, welcomed everyone to the meeting and then asked for introductions.

Apologies for absence were received from Councillor Amy Whitelock Gibbs, Charlie Ladyman – Co-Chair Healthwatch Tower Hamlets, Jackie Sullivan – Managing Director of Hospitals, Barts Health Trust, Jane Ball – representative from Tower Hamlets Housing Forum, Fahimul Islam – Young Mayor and Stephen Ashley – Independent Chair of the Local Safeguarding Children's Board.

### **2.1 MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING**

The minutes from the Board meeting of 18 April 2017 were agreed and approved as an accurate record of the meeting.

Somen Banerjee, Director of Public Health, referred to the actions from the minutes of the last meeting, namely:

- Page 4 refers to a repository where data and intelligence is collated in one place. Dr Banerjee stated that Healthwatch had confirmed that they have a repository that can be used for this purpose.
- Page 7 refers to Barts NHS Trust sharing findings of their research into sugar reduction and healthier foods with their new catering and facilities provider. Dr Ian Basnett agreed to share useful learning from contract with public health leads involved in implementing the local declaration.

## **3. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**

None.

### **3.1 FORWARD PLAN**

Members were asked to note the forward plan for the Health and Wellbeing Board for the 2017/18 municipal year.

Councillor Hassell referred to the 'Physical Activity and Sport Strategy' report, stating that it was agreed at the last Board meeting that the report was brought forward from the 20 December 2017 meeting, to be considered at the 5 September 2017 meeting. Dr Banerjee explained that the intention was to bring the report to the 7 November 2017 meeting, however, stated that the timeline had slipped. He said that if the report came before the board in December, then it would give the Board sufficient time to comment on the consultation document.

Denise Radley, Corporate Director of Health, Adults and Community Services, stated that a report on Tower Hamlets Together governance systems needed to be added to the forward plan.

The Chair and Board Members agreed the amendment.

#### **4. TERMS OF REFERENCE, QUORUM, MEMBERSHIP AND DATES OF MEETINGS**

The Chair explained that the Council had had its Annual General Meeting where she had been appointed Chair of the Health and Wellbeing Board.

The Chair welcomed Patrick Goulbourne, Borough Commander for Tower Hamlets at the London Fire Brigade and Alison Robert – Partnership Manager, Tower Hamlets Community and Voluntary Sector as co-opted Members of the Board. She added that Charlie Ladyman – Chair of Healthwatch was on maternity leave and confirmed that Sebastian Austin Thomas Pisano was born on 3 July at the Royal London Hospital and that both mother and baby were doing well. The Chair welcomed Karen Bollan who attended on behalf of the Health watch Chair.

The Chair pointed out that nothing significant had changed in relation to the Board's Terms of reference, Membership and Quorum for the 2017/18 municipal year.

#### **RESOLVED – That:-**

1. The Terms of Reference, Quorum, Membership and dates of future meetings be noted.
2. It be noted that Councillor Rachel Saunders was the new chair of the Health and Wellbeing Board following the announcement of the Mayor's Executive Team at the Annual Meeting of the Council held on 17 May 2017.
3. Patrick Goulbourne, Borough Commander at the London Fire Brigade was welcomed to the Board as a co-opted member, whilst noting that the appointment would support the Boards' priorities around community safety and health.

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

##### **5.1 DELIVERING INTEGRATED SYSTEMS - PRESENTATION**

Ms Radley provided a presentation on the Health and Wellbeing Board Strategy 2017-20, specifically on developing an integrated system. In doing so, she explained the intention to deliver better health services through partnership work. In her presentation she noted that the shared vision is to

arrange care around the person, to tackle poverty and deprivation and where possible to provide care closer to home to maximise a person's independence. She also covered the following points:

- Tower Hamlets Together is our integrated health and social care partnership for the borough (in NHS terms an “accountable care system”).
- Tower Hamlets Together Health & Wellbeing Board will be the high level board overseeing the partnership.
- The governance structure under this will be programmed in for discussion at a future board meeting.

Members noted the presentation.

## **5.2 HEALTH AND WELLBEING STRATEGY - DELIVERING THE PRIORITIES: HEALTHY PLACE**

Somen Banerjee, Director of Public Health introduced the report which provided an action plan that set out what will have been achieved by March 2018, the overall plan for the year, what will be done in the next three months and how success would be measured for each of the actions within the 'healthier place' priority.

Mr Banerjee referred to page 32 of the report and explained that previously the Board had agreed on areas that would need improvement.

Councillor Edgar referred to Action 2.1 and pointed out that prioritising planning application for Health Impact Assessment was important as every application submitted could not be assessed. Councillor Hassell impressed the importance of selecting the right applications.

Councillor Edgar stated that it was important to change people's views with regard to children playing outside. He referred to certain signs (for example – no ball games allowed) that restricted children playing. He pointed out that many people considered children playing in green spaces to be anti-social behaviour. Ms Radley explained that the Council had been specific in saying that they did not consider such activity to be anti-social behaviour.

Dr Ian Basnett, Public Health Director of Barts Health NHS Trust, stated that it was important to consider what could be done collectively. He suggested that initiatives such as supporting cycle to work schemes and bans on idling vehicles would be advantageous and said that it would be beneficial to ask membership organisations to sign up to the initiatives. Dr Banerjee agreed that there were many existing frameworks which could be turned into local pledges.

Patrick Goulbourne, Borough Commander for London Fire Brigade (LFB), explained that the LFB had committed to change their fleet to electric vehicles. He made the point that it would be beneficial if other organisations made a similar commitment.



### **5.3 SHARED OUTCOMES FRAMEWORK**

Dr Banerjee introduced the report and explained that the foundation of the Health and Wellbeing Strategy was a shared outcomes framework that articulated the partnership aspiration for improvement of health and wellbeing in the borough.

Dr Banerjee stated that the work commissioned by Tower Hamlets Together in 2016/17 involved working with partners and the public to identify a set of primary outcomes and primary and secondary indicators to track progress against primary outcomes. He then explained that the report outlined the plans for 2017/18 to establish the Outcomes Framework as a foundation and central point of reference and logic modelling for driving improvement in health outcomes.

Dr Navina Evans, Director of Operations and Deputy Chief Executive of East London NHS and the Foundation, stated that she was interested in patient reported outcome measures. She explained that if they worked well, what was discovered could be a reflection on the whole system.

Dr Basnett described the content of the report as being excellent. He asked that, in setting the system up, could a capability be created to analyse the information from an equality perspective.

## **6. INITIAL DRAFT OF THE ADULT LEARNING DISABILITY STRATEGY**

Lonica Vanclay, Interim Project Manager, Joint Commissioning, Clinical Commissioning Group, introduced the report and explained that the report presented a near final draft of the annual learning disability Strategy with information about the process and timescales for completion. She stated that the aim was to provide the Board with an opportunity to input to and guide the Strategy.

Ms Vanclay explained that in drafting the Strategy, they had sought views from those with learning disabilities, partners and carers. She stated that those with learning difficulties had lower life expectancies and lower employment levels than the rest of the population.

Ms Vanclay said that the Strategy set out key actions for the next few years and confirmed that it would be brought back to the Board for final sign off.

The Chair asked that it was made clear in the Strategy how people with learning difficulties have gained employment and that case studies were used to highlight the point.

Ms Radley said that this was a big issue and asked if there was more that could be done in this Council to improve the number of people employed with learning difficulties.

Dr Banerjee asked where the drive would come from in Primary Care for this to happen and whether GPs were being championed.

**RESOLVED** – That the Health and Wellbeing Board:

1. Agrees that the Strategy does use Health and Wellbeing branding
2. Agrees that the joint Chairs of the Board do wish to have a foreword under their signature in the Strategy.
3. Notes that the final designed version will come to the Board for approval on 5 September 2017 (then to CCG Governing Body on 6 September and Cabinet on 19 September).
4. Agrees that the Learning Disability Partnership Board report to the Board through the Joint Commissioning Executive.

## **7. SUICIDE PREVENTION PLAN - DRAFT FOR CONSULTATION**

Dr Hannah Emmett, Speciality Registrar in Public Health, gave a short introduction on the report and provided a presentation on creating a Suicide Prevention Plan for Tower Hamlets. She explained that all Local Authorities as part of the Five Year Forward View for Mental Health to have a 'suicide prevention plan' in place by 2017. Public England has provided guidance outlining risk factors and possible areas of action.

In her presentation Dr Hannah Emmett noted that the numbers are relatively small locally but the strategy will be developed to ensure services will improve support for those in crisis and address specific local concerns.

She further explained that that the strategy will need to take in to account where possible long term circumstances that can affect a person's mental health and wellbeing i.e. history of drug or alcohol abuse and also acute life events such as loss of employment or debt.

Dr Emmett explained that they were committed to undertake public consultation in the next few weeks as final approval of the Suicide Prevention Plan was required in September 2017. The focus of the consultation will be to ensure the priorities are right for the local community and that monitoring arrangements are sufficient. They will want to understand from the community and local services whether a zero suicide option should be adopted. They have identified a wide range of stakeholders to engage and will ensure a wide range of views are taken into consideration.

Debbie Jones, Director of Children's Services, pointed out that in relation to suicide, under reporting was a big issue. She asked if there was anything further that could be done to flag up the risks. Chris Lovitt, Associate Director of Public Health, explained that it was important to know when a death was

being considered as a suicide. He pointed out the importance of organisations such as the Metropolitan Police sharing information as the plan required cooperation. Sue Williams, Borough Commander for the Metropolitan Police, stated that her staff attended every suicide call in the borough and confirmed that they would have a lot of relevant information that could be shared. She also added that deaths from high rise buildings were not treated as suicides.

Dr Evans welcomed the plan and explained that after suicides, the NHS looked into the care that that person had received. She confirmed that there was a lot more that could be done.

Mr Goulbourne referred to the responsibility that employers have to provide support to staff and stated that it was important that this was included in the Strategy.

Ms Bollan suggested seeking the views of those that have attempted suicide and relatives of those who had committed suicide as a way of obtaining relevant and meaningful information. Mr Lovitt confirmed that they were identifying sites where suicides often occur with the intention of strengthening their knowledge on the subject. He confirmed that he was happy to amend the consultation document, subject to agreement by CCG representatives.

Councillor Islam referred to the communication and awareness section of the draft consultation document and suggested including some information on how different religions respond to and view suicide.

Ms Williams stated that, as a result of suicides of Police Constables (PCs), the Metropolitan Police Service had produced a strategy on suicide. She referred to the importance of giving appropriate advice and guidance to employers, colleagues and peers.

The Chair gave the view that a significant barrier is resources as support perhaps cannot be offered to everyone who was at risk of suicide. She stated that if the target was zero suicides, then there would be pressure to reach that target and it may be considered as failure if zero was not reached. She confirmed that the ambition should be that suicide did not happen.

The Health and Wellbeing Board were recommended to:

1. Consider whether these are the correct priorities
2. Consider whether the action plan addresses the priorities
3. Consider whether the monitoring arrangements are sufficient
4. Request the Suicide Prevention Plan to return, post consultation, to the September Board for adoption.

Members of the Board agreed the above recommendations and asked that the final strategy be brought back to the next Health and Wellbeing Board meeting for formal adoption.

The meeting then became inquorate due to the two representatives from the NHS Tower Hamlets Clinical Commissioning Group (CCG) leaving the meeting. The Chair agreed that the Board would make 'shadow decisions' and would have them formally ratified at the next meeting of the Health and Wellbeing Board.

## **8. IMPROVED BETTER CARE FUND 2017-19 - NEW ADULT SOCIAL CARE MONIES**

Karen Sugars, Interim Service Head of Commissioning and Health, introduced the report and in doing so, explained that in June 2013, the Government Spending Round set out plans for new funding arrangements, now referred to as the Better Care Fund (BCF). She confirmed that the aim of the BCF was to deliver better outcomes and secure greater efficiency in health and social care services through better integration of provision and to accelerate health and social care integration across the country.

Councillor Hassell stated that he was pleased to see planned work around anti-social behaviour and mental health. The Chair asked for a note setting out the work being done in those areas.

It was noted that the following recommendations have been fully endorsed by the Joint Commissioning Executive in attendance of co-chairs Denise Radley, Director of Health and Adults and Community, LBTH and Simon Hall, Acting Chief Officer of CCG.

The Health and Wellbeing Board were recommended to:

- 1.1 Note the current position concerning the development of the Improved Better Care Fund programme for 2017-19.
- 1.2 Approve the approach being followed and the proposed programme summarised in Appendix 2.
- 1.3 Agree that oversight of the final programme should be delegated to the Joint Commissioning Executive.
- 1.4 Agree that, subject to agreement by the Joint Commissioning Executive, the proposed contingency provision should be allocated to further initiatives.
- 1.5 Agree that, subject to the finalisation of the proposals, schemes should be initiated with immediate effect.

The remaining Members of the Board agreed to the recommendations and accepted that formal adoption of this can be taken at the next board meeting on 5 September 2017.

**9. RE-COMMISSIONING OF THE SCHOOL OF THE SCHOOL HEALTH SERVICE AND CHILD AND FAMILY WEIGHT MANAGEMENT SERVICE**

Abigail Knight, Associate Director of Public Health for Children and Families, introduced the report. She explained that the School Health service and the Children and Family Weight Management service were funded from the local authority public health grant and were moving into the final year of three year contracts and, as a result, would need to be re-commissioned.

The Chair stated that child obesity was a priority for the Board and explained that there was a sub-group charged with reviewing the issue. She stated that the subject needed a more detailed conversation and Councillor Hassell requested an update on what pressures there were.

The Health and Wellbeing Board was recommended to review the briefing and comment on the proposed new model.

The remaining Members of the Board agreed to the proposed new model and will agreed to ratify at the next Health and Wellbeing Board on 5 September 2017.

**10. ANY OTHER BUSINESS**

Health and Wellbeing Development Session

The Chair explained that the Board was trying to schedule a Health and Wellbeing development session to focus on shared vision and governance. The Chair proposed setting a date in September to continue discussions. She asked that colleagues provide details of their availability to Jamal Uddin – Strategy, Policy and Performance Officer.

The Chair also suggested the Board could consider extending the start of the next Board meeting by an hour to facilitate the development session (i.e. 5<sup>th</sup> September at 4.30pm).

Physical Activity and Sport Strategy

The Chair explained that a previous meeting of the Health and Wellbeing Board, Members had shown interest in engaging with the Physical Activity and Sport Strategy. She stated that it would not be possible to bring an update to the Board at the September 2017 meeting but confirmed that she would like to hold a consultation session with Board members.

Healthwatch Community Event

The Chair confirmed that Healthwatch was holding a community event with Health and Wellbeing Board partners on Wednesday 9 August at 11.30am – 3.30pm. She stated that the event would take place in Victoria Park next to the large children's playground. She confirmed that:

- Board Members were encouraged to attend and spread the word; and
- An e-flier would be circulated to Board Members for information.

**11. DATE OF NEXT MEETING**

The meeting ended at 8.34pm

Chair, Councillor Rachael Saunders  
Tower Hamlets Health and Wellbeing Board

## **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:-

Asmat Hussain, 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>

This page is intentionally left blank

# Agenda Item 1.4

Health and Wellbeing Board Forward Plan				
Date: 7 November 2017				
	Report Title	Lead Officer	Reason for submission	Time
<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 - priority (mid-point review)</b>	Developing Integrated System - update	Denise Radley	To provide progress update	15 mins
	A Healthier Place - update	Somen Banerjee	To provide progress update	15 mins
	Outcomes Framework - update	Somen Banerjee / Jamal Uddin	To provide progress update	15 mins
<b>Discussion Items</b>	Mental Health Strategy	Carrie Kilparick		15 mins
	LSCB Annual Report	Monawara Bakth/Stephen Ashley		15 mins
	SAB Annual Report	Pauline Swann/Christabel Shawcross		15 mins
	BCF update	Denise Radley		10 mins
	Suicide prevention Strategy (FINAL)	Dr Hannah Emmett	For HWBB to sign off	10 mins
<b>Any Other Information</b>				5 mins
Date: 20 December 2017				
	Report Title	Lead Officer	Reason for submission	Time
<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 (Initial assesment/ evaluation)</b>	Communities driving change - update	Somen Banerjee		15 mins
	Employment and Health - update	Somen Banerjee		15 mins
	Children's weight and nutrition - update	Abigail Knight		15 mins
<b>Discussion Items</b>	Physical activity and sport strategy	Thorsten Dreyer	Following consultation activities in September/October. This will be taken to Cabinet for formal sign off in January 2018.	15 mins
<b>Any Other Information</b>				5 mins
Date: 20 February 2018				
	Report Title	Lead Officer	Reason for submission	Time
<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 (Initial assesment/ evaluation)</b>	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
Date: 20 March 2018				
	Report Title	Lead Officer	Reason for submission	Time
<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 (Initial assesment/ evaluation)</b>	Health and Wellbeing Strategy - annual review of delivery plans: - Communities Driving Change; - Physical Activity and Sport Strategy			

<b>Wellbeing Strategy - priorities</b> (Annual Review)	<ul style="list-style-type: none"> <li>- Employment and Health;</li> <li>- Children's healthy weight and nutrition</li> <li>- Developing an integrated system;</li> <li>- A healthier place;</li> <li>- Outcomes Framework</li> </ul>		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 5 September 2017	
<b>Report of the London Borough of Tower Hamlets</b>	<b>Classification:</b> Unrestricted
<b>Health and Wellbeing Strategy, delivering the boards priorities: Children: Healthy Weight and Nutrition – progress report</b>	

<b>Lead Officer</b>	Debbie Jones, Corporate Director, Children’s Services
<b>Contact Officers</b>	Somen Banerjee, Director of Public Health Abigail Knight, Associate Director of Public Health
<b>Executive Key Decision?</b>	No

### Summary

Oversight of delivery against this action plan is undertaken by the Board Champions for the Children: Healthy Weight and Nutrition priority:

- Cllr Amy Whitelock Gibbs, Lead Member for Children
- Dr Sir Sam Everington, Chair Tower Hamlets CCG
- Debbie Jones, Director of Children’s Services

Supported by Abigail Knight, Associate Director of Public Health

It was approved at the Health and Wellbeing Board on 18<sup>th</sup> April 2017.

#### 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 supporting presentation of progress against the Action Plan for Priority Area Four: Children: Healthy Weight and Nutrition.
2. Comment on the proposed changes to the School Health Service and the Child and Family Weight Management Service and their contribution to this priority

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

- 1.1 The supporting presentation will provide an update of progress against the 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 oversight of progress against the agreed Action Plan for Priority Area Four: Children: Healthy Weight and Nutrition. This would not enable the Health and Wellbeing Board to fulfil its governance role, nor would it enable the ambition within the Health and Wellbeing Strategy to be realised.

### **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 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

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

- To consider measures to further improve the quality of school meals
- To consider how proposed changes to the school health service can support delivery of this priority

## **Action 4.2**

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

### **3.6 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

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

- As above (3.3)

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

- Focus needs to be on the engagement of parents/carers and schools
- 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

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

- To consider how to maximise benefits of the ‘Health Summit’

## **Proposed changes to the Health Visiting, School Health Service and Child and Family Weight Management Service**

### **3.10 What are the proposed changes?**

- The current Child and Family Weight Management service will not be recommissioned when the contract comes to an end in January 2018.
- It is proposed that a contract variation to the Health Visiting service will allow some additional nutritionist and administrative support to the service. This resource will focus on training for health visiting staff on early years’ healthy weight and nutrition, and provision of healthy weaning support services to parents. This contract variation will last for a period of one year, during which time impact will be closely monitored. We will consult more broadly with local residents on this service when the Health Visiting Service is reprocured in 2018/19.
- We are currently consulting on the proposed addition of a child and family weight management component to the school health service as part of the service reprocurement process. This consultation includes an online public consultation, focus groups with parents, primary and secondary school children, as well as key stakeholder groups. The consultation was brought to the Health and Wellbeing Board on 26<sup>th</sup> July 2017.

- Consistent with early years' healthy weight and nutrition support, it is proposed that the school health service provides some additional nutritionist and administrative support. This resource will focus on training for school staff on healthy weight and nutrition advice, supporting communication to schools and families and delivering workshops to high risk groups / families on healthy weight and nutrition.

### **3.11 How will these changes contribute to Priority Area Four: Children: Healthy Weight and Nutrition?**

- Despite good performance from the current provider of the Child and Family Weight Management service in terms of partnership development and service delivery, outcomes in term of maintenance or reduction of body mass index (BMI) remains poor. This would appear to reflect the intrinsic difficulty in achieving weight loss once a child has become overweight and reinforces the need for a preventive and system-wide approach, strengthening the capability of frontline staff across services (including health, schools, local authority and community organisations) to provide consistent messages and support on child nutrition, physical activity and healthy weight.
- Strengthening the availability and quality of early years' healthy weight and nutrition support is critical to the continued reduction in numbers of children who are overweight or obese in reception years. Best evidence shows that healthy weaning practices are an important component in childhood obesity prevention, an area where we currently have a gap in service provision.
- Providing preventative nutritional advice and support to children before they reach year 6 is a key strategy to enable a healthy weight to be maintained in the school age population. Working with families and improving communication with schools and families has been highlighted as an important component of this action plan, and these proposals will provide the ongoing resource to enable this.

## **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.

---

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

### **Linked Report**

- Tower Hamlets Together: Tower Hamlets Health and Wellbeing Strategy, 2017-2020.

### **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:**

- Abigail Knight, Associate Director of Public Health, LBTH  
[Abigail.Knight@towerhamlets.gov.uk](mailto:Abigail.Knight@towerhamlets.gov.uk)

This page is intentionally left blank

<b>Health and Wellbeing Board</b> Tuesday 5 September 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 - Progress Report</b>	

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

## Executive Summary

This is an update on the plan developed by the Board Champion Group for the Communities Driving Change priority of the Health and Wellbeing Strategy to deliver against the following 17/18 actions.

**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 progress against the 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

### Action 1. 1 of Health and Wellbeing Strategy

#### ***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***

#### 3.1 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

#### 3.2 What progress has been made made?

- The locality based Healthy Communities Programme, commissioned by Public Health, is at award stage and on track to commence at the start of October.
- The Social Movement for Life programme, which is a Tower Hamlets Together Vanguard pilot programme to inform the Healthy Communities Programme, has progressed four local coproduction initiatives (Isle of Dogs, Chicksand Estate, Bow and Watney Market).
- The Community Insights Network programme, which is a Tower Hamlets Together Vanguard pilot to develop and train researchers from the community, is taking forward a project to review options for sustainably embedding participatory research and other approaches across the partnership
- A partnership task finish group (NHS, council, voluntary sector, Healthwatch) have met and are reviewing the option of using the



Healthwatch repository as the main repository for insights around health and care.

### 3.3 What will have been achieved in the next six months?

- Locality based coproduced delivery plans will have been developed through the Healthy Communities Programme
- The Social Movement for Life programme will have been evaluated and lessons learnt are informing the Healthy Communities Programme
- A model for sustainably embedding the Community Insights Network across the partnership will have been developed
- There will be a single repository for insights on community perspectives on health and wellbeing (this will include a review of health and wellbeing issues raised through Members Enquiries)

### **Action 1.2 of Health and Wellbeing Strategy**

***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***

### 3.4 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

### 3.5 What progress has been made?

#### Partner organisations pledge to support Communities Driving Change

- The Tower Hamlets Together User and Stakeholder Focus workstream has brought together partner engagement and involvement leads, Healthwatch, voluntary and community sector representatives and residents.
- Over the last six months the workstream has focussed on the delivery of the new community health services contract, admission avoidance, reablement and rapid response, integrated personal commissioning, the whole systems dataset project and the local implications of the East London Health and Care Partnership.
- The focus of these discussions has not only been to provide an update about developments but also to explore how to move beyond service delivery to co-production and community leadership. This has developed more open and flexible relationships anchored in trust.

### Partner organisations clearly promote ways that residents can drive change

- In 2016 Tower Hamlets Together developed a draft outcomes framework to inspire both residents and the workforce and help understand the nature of the change we require.
- The New Economics Foundation has been commissioned to explore this further particularly with sections of the community not previously engaged with.
- This work will be completed by early October and is designed to shape thinking about how local commissioning can be driven more strongly by the experiences and desires of local residents.
- As part of the latest stage of the outcomes work the Tower Hamlets Together Stakeholder Council met in July bringing together a diversity of voices which nevertheless articulated consistent aspirations for the borough.

### Partner organisations regularly feedback to residents on how residents have driven change

- Alongside the regular work undertaken by individual organisations, Tower Hamlets Together partners have worked with Healthwatch at the 'Your Voice Counts' events at the Barkantine Health Centre in April and Victoria Park in August, met with older residents at the Zacchaeus Project in Bethnal Green in April and participated in the Barts Health Patient Experience Conference in July.
- Getting the new public-facing portal for community health services right is one example of the kinds of issue explored. A key challenge is ensuring residents receive feedback (both positive and negative) about how their engagement and involvement influences local developments.
- This will be a fundamental part of the next steps for the User and Stakeholder Focus workstream, the stakeholder council and the outcomes framework described above.

### Partner organisations support the delivery of initiatives that empower people to improve their health

- Since February 2015, 750 frontline staff members have completed the Making Every Contact Count (MECC) training programme, enabling staff to have conversations with their clients around healthy eating and drinking, exercise, smoking and mental and sexual health. Trained staff members are from all Tower Hamlets Together partner organisations, including housing associations. Discussions have also begun with the Fire and Police Services. The training programme has evaluated well and buy-in from THT partners has been good.

### 3.6 What will have been achieved in the next six months?

- Building on their learning, the Tower Hamlets Together User and Stakeholder Focus workstream will have developed proposals for sustaining

a culture across the partnership that empowers people to be in control and informed about how to improve their health.

- A coproduced shared outcomes framework will have been developed with a plan for implementation post 2018
- The governance structure for the health and care system will incorporate the learning from the Stakeholder Council pilot (that brings together residents, staff, the voluntary and community sector and other partners to act as a 'critical friend')
- At least a further 320 staff will have gone through the Making Every Contract Count training programme (as part of the Tower Hamlets Together Vanguard programme)
- A community of practice will be in place to support those trained to deliver MECC and to offer further training opportunities to develop their skills, for example in health coaching.
- Partner organisations will have embedded the MECC programme into job descriptions and client record systems across the THT partnership organisations
- A MECC 'train the trainers' model will have been established to ensure the sustainability of the programme.
- The current training scheme will have been evaluated to understand the impacts of the programme

### **Action 1.3 (p13)**

***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.***

#### **3.7 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

#### **3.8 What progress has been made?**

- Progress has not been as fast on this as desired. This has been partly due to plans for holding the Board in the community have fallen through due to availability issues and changes in the dates of the Board.
- The Board for the 5th September will be preceded by an engagement event held by Healthwatch and there will be feedback from this event at the Board.

- The Health and Wellbeing Board webpage has been updated but there remains a need to make it more public facing.

### 3.9 What will have been achieved in the next six months?

- Health and Wellbeing Board meetings will have been held in community settings
- The Health and Wellbeing Board will be routinely receiving and responding to the insights from community engagement events
- There will be a communications plan for the Board and this will include a refreshed public facing webpage and a greater social media presence

## 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.

---

## **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:**

Somen Banerjee, Director of Public Health, LBTH  
[Somen.Banerjee@towerhamlets.gov.uk](mailto:Somen.Banerjee@towerhamlets.gov.uk)

This page is intentionally left blank

<b>Health and Wellbeing Board</b> Tuesday 5 September 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 – progress report</b>	

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

### Executive Summary

This is an update on the plan developed by the Board Champion Group for the Employment and Health priority of the Health and Wellbeing Strategy to deliver against the following 17/18 actions:

**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

### Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note and discuss progress on Health and Wellbeing Strategy Priority on Employment and Health.

## 1. REASONS FOR THE DECISIONS

- 1.1 This report sets out progress on the 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 provides a consistent offer in relation to employment support across the Borough
- The DWP Work and Health Programme is delivered locally in a way which best serves the Tower Hamlets residents.
- Best practice is embedded into work on health and employment

#### 3.1.2 What progress has been made?

##### Social Prescribing

- Baseline survey of training needs of social prescribers with regards to council provision of Employment support conducted
- Training session for Social prescribers planned focusing on the council provision of employment support, in particular Work Path (content of training session to be guided by the results for the survey)
- Social Prescribers have been linked into Content Referral Management development being conducted at the council (in order to facilitate referrals)
- Baseline data on referrals from social prescribing into employment services has been obtained in order to assess improvement in referral going forward.



### Work and Health Programme

- Tower Hamlets is part of Central London Forward – 12 Boroughs in Central London who are working to procure the service for these 12 Boroughs. Procurement is being led by Central London Forward and City of London
- As part of the specification for the programme each participating borough submitted a Local Integration Plan. In Tower Hamlets, this was produced jointly by Public Health and Economic Development and details how the service should work with currently existing local services. In particular, it describes how existing services may act as referral points into the programme and outlines options for co-location of the Programme's caseworkers within existing services.
- The Corporate research team in the council has conducted some initial analysis on the profile of cohorts who will be targeted by the programme.

### Best practice review

- The evidence and case studies for the review on models around integration of work and health services have been collated and are being synthesized. The findings will be presented to the Employment Board.

### **3.1.3 What will we have achieved in the next 6 months?**

- Social prescribers will be trained to refer routinely into employment services (particularly Workpath) evidenced by increase from baseline referrals (16/17)
- Social prescribers will have referral systems that make referral into employment services easier
- The Central London Forward Work and Health Programme will be integrated into local services (employment and health)
- Integration models for employment and health will be informed by best evidence and best practice models elsewhere.

### **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 progress has been made?

#### London Healthy Workplace Charter

- A survey has been developed requesting baseline information on sign up to the London Charter, areas where progress has been challenging and examples of good practice
- This will be distributed to partner organisations of the Health and Wellbeing Board/Tower Hamlets Together and the Employers Forum
- There is agreement from the Lead Member for Health that the remit of the Employers Forum will expand beyond mental health (Time to Change) and cover workplace health and wellbeing and the Forum promote the London Healthy Workplace Charter

#### Mental Health First Aid

- Over the last 8 months, through a local capability building programme funded by Health Education England, over 300 Tower Hamlets staff from statutory and non-statutory sectors (228 from voluntary sector or other) have been trained as qualified Mental Health First Aiders. Additionally another 100 have so far been trained on the half day Mental Health First Aid LITE awareness course.
- There has been a rich mix of participants on the MHFA programme ranging from health and care, education, enforcement, transport, housing and employment. Participants have also fed back on the excellent quality of the teaching, and how they felt that the learning not only has had a positive impact on delivering patient care but also helped them become more aware of looking after own mental health and wellbeing, and their families

### 3.2.3 What will we have achieved in the next six months?

- The number of organisations in Tower Hamlets signed up to the London Healthy Workplace Charter will have increased from baseline
- There will be an understanding between partners of common areas where progress has been challenging and also a sharing of good practice
- There will a shared action plan on priorities that the Employers Forum will be looking to focus on
- There will be linkage between the East London Health and Care Partnership priority in the Sustainable Transformation Plan (STP) and the Employers Forum.
- A further 100 people will be trained as Mental Health First Aid trainers and 300 scheduled to be trained on the shorter MHFA LITE course by December.

#### **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 Health and Social Care Act 2012 (“the 2012 Act”) makes it a requirement for the Council to establish a Health and Wellbeing Board (“HWB”). S.195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.
- 5.2. This duty is reflected in the Council’s constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety, and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.
- 5.3. Section 116A of the Local Government and Public Involvement in Health Act 2007 places a duty on the HWB to prepare and refresh a joint strategic health and wellbeing strategy in respect of the needs identified in the Joint Strategic Needs Assessment, so that future commissioning/policy decisions are based on evidence. The duty to prepare this plan falls on local authorities and the Clinical Commissioning Group, but must be discharged by the HWB.
- 5.4. In preparing and monitoring the progress of the Health and Wellbeing Strategy, the HWB must have regard to the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies published on 26 March 2013, and can only depart from this with good reason.
- 5.5. When considering the strategy regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have ‘due regard’ to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a ‘protected characteristic’ and those who do not share that protected characteristic

## **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.

---

### **Appendices and Background Documents**

#### **Appendices**


- None

#### **Background Documents**

- NONE

#### **Contact Officer:**

Somen Banerjee, Director of Public Health, LBTH  
[Somen.Banerjee@towerhamlets.gov.uk](mailto:Somen.Banerjee@towerhamlets.gov.uk)

<b>Health and Wellbeing Board</b> Tuesday 5 September 2017	
<b>Report of the London Borough of Tower Hamlets</b>	<b>Classification:</b> Unrestricted
<b>Tower Hamlets Local Plan 2031: Managing Growth and Sharing the Benefits (Regulation 19 consultation)</b>	

<b>Lead Officer</b>	Ann Sutcliffe, Corporate Director of Place
<b>Contact Officers</b>	Marissa Ryan-Hernandez (Strategic Planning Manager) & Philip Wadsworth (Local Plan Place Team Leader)
<b>Executive Key Decision</b>	No

## Summary

The Local Plan is the Council’s most important planning document, guiding development to help manage future growth across the borough. A new Local Plan has been prepared to respond to local requirements and to reflect national and regional policy changes that have emerged in recent years, such as the Borough’s housing target which was substantially increased through the London Plan in 2016. The Local Plan has been informed by comments received during two previous rounds of consultation and an up-to-date evidence base.

The Health and Wellbeing Board and its membership organisations are presented with an update on the following:

- the Local Plan process to date;
- changes since the last consultation – with a particular focus on health related comments and changes; and
- next steps (including consultation).

## Recommendations

The Health & Wellbeing Board is recommended to:

1. consider the presentation on the update to the Tower Hamlets Draft Local Plan 2031: Managing Growth and Sharing Benefits; and
2. respond to the consultation with any comments on the current progress

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

1.1 Item is for information and discussion, no decision is required

## 2. **ALTERNATIVE OPTIONS**

2.1 Item is for information and discussion, no decision is required.

## 3. **DETAILS OF THE REPORT**

- 3.1 The Corporate Plan sets out a commitment to prepare a new Local Plan to appropriately manage and guide development anticipated over the next fifteen years which maximise the benefits from development across the borough as well as respond to policy changes and priorities at a national and regional level since the adoption of the current Local Plan. Primarily, this need arises from the significant increase in the borough's annual housing target from 2,885 to 3,931 homes per year, following the adoption of a revised London Plan in 2016.
- 3.2 The government also requires us to keep our Local Plan up-to-date to ensure that it responds to changes in national and regional guidance and policies as well as projections of population and employment growth (see paragraphs 157 and 158 of the National Planning Policy Framework).

### **DEVELOPING A NEW LOCAL PLAN**

- 3.3 The Local Plan is the borough's key planning document and is a statutory requirement. It sets out policies to guide future growth and investment, as well as secure benefits from new developments, such as transport improvements and affordable housing.
- 3.4 The indicative timetable for adopting the Local Plan in accordance with statutory requirements is set out in the table below.

	<b>Key Tasks</b>	<b>Stage</b>	<b>Reporting</b>	<b>Timescale</b>
1	Publish the proposed submission version of the Local Plan	Publication (regulation 19)	Cabinet/Full Council	October/November 2017 (6 weeks)
2	Submit the Local Plan to the secretary of state	Submission (regulation 21)		Early 2018
3	Examination in public	Regulation 24		Anticipated Spring 2018
4	Adopt the new Local Plan	Regulation 26	Full Council	Late 2018

### **DRAFT LOCAL PLAN AND HEALTH PRIORITIES**

- 3.5 The important role that planning can play in improving public health has been recognised in both the preparation and contents of the new draft Local Plan.

- 3.6 The Plan Making Team has worked closely with the Public Health Team to identify the key public health areas the Local Plan can influence.
- 3.7 Several evidence base documents have also helped identify key health priorities the Local Plan could help deliver. Some of the key evidence base studies with particular reference to public health include:
- Tower Hamlets Joint Strategic Needs Assessment: Planning and Health (2016)
  - Health and Wellbeing Strategy
  - Health Issues in Planning Best Practice Guidance (GLA, 2007)
  - Health Impact Assessment Matrix (London Healthy Urban Development Unit)
  - Tower Hamlets Sports Facilities Strategy (2017)
  - Tower Hamlets Green Grid Strategy: Update (2017)
  - Tower Hamlets Open Space Strategy (2017)
  - Tower Hamlets Water Space Study (2017)
  - Tower Hamlets Air Quality Annual Status Summary Report
  - Carbon Offset Fund Study (2016)
  - Carbon Policy Evidence Base (2016)
  - National Statistics, UK Local Authority and Regional Carbon Dioxide Emissions 2005 – 2014 (National Statistics, 2016)
  - London Local Air Quality Management Technical Guidance (GLA, 2016)
  - Tower Hamlets Cycling Strategy – 2016.
- 3.8 The above evidence base studies identify relevant health and wellbeing issues and resulting policy recommendations for the Local Plan.
- 3.9 The outcome of these studies has been to embed health improvements at the heart of the new Local Plan. One of the key objectives for the new Local Plan is ‘sharing the benefits of growth’, one of the key principles of which is that ‘Growth must bring an improved quality of life, health benefits and reduce health inequalities’. This will be implemented through ‘delivering healthy streets and neighbourhoods that promote active and healthy lifestyles and recreation and enhance people’s wider health and well-being’.
- 3.10 Health and wellbeing is a cross-cutting theme throughout the draft Local Plan, but has particularly shaped the following areas:
- A requirement for all major developments or those in particular areas (e.g. area of sub-standard air quality) or containing particular uses to complete a health impact assessment.
  - A strengthened policy on hot food take-ways.
  - A new policy to limit over-concentration of betting shops and payday loan shops.
  - A strengthened policy on the provision and standards of child play space in new developments.
  - A new approach to the provision of open space to ensure we maximise provision and enhance connectivity.
  - A strengthened policy on water spaces to optimise public use and enjoyment.
  - A new focus on active travel and promoting walking and cycling.
  - A strengthened policy on air quality to reduce the impact on air quality of new developments and to better protect users of new developments from existing poor air quality.

- Site allocations will accommodate health facilities to ensure new provision in areas of growth.

## PREVIOUS CONSULTATION (REGULATION 18)

3.11 The preparation of the Local Plan has involved two rounds of public consultation (as outlined below):

Key Stages	When	Purpose / nature of stage
Our Borough, Our Plan: A New Local Plan First Steps'	January - February 2016	<ul style="list-style-type: none"> <li>• Review of new and emerging policy and legislation, market changes, political priorities etc.</li> <li>• Outline scope of the plan</li> <li>• Key challenges / opportunities</li> </ul>
Tower Hamlets Draft Local Plan 2031: Managing Growth and Sharing Benefits	November 2016 - January 2017	<ul style="list-style-type: none"> <li>• Full draft Local Plan which included policies and site allocations.</li> <li>• Extensive engagement with internal and external stakeholders and members</li> <li>• Council's preferred approach based on evidence</li> <li>• Public drop-in events, area-specific workshops and bespoke meetings</li> </ul>

3.12 These public consultations were advertised through a variety of methods to promote engagement from as broad a range of persons as possible. This included directly notifying statutory consultees and persons registered on our database via e-mail or letter, publishing a public notice in local press, utilising social media and displaying adverts at bus stops around the borough.

3.13 A number of events and meetings were held as part of consultation. This included drop-ins around the borough at which the public were able to view information and documents and gain assistance from officers, area-based workshops, bespoke meetings with specific groups such as the Youth Council, Local Voices (a local disability group) and the Tower Hamlets Housing Forum, and engagement with statutory consultees, key stakeholders and specialist officers from across the Council.

3.14 In total 103 representations were received during the last consultation which contained 908 separate comments. The following were the topics to receive most comments:

- Sustainable places (which included site allocations) – 21.8%
- Design and heritage – 15.3%
- Housing – 11.7%
- Economy and jobs – 7.7%

3.15 The following points outline the nature of the primary changes to the Local Plan compared to the previous consultation during the regulation 18 stage as a result of the consultation and engagement highlighted above and further evidence:

- Additional policies have been introduced and existing policies amended to address the recommendations arising from new or updated evidence and comments received during consultation. Some of the changes closely related to health and wellbeing are referred to in para 3.10 above.



- Alterations have been made to address the government's soundness tests and/or legal compliance.
- Alterations have been made to policies and supporting text to ensure they are positively worded and/or to improve soundness.
- Policy designation boundaries and site allocations have been reviewed, with some being amended or removed.
- General changes have been made to improve the formatting and readability of the document.

## **TOWER HAMLETS LOCAL PLAN: MANAGING GROWTH AND SHARING THE BENEFITS (REGULATION 19 PUBLICATION STAGE)**

3.16 The Local Plan covers a fifteen year period, from 2016 until 2031. The vision is derived from existing strategies and plans, as well as a number of discussions with the Mayor and Cabinet. Underpinning the vision, two key objectives, which are linked to a series of principles and implementation actions have been identified which will be delivered through a series of supporting policies. The vision has largely remained the same as the previous consultation document.

3.17 Policies are divided into two types.

- Spatial policies. These set out the overarching requirements and land designations covering different themes.
- Development management policies. These provide further guidance on the spatial policies where it is considered appropriate and relevant.

3.18 Site allocations have been identified detailing the land use and infrastructure requirements as well as the design principles and delivery considerations.

## **PUBLIC CONSULTATION AND NEXT STEPS**

3.19 The consultation on the Local Plan (regulation 19 stage) is anticipated to run from 2<sup>nd</sup> October 2017 to 12<sup>th</sup> November 2017.

3.20 The Local Plan will be published on the council's website and residents and stakeholders will be able to make comments on the document online, via email or post. The website will also contain details of all the consultation activities which will also be publicised in the local press well in advance of the events.

3.21 The six week consultation is the last opportunity for the public and stakeholders to influence the content of the plan. At this stage, we are seeking views on whether the Local Plan and supporting evidence is sound (i.e. appropriate, based on robust evidence and consistent with government policy) and legally compliant.

3.22 In line with the timetable set out above, feedback obtained through this consultation alongside the Local Plan will be sent directly to the Planning Inspectorate, who will consider these representations during the examination in public.

3.23 Following the examination in public, we will seek to adopt the new Local Plan, subject to the inspector's modifications. At this point, it will formally replace the current adopted Local Plan (the Core Strategy and Managing Development Document).

3.24 In advance of adopting the new Local Plan, we can begin to apply weight to the draft policies. The material weight of the policy strengthens the closer the Local Plan is to adoption, particularly following the conclusion of the examination in public and receipt of the inspector's recommendations.

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

- 4.1 This report accompanies a presentation to the Health and Wellbeing Board on the progress on the preparation of the Tower Hamlets Draft Local Plan 2031, and seeks the views of the Board on the consultation process, in particular in respect of issues affecting public health.
- 4.2 Following the statutory consultation period the Plan will be submitted to the Secretary of State, with all representations received being sent to the Planning Inspectorate for consideration as part of the examination in public.
- 4.3 Whilst there are no specific financial consequences arising directly from the recommendations in the report, ultimately the Local Plan will underpin key decisions in relation to the allocation of the limited resources available within the borough, and will influence the shaping of the Council's Medium Term Financial Strategy and Capital Strategy. In particular it will provide the basis for estimating the need for and cost of providing Council services based on changes to the borough's population together with the additional revenue generated from locally generated funding sources – Council Tax and increasingly Business rates.
- 4.4 The various studies and evidence required to support the plan set out some of the challenges that the Authority and its partners may face over coming years as a result of demographic and economic growth. Individual infrastructure developments will need to be subject to detailed planning at the appropriate time, including consideration of the financial impact on both partner organisations and on the Council. The Local Plan and supporting data will also provide evidence to determine the charging schedules in relation to Section 106 obligations and the Community Infrastructure Levy, and to inform decisions concerning the appropriate use of the resources secured.
- 4.5 The main costs associated with the development of the Local Plan are staffing related and are financed from within existing resources. As part of the consultation process expenditure will be incurred on items such as advertising, printing, hiring venues and facilitating public meetings. There is existing budgetary provision for these costs.

#### **5. LEGAL COMMENTS**

- 5.1 This report updates the Health and Wellbeing Board on progress with the Tower Hamlets Draft Local Plan 2031: Managing Growth and Sharing Benefits; and asks the Board to respond to the consultation with any comments on the current progress. The Health and Social Care Act 2012 ("the 2012 Act") makes it a requirement for the Council to establish a Health and Wellbeing Board ("HWB"). S.195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.
- 5.2 This duty is reflected in the Council's constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety, and performance mechanisms operated by its member organisations, and the use of

relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.

- 5.3 It is a statutory requirement for the Council as local planning authority (“LPA”) to identify the strategic priorities for the development and use of land in the authority's area, and the policies to address these priorities must be set out in the LPAs development plan documents, save where policies to address those priorities are set out in the spatial development strategy (the London Plan).
- 5.4 The Council’s Local Plan once adopted will, along with the London Plan, form the Council’s development plan (along with any neighbourhood plans that might follow). Together these documents are the key planning policy against which planning applications and permissions in principle will be assessed, and Section 38(6) of the Planning and Compulsory Purchase Act 2004 provides that if regard is to be had to the development plan for the purpose of any determination to be made under the planning acts, the determination must be made in accordance with the development plan unless material considerations indicate otherwise.
- 5.5 The National Planning Policy Framework (“NPPF”) states that the purpose of the planning system is to contribute to the achievement of sustainable development which includes a social role, by supporting strong, vibrant and healthy communities, by providing the supply of housing required to meet the needs of present and future generations; and by creating a high quality built environment, with accessible local services that reflect the community’s needs and support its health, social and cultural well-being.
- 5.6 One of the core planning principles identified in the NPPF is that plan making should take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs. Paragraph 3.10 sets out some of the ways which health and wellbeing considerations have helped shape the draft Local Plan.
- 5.7 As noted in this report, following Cabinet approval, the next step is for the draft plan to be subject to a six week consultation. Following this consultation, Full Council will be asked to approve the submission of the proposed Local Plan to the Secretary of State for independent examination, along with supporting documents.
- 5.8 In carrying out the function of preparing a Local Plan, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have ‘due regard’ to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a ‘protected characteristic’ and those who do not share that protected characteristic.
- 5.9 In respect of the Local Plan this report indicates that an equalities screening has been carried out as part of the Integrated Impact Assessment.

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

- 6.1 For the Local Plan, a full equalities screening has been prepared and is included as part of the Integrated Impact Assessment. The screening indicates that a full EqIA is not necessary as the draft Local Plan has exhibited due regard to the Council's Public Sector Equality Duty. Policies on safeguarding and provision of accommodation for Gypsies and Travellers were positive and the provision of adaptable and accessible accommodation will bring positive outcomes for the disabled and others. For the Regulation 19 consultation contact will be made with all groups, including those identified in the Council's Single Equality Framework, that were contacted during the previous stage of consultation. Officers will continue to work with the Council's Equalities team to ensure actions are undertaken to mitigate any impacts on the equality profile of those affected by the Local Plan.

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

- 7.1 The new Local Plan will enable the council to continue to ensure that the delivery of housing, infrastructure and other new development is optimised, and that social, economic and environmental benefits continue to be secured and shared across the borough and beyond. The development of sites following the policies and guidance contained within the new Local Plan will generate section 106 and Community Infrastructure Levy (CIL) contributions, where relevant. This may include the delivery of new health facilities, affordable housing, local enterprise and employment opportunities, public realm enhancements and transport infrastructure.

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

- 8.1 Appraising the effects of the Local Plan (known as sustainability appraisal) is a statutory requirement. Under the Planning and Compulsory Purchase Act 2004, a sustainability appraisal must comply with the requirements of a Strategic Environmental Assessment (SEA). This ensures environmental issues are incorporated into the Local Plan and assessed in decision-making throughout the entire plan making process.

## **9. RISK MANAGEMENT IMPLICATIONS**

- 9.1 Throughout the drafting process of the Local Plan, it has been regularly reported and presented to a number of internal groups (including Local Plan Internal Stakeholders Group, Development and Renewal Directorate Management Team and Corporate Management Team) that consider risk management issues and mitigation measures.
- 9.2 Officers have worked collaboratively across the relevant services on developing the new Local Plan and its evidence base through CLT and the Local Plan Internal Stakeholder Group. The Mayor of Tower Hamlets and Lead Member for Strategic Development and Waste have been briefed frequently on the new Local Plan, providing significant input into the development of the Local Plan.

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

- 10.1 The Local Plan contains policies that seeks to ensure the design of developments minimises opportunities for crime and creates a safer and more secure environment.

---

## **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:**

- N/A

This page is intentionally left blank

<b>Health and Wellbeing Board</b> Tuesday 5 September 2017	
<b>Report of the London Borough of Tower Hamlets</b>	<b>Classification:</b> Unrestricted
<b>Final adult learning disability Strategy</b>	

<b>Lead Officer</b>	Denise Radley, Director of Adults, Health and Community, LBTH
<b>Contact Officers</b>	Carrie Kilpatrick, Deputy Director Mental Health and Joint Commissioning, LBTH and TH CCG  Report prepared by Lonica Vanclay, Interim Project Manager, Joint Commissioning, TH CCG
<b>Executive Key Decision?</b>	No

## Summary

This is the final adult learning disability Strategy presented to the Board for approval.

An Easy Read Strategy Summary, Background Information document, Market Position Statement, Delivery Plan and Equality Analysis Quality Assurance checklist accompany the Strategy as linked documents and are available on request.

## Recommendations:

The Health & Wellbeing Board is asked to:

1. Agree the Strategy.

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

- 1.1 Tower Hamlets has an estimated 4,848 people aged 18 and over who have learning disability. They experience poorer life outcomes than the general population, including for physical health, mental health, employment and life expectancy. Learning disability is a protected characteristic. Following Winterbourne, there is a significant drive in national health and social care policy to improve outcomes for this group of people.
- 1.2 There has not been a Tower Hamlets adult learning Strategy previously. There are a range of plans and initiatives underway and a commitment has been made to develop an overarching Strategy, drawing these together within a coordinated framework that sets out ambitions and priorities for the next three years to 2020.
- 1.3 The Strategy will set out how the Health and Wellbeing Strategy priorities are implemented and achieved for adults with learning disability. It will be developed with a co-production approach with service users, carers, professionals and local organisations. It will focus on how to improve outcomes for adults with learning disability in the borough over the next three years, with an action plan for the delivery of the strategy.

## **2. ALTERNATIVE OPTIONS**

- 2.1 There are no alternative options. It is essential for the Health and Wellbeing Board to have an adult learning disability Strategy in place. It has been discussed and requested by partners for some time.

## **3. DETAILS OF REPORT**

- 3.1 **Strategy development.** The Strategy is attached to this report and is presented for approval. The Strategy is joint across the Council and CCG. The scoping document was agreed by the Joint Commissioning Executive, Adult DMT and CCG Executive.
- 3.2 The Strategy was developed through a co-production process outlined in detail in the Background Information document. Consultation feedback from discussions and surveys in 2014-2016 was summarised and used to set a draft vision statement and key outcomes. Consultation between April and June 2017 focused on checking the vision and outcomes with people and seeking views on the best ways to support people to achieve improved outcomes. The consultation questions were developed and trialled then amended in partnership with several adults with learning disability. Views were obtained through a mix of methods; an online questionnaire, easy read hard copy questionnaire, discussions, workshops and individual interviews. In total, responses were received from 106 adults with learning disability, 48 carers, 7 carer support workers and 157 service staff and members of the public.



- 3.3 46 people with learning disability supported having live well as the vision; 43 favoured “living a full life”. All but two people agreed with the outcomes. Many comments were received about actions to support improved outcomes. Key themes were support from family and friends, living and participating in the community, having choice, improving communication, information and feedback from service staff and developing greater respect for people with learning disability across the community. These themes informed the draft Strategy. The draft was reviewed and amended at the Learning Disability Partnership Board meeting on 13 June; then sent out for comment by stakeholders and the public (including giving the web address in an article in Our East End in June). It was amended to reflect the comments received.
- 3.4 It was presented for comment, discussion and approval as follows:
- Adult Integrated Commissioning SMT on 1<sup>st</sup> June
  - Joint Commissioning Executive (JCE) 21 June
  - LBTH DMT 3 July
  - Health and Wellbeing Board (HWB) 4 July
  - CCG SMT 10 July
  - Learning Disability Partnership Board 17 July
  - LBTH CLT 19 July
  - JCE 19 July
  - Tower Hamlets Together Complex Adults Programme Board 20 July
  - Safeguarding Adults Board 20 July
  - MAB 8 August
  - HWB 5 September
  - CCG Governing Body 6 September
  - Cabinet 19 September.
- 3.5 The Strategy is accompanied by the following related additional documents which are available on request for information.
- a) An easy read Summary;
  - b) A Background Information Document which describes why and how the outcomes were agreed;
  - c) A Market Position Statement; and
  - d) The Delivery Plan which details how the actions for each outcome will be implemented. It has a simple structure, focusing on how the actions in the Strategy will be progressed, by when, by who, resources required and their source and what the desired outcomes are.
- 3.6 **Key points.** The Strategy priorities and actions were informed by comparative data taken from the Learning Disability Factsheet that is part of the Joint Strategic Needs Assessment and other recent local, regional and national data. Some key points are that:
- a. The number of people with learning disability in the population will increase in line with the overall population growth and because people are living longer.

- b. Although people with learning disability are living longer, they do still have higher premature mortality with a lifespan that is 18 years shorter for women than the general population and 14 years for males.
- c. The ethnicity breakdown of the learning disability population registered with GPs at end March 2017 showed 46% being Asian or Asian British with 41% of the total Tower Hamlets population estimated to be of that ethnicity.
- d. An analysis of GP data in 2014 indicated greater prevalence of learning disability among males (3.5 and 2.4 for females) and greater prevalence among the most deprived quintiles of the population.
- e. In Tower Hamlets, people with learning disability have higher obesity levels and lower breast cancer and cervical screening levels than nationally or the general population in Tower Hamlets.
- f. Some 69% of adults with learning disability in Tower Hamlets live in their own home or with family, only just below the national average; however Tower Hamlets has significantly fewer people in supported accommodation in borough and more in residential accommodation out of borough than other areas.
- g. A larger proportion of people receive day care than in other areas – which shows a good level of support is delivered here, but could also show that fewer people are supported to access flexible community provision.
- h. Fewer people are in paid employment in Tower Hamlets than elsewhere; 5.3% compared to 7.5% in London and 6% across England.
- i. Tower Hamlets has had no-one in an assessment and treatment unit in the last five years which is very positive compared to other areas and reflects good community support provision.

3.7 The Strategy sets out a holistic approach to improving outcomes. It is a partnership Strategy, encouraging local organisations, the Council, the NHS, private companies, the community and carers to work together with people with learning disability to implement the actions and improve outcomes. It reflects and promotes a rights based approach, acknowledging that people with learning disability have the right to be treated equally and to control their lives; that they are supported to live an ordinary life in the community and that services have to make reasonable adjustments as disability is a protected characteristic. It acknowledges the need to develop, support and value staff in provider services as they play a key role in ensuring people have the right support. It recognises the vital importance of supporting carers. It sets out the key focus for change and improvement in the support the Council and NHS have responsibility for. These include personalised assessment, care planning and provision of support for care, accommodation, day opportunities and employment for those with the most needs. The actions are limited to be achievable and reflective of the existing limited resource. There is an emphasis on the need to promote independence, community support, inclusion within mainstream services and different, joined up ways of working.

3.8 **Governance.** The Strategy development and implementation is being overseen by the Learning Disability Partnership Board (LDPB), which will report annually to the Health and Wellbeing Board as outlined in the final

section of the Strategy. A simple highlight report will be developed to support these reporting arrangements.

- 3.9 The membership of the LDPB consists of adults with learning disability, carers, provider representatives and Local Authority and CCG officers. The Corporate Director Adults, Health and Community Wellbeing is the sponsor. The Co-Chairs are a person with learning disability who will be elected for a period and Carrie Kilpatrick. The first meeting was 13 June. Bi-monthly meetings for a year have been set.
- 3.10 Subgroups will be responsible for delivering the actions for each outcome as set out in the Delivery Plan. Progress will be reported regularly to the LDPB and annually to the Health and Wellbeing Board. Groups are as follows:
- Health – this is established and meets regularly.
  - Accommodation – this is established and meets regularly.
  - Meaningful activities – covering the “be part of the community and involved in local activities” and “working and volunteering” outcomes from 14 years onwards, which will be initiated by autumn 2017.
  - Choice and the right support – to be initiated by autumn 2017.
  - Respected and safe – the actions will be undertaken by the Safeguarding Adults Board, Community Safety Partnership and LDPB subgroups.
  - Transforming Care – all outcomes apply to this subset of the adult learning disability population. There is a local workplan reflecting the Inner North East London plan which will be championed locally by the choice and right support group. The actions are spread across several LDPB subgroups.
- 3.11 **Co-production development.** A new project is being implemented to ensure a co-production culture is developed and embedded within all aspects of Strategy implementation and continuing strategic and service planning, commissioning and delivery. It has two complementary elements. The Local Authority resource is for identifying, training and supporting people with learning disability to be involved in all aspects of strategic planning and development. This is being delivered by PowHER/HIVE. The CCG quality improvement resource is for a health quality checker scheme (delivered by ExpecttheBest) whereby people with learning disability are trained and supported to visit and check services such as GPs, A&E and dentists against a set of standards which are being nationally developed.
- 3.12 **Finance.** The Strategy is based on agreed Council and CCG budgets and many of the improvement actions promote different ways of working rather than relying on additional resource.

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

- 4.1 The Adult Learning Disability Strategy, supporting action plan and market position statement will need to be within the Council's medium term financial strategy (MTFS) and the CCG's financial plan budgets.
- 4.2 The HAC Directorates 2017-18 budget for Learning Disability Services is £19.995m. This is based on the month 3 budget of £20.644m adjusted for savings of £1.493m and demographic growth of £0.844m. This budget allocation does not include any potential future budget growth from drawdown on the corporately held budget for the implementation of the Ethical Care Charter and the provider inflation award.
- 4.3 The Council and the CCG are currently in the process of agreeing the three-year financial envelope available to develop and deliver this strategy. Once agreed the strategy will be delivered within the funding available

#### **5. LEGAL COMMENTS**

- 5.1. This Strategy is informed by the Joint Strategic Needs Assessment ('JSNA'). The updated information collected as part of the process will inform the next iteration of the Learning Disability Factsheet that accompanies the JSNA.
- 5.2 The Disability Discrimination Act (2005) and the Equality Act (2010) state that people with learning disabilities must be supported to live an ordinary life in the community in line with human rights legislation and that the public sector has a duty to advance equality of opportunity and foster good relations between persons who have a protected characteristic (which learning disability is) and those who do not. The Strategy will help demonstrate how the Local Authority and CCG are fulfilling those requirements for adults with learning disability.
- 5.3 Other key policies relevant to adult learning disability are set out below. Their requirements and implications are reflected in the Strategy.
  - a) Valuing People: A New Strategy for Learning Disability for the 21st Century (2001), and subsequent strategies, Valuing People Now (2009) and Valuing Employment Now (2009). These focused on promoting and delivering advocacy, employment support, person-centred planning, care coordination and partnership working to improve the lives of people with learning disabilities. They reflected the themes in the Putting People First suite of documents about transforming wider adult social care provision which also emphasised better information, better quality of service, more emphasis on prevention and personalised provision with more choice and control for people themselves.
  - b) Transforming Care: A national response to Winterbourne View Hospital (2012) and the accompanying Winterbourne View Review: Concordat: A Programme of Action (2012) set out to transform services for people with learning disabilities or autism and mental health conditions or behaviours

described as challenging. This included a programme of action to ensure that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice, including consideration of supported living options. It highlighted the need for families to be centrally involved in discussions and decisions about care arrangements.

c) The Care Act 2014 legally requires local authorities with social services responsibilities to assess the care needs of any person who appears to be in need of care and support and decide whether services should be provided to that person. The guiding principles are to:

- focus on people's wellbeing and support them to stay independent for as long as possible;
- introduce greater national consistency in access to care and support;
- provide better information to help people make choices about their care;
- give people more control over their care;
- improve support for carers;
- improve the quality of care and support;
- improve integration of different services; and
- strengthen the transition process.

d) In Building the Right Support (2015), a clear national plan and new service model were set out to develop community services for adults with learning disability or autism and mental health conditions or challenging behaviour. The accompanying document, Transforming Care for people with learning disabilities – next steps (2015), set out a programme of work to be led by cross borough Transforming Care Partnerships which were to support discharge and prevent admission through holding Care and Treatment Reviews for individuals at risk, providing more personalised community support and developing the workforce.

5.4 The themes running through all these policies and the whole national policy and legal framework emphasise the importance of providing quality services in response to individual need, which promote independence, choice and control, and also achieve effective use of resources. These themes have informed the development of this Strategy.

5.5 The Council is required when exercising its functions to comply with the duty set out in section 149 of the Equality Act 2010, namely to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity between those who share a protected characteristic and those who do not, and foster good relations between those who share a protected characteristic and those who do not. Information relevant to meeting this duty is set out in the One Tower Hamlets Considerations Section of the report below.

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

- 6.1 The strategy details commitments to improve outcomes and support for adults with learning disability (a protected characteristic), including:
- Improving access to mainstream services for adults with learning disability
  - Developing the awareness and understanding of children and young people, the community as a whole, and mainstream services of adult learning disability so there is better communication, involvement and understanding.
- 6.2 The Equality Analysis Quality Assurance checklist was completed in June 2017. It identified that the Strategy did not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions were recommended at this stage.

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

- 7.1 The Strategy and the associated Market Position Statement promote collaboration and co-ordination between local organisations; an improved response from mainstream organisations and reflect Local Authority business cases for savings through plans to ensure more effective use of available resources. The emphasis on promoting healthy living, early and preventative intervention and increased use of community services will also help reduce the need for more expensive specialist services further down the line.

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

- 8.1. The Strategy details no specific commitments. However, through promoting travel training so more people are able to and feel safe to use public transport rather than Council or community transport and by bringing people from out of borough placements back into borough, it will help promote sustainability.

## **9. RISK MANAGEMENT IMPLICATIONS**

- 9.1. The Strategy details commitments to improve outcomes and support for adults with learning disability, ensuring that the duty of both the Council and the CCG to provide support for this group is delivered safely and effectively.

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

- 10.1 Actions to achieve the “be respected and safe” outcome and the associated action plan will help contribute to the reduction of crime and disorder.

## **11. SAFEGUARDING IMPLICATIONS**

- 11.1 Being respected and safe is one of the outcomes and a number of actions are identified to improve the outcomes. The responsibility for completion of the

actions will be shared by the LDPB, the Safeguarding Adults Board and the Community Safety Partnership.

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

### **Linked Reports**

- Easy Read Summary of Living Well in Tower Hamlets: the adult learning disability Strategy.
- Background Information Document – Living Well in Tower Hamlets: the adult learning disability Strategy.
- Equality Analysis Quality Assurance - Living Well in Tower Hamlets: the adult learning disability Strategy.
- Tower Hamlets Market Position Statement –adult learning disability.

### **Appendices**

- Living Well in Tower Hamlets: the adult learning disability Strategy 2017 to 2020 Final Draft.

### **Local Government Act, 1972 Section 100D (As amended) List of “Background Papers” used in the preparation of this report**

The Learning Disabilities Factsheet 2015 that is part of the Tower Hamlets Joint Strategic Needs Assessment suite of documents.

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

Carrie Kilpatrick, Deputy Director Mental Health and Joint Commissioning, LBTH and TH CCG  
[carrie.kilpatrick@nhs.net](mailto:carrie.kilpatrick@nhs.net)

This page is intentionally left blank



# LIVING WELL IN TOWER HAMLETS

## The Adult Learning Disability Strategy 2017-2020



# CONTENTS

Foreword	3
Introduction	4
The Tower Hamlets Context	5
What people said	8
What are our aims?	10
Our ways of working	12
1. Be happy and healthy	13
2. Live locally	15
3. Be part of the community and involved in local activities	17
4. Work and volunteering	19
5. Have choice and the right support	21
6. Be respected and safe	25
Transforming care	27
Making it all happen	29

# FOREWORD

Hello and welcome to the Strategy.

Both of us, the Health and Wellbeing Board and all the member organisations are determined to do everything we can to make sure that all people with learning disability in the borough live well and enjoy a full life, with as much independence as possible.

We are proud that there is good support for people in Tower Hamlets, but we know there are many things that could be better. We want to make improvements in the next three years. The Council, the NHS and other organisations have limited resources and we can't do everything at once. This Strategy sets out the most important things and we will focus on these.

We want to make sure people with learning disability are treated equally and respected, that their rights are recognised and that they can more easily access local support. We want to do more to promote their inclusion and independence.

This is a partnership Strategy for everyone. Many people from local organisations, the Council, the NHS, private companies and community groups will have to work with each other and with people with learning disability and their families and carers to make improvements happen. We know that when people work together for something they believe is important they can do a lot. We want to encourage everyone in Tower Hamlets to play their part and work together to make sure that adults with learning disability in Tower Hamlets really do live well.



**Cllr Saunders**  
**Chair of Tower Hamlets**  
**Health and Wellbeing**  
**Board and Cabinet**  
**Member for Health and**  
**Adults Services**



**Dr Sam Everington**  
**Vice Chair of Health**  
**and Wellbeing Board**  
**Chair of NHS Tower**  
**Hamlets Clinical**  
**Commissioning Group**

# INTRODUCTION

This Strategy builds on the Health and Wellbeing Strategy priorities of

- Communities driving change;
- Creating a healthier place;
- Employment and health;
- Developing an integrated system;

and says more about achieving these for adults with learning disability.

In developing the Strategy, we looked at national and local policy and research and what happens in other places to understand what we have to do and what works well. We considered the data in the Joint Strategic Needs Assessment.

Many local people, staff and organisations gave their ideas. Most importantly, it was the views of many adults with learning disability and their families and carers that determined the key things we will do.

Many people are supported in the community by family and friends. In the consultation, people told us that overall, the support in Tower Hamlets is good but there are areas which need improvement. Too many people live in residential care outside the borough and too few have jobs. The right support is not always there at the right time.

People with learning disability have the right to be treated equally and to control their own life. The Equality Act says adults with learning disability must be supported to live an ordinary life in the community. Government learning disability policies say that the Council and the NHS have to:

- reduce health inequality;
- reduce the number of people who are in hospital or registered care homes and how long they stay there;
- improve the quality of hospital and community provision;
- have more community services; and
- increase employment.

This Strategy says how we will do that in Tower Hamlets. It covers:

- What adults with learning disability say is important in their life;
- What we have been doing to support that;
- What we will do next and how we will know it is working.

The Background Information document explains in more detail why and how the outcomes and actions were decided.

[http://www.towerhamlets.gov.uk/lgnl/health\\_\\_social\\_care/help\\_for\\_adults/help\\_for\\_adults.aspx](http://www.towerhamlets.gov.uk/lgnl/health__social_care/help_for_adults/help_for_adults.aspx)

# THE TOWER HAMLETS CONTEXT

From national estimates

**2.17%**

of the adult population would be expected to have learning disability which equates to

**4,848**

people in Tower Hamlets.



This will increase due to:

**population growth**

(Tower Hamlets population is expected to grow by 22% from 2016-2026) and

**longer life expectancy**

for those with learning disability.



In March 2017,

**961**

people in Tower Hamlets were registered with GPs as having a learning disability

**46%**

of these were of Asian background, mostly Bangladeshi.



## NOT EVERYONE NEEDS SPECIALIST SUPPORT

In June 2017,

**882**

people were known to the Community Learning Disabilities Service in Tower Hamlets which is below national estimates

that **1,100** people or **0.5%** of the adult population would be known to local Council or health learning disability services.



## People have different levels of care and support, depending on their needs

**659**

people had paid support

**154** people received a direct payment

**20** people with the most complex needs have a continuing healthcare package.



## Adults 18-25

Adult services work with people over 18. The law says that children's services should continue to support young people with a disability until they are 25. So the Children and Young People Plan and the Children's SEND Strategy is also relevant for people aged 18 to 25 and children and adult services have to work together from when young people are 14 to meet their needs. A review looking in detail at transition has just started and will report in the autumn.

## Linked plans

The Ageing Well Strategy covers plans for improving outcomes and support for all people over 55, including those with learning disability, so it is also relevant. The Autism Strategy and the Carers Strategy are also relevant to adults with learning disability.



---

## Inclusion

---

Adults with learning disability are equal to everyone else with the same rights to participate in and be included in the community. The Equality Act 2010 says disability is a protected characteristic and organisations have to make reasonable adjustments and include adults with learning disability. There are many other plans and strategies that talk about improving things for everyone. These plans include:

- The Community Plan
- The Housing Strategy
- Economic Development and Employment Strategies
- The Community Safety Plan
- London Adult Safeguarding Procedures
- The North East London Sustainability and Transformation Plan.

We will work together with the people responsible for these plans and strategies to make sure they understand and include the specific needs and concerns of adults with learning disability and follow the priorities and plans in this Strategy.

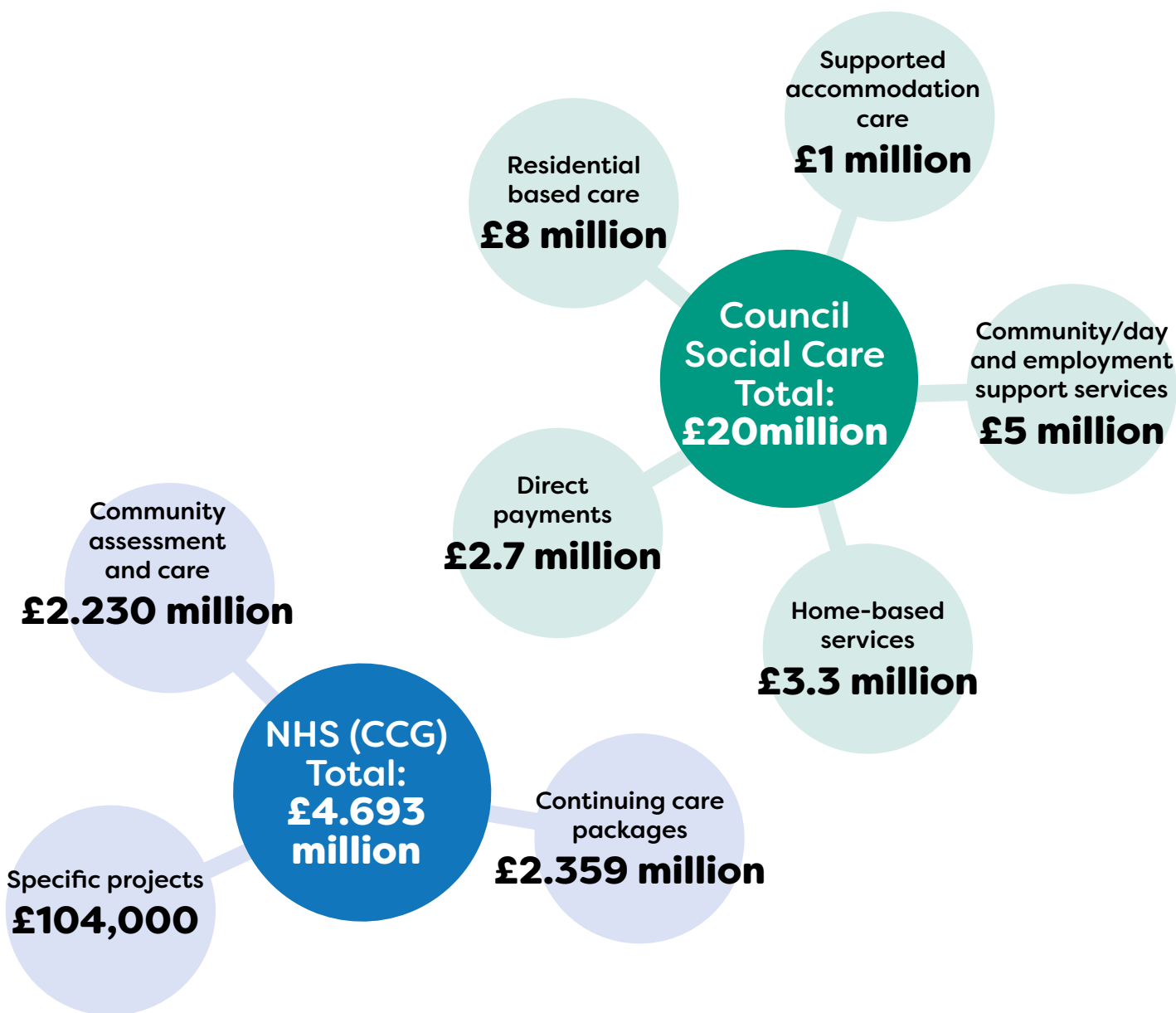
Adults with learning disability can get support from different levels of service. At each level there are things for everyone and things specially for people with learning disability. In Tower Hamlets there are many different types of support at all levels.

- **Family and Community:** such as family members, partners, neighbours, community members and groups, self help groups and advocates.
- **Primary or Universal:** services for all such as information and advice; general practices, Idea stores, leisure centres and community centres.
- **Secondary:** services for people with more needs such as supported housing, care packages and specific group activities and day centres.
- **Tertiary:** services such as placement in registered accommodation.

The Council and NHS will keep making sure there are many different places in the community where adults with learning disability can get good quality support. Community groups and voluntary organisations give a lot of the support and add extra resources themselves such as grants from trusts and donations. We will encourage businesses to give resource and support too.

The total amount of local Council and NHS money that will be used for specific services for adults (over 18) with learning disability in 2017-18 is given in the diagram below.

The actions to improve things depend on building self help and community support, using money differently and changing ways of working rather than just spending more money because this is the right way forward.



The plans, actions and outcomes set out in this Strategy need to be delivered within the agreed resources available in future years and therefore, may need to be adapted.

# WHAT PEOPLE SAID

In spring 2017, we asked people what is important in their life, what they can do themselves to achieve that and what ideas they had to better support adults with learning disability to achieve those outcomes.

We had responses from 106 adults with learning disability living in the borough (11 by online survey, 62 by easy read questionnaires and 33 in face to face discussions).

46 supported having “live well” and 43 supported having “a full life” as the vision. Several favoured both.

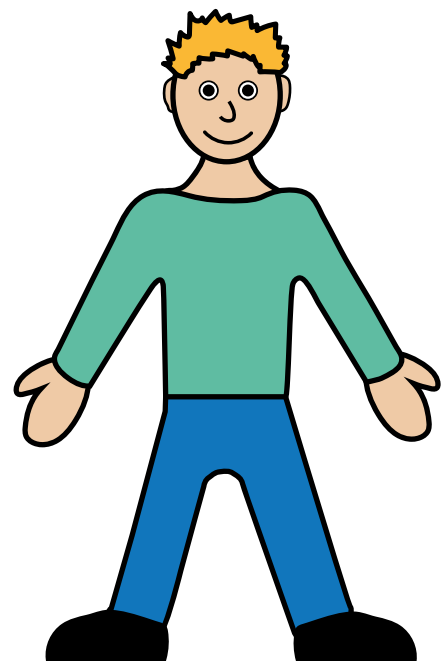
Most people said there is good support in Tower Hamlets and this should be maintained. They told us what was important to them. This determined the outcomes that we want to achieve.

We looked at what adults with learning disability, carers, service staff and members of the public said as part of 11 consultations undertaken between 2014 and 2016.

Forty-eight carers, seven carer support workers and 157 service staff and members of the public participated in discussions (during 2017) about what would improve outcomes.

These discussions shaped the plans in this Strategy for what we will do next.

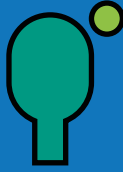
Many people said it was very important that the actions were implemented; that the Strategy does not just sit on a shelf.





## What people with learning disability said was important

More leisure activities, sports and physical exercise that are affordable



Having friends, family support and relationships



Being able to do a wide range of activities - and join in social clubs and community activities open to all



Have places to go and things to do in the evenings and weekends



Choosing what you want to do and where you want to live



Improving communication so people do not ignore you and understand you



Living locally near family and friends and not having to travel far



Getting information from staff and support with diet and exercise to be healthy



Having a job and help to get it and there should be more jobs



Having training including life skills needed for independence



Having more easy to read information in people's own language with more pictures and less words



Being listened to, respected and heard by professionals and being treated as an individual



# WHAT ARE OUR AIMS?

**OUR GOAL (VISION) is that – Adults with learning disability in Tower Hamlets live well.**

This means they will:



These are the outcomes we want to achieve.

They reflect the Tower Hamlets Outcomes Framework.

To achieve these outcomes, the Strategy has objectives to:



# OUR WAYS OF WORKING

Everyone has to support the values and principles of the Equality Act and UN Convention on the Rights of Persons with Disabilities and work in ways that show this.

- Treat people with respect and dignity and recognise them as rights-holders.
- Recognise people as independent and entitled to make their own choices and decisions and to give consent and facilitate this with access to appropriate advocacy when required.
- Communicate effectively and provide information in accessible and easy read formats in line with the accessible information standard.
- Actively encourage and facilitate the meaningful and effective participation of people, ensuring they have influence.
- Actively promote inclusion and empower, consult and engage with people with disabilities.
- Ensure people can effectively access the full range of support including information, communications, facilities and services and the physical environment.
- Respect people's differences, accept people for who they are, recognise and value their strengths and ensure people have the same opportunities as everyone else.

# 1. BE HAPPY AND HEALTHY

## Key points

- People with learning disability have poorer health and die younger with a lifespan that is 14 years less for males and 18 years less for females.
- Adults with learning disability should have a health check every year but in Tower Hamlets last year only 57% of people did. This is above the national average of 46%.
- When adults with learning disability have physical health problems, support staff do not always understand their needs. Health services do not always communicate well with the adults, their carers and other staff. The right care is not always given.

**“My doctor sent me an easy read letter to tell me that my annual health check was due. They give me a double appointment every time I go there. It feels like they know and respect me. I want them to give me information back when I have seen them. I often have to go to hospital for my health problems. I wish all the appointments were on the same day and health staff talked together so everything was more joined up.” Peter**

## What we have done and are still doing

- It is now part of the job of the Community Learning Disability Service (CLDS) to help universal health services develop the awareness and skills of their staff so they can better support adults with learning disability. CLDS now also supports staff in all local organisations to talk about healthy living with the adults they work with.
- We funded a learning disability nurse for a year. The nurse trained general practices about health checks for adults with learning disability and worked on the data systems. Health checks have increased by 10% since 2015-16. CLDS now helps make sure everyone has an annual health check and a health action plan.
- A plan to improve support for adults with learning disability admitted to hospital with mental illness has been developed and is being implemented.
- We joined a national pilot and do local reviews of deaths of adults with learning disability. We use the learning to improve the quality of health services.

---

## What people said

---

- There is a need for more mental health support for adults with learning disability and for support when people have a death in the family or are sad.
- Much more health promotion is needed.
- Give more emphasis to health training for healthy lifestyle, diet, exercise and health checks and use data to target improvements.

---

## What we will do next

---

- Make sure family and staff encourage people to have vaccinations and screening and go to the dentist. Give information and support about nutrition, exercise and contraception.
- Make sure family/carers, social care and other services know about annual health checks and action plans and encourage people to have them. Be more flexible about doing the checks.
- Make sure that when people feel sad or on edge, they can get early counselling help from staff trained to work with people with learning disability.
- Make sure that when people go to hospital, their family/carers can also go so they continue to be supported by a familiar and trusted person.
- Introduce a card with key information and redesign hospital passports so hospital staff can access them and use them to understand and respond to people's needs.

- Make sure health staff communicate well with people and give them easy to understand information after each contact.
- Introduce a health quality checker scheme so adults with learning disability review services against standards.
- Complete a review of all people with learning disability on psychotropic drugs in line with the NHS guide on stopping overmedication of people with learning disability.

---

## How we will know it is working

---

- 75% of people have an annual health check and a health action plan.
- More adults with learning disability have health screening and immunisations, have a healthy weight and live longer.
- Adults with learning disability spend less time in hospital and have the right care.
- Adults with learning disability have easy access to high quality health care.



# 2. LIVE LOCALLY

---

## Key points

---

- > In 2016-17 and 2015-16, 69% of adults with learning disability lived in their own home or with their family. This is close to the London average of 66.8% and below the national average of 73.9% in 2016-17.
- > However, 123 of the 132 people placed in a registered care home by the Council are not in Tower Hamlets. 12 people are in supported accommodation out of borough.
- > It is difficult for the 46 young people aged under 25 in residential care out of borough to come back as there are not enough suitable places to live locally.
- > Five young people are ready to move out of their out of borough residential education placement each year.



---

## What we have done and are still doing

---

- > We made detailed plans to develop more accommodation options in Tower Hamlets that offer different levels of support for adults with learning disability. We are now starting on the actions.

---

## What people said

---

- > Develop more housing and support options.
- > Give clear information so people have choice.
- > Make sure each new build housing development includes some flats for people with learning disability.
- > Staff should be clear and say what they will do and when and keep to that.

## What we will do next

- Involving their family, review the needs of people living out of borough and plan for those who want to come back to live locally.
- Develop a greater range of local accommodation and support options. This should include:
  - women only supported living;
  - independent places for adults with learning disability within new housing developments;
  - a new housing support service for young people now in residential placement out of borough;
  - setting up a scheme where local community members offer respite in their homes (Shared Lives).
- Make sure people are given clear information and have choice about where to live.
- Make sure there is enough local support for people who come back to the borough.
- Foster culture change in staff so they develop plans to support people to live in their local community as independently as possible, rather than looking to place people in registered accommodation out of borough.

## How we will know it is working

- 59 people (including young people) who live out of borough will come back to live locally over five years.
- 55 day placements and 500 nights of respite are provided by the Shared Lives scheme over three years.
- Fewer people will be placed out of borough and more people will live in supported and independent accommodation locally.

**“It is really good that where I live, staff are there to give backup and help 24/7 when I need it with things like managing money and going to the doctor. I can do group social activities too with the other people living there. I can choose my keyworker. I don’t have family there for me, so it is good to have the support of staff. I am glad it is in Tower Hamlets because I grew up here and know the area and am still near friends. I am learning about living independently and want to move into my own place when I can.” Aleya**



# 3. BE PART OF THE COMMUNITY AND INVOLVED IN LOCAL ACTIVITIES

## Key points

- There is no existing way to make sure adults with learning disability are involved in the strategic planning, commissioning and delivery of support.
- People said they wanted to be involved in a variety of community activities near to where they live.
- Community members have said they want adults with learning disability to be more included within general local activities.



## What we have done and are still doing

- A development project to make sure adults with learning disability are involved and supported as members of the Learning Disability Partnership Board and its subgroups and in all aspects of the planning, commissioning and delivery of support has started.
- In 2016-17, 250 people were supported to participate in activities provided by several day centres across Tower Hamlets or by individually tailored support.
- The Accessible Transport Forum work closely with TfL and the DLR to support them to make their transport accessible. The Council's own transport and community transport also help those who need it to get to activities and support.
- People have travel skills training so they can use public transport independently.

---

## What people said

---

- There should be specific activities for older people with learning disability.
- More needs to be done to build people's independence and self esteem.
- Reach people in the community who are not in touch with services.
- Promote people's positive contribution and include them in mainstream community activities and primary care services with reasonable adjustments, treat them equally.
- Build community capacity to support people.
- Some people slip through the nets. Services need to reach out so they don't.

---

## What we will do next

---


- Offer a wider range of more flexible and personalised activities in the day and evenings and weekends and activities specifically for women and older and younger people, so people have choice.
- Enable people to join in general community activities such as gyms, community centres and in the Idea Stores as well as activities in day centres especially for adults with learning disability.
- Promote local community activities with fewer words and more pictures.
- Help community members and services to understand, respect and include people with learning disability and treat them as equals.
- Do more to help people learn to manage their money by using pictures and interactive activities.

---

## How we will know it is working

---

- An increased number of people will participate in a wider range of community activities.



**“The activities we have are very good. I love computers and I have learnt a lot about computers. I have learned about managing my money. Staff helped me to find a work placement and I have worked packing boxes and going to the post office to send them.”**

**Richard**

# 4. WORKING AND VOLUNTEERING

## Key points

- > Many adults with learning disability said through the consultation that having a job or volunteering was very important to them so they can be involved and contribute as well as earn money.
- > They said there is a lot of good support and training locally but not enough jobs.
- > 4.9% of adults with learning disability were in paid employment in 2015-16, which is below the London average of 7.5% and the national average of 5.8%.

## What we have done and are still doing

- > Several organisations provide skills development, employment training, support and experience for people with learning disability. Some 60 people per year are supported into employment currently.
- > Members of the Health and Wellbeing Board committed to set a lead in employing people with learning disability in their own organisations.

## What people said

- > Work with companies so there are more jobs for people and provide more supported employment through social enterprises.
- > People in work need somewhere/one to go to for early advice and support to prevent them getting stressed and into financial difficulty.
- > Education is the gateway to employment so it is essential to help with improving reading and writing taking an approach that starts from where people are and is pitched at their level.
- > It is necessary to have more accessible, easy ways to find out what is available.



## What we will do next

- Work actively with local businesses and employers to create more and more flexible jobs, internships, apprenticeships, supported work and volunteering opportunities that are available for people with learning disability.
- Workpath (the Council's employment support service), the Careers Service and other local employment support services will give people advice and support to help them get work experience, an apprenticeship, job or volunteering opportunity.
- Encourage families, services and people from childhood onwards to have high aspirations and support people to achieve their wishes to have a job and not depend on services.
- Make sure a range of education, training, work experience, volunteering and supported employment is available locally and is accessible to people with learning disability.

- Make sure that centre, accommodation and support staff and families/carers encourage and support people to aim high and access jobs, training and volunteering.
- Develop peer support to help people get and keep jobs.
- Make sure people and their family/carers understand what they earn and the effect on their benefits.
- Develop local learning that is accessible to adults with learning disability and is adapted to their needs. This should include reading, writing and numbers.

## How we will know it is working


- 110 people will be supported into employment per year for four years so that there will be 11% in paid employment in three years time.

**“I went to employability training once a week with my school class from when I was 16. They helped me get work placements with ASDA. Then I had training at Ocean View Café in Food Preparation and Coffee Making and I did Food Safety and Health and Safety at work. Now I work full time at a café in the Excel Centre. I help with catering at big events and make and serve drinks to VIPs. Now I work I can do more things for myself, have more money, am more confident and happy.” Halima**

# 5. HAVE CHOICE AND THE RIGHT SUPPORT

## Key points

- Most adults with learning disability have their needs assessed and are well supported in the community. No-one has been admitted to an assessment and treatment unit in the last five years. This is very positive compared to other areas.
- People said professionals and services do not work together and care is not joined up. Annual reviews do not take place and people are not involved. The support on offer to people is not clear.
- Many people also said they do not know what is available to support them.
- Although 92% service users with learning disability are identified by social care as having self directed support, many people said in consultations they do not always have a choice about the support they receive.
- Adult and children's services have different approaches. Many people said that joint planning does not start early enough and they do not have enough information about the changes. So the 30 or 40 young people who come into adult services each year and need ongoing support, experience difficulties.
- Carers say they have to fight to get support for themselves and the adult they care for.



**“I can do a lot for myself and I know what support I need. It was good when my social worker asked me to write and draw what I wanted and included me and my family in the care planning meeting. She made sure I got the support I wanted.”** Farida

---

## What we have done and are still doing

---

- All adults with learning disability have a needs assessment, a personalised care and support plan and have more choice and say in that.
- Tower Hamlets is trying out a new way that people can use their social care and health budgets together in one care and support plan and can choose and manage that support themselves. This is called Integrated Personal Commissioning (IPC). We are one of 18 test sites in England.
- Advocacy is offered by a local organisation (Tower Hamlets MIND) to all adults with learning disability who are in Mile End hospital with mental illness. Another local organisation, REAL, makes sure advocacy is provided to people when they need someone to help them get support. Another organisation, Powher, makes sure the views of people who cannot make decisions themselves are heard as part of the deprivation of liberty process.
- A review of transition from children's to adult disability services has started.
- 93 people who also have multiple longterm conditions became part of the Integrated Care Project. They have a care coordinator and a personalised care plan and participate in multi-agency discussions to ensure coordination.

- A Carers Strategy has been developed. Carers are involved in planning new services.
- We now ask people to help pay for their care and support, depending on their income.

---

## What people said

---

- Staff should communicate directly with people in simple language and use Makaton more.
- Continuity of the worker is important.
- Services should personalise provision more and respond to individual's interests and needs. They should recognise the individuality of people and provide support, enabling them to have some separate time away from their family.
- Staff and services do not work together. Services should be better integrated and staff should share information.
- More local and community support for carers is needed – emotional support, peer support and individualised advice and information provided by consistent staff who speak their language. Staff should communicate better with carers.
- Reviews do not always happen and people are not involved with them.
- Providers need to share information more and clarify who the lead is when someone is in touch with several organisations so there is one common plan.

- Involve people in planning their own support and care and train and support them to make informed choices. Make sure there is more advocacy support.
- More coordination and joint working between children and adult services at transition is needed, as is information sharing with carers.
- People should be prepared for when their parent carer is no longer here.
- Staff should be valued - the people who deliver services and support are very important.
- Make sure people can get advice from someone who knows about learning disability, can explain the choices and options people have and can build people's confidence to make their own choices. This is especially important for people who do not have family or service support.
- Make sure people and their family/carer are involved in their own personalised assessment, support plans and reviews - and that regular reviews happen.
- Make sure staff work together and share information so people have joined up care and support and do not have to repeat their story.

---

## What we will do next

---

- Make sure there is simple, jargon free, up-to-date and clear information using pictures about the local support available. The information should be included in the Local Offer and Community Catalogue, so people can easily get it with support and advice from the Idea Stores.
- Make sure that support is culturally relevant to people and their family/carer and that information is accessible to those whose first language is not English
- Make sure more people, their family/ carers and support staff know about independent, issue based advocacy support and can quickly get it when needed.
- As part of Integrated Personal Commissioning, offer people a joint person centred plan and an integrated personal budget so they can actively manage their needs.
- Start multi-agency planning for adulthood jointly across adult and children's services with young people and their family/carer from age 14.



- Promote a rights based culture, so that all organisations ensure their services are accessible, make reasonable adjustments, follow the accessible information standard and train staff to communicate well with and be responsive to people with learning disability.
- Make sure all policies and strategies developed in Tower Hamlets include and address the needs of people with learning disability. These include:
  - the Tower Hamlets Together plan for GPs, hospitals and community services to join up services better and to have a 24/7 single point of access for all care;
  - the Tower Hamlets Together redesign plans for acute care, crisis, community health services and support for adults with complex needs and long term conditions;
  - dementia services, older people's services and end of life care.
- Make sure carers (especially when English is not their first language) know about and get support including respite. Encourage people to plan together for when older family members/carers can no longer give support.
- Support recruitment drives to attract more, younger, male and female care staff to work locally so people can have choice about their keyworker.
- Value, develop and support staff so they work with care and compassion and stay.

## How we will know it is working

- 100 people have a joint plan that covers health and social care needs and 20 people have an integrated personal budget by March 2018, to increase each year towards the aim that 100% of care plans are joint and 20% have an integrated personal budget.
- More people each year report they have choice and the right support.
- Routine reporting by all services shows people report positively on their experience and service quality.

**“I want to be in control of my own life. Staff supported me to have a direct payment. I can choose my own personal carer and ask them to help me do what I want to.” **Sayed****



# 6. BE RESPECTED AND SAFE

## Key points

- People said they do not feel safe in the community or on public transport.
- Not all staff in services understand and follow the principles for safeguarding vulnerable adults or “hear” and respond to what adults with learning disability say.
- Many people said they have been bullied. Staff report that young people and adults with learning disability are vulnerable to and have experienced hate crime, being forced to marry, violence, being drawn into illegal activity or being sexually exploited. However, data reports do not show this.
- People are vulnerable to financial exploitation. Services report many people do not understand complex letters and repayment agreements and get into serious debt. Many families experience financial hardship.

## What we have done and are still doing

- The safeguarding guidelines for staff have been rewritten and staff are having regular safeguarding training.
- Services run money skills sessions and CLDS are developing a project to teach parents/carers how to support people with financial management.
- The Safeguarding Adult Board ran an event for people with learning disability about keeping safe.

**“I have learnt independent skills like travelling on my own and how to be safe when on my own and now I go by bus myself to get around. I now work at the Council one day a week and have made friends there. It is good to be involved and I feel respected. I am a member of the Partnership Board because I want to speak up for people with learning disability and be their friend.”**

**Samantha**

---

## What people said

---

- Help people feel safe, prepare for moving into independent living and travel on their own.
- Campaign to remove the stigma of learning disability and make it OK to talk about.
- Champion that everyone in the community should have respect for people with learning disability.

---

## What we will do next

---

- Support staff to use activities, easy to read information, pictures and technology to help people have a good understanding of how to keep themselves safe and who to go to if they feel unsafe.
- Promote a culture of respect for people with learning disability among the community, schools and local organisations.
- Raise the awareness of staff in organisations about how to make sure that people are not vulnerable to hate crime, financial or sexual exploitation, violence or extremism.

- Make sure more people are helped with financial management and that agencies adjust their communication with people with learning disability rather than send out standard letters.
- Ensure that improving the quality of the service response to the safeguarding needs of people with learning disability is specifically addressed within the Safeguarding Improvement Plan.

---

## How we will know it is working

---

- An increasing number of people each year report they feel respected and safe.



# TRANSFORMING CARE

---

## Key points

---

- The government asked each area to improve community services for adults with a learning disability and/or autism who display behaviour that challenges, including those with mental illness, so they do not have to be in hospital.
- In Tower Hamlets 143 people were identified as being in this group.
- Of these, 21 people have the highest needs; with eight in registered care and 13 identified as being at risk of admission to registered care. In April 2017, just three people were in specialised facilities funded by the regional NHS Specialist Commissioning Group and one person was in a secure learning disability hospital. Four people were in Mile End Hospital with mental illness and a total of seven were admitted in 2015-16. This compares positively to other areas, and we believe this shows that in Tower Hamlets, people are well supported in the community.
- All those with the highest needs should have an individual care and support plan, behaviour support, plans for what to do in a crisis and a communication passport. Intensive 24/7 multidisciplinary health and social care support, specialist respite and crisis support and local accommodation should be available to them.
- The government also said all staff in all services for people with learning disability and in mainstream services should have training so they can positively support people whose behaviour is challenging.

---

## What we have done and are still doing

---

- We looked at what is happening locally with this group against the nine principles of good practice and got views from over 100 people. We agreed to concentrate on increasing local accommodation and developed a plan.
- CLDS is making sure that everyone with challenging behaviour has a personalised care plan that fits good practice principles and a named contact person.



- CLDS meet with the whole family when people are at risk of going into registered accommodation and, where possible, agree a support plan that keeps them in the community.
- All staff in the CLDS had positive behaviour support training so that they can better meet the needs of this group.
- Two sets of training were held so all the different people supporting a number of individual adults with learning disability with challenging behaviour developed a common understanding of and approach to positive behaviour support.

## What we will do next

- Make sure that accommodation suitable for people with challenging behaviour is developed locally so people now in out of borough residential care can come back into the local area. (See section 6 of this Strategy).
- Provide regular training in positively managing challenging behaviour to families, care workers and staff from a range of local organisations.

- Make sure that local day opportunity providers include and positively and effectively support people with challenging behaviour.
- Make sure that mainstream services such as IAPT and crisis care support this group of people.

## How we will know it is working

- Fewer people with challenging behaviour move more than 10 miles from Inner North East London.
- There is a 20% reduction in the use of registered care by this group.
- Nobody from this group is placed in hospital away from the area or readmitted within two years.
- All individuals in this group have a personalised care plan that fits the good practice principles.

**“I didn’t like it when the centre said I couldn’t come back because of my behaviour. It helped me when the staff where I am now and my family all used the same way with me. I want to be with other people.” Dave**

# MAKING IT ALL HAPPEN

The Learning Disability Partnership Board (LDPB) will make sure the actions in this Strategy happen. The members are adults with learning disability, carers and staff from the Council, the NHS and local provider organisations.

A wider Reference and Engagement Group will be set up so that adults with learning disability and their family and carers are fully involved in making decisions about all local strategic and service planning and delivery. A co-production project is starting to make sure this happens and to support the adults to be fully involved.

There is a delivery plan for this Strategy which sets out, for each outcome, details of the actions that will be completed, by whom and by when for the things the Strategy says we will do next. It also sets out how the results will be measured.

Some actions will be for individual organisations, such as the Council or Community Learning Disability Service, to do. Others will be done by different organisations working together in the subgroups of the LDPB.

There will be a subgroup for each outcome area which will have responsibility for making sure the actions are completed and there is improvement in each outcome area.

There will be two specific discussions each year with the Tower Hamlets Together Complex Adults Programme Board to make sure that the Transforming Care, health and right support actions are completed and the outcomes are achieved.

An important next step is to develop an adult learning disability outcomes measurement framework that is shared across the partnership and part of the overall Tower Hamlets outcomes framework. All local providers would use this and their actions and outcomes would contribute to it. It would be part of their contracts that they did this.

The LDPB will check every year to see how things have progressed and what difference this made. It will study the data collected to help measure how things have changed and review whether the outcomes for adults with learning disability have improved and the goals of the Strategy are being achieved.

Every year, the LDPB will report on progress to the Health and Wellbeing Board and to a forum for adults with a learning disability.

The LDPB will also review this Strategy and update the action plans for each outcome every year.

If you would like to be involved please contact Matthew Richardson  
Email: [Matthew.Richardson3@nhs.net](mailto:Matthew.Richardson3@nhs.net)





