TOWER HAMLETS HEALTH AND WELLBEING BOARD

Tuesday, 7 November 2017 at 5.30 p.m. Teviot Centre, Wyvis Street, E14 6QD

This meeting is open to the public to attend.

Members:		**Representing**
Chair:	Councillor Denise Jones	(Cabinet Member for Health & Adult Services)
Vice-Chair:	Dr Sam Everington	(Chair, Tower Hamlets Clinical Commissioning Group)
Councillor David Edgar		(Cabinet Member for Resources)
Councillor Danny Hassell		(Non - Executive Group Councillor)
Councillor Sirajul Islam		(Statutory Deputy Mayor and Cabinet Member for Housing Management & Performance)
Councillor Amy Whitelock Gibbs		(Cabinet Member for Education and Children's Services)
Simon Hall		(Acting Chief Officer ,NHS Tower Hamlets Clinical Commissioning Group)
Dr Somen Banerjee		(Director of Public Health, LBTH)
Debbie Jones		(Corporate Director, Children's Services)
Denise Radley		(Director Health, Adults and Community Services)
Charlotte Ladyman		(Chair of Healthwatch Tower Hamlets)
Co-opted Members		
Dr Ian Basnett		(Public Health Director, Barts Health NHS Trust)
Dr Navina Evans		(Chief Executive East London NHS Foundation Trust)
Fahimul Islam		(Young Mayor)
Jane Ball		(Representative of Tower Hamlets Housing Forum)
Chris Banks		(Chief Executive, Tower Hamlets GP Care Group CIC)
Patrick Goulbourne		(London Fire Brigade)
Asmat Hussain		(Corporate Director, Governance and Monitoring Officer)
Alison Robert		(Partnership Manager, Tower Hamlets CVS)
Ann Sutcliffe		(Acting Corporate Director, Place)
Jackie Sullivan		(Managing Director (Royal London and Mile End Hospitals) Barts Health NHS Trust)
Sue Williams		(Borough Commander - Chief Superintendent)
Stakeholders (non-voting)		
Stephen Ashley		(Independent Chair of the Local Safeguarding Children's Board)
Councillor Clare Harrisson		(Chair of the Health Scrutiny Sub-Committee)
Councillor Gulam Robbani		(Councillor Nominated by Council from the largest opposition group)
Christabel Shawcross		(Chair of the Local Safeguarding Adults' Board)
Sarah Williams		(Social Work Team Leader, Legal Services)
Vacant		(Representative - NHS England/Public Health England)

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:
Committee Services Officer - Rushena Miah
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG
Tel: 0207364 4878
E:mail: rushena.miah@towerhamlets.gov.uk
Web: http://www.towerhamlets.gov.uk/committee

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Role of the Tower Hamlets Health and Wellbeing Board.

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

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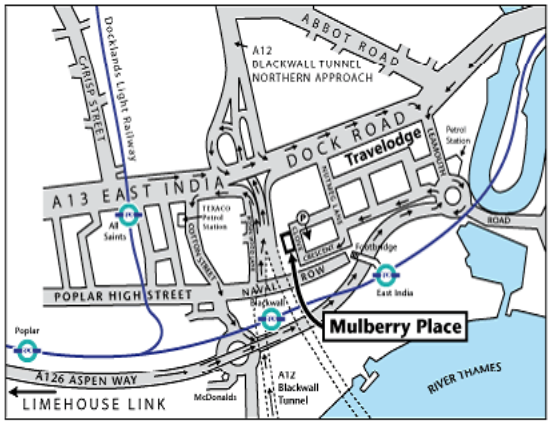

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PAGE NUMBER(S)

1. STANDING ITEMS OF BUSINESS

1 .1 Welcome, Introductions and Apologies for Absence

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

1 .2 Declarations of Disclosable Pecuniary Interests **7 - 10**

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

1 .3 Public Questions / Petitions

1 .4 Minutes of the Previous Meeting and Matters Arising **11 - 18**

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 .5 Forward Plan **19 - 20**

ITEMS FOR CONSIDERATION

2. Host Presentation - Well One Project

3. Local Safeguarding Children's Board - Annual Report 2016-17 — 21 - 58

4. Safeguarding Adults Board - Annual Report 2016-17 — 59 - 82

5. Mental Health Strategy — 83 - 102

6. Health and Wellbeing Board Strategy 2017-20

6 .1 Health and Wellbeing Strategy 6 month update **103 - 112**

Including:

6.1.1 Developing Integrated Systems – presentation at the meeting.

6 .2 A Healthy Place: Tackling Fast Food - A Wicked Issue **113 - 134**

7. 'Better Health for All Londoners' - Mayor of London's Health Inequalities Strategy Consultation — 135 - 154

8. Community Plan Refresh - Emerging Themes — 155 - 158

9. ANY OTHER BUSINESS

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

10. DATE OF NEXT MEETING

Date of Next Meeting:
Wednesday, 20 December 2017 at 5.30 p.m. in

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DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

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

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

Interests and Disclosable Pecuniary Interests (DPIs)

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

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

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

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

Effect of a Disclosable Pecuniary Interest on participation at meetings

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

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

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

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

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

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

Further advice

For further advice please contact:-

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	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. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	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— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
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	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (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.

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.41 P.M. ON TUESDAY, 5 SEPTEMBER 2017

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

Members Present:

Councillor Denise Jones (Chair)	–	(Cabinet Member for Health and Adult Services)
Dr Sam Everington (Vice-Chair)	–	(Chair of NHS Tower Hamlets Clinical Commissioning Group)
Councillor Amy Whitelock Gibbs (Member)	–	(Cabinet Member for Education and Children's Services)
Councillor Danny Hassell (Member)	–	(Non-Executive Majority Group Councillor)
Councillor David Edgar (Member)	–	(Cabinet Member for Resources)
Simon Hall (Member)	–	(Acting Chief Officer, NHS Tower Hamlets Clinical Commissioning Group)
Dr Somen Banerjee (Member)	–	(Director of Public Health)
Debbie Jones (Member)	–	(Corporate Director, Children's)
Denise Radley (Member)	–	(Corporate Director, Health, Adults & Community)

Co-opted Members Present:

Dr Ian Basnett	–	(Public Health Director, Barts Health NHS Trust)
Patrick Goulbourne	–	(London Fire Brigade)
Jane Ball	–	(Representative of Tower Hamlets Housing Forum)
Chris Banks	–	(Chief Executive, Tower Hamlets GP Care Group CIC)

Apologies:

Councillor Sirajul Islam	–	(Statutory Deputy Mayor and Cabinet Member for Housing)
Fahimul Islam	–	(Young Mayor)
Dr Navina Evans	–	(Chief Executive East London NHS Foundation Trust)
Sue Williams	–	(Borough Commander - Chief Superintendent)

Officers in Attendance:

Sue Hogarth	–	(Tower Hamlets Together)
Karen Sugars	–	(Acting Divisional Director, Integrated

		Commissioning)
Carrie Kilpatrick	–	(Deputy Director for Mental Health and Joint Commissioning)
Abigail Knight	–	(Associate Director of Public Health)
Marissa Ryan-Hernandez	–	(Plan Making Team Leader)
Kate Smith	–	(Head of Healthy Lives, LBTH)
Dianne Barham	–	(Director of Healthwatch Tower Hamlets)
Abigail Gilbert	–	(Public Health Locality Manager)
Sarah Randall	–	(Sub Regional Partnerships Co-Ordinator)
Matthew Mannion	–	(Committee Services Manager, Democratic Services, Governance)

1. STANDING ITEMS OF BUSINESS

2. WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Dr Sam Everington, Vice-Chair, welcomed everyone to the meeting.

In particular he introduced Councillor Denise Jones, the newly appointed Cabinet Member for Health and Adults Services who would be the new Chair of the Health and Wellbeing Board. However, following discussion, he had agreed to Chair this particular meeting to allow Councillor Denise Jones time to get up to speed on relevant issues before she began chairing meetings. She would Chair the next meeting.

2.1 Minutes of the Previous Meeting and Matters Arising

RESOLVED

1. That the unrestricted minutes of the Health and Wellbeing Board from 26 July 2017 be agreed and signed by the Chair as a correct record of proceedings subject to Chris Banks being included in the Membership and attendees to the meeting.

Matters Arising

- The suicide prevention plan was planned for the November not September meeting.

3. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no Declarations of Disclosable Pecuniary Interests.

3.1 Forward Plan

The Forward Plan was noted.

4. HEALTH AND WELLBEING BOARD STRATEGY 2017-20: DELIVERING THE BOARDS PRIORITIES - PROGRESS UPDATE:

4.1 Children: Healthy Weight and Nutrition

Councillor Amy Whitelock Gibbs, introduced the discussion on the Board priority 'Children: Healthy Weight and Nutrition'.

The Board were shown a PowerPoint presentation which covered a number of issues including:

- Levels of obesity in children of different school ages.
- Environmental causes of obesity
- Existing solutions and support such as the health schools programme and the School health service

The presentation then looked at proposed actions including:

- Targeting governors as health champions
- Providing information to parents on what schools are doing to support healthy eating.

The Board were also provided with specific case studies on successful projects in this area such as the 'Health Mile' initiative and the setting up of Food Co-ops in schools.

The Board welcomed the update and discussed the presentations.

In respect of the Daily Mile the Board explored how many schools in the Borough were using this approach and how health benefits were being assessed. It was noted that schools had also reported benefits to behaviour and in reduced use of inhalers by asthmatic children.

In respect of the Food Co-operative case study the Board discussed how this sort of initiative could be expanded to cover more schools such as using parent or governor champions. Related to this it was noted that the Council were aware of the need to encourage schools to open up facilities to community use outside of school hours.

Somen Banerjee, Director of Public Health, highlighted that scaling up projects such as the Food Co-Op was just the sort of thing the Tower Hamlets Health Communities programme was all about.

RESOLVED

1. To note the presentation.

4.2 Communities Driving Change

The Board received a presentation on its 'Communities Driving Change' priority. It was noted that funding arrangements would need to change as the Vanguard funding was coming to an end.

The presentation began by discussing the Social Movement for Life programme. The Board were shown activities to date as well as those planned for the future which included training, and the delivery of community led projects. Progress by the different area groups were also set out.

Looking at challenges it was noted that there was a limited time to delivery projects and cross-Council collaboration needed to be expanded. Training people in the community to be researchers in the Community Insight Network was also seen as key.

It was also agreed that it was important for the Board itself to be more visible and officers agreed to look to take future meetings of the Board out into the community.

The presentation then moved on to discuss the recent community engagement event at Victoria Pack. It was noted that:

- The weather had proved challenging but that it had been a good event.
- Lots of service providers attended.
- The Barts and Royal London maternity teams helping to raise awareness of the services they were offering.
- General feedback was that these events work well when lots of service providers are in attendance, as in this case.
- It was important to think about how to make use of all the feedback received.

Finally the Board were provided feedback on the Tower Hamlets Together User and Stakeholder Focus work and on Making Every Contact Count.

The Board welcomed the presentation and discussed the issues. In particular how to make projects sustainable once Vanguard funding ran out.

During discussion the Board also explored the extent to which it was possible to track patients through different contacts to monitor the impact of different interventions.

Finally the Board noted that it was important to look at publically celebrating some of the successes of the work covered in the presentation.

RESOLVED

1. To note the report

4.3 Employment and Health

Somen Banerjee, Director of Public Health, introduced a presentation on the 'Employment and Health' Board priority.

The presentation looked at a number of areas including:

- How Social Prescribing had been rolled out across the Borough in December 2016 and that 22% of those assessed needed learning, training and employment support.
- The many barriers to work including health, disability, ex-offenders, ex-care system and ex-forces individuals.
- Links with the Council's new Workpath programme were being created.
- Progress on the Central London Forward programme which covered 12 London Boroughs. The City of London was looking to procure providers on behalf of the whole programme.
    - It was noted that it was important to help shape the specification and for service providers to engage with the process.
- The London Health Workplace Charter, which had been signed by Tower Hamlets Council as well as Barts Health and the NHS Tower Hamlets CCG. It was important to take this to other organisations to encourage their participation.
- Mental Health First Aid. Members were encouraged to email Somen Banerjee if they needed contacts for trainers. It was noted that going through the training would often also help the mental wellbeing of the trainees.

The Board welcomed the presentation and discussed its content. They noted that it was important to ensure that partners were aware of provisions such as Workpath and that they had contact information to provide to service users. It was agreed that a future presentation would be provided on how volunteering fitted in with services such as Workpath.

It was noted that the Department for Work and Pensions had provided very positive feedback on the Borough's work in this area.

RESOLVED

1. To note the report.

5. DRAFT LOCAL PLAN

Marissa Ryan-Hernandez, Plan Making Team Leader, provided an update to the Board on the draft Local Plan including progress to date and the final steps to enable sign off of the final Plan in late 2018/ early 2019.

During discussion a number of points were raised including:

- The Board welcomed the fact that the Local Plan had a particular health and wellbeing focus.
- Ensuring the quality and not just the quantity of play spaces.

RESOLVED

1. To note the presentation.

6. BETTER CARE FUND 2017-19

Karen Sugars, Acting Divisional Director Integrated Commissioning, presented the report on the Better Care Fund 2017-2019. She explained that the Better Care Fund Plan had to be agreed by the Health and Wellbeing Board. She assured the Board that nothing proposed in the Plan was inconsistent with Board's own priorities.

RESOLVED

1. To approve the draft BCF plan and planning template for 2017-19, as set out in Appendices 1 and 2 to the report, subject to final amendments.
2. To agree that final sign-off of the documents should be delegated to the relevant Chief Officers of the CCG and the Council (Simon Hall, Acting Chief Officer, and Denise Radley, Corporate Director Health, Adults and Community).
3. To note that it is proposed to increase substantially the amount of money pooled through the BCF section 75 agreement.
4. To note the timetable for the submission of BCF plans, their scrutiny and moderation by NHS England and the finalisation of the associated Section 75 agreement, as set out in paragraph 2.11 of the report.
5. To agree that, in the event of the BCF plan and template needing to be amended and resubmitted, responsibility for overseeing its production should be delegated to the Joint Commissioning Executive, and that the final version will be submitted to the 7 November 2017 HWBB for formal ratification.
6. To note that the section 75 agreement will be submitted to council and CCG decision-making bodies for formal agreement as soon as practicable following the approval of the BCF plan by NHS England, and prior to the national deadline of 30 November 2017.

7. FINAL ADULT LEARNING DISABILITY STRATEGY

Carrie Kilpatrick, Deputy Director, Mental Health and Joint Commissioning, introduced the report on the final Adult Learning and Disability Strategy. She explained that, following CCG approval, it would be presented to Cabinet on 19 September 2017.

There was also to be a launch event on 11 October to which Board Members were invited.

Finally it was noted that an update report would be provided on the Strategy this time next year.

RESOLVED

1. To agree the Adult Learning Disability Strategy

8. ANY OTHER BUSINESS

Somen Banerjee, Director for Public Health, reported on the launch of the London Mayor's Health Inequality Strategy. The report had noted that Tower Hamlets had the lowest healthy life expectancy in London but that the London Mayor's priorities aligned well with the Board's priorities.

There were a set of questions in the London Mayor's strategy and it was proposed to co-ordinate a response from the Board.

On other matters it was noted that there was a meeting on 12 September 2017 regarding the Island Health Centre issue and all Members were welcome to attend.

9. DATE OF NEXT MEETING

The next meeting of the Board was to take place on Tuesday 7 November 2017 at 5.30pm.

The meeting ended at 7.34 p.m.

Vice Chair, Dr Sam Everington
Tower Hamlets Health and Wellbeing Board

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Health and Wellbeing Board Forward Plan				
Date: 21 February 2017				
Date: 18 April 2017				
Date: 26 July 2017 (cancelled date - 4 July)				
Date: 5 September 2017				
Date: 7 November 2017				
Date: 20 December 2017				
	Report Title	**Lead Officer**	**Reason for submission**	**Time**
Public Questions	Public Questions			
Standing Items	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		10 mins
Health and Wellbeing Strategy - priorities (Initial assesment/ evaluation)	Communities driving change - update	Somen Banerjee		15 mins
	Employment and Health - update	Somen Banerjee		15 mins
	Children's weight and nutrition - update	Abigail Knight		15 mins
Discussion Items	Suicide Prevention Strategy (FINAL)	Chris Lovitt	For HWBB to sign off	10 mins
Any Other Information				5 mins
Date: 20 February 2018				
	Report Title	**Lead Officer**	**Reason for submission**	**Time**
Public Questions	Public Questions			
Standing Items	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		10 mins
Health and Wellbeing Strategy - priorities (Initial assesment/ evaluation)	Developing Integrated System - update	Denise Radley		20 mins
	A Healthier Place - update	Somen Banerjee		20 mins
	Outcomes Framework - update	Somen Banerjee / Jamal Uddin		20 mins
Discussion Items	Physical Activity and Sports Strategy	Thorsten Dreyer	Date to be confirmed	20 mins
Any Other Information				5 mins
Date: 20 March 2018				
	Report Title	**Lead Officer**	**Reason for submission**	**Time**
Public Questions	Public Questions			
Standing Items	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		10 mins
Health and Wellbeing Strategy - priorities (Annual Review)	Health and Wellbeing Strategy - annual review of delivery plans: - Communities Driving Change; - Employment and Health; - Children's healthy weight and nutrition - Developing an integrated system; - A healthier place; - Outcomes Framework		End of year reflections from each of the delivery work streams.	45-60 mins
Discussion Items				
Any Other Information				5 mins

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Health and Wellbeing Board Tuesday 7 November 2017	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Local Safeguarding Children Board Annual Report 2016-17	

Lead Officer	Debbie Jones, Corporate Director Children's Services, LBTH
Contact Officers	Monawara Bakht, Children's Safeguarding Strategy and Governance Manager, LBTH
Executive Key Decision?	Yes

Summary

This report and its appendix set out the annual report of Tower Hamlets Local Safeguarding Children Board (LSCB), which is a statutory requirement under the Children Act 2004 and Working Together to Safeguard Children Guidance 2015. The annual report sets out the Board's governance arrangement, key safeguarding information and response to the Ofsted Review of LSCB undertaken in February 2017.

The Annual Report was signed off by the Local Safeguarding Children Board (LSCB) on 04 October 2017.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. To note the content of the Safeguarding Children Board's Annual Report.

2. To consider the LSCB priorities and any implications arising from the LSCB Annual Report for the HWBB and its work programme.

1. REASONS FOR THE DECISIONS

1.1 The Local Safeguarding Children Board (LSCB) is required to publish an annual report on the effectiveness of child safeguarding arrangements and promoting the welfare of children in its locality, ensure the annual report is available within the professional and public domain. The LSCB annual report, which fulfils this responsibility, is appended to this paper.

1.2 Working Together to Safeguard Children Guidance 2015 requires the LSCB Annual Report to be made available to the Chair of the Health and Wellbeing Board.

2. ALTERNATIVE OPTIONS

2.1 There are no alternative options, as it is a statutory requirement for this report to be reported to the Health and Wellbeing Board.

3. DETAILS OF REPORT

3.1 Ofsted undertook a review of the LSCB in February 2017 and found it be ‘inadequate’ as it is was 'not discharging all of its statutory functions’. It was described to have a number of shortfalls including the LSCB Performance Dataset, which did not sufficiently focus on core business and its priorities, or able to monitor the quality of front line practice.

3.2 The LSCB has accepted Ofsted’s judgement and findings and as a result, the annual report is limited in its ability to reflect the full range of activities undertaken by the board and partner members and demonstrate it has been able to keep all children safe from harm.

3.3 The 2016-17 annual report is a departure from previous years in that it is not able to provide an assessment of the effectiveness of the local safeguarding arrangements. The condensed annual report excludes analysis of its performance in 2016-17. It focuses on explaining how the LSCB will respond to the findings of the Ofsted Review and its future direction.

3.4 The content of the annual report includes its current governance information, local borough profile including key safeguarding information and setting out the national context for LSCBs in the near future. Four priority areas have been identified to tackle the immediate improvement work required by the board following the Ofsted review. This has been agreed in consultation with LSCB partner members.

3.5 The LSCB will ensure next year’s report provides a full and detailed account of the areas of improvement and demonstrate it is able to challenge and hold its partners to account.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 In response to Ofsted's findings and recommendations, Tower Hamlets LSCB may experience increased costs in 2017-18 as part of its efforts to implement the recommendations and the potential increase in the numbers of serious case reviews.

4.2 The 2017-18 cost is unquantified at this stage but is likely to be significantly higher than the circa. £86K incurred in 2016-17. Whilst the cost of running the LCSB is shared with partners, LBTH remains the highest contributor towards these costs.

5. LEGAL COMMENTS

5.1 The Council's functions in relation to children include an obligation under section 11 of the Children Act 2004 to make arrangements to ensure that its functions are discharged having regard to the need to safeguard and promote the welfare of children.

5.2 The Council has established the LSCB in accordance with its current obligation under section 13 of the Children Act 2004. The LSCB carries out the following functions as prescribed in the Local Safeguarding Children Boards Regulations 2006 –

(a) developing policies and procedures for safeguarding and promoting the welfare of children in Tower Hamlets;

(b) communicating to persons and bodies in Tower Hamlets the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done, and encouraging them to do so;

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children, and advising them on ways to improve;

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

5.3 Section 14A of the Children Act 2004 requires the LSCB Chair to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The statutory guidance 'Working Together to Safeguard Children' published in March 2015 and updated on 16 February 2017 sets out that the annual report should be published in relation to the preceding financial year and should fit with local

agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Mayor, the local police and crime commissioner and the Chair of the Health and Wellbeing Board. It is therefore a legal requirement for the HWBB to consider this report, and the recommendation that HWBB consider the LSCB priorities and any implications arising from the LSCB Annual Report for the HWBB and its work programme is appropriate.

5.4 The annual report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. It is therefore appropriate that the report addresses the concerns raised in respect of the LSCB in the Ofsted Review and action plan to improve child safeguarding practice. The report should include lessons from reviews undertaken within the reporting period. The appended report complies with these requirements.

5.5 Please note that when Chapter 2 of the Children and Social Work Act 2017 comes into force, this will make changes to the arrangements for local child safeguarding partnerships and the serious case review process, including provision for a central Child Safeguarding Practice Review Panel for cases of national importance. The commencement date for the relevant sections has not yet been published.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 The report sets out safeguarding issues for children in Tower Hamlets and how the LSCB partners intend to address them. This is an important aspect of ensuring that all children are appropriately safeguarded at all times and are able to achieve a good level of wellbeing.

7. BEST VALUE (BV) IMPLICATIONS

7.1 There are no implications.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 There are no implications

9. RISK MANAGEMENT IMPLICATIONS

9.1 The LSCB maintains a Risk and Issues Register, capturing risks as identified by a member agency or the LSCB Independent Chair. The risks, mitigation and remedial actions are monitored by the LSCB Chair and Board members.

9.2 Risks causing concern are escalated by the LSCB Chair to the Chief Executive or senior officer of the relevant agency. The Chief Executive is also

kept informed of the LSCB risk register through monthly one-to-one meetings with the LSCB Independent Chair.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 Safeguarding has an important interface with crime and disorder. Effective safeguarding means that children and young people will be kept safe from harm caused by crime, for example abuse, exploitation and serious youth violence. The LSCB will work across with community safety and other key partnership forums to deliver an integrated safeguarding agenda.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- Tower Hamlets Safeguarding Children Board Annual Report 2016-17

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

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Tower Hamlets Safeguarding Children Board

Keeping children safe in Tower Hamlets

TOWER HAMLETS

Tower Hamlets LSCB

Annual Report 2016/17

Safeguarding is everyone's responsibility

EQUALITY FRAMEWORK FOR LOCAL GOVERNMENT EXCELLENT

POSITIVE ABOUT DISABLED PEOPLE

London Living Wage Employer

INVESTORS IN PEOPLE | Silver

METROPOLITAN POLICE

TOTAL POLICING

NHS Tower Hamlets Clinical Commissioning Group

Contents

Chair's Foreword

I am the Independent Chair of the Safeguarding Children Board and took up my role in November last year. I would like to thank Sarah Baker, the previous chair, for all her hard work.

This annual report has been written following a recent Ofsted inspection in to both Tower Hamlets children's social care and a review of Tower Hamlets Safeguarding Children Board. In both cases, Ofsted have graded the organisations as "inadequate". This is the lowest grading. The Metropolitan Police received a highly critical report on child safeguarding from Her Majesty's Inspectorate of Constabulary (a London wide report that was not specific to Tower Hamlets) and colleagues at Barts Health NHS Trust have been in special measures since their CQC inspection in 2015.

Against this backdrop it would not be appropriate to produce an annual report that attempts to demonstrate that our children are safeguarded to the standards we would hope. Whilst there has been some really good work, carried out by both individuals and organisations, this is overshadowed by the recent inspections.

As a result of the Ofsted inspection, Tower Hamlets Council now has an Improvement Board to oversee the necessary changes in children's services. The improvements will not be made by the local authority alone. All of the agencies engaged in child safeguarding will need to play their part. It is the job of the safeguarding board to facilitate this collaborative approach.

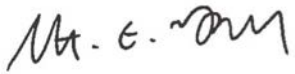
I appreciate that for front line professionals, the additional pressures of an improvement programme will make for a very challenging year ahead. I have met some outstanding individuals and I am confident that together we can meet the expectations that children, young people, families and carers have of our safeguarding services.

The safeguarding board has been re-designed and will focus on holding agencies to account and ensuring that agencies work together in the best interests of our children and young people. We know that Tower Hamlets can be a challenging environment for children and young people. Agencies need to improve services and step up to these challenges.

As a result of this year's inspection, the annual report focuses on the improvements to be made and the way the board is dealing with those challenges.

I do thank all of those engaged in safeguarding our children in these challenging times, especially those voluntary services who do so much to support our children, young people and families.

I look forward to reporting progress in my report next year.



Stephen Ashley

Independent Chair
Tower Hamlets Safeguarding Children Board

KEEPING CHILDREN SAFE IN TOWER HAMLETS 2016-17

The Local Safeguarding Children Board is here to help keep children and young people free from abuse or neglect.

Tower Hamlets Safeguarding Children Board

POPULATION

304,900
Fasted growing local authority in the UK – first time it has exceeded 300,000 since World War II

32% Bangladeshi and 31% White British make up our top two groups

12.4% of White Other (Eastern/ Western Europeans) is the third largest and fastest growing ethnic minority group

20% of our population are under 16

26.6% of households have dependent children

49% of children continue to live in poverty

CHILDREN PROTECTED

1,417 child protection investigations were carried out

388 children were subject to a child protection plan at the end of March 2017 under the following categories:

- Sexual Abuse - 15
- Emotional Abuse - 182
- Neglect - 105
- Physical Abuse - 74
- Multiple Abuse - 12

Children living with domestic abuse continue to be the most common reason why children become subject to child protection plans under the category of domestic abuse.

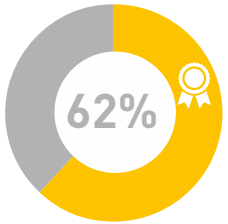
18 children remained subject to child protection plans lasting 2 years due to neglect at home

EDUCATION

9 in 10 pupils attending school is from an ethnic minority group

53% were eligible for free school meals making it the highest in the country

62% achieved a good level of development at age 5



62% achieve expected KS2 levels in Reading, Writing and Maths at the end of primary school - above the national average of 54%

57.1% of pupils in 2016 achieved 5 grade A*-C passes

CHILDREN LOOKED AFTER

333 children were looked after by the local authority

- **43** were under 5
- **48** were aged 5 to 9
- **122** were aged 10 to 15
- **120** were aged 16 to 17

18 children live in private fostering arrangement

VULNERABLE CHILDREN

Most children grow up safe, happy and well. However, a small number of children and young people face some serious challenges in their lives.

61 young people were referred to multi-agency sexual exploitation panel – the average were 14 year old females

238 incidents of children missing from care

176 incidents of children missing from home

25 potential victims of trafficking were identified

36 child deaths reported this year of which majority were expected (life limiting illness) and under the age of 1

1 serious case review was published on the LSCB website

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KEEPING CHILDREN SAFE IN TOWER HAMLETS 2016-17

The Local Safeguarding Children Board is here to help keep children and young people free from abuse or neglect.

Tower Hamlets Safeguarding Children Board

ACTIVITY OVER THE LAST YEAR

EARLY HELP SUPPORT WITH PARENTS/CARERS

200 parent/carers attended the Annual Parent Conference on 'keeping our children safe and well'

669 parent/carers accessed advice/information to support their child's school transition

32,591 unique visits to the Local Offer website

31 Parent Ambassadors were trained and actively delivering healthy eating sessions in schools

15,550 contacts made with the Family Information Service

250 plus members on the Parent and Carer Council regularly contribute to help shape council services for families

PRIORITIES FOR 2017-18

It is critical that the future priorities for the LSCB focuses on those areas that will directly impact on frontline practice and the support given to families and children.

Priority 1 - Performance & Audit

- Will monitor the quality of front line practice through an improved and robust statistical analysis of child protection performance and partner agency intelligence for emerging safeguarding issues
- Will ensure there is effective inter-agency scrutiny, a culture of information sharing and constructive challenge through quality assurance

Priority 2 - Situational awareness

- We will create systems-based leadership to drive safeguarding strategy and practice across key statutory partners and beyond
- We will create and foster opportunities for our safeguarding partners to identify barriers to partnership working

Priority 3 - Learning from Serious Case Reviews

- We will maintain an effective case review system that applies systemic approaches to reviewing critical incidents
- We will learn from the work partners do to enhance our collective safeguarding knowledge and practice

Priority 4 - Engagement

- We will share listen and share learning with our local and professional communities
- We will involve and listen to what children & young people need

For more information, visit www.lscb-towerhamlets.co.uk

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Section 1
Introduction

The Tower Hamlets Local Safeguarding Children Board (LSCB) has a statutory duty[1] to prepare and publish an annual report on its findings of safeguarding arrangements in the area:

"The chair of the LSBC must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year….. The report should be submitted to the chief executive, leader of the Council, the local police and crime commissioner, and the chair of the Health and Wellbeing Board"

The Annual Report is published on the LSCB Website

The year's report is a departure from previous annual reports, which provided an assessment of our effectiveness. The 'inadequate' judgement made by Ofsted, following its review of Tower Hamlets LSCB in February 2016, imposes on us the need to focus on what we need to do to improve our local safeguarding arrangements alongside our key statutory partners. Therefore, the revised structure of this report is as follows:

Executive Summary	consolidates our borough profile and performance information to provide a snapshot summary of this report.
Section 1	describes the legislative and local governance framework of Tower Hamlets LSCB.
Section 2	provides local statistical and safegaurding information providing context for our work in the borough.
Section 3 sets out the:	national and local context for LSCBs in general and what this means for Tower Hamlets safeguarding responsibilities.
	provides a clear response to how we will tackle our shortfalls and strive to improve the way in which we know children in the borough are protected and safeguarded.
	sign-posts our direction of travel for the coming year and beyond. Priorities for 2017-18 are singularly linked to the improvement journey of Tower Hamlets Children's Social Care and LSCB as a partnership body.

[1] Working Together to Safeguarding Children 2015 (DfE)

Governance

Legal Context

In April 2006, Tower Hamlets LSCB was established in response to statutory requirements under the Children Act 2004.

Now in its tenth year, the LSCB partnership continues to provide ongoing opportunities to improve local leadership and commitment to drive the safeguarding children agenda, enhance collaborative inter-agency working, increase wider engagement and influence from the professional and local community, develop effective ways in which children are safeguarded for their long-term outcomes and promote the sharing of good practice.

The core objectives of all Local Safeguarding Children Boards (LSCBs) are:

- To co-ordinate what is done by each person or body represented on the board for the purposes of safeguarding and promoting the welfare of children in the area of the authority.
- To ensure the effectiveness of what is done by each person or body for that purpose.

The scope of LSCBs includes safeguarding and promoting the welfare of children in three broad areas of activity:

- Activity that affects all children and aims to identify and prevent maltreatment, or impairment of health or development, and ensure children are growing up in circumstances consistent with safe and effective care.
- Proactive work that aims to target particular groups.
- Responsive work to protect children who are suffering, or are likely to suffer significant harm.

Chairing and Support

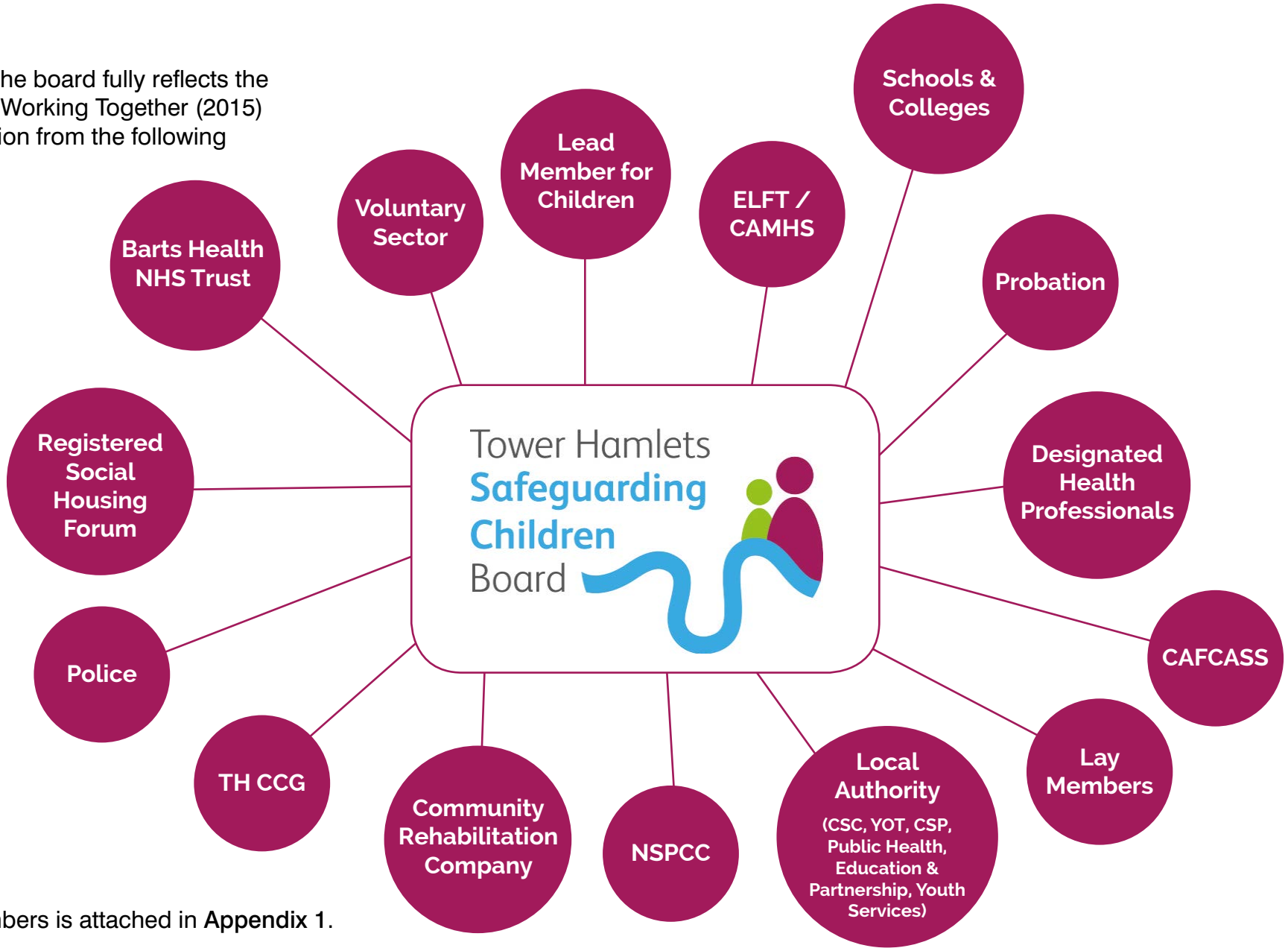
The LSCB is chaired independently, in accordance with 'Working Together to Safeguard Children 2015.' Stephen Ashley was appointed as Independent Chair in November 2016 and reports directly to the chief executive of the local authority. His predecessor, Sarah Baker left her chairing position in Tower Hamlets in September 2016.

This report covers the period of both chairs' tenure.

A full-time business manager and business support officer along with the child death single point of contact officer support the LSCB. Barts Health NHS Trust funds the latter. Additional support is also provided by the Policy, Programmes and Community Insight function in the Council.

Membership

Membership of the board fully reflects the requirements of Working Together (2015) with representation from the following partners:

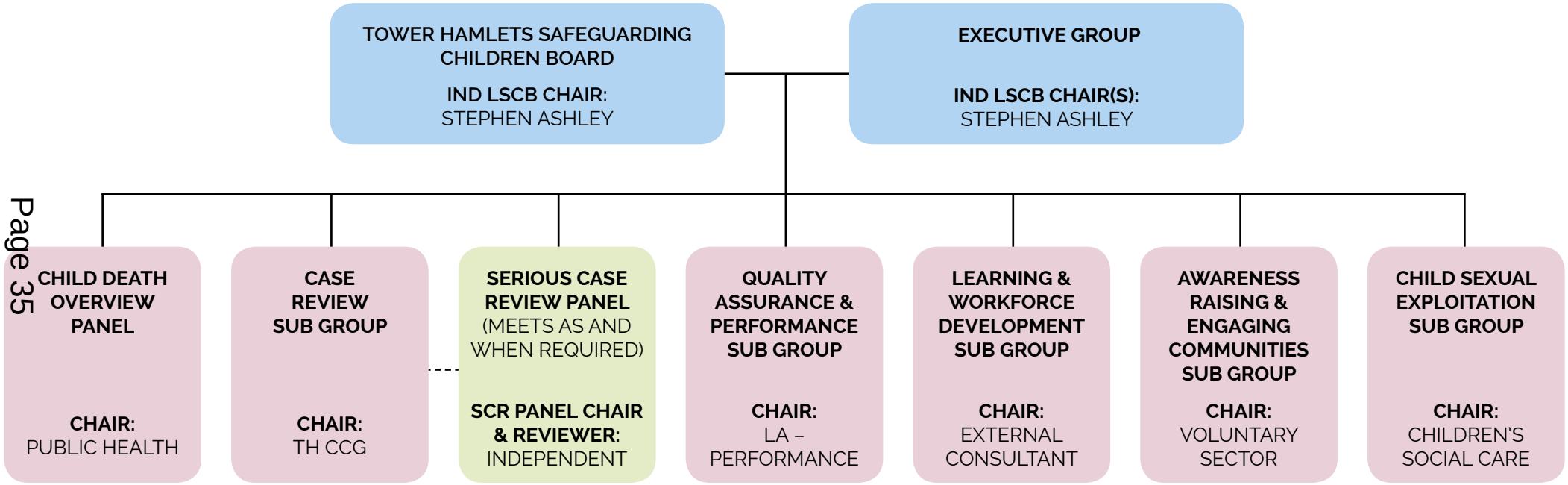


A full list of members is attached in **Appendix 1**.

Structure

The Main Board meets every two months. Attendance at the LSCB meetings has been, as always, exceptionally good. The Executive Group also meets bi-monhtly.

The LSCB has six subgroups delivering the key functions of the LSCB:

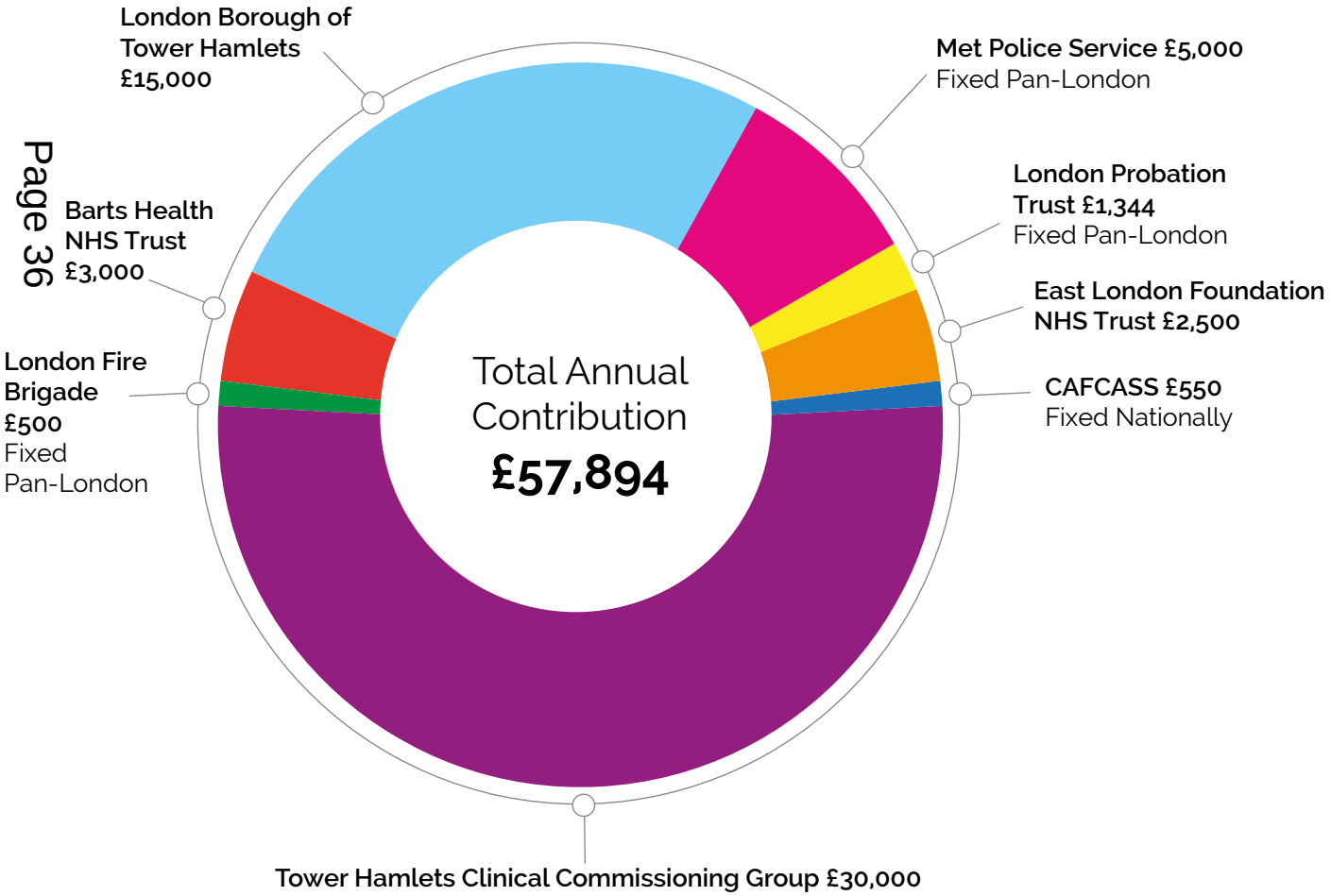


The membership of sub-groups was reviewed to ensure full multi-agency representation and members are able to make decisions on behalf of their organisations. Each sub-group is now well represented by children's social care, mental health, community and acute health services, police, education and the voluntary sector.

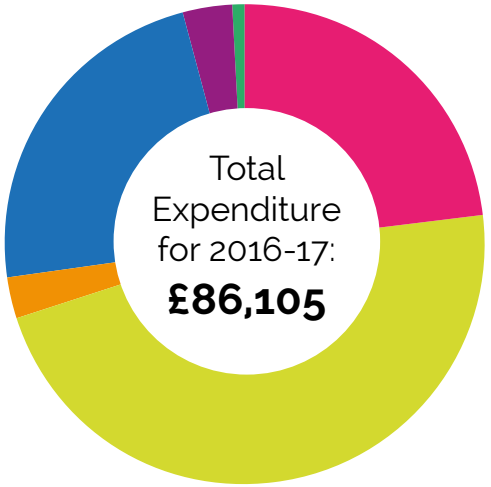
Budget

The LSCB budget consists of contributions from a number of key statutory partners and is managed by the London Borough of Tower Hamlets (LBTH). Working Together, 2013 first placed an increased emphasis on no single agency being overly burdened with the cost of running the LSCB and stated that the LSCB budget is a shared responsibility across the partnership.

The following table shows contributions to the LSCB for 2016-17:



Total expenditure for 2016-17:



LSCB Chair	£20,000
Serious Case Reviews	£40,500
Venue & Hospitality	£2,225
Interagency Training	£20,000
IT Hardware & Software	£2,780
Sundries	£600
Total costs	£86,105

The LSCB does not receive sufficient contribution to cover the cost of its annual spend. **The local authority covered this year's shortfall of £28,211**, in addition to staff costs of £55,900.

Unforeseen overspend is largely dependent on the number of serious case and other independent reviews conducted in the year.

Section 2

Local background and safeguarding context in Tower Hamlets

Population

Based on mid-year population estimates published by the Office of National Statistics (ONS) in June 2017, Tower Hamlets borough's population:

Reached **304,900** in June 2016.

This is the first time the area's population has exceeded 300,000 and first time since World War II.

Doubled in the past **30 years, making it the fastest growing Local Authority in the UK**.

Local population growth rate (40%) has doubled that of London (16%) and four times that of England (8%).

Between June 2015-2016, **the borough gained 9,600 additional residents** – drivers for this are twofold: natural and migration changes. More birth than deaths and international immigration has increased our growth.

Gender of our residents comprises of **52.2% male** and **47.8% female** making it the forth highest proportion of male residents in the UK, more than London as a whole (49.8%) and England (49.4%). There are 13,300 more males than females.

Has a relatively **young population**, placed **forth youngest in the UK** with a median age range of 30.6.

Our proportion of under-16s at 20% is similar to that of London and England (20% and 19% respectively).

Conversely, Tower Hamlets has proportionally one of the fewest older residents compared to with other areas. 9% are over 60 compared to London (16%) and England (23%).

Diversity

The most recent Census in 2011 shows that Tower Hamlets has one of the most diverse populations in the country, home to many communities. Our ethno-demographic profile remains relatively unchanged since we last reported in 2015-16; the next census is due in 2021.

Bangladeshis remain the largest ethnic minority group at 32%, the largest in the country, followed by **White British at 31%**. This group has decreased from 42.9% since the 2001 census. The third largest ethnic group is other white (12.4%) consisting largely of eastern and western Europeans, Australian and Americans. This is the fastest growing ethnic group and has almost doubled between the 2001 and 2011 Census.

At least 90 different languages being used in the borough and 66% of our residents used English as their main language and 18% use Bengali, making it the forth most linguistically diverse area in England and Wales.

Households have grown by 28.9% since 2001 with an extra 22,727, the highest growth seen within London.

A breakdown of households comprises of single person (34.6%), married or civil partner couples (23.7%), cohabiting couples (9.5%), lone parents (10.6%), other households with more than one family residing together (19.6%) and households with full time students (1.9%).

There are 26,916 (26.6%) households with dependent children. This is lower than London (30.9%) and England (29.1%). Of this, half live with two parents (49.1%) and a quarter (27.2%) live within a lone parent household.

The 2011 Census found 9% of our residents aged 16 plus, a total of **18,311 adults, had low levels of English proficiency in England**.

It is substantially higher than the average across London (4%) and England (2%). Only Newham was placed higher than Tower Hamlets.

Diversity - School Population

While two thirds of the boroughs population are from an ethnic minority group (i.e. non-White British), nine in 10 pupils attending school in Tower Hamlets are from an ethnic minority group. The majority of pupils are from a Bangladeshi background (63%).

In the Spring School Census 2017[2], the Department for Education (DfE) collected information on pupils' country of birth for the first time. However, it should be cautioned that data was missing for a significant proportion of pupils. 23% of all records are missing country of birth. This can be in part due to voluntary information provided by parents in fear of how the information could be misused for other purposes i.e. enforcing immigration regulations.

Tower Hamlets Pupil Population by country of birth – Spring 2017

	No of pupils	% of pupils
Born in the UK	**31,437**	**91.6**
Not Born in the UK	**2,878**	**8.4**
Africa	189	0.6
The Americas & the Caribbean	93	0.3
Asia	1,116	3.3
Bangladesh	920	2.7
Other Asian Countries	196	0.6
Europe	1,426	4.2
Italy	856	2.5
Spain	110	0.3
Other EU countries	403	1.2
Other non-EU countries	57	0.2
Middle East	41	0.1
Oceania/ Australasia	13	0.0
Missing Data	**9,970**	-
Total	44,285	100

[2] Source: Tower Hamlets School Census, spring 2017. Notes: Figures include pupils of all age groups: nursery, primary, secondary and post-16. Figures exclude dual registered pupils. Percentages are based on valid data only (excluding records with missing data).

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Health

Reducing inequalities in health and wellbeing experienced by so many Tower Hamlets residents is one of the biggest challenges facing the borough.

Life expectancy has risen over the last decade it continues to be lower than the London and national averages, and significant health inequalities persist. People in Tower Hamlets tend to become ill at an earlier age and this is reflected in the 'healthy life expectancy' figure, which is lower than the national average. The life expectancy gap between Tower Hamlets and England as a whole is 1.9 years for men and 0.5 years for women.

13.5% of residents have a health condition or disability that limits their daily activities and Tower Hamlets has a higher number of residents with a severe disability compared with London and England, despite our relatively young population.

Tower Hamlets has some of the **highest death rates** due to cancer, cardiovascular disease and chronic lung disease in the country. Tower Hamlets also has amongst the highest adult infection rates of HIV, tuberculosis and sexually transmitted infections in London.

The health and wellbeing of children in Tower Hamlets is mixed compared with the England average. Infant and child mortality rates are similar to the London average. However, children in Tower Hamlets have worse than average levels of obesity: 22.5% of children aged 4-5 years and 41.9% of children aged 10-11 years are classified as overweight or obese. In addition, oral health is poor, with 45% of 5-year-old children experiencing tooth decay compared to 28% nationally.

In addition to improvements in maternity services, local NHS services have, in recent years, made **significant improvements to immunisation rates**, with coverage amongst the highest in the country for under fives.

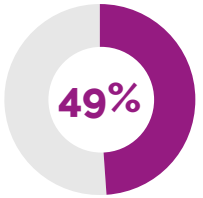
Whilst there are **high levels of sexually transmitted diseases amongst adults in Tower Hamlets** (8th highest in the country), the available data suggests that amongst young people, infections may be relatively low. The rate of chlamydia infections in 15-24 year olds is below London and national averages. Whilst the rate of alcohol use in young people is low, drug use in the population is high.

The relationship between the LSCB and health partners, both commissioning and providers, is critical if we are to have an impact on improving the lives of vulnerable children and young people.

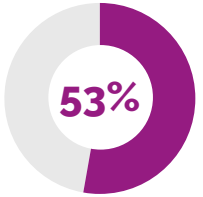
Child Poverty

In 2014, there were an estimated 69,300 children and young people aged 0 to 19 living in Tower Hamlets, representing approximately 20% of the total population. The young population in the borough is projected to rise in line with the general population growth.

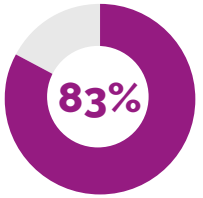
- The latest available child poverty data remains from 2015[3] and shows that 49% of children and young people in the borough live in poverty. This is the highest child poverty rate in the UK, despite recent falls in line with the rest of London. In the same year, 53% of pupils were eligible for free school meals in state-funded secondary schools, which is the highest level in the country. This level of disadvantage is likely to have lifelong negative effects on the health and wellbeing of children.
- The majority (83%) of these children live in families reliant on out-of-work welfare benefits where the unemployment rate was 9.4% in 2011, the second highest across London.
- The rate of homelessness acceptances is in line with the average for London in 2014 (5.1% per 1,000 households) despite it having fallen from a higher rate five years previously (8% per 1,000 households) while across London the rate rose. Similarly, while the rate of households in temporary accommodation rose in London between 2010-2015, it fell in Tower Hamlets though the rate is still higher than average (18.6% per 1,000 households compared to 13.6% as the London average). There is a high rate of overcrowding in the borough with 16% of all households overcrowded.



49% of children and young people in the borough live in poverty



53% of pupils were eligible for free school meals in state-funded secondary schools



83% of these children live in families reliant on out-of-work welfare benefit

[3] London's Poverty Profile Report 2015, New Policy Institute, www.londonspovertyprofile.org.uk/indicators/boroughs/

Education and Employment

In 2016, 62% of children achieved a good level of development at the age of five compared to a national average of 69%. Despite steady improvement over the last three years, this indicates that the issues highlighted above are continuing to impact on children in the early years.

Despite this disadvantage, children at school do well. In 2016, 62% of children achieved the expected Key Stage 2 level in reading, writing and maths by the end of primary school. This figure was above the national average of 54%. In 2016 GCSE results revealed that 57.1% of children achieved five grade A*-C passes including English and Maths compared with a national figure of 57.7% for state funded schools in England.

Tower Hamlets results for GCSEs have been above national average since 2011.

At the age of 16, the proportion of young people who are not in education, employment or training is relatively high, although this figure drops to below the London average for those aged 18.

Level 3 (A-Level or equivalent) results are below the London and national average, although there has been some improvement. Between 2013/14 and 2014/15, the gap between Tower Hamlets and the national average (for state schools and colleges) has reduced.

Children in need of help and protection

To fulfil its statutory function under Regulation 5[4] an LSCB should use data and, as a minimum, assess the effectiveness of the help provided to children and families, including early help.

Based on our local safeguarding data for 2016-17:

There were a total of 2,528 referrals to children's social care in 2016-17 of which 317 were repeat referrals. This has decreased compared to the previous year 3,333 referrals of which 301 were repeats.

1,417 child protection investigations (s47s) were undertaken

183 of investigations against an adult working with a child were resolved within the 30 day DfE target

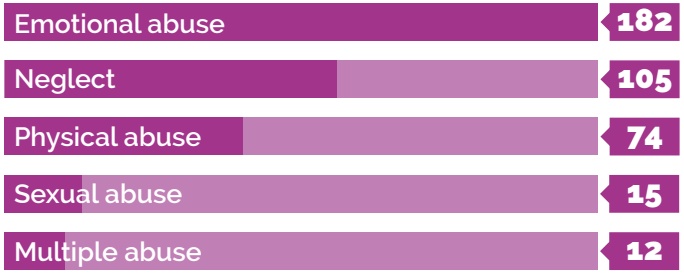
As of March 2017, 388 children were subject to a child protection plan over the 12-month period

Of these, 18 were subject to child protection plans for two years or more. The main reason was neglect

23 children were on a child protection plan for a second or subsequent time, within two years of the previous plan

[4] LSCB Regulation 2006

Category of Abuse



Emotional abuse is the most common reason for children becoming subject to a child protection plan. These are mainly children who have experienced living with domestic abuse at home

333 children were looked after by the local authority at the end of March 2016

Children Looked After by age

Age at 31 March	Boys	Girls
Under 1:	8	8
1 - 4:	4	23
5 - 9:	28	20
10 - 15:	65	57
16 - 17:	74	46
TOTAL	**179**	**154**
Total of Children Looked After at the end of March 2017:	**333**	

178 children were subject to a court application (including care and supervision orders)

139 out of 183 children looked after received their annual health and dental check within the 12 month period. **This has decreased from 83.2%**

87 out of 287 young care leavers are not in employment, education or training. This is based on the group of young people (aged 19-24) who were looked after at age 16

18 children live in private fostering arrangement

61 young people were referred to the multi-agency sexual exploitation panel and are mainly young girls at an average age of 14

414 return home interviews were undertaken children missing from home or care of which:

Missing children from care	**238**
Children from care return home interviews conducted	**115**
Children from care return home interviews declined	**123**
Missing from home	**176**
Missing from home return interviews conducted	**80**
Missing from home return interview declined	**96**

Young people who are missing are sometimes trafficked internally for the purposes of criminal and sexual exploitation. The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking or modern slavery and ensuring they receive the appropriate support. Data is collated nationally by the Modern Slavery Human Trafficking Unit (National Crime Agency). This information contributes to building a clearer picture about the scope of human trafficking and modern slavery victims in the UK.

25 “potential victims of trafficking” were referred to the National Crime Agency

36 child deaths were reported in the year

The child death overview panel reviewed 31 child deaths, of which, 26 were recorded as expected deaths (life limiting illness) and five were unexpected deaths. 28 of the 31 child deaths were under the age of 6 months. The number of neo-natal deaths and those under the age of 1, were the biggest group

2,302 professionals received safeguarding training provided by the LSCB

Early Help Support with Parents/ Carers

The local authority's Parental Engagement Service provides a range of support to parents in schools and other settings such as parenting programmes, awareness events, survey, information and advice.

200 parents/carers attended the Annual Parent Conference 'Informed and Empowered! Keeping our Children Safe and Well'

100% Parents who attend a Parental Engagement course/session report they have increased confidence and awareness to help them support their child's learning, development and wellbeing

91% of the parents attending the 'Emotional First Aid' course felt more optimistic about their future and that confidence in their ability to manage stress in their daily lives increased by the end of the course (using the Edinburgh Emotional Well-being Scale)

School Ready/Neglect pilot programme saw an average 7% increase in school attendance of the children targeted

32,591 unique visits to the Local Offer

669 parents/carers accessed information and advice sessions to support school transition

15,500 calls/drop-ins made to the Family Information Service

31 Healthy Families Parent Ambassadors are trained and active – delivering healthy eating sessions for parents in schools

There are more than 250 active members on the Parent & Carer Council who regularly contribute to the borough wide forum and help shape council services for families

Annual Parent Carer Survey indicated that a quarter (26%) report that their children have been bullied in the past year and nearly six in ten (58%) say they often worry about their children's health and well-being

Section 11 (Children Act 2004)

Section 11 of the Children Act places a statutory requirement on key organisations to ensure arrangements are in place to discharge their duty to safeguard and promote the welfare of children. Biennial self-assessments are undertaken by the LSCB partners to assess the effectiveness of the local safeguarding arrangements at a strategic and operational level. The last section 11-audit exercise took place in January 2016 and partners identified a number of key actions to ensure full compliance. The following sets out areas of challenge that arose across the partnership:

- Disclosure and Barring Processes causing delay in safer recruitment standards
- Safeguarding Escalation Processes for safeguarding concerns need further understanding and use
- Budget cuts affecting our training offer and some front line children practitioners are finding it increasingly difficult to attend learning opportunities due to work demand
- Safeguarding is not explicitly part of MOPAC 7 (Mayor's Office for Policing and Crime). Police officers performance are monitored against MOPAC 7
- Safeguarding is not considered in service development and a responsibility of all workers, not just those with a designated role
- Need to embed safeguarding within registered social housing landlords.

Section 3
Inspection and Reviews

In August 2016, the corporate director for children's services commissioned an **independent review of Tower Hamlets Safeguarding Children Board**. The review reported its findings in September 2016 and highlighted that the LSCB:

- Had reviewed its governance arrangement to take account of the boards growing remit. However, partners expressed concern about the board's membership, function, breadth of work and capacity to deliver consistently. A number of the issues interlinked and were found to be fundamental to the organisational 'health' of the board and unless tackled would become a pernicious force, undermining the capability of the board to properly fulfil its core businesses.
- The board was seen to be largely compliant with statute but there was evidence that on occasions demand and pressures meant that key dates were missed.
- There was evidence that the board is aware of its responsibilities and had met a number of key functions.
- Specific areas for consideration were made and accepted by the board, these were:

✓	To improve the lines of sight between the chair and the board
✓	To improve the quality audit programme and resolve information sharing barriers
✓	To improve the future role, purpose and structure of the board
✓	To improve the current LSCB Website

The **Children and Social Work Act** received Royal Assent in April 2017, which makes a number of changes around social work practice and the care of looked after children. Significantly, the Act will see the abolition of all sections of the Children Act 2004 that relate to LSCBs. Section 16 describes the arrangement to replace current LSCB structures:

1	**The safeguarding partners for a local authority area in England must make arrangements for:**
	(a) the safeguarding partners, and (b) any relevant agencies that they consider appropriate, to work together in exercising their functions, so far as the functions are exercised for the purpose of safeguarding and promoting the welfare of children in the area.
2	**The arrangements must include arrangements for the safeguarding partners to work together to identify and respond to the needs of children in the area:**
	The safeguarding partners are: (a) the local authority; (b) a clinical commissioning group for an area any part of which falls within the local authority area; (c) the chief officer of police for a police area any part of which falls within the local authority area.

Tower Hamlets LSCB is required to publish its new safeguarding children arrangements in the near future.

In February/March 2017, Ofsted undertook a **review of the effectiveness of the LSCB** in conjunction with Children's Social Care Inspection of services for children in need of help and protection; children looked after and care leavers. Ofsted judged Tower Hamlets LSCB to be '**inadequate**' as it found that we were note effectively discharging all our statutory functions. Ofsted found that the recently revised governance framework was not established enough to be effective in facilitating the monitoring and evaluation of the impact of our work programme. In addition, Ofsted also cited:

- The board was excessively large therefore limiting meaningful debate and effective decision-making
- The lead member had not exercised their responsibility as a participating observer, weakening scrutiny of the board
- The board had not ensured timely oversight of key practice areas
- Insufficient monitoring of the quality of front line practice meant the board was not aware of the failings of children's social care to protect children.

Ofsted issued five recommendations:

- Urgently review monitoring and governance arrangements to ensure the board is fulfilling its statutory functions
- Prioritise multi-agency monitoring of frontline practice to ensure that the board has effective awareness of the quality of practice and its impact on outcomes for vulnerable children
- Ensure the business management capacity of the board is sufficient to meet the need
- Ensure the board prioritises the response of the partnership to the issues of youth violence and gang activity and their relationship to child sexual exploitation, including the development of a comprehensive problem profile
- Ensure the effectiveness of multi-agency training is monitored and evaluated, including training for staff in recognising and assessing risks to sexually exploited children

Tower Hamlets LSCB accepted the judgement and recommendations made by Ofsted in April 2017

Responding to Inspection

Following the local and Ofsted review of the LSCB and publication of the Children and Social Work Act 2017, it was critical for the board to focus on improving areas that directly impact on front line practice and the support given to children and families. It identified six areas to enable the board to improve child-safeguarding practice across agencies and these are incorporated in to 2017-18's priorities:

- Creating systems leadership to drive safeguarding strategy and practice across children's social care, police, health and beyond.
- Developing robust statistical analysis of child protection performance and pan-agency intelligence of emerging safeguarding issues.
- Developing effective inter-agency scrutiny and audit processes and a culture of constructive challenge.
- Maintaining an effective case review system that applies systemic approaches to reviewing critical incidents.
- Promoting pan-agency, single agency and individual learning in order to enhance safeguarding practice and promote service development.
- Effectively engaging with the community and service users in order to create learning to improve strategy and practice.

What have we done so far

The LSCB urgently revised it structure and immediately put in place a smaller executive board responsible for setting the direction of the board, ensuring it is compliant with its statutory function. It will performance manage the LSCB through its systems, processes and impact.

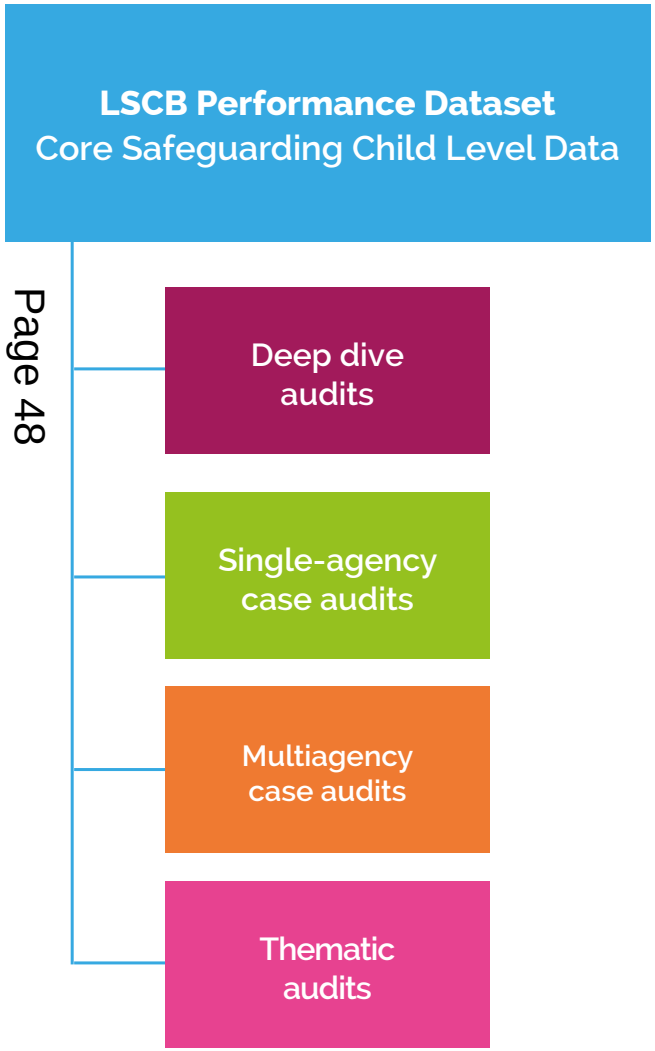
There is now an operational group reflecting a wider partnership contingency. This group will resolve issues raised by partners, draw up and agree policy and undertake an initial governance role. Its focus will be on:

- Resolving multiagency performance and audit issues
- Situational awareness of the safeguarding environment, sharing intelligence and resolving obstacles
- Implementing learning from serious case reviews
- Ensuring safeguarding messages reach professionals and the public
- Coordinate interface with other partnership boards to enhance safeguarding children's work

A new child-level performance dataset is being developed to provide a detailed understanding of live frontline practice. Partner data from health agencies, police, public health and children's social care will be triangulated to enhance the knowledge base.

There is now a Health Forum led by Tower Hamlets CCG that will look specifically at health performance issues and identify problematic areas where they interface with children's social care.

A new quality assurance framework is being developed to allow the LSCB to test out practice through deep dive, single and multiagency case audit.



Increased collaboration with other partnership boards including the community safety partnership and adults safeguarding boards.

A number of issues relating to children's social care data were identified during the Ofsted Inspection, this highlighted that recording practice and compliance issues had undermined the accuracy of some of the child data being used in Tower Hamlets. While some of these data quality issues were known to children's social care and remedial actions were being taken, the effectiveness of these actions was not yet evident at the time the Inspection took place. However, the LSCB has decided to include the children's safeguarding data that was known to the board at the time. **See Appendix 2**.

A revised child-centred performance management process has since been put in place for 2017-18. This focuses on the needs of the child through their safeguarding journey and demands a much higher level of compliance and scrutiny. The LSCB is working with key partner agencies to ensure there is an accurate multi-agency dataset in place and that information is tested regulary through quality assurance processes.

The business management capacity has been increased with the recruitment of a permanent board coordinator post. Plans are in place for a performance and quality assurance officer to oversee the increased monitoring activities of the board.

A new LSCB website in conjunction with Safeguarding Adults Board will replace the current version.

Next year, the LSCB aims to provide a full account of what our local data tells us about children who are in need of support, protection and are looked after. In addition, children's social care, metropolitan police and Barts Health NHS Trust will report on the improvements made to safeguard children work following their respective inspections.

The LSBC will demonstrate that through its improved oversight, monitoring and scrutiny, children in Tower Hamlets are safe.

Priorities for 2017-2018

It is critical that the future priorities for the LSCB focus on those areas that will directly impact on frontline practice and the support given to families and children. It will need to be easily adaptable to the new statutory arrangements as we move forward:

Priority 1
PERFORMANCE & AUDIT

Developing robust statistical analysis of child protection performance and pan-agency intelligence of emerging safeguarding issues.

Developing effective inter-agency scrutiny and audit processes and a culture of constructive challenge.

- We will monitor the quality of front line practice through case audits and thematic deep-dive
- We will improve and agree an information sharing protocol to support our work
- We will refine our quality assurance framework

Priority 2
SITUATIONAL AWARENESS

Creating systems leadership to drive safeguarding strategy and practice across children's social care, police, health and beyond.

Create and foster opportunity for partners to discuss pertinent issues in their agencies, blockages to partnership working, information sharing.

- We will increase our scrutiny of partners through improved governance
- We will review all current LSCB policies/protocols, identify gaps
- We will revise our threshold guidance

Priority 3
LEARNING FROM SERIOUS CASE REVIEWS

Maintaining an effective case review system that applies systemic approaches to reviewing critical incidents.

Promoting pan-agency, single agency and individual learning in order to enhance safeguarding practice and promote service development.

- We will undertake serious case and other learning reviews
- We will monitor the impact of learning and demonstrate outcomes for children

Priority 4
ENGAGEMENTS

Effectively engage with the community and service users in order to create learning to improve strategy and practice.

- Ascertain what children and young people need
- Disseminating safeguarding messages
- Working with other partnership boards

- We will share pertinent learning through a Safeguarding Awareness Month
- We will involve and listen to the views of children and young people
- We will improve our communication with the public and local community

Section 4
Appendices

Appendix 1 – Membership List (as of 31 March 2017)

Name	JOB TITLE
Alex Nelson	Voluntary Sector Children & Youth Forum Coordinator
Alexandra Law	Nursery School Heads Forum Representative (Harry Roberts Nursery)
Alice Smith	CAFCASS Rep
TBC Shahzia Ghani	Service Head - Safer Communities – LBTH Deputy rep
Vacant	Secondary School Heads Rep (Bow Secondary School)
Chris Hahn	Interim Named Nurse for Safeguarding Children - BHT
Christine McInnes	Service Head, Learning & Achievement - LBTH
Christabel Shawcross (Papers only)	Independent Chair Tower Hamlets Safeguarding Adults Board
Claire Belgard	Interim Service Head – Youth & Community Service – LBTH
Clare Hughes	Lead Named Nurse for Safeguarding Children - BHT

Name	JOB TITLE
Cllr Rachael Saunders	Lead Member for Children's Services
Debbie Jones	Corporate Director, Children's Services – LBTH
Diane Roome	Lay Member
TBC	Head of Stakeholder & Partnerships - Community Rehabilitation Company (London)
Rebecca Scott (Dr)	GP Representative Tower Hamlets CCG
Esther Trenchard-Mabere	Associate Director of Public Health
Hanspeter Dorner	ELFT CAMHS Rep
Vacant	Service Head, Housing & RSL Rep
Jan Pearson	Associate Director for Safeguarding Children - ELFT
Judith Lewsey	Designated Nurse for Safeguarding Children & LAC
Julia Hale (Dr)	Designated Doctor, Barts Health NHS Trust

Appendix 1 – Membership List continued

Name	JOB TITLE
Layla Richards	Service Manager, Policy, Programmes & Community Insight - LBTH
Lucy Marks	Chief Executive , Compass Wellbeing CIC
Marian Moore	Service Manager for Tower Hamlets, NSPCC
Mike Hirst	Primary School Heads Forum Rep (Seven Mills)
Nasima Patel	Service Head – CSC, LBTH
Neherun Nessa Ali	Lay Member
Nick Steward	Director of Student Services Tower Hamlets College
Nikki Bradley, MBE	Service Manager, YOS and Family Interventions/Troubled Families LBTH
Pauke Arrindell	Voluntary Sector Rep Home Start
Sandra Reading	Director of Midwifery & Nursing (RLH), Barts Health NHS Trust
Stuart Cheek (DCI)	Met Police Service – Child Abuse Investigation Team

Name	JOB TITLE
Stuart Webber	Head of Safeguarding Hackney, City of London and Tower Hamlets - National Probation Service
Sue Williams DCI Ingrid Cruickshank	Borough Commander, Met Police Tower Hamlets Deputy rep
Sarah Williams	Legal Services – LBTH
Stephen Ashley	Independent LSCB Chair
Tom Strannix	Voluntary Sector Representative – Manager, Place2Be
Tracey Upex	Deputy Borough Director – Tower Hamlets, ELFT
Will Tuckley	Chief Executive - LBTH

Appendix 2 - LSCB Performance Data 2016-17

The recent Ofsted inspection of children's social care identified a number of issues with recording practice and compliance that undermined the accuracy of the data being used to inform decision-making. While some of these data quality issues were known to children's social care, and actions were being taken, the effectiveness of these actions was not yet evident. In 2017/18, a revised child-centred performance management process has been put in place, which focuses on the needs of the child and demands a much higher level of compliance with all recording standards.

The analysis below does not highlight any specific data quality concerns for 2016/17 data, but in general this data should be read with caution and within the described context.

Children in Need

There was a relatively low rate of referrals into children's social care services per 10,000 of the children & young people population. We believe that high thresholds to social care intervention in the "front door" teams contributed to this lower level of referrals i.e. contacts were not always appropriately escalated to referral stage and beyond. This is similarly reflected in the low rate of assessments completed compared to statistical neighbours.

Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	England Average	Statistical Neighbours
LOCAL1	Referral rate per 10,000 of the children & young people (C&YP) population	426.7	431.7	443.8	529.0	404	532.2	566.8
APA SS6	Percentage of Referrals that were repeat referrals	9.6%	10.6%	10.0%	9.1%	12.5%	22.3%	15.5%
N07	Rate of assessments per 10,000 of the C&YP population	413.6	410.8	331.8	336.0	376	489.5	488.3
N14	Assessments completed within 45 days or less from point of referral (CIN Census methodology)	74.8%	75.8%	85.1%	87.1%	71.4%	83.4%	78.1%

Child Protection

There were high rates of activity in relation to formal child protection enquiries, with a high rate of formal enquiries (section 47s) and a high rate of children subject to a child protection plan, though the trend over the last few years has been a reduction of the rate of children on child protection plans. The proportion of child protection plans lasting over two years has reduced over the last three years and there are a comparatively low proportion of 'repeat' child protection plans (where children become subject to child protection plans for a second or subsequent time).

Performance in relation to timeliness of Initial Child Protection Conferences deteriorated since the previous year and was well below comparator groups. Though the proportion of children visited in line with the timescales set out in their plan increased, the proportion of children receiving a timely review of their child protection plan reduced and was below comparator group benchmarks.

Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	England Average	Statistical Neighbours
	Rate of Children Subject of a Child Protection Plan per 10,000 at 31 March	58.2	55.6	51.0	50.1	45.9	43.1	39.0
N08	Section 47 (child protection) enquiries rate per 10,000 C&YP population	190.2	167.0	162.1	191.7	167.5	147.5	141.2
N13	Initial Child Protection Case Conferences – rate per 10,000 C&YP population	63.9	57.4	62.1	65.3	68.2	62.6	57.9
N15	Initial Child Protection Case Conferences convened within 15 days from point Child Protection Strategy meeting held	59.1%	52.2%	58.2%	69.5%	63.2%	76.7%	70.3%
N17 (Formerly NI 64)	Percentage of Child Protection Plans lasting two years or more at 31 March and for child protection plans which have ended during the year.	10.1%	7.1%	11.4%	7.0%	5.6%	3.8%	3.4%
N18	Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time	14.5%	17.9%	15.2%	19.3%	12.2%	17.9%	17.4%
N20 (6 months Rolling Year)	Percentage of cases where the lead social worker has seen the child in accordance with timescales specified in the CPP.	N/A	65.4%	54.5%	51.0%	69.9%	N/A	N/A
NI 67	Percentage of Child Protection Reviews carried out within statutory timescale	98.0%	97.6%	94.9%	99.5%	91.2%	93.7%	96.0%
APA SS13	Percentage of children with CP plans who are not allocated to a Social Worker	0.0%	0.3%	0.0%	1.0%	0.0%	N/A	N/A
LOCAL2	Percentage of LADO cases resolved in 30 days or less	74.1%	69.6%	69.0%	67.0%	64.9%	N/A	N/A

Looked After Children

The number of looked after children per 10,000 of children & young people population, at 50, was below the England and statistical neighbour average. Long term placement stability, an important factor in maintaining good levels of wellbeing, was above comparator group performance but has decreased over the last three years. Short term placement stability was worse than comparator groups, having increased over the same three year period.

The proportion of looked after children receiving regular health and dental checks had apparently reduced to 59%, although this is an area where there have been known recording issues in 2016/17. Similarly, known recording issues have impacted on the apparent proportion of looked after children who received a timely review.

There was a significant increase in the percentage of children who went missing from care at some point during the year, though this increase is reflected nationally and amongst our statistical neighbour group. Locally, improved attention to, and recording of, this issue has driven this increase.

Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	England Average	Statistical Neighbours
	Rate of Looked After Children per 10,000 as at 31st March	53.0	55.0	44.0	47.3	50	60.0	62.4
LACP01 (Formerly NI 62)	Percentage of CLA with three or more placements	11.2%	11.0%	9.7%	11.1%	12.7%	10%	10.9%
LACP02 (Formerly NI 63)	CLA under 16, looked after for 2.5 years or more and in the same placement for 2 years	69.6%	79.0%	78%	75.0%	71.6%	68%	67.1%
LACP04	The percentage of children looked after who went missing from care during the year as a percentage of all children looked after during the year (new definition)	-	-	5.1%	8.1%	15%	9%	9.8%
PAF C63	CLA who participated in their review	98.4%	88.6%	92.4%	89.4%	86%	N/A	N/A
NI 66	CLA cases which were reviewed within required timescales	96.4%	89.9%	85.5%	65.0%	54.1%	N/A	N/A
APA SS(LAC)5	Percentage of CLA with a named Social Worker	99.0%	98.2%	99.3%	98.3%	99.1%	N/A	N/A
PAF C19	Percentage of CLA >12 months who had an annual Health and Dental check	85.6%	91.5%	89.8%	68.0%	59%	86.4%	90.7%
PAF C19	Percentage of CLA>12 months whose Immunisations were up to date	79.7%	78.5%	88.2%	77.4%	69%	N/A	N/A

Care Proceedings

Timeliness of care proceedings has improved over the last few years, with latest average of 29 weeks below the England and statistical neighbour average, though short of the 26 week national target.There was a significant increase in the percentage of children who went missing from care at some point during the year, though this increase is reflected nationally and amongst our statistical neighbour group. Locally, improved attention to, and recording of, this issue has driven this increase.

Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	England Average	Statistical Neighbours
A08	Average length of care proceedings locally (weeks)	53	42	35	29	29	30	35

Leaving Care

Outcomes for children leaving care remain positive compared to England and statistical neighbour group, with more care leavers entering employment, education or training, and living in suitable accommodation.

Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	England Average	Statistical Neighbours
LACLC02 (Formerly NI 148)	The proportion of young people aged 19 who were looked after aged 16 who were in employment, education or training	85%	61%	56%	58%	58%	49%	53%
LACLC03 (Formerly NI 147)	The proportion of young people aged 19 who were looked after aged 16 who were in suitable accommodation	90%	67.6%	92%	94%	91%	83%	83%

Appendix 3 - Glossary

BHT	Barts Health Trust
CA04	Children Act 2004
CAF	Common Assessment Framework
CAG	Clinical Academic Group
CAIT	Child Abuse Investigation Team
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
C&F ACT 2014	Children & Families Act 2014
CHAMP	Child & Adolescent Mental Health Project
CLA	Children Looked After
CME	Children Missing from Education
CPS	Crown Prosecution Service
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CSP	Community Safety Partnership
CQC	Care Quality Commission
DCOS	Disabled Children Outreach Service
DHR	Domestic Homicide Review
DV&HCT	Domestic Violence and Hate Crime Team
ED	Emergency Department (A&E)
ELFT	East London Foundation NHS Trust
FGM	Female Genital Mutilation
FNP	Family Nurse Partnership
IPST	Integrated Pathways & Support Team
LAC	Looked After Child
LADO	Local Authority Designated Officer
LCS	Leaving Care Services
LSCB	Local Safeguarding Children Board
MARAC	Multi-Agency Risk Assessment Conference
MASE	Multi-Agency Sexual Exploitation (Panel)
MASH	Multi-Agency Safeguarding Hub
MPS	Metropolitan Police Service
NICE	National Institute for health and Care Excellence
NSPCC	National Society for the Prevention of Cruelty to Children
NTDA	National Trust Development Agency
PFSS	Parent and Family Support Service
PVE	Preventing Violent Extremism
RLH	Royal London Hospital
SAB	Safeguarding Adults Board
SCR	Serious Case Review
SEND	Special Education Needs and Disabilities
SI	Serious Incident
SIP	Social Inclusion Panel
SoS	Signs of Safety
TH	Tower Hamlets
THSCB	Tower Hamlets Safeguarding Children Board
VAWG	Violence Against Women and Girls
WT15	Working Together 2015

LSCB contact details

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Tower Hamlets Safeguarding Children Board

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Health and Wellbeing Board Tuesday 7 November 2017	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Safeguarding Adults Annual report 2016-17	

Lead Officer	Denise Radley, Corporate Director, Health, Adults and Community, LBTH Christabel Shawcross, Independent Chair of Safeguarding Adults Board
Contact Officers	Layla Richards, Service Manager Policy, Programmes and Community Insight (Children's and Adult Services), LBTH Pauline Swan, Safeguarding Adults Strategy and Governance Manager Policy, Programmes and Community Insight (Children's and Adult Services, LBTH
Executive Key Decision?	Yes

Summary

The Safeguarding Adults Board (SAB) has a statutory duty under the Care Act 2014 to produce an annual report detailing what the SAB has done during the year to achieve its main objectives and implement its strategic plan. It should record what each member agency has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.

The report has been prepared within the Children and Health Adults' Services Policy, Programmes and Community Insight Team alongside the preparation of the Local Safeguarding Children Board Report. This helps to ensure consistency in terms of approach, content, structure and quality.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. To note the annual report for the local Safeguarding Adults Board for 2016/17.
2. To consider any implications arising from this report for the HWBB and its work programme.

1. REASONS FOR THE DECISIONS

The local Safeguarding Adults Board (SAB) is required to publish an annual report on the effectiveness of adult safeguarding arrangements and promoting the awareness raising, safety and well-being of adults in Tower Hamlets who may be at risk of harm or abuse. The annual report is available within the Council and across partner agencies and available in the public domain. The SAB annual report, which fulfils this responsibility, is appended to this briefing paper.

2. ALTERNATIVE OPTIONS

2.1 There are no alternative options, as it is a statutory requirement for this report to be reported to the Health and Wellbeing Board

3. DETAILS OF REPORT

3.1 The Safeguarding Adults Board (SAB) has a statutory duty under the Care Act 2014, to produce an annual report detailing what the SAB has done during the year to achieve its main objectives and implement its joint business and strategic plan. Additionally it should record what each member agency has done to implement the strategy as well as detailing any Safeguarding Adults' Reviews and subsequent action.

3.2 The annual report has been prepared within the Children and Adults' Services Policy, Programmes and Community Insight Team alongside the preparation of the Local Children's Safeguarding Board Report. This helps to ensure consistency in terms of approach, content, structure and quality.

3.3 The annual report gives an overview of the membership, governance and accountability arrangements for the SAB, together with the legal, national and local contexts in which it operates.

3.4 In accordance with the Care Act 2014, the SAB has a strategy regarding the safeguarding of adults with an associated business plan. The strategy and business plan are structured around the six key principles of safeguarding as defined by the Care Act 2014.These are: Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability. The Annual Report provides an overview of the progress made in delivering the business plan in relation to each of these six key principles. In addition the report provides the Board's priorities for 2017/18

3.5 The SAB has a legal duty to make arrangements for a Safeguarding Adults Review (SAR) in the event of a death of a vulnerable adult, where abuse or neglect has been a contributory factor. There are 4 current SARs at different stages of completion. One SAR was completed in Tower Hamlets in 2016/17 and the SAR report is published on the council web page.

3.6 The annual report provides an overview of data relating to adult safeguarding enquiries in 2016/17 as well as activity relating to Deprivation of Liberty Safeguards under the terms of the Mental Capacity Act 2007.

3.7 This year's annual report is presented in a different format to previous years moving away from a text heavy document to being more reader friendly with infographics with the public in mind. It is therefore intentional that the report will not include in depth details of all the SAB's work but sufficient enough information to provide a summary of some of the work of SAB, its member partners and the four subgroups being, learning and communication, community engagement, quality assurance and performance and safeguarding adults reviews, each reporting into the SAB.

3.8 Finally, the annual report is accompanied by a summary "Infographic" which was very well-received by the SAB and is in line with what is produced by LSCB.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 The Care Act 2014, requires the SAB to publish an annual report. This report sets out the achievements of the SAB, providing a summary of the outcomes set out under the six priorities of Safeguarding, Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.

4.2 The Funding of the SAB is received both in monetary terms and in kind. The SAB cost circa £129k in 2016/17, the Local Authority's contribution was primarily that of utilising existing resources in the form of staff time from the Business Support, Strategy & Governance, Corporate SAB and Director Service team. The Local Authority's contribution was met within existing service budgets.

5. LEGAL COMMENTS

5.1. The Council is required by section 1 of the Care Act 2014 to exercise its functions under Part 1 of the Act so as to promote the well-being of adults, which includes safeguarding adults who have care needs, who are at risk of abuse and neglect. Pursuant to section 42 of the Act, the Council has a positive obligation to enquire into actual and potential cases of abuse or neglect so as to enable decisions to be taken about what action should be taken in each adult's case.

5.2. The Care Act 2014 places the Council's duties in respect of safeguarding adults with care needs who are at risk of abuse or neglect on a statutory basis. The requirements in respect of establishing a Safeguarding Adults Board (SAB) are set out in Sections 43-45 and Schedule 2 of the 2014 Act. As with all of the Council's duties under the Act, the duty to promote wellbeing applies to the Council's safeguarding duties.

5.3. The Care and Support Statutory Guidance sets out further detail in respect of the requirement to publish the SAB strategic plan and annual reports, at paragraphs 14.155-14.161 of the Guidance. The SAB must comply with those requirements, unless they can demonstrate legally sound reasons for not doing so.

5.4. The Deprivation of Liberty Safeguards ('DoLS') is the procedure prescribed in the Mental Capacity Act 2005 when it is necessary to detain a resident or patient who lacks capacity to consent to their care, in order to keep them safe from harm. DoLS seek to ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, and only when it is deemed to be in the best interests of the person, where there is no other less restrictive way to look after them. In the majority of cases, the Council is able to authorise these DoLS, although in certain circumstances an order must be obtained from the Court of Protection.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 The Safeguarding Adults' Board Annual Report details action taken to address the risk of abuse and neglect against a wide range of vulnerable people who are at risk of discrimination. This includes but is not limited to people with learning disabilities, people with physical disabilities, people with mental health problems and older adults.

7. BEST VALUE (BV) IMPLICATIONS

7.1 Non identified

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 N/A.

9. RISK MANAGEMENT IMPLICATIONS

9.1 The production of the Safeguarding Adults' Board Annual Report ensures that the Council fulfils its statutory duty to do so under the terms of the Care Act 2014. With regard to the Council's identified risk around the safeguarding of vulnerable adults, the report also includes summary information on Safeguarding Adults' Reviews and the learning and sharing of best practice which takes place when a SAR is undertaken.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 [Authors should identify how the proposals in the report contribute to the reduction of crime and disorder.]

Linked Reports, Appendices and Background Documents

Linked Report

- Tower Hamlets Safeguarding Adults Annual Report 2016-17

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.

- State NONE if none.

Officer contact details for documents:

- Pauline.swan@towerhamlets.gov.uk

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Safeguarding Adults Board

Making Safeguarding Personal

TOWER HAMLETS

Annual Report 2016/17

Safeguarding is everyone's responsibility

EQUALITY FRAMEWORK FOR LOCAL GOVERNMENT EXCELLENT

POSITIVE ABOUT DISABLED PEOPLE

London Living Wage Employer

INVESTORS IN PEOPLE | Silver

METROPOLITAN POLICE

TOTAL POLICING

NHS Tower Hamlets Clinical Commissioning Group

Foreword Independent Chair Christabel Shawcross

I am delighted to present this report on behalf of the Tower Hamlets Safeguarding Adults Board for 2016/17. This was my first year as chair and we reviewed a lot of the structure and business plan to have a clearer focus on new requirements. We also strengthened the governance by having an executive board of key health and social care statutory agencies along with the borough police. This ensured better challenge between partners but also allowed the board partners to help shape direction and influence priorities and direction. The board is a very extensive one with a wide range of partners all committed to promoting the health and wellbeing of residents and to ensure people are safeguarded from abuse. This shows how partners have helped deliver on the strategy and raise issues for all to challenge and support. We took the opportunity with a new safeguarding and business manager to review the effectiveness of the board. We streamlined activities principally ensuring better liaison with the community safety partnership and more integrated approaches on prevention and raising the profile of hate crime and underreporting by people with disabilities.

A key priority for the year was to focus on prevention, learning from safeguarding adults reviews (SARs), where improvements to hospital discharge and fire safety were themes. Part of this was also to recognise the Safeguarding Adults Board (SAB) needed to have more focus and engagement with local communities through its representative agencies. A focus particularly on people with learning disabilities and advocacy and engagement was developed. A review of the implementation of the Care Act requirements recognising that self neglect and hoarding was a real multi agency issue, led to some innovative ideas and approaches to be further developed.

Another key theme from SARs, both national and local was on sharing information and all partners agreed to look at how a Multi Agency Adults Safeguarding Hub might improve communications and help prevent abuse. This will be a key part of our revised strategy for 2017/18, including making more effective links with the Local Safeguarding Children Board (LSCB). This follows analysis of the higher number of young people in transition to adult services with mental health problems needing a more integrated approach. A clear priority was also to understand more about the commissioning of services by the local authority and Clinical Commissioning Group (CCG), as good quality care is vital to support vulnerable residents. The local authority showed its commitment to this through a new commissioning approach to ensure high quality care and support at home, investing in the service to fund ethical care and the London living wage. Whilst LBTH has only six residential care homes, there was good joint work between the SAB and the CCG to improve the quality of care, which will continue as a priority for this year.

We recognised weaknesses in analysis of data and having key measures for the SAB by which to measure success and this will be quantified better for 2017/18. This will ensure areas of making safeguarding personal can be better judged. Having ambitious and measurable targets is important to illustrate the effectiveness of the SAB and its partnerships.

Joint foreword by Mayor of Tower Hamlets, John Biggs and Councillor Denise Jones, Cabinet Member for Health and Adult Services

We are pleased to endorse the Safeguarding Adults Board annual report and acknowledge the continual commitment and work of the partner agencies to protect the most vulnerable citizens in Tower Hamlets.

The work of the board could not be achieved without the commitment of staff across all agencies that on a daily basis perform their duties amidst a backdrop of challenges, and are motivated to protect adults from abuse and neglect and respond where abuse has occurred.

This report sets out the achievements of the SAB, providing a summary of the outcomes set out under the six priorities of safeguarding, empowerment, prevention, proportionality, protection, partnership and accountability.

The work of the SAB has focused on a number of areas to further strengthen the safeguarding agenda in embedding the requirements of the Care Act 2014 and the lessons learnt and improvements made as a result of the SARs that have taken place.

It is acknowledged that a review of the focus of the SAB under the new chair took place with the Executive Safeguarding Group. There has been a reinvigoration of the sub groups reporting into the SAB to ensure the objectives set out in the joint strategic and business plan 2015-18 are met with greater scrutiny and accountability from all partner agencies to make safeguarding integral to all service delivery.

The work of the SAB will continue in 2017/18 to make the required changes to further develop work already started alongside the key priorities to ensure services are delivered to keep people safe from abuse and neglect.

It is reassuring that the SAB undertake an annual self-audit of their work providing an overview of the safeguarding adults arrangements in place across the locality. This provides an opportunity to identify their strengths in order for good practice to be shared, common areas for improvement where organisations can work together and where single agency issues can be addressed. The outcome of this years self audit showed that partners are working well, having in place the key requirements and governance arrangements to provide safe services.

Finally, this year we have decided to present the annual report in a different way which I hope you will find informative and meaningful.

Tower Hamlets Safeguarding Adults Board Governance and Accountability arrangements

The Care Act 2014, requires all local authorities to set up a Safeguarding Adults Board (SAB) with other statutory partners: the Police and Clinical Commissioning Group (CCG). Tower Hamlets Safeguarding Adults Board continues to work with partners to embed the requirements of the overarching Care Act to:

- Assure that local safeguarding arrangements are in place as defined by the Act
- Prevent abuse and neglect where possible
- Provide timely and proportionate responses when abuse or neglect is likely or has occurred.

The legal framework for the Care Act 2014 is supported by statutory guidance which provides information and guidance on how the Care Act works in practice. The guidance has statutory status which means there is a legal duty to have regard to it when working with adults with care and support needs and carers.

The SAB takes the lead for adult safeguarding across Tower Hamlets to oversee and co-ordinate the effectiveness of the safeguarding work of its members and partner organisations.

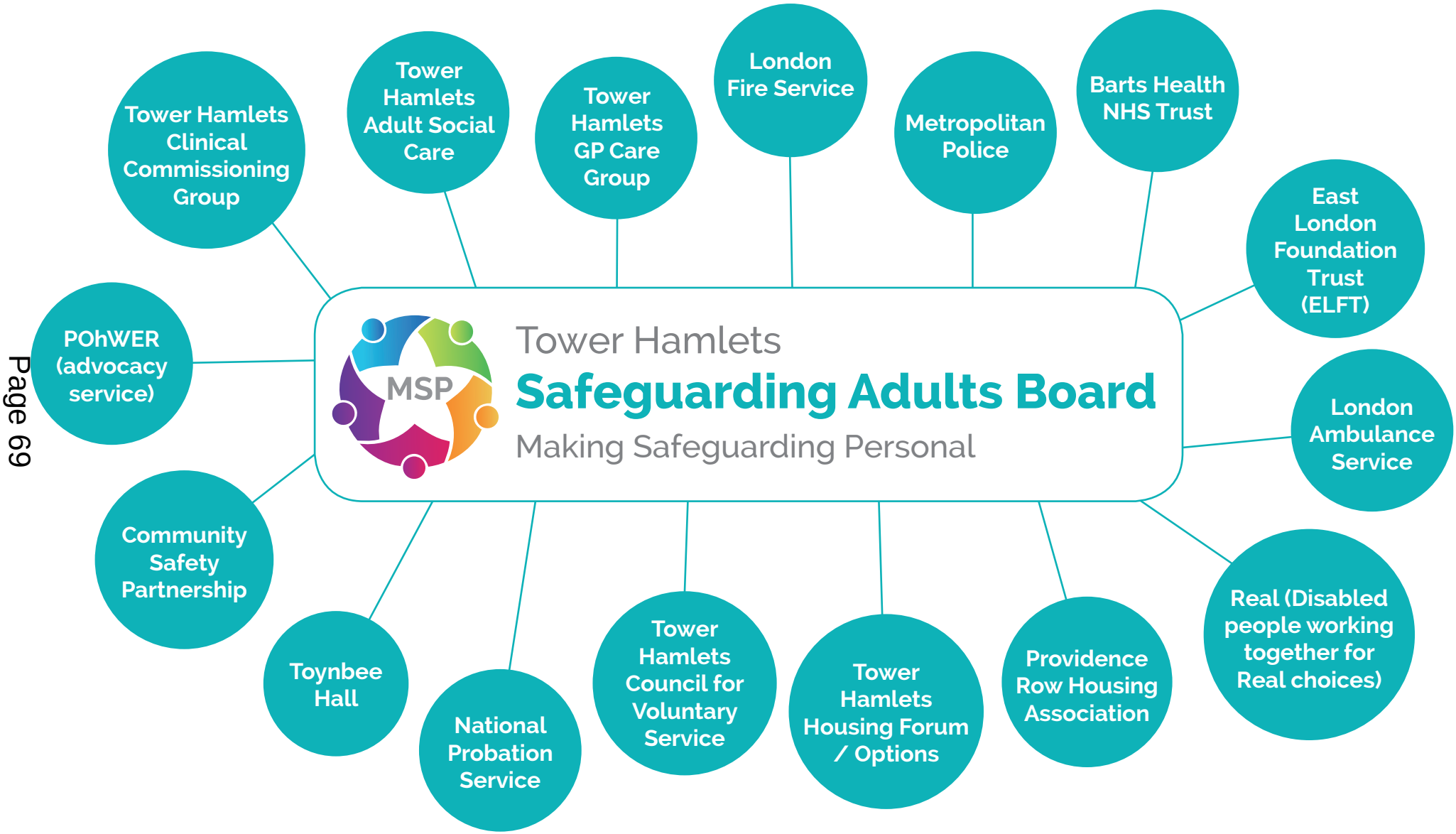
The SAB concerns itself with a range of matters which can contribute to the prevention of abuse and neglect such as:

- Safety of patients in local health services
- Quality of local care and support services
- Effectiveness of prisons in safeguarding offenders and approved premises
- Awareness and responsiveness of further education services

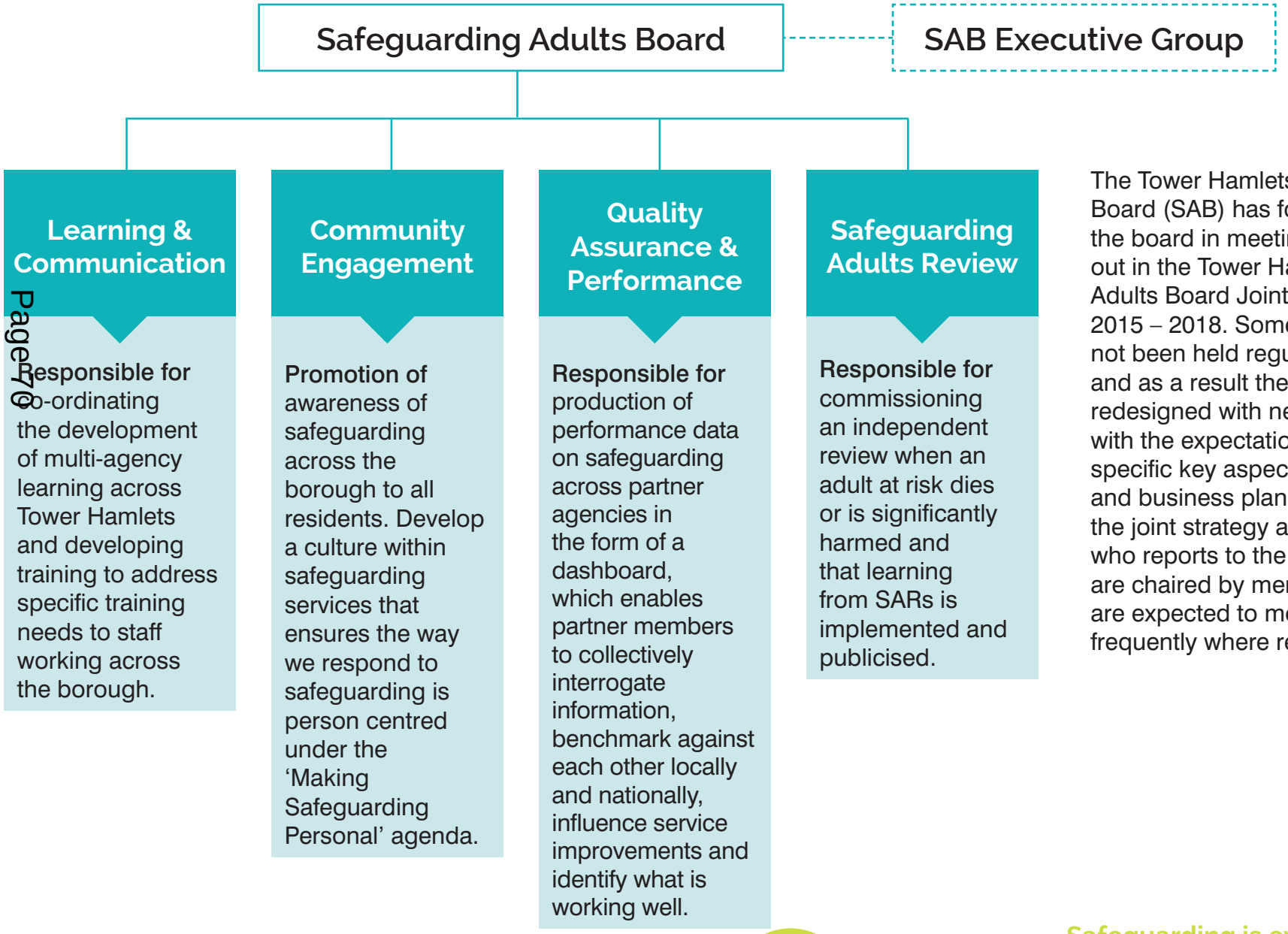
Safeguarding Adults Boards have three core duties, they must:

- Develop and publish an Annual Strategic Plan setting out how they will meet their strategic objectives and how their members and partner agencies will contribute.
- Publish an annual report detailing how effective their work has been.
- Arrange safeguarding audit reviews for any cases which meet the criteria for such enquires, detailing the findings of any safeguarding adult review and subsequent action, (in accordance with Section 44 of the Act).

Tower Hamlets Safeguarding Adults Board partner members



SAB Structure Chart



The Tower Hamlets Safeguarding Adults Board (SAB) has four sub groups that assist the board in meeting its obligations as set out in the Tower Hamlets Safeguarding Adults Board Joint Strategy Business Plan 2015 – 2018. Some of the sub groups have not been held regularly throughout the year, and as a result they have been revised and redesigned with new terms of reference with the expectation that they deliver specific key aspects of the joint strategy and business plan. Monitoring of these is by the joint strategy and governance manger who reports to the SAB. The sub groups are chaired by members of the SAB and are expected to meet bi-monthly and more frequently where required.

These are the strategic boards linked to the safeguarding adults board

The Health and Wellbeing Board

Having a Health and Wellbeing Board is a statutory requirement for local authorities. The board brings together the NHS, the local authority and Health Watch to jointly plan how best to meet local health and care needs, to improve the health and wellbeing of the local population, reduce health inequalities and commission services accordingly.

Local Safeguarding Children Board

The Local Safeguarding Children Board is a statutory requirement set out in the Children's Act 2004 which gives duties to ensure that all agencies work together for the welfare of children. There has been more focus on the two boards to work more closely together and this has resulted in shared areas being developed to improve responses to both children and adults safeguarding.

Community Safety Partnership Board

The Community Safety Partnership Board is required by law to conduct and consult on an annual strategic assessment of crime, disorder, anti-social behaviour, substance misuse and re-offending within the borough and the findings are then used to produce the partnership's Community Safety Plan.

Learning Disability Board

The Learning Disability Partnership Board leads on work to drive strategic improvements for adults with a learning disability in Tower Hamlets. The work of Learning Disability Voices is fed into the work of the board.

Prevent Board

The Prevent Board is a multi-agency board that meets regularly to work together to prevent and respond to radicalisation. The Counter Terrorism & Security Act 2015 places a legal duty on NHS Trusts and Foundation Trusts to consider the Prevent Strategy when delivering their services. The Counter-Terrorism and Security Act 2015 contains a duty on specified authorities to have due regard to the need to prevent people from being drawn into terrorism. This is also known as the Prevent duty.

Local Demographics

The estimated resident population of Tower Hamlets is

304,000

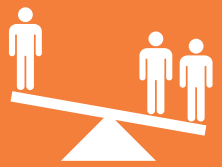
Over recent years, the borough has seen some of the fastest population growth in the country.

The profile of the borough is one of increasing diversity, with

43% of the population born outside of the UK.

There are sizeable Bangladeshi (**32%**) and White British communities (**31%**) and an increasing number of smaller ethnic groups in the resident population.

Reducing inequalities in health and wellbeing experienced by many Tower Hamlets residents is one of the biggest challenges facing the borough. Although life expectancy has risen over the last decade, it continues to be lower than the London and national averages, and significant health inequalities persist.



Tower Hamlets is the **10th most deprived** borough in the country.

Tower Hamlets **females** have the 5th lowest healthy life expectancy (HLE) in the country, **82.4 years** compared to the national average of **83.1 years**. This difference can be attributed to the high levels of deprivation in the borough.

Tower Hamlets **males** have the lowest healthy life expectancy (HLE) in the country, **78.4 years** compared to the national average of **79.5**. This difference can be attributed to the high levels of deprivation in the borough.

Safeguarding adults performance data

Safeguarding adults concerns
formally known as referrals

This section of the report presents provisional information for 2016/17 in relation to safeguarding adults. The council, in its lead role for safeguarding, has an overview of all safeguarding concerns received within the area, and as such data from the council's case management systems has been used to inform this section of the report. It gives an overview of concerns that have been received and the section 42 inquiries that have been concluded.

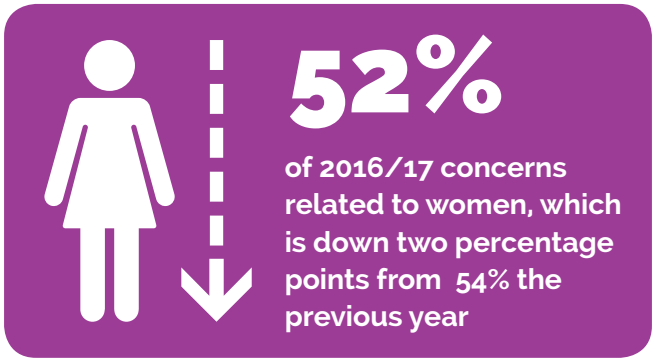
Number of concerns

In 2016/17, 720 safeguarding concerns were recorded in Tower Hamlets.

- The number of concerns has increased compared to the previous year when 467 concerns were made in Tower Hamlets.
- There is an increased awareness of safeguarding and this contributed to more concerns being raised by practitioners and people in the community and greater scrutiny of the concern by social workers.

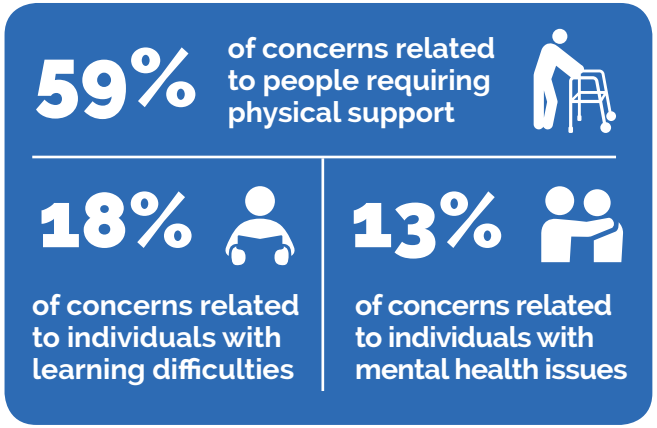
Who is being referred?

- 52% of 2016/17 concerns related to women, which is down two percentage points from 54% the previous year. The proportion of the borough's adult population who are female is 48%, suggesting an over representation of women in referrals.



- 58% of 2016/17 concerns related to older people (over 65), which is up three percentage points compared with the previous year. This is slightly below the profile of social care service users, 62% of whom are over 65.

- 58% of 2016/17 concerns related to people from a 'white' ethnic background. This is in line with the previous year. This figure is higher when compared against the overall profile of the borough (45% 'white' in the last Census). However, 63% of the older population in Tower Hamlets are white and as noted above, most safeguarding referrals come from this group.
- 59% of 2016/17 safeguarding concerns related to people requiring physical support, which is up five percentage points compared with 54% the previous year. 18% of concerns related to individuals with learning disabilities (down from 24% the previous year) and 13% related to individuals with mental health issues (up from 10% the previous year).



Safeguarding adults performance data

Safeguarding adults enquiries

Safeguarding adults enquiries are concerns received that have proceeded to a safeguarding investigation.

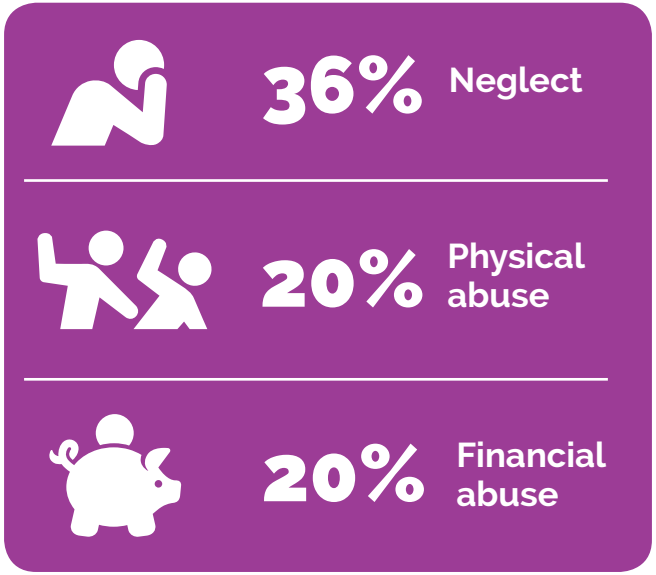
696 safeguarding adults enquiries were undertaken and concluded in 2016/17; an increase when compared to the figure of 521 for 2015/16. This increase can be seen as a result of more safeguarding concerns raised in 2016/17.

Where abuse takes place

Based on concluded safeguarding investigations, the majority of safeguarding issues take place in the alleged victim's own home. The figure is 58% in Tower Hamlets, which is higher than the 2015/16 result of 54%. Across the six care homes in Tower Hamlets the number of safeguarding enquiries for 2016/17 is down from 16% in 2015/16 to 14%.

Types of abuse

Neglect was the largest single type of abuse investigated in Tower Hamlets in 2016/17 at 36%, similar to the previous year. Physical abuse accounted for 20% of investigations in Tower Hamlets in 2016/17, compared to 30% last year. Financial abuse investigations in Tower Hamlets accounted for 20% in 2016/17, up from 21% the previous year.



Deprivation of Liberty Safeguards performance data

The Deprivation of Liberty Safeguards is an amendment to the Mental Capacity Act 2005 (amended in 2007). The Mental Capacity Act allows restraint and restrictions to be used but only if they are in a person's best interests and they lack capacity to make decisions about their care or treatment. The Deprivation of Liberty Safeguards (DoLS) can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings the Court of Protection can authorise a deprivation of liberty.

	2016/17	2015/16
Total DoLS requests received	*1076	885
DoLS Authorised	660	613
DoLS Not Authorised	106	83
DoLS Withdrawn	247	189

* this figure includes 63 DoLS cases pending authorisation

Funding arrangements for SAB

Funding of Tower Hamlets Safeguarding Adults Board is received both in monetary terms and in kind. It is acknowledged that every organisation faces financial challenges each year; therefore it is with appreciation that partner members give their time and resources to support the functioning of the board.

The following table budget sets out the budget for 2016/17.

Staffing	£118,497
Supplies & services	£478
Safeguarding adult reviews	£10,375
Total	£129,350

Contributions from partner agencies	£14,000

Training - Adults Safeguarding

Tower Hamlets provides a range of safeguarding adults training for staff at all levels, such as basic awareness and training for managers supervising staff undertaking safeguarding investigations. Bespoke training in conjunction with other agencies and organisations is provided such as domestic violence, hoarding and the law, human trafficking, modern day slavery and female genital mutilation. Partner agencies also provide a range of training for their staff.

Safeguarding adults basic awareness e-learning is a web based training portal and is available to all Tower Hamlets staff and those working in the private, independent sectors, carers and volunteers working with adults. Training is provided free of cost to the recipient.

What have our service users said?

> The safeguarding process was very stressful but I'm glad a positive outcome came out of it as ****** is out of my life.

> I am glad for the safeguarding process but I feel embarrassed that it took this long to report ******.

> Going through the safeguarding process has made me feel stronger and I know now that I am not as vulnerable as people make me out to be.

> I am glad I confided in my occupational therapist as it had made me feel less anxious.

Tower Hamlets Safeguarding Adults Board Priorities for 2016- 2017

The priorities for 2016-17 came from the SAB annual workshop in May 2016 where partner agencies agreed the priorities for the forthcoming year. Each priority was built into the business plan relating to the six principles of safeguarding. This is monitored by SAB and work undertaken via the sub groups. Each partner agency has worked to ensure their organisation continues to provide a service and that the workforce receives safeguarding training and understand how to recognise abuse respond to it. Here is a summary of work carried out.

EMPOWERMENT

Our Goals
People being supported and encouraged to make their own decisions and give informed consent.

Outcomes for Adults in Tower Hamlets
"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

What we achieved
Providence Row: We have implemented a programme of person centred support and care planning, using specifically designed support tools to evidence consultation and placing service users at the centre of any safeguarding plan.

Tower Hamlets Adult Social Care: Making Safeguarding Personal is a core component of the work we do where an individual is the subject of a safeguarding investigation.

THCVS: We have provided basic safeguarding awareness to people using our services through our informal safeguarding information session for a user-led mental health peer support group.

PREVENTION

Our Goals
It is better to take action before harm occurs.

Outcomes for Adults in Tower Hamlets
"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

What we achieved
London Fire Service: Our Home Fire Safety Visit service has been delivered to more than 80,000 households per year. A significant portion of the referrals made about vulnerable adults are as a direct result of a Home Fire Safety Visit.

Toynbee Hall: We have retrained all 80 staff at Toynbee Hall in safeguarding awareness and have made safeguarding awareness a key component of our induction training.

Housing Options: We undertook risk management of complex adult cases i.e. homeless people and those with mental health issues and raise the awareness of safeguarding needs of homeless people and people at risk of suicide.

PROPORTIONALITY

Our Goals
The least intrusive response appropriate to the risk presented.

Outcomes for Adults in Tower Hamlets
"I am sure that professionals will work in my best interests as I see them, and professionals will only get involved as much as needed."

What we achieved
Real: Our Direct Payment team work closely with our clients and the social worker to ensure any potential safeguarding report made is sensitively managed and there is a good understanding of what the client wants from the process.

The London Fire Brigade recognises safeguarding as integral to quality and best practice. Relevant connections are made at all levels between related issues such as dignity in care; equality; balancing choice and safety.

Violence Against Women and Girls (VAWG), Domestic Violence (DV) & Hate Crime (HC): There are close links with victims of DV/VAWG and HC and those requiring adult social care interventions. We have secured funds and commission an independent victim support service who safeguard over 400 victims of high risk DV per year. We support victims in making choices. Our case panels and outreach campaigns aim to protect victims by encouraging reporting and access to support/protection.

PROTECTION

Our Goals
Support and representation for those in greatest need.

Outcomes for Adults in Tower Hamlets
"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

What we achieved
Tower Hamlets Clinical Commissioning Group (THCCG): As part of our work with organisations we carry out 'organisational health checks' that include basic questions on Disclosure and Barring Service checks and compliance with safeguarding adults procedures. Where organisations are not compliant, we work with them to meet the required standards.

Barts Health NHS Trust: The safeguarding principles set out in the Care Act have been incorporated into the Trust policies, emphasis has been placed on the needs and wishes of the person experiencing abuse or neglect.

Community Safety Partnership (CSP): Dedicated Community Safety Officers now work closely with borough Faith Officers to ensure Faith centres receive information around vulnerable individual who are likely to be radicalised.

London Ambulance Service: We have produced a set of four short films on dementia. We used the services of an expert in Dementia care and the film focused on Carers and people living with dementia. Film number four dealt with safeguarding concerns for vulnerable people living in a care or their own property.

PARTNERSHIP

Our Goals
Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Outcomes for Adults in Tower Hamlets
"I am confident that professionals will work together, with me and my network, to get the best result for me. I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary."

What we achieved
Tower Hamlets Clinical Commissioning Group (THCCG): We jointly fund with Tower Hamlets Council the Safeguarding Adults Strategy and Governance post.

London Ambulance Service: We are working with the London Fire Brigade by providing fire safety support to people who would like information on how to reduce the risk of fires in their homes.

East London Foundation Trust (ELFT):
We attend Safeguarding Adults Reviews which are conducted by London borough of Tower Hamlets. We share the information with our partners and ensure recommendations and learning from Safeguarding Adults Reviews are implemented.

REAL: When a client choses to manage their own support and care needs through a direct payment, we work closely with other parties ensuring that everyone knows what is expected of them and what to do if there is a problem, ensuring our clients remain in control.

ACCOUNTABILITY

Our Goals
Accountability and transparency in delivering safeguarding.

Outcomes for Adults in Tower Hamlets
"I understand the role of everyone involved in my life and so do they."

What we achieved
Tower Hamlets Community Voluntary Service: We provide basic safeguarding advice to people leading groups who use services. We also raise safeguarding awareness for service users.

Tower Hamlets Clinical Commissioning Group (THCCG): The Trust's safeguarding adults policy was updated to take account of the changes following the Care Act. This includes a summary of the duties under Prevent and the Mental Capacity Act and information sharing. The Care Quality Commission rated us as good at keeping people safe.

Barts Health NHS Trust: We carried out a programme of face to face training events for all adult in-patient and community teams across the Trust and Trust Board members. We delivered 242 training sessions on Deprivation of Liberty Safeguards and the Mental Capacity Act where approximately 2,500 staff attended.

Summary of achievements by THSAB and partner agencies

As from 1st April a Mind Advocate will be based on the wards of the East London Foundation Trust.

Tower Hamlets Community Mental Health teams have safeguarding managers and investigation officers who are well versed with the safeguarding adult process.

We the Police work in partnership with the borough which has an active and well resourced Prevent team. We also work closely with the Faith officer and central specialist units.

The London Fire Brigade has a number of local initiatives (such as our 'Christmas Dinners' event) which enable us to reach out further to those who are vulnerable in the community - providing additional opportunities for their voices to be heard and to effectively tackle the impact of social isolation.

Barts NHS Trust has undertaken a number of initiatives to meet Healthcare for All, (DH, 2008). This includes flagging all patients known to the local learning disability teams in the 3 boroughs. The use of the Hospital Passports and easy read materials have been implemented. We have been part of the national pilot for the mortality review and will use early findings from this project to influence health care that improves the outcomes for people with learning disabilities.

The Tower Hamlets Council for Voluntary Service has clear safeguarding policies and procedures that demonstrate accountability. Where a safeguarding alert is made, our response would be reviewed at a senior level and trustee level.

Adult social care has revived provision of qualitative safeguarding audits which is a mechanism to assess the quality of practice and identify any improvements trends or learning needs for the future.

The Community Safety Partnership's formation of the Prevent Board, and latterly Operational Working Group has helped improve joint working and fostered better links both between services within the council and between the council and local partners. The Prevent Delivery Plan invites all partners to update work (particularly partnership working) to ensure properly integrated approaches across all sectors to safeguarding in relation to Prevent are delivered.

At Real we have a key role in supporting clients referred for statutory advocacy. By the nature of the referral these clients are particularly vulnerable. Our advocates provide tailored support to enable our client to engage in the process and feel empowered to have their say and their wishes carried out.

Tower Hamlets Clinical Commissioning Group ensures robust and safe recruitment and has in place an allegations policy for issues regarding staff and safeguarding adults or children's concerns.

Safeguarding Adults Review

Section 44 of the Care Act 2014 places a duty on Safeguarding Adults Boards to arrange a Safeguarding Adults Review (SAR), in cases where an adult has died or experienced significant harm or neglect.

In Tower Hamlets there are currently four SARs at different stages of conclusion.

On conclusion of the SAR, an action plan will be drawn up to ensure the recommendations of the findings are implemented.

The Executive summary of each SAR will be available on the Council webpage and a full report is available on request from the Safeguarding Adults Board Coordinator.

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The purpose of the SAR is to:

- Establish what lessons are to be learnt from a particular case in which professionals and organisations work together to safeguard and promote the welfare of adults at risk.
- Identify what is expected to change as a result, to improve practice.
- Improve intra-agency working to better safeguard adults at risk.
- Review the effectiveness of procedures, both multi-agency and those of individual organisations.

Mrs Q is a 75 year old white British woman who lived alone at the time of the review. She lived in a first floor level access flat reached via a lift. Mrs Q has a relative who lives outside London and has had some contact with her. Mrs Q has an advocate who is based in the community. Having a number of health problems and hospital admissions, Mrs Q found it difficult to accept help. Events led up to her being discharged from hospital without any support and Mrs Q was left alone for several days.

Tower Hamlets Safeguarding Adults Board commissioned a safeguarding adults review to investigate the events leading to Mrs Q being left without personal care services for several days. It was evident that if there were better communications between agencies, Mrs Q would not have been left in this situation. As a result, the working practices and operational procedures of key staff and agencies involved in Mrs Q's care were reviewed with a requirement to improve communications between agencies, specifically in the hospital discharge arrangements of people who are vulnerable. Management reports were commissioned from all the agencies working with Mrs Q and a round table learning event took place in January 2017. Recommendations were agreed at this event and these are included in this report.

http://live-lbtower.cloud.contensis.com/lgnl/health__social_care/safeguarding_adults/Safeguarding_Adults_Review.aspx

Our Priorities for 2017/18

Other areas for development and implementation

Modern slavery → Human trafficking → Sexual exploitation

KEEPING ADULTS SAFE IN TOWER HAMLETS 2016-17

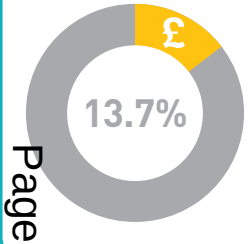
The SAB is a multi-agency board that oversees safeguarding arrangements for adults in the borough.

TOWER HAMLETS

POPULATION

304,900

We have one of the fastest growing populations in the country



49.7% of older people live below the poverty line

13.7% families have a household income less than £15k

SAFEGUARDING ENQUIRIES

Investigations conducted by adult social care teams to establish whether abuse has occurred

696 enquiries were concluded in 2016/17

58% of safeguarding issues occur in the adult's own home

14% safeguarding issues occurred in care homes

The most common types of abuse investigated were

36% neglect

20% physical abuse

20% financial abuse

HEALTH

78.4 years – life expectancy for a man vs. 79.5 years national average

82.4 years – life expectancy for a woman vs. 83.1 years national average

Severe Mental illness is the **fifth** highest in London

SAFEGUARDING ADULTS BOARD

Making Safeguarding Personal

6 key principles of safeguarding:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

"Going through the safeguarding process has made me feel stronger and I know now that I am not as vulnerable as people make me out to be."

Safeguarding Adults is everyone's responsibility

ACHIEVEMENTS IN 2016-17

- A review of the Care Act 2014 requirements recognising that self-neglect and hoarding was a multi-agency issue with innovative ideas and new approaches identified.
- The local authority showed its commitment through a new approach to ensure high quality of care and support at home by investing in the service to fund ethical care and the London living wage.
- Deprivation of liberty Safeguards: 1076 people were referred for assessment. 660 applications were authorised.
  Local communities have been supported to develop their understanding of safeguarding.
  Home Fire safety visits are delivered to more than 80,000 households per year of which many are vulnerable adults.

PRIORITIES FOR 2017-18

- Professionals to take a person centred and holistic approach to safeguarding.
- Advocacy for individuals who lack mental capacity or difficulty in decision making.
- Minimise repeat safeguarding issues.
- Robust risk assessment and management arrangement involving adults, their families and carers.
- Improving data analysis to measure outcomes.
- Increase engagement with adults to ensure SAB reflects their views on how to prevent abuse.
- To ensure effective holding of agencies to account.

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Health and Wellbeing Board Tuesday 7 November 2017	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets and Tower Hamlets CCG	**Classification:** Unrestricted
Mental Health Strategy Progress Update	

Lead Officer	Denise Radley, Corporate Director of Health, Adults and Community, LBTH; and Simon Hall, Acting Chief Officer, Tower Hamlets CCG
Contact Officers	Carrie Kilpatrick, Deputy Director Mental Health and Joint Commissioning, LBTH and CCG
Executive Key Decision?	No

Summary

In 2014, the Health & Wellbeing Board approved the Tower Hamlets Mental Health Strategy. The Strategy is a five year plan for improving outcomes for people with, or at risk of, mental health problems in Tower Hamlets, and includes within its scope children and young people, adults of working age and older people. The Strategy sets out how Tower Hamlets partners will work together to promote mental health and well-being in our communities, prevent residents from developing more significant mental health problems, and ensure that when people do need them, mental health services are of the highest possible quality, proactively supporting people to recover. It demonstrates our ambition to deliver against the National Outcomes Framework for Mental Health contained in *No Health Without Mental Health, Closing the Gap,* and other national guidance.

This paper provides an update on the delivery of the Strategy to the Board, together with a refreshed delivery plan for 2017 to 2019.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note the progress on delivery of the Strategy to date and the refreshed delivery plan attached as appendix one.

DETAILS OF REPORT

1. Introduction

1.1 The Tower Hamlets Mental Health Strategy, was approved by the Health and Wellbeing Board in 2014 as a five year plan for improving outcomes for people with, or at risk of, mental health problems in Tower Hamlets. The Strategy includes within its scope children and young people, adults of working age and older people, and was developed after a period of extensive engagement with service users. Evidence reviews and a comprehensive JSNA were published alongside the main document.

1.2 The action plan, developed at the time of publication, covered the two year period until 2016 and was updated earlier this year to reflect ambitions up to the end of 2019. The refreshed plan adopts an outcomes based approach and it is expected that future updates will therefore have a greater focus on outcomes.

1.3 This report provides an update to the HWBB on the refreshed delivery plan and key priorities until 2019, together with highlights of the main achievements of the Strategy to date.

2. Context

2.1 Mental health continues to be a significant priority in national health and social care policy. Tower Hamlets has amongst the highest prevalence of mental ill-health of any borough in England. People with mental health problems experience poorer life outcomes than the general population, including physical health, education, employment and family and relationships. Tower Hamlets has a high prevalence of risk factors that can contribute to the development of mental health problems in individuals, for example child poverty, long term unemployment, older people living in poverty, overcrowded households, population density, homelessness, crime including hate crime against specific communities, carers working over 50 hours per week, harmful alcohol use.

2.2 We have the fourth highest proportion of people with depression in London, the fourth highest incidence of first episode psychosis, and the highest incidence of psychosis in East London according to GP registers. In total there are approximately 30,000 adults estimated to have symptoms of a common mental health problem in the borough, with around 15,900 people known to their GP to have depression, and 3,300 known to have a serious mental illness, with a prevalence of c. 1200 people with dementia. We anticipate between 3,400 and 15,000 children at any one time to be in touch with some part of the health, social care and education systems due to concerns about their mental health.

3. The strategic vision

3.1 Our Mental Health Strategy sets out how we will work together to promote mental health and well-being in our communities, prevent Tower Hamlets residents from developing more significant mental health problems, and ensure that when people do need them, mental health services are of the highest possible quality, proactively supporting people to recover. It demonstrates our ambition to deliver against the National Outcomes Framework for Mental Health contained in *No Health Without Mental Health* and the more recent commitment and ambition outlined within the NHS Five Year Forward View for Mental Health.

3.2 Our vision is to **deliver substantially improved outcomes for people with mental health problems in Tower Hamlets through integrated mental health services that are safe**

and effective, with friendly staff that inspire confidence in the people and families using them, and which help people to take control of their own lives and recovery.

3.3 The strategy is built around the three pillars of building resilience in our population, ensuring high quality treatment and support, and supporting people to live well with a mental health problem. Its foundations lie in the shared values that underpin a whole person approach and the principle that mental health is everybody's business. The strategy takes a life course approach, actively considering how the whole population can be supported to be mentally healthy from cradle to grave. The strategy's objectives are laid out in the diagram below:

A life course approach to mental health and well-being		
Building resilience: mental health and wellbeing for all	**High Quality Treatment & Support**	**Living well with a mental health problem**
Fewer people experience stigma and discrimination	People in general settings like schools and hospitals access mental health support	People feel services treat them with dignity, respect, and inspire hope and confidence
People access improved information on services available	People access high quality mental health support in primary care,	People access support from peers and service user led services
Improved mental health awareness across our communities, schools and employers	People receive a diagnosis and appropriate support as early as possible	People make choices about their care, including personal budgets
People access a range of preventative and health promotion services	People have timely access to specialist mental health services	People feel supported to develop relationships and access mainstream community support
Families and carers feel more supported	People access timely crisis resolution, close to home	People are supported to find employment, training or education
People experience smooth transitions between services	When they need to access multiple services, people feel that they are joined up	People access accommodation that meets their needs, in the borough
At risk communities access targeted preventative support	People with a mental health problem have high quality support with their physical health	

4. Performance against Delivery Plan 2014-2016

Since approval of the Strategy we have made considerable progress in delivery, key highlights are listed below:

4.1 Improved Dementia Pathways

Dementia diagnosis rates have increased steadily since 2014, rising by over 17% in the last 3 years to 81.2%; in performance terms this is the second best in London. Following successful implementation of our strategy people with dementia and their Carers are supported to live well with fully integrated health and social care services providing assessment and support. We have commissioned more dementia cafes and an inclusion

service designed to raise awareness, understanding and take up of support for those from our BME Communities.

4.2 Crisis Pathways

Work has been undertaken over the life time of the Strategy to strengthen our crisis pathway for those experiencing mental distress. This includes an A&E based place of safety, a voluntary sector provided crisis house, a health and social care Home Treatment Team, and acute adult inpatient beds supported by dedicated council funded housing workers. We have no service users taken to a police station as a place of safety, and in-patient occupancy has reduced, promoting a much safer and more therapeutic inpatient environment, in which violence and aggression has reduced significantly. Further work on our crisis pathways has been prioritised in the coming delivery period.

More recently our Public health team has led on the development of a Suicide Prevention Strategy which will seek to further deliver 5 key areas of action over the next three year period through a multi-agency steering group.

4.3 Supported Accommodation pathway

Impacting significantly on our highly effective crisis pathway, our supported accommodation strategy for adults with a serious mental illness has completely transformed our ability to offer high quality recovery orientated accommodation with support, close to home. We have increased the number of in-borough supported accommodation units by 62 and reduced the number of people living in out of borough residential care by 54, achieving significant efficiencies against the 2011 – 12 baseline.

The achievements of the pathway work was **highly commended** this year by the HSJ national awards for Health and Social Care Providers.

4.4 Recognising mental health needs alongside physical health: Integrating care

In Tower Hamlets we have placed mental health at the heart of our integrated care programme, with a flagship psychiatric liaison service for people with mental health issues at the Royal London Hospital and associated sites with the aim of providing hospital clinicians with a 24/7 assessment service to improve quality and outcomes for people with mental health conditions admitted to acute care, and reducing length of stay. We have also commissioned a specific mental health team as part of our community integrated care teams to support patients with complex comorbidities that include mental health problems. Evidence suggests that 32% of patients who have been identified as at very high or high risk of admission to hospital have a history of previous contact with secondary care mental health services, and there will be many more who will benefit from a greater focus on mental health in their integrated care plan. Over the life time of our Strategy will seek to expand our approach to the integration of physical and mental health in line with the Parity of Esteem agenda.

4.5 Primary Care Mental Health Service

People with severe mental health problems have poorer physical health and high levels of social need. In order to better address the needs of people with severe but stable mental health problems we have collaborated to shift the location of care from secondary care

services to primary care settings, so integrating mental health, physical health and social care. This is underpinned by a recovery approach with a robust peer support offer which focuses on giving service users greater autonomy, self-management and control over their wellbeing. Tower Hamlets has the second highest number of people being treated in secondary care mental health services in London. Service users, report preferring to receive mental health support from within a primary care setting as it is less stigmatising and provides a greater opportunity for physical and mental health needs to be considered holistically.

The service is now fully operational, supporting up to 700 people at any one time with a strong and continued emphasis on peer to peer support. Over 600 people have been transferred from secondary care mental health services into primary care in Tower Hamlets since this service was first established.

4.6 Transformation of Children and Young People Mental Health Services

In October of 2016 we published our transformation plan for CAMHS which outlined our collaborative ambition for improving child and adolescent mental health services in the Borough. Our focus has been on ensuring that the whole system, including schools, works effectively together to deliver better life outcomes for children and young people, with responsive services meeting the needs of the diverse population. During the last year we have made significant progress in increasing the availability and improving access, including a new service for children and young people with eating disorders, an increased number of people being seen and receiving treatment and waiting times reducing from 11 to 5 weeks. We are also commissioned a number of new services for those with Conduct disorder, those in contact with the Youth Service and a voluntary sector mental health service to increase the number of young people able to access mental health support in mainstream services.

We have rolled out an ambitious programme of training and awareness raising across the voluntary sector and schools, delivering training to 15 schools including Governing Bodies and delivered the Mark your Mind' campaign to raise awareness and increasing support for young people. Twenty young people were recruited through local organisations and co-produced the campaign by creating a video, developing an interactive website and working with a local community organisation to deliver family centred support sessions.

4.7 Wellbeing and Recovery Services

The Wellbeing and Recovery services have been fully operational for a year. The ambition of this new model is to build resilience in the population by supporting mental health and wellbeing for all and supporting people to live well with a mental health problem. This represents a significant transformation in the way support services in the third sector were commissioned and delivered. Developing recovery and wellbeing services for people with mental health problems is a fundamental commitment of the Mental Health Strategy in order to reduce stigma and discrimination through moving away from traditional segregated services and stigma associated with statutory day care, supporting people to take control of their lives and access community services and support with services working together to promote recovery and wellbeing. These new services ensure people are able to access information and support easily, and promote positive perceptions of mental health across the Borough.

The Recovery College, which was commissioned as part of this model, provides an educational approach to recovery for people with longer term mental health challenges

running courses for those who have used mental health services, their carers and families, and staff working in the Borough from the NHS and voluntary sector.

4.8 Challenging Stigma and increasing awareness

Using the Time to Change pledge, we continue to tackle stigma and discrimination by raising awareness and promoting positive perceptions of mental health across the Borough. Our specific Public Mental Health Programmes include mental health awareness work with Bangladeshi partner organisations, Somali women, male offenders and young people through the Flourishing Minds programme.

We have trained over 200 members of staff in Mental Health First Aid and a further 12 in partner organisations have been trained to train the trainer. Making Every Contact Count training is also provided to all frontline staff. We have also developed a new web resource, "**In the Know",** summarising information on mental health services in the borough for service users and professionals.

We have also established an Employers Forum to bring together wider partners (council, NHS, police, Queen Mary's university, CVS, Canary Wharf Group, housing associations) to take action on mental health in the workplace.

4.9 Co-production

Co-production is the foundation of our partnership approach. We have extensive service user involvement and engagement structures in place, including a mental health partnership board on which five service users sit, plus a commissioned voluntary sector service to promote engagement and we are beginning to involve service users directly in procurement.

Our user led grants programme is also very successful in providing opportunities for service users to come together to establish and run groups. Over £90,000 per year has been awarded to roll out 27 innovative mental health projects including health and fitness, music, choirs, martial arts, photography and arts and crafts. A significant proportion meet out of usual office hours including evenings and weekends and so provide social support when other services are not available. They provide targeted support to a wide range of communities across the borough including some of our most vulnerable and hard-to-reach communities.

4.10 Increased availability of Talking therapies

We have successfully increased access to talking therapies for people in Tower Hamlets. In 17/18 5242 people are expected to enter IAPT treatment and 11,300 counselling sessions are expected to take place. Waiting times have reduced and the number of people who achieve a sustainable recovery following treatment has also increased in line with national targets. There is now focused work underway to increase the number of people self-referring into the service, and to increase uptake from those with long term physical health conditions and older adults. There is also a focus on achieving good recovery rates and improving recovery rates for BAME communities.

During 2016 we commissioned an innovative psychological therapy service for people with mild to moderate eating disorders, and to date over 74 patients have received treatment. This service has demonstrated positive clinical outcomes for those receiving treatment, achieves a low DNA rate and has short wait times to treatment.

5 Key Priorities for 2017-2020

5.1 Despite significant progress we are not complacent. Since development of the Strategy in 2014 a number of key policy developments now outline a clear road map for the next 4 year period to 2020/21. The aspirations of the NHS Five Year Forward View are fully articulated in our delivery plan, outlining our commitments for the period from 2017 to 2019 and Parity of Esteem also challenges us to treat mental related ill health in equity to physical health needs, recognising the impact that unaddressed mental health needs has on the health system as a whole.

5.2 In delivering this agenda we need to work as a partnership to deliver a step change in mental health provision, with Sustainability and Transformation Partnerships (STP's) key to delivering the transformation required. The North East Health and Care Partnership has developed a Mental Health Strategy which aims to target significant improvements in quality, outcomes and sustainability by transforming the health care system for those with mental health needs across five key initiatives:

- **Reducing inpatient demand by developing community services and pathways** to provide care and support for people earlier and closer to home. Areas of focus which are mirrored in our local strategy relate to developing primary care services, crisis support and home treatment teams, and transforming children and adolescents mental health services.

- **Widening access to care for specific treatment areas and population groups through targeted services** to meet the 5 Year Forward View targets for accessing treatment to children and young people, minority groups, pregnant and new mothers and psychological therapies.

- **Delivering better integrated prevention and care for physical and mental health** by reducing fragmentation in care and delivering on the parity of esteem commitments**.** This is addressed in our delivery plan through the provision of mental health liaison services, ensuring physical health checks are provided and supporting the wider determinants of physical and mental health for example employment.

- **Providing the highest quality of Care** by driving up quality and outcomes.

5.4 Whilst the delivery plan details the key actions of focus over the next period it is worth highlighting a number of areas where we wish prioritise progress:

- Despite significant investment in new supported employment services, the number of people in contact with secondary mental health services in employment remains relatively low at 5% compared to 7% nationally. We aim to rapidly increase performance in this area through a number of initiatives outlined in the plan.

- There are a number of commitments within the plan to continue improvements in accessibility and quality of mental health provision.

- To support our growing populations and ensure the effective join up of physical and mental health care, we will need to continue to develop more integrated models of health care that reduce the current fragmentation that often exists for people accessing services. Services which integrate primary, community and social care

support can prevent unnecessary admissions and provide a smooth transition to acute care services if needed.

- A key focus will be on improving the physical health of those with serious mental illness who we know die on average between ten and twenty years younger than the general population, are more likely to smoke tobacco and have higher rates of obesity.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 This is a noting report which provides an update on progress with delivering the Mental Health Strategy and Action Plan. Costs associated with delivering the strategy will be met through existing health and social care budgets. There are no specific financial implications arising from this report.

7. LEGAL COMMENTS

7.1. Section 193 of the Health and Social Care Act 2012 ('the 2012 Act') inserts a new s116A into the Local Government and Public Involvement in Health Act 2007, which places a duty on the Health and Wellbeing Board to prepare a joint strategic health and wellbeing strategy in respect of the needs identified in the Joint Strategic Needs Assessment. The duty to prepare this plan falls on local authorities and the Clinical Commissioning Group, but must be discharged by the Health and Wellbeing Board.

7.2. Section 1 of the 2012 Act amends the National Health Service Act 2006 to specifically include mental health in the Secretary of State's duty to promote the health of the people of England. A review and refresh of the Mental Health Strategy therefore falls within the remit of the Board.

7.3. In preparing this strategy, the Board must have regard to whether these needs could better be met under s75 of the NHS Act 2006. Further, the Board 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. The guidance sets out that mental health must be given equal priority to physical health.

7.4. This strategy must be prepared in accordance with the public sector equalities duty to eliminate unlawful conduct under the Equalities Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not.

8. ONE TOWER HAMLETS CONSIDERATIONS

8.1 Mental health continues to be a significant priority in national health and social care policy. Tower Hamlets has amongst the highest prevalence of mental ill-health of any borough in England. People with mental health problems experience poorer life outcomes than the general population, including physical health, education, employment and family and relationships.

8.2 The Strategy sets out how Tower Hamlets partners will work together to promote mental health and well-being in our communities, prevent residents from developing more significant mental health problems, and ensure that when people do need them, mental health services are of the highest possible quality, proactively supporting people to recover.

9. BEST VALUE (BV) IMPLICATIONS

9.1 The Strategy details the partnerships commitments to ensuring that providers of mental health services are productive and efficient. The emphasis on promoting preventative intervention and increased use of community services will also help reduce the need for more expensive specialist services further down the line.

10. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

10.1 There are no implications.

11. RISK MANAGEMENT IMPLICATIONS

11.1 The Strategy details commitments to improve mental health services including crisis pathways in line with the national Crisis Concordat, ensuring that the council's duties.

11.2 The Strategy details commitments to improve outcomes and support for people with mental health problems ensuring that the duty of both the Council and the CCG to provide support for this group is delivered safely and effectively.

12. CRIME AND DISORDER REDUCTION IMPLICATIONS

12.1 There are no implications.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- Tower Hamlets Mental Health Strategy: Action Plan 2017-2019

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:

- Carrie Kilpatrick, Deputy Director Mental Health and Joint Commissioning, LBTH and CCG
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Tower Hamlets Mental Health Strategy: Action Plan 2017-2019

Duration	2017-2020
Related strategies/action plans	Tower Hamlets Mental Health Strategy 2014-2019 Health and Wellbeing Strategy 2017-2020 Tower Hamlets Multi-Agency Suicide Prevention Strategy 2017-2020 Children and Young People Mental Health Transformation Plan 2016- 2019 Ageing Well Strategy 2017-2020
Responsibility for governance	Health and Wellbeing Board
Ownership	Mental Health and Joint Commissioning Team
Implementation date	October 2017
Review date	October 2018

High Quality Treatment and Support

No.	Actions	Lead(s)	Timeframe	RAG	Expected Outcome	measurement
1	We will review current community pathways for older adults with a functional mental health problem, in the context of our developing plans for integrated care in the borough.	MH commissioning and ELFT	August 2018 – August 2019		Improved service user experience	TBD
2	We will review the current in-patient services for older adults with continuing health care needs related to dementia to ensure that where appropriate we are able to reduce the length of a hospital stay. We will achieve this by ensuring there is adequate and appropriate community services and care homes able to meet the needs of people with dementia	MH commissioning and Older Adults Commissioning	March 2018 – March 2019		More people with dementia access nursing and care homes within the Borough and there are fewer long hospital stays for this group of people	Average length of stay of older adults with dementia in specialist CHC hospital beds. No and % of commissioned beds for those with continuing health care needs related to dementia in the community v inpatient
3	We will ensure that waiting times for mental health services are minimised, and we will publish waiting times for key services as part of our partnership dashboard	MH Commissioning	2017-2019		People are able to access and receive treatment from services in a timely manner	Various waiting times and access performance rates for mental health services
4	We will expand our Primary Care Mental Health Service to increase the number of people with serious mental illness supported in primary care versus secondary care. We will pay particular attention to increasing the number of older people able to access this service.	MH commissioning	Oct 2017 – April 2019		People receive services in the community and from primary care where appropriate	No and % of people accessing and receiving treatment in primary care services.
5	We will remodel and recommission our model of talking therapies to ensure an increased uptake of psychological therapies in the Borough. We will seek to improve access to talking therapies for older people and people from BME communities. We will also seek to ensure that more people feel that a talking therapy treatment has contributed to their recovery.	MH commissioning	March 2019		Increased number of people access talking therapies and there is a greater take up by BME communities and those over 65.	• No accessing therapies • % of BME communities • % of over 65 • % reporting services have contributed to their recovery
6	We will ensure that people experiencing a first episode of psychosis are able to access early Intervention services in a timely manner and that these services meet national standards of good practice designed to support recovery.	MH Commissioning	April 2018 – April 2019		People will be able to access good quality services able to meet their needs within a timely manner.	% of People able to access services within 2 weeks of a first episode of psychosis.

						Services meet the standards of the fidelity model.
7	We will seek to ensure mental health knowledge and expertise is firmly embedded in primary care by developing a rolling programme of training for GP's and other primary care staff on specific aspects of mental health	MH Commissioning	June 2018		More people will receive a service able to meet their mental health needs in a primary care setting	No and % of people supported in a primary care setting.
8	We will examine the specific needs of adults attending A&E who are in mental health crisis, including those who have attempted suicide, or have self-harmed. We will map the existing pathways and address any gaps to strengthen the pathway where required. We will specifically explore options to develop an emotional place of safety as an alternative to the current A&E provision. We will also work to ensure increase the availability of intensive home treatment, particularly out of current operational hours, as an alternative to hospital.	MH Commissioning	Oct 2017 -Mar 2018		More people will feel in control of their mental health and be able to access support in an appropriate setting in times of crisis. More people will receive appropriate follow up support from mental health services. A reduction in suicide attempts and deaths by suicide.	No. of people who present to A&E in a crisis. No of mental health admissions No. of people who receive follow up from mental health services following a presentation. No. of suicide attempts and deaths by suicide.
9	We will review our referral and diagnostic pathway for people with ASD who are not eligible for mental health services, expanding access to those with a prior diagnosis in need of support as well as more firmly embedding the peer support offer.	MH Commissioning	Dec 2017- Mar 2018		More adults will receive a formal diagnosis of ASD and a package of post diagnostic support, including support with finding employment if desired.	% of adults receiving a formal diagnosis of ASD. % of adults with an ASD diagnosis supported into employment
10	We will review existing perinatal mental health pathways and improve access to specialist perinatal mental health services.	CAMHS commissioner	Sept 2017- Sept 2018		More vulnerable women will access specialist mental health support during and after pregnancy	No. of women accessing evidenced based specialist mental health care.
11	We will deliver the Children and Young People Mental Health Services Transformation Plan, implementing new workforce initiatives with East London Foundation Trust that will improve waiting times and the number of appointments available for young people. As part of this work we will ensure that children in need of treatment for eating disorders can receive treatment in a timely	CAMHS commissioner	July 2017 – July 2018		An increased no. of CYP will be diagnosed with a mental health condition and be provided mental health services. Those in need of urgent need will be able to access treatment within one week of referral and 4 weeks for routine cases.	% of CYP in treatment against the 33% NHS target. % of CYP able to access treatment for eating disorders within national targets.

	manner We will also commission specialist CAMHS input for Tower Hamlets children placed out of borough, starting with Bowden House school in Sussex					
12	We will improve the specialist support available for those young people who experience abuse by mapping and strengthen referral routes for emotional support following assessment at a new NEL STP hub for Child Sexual Abuse	CAMHS commissioner	October 2017 – March 2018		More young people who experience abuse will receive specialist support	No and % of young people receiving support from specialist services
13	We will review and improve our crisis response for children and young people	CAMHS commissioner	October 2017 – March 2018		More Young people will feel in control of their mental health and be able to access support in an appropriate setting in times of crisis.	No. of young people who present to A&E in a crisis. No of mental health admissions for young people

Living Well with a Mental Health problem						
No.	**Actions**	**Lead(s)**	**Timeframe**	**RAG status**	**Expected Outcome**	**Measurement**
1	We will commission services to ensure that more people with serious mental illness are able to find and sustain employment to support their recovery. We will pay particular attention to increase the availability and take up of individual placement support for those who wish to return to the work place.	MH commissioning	Oct 2017 – April 2019		More people with serious mental illness will be in paid employment and the number of people able to access individual placement support towards this goal will have increased.	No and % of people in secondary mental health services in full time or part time paid employment. No. of people accessing individual placement support.
2	We will pilot an employment service embedded within our talking therapies provision to provide support for those with mental health problems wishing to maintain or return to employment	MH commissioning and Compass Wellbeing	December 2017 - December 19		More people with mental health issues will be supported to access and sustain employment.	No and % of people in secondary mental health services in full time or part time paid employment.
3	We will work with partners including Work path, Compass Wellbeing. East London Foundation Trust and the Working Well Trust to review and fresh the model of support and current pathways for those with mental health issues who are seeking employment	MH commissioning, Work path, ELFT and Compass Wellbeing	December 2017 – June 2018		More people with mental health issues will be supported to access and sustain employment.	No and % of people in secondary mental health services in full time or part time paid employment.
4	We will ensure that advocacy services are available so that people with a serious mental health issue who use our services know what choices are available to them locally, what they are entitled to and who to contact when they need support.	MH commissioning	Oct 2017 – April 2019		More people feel empowered and report that they know their rights, where to access services and feel supported	No and % of people that access advocacy services
5	We will work with the Homeless Service and East London Foundation Trust to ensure that where we are placing adults in temporary housing and accommodation outside of the borough, we have effective protocols for ensuring those with mental health needs who are under the care of statutory services, are appropriately supported. We will also ensure that all front line housing staff receive training in mental health first aid and suicide prevention.	Housing, ELFT and MH commissioning	April 2018 – April 2019		Front line staff feel confident to recognise signs of mental illness Fewer deaths and self-harm incidents will occur in temporary housing. Those place in accommodation outside of the borough receive the appropriate health and social care services.	No. of people known to MH and social care services places outside of the borough who receive a follow up.

6	We will prioritise the commissioning of peer support as an integrated part of all commissioned services. We review our grants programme for user led groups to consider how it can better support opportunities for peer led provision.	MH Commissioning	2017-2019		More people will be report satisfied with the support they receive. More people will receive support from a peer.	No. of services with a formal peer support offer
7	We will pilot the use of personal health budgets for both adults and young people using mental health services, including those in receipt of continuing health care funding and those subject to section 117 of the Mental Health Act.	CCG	2017-2019		More people will make decisions about the best way to provide their care and support.	No. of people in receipt of a personal health budget
8	We will review our service user involvement structures against the NICE Quality Standard and work with service users, Health watch, and voluntary sector groups to identify and provide opportunities to support service users who wish to become more involved in planning mental health services in the future	MH Commissioning and Community Options	April 2018 – December 2019		More people will be report satisfied with the support they receive. More people will receive support from a peer. There will be greater opportunities for people who use services to shape their development and delivery	No. of services with a formal peer support offer
9	We will develop a range of respite options appropriate for people with dementia, for carers to choose from	Older Adults Commissioning	April 2018 – December 2019		TBD	TBD
10	We will work with providers of home care and day care to improve mental health and dementia awareness with their staff	Older Adults Commissioning	April 2018 – December 2019		TBD	TBD
11	We will seek to improve the physical health care for people with serious mental illness by ensuring the effective local implementation of the Improving physical health care toolkit.	MH Commissioning	April 2018-April 2019		The life expectancy for both men and women in contact with mental health service will steadily improve with more people accessing physical health checks and interventions	No and % of people with serious mental illness accessing evidence based physical health checks and interventions.
12	We will review the existing model for day provision and information and advice community services including the Recovery college considering the overall pathways and relationship to internal day provision as well as options to	MH Commissioning	July 2018 – July 2019		Reduced hospital admissions and reduced crisis presentations (A&E)	

	increase personalisation and also integration of mental and physical health. The review will inform future model and pattern of services.					

Building Resilience: Mental Health and Well Being for all						
No	**Actions**	**Lead(s)**	**Timeframe**	**RAG status**	**Expected Outcome**	**Measurement**
1	We will work with housing providers to improve mental health awareness with staff who work in and around housing. We will pay specific attention to Housing Providers and front line housing office staff in the roll out of Mental Health First Aid training and suicide prevention training.	Public Health	2017-2019		Staff will feel more able to recognise mental health issues and be competent in knowing where and when to access support	No of staff trained in mental health awareness and suicide prevention
2	We will ensure all staff are trained in Making Every Contact Count; promoting the Five Ways to Wellbeing, a set of simple actions people can take to maintain good wellbeing.	Public Health	2017-2019		TBD	No of trained staff
3	We will continue to work with GP's and the wider community to raise awareness of dementia. We retain a specific focus on commissioning services to raise awareness within our BME communities.	MH Commissioning	2017-2019		Increased number of people with a formal dementia diagnosis receiving support services	Dementia Diagnosis rate
4	We will improve access to early intervention and preventative services for children and young people, adults, and older people, by maintaining our new web based directory of services (In the Know) and ensuring the Tower Hamlets website provides information on a wide range of local mental health and wellbeing services.	MH Commissioning	2018-2019		Increased number of people will access our preventative services	No. of people accessing web based directory. No. of people accessing recovery college and recovery and wellbeing services
5	We will continue to support and implement the commitments of the Mental Health Challenge and Time to Change Pledge. We will develop an Employers Forum to bring together wider partners (council, NHS, police, Queen Mary's university, CVS, Canary Wharf Group, housing associations) to take action on mental health in the workplace and become mindful employers.	Public Health	2017-2019		TBD	TBD
6	We will, across the Council and the CCG, as the two main public sector commissioning bodies in the borough, use the Time to Change pledge and London workplace Charter to encourage our	Public Health	2017-2019		TBD	TBD

	suppliers to adopt an Emotional First Aid programme for their employees.					
	We will continue to work with our statutory and voluntary sector partners within the Borough to further roll out both Mental Health First Aid Training , Making Every Contact Count training and Suicide Prevention training.	Public Health	2017-2019			
7	Develop and deliver the multi-agency suicide prevention plan a key focus of which will be the roll out of a specific training programme to ensure we have a network of staff and residents trained in suicide prevention able to recognise people at risk of suicide and apply the four step suicide alertness model – TALK, tell, ask, listen, keep safe.	Public Health	2017-2019		The number of suicide attempts and deaths will decrease	10% reduction in suicide against baseline of 8.6 per 100,000 2013-2015
8	We will work across the Partnership to develop an anti-stigma and awareness raising campaign specific to children and young people. This will include raising awareness of eating disorders in young people.	CAMHS commissioner	2017-2019		TBD	TBD
9.	We will work with the Youth Service to commission stronger assessment and support for CYP in contact with the criminal justice system	CAMHS commissioner	October 2017 – April 2018		TBD	TBD
	We will continue to embed our Mental Health Training programme for schools, increasing the number of frontline staff, support staff and school Governors who are trained in mental health.	CAMHS commissioner	October 2017 – April 2018		TBD	No of training programmes No of trained staff
11	We work to develop our plans to tackle loneliness, with a particular focus on older people	Older Adults Commissioner	2017-2019		TBD	TBD
12	Strengthen interventions to promote attachment and positive mental health in early years through the provision of the TH CAMHS Parent infant mental health pilot project.	CAMHS commissioner	April 2017- April 2018		TBD	TBD

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Health and Wellbeing Board Tuesday 7 November 2017	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Tower Hamlets Together - Healthy and Wellbeing Strategy 6 month update	

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

Summary

The attached spreadsheets summarises 6 month progress on the five priorities of the Health and Wellbeing Strategy and the 12 month actions identified in the strategy:

1. Communities Driving Change
2. Employment and Health
3. Healthy Place
4. Children's weight and nutrition
5. Developing an integrated system

The monitoring is aligned to the 6 month review of the Council's Strategic Plan as the actions of the Health and Wellbeing Strategy are incorporated into the Plan.

Overall, there is good progress on the actions and there are no substantial areas of slippage. However, due to changes in membership of the Board since April 2017, there is a need to review the composition of Board Champion groups.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note the update to the strategy
2. Review composition of Board Champion Groups

1. REASONS FOR THE DECISIONS

1.1 To ensure that the Board has oversight of the progress of the Health and Wellbeing Strategy

2. ALTERNATIVE OPTIONS

2.1 Not to have oversight of progress which would adversely impact on engagement of the Board with the strategy

3. DETAILS OF REPORT

3.1 Please see attached spreadsheet

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 There are no financial implications arising from this report.

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 reviewing this strategy, the HWB must have regard to whether these needs could better be met under s75 of the National Health Service Act 2006. Further, the Board 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 recommendation above, and when finalising 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 The Health and Wellbeing Strategy priorities aim to target action to improve health and reduce health inequalities where the need is greatest through targeted action around determinants of health and the health and care system as a whole.

7. BEST VALUE (BV) IMPLICATIONS

7.1 The Health and Wellbeing Strategy is about ensuring the best use of the senior resource of the Health and Wellbeing Board and the strategy itself notes the issue of rising costs of the health and care economy in the context of declining resources and the need to integrate the system better to ensure efficiency

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

Sustainability and environmental improvement to support health are closely aligned eg air quality, green space. In particular, actions around Healthy Place link to impacts on sustainability and health.

9. RISK MANAGEMENT IMPLICATIONS

9.1 Actions proposed are carried out within existing budgets and no specific risks are identified.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 The Healthy Place and Communities Driving Change priorities are particularly linked to impacts on both health and crime and disorder (linking safety and environmental design to mental wellbeing)

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- Health and Wellbeing Strategy 6 month update

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:

- Somen Banerjee, Director of Public Health, LBTH
  Somen.banerjee@towerhamlets.gov.uk

Priority One - Communities Driving Change					
Activity	**Board Champions**	**Deadline**	**Status**	**% Comp**	**Comments**
Support communities to drive change in health and wellbeing*	**Gemma Cossins, Charlotte Ladyman/Dianne Barham - (further group membership to be reviewed)**	**31/03/18**	**On Track**	**50%**	**A progress update by the Board Champion Group for the Communities Driving Change priority of the Health & Wellbeing Strategy 2017-20 was presented to the HWB on 5th September 2017. This activity is on track. The overall outcome for this Activity is empower local communities to drive change in their daily habits to improve health and wellbeing of local residents.**
Our key deliverables	**Lead Officer**	**Deadline**	**Status**	**% Comp**	**Comments**
Develop and Implement a 'Health Creation' programme with residents to identify issues impacting on health and wellbeing, and develop and lead new ways to improve health and wellbeing locally*	Somen Banerjee (HAC)	31/03/18	On Track	50%	1. The locality based Healthy Communities Programme, commissioned by the PH service, is at an award stage and on track to start in October 2017; 2. The Social Movement for Life programme, a THT Vanguard pilot has progressed to four local coproduction initiatives (Isle of Dogs, Chicksand Estate, Bow & Watney Market); 3. The Community Insights Network programme - another THT Vanguard pilot- will develop and train researchers from the community, and review options for embedding participatory research across the partnership; 4. A partnership task group (NHS, voluntary sector, Healthwatch) are reviewing options using Healthwatch as the main repository for insights into health and care. This work will inform the following outcomes/achievements: a) THT Communities Programme in place which seeks buy- in from residents; b) existing initiatives for capturing better insights in a joined up manner; c) clear pathways for residents to get involved established; d) process for feeding back to residents established. This will be demonstrated in the form of a) Locality based coproduced delivery plans, b) evaluation of the Social Movement programme to identify successes and improvements c) a single place for insights on community insights on health and wellbeing, including Member Enquiries.
Develop and Implement a 'Health Creation' programme across the partnership to promote a culture in organisations that empowers people to be in control and informed about how to improve their health*	Somen Banerjee (HAC)	31/03/18	On Track	50%	1. 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. 2. 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. a) The overall outcome for this work is to encourage partner organsiations (P.O) to pledge to support 'Communities Driving Change' b) PO's clearly promote ways that residents can drive change c) PO's regularly feedback to residents on how residents have driven change d) PO's support delivery of initiatives that empower people to improve their health: e.g Making Every Contact Count and Integrated Personal Commissioning.

Connect the residents with the priorities of the Health and Wellbeing Board by holding four engagement events undertaking a social media campaign*	Somen Banerjee (HAC)	31/03/18	On Track	50%	Public Health commissioned an engagement exercise during summer 2017 undertaken by the new Economic Foundation. The aim was to coproduce a shared outcomes framework around the Heath & Wellbeing Strategy with residents. Residents identified 15 primary outcomes they aspire to. This is captured under THT. These include: 1. 'I am able to breathe cleaner air where I live'; 2. 'I'm satisfied with my home'; 3. 'It's likely I'll live a longlife'; 4. 'I'm supposed to make healthy choices'; 5. I have a positive experience of the services I use'; 6. 'My children get the best possible start in life'; 7. 'I feel my care is provided safely'; 8. 'I want to see the best value/quality of local services'; 9. 'I'm able to access the services I need'; 10. 'I've a good level of happiness & wellbeing'; 11. 'I'm able to support myself and my family financially'; 12. ' I play an active part iin my community'; 13. ' I feel safe from harm in my community'; 14. 'I have a sense of control over my life'; 15. ' I'm confident that those providing my care are skilled and motivated in their work'. A community engagement event was held on 9th August at Victoria Park. The Community Insight Network is also progressing and the first newsletter has been issued.A survey of stakeholders is in progress.
Priority Two - Employment and Health					
Tackle health-related employment issues*	**Ian Basnett, Jackie Sullivan, Somen Banerjee (further membership to be reviewed)**	**31/03/18**	**On Track**	**45%**	**This Activity is on track. A progress update by the Board Champion Group for the Employment and Health priority of the Health & Wellbeing Strategy 2017-20 was presented to the Health & Wellbeing Board on 5 September 2017.The overall outcome for this Activity is to empower local communities to drive change in their daily habits to improve health and wellbeing of local residents.**
Our key deliverables	**Lead Officer**	**Deadline**	**Status**	**% Comp**	**Comments**
Strengthen the integration between health and employment services by using 'social prescribing' as a lever to improve links and shape an effective local delivery of DWP's Work and Health programme.*	Somen Banerjee (HAC) / Andy Scott (Place)	31/03/18	On Track	50%	DWP's Work & Health Programme: TH is part of a 12 borough partnership in central London working to help people into employment. The aim is to strengthen the integration between heath and employment services by: 1. using social prescribing as a lever to strengthen links between health & employment services; 2.reviewing best practice elsewhere; 3. shaping the effective delivery of DWP's Work & Health programme. Central Govt has devolved the Work & Health programme to London (and Manchester). There are 4 sub-regions within London who are leading the procurement and management of the programme. This programme is intended to support people with mental and physical health issues into employment. Economic Development & Public Health are working jointly to identify cohorts. The programme will run for 5 years and seeks to support around 20,000 people across Central London with employment. So far, PH has: 1. conducted a baseline survey of training needs of social prescribers with regards to council provision of Employment support; 2. training session for 'social prescribers' is 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); 3. Social Prescribers have been linked into Content Referral Management development being conducted at the council (in order to facilitate referrals). This project aims to help people with disability, on JSA/ESA benefit, long term unemployed of more than 2 years, care leavers, ex-offenders, ex-carers, refugees, ex-armed forces personnel – to be referred on a voluntary basis. Claimants will spend 15 months on the programme and tracked for a further 6 months to capture any job outcomes. Analysis is being undertaken to analyse profile of relevant cohort.

Deliver on a set of project actions to achieve the London Healthy Workplace Charter 'Achievement' Status that will have positive health & work benefits for staff*	Somen Banerjee (HAC) / Gill Forward (RES)	31/03/18	On Track	40%	The actions include undertaking a self-assessment, and identify priorities for improvement to improve the level of healthy improvement. 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 HWB/THT/ Employers Forum. The outcome for end of year is to have all organisations represented on Health and Wellbeing Board to have conducted a self-assessment against the Charter and formed an action plan.
Increase the proportion of adults with a learning disability or mental health issue in employment by delivering a pre-apprenticeship programme of paid work experience*	David Jones (HAC) / Karen Sugars (HAC) / Stuart Young (RES)	31/03/18	On Track	30%	Skillsmatch have employed 17 adults with a learning disability on pre-apprenticeship programmes since April 2017. The Adults' Social Impact Bond aims to deliver a programme of job readiness /employment to a cohort of 110 people with a Learning Disability – an increase from the current 60 people. The aim is to help these vulnerable people to live as independently as possible in the community and be integrated into society. A report to Cabinet is scheduled to be presented in Dec 2017 to obtain sign off for tendering of a provider to deliver the programme. They will identify the individuals, train and get them job ready. The SIB mechanism is that an investor invests in the programme; the Lottery Fund will pay 25%, and the council pays 75% only if the outcomes are delivered. The investors only pay the money when the outcome is delivered. As part of a special purpose vehicle, the provider has to appoint a separate administrator to monitor outcomes. The frequency of this is subject to further approval as it is in developmental stage. Skillsmatch (Employment and Enterprise)is working with the Council's Programme Management Office to develop a service which complement rather than duplicate in helping people with LD into employment/jobs.
Tackle mental health stigma by increasing the number of employers taking up the Time to Change pledge*	Somen Banerjee (HAC)	31/03/18	On Track	40%	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 so far been trained on the half day Mental Health First Aid LITE awareness 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. The outcome is to increase the number of organisations in TH signed up to the Charter, and have a further 100 people trained as MH first aiders.
Priority Three - Creating a Healthier Place					
Activity	**Board Champtions**	**Deadline**	**Status**	**% Comp**	**Comments**
Create a healthier place*	**Councillor David Edgar, Councillor Danny Hassell (further members to be reviewed)**	**31/03/18**	**On Track**	**45%**	**This activity is on track and work is in progress.**
Our key deliverables	**Lead Officer**	**Deadline**	**Status**	**% Comp**	**Comments**

Identify three areas in the borough where there is particular need to improve the physical environment (e.g. lack of green space, population growth) and engage with residents and local organisations on priorities for improvement to benefit health and wellbeing*	Somen Banerjee (HAC) / Judith St. John (CS)	31/03/18	On Track	50%	Through the Whitechapel Vision programme, we have identified three areas for community engagement focused on physical environment development: Collingwood Estate, Chicksand Estate and Sydney Estate. A comprehensive programme of further development sites for improved open spaces is being developed.
Integrate health impact assessment into planning and policy*	Somen Banerjee (HAC) / Owen Whalley (PLACE)	31/03/18	On Track	40%	As part of the wider work overseen by the Tower Hamlets Steering Group, health impact assessments considerations are now factored into planning and policy regeneration work. Health Impact Assessment (HIA) Policy has been included in the Regulation 19 Draft Local Plan which requires development proposals to undertake and submit an HIA alongside their planning application. A report -'Tower Hamlets Local Plan 2031' - was presented to Cabinet on 19th Sept 2017 for approval and as a submission version to the Inspectorate. It is anticipated that the Plan will be adopted in 2018. An SLA has been agreed with Public Health, to support activities to expand the 'food for health' award scheme, targeting businesses. Assessments will be carried out at the end of the year. The expected impact is to encourage food operators to provide a variety of options, including healthier options to local people leading to a greater general health and well being.
Priority Four - Healthy Weight and Nutrition in Children					
Activity	**Board Champions**	**Deadline**	**Status**	**% Comp**	**Comments**
Improve children's weight and nutrition *	**Councillor Amy Whitelock Gibbs, Sam Everington, Debbie Jones**	**31/03/18**	**On Track**	**72%**	**A progress update by the Board Champion Group for the Children: Healthy Weight and Nutrition priority of the Health & Wellbeing Strategy 2017-20 was presented to the HWB on 5th September 2017. This activity is on track. The overall outcome for this activity is to improve the health and nutrition and reduce obesity/overweight in local children.**
Our key deliverables	**Lead Officer**	**Deadline**	**Status**	**% Comp**	**Comments**
Identify and support health representatives on school governing bodies to raise the profile of health issues and improving health of school children at the school governing bodies meetings *	Somen Banerjee (HAC)	31/03/18	On Track	30%	A draft action plan was presented to the Health & Wellbeing Board on 18th April 2017. The next step is to recruit a pool of people with health backgrounds interested in becoming a school governor through local health organisations (e.g. CCG, NHS Trusts, primary care and public health). Also recruit through corporate social responsibility channels and match the 'health representatives' to schools working with LBTH Governors` services.
Provide better information to parents on how schools support health and wellbeing so that parents are better equipped to contribute to improving the health of their child *	Somen Banerjee (HAC)	30/09/17	Completed	100%	This aims to build on existing communications to provide more information to parents e.g. about the schools Healthy School status, provide more comparative health information for Head Teachers and develop a school health report. School health (Compass Wellbeing) have already sent out letters to parents/carers giving the results of from the National Child Measurement Programme (NCMP). The overall outcome of this work is to help parents make informed choices and decisions to improve the health of their children.

Implement the 'Healthy Mile' programme in schools, to tackle obesity in school children to at least 16 schools by March 2018	Somen Banerjee (HAC)	30/09/17	Completed	100%	The 'Healthy Mile' has already been introduced to 10 Tower Hamlets schools so far 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. 20 Schools participating include: Bangabandhu Primary; Blue Gate Fields Juniors; Bygrove Primary; Clara Grant Primary; Columbia Primary; Cyril Jackson Primary; Cubitt Town Juniors; English Martyrs Primary; Halley Primary; Ian Mikardo School; John Scurr Primary; Mowlem Primary; St John's Primary; St Lukes Primary; St Peters London Docks Primary;St Saviours Primary; Stewart Headlam Primary; Thomas Buxton Primary; Wellington Primary; William Davis Primary.a) More schools have shown interest in starting up the Daily Mile this term and meetings have been organised to support the schools. Once confirmed they will be added to the list above. b) Schools receiving grants for Pupil Led Projects around healthy eating/physical activity in 17/18 will also run the Daily Mile in their schools. Numbers to be confirmed mid Oct.c) Schools that are doing the Daily Mile as part of a Healthy Schools London Silver/Gold Award are looking to increase pupils fitness through regular physical activity – the Healthy Lives team conducts fitness tests twice a term with pupils, ideally a minimum of 6 times over a year, to see whether fitness levels have increased. d) In terms of nutrition the Healthy Lives team is supporting schools to run the Lunchtime Experience project, which focusses on trying to ensure that children have as healthy a lunch as possible and encouraging uptake of salad, fruit and vegetables at lunchtime. Training is also provided by the team to school staff around healthy eating and workshop for parents. The Healthy Lives team are also working with Public Health to remove cake from primary school menus and just have the focus on healthy foods. Obesity and overweight is measured for all 10-11 year olds annually and broken by schools
Develop and implement a community engagement and communications strategy around healthy weight and nutrition in children, with particular emphasis on high risk groups *	Somen Banerjee (HAC)	30/09/17	Completed	100%	Consideration is being given to a '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. A Healthy Schools summit is planned for autumn term. The aim is to engage parents and schools around healthy weight management and nutrition, especially targeting high risk groups - these include pupils from the most deprived areas of the borough and groups identified with health inequalities related to ethnic backgrounds.
1.4 People are healthy and independent for longer					
Activity	**Board Champion Group**	**Deadline**	**Status**	**% Comp**	**Comments**
2. Develop an integrated health and social care system*	**Denise Radley, Simon Hall (additional membership to be reviewed)**	**31/03/18**	**On Track**	**50%**	**This work is proceeding well. The council and the CCG have increased the value of resources pooled through the Better Care Fund by over 100% since last year, to cover over £45m of activity, in 2017-18, and will review the suitability of a number of other functions for potential pooling in the course of 2017-18. Together with its healthcare partners, it is planning to streamline the borough's health and social care partnership system to make it more effective. In addition, it is taking steps to create a number of joint senior management posts with the CCG, as an essential first step to integrating further the commissioning functions of the two organisations, prior to the eventual co-location of the council and the CCG on the new Civic Centre Whitechapel site in 2022.**
Our key deliverables		**Deadline**	**Status**	**% Comp**	**Comments**

Develop a plan for a fully integrated system by 2020*	Denise Radley (HAC)	31/03/18	On Track	50%	In 2015, Tower Hamlets was awarded NHS England New Care Model Vanguard status through the Tower Hamlets Integrated Provider Partnership (now Tower Hamlets Together). This has facilitated a wide range of initiatives designed to improve the integration of health and social care services. In particular, the council is currently reviewing its adult social care operational functions, with a view to aligning them more closely to community health services and other NHS provision in the borough, prior to fuller integration. This might involve more joint management arrangements, the co-location of staff and more integrated care pathways. In addition, in its daily work, the council has re-orientated the work of a number of its services, through the resources provided via the Better Care Fund. This includes the deployment of a number of council services to facilitate the earliest practicable discharge of patients from hospital, by ensuring that they are given appropriate support in the community. Examples include placing social work staff in the Royal London Hospital; the opening of the community equipment service on a seven-day basis; a specialist team of social workers which supports people with high levels of health care needs, and the refocussing of the Reablement service on patients suitable for discharge from hospital. This work, together with the development of the borough's partnership system are covered in the Better Care Fund plan for 2017-19, which was submitted to NHS England in September 2017. In the course of 2017, steps will be taken to improve the performance management of the health and social care interface, not least through the development of a joint outcomes framework and performance management system. So, for example, work will be undertaken to ensure that the action plan for the new Carers' Strategy covers all partner organisations, and not just the council. Similarly, other strategies, such as the Ageing Well Strategy and the Autism Strategy, are being driven by multi-agency partnerships to ensure a shared focus and maximum impact.
Develop stronger partnership and planning arrangements, centred on Tower Hamlets Together and the Joint Commissioning Executive*	Denise Radley (HAC)	31/03/18	On Track	50%	The council and its health partners are engaged in a whole system review of partnership arrangements in the borough. Having established a Joint Commissioning Executive with the CCG, in 2016, and participated in Tower Hamlets Together and CCG partnership boards and sub-groups, it is now appropriate to take stock of what has been achieved and identify ways in which partnership bodies can be streamlined and made more effective. It is envisaged that the Health and Well-Being Board will become the overarching body responsible for all health and social care provision in the borough. In addition, Tower Hamlets Together will become the main delivery partnership at the borough level, while the Joint Commissioning Executive will continue to shape the strategic direction of provision. These borough-level developments will take place alongside the development of the East London Health and Care Partnership (Sustainability and Transformation Partnership for East London). Although the final structure of the partnership system has not yet been agreed, there is enthusiasm across all partner organisations to move the borough's health and social care partnerships to a new level. An update will be provided at the Board on the 7th November.

Health and Wellbeing Board Tuesday 7 November 2017	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Health and Wellbeing Strategy - Delivering the Priorities: Healthy Place **Tackling Fast Food: A Wicked Issue**	

Lead Officer	Somen Banerjee, Director of Public Health, LBTH
Contact Officers	Abigail Knight, Associate Director of Public Health, LBTH
Executive Key Decision?	No

Executive Summary

The Food Poverty Action Plan aims to ensure that affordable healthy food is available within walking distance of residents facing or at risk of food poverty - 365 days of the year.

This Plan is the result of a focused piece of work that pulled together policy makers, thought leaders, and over 50 community stakeholders – working at the poverty, health, and community frontlines - into a consultation event, follow up workshops, and follow on conversations.

Consultees strongly identified the key theme of ensuring that food poverty issues are integrated into a broader poverty strategy. Consequently, the Food Poverty Action Plan sits within a broader Poverty Plan currently being developed.

The result is a series of pragmatic actions outlined in 5 workstrands:

- Local Healthy Food
- Buying, cooking, and eating healthy food
- Holiday Hunger
- Food growing
- Generic actions to support the Action Plan

And there are 3 priority actions:

1. Maximise the potential of school catering contractual arrangements to improve child health and educational attainment
2. End the negative impact of school holidays on the most vulnerable families with young children
3. Set up a food supply innovations team that reviews how healthy food is supplied to residents today, and helps shape food supply, cooking and eating habits in the future.

The third priority action will be considered at today's Board.

Public Health commissioned Shift to conduct a Stealthy Food feasibility study. This study considers the opportunities available to the local authority and partners to intervene in the fast food environment to reduce calorie consumption in the local population. The findings and recommendations of this report will inform the work of a proposed food supply innovations team.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Review and comment on the draft food poverty action plan
2. Set a level of ambition for the borough based on the feasibility study

1. REASONS FOR THE DECISIONS

1.1 The report sets out the proposed Food Poverty Action Plan for Tower Hamlets, with a focus on one of three main priorities. The Plan has been developed based on knowledge of the existing work that is already ongoing. The levers to intervene in the fastfood environment are limited, and the Health and Wellbeing Board are asked to consider the level of ambition set in this area.

2. ALTERNATIVE OPTIONS

2.1 The alternative option would be not use the strategic asset of the Health and Wellbeing Board, its members and networks to realise the ambition within the Health and Wellbeing Strategy.

3. DETAILS OF REPORT

3.1 See attached reports

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1. There are no direct financial implications on Council resources as a consequence of the recommendation within this paper. Any costs associated with delivering the action plan will be contained within the public heath budgets.

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. Development of a food poverty action plan falls within the remit of the Board.

5.3. 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. The Food Poverty Action Plan, and its priorities, is specifically targeted at the most deprived groups within the borough, i.e. people with insufficient income to purchase and eat sufficient food, and a lack of access to healthy food.

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

7.1 Sustainability and environmental improvement to the food environment are closely aligned eg increasing access to green space, reducing food waste. The actions within this priority therefore impact on sustainability and health.

8. RISK MANAGEMENT IMPLICATIONS

8.1. Actions proposed will be carried out within existing budgets and no specific risks are identified

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

9.1 Improving the physical environment may have an impact on both health and crime and disorder.

10. EFFICIENCY STATEMENT

10.1 Not applicable

Appendices and Background Documents

Appendices

- Appendix 1 - Draft Food Poverty Action Plan
- Appendix 2 - Stealthy Food feasibility study summary

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

Officer contact details for background documents:

- Abigail Knight, Associate Director of Public Health, LBTH
  Abigail.knight@towerhamlets.gov.uk
  0207 364 7389

TOWER HAMLETS

FOOD POVERTY ACTION PLAN

Consultees strongly identified the key theme of ensuring that food poverty issues are integrated into a broader poverty strategy. Consequently, the Food Poverty Action Plan sits within a broader Poverty Plan currently being developed.

FIVE WORKSTRANDS

1. Local Healthy Food
2. Buying, cooking, and eating healthy food
3. Holiday Hunger
4. Food growing
5. Generic actions to support the Action Plan

1. LOCAL HEALTHY FOOD

Tower Hamlets becomes the place where residents facing or at risk of food poverty have easy and affordable access to healthy food within walking distance of their home (or delivered locally)

1. School catering

Maximise the potential of school catering contractual arrangements to improve child health and educational attainment

MAIN PRIORITY

- Ensure the provision of healthy food at lunchtime in term times that enhances attendance and attainment levels
- Establish a working group of nutritionists, school cooks, teachers, parents and children to ensure the provision of healthy food
- Provide free school lunches for teachers to raise food standards and enhance children's lunch experience
- Continue to discourage the eating of 'packed lunches'
- Amend the structure of the school catering contract delivery by giving schools joint management responsibilities of Lunch Time Supervisors
- Encourage the practice of Assistant Teachers becoming Lunch Time Supervisors
- Expand the provision for vulnerable children and young people by providing breakfast and after school food
- Deploy catering staff to teach food purchasing, preparation, hygiene, and cooking skills to parents and guardians
- Support 'Holiday Hunger' actions to create a sustainable plan to establish a network of community kitchens

2. Food Co-ops

Establish a network of food cooperatives located within walking distance of all residents

- Support the growth of food cooperatives, and provide organisations and individuals with a toolkit of set up guidance
- Support food cooperatives to provide a range of activities including healthy cooking, healthy lifestyle advice and signposting, and delivery of healthy food to the most vulnerable people
- Encourage partnerships between the cooperatives and local suppliers of fruit and vegetables
- Identify disused retail spaces for priority use for food cooperatives

3. Markets

Ensure all six recognised local markets offer affordable fruit and vegetables

- Increase footfall to borough's local markets
- Increase the number of fruit and vegetable traders
- Review the impact of interventions, and implement the most impactful - incentivise fruit and vegetable traders in markets to accept Healthy Start food vouchers, for example
- Encourage Children's Centres to connect local families with affordable healthy food in the community

4. Redistribution of food

Address food waste and help alleviate food poverty by working with supermarkets, convenience stores, and food redistribution organisations to provide affordable healthy food to community groups

- Identify food redistribution organisations and support them to expand their operation within the borough
- Support community groups to access the services of food redistribution organisations
- Work with partners to develop low-cost social supermarkets in areas of highest deprivation
- Work with supermarkets and convenience stores to increase healthy food sales as a percentage of total food sales

5. Communicating

Implement a communications plan to inform residents where they access healthy food

- A campaign to tell residents what's available
- Focus a social marketing approach on residents most likely to use fast food outlets on a regular basis
- Support vulnerable residents to utilise resources such as Healthy Start food vouchers to buy healthy food

6. Future gazing

Ensure that easy and affordable access to fresh food is everybody's business and is future proofed

- Stage an annual conference that encourages collaboration amongst all stakeholders, to provide residents with easy and affordable access to healthy food

Tower Hamlets becomes the place where partnerships with food suppliers produce 'win win' outcomes of sustainable businesses and the provision of healthy food

1. Innovations

Set up a food supply innovations team that reviews how healthy food is supplied to residents today, and helps shape food supply, cooking and eating habits in the future (possibly including)

- Ensure regulatory incentives such as Food Hygiene Rating Schemes become public facing and link with interventions such as Food for Health Awards
- Reviewing and utilising planning regulation
- Make the connection between local food growing and the buying and cooking habits of residents
- Encourage the establishment of small locally grown businesses ('developmental kitchens') to supply fresh food packaged as ready meals -possibly sold in 2 ways - significant margins to high end purchasers and lower cost products to residents facing or at risk of food poverty (A made in Tower Hamlets brand?)
- Popularise to sellers the trading benefits of offering a service that promotes the eating and cooking of fresh fruit and vegetables
- Support sellers of healthy food to inspire residents to buy, eat and cook their produce such as 'Pop up buy and cook shops'
- Identify, train and incentivise a range of existing and new sellers to offer these types of services
- Encourage holistic approaches to food growing sites and food cooperatives, that also promote healthy cooking and eating
- Influence the markets environment by supplying locally grown food
- Identify the 5% of Fast food 'innovator business owners' to set new trends for fast food outlets to provide healthier food and grow their businesses - ensuring a 'win-win' for sellers and buyers
- Keep pace with the growth of online fast food supply and rethink the nature and deployment of traditional regulatory levers

MAIN PRIORITY

2. Food hygeine

Encourage food outlets to participate in the Food Hygiene Rating Scheme

- Ensure that all food outlets are a 3 or above on the Food Hygiene Rating Scheme
- Encourage food outlets to join the Food for Health Awards scheme and be further supported in increasing their Food Hygiene Rating Scheme score to 5

3. Awards

Build on the Food for Health Awards to create a network of quality branded sellers of food who display a quality kitemark

- Utilise the work being undertaken by the GLA to reward healthy food businesses
- Offer a quality kitemark for sellers of food, with criteria that will range from regulatory levers concerning food hygiene, to incentivising and rewarding innovation and enterprise
- Reward kitemark holders with evidence and recommendations on how to provide healthy food and grow their businesses
- Implement a communications plan to empower sellers to publicise the kitemark to residents

2. BUYING, COOKING AND EATING HEALTHY FOOD

Tower Hamlets becomes the place where residents facing or at risk of food poverty can gain skills for buying and cooking healthy food within walking distance of their home

1. Practical skills

Empower residents to gain practical skills of buying and cooking healthy food, food safety, and avoiding food waste (possibly including)

- Create a movement of 'cook and eat champions' that empowers residents to buy healthy food, cook, eat well, and socialise
- Support the evolution of holistic food cooperative models that empower residents to grow, buy, cook, eat well, and socialise
- Encourage the borough's schools to participate in award and accreditation schemes, and celebrate achievements, such as the Healthy Schools London Rating or Food for Life Partnership
- Build on the example of Healthy School Cooking Clubs and explore how cooking skills can become a part of everyday community activities
- Build on and scale current examples of after school food provision in schools (such as the After School Tuck Shop at St Paul's School)
- Ensure links are developed to Children's Centres to emphasise the normalising of food growing from a young age
- Where possible, ensure that healthy growing and eating projects at schools have a year round impact, and are not limited to term times
- Support third sector organisations to offer social prescription opportunities
- Ensure new or refurbished places such as schools, nurseries, community centres and leisure centres have kitchens that enable healthy food to be prepared on site, and to enable cooking skills development, educational activities and celebratory events
- Utilise 'MECC' (Making Every Contact Count) to support front line professional to talk about food poverty, and signpost residents to possible solutions

- Ensure financial capability training sessions reference food budgeting
- Unlock the range of settings where the skills can be taught including universities, colleges who run catering courses, Ideas Stores, and Restaurants
- Build the catering and cooking skills workforce by working with high end restaurants to provide apprenticeship opportunities
- Consider the viability of creating and deploying advice to support the healthy food needs of low paid workers working unsociable hours

2. Celebrating success

- Encourage and support a range of events, and piggy back onto festivals to celebrate the borough's food cultures, innovations, diversity and food entrepreneurs, especially those promoting healthy food values

3. FOOD GROWING

Tower Hamlets becomes the place where residents facing or at risk of food poverty can grow their own food within walking distance of their home

1. Leadership

- Support a lead organisation to ensure food growing becomes part of everyday life in Tower Hamlets

2. Growing spaces

Identify and deploy additional food growing land, by encouraging land holders to free up spaces, and supporting local communities to make food growing part of everyday life

- The Council will proactively identify and deploy permanent and temporary land areas for food growing, including identifying space for food growing activities within the S106 infrastructure delivery framework, and encouraging park land to be designated for community food growing
- Create a food growing 'planning toolkit' for landholders, which describes the benefits of freeing up spaces, the support available, and illustrates potential use of spaces
- Consider incentivising property developers to integrate gardens and community food growing spaces into their plans
- Match any current and newly available food growing space to communities and individuals taking part
- Link with Growing Clubs in schools for community members to work alongside children in term time, and look after growing areas in holidays
- Protect existing food growing spaces as community assets.

3. Growing your own food

Create and implement a toolkit that empowers community groups and individuals to make food growing part of everyday life

- Signpost community groups and individuals to resources, enabling them to maintain and evolve food growing spaces, and provide long term support to sustain and enhance activity
- Provide advice and support regarding construction, equipment, and seeds
- Publicise these opportunities, and showcase the online Capital Growth garden map (showing local gardens and volunteering opportunities), to empower communities and local stakeholders to discover and access food growing opportunities.

4. Green health

Build on 'green health' and social prescription approaches to promote the connection between food growing, being outdoors in a green space, and improved health

- Support stakeholders working at the poverty front line, and in health to understand and advocate for the benefits of food growing to residents and patients
- Support food growing spaces to host those referred by social prescribing at their sites

4. HOLIDAY HUNGER

Tower Hamlets becomes the place where school holidays have a positive impact on the lives of residents facing or at risk of food poverty

1. Healthy holidays

End the negative impact of school holidays on the most vulnerable families with young children

MAIN PRIORITY

- Build on good practice provided by schools and leisure services to make local 'holiday plans' with vulnerable families for the 170 days per year when school is out
- The 'holiday plans' may provide a mix of positive activities for children, including educational support, healthy food provision, and skills development for parents, such as improving healthy cooking skills, and activities for holiday periods
- Identify capital assets that can be used to accommodate holiday plans including the possibility of classrooms, kitchens and play facilities provided by Primary Schools
- Signpost to positive activities taking place in local communities

2. Young people

Make plans to address Holiday Hunger for 11 to 18 year olds and their families

- Collate the experiences and expertise of the council, and stakeholders such as schools, and residents to devise plans for tackling Holiday Hunger in vulnerable families of 11 to 18 year olds, who are currently harder to reach

3. Community kitchens

Establish a network of community kitchens to empower vulnerable families to source, cook, and eat healthy food

- Review existing school catering contractual arrangements, and partner with food waste distribution services

4. Supporting parents/carers

Use Holiday Hunger activities as a touch point to engage vulnerable parents, and provide advice, information and support to help address the impact of poverty

- Use Holiday Hunger interventions to provide a mix of information, Benefit Health Checks, and financial planning advice to vulnerable parents

5. GENERAL

1. Sugar

Tower Hamlets Declaration on Sugar Reduction and Healthier Food

- Ensure that actions supporting the Declaration link with the Food Poverty Action plan

2. Food Poverty Action Plan

Communication and celebration of the Food Poverty Action Plan

- Ensure that the implementation of actions are appropriately communicated to stakeholders and residents
- Celebrate the achievements of the Food Poverty Action Plan

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Not so fast-food

Submitted by Shift to Tower Hamlets, October 2017

Purpose

This paper sets out our latest understanding of the hot, delivered and takeaway food market in Tower Hamlets and the opportunities for improving the healthiness of the meals served in this sector.

Sources

This paper is informed by a body of work undertaken by an alliance of organisations who share a common interest in how to mitigate the risk to health posed by the increased consumption of current takeaway food.

This work comprises the following:

- quantitative surveys of 60 restaurants
- in-depth qualitative interviews with 13 restaurants
- Nutritional profiling 450+ takeaway meals
- Analysis of electronic point of sale data and business costs
- Intercept interviews with 135 customers.

Specifically in Tower Hamlets, the team at Shift have mapped and nutritionally profiled restaurants across the Borough, before working closely with restaurants on Burdett Road to capture sales and cost data, co-design in-restaurant interventions to reduced calorie content of meals and test their impact on sales, customer satisfaction and costs.

Market Context

Cooking is now a hobby for those who wish to invest their time in this way. For the remainder, processed foods, ready meals and increasingly hot, delivered/takeaway food is a continuation of a convenience trend that has dominated most consumer markets for approaching 70-years. These food developments provide a convenient and cost-effective solution to the multiple pressures on individuals' time.

However, the foods available through the local takeaway market remain limited to high sugar, salt and fat meals designed as occasional treats, but which have now become everyday. This highly fragmented market (60,000 independent outlets) has lagged behind developments in the consolidated food retail sector.

Developments in the digital economy are accelerating the growth of hot delivered food in 4-ways:

1. For those under 35, their primary interface with the world is digital and food is as much a natural part of this interaction as any other sector. Food in supermarkets is not the dominant model for these people..
2. The aggregators (Deliveroo, UberEats, Just Eat, Amazon) are providing a convenient solution to access hot food at home without cooking or reheating.

3. These new routes-to-market offer the opportunity for delivery only kitchens (eg. Deliveroo Additions), saving restaurants circa 15% of business costs for retail space, with implications for planning and environmental hygiene (see below).
4. Historically, in the out-of-home sector there has been a simple 1:1 ratio between kitchens and restaurants. Now a single kitchen can present itself to the market as multiple 'restaurants' with no change in physical infrastructure.

Combined, these factors will lead to a rapid expansion of the hot, delivered food sector. This potential can be seen in the £2bn market valuation of Deliveroo at a rights issue 3-weeks ago.

Key Insights

The following represents the key findings and insights from the work to-date:

Restaurants' relationship with health

- Outlets dominant concerns are keeping regular customers (70%-80%) happy (in particular not risking online reviews) and controlling business costs.
- Growing sales, healthily is a positive conversation they are willing to engage in.
- Owners/ operators are risk averse but very quick to copy new innovations in competitors - outlets serving the same type of food.
- A small number of innovators are present who have an externally focused outlook and are willing to try new ideas.

Restaurant finances

- 20% of restaurants operate at the margins of financial sustainability.
- Outlets are part of highly localised micro-economies involving other sectors such graphic design, printing as well as providing employment in their own right.
- Indications are that restaurant sales are heavily reliant on a very small number of meals (Pareto effect), by inference the impact on diet is also mainly driven by these meals.

Nutritional Profile of meals

- In terms of market size Indian, Chinese and Pizza remain the dominant categories with Fried Chicken in a distant 4th place.
- Nutritionally pizza and chicken are more calorie dense than Indian and Chinese food whilst all offer comparable portion sizes.
- Fried chicken is cheaper at £0.27/100cal versus pizza at £0.57/100cal and in terms of absolute price point (£3.00 vs £6.84) making it the most accessible food type for young people
- In terms of caloric density (cal/100g), 100% of the calories in pizza relate to raw ingredients (the supply chain) compared with 60% for chicken with the remaining 40% relating to preparation methods (outlets).
- Increased competition leads to two responses: increased portion sizes to offer better value and the use of cheaper ingredients which tend to have higher fat content and/or absorb more fat during cooking. This creates a double impact on calorific value..

Policy Considerations

It is evident that policy needs to be developed recognising that hot, delivered/ takeaway food will grow ahead of the overall food market as a natural continuation of the trend toward convenience. This is not reversible nor can it be appreciably slowed.

The strategy must address two issues:

- Reduce the calorific value of the fastest selling dishes in the current takeaway estate
- Prefer the growth of healthier new entrants to the hot delivered/takeaway sector.

Consideration should be given to further optimising the 'Healthy Food Award' by:

- focusing on certain food types (childhood obesity = fried chicken and the family purchase of pizzas)
- working closely with the market innovators and using the pre-existing copycat behaviours to spread better practice
- extending the award into the stocking/ pricing policies of local wholesale and cash'n'carry outlets
- rewarding behaviours that impact calorie content of the fastest selling meals
- re-branding the award away from 'health' which is a disincentive to outlets and customers (e.g. a 'Local Legends' award)

In addition, a financial incentive package needs to be developed that prefers new, healthier entrants to the hot delivered/takeaway market, assists them in overcoming the barriers to entry and supports them for a period of time to establish a new food offering. Incubating these start-ups from the community for the community has the potential to localise the economic benefit.

Supplementary planning advice has had positive impacts by not pushing existing restaurants into insolvency, precluding the introduction of more high calorie offerings and not exacerbating the natural competitive response of all outlets (see above). However, it also has the effect of locking-in the existing high calorie restaurants and preventing the development of new healthier entrants. The effectiveness of this policy is time limited as delivery-only kitchens and the use of online routes-to-market will circumvent planning as a market development break.

Summary

A proactive approach to supporting the growth of new healthier entrants to the fast food market, from the community and for the community, will dilute the negative impact of current offerings. It provide a positive incentive to 'grow sales healthily' for the existing estate which can be supported to adapt through a recognition scheme, based on hygiene and health related behaviours, that celebrates their place in the community. This can be replicated in the local supply chain to reduce the financial barriers to implementation.

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Health and Wellbeing Board Tuesday 7 November 2017	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
'Better Health for All Londoners' – Mayor of London's Health Inequalities Strategy consultation	

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

Summary

"Better Health for All Londoners" is a consultation document released in August 2017, designed to feed into the Mayor of London's next Health Inequalities Strategy. It proposes a set of aims and objectives for reducing health inequalities in London, and the Mayor's role in reducing them. The full PDF can be found here: www.london.gov.uk/sites/default/files/draft_health_inequalities_strategy_2017.pdf

The consultation asks what others can do to help achieve these aims, what they need to help them do more, and how we can work in partnership to achieve them. There are 5 Aims outlined by the Mayor of London: Healthy Children, Healthy Minds, Healthy Places, Healthy Communities and Healthy Habits.

We will be providing a Tower Hamlets Health and Wellbeing board response to the consultation. At the meeting, we will present the strategy and hope to receive feedback on what we collectively feel are the key issues that we would like to feed into the consultation response.

The deadline for our response is 30th November 2017.
Feedback can be submitted to Ahimza.thirunavukarasu@towerhamlets.gov.uk or www.surveymonkey.com/r/towerhamletshis

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Highlight the objectives of the consultation that Tower Hamlets is in support of and how we can support the Mayor implement it;
2. Suggest areas we feel the Mayor's strategy needs to do more on in order to reduce health inequalities;
3. Highlight local priorities for Tower Hamlets that we feel are currently missing from the strategy;
4. Suggest areas the Mayor might help make more coordinated across London; and
5. Suggest what our measures of success might be for each Aim.

1. REASONS FOR THE DECISIONS

1.1 The Mayor of London has released the Health Inequalities strategy for consultation. Engaging with this process and providing a response will help enable pan-London collaboration and reinforce the need for health to be prioritised at the GLA.

2. ALTERNATIVE OPTIONS

2.1 Not responding to the Mayor of London's Health Inequalities strategy

3. DETAILS OF REPORT

Below are the 5 aims for reducing health inequalities set out by the Mayor of London.

AIM 1: HEALTHY CHILDREN

Objective 1.1: London's babies have the best start to their life

- Supporting new parents with parenting, possibly social prescribing
- Using data from the Child Health Digital Hub
- Promoting breastfeeding in the workplace
- Flexible workplaces – entrenched in the London Healthy Workplaces Charter

Objective 1.2: Early years settings and schools support children and young people's health and wellbeing

- Healthy Years Awards programme – for any childcare settings registered with the Department of Education
- Twin this with Healthy Schools programme
- Safe routes to school for walking and cycling

AIM 2: HEALTHY MINDS

Objective 2.1: Mental health becomes everybody's business across London. Londoners act to maintain good mental health of themselves, their families, friends, neighbours and colleagues.

- Championing the Thrive LDN programme
- Reduce mental health inequalities by supporting programmes across all communities

Objective 2.2: There is parity of esteem between mental and physical health

- Reduce the inequalities in physical health experienced by those with mental health problems; and improve services for mental health itself
- Embed into all programmes, e.g. Healthy Schools

Objective 2.3: London's diverse populations no longer experience stigma associated with mental ill-health, and levels of general awareness about mental health increase

- Reduce stigma
- Reduce discrimination of groups like: LGBT, BAME and those with disabilities
- Use social marketing and sign the Time to Change pledge

Objective 2.4: London's employees are mentally healthy

- Improve entry into employment of those with mental health problems by championing schemes that do this effectively
- Training employees to recognise mental health issues, support each other
- Mental health first aid training supported by employers
- Support employers to encourage good mental health through the Healthy Workplace Charter

Objective 2.5: Londoners feel able to talk about suicide and can find out where they can get help

- Aim to reduce the number of suicides by 10%
- Work with Thrive LDN and other organisations to enable Londoners to talk about how they feel and seek help
- Need to establish good data

AIM 3: HEALTHY PLACES

Objective 3.1: London's air quality improves

- Reduce exposure to harmful pollution – especially at priority areas like schools – and tackle health inequality
- Achieve legal compliance with EU and UK limits for all air pollutants
- Transition to a zero-emission London by 2050

Objective 3.2: Health inequalities are reduced through planning and making our streets healthier

- Make walking, cycling and public transport the most attractive transport options – so Londoners spend 20 minutes doing active travel
- Embed the Healthy streets approach into the London Plan, which must be considered when planning development in any areas of London
- Higher density development in areas with better transport links

Objective 3.3: London is a greener city where all Londoners have access to good quality green space

- Protect current green spaces
- Support the creation of new green infrastructure that minimises inequalities in physical and mental health

Objective 3.4: The negative impact of poverty and income inequality on health is addressed

- Encourage uptake of the London Living Wage by employers
- Reduce fuel poverty
- Improve energy efficiency of new homes

Objective 3.5: London's workplaces support more Londoners into healthy, well paid and secure jobs

- Encourage uptake of the London Living Wage by employers
- Encourage employers to sign up to the Healthy Workplace Charter – especially those in sectors that are usually low paid
- Use the devolved Work and Health programme to help the long-term unemployed, including those with health problems or disabilities, back to work

Objective 3.6: Housing quality and affordability improves

- Reduce overcrowding
- Improve stock of affordable housing
- Improve accessible housing options for those with disabilities or needs
- Improve quality assurance in private rent sector – like licensing

Objective 3.7: Homelessness and rough sleeping in London is tackled

- Make available accommodation for those that are homeless – either through Affordable homes programme or private renting
- Improve routes off the streets for rough sleepers

AIM 4: HEALTHY COMMUNITIES

Objective 4.1: It is easy for all Londoners to participate in community life.

- Improve community volunteering opportunities, remove barriers for people to get involved – sport, culture, local involvement in planning and healthcare
- Entwine social integration into planning

Objective 4.2: All Londoners have necessary skills, knowledge and confidence to understand how to improve their health

- Prevent the digital divide reducing the access to health information for people
- Use existing infrastructure to disseminate health information and support one another

Objective 4.3: Health is improved through a community and place based approach

- Protect current green spaces
- Community led initiatives for health programmes and development projects

Objective 4.4: Social prescribing becomes a routine part of community support across London

- Support health practitioners to use social prescribing in response to social problems that community members face
- LA to consider Social value act 2012 – consider economic, social and environmental wellbeing in work
- Use local facilities in more joined up ways – premises with multi-purpose use

Objective 4.5: People and communities are supported to prevent HIV and reduce the stigma surrounding it

- Reduce stigma related to HIV
- Improve early diagnosis and prevention of HIV – support Do It London campaign
- Consider London joining the Fast Track Cities approach – international UNAIDs

Objective 4.6: There is a reduction in TB cases among London's most vulnerable people

- Work on those with social risk factors for TB
- Support the London TB Control board

Objective 4.7: London's communities feel safe and are united against hatred in whatever form it takes

- Improve safety on streets
- Work with community police
- Reduce hate crime

AIM 5: HEALTHY HABITS

Objective 5.1: Childhood obesity falls and there is a reduction in the gap between the boroughs with the highest and lowest rates of child obesity

- Take a systems approach to tackling childhood obesity – alongside the Mayor's upcoming Food strategy 2018
- Reduce food bank use
- Improve environment for active play/travel in Healthy Streets approach
- Introduce policy in London plan to limit new takeaways around schools
- Support the tackling of childhood obesity through Healthy Schools programme

Objective 5.2: Smoking, alcohol and substance misuse are reduced among all Londoners, especially young people

- Reduce smoking rates, particularly in areas of deprivation
- Reduce uptake of smoking in children
- Reduce alcohol misuse and rates of alcohol related harm
- Cooperation between LA, health agencies and law enforcement to reduce harms
- Use of Healthy workplace charter to improve cessation of smoking/alcohol
- Improve the night-time economy variation

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 This is a consultation document that is intended to feed into the Mayor of London's next Health Inequalities Strategy. The cost of this consultation is being met from existing resources. The outcome of the consultation may potentially lead to strategies that require additional funding however at this stage it is too early in the process to establish whether this may be the case.

5. LEGAL COMMENTS

5.1 Under the Health and Social Care Act 2012 ['the 2012 Act'] local authorities have, since 01.04.2013, been under a duty to take such steps as they consider appropriate for improving the health of the people in their areas. Local authorities also inherited responsibility for a range of public health services previously provided by the NHS including most sexual health services and services to address drug or alcohol misuse.

5.2 The *Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* (SI 2013/351) makes provision for local authorities to steps to be taken by local authorities in exercising their public health functions. Relevant to this report is the requirement, under regulation 7, for local authorities to provide or make arrangements to secure the provision of a public health advice service, in relation to their powers and duties to commission health services, to any Clinical Commissioning Groups (CCGs) in their area. This includes providing advice to CCGs on how to meet the duties to reduce health inequalities.

5.3 The consultation paper sets out ambitions that the Mayor wishes to prioritise and his strategy for supporting local authorities and their health partners to effect the necessary changes. He has also requested feedback on what support partners may need to achieve the ambitions. Whilst there is no

obligation on the Local Authority or Health and Wellbeing Board to respond to the consultation, doing so would be compliant with the requirement under s.195 of the 2012 Act which 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.

5.4 The consultation paper also offers any opportunity to help shape a London wide response, but tailored to the needs of residents in Tower Hamlets. Consideration may also be given to whether the Local Authority could utilise current powers to help achieve some of the ambitions. For example, the National Institute for Clinical Excellence has published guidance to local authorities detailing how implementing 'no idle zones' in and around schools may improve air pollution (see: http://indepth.nice.org.uk/no-idle-zones-can-help-protect-vulnerable-people-from-air-pollution-says-nice/index.html). If these were implemented and enforced around schools in borough it may also have a positive impact on obesity levels as it would prevent ice-cream vans etc from operating. This could be considered in combination with licencing changes designed to reduce the number of take away food retail outlets in those areas.

5.5 When considering the recommendation above, and when finalising the consultation responses, 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 characteristics.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 Responding to this strategy would contribute towards addressing health inequalities in Tower Hamlets. Health and Wellbeing board response will enable this to ensure that the wider determinants of health are considered altogether.

7. BEST VALUE (BV) IMPLICATIONS

7.1 There are no specific best value implications, because this is a response to the Mayor's consultation on health inequalities.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 The London mayor has a key role in sustainable planning through his influence on Planning and Environment in London. In his strategy, the London Mayor has included Healthy places as a key feature, which means that we will

be able to comment on and influence action on creating and maintaining a green environment.

9. RISK MANAGEMENT IMPLICATIONS

9.1 There are no specific risk management implications because this is a response to a consultation.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 The London Mayor has made one of the strategy objectives about making London a safer place to live (objective 4.7). He also mentions the importance of reducing the harms of alcohol and substance misuse, and increasing variation of the night-time economy (objective 5.2). His overall Aim 4 of Healthy Communities also supports improving safety in London. Therefore, in discussing this consultation document and feeding back, we may be able to influence a reduction in crime and disorder.

Linked Reports, Appendices and Background Documents

Linked Report

- HAC Directorate meeting: 'Better Health for All Londoners'
- Childrens Directorate meeting: 'Better Health for All Londoners'
- Places Directorate meeting: 'Better Health for All Londoners'

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:

- Somen Banerjee, Director of Public Health, LBTH: somen.banerjee@towerhamlets.gov.uk

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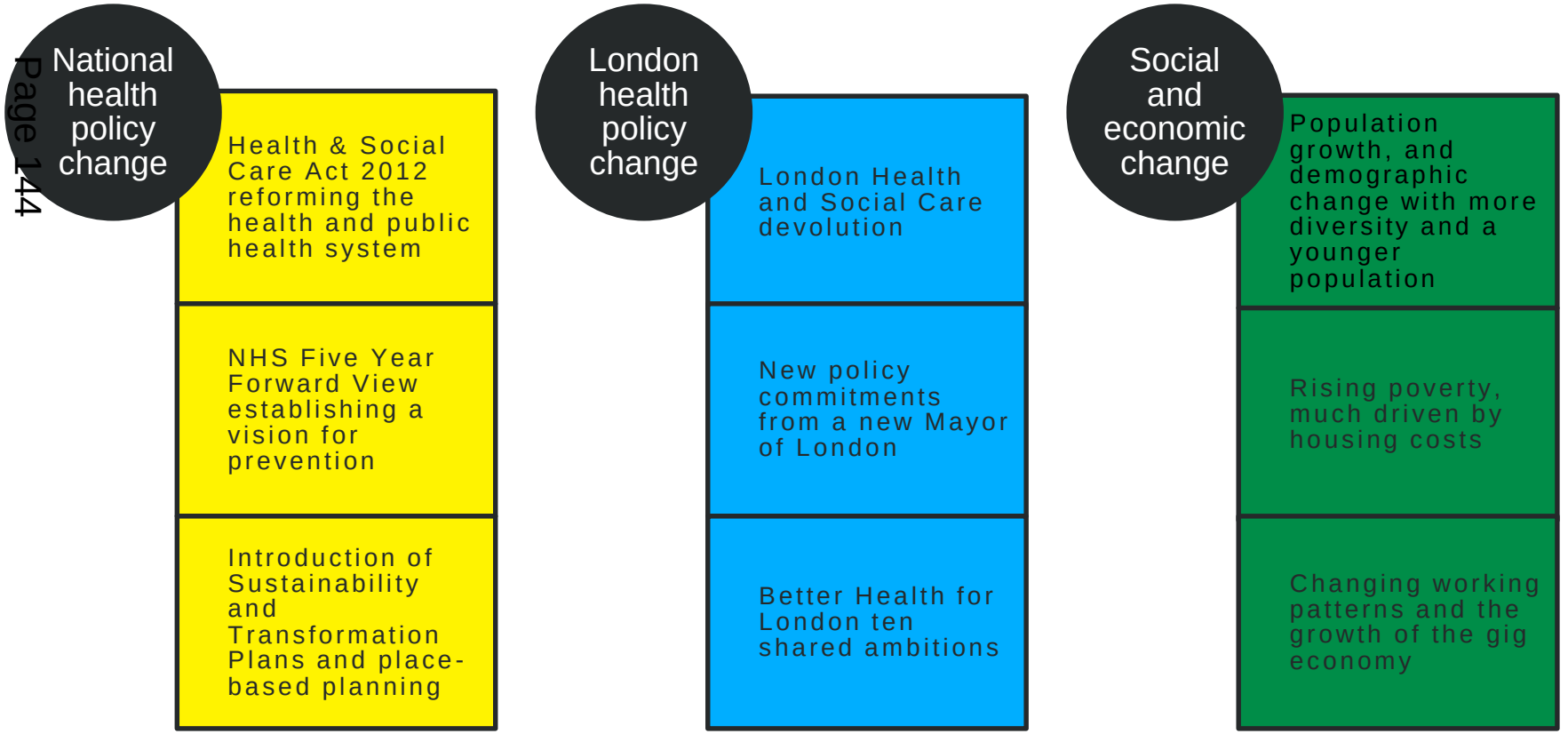
MAYOR OF LONDON

Developing the London Health Inequalities Strategy

August 2017

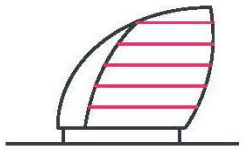
Why do we need a new health inequalities strategy?



What is the Mayor's role in health inequalities?

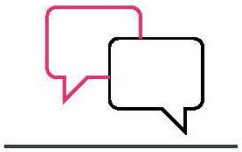
ENSURING ALL THE MAYOR'S WORK CONTRIBUTES

- Environment
- Planning
- Housing
- Transport
- Economic development
- Culture
- Policing



CHAMPIONING WORK FROM ACROSS LONDON

- Speaking out about health inequalities
- Challenging and championing the health sector to reduce inequalities
- Generating consensus from others as chair of the London Health Board

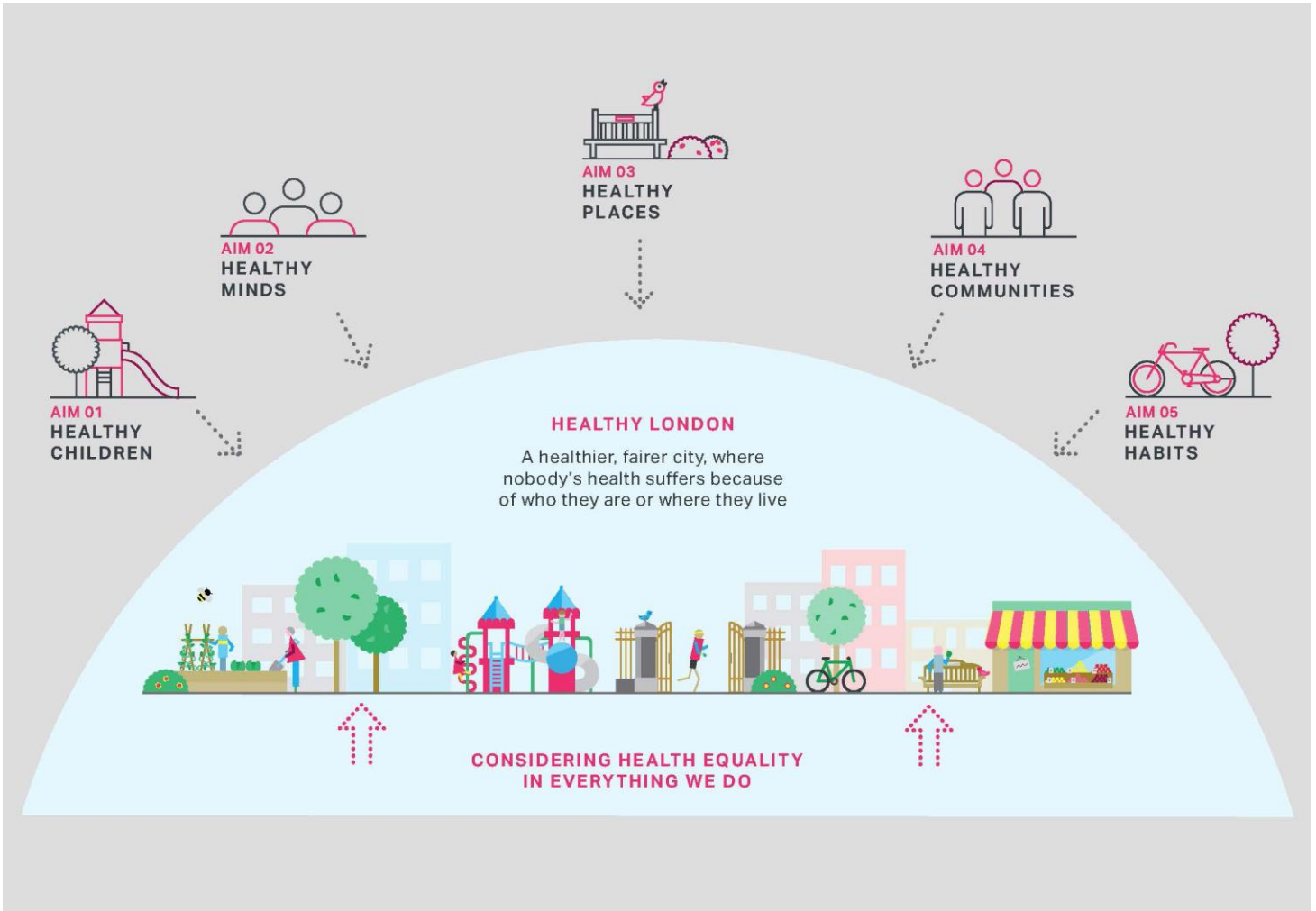


DIRECTING SUPPORT FROM CITY HALL

- Delivering City Hall's health programmes
- Consulting and engaging Londoners
- Reporting on actions and outcomes

NOT: setting health policy or commissioning health or public health services

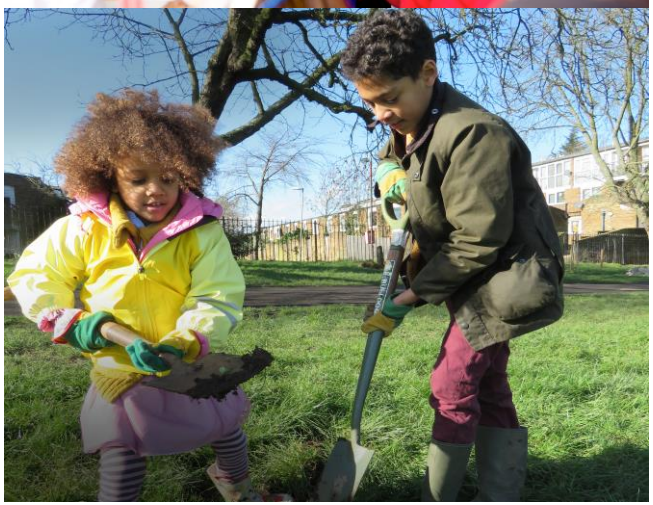
London Health Inequalities Strategy DRAFT aims



AIM 1, healthy children: every London child has a healthy start in life

Draft objectives:

- London's babies have the best start to their life.
- Early years settings and schools support children and young people's health and wellbeing.



Key Mayoral ambition

- Launching a new health programme to support London's early years settings, ensuring London's children have healthy places in which to learn, play and develop.

AIM 2, healthy minds: all Londoners share in a city with the best mental health in the world

Draft objectives:

- Mental health becomes everybody's business across London.
- The stigma associated with mental ill-health is reduced, and awareness and understanding about mental health increases.
- London's workplaces are mentally healthy.
- Londoners can talk about suicide and find out where they can get help.

Key Mayoral ambition

- To inspire more Londoners to have mental health first aid training, and more London employers to support it.

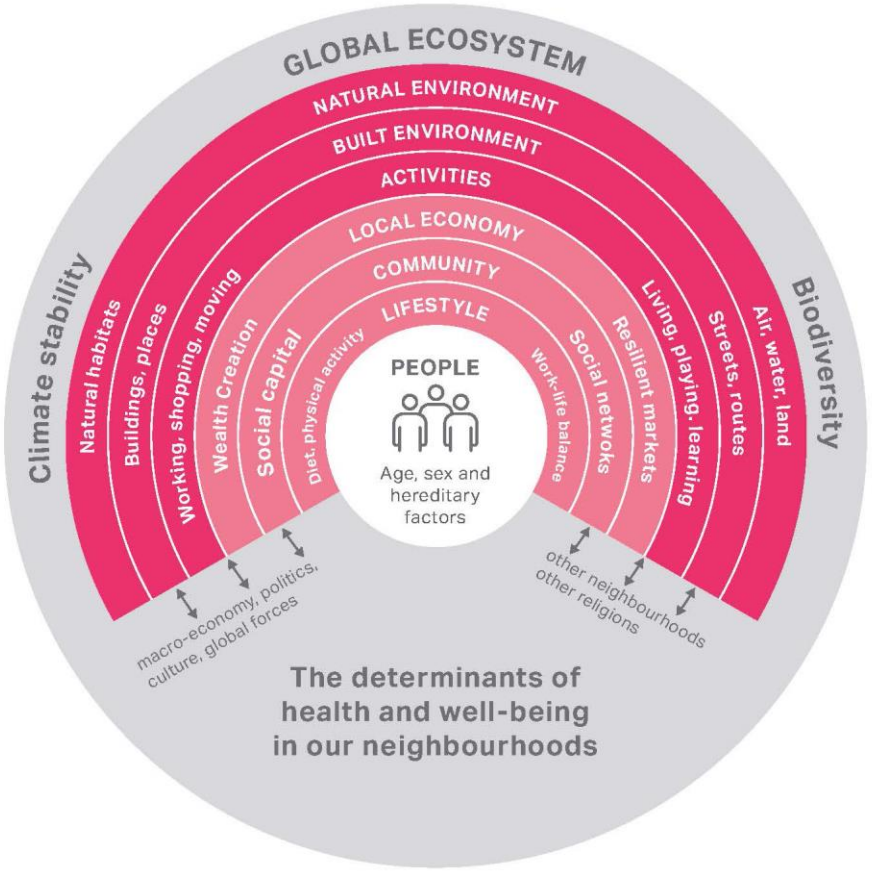
AIM 3, healthy place: all Londoners benefit from a society, environment and economy that promotes good mental and physical health

Draft objectives

- Improve London's air quality
- Promote good planning and healthier streets
- Improve access to green space and make London greener
- Address poverty & income inequality
- More Londoners supported into healthy, well paid and secure jobs
- Housing quality & affordability improves
- Homelessness and rough sleeping is addressed

Key Mayoral ambition

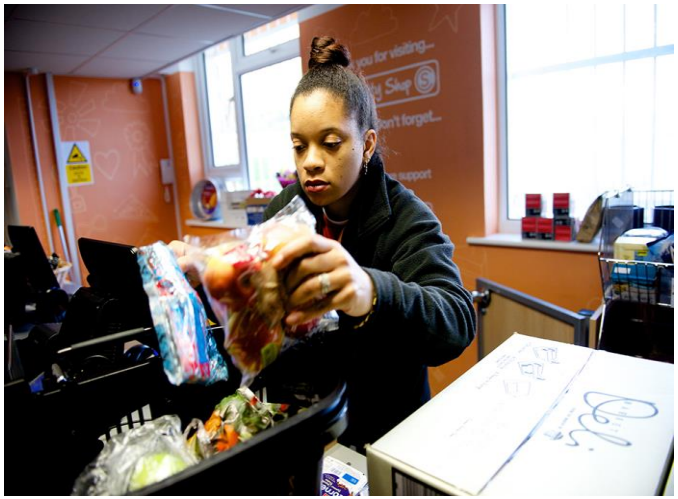
- To work towards London having the best air quality of any major global city



AIM 4, healthy communities: London's diverse communities are healthy and thriving

Draft objectives:

- It is easy for all Londoners to participate in community life
- All Londoners have skills, knowledge and confidence to improve health
- Health is improved through a community and place-based approach
- Social prescribing becomes a routine part of community support across London
- Individuals and communities supported to prevent HIV and reduce the stigma surrounding it
- TB cases among London's most vulnerable people are reduced
- London's communities feel safe and are united against hatred.



Key Mayoral ambition

- To support the most disadvantaged Londoners to benefit from social prescribing to improve their health and wellbeing

AIM 5, healthy habits: the healthy choice is the easy choice for all Londoners

Draft objectives:

- Childhood obesity falls and the gap between the boroughs with the highest and lowest rates of child obesity reduces
- Smoking, alcohol and substance misuse are reduced among all Londoners, especially young people

Key Mayoral ambition

- To work with partners towards a reduction in childhood obesity rates.

MAYOR OF LONDON

Reducing Health Inequalities in London needs a partnership effort

Therefore

- We have planned multiple & cross cutting discussions to take place across the London system during Sept - Nov to stimulate system commitment to action
- We want to work with partners to co-produce and work collectively with business, public sector and civil society partners to work on ideas/proposals to implement in the short to medium-term
- We are collectively developing a set of indicators that will help us measure our impact
- We want to stimulate action (pledges) and propose to capture these on a London pledge board available in late Autumn
- Our activity and progress will be steered by the revised London Prevention Board with its broad membership stimulating city-wide action
- We have a vision to add & grow city-wide commitment to reducing health inequalities & celebrate success throughout 2018 & beyond

How to get involved?

To find out about or respond to the consultation online go to: https://www.london.gov.uk/health-strategy
If you're an individual, you can also respond via Talk London and a YouGov public poll: https://www.london.gov.uk/talk-london/healthstrategy
To attend a meeting, email: healthinequalities@london.gov.uk and mark your email '**Meetings'**.
We will be offering some Drop-In sessions. To be confirmed by end of Aug and will be published on GLA website

Consultation Questions

- Are the ambitions right?
- Is there more that the Mayor can do to reduce health inequalities in London?
- What can we do together that would reduce health inequalities in London?
- What support would you need to do this?

23rd Aug 2017
- Consultation launched

Sept 2017
- System pledge online portal live

30th Nov 2017
- Consultation closes

May 2018
- Final strategy available

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Health and Wellbeing Board Tuesday 7November 2017	Tower Hamlets Health and Wellbeing Board
Tower Hamlets Strategic Partnership	**Classification:** Unrestricted
Community Plan refresh 2018	

Lead Officer	Will Tuckley, Chief Executive, LBTH
Contact Officers	Shahanaz Begum, Senior Strategy, Policy and Performance Officer, LBTH
Executive Key Decision?	No

Summary

The Council and its partners have undergone significant changes in the way that they work and the context in which they work in, including a shifting political context both locally and nationally, reduced resources and a number of local challenges.

The Tower Hamlets Partnership has therefore recently re-established itself, and begun work on a refreshed Community Plan for 2018. The presentation, to be brought to the Tower Hamlets Health and Wellbeing Board, will set out the current picture and the proposed plan to develop the Tower Hamlets Community Plan 2018.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Comment on the proposed approach and emerging picture as set out in the presentation;
2. Explore how the emerging picture fits in with local challenges and priorities around health and wellbeing.

1. REASONS FOR THE DECISIONS

1.1 N/A

2. ALTERNATIVE OPTIONS

2.1 N/A

3. DETAILS OF REPORT

3.1 The Tower Hamlets Partnership was re-established at the beginning of 2017 to explore how partners can deal with local challenges more collaboratively, and work more effectively together on common areas of concern.

3.2 Building on this, the Partnership has initiated a refresh of the Community Plan for 2018. This work has been progressing over the last several months, primarily through the development of an evidence base. This has consisted of community engagement activities, a 'State of the Borough' analysis and an analysis of public sector spend within Tower Hamlets.

3.3 To progress this work further, we are in the process of consulting internally and with key stakeholders and partners to feed into the process and ensure that the right information from across the work of the Partnership is captured, in order to maintain as much accuracy and collaborative working as possible.

3.4 Through the presentation, to be brought to this Board, the HWBB will be asked to consider the emerging picture so far, comment on it and how it may link in with its priorities and key issues, as well as feeding in their thoughts on any gaps relating to health and wellbeing.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 This report relates to the re-establishment of the Tower Hamlets Strategic Partnership, to look at how partners can work more collaboratively and effectively to deal with local challenges and concerns with the primary aim of producing a community plan 2018.

4.2 Feasibility exercises and consultations are currently taking place so at this stage any potential financial implications or considerations for the Local Authority are unclear. Any funding or resource implications will need to be properly considered in light of the Council's Medium Term Financial Strategy as part of the refresh of the community plan.

5. LEGAL COMMENTS

5.1. The Deregulation Act 2015 has amended the Local Government Act 2000 to remove the requirement for local authorities to have sustainable community strategies. This follows upon the changes made by the Localism Act 2011,

which removed the well-being power (i.e. the power to promote or improve the economic, social and environmental well-being of Tower Hamlets) and replaced it with a general power of competence. The Council can still have a Community Plan, but the statutory basis must lie in securing the effective delivery of the Council's statutory functions.

5.2. The Council is a best value authority within the meaning of section 1 of the Local Government Act 1999. Pursuant to section 3 of the Local Government Act 1999 the Council is required 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. The development of a plan in conjunction with the Council's partners to secure effective delivery of the Council's functions may be considered consistent with this duty. The duty is ongoing, however, and implementation of the various high level objectives will also need to comply with the duty.

5.3. When preparing and adopting the Community Plan, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not (the public sector equality duty). A proportionate level of equality analysis is required in order to discharge the duty.

5.4. The Council is required to consult for the purposes of deciding how to fulfil its best value duty. Any consultation carried out for the purposes of preparing the Community Plan or assessing its impacts 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.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 The Community Plan 2018 refresh will take account of the Partnership's core commitment to equality, cohesion and community leadership.

7. BEST VALUE (BV) IMPLICATIONS

7.1 The approach to the refresh of the Community Plan will be in recognition of the context of reduced resources in which all partners are working. The aim will be to develop innovative and collaborative solutions to key areas of concern and priority issues across the borough, which all partners are involved in.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 The Community Plan refresh 2018 will endeavour to prioritise actions that work towards a greener environment as much as is reasonably practicable.

9. RISK MANAGEMENT IMPLICATIONS

9.1 A broad level of consultation needs to take place before a draft plan is produced at the beginning of 2018, but we are working with partners to ensure that this takes place as thoroughly as possible, within the given timescales.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 The Community Plan refresh will aim to work towards producing actions that continue to reduce crime and disorder within Tower Hamlets.

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

- NONE

Officer contact details for documents:

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