

Tower Hamlets Health and Wellbeing Board

Agenda

Tuesday, 16 April 2024 at 5.00 p.m.
Council Chamber - Town Hall, Whitechapel

Members:

Chair: Councillor Gulam Kibria Choudhury

Councillor Kabir Ahmed, Cabinet Member for Housing Management and Performance
Councillor Saied Ahmed, Cabinet Member for Resources
Councillor Maium Talukdar, Cabinet Member for Education & Childrens Services
Dr Somen Banerjee, Director of Public Health, LBTH
Denise Radley, Corporate Director, Health & Adult Social Care & Deputy Chief Executive
Steve Reddy, Corporate Director of Children Services
Matthew Adrien, Service Director at Healthwatch Tower Hamlets

Stakeholders (non-voting)

Dr Ian Basnett (Public Health Director, Barts Health NHS Trust), Councillor Ahmodur Khan (Chair of the Health Scrutiny Sub-Committee), Councillor Amy Lee (Non-Executive Largest Opposition Group Councillor), Amy Gibbs (Chair of Tower Hamlets Together), Vicky Scott (Chief Executive Officer THCVS), Charlotte Pomery (Representative from North-East London NHS Integrated Care Board) and Kosru Uddin (Tower Hamlets Housing Forum)

Substitutes: Councillor Suluk Ahmed, Councillor Iqbal Hossain and Councillor Mohammad Chowdhury

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

Joel West, Democratic Services Officer (Committee),
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Town Hall, 160 Whitechapel Road, London, E1 1BJ





TOWER HAMLETS

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Public Information

Questions

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A Guide to the Health and Wellbeing Board

The Health and Social Care Act 2012 created a statutory Health and Wellbeing Board (HWBB) in every Upper-Tier Local Authority in England, effective from April 2013. The HWBB is a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government.

The intention of the HWBB is to steer, advise and lead approaches that improve the health and wellbeing of the population of Tower Hamlets. It will seek to do this by encouraging joint work across different services and organisations in the Borough, and by promoting greater integration of health and social care system, as well as services that can help to address the wider determinants of health. In addition, the Board provides democratic oversight and accountability of the local Health & Care Partnership and Tower Hamlets Together (THT).

The HWBB sets out its plans for improving the health of local population through a statutory Health & Wellbeing Strategy. In the current strategy (2021-2025), the HWBB sets out its key improvement principles for the local system as well as its ambitions for local residents

The quorum of the Board in the Terms of Reference is a quarter of the membership.

Public Engagement

Meetings of the committee are open to the public to attend, and a timetable for meeting dates and deadlines can be found on the council's website.



London Borough of Tower Hamlets

Tower Hamlets Health and Wellbeing Board

Tuesday, 16 April 2024

5.00 p.m.

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

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

1.2 Minutes of the Previous Meeting and Matters Arising (Pages 7 - 12)

To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on 6 February 2024. Also to consider matters arising.

1.3 Declarations of Disclosable Pecuniary Interests (Pages 13 - 16)

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

ITEMS FOR CONSIDERATION

1.4 Draft Special Educational Needs Disabilities & Inclusion Strategy: 2024 - 2029 (Pages 17 - 54)

1.5 Covid Booster update (Pages 55 - 58)

1.6 Health and Wellbeing Story - Just Say Hello (Pages 59 - 64)

1.7 Be Well Report (Pages 65 - 80)

1.8 PEG Mental Health Prevention Concordat next steps (Pages 81 - 106)

2. ANY OTHER BUSINESS

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



Next Meeting of the Tower Hamlets Health and Wellbeing Board

Monday, 20 May 2024 at 5.00 p.m. to be held in Council Chamber - Town Hall,
Whitechapel



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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.05 P.M. ON TUESDAY, 6 FEBRUARY 2024

COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL

Members Present:

Councillor Gulam Kibria Choudhury
(Chair)

Dr Somen Banerjee (Member)

Councillor Ahmodur Khan (Stakeholder)

Councillor Amy Lee (Stakeholder)

Warwick Tomsett (Stakeholder)

– (Director of Public Health)

– Scrutiny Lead for Adults and Health
Services

– Joint Director, Integrated
Commissioning

Apologies:

Denise Radley

– (Corporate Director, Health & Adult
Social Care & Deputy Chief
Executive)

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

Apologies were received from Denise Radley and Councillor Abdul Wahid.

1.2 Minutes of the Previous Meeting and Matters Arising

The minutes of the previous meeting were agreed and there were no matters arising.

1.3 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

2. HEALTH PROMOTING LEISURE SERVICES - TO FOLLOW

Amy Amandeep and Simon Jones provided the Board with a brief presentation on the Health Promoting Leisure Services. Amy explained that from the 1st May 2024 the Leisure centres in Tower Hamlets were being brought back in house by the council. This insourcing project provided a huge opportunity to come together as a system to implement activities that will support health and wellbeing and address inequalities. This required strong relationships and integration between leisure and health and social care partners. Developing a theory of change was a first step towards this

integrated approach, helping to provide a joined-up strategic vision on how the new leisure service will deliver health and wellbeing outcomes.

Further to questions, the Board made the following observations:

- It was important to establish the pathways from clinical services into leisure services.
- It was important with the new brand that the service was future proof as possible.
- It was important to have the joined up strategic vision about how the new leisure will deliver health and well being outcomes, and who will be prioritised with the new offer.
- It was important to emphasise more commissioning targeted offer. The groups of people who face physical challenges and additional barriers.
- It was key to further strengthening pathways between primary and secondary care into physical activity intervention.

RESOLVED that:

1. The Board noted the presentation and supported the delivery of theory of change.

3. NORTH-EAST LONDON JOINT FORWARD PLAN

Warwick Tomsett, Joint Director Integrated Commissioning, provided the Board a brief presentation on the NEL Joint Forward Plan (NEL JFP) 2024-2025 refresh draft document, at, follows on from the first JFP 23/24 submitted in June 2023. The expectation is that our system's five-year plan is refreshed yearly and submitted to NHSE by the end of March each year. It will therefore continue to describe how we will, as a system, deliver our Integrated Care Partnership Strategy as well as core NHS services.

- Further to questions from Board members, Warren and Ann Corbett (Director of Community Safety) explained
- That there was a need to incorporate the feedback from the big conversation which was one of the biggest engagements that was taking place across North East London, which saw local residents input to the plan.
- This has been a two way process about what needs to be set across North East London and how does the work that's happening in boroughs need to be reflected in a North East London plan as well. Tower Hamlets priorities are reflected in here and the priorities of NHS NE London are reflected in the THT plan and some of the additional changes that have been made to this plan since the last time the board convened which saw the description around health inequalities that are in the plan and the demands and challenges.

Further to questions, the Board made the following observations:

- workforce strategy that has been brought coaching co created across northeast London with partners to the ICB Board this this month for sign off.to give opportunities to the population.
- Tower Hamlets has taken this to a work force group making sure local agencies are represented, looking at path work pathways into domiciliary care.
- Right care right person models the mental health waits in any were increasing and this was across the board, it was noted that there was more work that needed to be done on this aspect.
- Work was being done together on areas such as improving productivity, making sure that prevention and early intervention spaces were delivered.
- The Board were keen to implement Future care and health and care models and to make sure it is in bedded in that evidence-based approach smoking cessation was an area for that.

RESOLVED that the Board noted the presentation and approved the final submission to the NHSE in March 2024.

4. TOWER HAMLETS TOGETHER PRIORITIES

Amy Whitelock, and Warwick Tomsett, Director of Integrated Commissioning provided the Board with a brief presentation on the Tower Hamlets Together Priorities. Amy explained that there were certain areas which were a working progress and that they had been working on for some years as a partnership, but they were very much developed with those outcomes It was highlighted that the outcomes came from residents as well as frontline and operational delivery staff in mind.

It was important to highlight the localities and neighbourhoods work, which was really crucial to how the services were delivered as joined up and as close to people and where they lived, and how they access services most easily, closer to their home as possible. It was crucial for delivering on the kind of health inequalities agenda and also the issues around of anti-racism and equality that needed to be highlighted much more.

Having a core priority was important for the board and the partnership and each of the seven priorities as a board member kind of leading the work stream and which is supported by clinical leadership., with good joint leadership across management and lay representation and clinical inputs and sort of sitting across these is the coproduction work that were still committed to and this was led by Muna Hassan, Tower Hamlets community voice lead.

Further to questions, the Board made the following observations:

- It was important to note the rapid process of hospital discharge, and that the term bed blocking was a negative one, which was broadly used the board should be encouraged to stop using this.
- It would be beneficial to include co production plan.
- The first priority which was the access to primary urgent care, and the third one on the list around our localities and the neighbourhood's model, both are places where the access to primary care was part of that priority there was a huge amount of work happening on this.
- There was new development in which pharmacists where they will be able to deliver some of the things that GP's will be able to currently deliver these priorities and should be included in this Board.

RESOLVED that:

2. The Board noted the presentation.

5. PARTNERSHIP EXECUTIVE GROUP PLAN

Kirsty Roberts Corporate Strategy and Lead, introduced and presented the board on the Partnership Executive Group Plan, the plan was agreed by cabinet a November it has been Co produced with the partnership and were in a review period trying to work out how to set ourselves up to an ambitious partnership plan.

The board today was asked to call to action and how the board felt the work plan and priorities are aligned to the course to action and the partnership plan. The feedback in the partnership plan showed great strengths, particularly in the statutory boards and real confidence from across the partnership in the relationships and trust built again, particularly for those thematic partnerships and the statutory boards.

Further to questions from the Board, Kirsty:

- Explained the A new shared vision: Residents and partners working together to improve quality of life, advance equality, opportunity and empowered communities.
- Shared outcomes including to address inequalities, improve neighbourhoods and tackle climate change
- Each call to action can add value to current work and prepare us for the challenges and opportunities of the future
- Commented on the statistical relevancy of the respondent sample of 1,000 responses. She stressed that, whilst the sample was relevant, the feedback formed part of an ongoing, not a one-off, conversation. She expressed hope the work would develop and future feedback would supplement those received to date.

Further to questions, the Board made the following observations:

- The Board noted Tower Hamlets together and were keen to know the percentage of Council officers and other organisations, were present on the board.
- The Board felt that there was some level of duplication taken place between the health and well-being board and Tower Hamlets Together
- There has been a suggestion to have some form of resident champion voice on PEG and on some of the other partnership boards.

RESOLVED that:

1. The Board noted the presentation and the group plan.

6. ANY OTHER BUSINESS

There was no other business.

The meeting ended at 6.35 p.m.

Chair, Councillor Gulam Kibria Choudhury
Tower Hamlets Health and Wellbeing Board

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DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

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

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

Interests and Disclosable Pecuniary Interests (DPIs)

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

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

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

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

Effect of a Disclosable Pecuniary Interest on participation at meetings

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

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

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

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

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

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

Further advice

For further advice please contact:-


Asmat Hussain, Corporate Director, Governance & Monitoring Officer,
Telephone Number: 020 7364 4800

APPENDIX A: Definition of a Disclosable Pecuniary Interest

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

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

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<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>16th April 2024</p>	
<p>Report of: Steve Reddy, Interim Corporate Director of Children’s Services</p>	<p>Classification:</p> <p>Unrestricted</p>
<p>Report Title: Draft Special Educational Needs, Disabilities and Inclusion Strategy: 2024-2029</p>	

Originating Officer(s)	Lisa Fraser, Director of Education
Wards affected	All wards

Executive Summary

The draft Special Educational Needs, Disabilities and Inclusion Strategy 2024 – 2029 sets how the partnership, led by the SEND Improvement Board, will secure the improvements needed so that we deliver the right support at the right time for children and young people with SEND and their families in Tower Hamlets.

Recommendations:

The Health and Wellbeing Board is recommended to agree that the draft strategy is published for consultation during May and June 2024, with formal approval of the revised strategy to follow in late summer 2024.

Health and Wellbeing Strategy:

The Health and Wellbeing Strategy is grounded upon 6 principles that matter most to residents of Tower Hamlets. Detail how this report relates to these principles:

- | |
|--|
| <p>1. Resources to support health and wellbeing should go to those who most need it</p> |
| <ul style="list-style-type: none"> • Children and young people with SEND are amongst those in Tower Hamlets who need support in order to thrive. The draft strategy describes the steps the partnership will take to ensure the most effective use of resources so that children and young people with a range of needs and backgrounds receive timely, appropriate and high quality support at the earliest opportunity. |

<p>2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme</p>
<ul style="list-style-type: none"> • Priority 6 is focused on connection and inclusion : A borough that welcomes and celebrates children and young people with SEND and supports them to thrive.
<p>3. Being treated equally, respectfully and without discrimination should be the norm when using services</p>
<ul style="list-style-type: none"> • Priority 1 includes a cross-cutting focus on equality which will be developed as part of the consultation process. • Priority 6 includes a commitment to a coordinated workforce plan to enhance appropriate skills and capacity for all professionals across the SEND partnership. Skills and capacity include equal and respectful treatment for all children and young people with SEND and their families.
<p>4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them</p>
<ul style="list-style-type: none"> • Priority 2 focuses on user-friendly services in response to calls from professionals, families and young people for clear, accessible information on the SEND system and services.
<p>5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing</p>
<p>The Let's Talk SEND Ambassadors group have been involved in development of the strategy, and we have also drawn on previous engagement with parents, carers, children and young people, and professionals.</p> <p>The new SEND co-production charter is included as a commitment within Priority 2 and will help to embed co-production across SEND services.</p>
<p>6. We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.</p>
<p>This is a partnership strategy and includes commitments from services beyond the SEND system which have a key role to play in improving the lives of children and young people with SEND.</p>

1. REASONS FOR THE DECISIONS

- 1.1 The current SEND Strategy (2020 – 2024) is set to expire shortly. A new strategy will be developed to ensure a clear vision and priorities for the partnership, aiming to deliver sustained improvements in support for children and young people with SEND and their families.

2. ALTERNATIVE OPTIONS

- 2.1. The current SEND Strategy (2020 – 2024) could be allowed to lapse. However, as part of the SEND area inspection anticipated in 2024, the partnership is expected to demonstrate shared outcomes that leaders will collectively work to achieve for all children and young people with SEND, as well as how partners will collaborate to attain these outcomes. An agreed-upon strategy is a crucial element in this process.
- 2.2. While the option of extending the current SEND Strategy (2020 – 2024) with a very light-touch refresh exists, it was initially considered at the beginning of the strategy development process and subsequently rejected. The prior strategy was formulated before several key developments: the Covid pandemic, the 2021 SEND Area Inspection, rapid increases in the number of children and young people with SEND, and the launch of the national government's SEND and Alternative Provision reform programme. Consequently, the decision was made that a new strategy is necessary.

3. DETAILS OF THE REPORT

- 3.1. The partnership's new Special Educational Needs, Disabilities and Inclusion Strategy describes the steps we will take as a partnership to realise our vision of Tower Hamlets as a child-friendly borough, where children and young people of all abilities and from all backgrounds thrive, are listened to, achieve their best, and have opportunities. The strategy – to be delivered by the SEND Improvement Board – sets out six priorities that we believe will provide the appropriate support at the right time for children and young people with special educational needs and disabilities, as well as their families.

Policy context

- 3.2. The duties of local authorities, health bodies, schools, and colleagues to provide for children and young people with special educational needs are set out in the Children and Families Act 2014 and described in greater detail in the 2015 Statutory Special educational needs and disability code of practice: 0 to 25 years.
- 3.3. The Government's SEND and Alternative Provision Green Paper was published in 2022 and echoed the widely held view that the 2014 reforms failed to achieve the goal of improving provision for children with SEND. In March 2023, the Government set out an improvement plan addressing

national standards, preparation for adulthood, accountability, and financial sustainability. A clear timeframe for legislation has not been established yet.

3.4. This strategy sets out how the partnership will work at pace to deliver our statutory responsibilities. At the same time, we set out the ways that we will work together and with families to build confidence in the SEND system, to provide earlier support, to improve the sustainability of the SEND system, and to ensure wider opportunities in our borough are inclusive for children and young people with SEND.

Local context: children and young people with SEND in Tower Hamlets

3.5. In common with other areas, Tower Hamlets has seen an increase in children and young people with SEND needs since the Children and Families Act 2014.

3.6. There have been substantial increases in the number of children and young people with SEND needs receiving support.

3.7. Between 2015/16 and 2022/23:

- The total number of children and young people aged 0 to 24 years resident in Tower Hamlets with EHC plans increased from 2066 to 4111. Some of this increase resulted from 20-25 year olds becoming eligible for EHC plans for the first time through the 2014 reforms. However, there were steady increases across all age groups with the exception of pre-school children. (Source: Statements of special educational needs (SEN) and education, health and care (EHC) plans, gov.uk)
- Amongst pupils in state-funded schools in Tower Hamlets, pupils with an EHC plan increased from 1850 to 2889 (from 4% to 5.9% of all pupils) and pupils with SEN support increased from 5870 to 6038 (12.6% to 12.4% of all pupils). (Source: Special educational needs in England)

In the two years since the Covid pandemic, there has been a particularly steep growth in new requests for EHCP assessments. In the academic year 2022/23, there were 780 requests compared to 465 in the 2020/21 academic year. Much of the increase has been for assessments for young children, for Autistic Spectrum Disorder, and for Speech and Language assessments, with assessment referrals for Attention Deficit Hyperactivity Disorder also growing.

3.8. The SEND Joint Strategic Needs Assessment (to follow) will provide a detailed picture of the needs and experiences of children and young people with SEND in the borough. The most common primary SEND needs amongst pupils in Tower Hamlets schools receiving SEN support are speech, language and communication needs and social, emotional and mental health needs. Amongst children with EHC plans in Tower Hamlets schools, Autistic Spectrum Disorder is the most common primary need, followed by Speech Language and Communications needs. Many children with SEND have multiple needs which are not reflected in the 'primary needs' data.

3.9. Projections developed as part of the borough's SEND Sufficiency Review (2023) point to a likely growth in the number of EHCPs up until 2030. The three main areas of need are likely to be Speech Language and Communication; Autism; and Social, Emotional and Mental Health. This increase in need, combined with a declining school-age population will mean that children with SEND will make up a growing proportion of the school-aged cohort.

Local context: the partnership's support for children and young people with SEND

3.10. Improving the timeliness and quality of the support that children and young people with SEND and their families receive is a priority for the partnership. The previous SEND Strategy (2020–24) had 5 priorities:

- Leading SEND
- Early identification and assessment.
- Commissioning effective services to respond to local needs
- Good quality education provision for all children
- Supporting successful transitions and promoting independence.

3.11. There are many strengths in education support for children and young people with SEND in Tower Hamlets. 96.7% of pupils attend schools rated Good or Outstanding, with 3 out of 5 Special Schools rated outstanding. Attainment for children with EHCPs or SEN support exceed the national average at Key Stage 1, Key Stage 2 and GCSE levels. Rates of absence, exclusions, and suspensions for children with SEND are also better than average. More than 9 in 10 children with SEND are educated in mainstream schools, and a lower percentage of them are in long term alternative provision in Tower Hamlets than nationally. Our recent SEND sufficiency review (2023) has identified priorities for expansion of specialist provision – now and in the future – to meet the educational needs of children with SEND in the borough.

3.12. In 2021, a SEND Local Area Inspection by Ofsted and the CQC found that leaders had a good understanding of what worked well and what does not. It noted improvements in SEND provision but identified significant weaknesses. These are the focus a SEND Improvement Plan, underpinned by a Written Statement of Action to address the quality and oversight of EHC plans and annual reviews; lengthy waiting times for ASD assessment and diagnosis; fragmented speech and language therapy; and weaknesses in communication between area leaders and parents. Progress has been supported with additional investment: an extra £1.1 million in council funding and £870,000 from the NHS. Further resources have been earmarked in the council's new Medium Term Financial Strategy for SEND Services and SEN Transport.

3.13. In 2023, a Local Government Association SEND Peer Challenge assisted the partnership to take stock of progress. The challenge recognised the commitment across the partnership to drive better outcomes for children and young people with SEND. It highlighted the need to continue to improve

the timeliness and quality of Education, Health and Care Plans and Annual Reviews, improve information sharing, and to develop a common and widely understood graduated response for children with different needs across the partnership, supported by a clear, concise strategy and strong governance through the SEND Improvement Board.

- 3.14. Alongside our commitment to improvement, the partnership has been exploring how to sustain high quality SEND support whilst the High Needs Block allocation (funding to support costs of pupils with additional education needs, across mainstream and special schools as well as the associated support costs) fails to keep up with growing levels of need. Through its participation in the Delivering Better Value Programme, Tower Hamlets will provide an improvement programme designed to meet children's needs earlier, bringing together multi-disciplinary teams to support children with SEND in mainstream education settings, and to rationalise financial top-up bandings and what support children should expect to receive at each level. The implementation of the SEND Sufficiency Review recommendations will also contribute to financial sustainability, by increasing the number of children who have their educational needs met in local state-funded schools, reducing the number of higher cost independent and out-of-borough placements.

SEND and Inclusion Strategy development process

- 3.15. The starting point for the strategy is the Tower Hamlets Partnership Plan 'A Tower Hamlets for All', supported by the Accelerate! Children and Families Partnership Strategy (2024-2029) They include the partnership's ambition that Tower Hamlets should become:
- 3.16. A child-friendly borough where children and young people from all backgrounds thrive, are listened to, achieve their best, and have opportunities,.
- 3.17. Young people, families and partners have requested a concise SEND strategy which clearly sets out the main things the partnership will do to support children and young people with SEND and their families. Although the strategy document itself is short, it is underpinned by engagement with stakeholders and residents, by the ongoing SEND Joint Strategic Needs Assessment, and survey and analytical work conducted for the SEND Sufficiency Review and Delivering Better Value Programme.
- 3.18. The draft strategy has been informed by consultation with young people, families, and professionals, including:
- an in-person discussion with the Our Time all ability youth forum to find out about the issues that matter most to young people with SEND (November 2023)
 - online surveys with partner representatives and Special Educational Needs Coordinators in schools (November to December 2023)
 - an online workshop to map initial challenges and issues (November 2023)

- an in-person workshop attended by 50 people to which partners, parents and young people were invited, with a focus on developing practical strategy actions (January 2024)
- analysis of recent consultation and engagement conducted as part of the Delivering Better Value in SEND programme – including survey responses from more than 100 parents and carers (2023 – 24)
- Feedback from families attending Let’s Talk SEND events.

3.19. The strategy has six priorities:

- Priority 1 - Timely, effective, and well-coordinated support for children and young people with SEND - focuses on delivering continued improvements in the support provided for children and young people with SEND and their families in a context of increasing need for support.
- Priority 2 - User-friendly services for children and young people with SEND and their families - reflects feedback from families and professionals that services are hard to navigate, and not sufficiently designed with children and families’ needs in mind.
- Priority 3 - Early identification and support for the under-fives - is part of our broader commitment to early identification and support. Providing early evidence-based support without delay can support children’s development, avoid problems escalating and in some cases will mean that statutory assessment and plans are not required.
- Priority 4 - A great education and support for every school-age child with SEND – includes wide-ranging commitments to ensure that more children’s needs can be met within mainstream schools, whilst expanding supply of local specialist placements within the state-funded sector for children who need them.
- Priority 5 - Opportunities and support for young adults with SEND – includes the development of more education, training, and employment opportunities for young adults.
- Priority 6 - A borough that welcomes and celebrates children and young people with SEND and supports them to thrive – responds to calls from children and young people with SEND to make Tower Hamlets a genuinely accessible and inclusive borough, with opportunities for friendship, enjoyment, and activity for young people of all abilities.

3.20. Following review and feedback by the Health and Wellbeing Board, it is proposed that children, young people, parents and professionals are consulted on the draft strategy in May and June 2024. A final strategy, taking their feedback into account, will be agreed in late summer 2024.

4. EQUALITIES IMPLICATIONS

4.1. An initial equality analysis is attached. The issues identified will be explored further through the complete SEND Joint Strategic Needs Assessment, consultation and engagement on the draft strategy, and additional actions incorporated into the final strategy if required.

4.2. The strategy has potential to have a positive equality impact, by enhancing the opportunities, life chances and outcomes for children and young people

with disabilities and promoting a child-friendly borough where services and facilities are inclusive for disabled children and young people.

4.3. There are significant potential equality considerations in developing a strategy for SEND. These will be addressed through a full Equality Impact Assessment:

- In some cases, prevalence of different needs and disabilities can vary by age, sex, and/or ethnic background, and needs are affected by poverty and deprivation.
- Children with some characteristics may be more likely to have SEND identified than others.
- Children and families' experiences of accessing services and receiving support may vary according to their background.

5. OTHER STATUTORY IMPLICATIONS

5.1. This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

5.2. There are no other statutory implications.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1. The financial context for the SEND Strategy is determined by the funding provided by the Government through the Dedicated Schools Grant (DSG). This is a ring fenced grant provided by the DfE to fund all education provision. If the Strategy is to realise its aims, then there will be financial implications and they will need to be achieved within the available resources and agreed by the Schools Forum

7. COMMENTS OF LEGAL SERVICES

7.1. Section 27 of the Children and Families Act 2014 requires local authorities to keep under review the educational provision, training provision and social

care provision made for children and young people for whom the local authority is responsible who have special educational needs or a disability.

7.2. Section 30 of the Children and Families Act 2014 requires local authorities to publish information about the local offer for children and young people in their area who have special educational needs or a disability.

7.3. Statutory guidance, SEND and disability code of practice 0-25 (2015) sets out the requirements on local authorities relating to children and young people with a disability.

7.4. The matters set out in this report demonstrate the Council's compliance with the above requirements.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- Draft SEND and Inclusion Strategy 2024 – 29
- Children and Young People with SEND: an overview
- Initial Equality Impact Assessment

Background Documents – Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2012.

- NONE

Officer contact details for documents:

Tina Sode, Acting Head of SEND

Frances Winter, Strategy and Policy Lead

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Tower Hamlets

Special Educational Needs, Disabilities and Inclusion Strategy 2024–29

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Consultation draft

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Foreword

On behalf of our Children and Families Partnership, thank you for taking the time to read our draft Special Educational Needs, Disabilities (SEND) and Inclusion strategy for Tower Hamlets.

We are personally committed to making sure that we provide the very best services for our children and young people with special educational needs and disabilities. Delivering SEND improvement is a Mayoral priority. The council is making additional investments in SEND improvement, and we know that the borough's excellent schools and our colleagues in the NHS work every day to do their best for children and young people with SEND. Community, voluntary and faith groups also make a big contribution. All organisations, families and communities must work together to provide the support our children deserve.

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Over the past few months, we have listened to what parents, young people and professionals have to say about our SEND services in Tower Hamlets. We have discussed how we can do more of the things that work well, and how we can tackle problems together where services fall short.

The strategy needs to be built around the things that matter to children, families and young people with SEND. Please take part in our consultation and help us to make sure that this really is a strategy for all our children and young people with SEND. We look forward to hearing from you.

Lutfur Rahman

Executive Mayor Tower Hamlets

Councillor Maium Talukdar

Deputy Mayor and Cabinet Member
for Education, Youth and Lifelong Learning



Tower Hamlets Special Educational Needs, Disabilities and Inclusion Strategy: 2024–29

As a Children and Families Partnership we want Tower Hamlets to be:

A child-friendly borough where children and young people from all backgrounds thrive, are listened to, achieve their best, and have opportunities.

We are so proud of our children and young people with special educational needs and disabilities (SEND). We are determined that our vision of a child-friendly borough is inclusive, where the focus is on meeting children’s needs, and children of all abilities are welcome, and are nurtured to fulfil their potential.

To achieve this, our SEND and Inclusion Strategy sets out six priorities for 2024 – 29 that we believe will deliver the right support at the right time for children and young people with special educational needs and disabilities and their families.

These priorities were developed in discussion with young people, parents, carers and the professionals who make up our SEND Local Area workforce. They told us that there is lots to celebrate. We have great schools in Tower Hamlets and pupils with SEND achieve well. The young Our Time Ambassadors are passionate advocates for the rights of young people with SEND. Working together, we have made progress in meeting statutory requirements for assessments, Education, Health and Care Plans, and annual reviews. Families and professionals strive to do the best for children and young people, and there is a wealth of expertise and professionals who have worked in Tower Hamlets for many years.

But we don’t always get things right for children and young people with SEND. Our overriding priority is delivering the right support at the right time, working closely with children and young people, and those that know them best – their families. We will focus on providing early support so that children can fulfil their potential. We have also listened to what young people have told us and included a focus on the things that make for a good childhood : fun with friends, and inclusive play, sport, leisure and youth services.

At the same time, this strategy looks to the future. As a partnership we need to make sure we have the right services, staff and funding for the next ten years. The number of children and young people needing SEND support has been rising in Tower Hamlets and beyond. Through early support and the right education placements in local schools and colleges, our strategy sets out how we intend to meet this growing need with high quality and financially sustainable services for our children and young people with SEND.

Inclusion is everyone’s business. Our SEND Improvement Board brings together young people and family representatives in partnership with local decision makers from education, health and children’s services. The Board is accountable to the Tower Hamlets’ Health and Wellbeing Board. It will lead delivery of our SEND strategy and work with other organisations to make sure Tower Hamlets is an inclusive and child-friendly borough for every child and young person.

Priority 1: **Timely, effective and well-coordinated support for children and young people with SEND**

What we want to see

1. Strong leadership and governance, positive relationships and clear communications which build confidence and drive improvements for children with SEND and their families.
2. A whole system approach to delivering the right care, in the right place at the right time for early years, school-age children and young people through graduated pathways which everyone understands.
3. High quality case management and comprehensive management reports that are used by all partners to improve performance and make strategic decisions.
4. Statutory timelines met for all children and young people who need assessments, EHC Plans and annual reviews, with improvements in quality and the voice of the child reflected throughout.
4. Develop and implement a proactive SEND Improvement Communications plan to build parental confidence and ensure that families and professionals feel part of our improvement journey.
5. Through the new Designated Social Care Officer, deliver and implement a social care and SEND quality assurance framework and ensure high quality social care input into early intervention strategies, needs assessments and EHC plans.
6. Invest an added £400,000 to deliver high quality Education, Health and Care Plans for children who need them within statutory timeframes, with a co-production meeting as part of every EHC plan from 2024, and amendments at each Key Stage and during education transitions.
7. Improve our case management system through a 'hosted' system and an online SEN module which can be accessed by the SEN Service, parents and carers, and selected professionals in the Local Area.
8. Improve the SEND Management Information Report to inform decision-making, with performance measures across the partnership, benchmarked to assess progress
9. Use data from health visitor reviews and section 23 notifications to develop an understanding of emerging need and plan for future service provision.
10. Based on our Joint Strategic Needs Assessment and management information data, identify, understand and address inequalities in identification and support.

What will we do together?

1. Reform the SEND Improvement Board to provide strategic and focused leadership.
2. Co-produce a shared understanding of a graduated response and inclusion across the local partnership. This will inform the universal offer, targeting of additional support, strategic commissioning and a consistent approach to growing needs.
3. Improve joint working between health, education and social care to achieve more strategic and efficient commissioning and a greater focus on prevention.

Priority 2: **User-friendly services for children and young people with SEND and their families**

What we want to see

1. Everything from individual plans to the strategic ambition for Tower Hamlets is shaped by the voices and views of children and young people with SEND and parents and carers.
2. Families and young people from all backgrounds can find out what they can expect from services and how the SEND system works, particularly at important moments for them.
3. All professionals have a good understanding of the support on offer and the role of different organisations
4. The number of times families and young people have to repeat information to different professionals and services is reduced.

What will we do together?

1. Launch and roll-out our SEND Co-production Charter, and review annually with professionals, parents and young people to ensure that meaningful coproduction at strategic and individual level is happening.
2. Introduce a new SEND 'front door' so that schools can access support for children easily and appropriate support can be identified systematically.
3. Develop our Local Offer so that it is accessible and supported by increased engagement, use of new technologies, and regular 'Let's Talk SEND' events.
4. Increase the impact of the independent Tower Hamlets and City SEND Information, Advice and Support Service through work with Family Hubs to ensure staff working directly with families have information about SEND services.
5. Develop support for 16 – 25-year-olds as laid out within the Minimum Standards for Information Advice and Support Services
6. Develop proposals for health passports for children and young people with SEND.
7. Gather annual feedback from children and young people with SEND about their lives, experiences and aspirations.

Priority 3: **Early identification and support for the under-fives**

What we want to see

1. Children's needs identified earlier and more consistently across different needs and characteristics.
2. Evidence-based support for young children so that needs do not escalate while they wait for an assessment
3. Parents and carers of babies and infants with SEN are supported by a confident, skilled workforce and through peer support, including before birth.
4. Fewer families feel they need to undertake lengthy statutory assessment procedures to secure the support their child needs.



What will we do together?

1. Develop and sustain a SEND Early Intervention approach and front door model, building on Family Hubs and bringing together different services in multi-disciplinary teams to meet children's needs as early as possible, through a graduated approach and increased use of group based interventions.
2. Develop and roll-out early identification and support programmes for infants as part of our Start for Life programme including a universal 12 month review, and a programme of parent-led therapy to support social and communication development in infants displaying early signs of autism.
3. Adapt and extend the Inclusion Framework and self-assessment tool to early years education settings.
4. Co-produce and implement a programme of speech and language therapy for 3 to 5 year-olds.
5. Development of pathways, skills development and communication for parents and professionals for supporting children, to include children with social communication needs as well as other areas of development

Priority 4: **A great education and support for every school-age child with SEND**

What we want to see

1. Expanding Tower Hamlets' successful inclusion model so that even more children with SEND are educated in a local mainstream school.
2. Education in state-funded settings for children who need specialist placements.
3. Well planned and supported transitions when children start primary, secondary and post-secondary education.
4. Reductions in rates of absence, suspensions and exclusions for pupils with SEND.
5. Effective planning for the long term so that current and future needs for specialist placements can be met through high quality provision in state-funded schools.

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What will we do together?

1. Implement an Inclusion Framework and self-assessment tool to support inclusion for children with SEND in mainstream primary and secondary schools for whole class and SEN support levels.
2. Introduce a more consistent approach to top-up funding and expected levels of support in mainstream schools.
3. Introduce and pilot SEN Units attached to mainstream schools: specialist Additionally Resourced Provision – in key areas where there is a shortfall in specialist placements – including in Autism, Communication and Interaction; Social Emotional and Mental Health; and Severe Learning Disabilities.
4. Continue work to develop and deliver a pipeline of appropriate support and placements for children and young people with more complex needs.
5. Support and learn from programmes such as the Phoenix Specialist Classrooms project where expertise in the borough is shared to benefit children and professionals.
6. Introduce an integrated therapies package for children in school, delivering a core offer with quality-assurance and monitoring.
7. Work together to deliver evidence-based interventions and advice to support attendance and reduce suspensions and exclusions for pupils with SEND.

Priority 5: **Opportunities and support for young adults with SEND**

What we want to see

1. Planning for adulthood starting at age 14 for young people with SEND.
2. More local education places for young people aged 16 and over with SEND.
3. More options for vocational learning or part-time alternative provision for young people with SEND
4. Timely and well-planned transitions for young people who will need support from adult social care services.
5. Support for life skills such as travel training, welfare entitlements and wellbeing for young adults.



What will we do together?

1. Increase in-borough places available to young people over the age of 16 years, especially in Autism, SEMH and Profound and Multiple Learning Difficulties.
2. Review the offer in sixth forms to ensure inclusivity for young people working below level 2.
3. Extend the Inclusion Framework and self-assessment tool to 16+ education and college settings.
4. Increase our investment in support for 18 to 30 year-olds with SEND as they transition to adulthood.
5. Implement the Transitions Protocol and pathways for young people with EHCPs who will transition from support from Children's Social Care to Adult Social Care, with oversight by the Transitions Board, and learning from regular quality assurance audits.
6. Conduct and implement the recommendations from a Preparing for Adulthood Audit with key stakeholders.
7. Develop a wider range of support options for young people with EHCPs who do not receive support from Children's Social Care.
8. Develop and implement a three-year action plan for supported internships and apprenticeships to meet the demand from young people with SEND for pathways to employment.

Priority 6: **A borough that welcomes and celebrates children and young people with SEND and supports them to thrive**

What we want to see

1. Children and young people with SEND are visible and celebrated in Tower Hamlets
2. A SEND workforce that promotes inclusion and has appropriate skills to enable children and young people with SEND to meet their potential.
3. Children and young people with SEND and their families feel connected with friends, peers and the wider community.
4. Children and young people have fun and improve their wellbeing by taking part in play, youth, leisure, and holiday activities.
5. Children and young people with SEND feel safe and supported.

What will we do together?

1. Support for the Our Time SEND Ambassadors forum, Independent SEND Parent Carer Forum, and Parent SEND Ambassadors to advocate for inclusion at a local, regional, and national level.
2. Recognise and celebrate our children and young people with SEND.
3. Agree a coordinated workforce development plan to enhance appropriate skills and capacity for all professionals across the SEND partnership.
4. Consider how best to meet the needs of children and young people who may have undiagnosed SEND and use other local services.
5. Work with partners to meet the needs of children and young people with SEND as part of the borough's Child Healthy Weight Programme.
6. Co-produce and implement an inclusive play programme which



7. covers infrastructure, play sessions and communications.
7. Ensure a minimum of 50% of new play equipment in park upgrades is accessible.
8. Co-design and deliver an inclusive Young Tower Hamlets service which is open to all abilities, and offers dedicated sessions for young people with SEND, supported by well-trained staff.
9. Improve accessibility to leisure services through environmental improvements, workforce development and more inclusive and holistic offer for people with disabilities, as part of bringing leisure services under council management.
10. Increase the number and range of free and low cost holiday activities that are accessible for children and young people with SEND.
11. Ensure the needs and experiences of children and young people with SEND are addressed in the Tower Hamlets Safeguarding Children Partnership's work programme around keeping children safe.

How we will measure change

	Priority	Measures
1	Timely, effective and well-coordinated support for children and young people with SEND	<ul style="list-style-type: none"> • Percent EHC plans completed within 20 week timeframe (including and excluding exceptions) • Number of SEN appeals • Number and time on waiting lists for ASD assessments. • Children and young people assessed by CAMHS within 5 weeks. • Therapy Referrals (all therapies excl. CAMHS): average waiting time after referral (weeks) • Number children on learning disability register that have received an annual health check. • Families and professionals' knowledge/feedback on outcomes achieved
2	Services that are user-friendly for children and young people with SEND and their families	<ul style="list-style-type: none"> • Annual feedback survey from children, young people and parents • Percent young people and parents who rate the Local Offer as good or excellent.
3	Early identification and support for the under-fives	<ul style="list-style-type: none"> • Percent of children with good level of development at EYFS
4	A great education and support for every school-age child with SEND	<ul style="list-style-type: none"> • % of children and young people with EHCPs being educated in Tower Hamlets. • % of children and young people with SEN support and EHCPs who are excluded, subject to fixed term exclusion or on a reduced timetable. • Absence and persistent absence rates for children and young people with SEN Support/EHCPs • Attainment for children and young people with SEN support and EHCPs
5	Opportunities and support for young adults with SEND	<ul style="list-style-type: none"> • Audit against Transitions protocol • % young adults with EHCPs receiving education in Tower Hamlets
6	A borough that welcomes and celebrates children and young people with SEND	<ul style="list-style-type: none"> • Children and young people with SEND at a healthy weight. • Annual Feedback from children and young people with SEND. • Number of Children and Young People with SEND accessing Young Tower Hamlets services.

Children and young people with SEND in Tower Hamlets: an overview

1. Introduction

- 1.1 This annex provides a brief overview of children and young people with SEND in Tower Hamlets, as background to the SEND and Inclusion strategy 2024 – 29.
- 1.2 A SEND Joint Strategic Needs Assessment (in preparation) will replace this briefing, providing analysis and insight, drawing on wider research and comparative data, and with an in-depth focus on different SEND needs.
- 1.3 The recent Tower Hamlets SEND Sufficiency Review (November 2023) reviewed trends and pupil level data for EHCPs and specialist placements, alongside projections of future SEND needs to 2030. These projections are not included here.

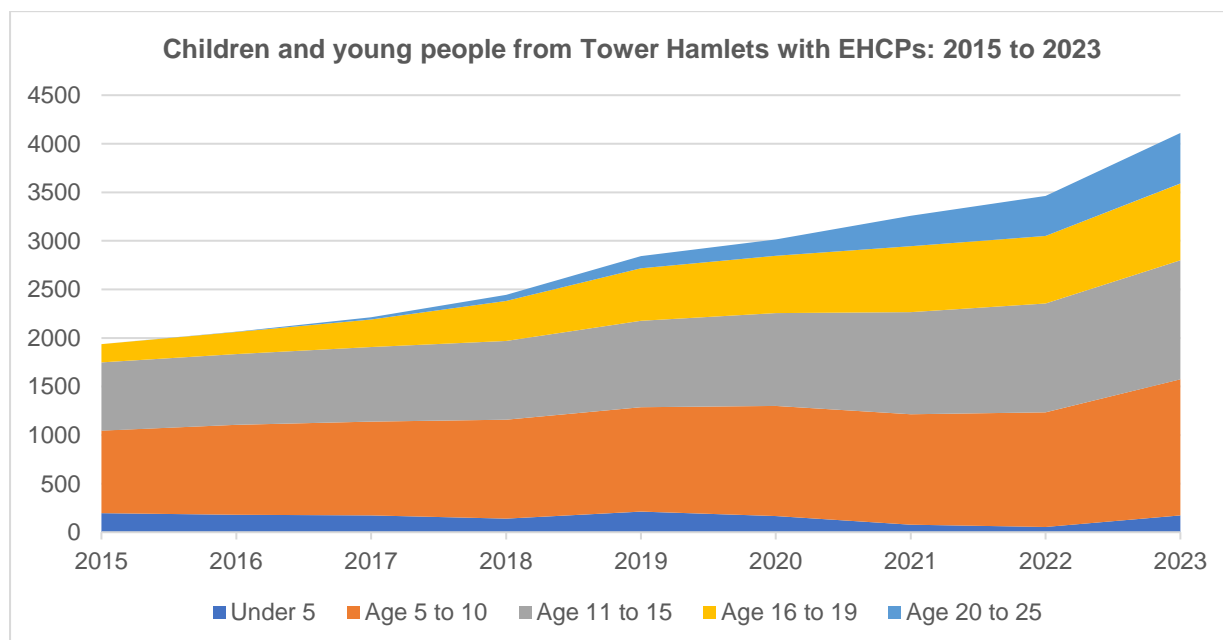
2. A note on data sources

2.1 The main data on SEND come from two sources:

- Information about pupils in schools in Tower Hamlets including pupils from other boroughs who are educated in Tower Hamlets. This information comes from the annual school census. It includes information about pupils with SEN support and EHC plans, but only includes school age children and young people.
- Information about those children and young people from Tower Hamlets with an Education, Health and Care Plan. It covers 0-24 year olds.

3. The number and proportion of children and young people with SEND

3.1 There has been a steady increase in children and young people from Tower Hamlets with EHCPs since 2015, across all age groups except the under 5's.



(source: Education, health and care plans, national statistics)

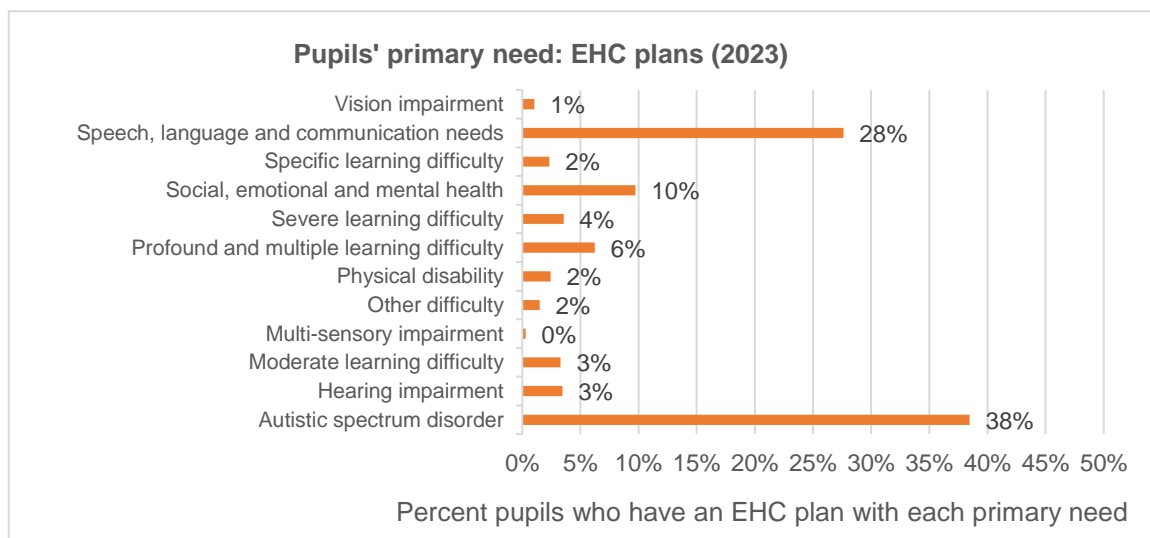
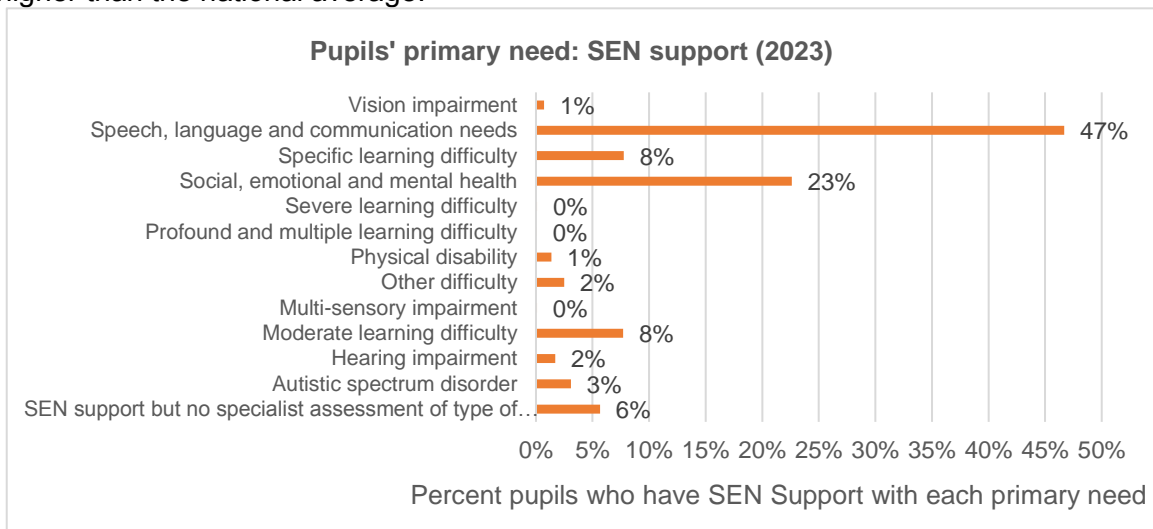
3.2 Tower Hamlets schools have a higher than average proportion of pupils with SEND. The percentage of pupils with an EHCP was the fifth highest in England in 2023.

2023	Tower Hamlets	London	England
Percent of all pupils with SEN Support	12.4%	12.1%	13%
Percent of all pupils with an EHCP	5.9%	4.5%	4.3%
Total: Percentage of Pupils with SEN	18.3%	16.6%	17.3%

(source: Special educational needs in England 2023, national statistics)

4. The needs of children and young people with SEND

The figures below show the ‘primary needs’ recorded for pupils in Tower Hamlets schools with SEN support and EHC Plans. In many cases, a child will have a range of needs which are not fully reflected in the classifications below. Out of pupils in Tower Hamlets schools who have SEN support, by far the most common needs are speech, language and communication needs, and social, emotional and mental health needs. Out of pupils with EHC plans, the most common needs are autistic spectrum disorder, and speech, language and communication needs. This reflects the national profile, although rates of autism are higher than the national average.



(source: Special educational needs in England 2023, national statistics)

5. The profile of children and young people with SEND

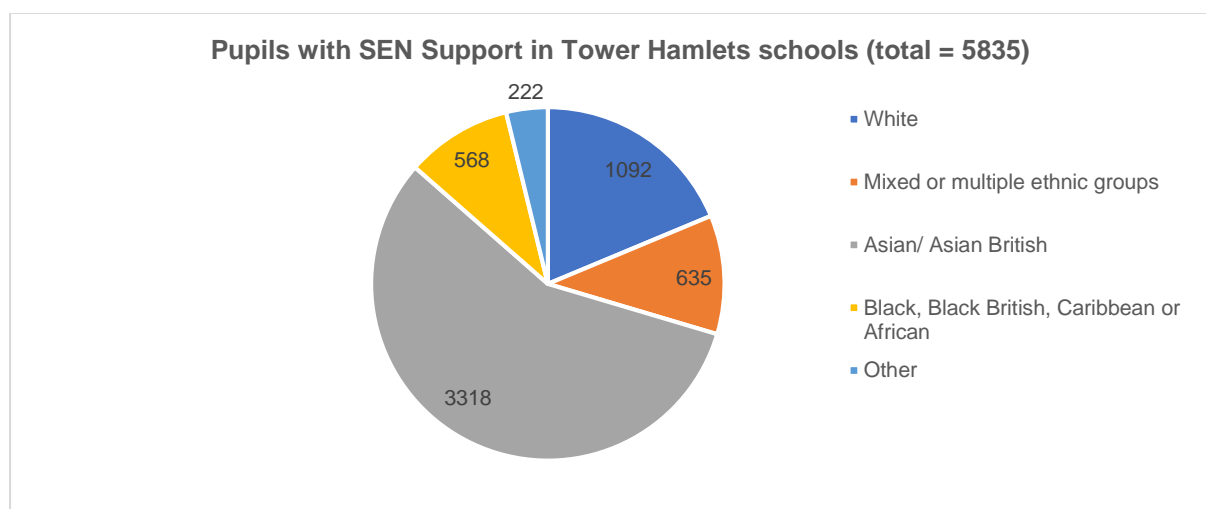
5.1 Boys are overrepresented amongst children and young people with SEND. Nearly 1 in 4 boys in Tower Hamlets schools had SEND in 2023, compared to around 1 in 8 girls.

Percentage of boys and girls in Tower Hamlets schools receiving support for SEND (2023)

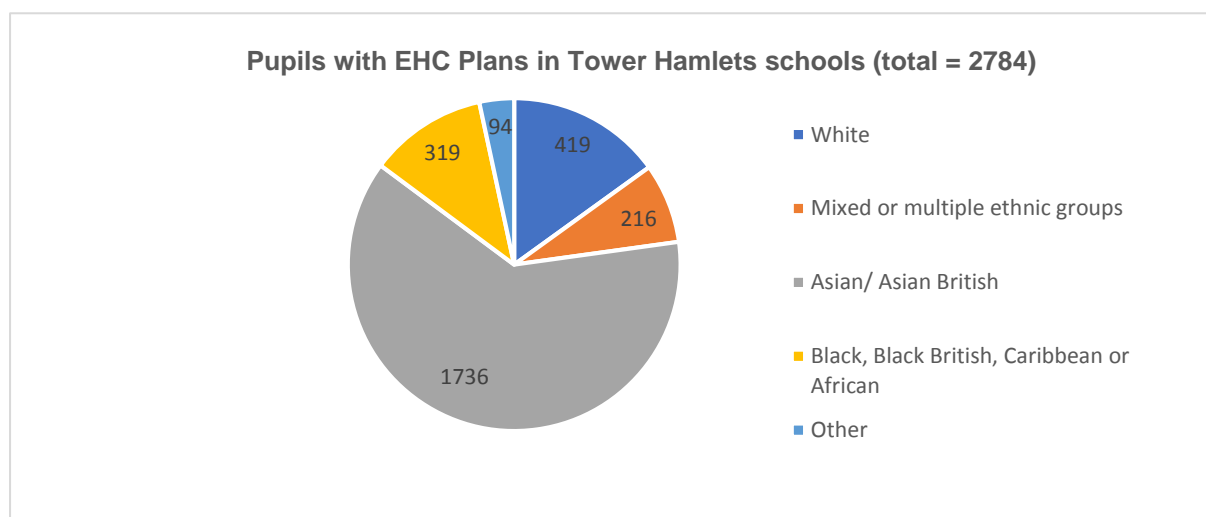
	All pupils in Tower Hamlets schools	Boys in Tower Hamlets schools	Girls in Tower Hamlets schools
SEN Support	12.6%	15.4%	9.8%
EHC Plans	6.0%	8.9%	3.1%
Total pupils with SEND	18.6%	24.3%	12.9%

5.2 Pupils from an Asian and particularly Bangladeshi background make up a large majority of pupils in Tower Hamlets schools, and nearly 6 in 10 pupils with SEN Support or an EHCP are of an Asian background.

Ethnic background of pupils receiving SEN support in Tower Hamlets schools (2023)



Ethnic background of pupils with EHC Plans in Tower Hamlets schools (2023)



5.3 However, a pupil from an Asian background is less likely to be receiving SEN support or to have an EHC Plan than a pupil from a White background. Pupils from Black/Black African backgrounds are less likely to be receiving SEN support than pupils from White backgrounds.

Percentage of pupils from different ethnic backgrounds in Tower Hamlets schools receiving support for SEND (2023)

	All pupils	White	Mixed/multiple ethnic groups	Asian/Asian British	Black/Black British/Caribbean or African	Other
SEN Support	12.6%	18.4%	17.5%	10.9%	13.2%	12.3%
EHC plans	6.0%	7.1%	6.0%	5.7%	7.4%	5.2%
No SEN	81.3%	74.6%	76.6%	83.4%	79.4%	82.5%

5.4 Pupils who receive means-tested free school meals because they are in lower income families are more likely than average to receive SEN Support or to have an Education, health and Care Plan.

Percentage of pupils in receipt and not in receipt of means-tested free school meals in Tower Hamlets schools receiving support for SEND (2023)

	All pupils	Pupils who are not eligible for means-tested free school meals	Pupils who are eligible for means-tested free school meals
SEN Support	12.6%	10.6%	15.8%
EHC plans	6.0%	4.8%	7.9%
No SEN	81.3%	84.6%	76.3%

6. Where children and young people with SEND are educated

The tables below show where pupils with EHCPs and SEN support are educated in Tower Hamlets schools. Tower Hamlets has comparatively higher numbers of pupils with EHC plans in mainstream settings than national and London averages.

Numbers and Percentages of Pupils with EHCPs within each setting (2023)

	Tower Hamlets		London		England	
	No.	%	No.	%	No.	%
Independent School	105	4.2	4,885	3.3	28,732	4.9
Non-Maintained Special School	N/A	N/A	252	100	3,995	98.2
State Funded AP school	19	14.2	490	22.8	3,368	25.5
State Funded Nursery	12	3.5	137	1.7	673	1.8
State Funded Primary	1,126	4.5	23,052	3.3	117,757	2.5
State Funded Secondary	861	4.4	15,842	2.7	87,219	2.4
State Funded Special	766	99.7	20,687	97.4	147,427	98.9
Total	2,889	5.9	65,345	4.5	389,171	4.3

Numbers and Percentages of Pupils with SEN Support within each setting (2023)

	Tower Hamlets		London		England	
	No.	%	No.	%	No.	%
Independent School	203	8.1	20,645	13.8	89,840	15.2
Non-Maintained Special School	N/A	N/A	0	0	57	1.4
State Funded AP school	82	61.2	1,251	58.2	7,518	57.0
State Funded Nursery	60	17.4	1,591	20.1	6,381	17.0
State Funded Primary	3,562	14.1	88,692	12.6	629,184	13.5
State Funded Secondary	2,129	10.8	64,364	11.1	448,967	12.4
State Funded Special	2	0.3	456	2.1	1,437	1.0
Total	6,038	12.4	176,999	12.1	1,183,384	13.0

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Equality Impact Analysis Template

Section 1: Introduction


Name of proposal
For the purpose of this document, 'proposal' refers to a policy, function, strategy or project
Draft Special Educational Needs, Disabilities and Inclusion Strategy 2024 – 29
Service area and Directorate responsible
SEND service, Children's Services Directorate
Name of completing officer
Frances Winter
Approved by (Corporate Director / Divisional Director/ Head of Service)
Tina Sode
Date of approval
20/02/2024

Where a proposal is being taken to a committee, please append the completed EIA(s) to the cover report.

Conclusion – To be completed at the end of the Equality Impact Analysis process

This summary will provide an update on the findings of the EIA and what the outcome is. *For example, based on the findings of the EIA, the proposal was rejected as the negative impact on a particular group was disproportionate and the appropriate actions cannot be undertaken to mitigate risk. Or, based on the EIA, the proposal was amended, and alternative steps taken.*

The focus of this is to analyse the impacts of the proposal on residents, service users and the wider community that are likely to be affected by the proposal. If the proposed change also has an impact on staff, the committee covering report should provide an overview of the likely equality impact for staff, residents and service users and the range of mitigating measures proposed.

Conclusion	Current decision rating (see Appendix A)
<p>Initial assessment is that successful implementation of the strategy will have a positive impact – helping to reduce inequalities (particularly those based on disability) and improve cohesion and inclusion.</p> <p>This EqIA will be updated prior to the review of the draft SEND and Inclusion Strategy by the Health and Wellbeing Board on 16 April, based on the completed SEND JSNA.</p> <p>It will be further updated to include outcomes of consultation/engagement before the strategy is finalised in late summer 2024.</p>	

The Equality Act 2010 places a ‘General Duty’ on all public bodies to have ‘due regard’ to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between those with ‘protected characteristics’ and those without them
- Foster good relations between those with ‘protected characteristics’ and those without them

This Equality Impact Analysis provides evidence for meeting the Council’s commitment to equality and the responsibilities outlined above. For more information about the Council’s commitment to equality, please visit the council’s [website](#).

Section 2: General information about the proposal

Describe the proposal including the relevance of proposal to the general equality duties and protected characteristics under the Equality Act 2010

The SEND and Inclusion Strategy is a partnership strategy for 2024 – 29, led by the SEND Improvement Board.

The strategy sets out the partnership plans to improve support for children and young people with SEND and their families, and how it will work to improve inclusion for children and young people with SEND in activities and opportunities in the borough and support them to thrive.

There are three areas where the strategy has the potential to advance equality:

1. Advancing equality of opportunity for disabled children and young people

As a significant proportion of children and young people with Special Educational Needs and Disabilities will meet the definition of disabled under the Equality Act, the objectives of the strategy are relevant to the general equality duties. The strategy aims to advance equality of opportunity for children and young people with SEND and foster good relations between them and their peers.

2. Identifying and reducing inequalities in the identification of children and young people with different SEND needs.

Boys are generally more likely than girls to be identified as having SEND, and the ethnic background of children with different SEND needs can differ from that of the child population of Tower Hamlets as a whole. The strategy and accompanying Joint Strategic Needs Assessment offer an opportunity to understand whether children with some protected characteristics are less likely to have their needs identified.

3. Identifying any barriers to effective support and positive outcomes for children and young people with SEND

The strategy offers an opportunity to understand how effective SEND support is in improving outcomes for children with different backgrounds and to address barriers to effective support.

Section 3: Evidence (consideration of data and information)

What evidence do we have which may help us think about the impacts or likely impacts on residents, service users and wider community?

The evidence will be included within the Joint Strategic Needs Assessment on Special Educational Needs and Disabilities (2024) which brings together local and national data on different needs and includes a specific focus on inequalities and the impact of poverty and deprivation on children and young people with SEND.

DRAFT

Section 4: Assessing the impacts on different groups and service delivery

Groups	Positive	Negative	Neutral	Considering the above information and evidence, describe the impact this proposal will have on the following groups?
Protected				
Age (All age groups)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The strategy applies to children and young people aged 0 – 25 years, reflecting the Children and Families Act 2014.
Disability (Physical, learning difficulties, mental health and medical conditions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	By improving the timeliness and effectiveness of support for children and young people with SEND, and supporting inclusion in local communities and activities, the strategy will support equality for young disabled residents.
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Potential impacts to be identified.</p> <p>Boys are much more likely to be identified as having SEND than girls. The full JSNA will identify where this may be the result of under-identification of girls' needs', allowing</p>

				the strategy to identify areas where more attention is needed to identifying girl's needs.
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insufficient information to draw conclusions. However, strong focus on building the voice and wishes of children and young person into all plans and support.
Marriage and civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Discrimination based on marriage and civil partnership status not relevant to this strategy.
Religion or philosophical belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information not available.
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This section will be developed based on the information on the JSNA. For example, White British pupils are overrepresented in EHCP cohort. The JSNA will examine data on different needs and ethnic background to understand over/under-representation and support effective interventions.
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insufficient information to draw conclusions. However, strong focus on building the voice and wishes of children and young person into all plans and support.

Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Discrimination based on pregnancy and maternity not relevant to this strategy.
People with Care Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data to follow. Strategy includes commitments to strengthen joint working between social care and SEND services, which will enhance support for children and young people who we look after or are care experienced.
Other				
Socio-economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data to follow. JSNA will examine links between poverty/deprivation and SEND.
Parents/Carers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strategy includes focus on information and support for parents/carers.
People with different Gender Identities e.g. Gender fluid, Non-Binary etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insufficient information to draw conclusions. However, strong focus on building the voice and wishes of children and young person into all plans and support.
Any other groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 5: Impact analysis and action plan

Recommendation	Key activity	Progress milestones including target dates for either completion or progress	Officer responsible	Update on progress
To follow				





Section 6: Monitoring

What monitoring processes have been put in place to check the delivery of the above action plan and impact on equality groups?


To follow consultation.

Appendix A

EIA decision rating

Decision	Action	Risk
<p>As a result of performing the EIA, it is evident that a disproportionately negative impact (direct, indirect, unintentional or otherwise) exists to one or more of the nine groups of people who share a Protected Characteristic under the Equality Act and appropriate mitigations cannot be put in place to mitigate against negative impact. It is recommended that this proposal be suspended until further work is undertaken.</p>	<p>Suspend – Further Work Required</p>	<p>Red</p> 
<p>As a result of performing the EIA, it is evident that there is a risk that a disproportionately negative impact (direct, indirect, unintentional or otherwise) exists to one or more of the nine groups of people who share a protected characteristic under the Equality Act 2010. However, there is a genuine determining reason that could legitimise or justify the use of this policy.</p>	<p>Further (specialist) advice should be taken</p>	<p>Red Amber</p> 
<p>As a result of performing the EIA, it is evident that there is a risk that a disproportionately negatively impact (as described above) exists to one or more of the nine groups of people who share a protected characteristic under the Equality Act 2010. However, this risk may be removed or reduced by implementing the actions detailed within the <i>Impact analysis and action plan</i> section of this document.</p>	<p>Proceed pending agreement of mitigating action</p>	<p>Amber</p> 
<p>As a result of performing this analysis, the policy or activity does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>	<p>Proceed</p>	<p>Green</p> 

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<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>16th April 2024</p>	
<p>Report of: Natalia Clifford, AD for Public Health, London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Report Title: Autumn Covid Booster Update</p>	

Originating Officer(s)	Gemma Lyons, Health Protection Lead, London Borough of Tower Hamlets
Wards affected	All wards

Executive Summary

The Autumn Covid-19 booster programme was delivered between 11 September 2023 and 31 January 2024. In Tower Hamlets, 25% of the 70,000 eligible population took up the vaccination. This was lower than the north-east London coverage of 31%. Coverage was greater among some of the highest-risk population cohorts, including care home residents (75%), housebound residents (81%), and those aged 80 years and above (45%). However, some vulnerable populations had low uptake, including patients with a learning disability (21%), a serious mental illness (24%). Health and social care staff continued to have low uptake of the covid booster.

NEL ICS and PH grant funded community engagement approaches to reduce health inequalities in vaccine engagement. Funding was provided to VCFS organisations who work with target population groups with low Covid-19 vaccination coverage. The organisations used their local knowledge of the communities, and trust they had built up, to develop and disseminate messaging. They delivered events, workshops, Q&A sessions, created videos and social media content, and distributed leaflets, emails and whatsapp messages. Messages were also delivered in church sermons and through Friday prayers. An innovative vaccine engagement pilot delivered enhanced phone calls to vulnerable residents aged 80+, or those diagnosed with a learning disability or serious mental illness, who had not taken up the offer. Additionally, vaccination motivational interviewing training was delivered to increase confidence and capacity of the health, social care and VCFS workforce to talk about vaccines.

A steering group met weekly to promptly discuss and resolve operational challenges, review data, improve programme delivery, and log and escalate key risks and issues. An *After-Action Review* with system partners was held in early February and key learnings have informed the Spring booster programme which will be delivered from 15th April 2024. The eligible population is much lower than the Autumn programme, and includes adults aged 75 years and over; residents in a care home for older adults and people who are immunosuppressed.

Recommendations:

The Health and Wellbeing Board is recommended to note the updates and promote uptake and awareness of the spring Covid-19 booster among eligible residents.

Health and Wellbeing Strategy:

The Health and Wellbeing Strategy is grounded upon 6 principles that matter most to residents of Tower Hamlets.

1. Resources to support health and wellbeing should go to those who most need it
The community engagement programmes were targeted towards population groups with low vaccination coverage. The phone engagement pilot was aimed at patients at vulnerable patients at risk of poor outcomes from Covid-19.
2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme
Community engagement was delivered by trusted VCFS organisations with strong reach and relationships with community members. Outreach-based vaccinations were also delivered in community locations.
3. Being treated equally, respectfully and without discrimination should be the norm when using services
The covid vaccination is offered to all eligible patients. The targeted engagement ensured conversations and information were available in languages spoken by the community. The vaccination motivational interviewing training was delivered to increase the workforce capability in discussing vaccinations in a respectful way.
4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them
Vaccination messaging was co-produced and delivered by VCFS organisations to ensure it was tailored and adapted to those who will most benefit from it.
5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing
The enhanced phone conversations and community engagement were delivered to increase community knowledge and understanding of the covid booster and make an informed decision on the vaccination offer.
6. We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.

Collaboration across the health, care and VCFS system has been vital to increase vaccination equity.

1. REASONS FOR THE DECISIONS

1.1. The Autumn Covid booster programme and eligibility is determined nationally. Locally, we have the ability to influence the delivery model, review data on health inequalities and improve and population level knowledge and understanding of vaccination importance.

2. ALTERNATIVE OPTIONS

2.1. N/A

3. DETAILS OF THE REPORT

3.1. N/A

4. EQUALITIES IMPLICATIONS

4.1. There are health inequalities in vaccination coverage. The programme model, including community engagement, targeted phone pilot, and vaccination outreach delivery, were aimed at reducing health inequalities.

5. OTHER STATUTORY IMPLICATIONS

5.1. N/A

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1. N/A

7. COMMENTS OF LEGAL SERVICES

7.1. N/A

Linked Reports, Appendices and Background Documents

Linked Report


- N/A

Appendices

- N/A

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

- NONE

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>16 April 2024</p>	
<p>Report of: Natalia Clifford, AD for Public Health</p>	<p>Classification: Unrestricted</p>
<p>Report Title: Just Say Hello video - part of wider public health campaign to tackle loneliness and social isolation in the borough</p>	

<p>Originating Officer(s)</p>	<p>Agnes Gautier</p>
<p>Wards affected</p>	<p>All wards</p>

Executive Summary

Just Say Hello campaign

The ‘Just Say Hello’ Video is part of a broader campaign **to tackle loneliness and isolation in Tower Hamlets**. This is a mayoral priority as set out in the Tower Hamlets Council Strategic Plan 2022-26. Since the pandemic, an increased number of our residents are suffering from loneliness and isolation. Some residents are particularly affected, including 16-24 years old, disabled residents, new migrants and older residents.

Tower Hamlets Council is leading the TH Connection Coalition, a network of Council staff, and over 100 VCS and NHS organisations who want to tackle loneliness. As part of our strategy, co-produced with the network, partners had identified the need for a borough wide communication campaign targeting residents. The ‘Just Say Hello’ campaign was rolled out in December 2023 and concluded in March 2024. It was timed with the opening of the warm hubs, which were provided with ‘Just Say hello’ banners and conversations starter kits in 6 locations across Tower Hamlets.

The campaign had many aspects, built on feedback from the Connection Coalition network:

- A cohesive look and feel and accessible design developed in partnership with Well One;
- A media toolkit on TH Together website and THCVS website, to be used by members of the coalition, with posters, Facebook and Twitter banners that could be branded by different organisations;
- 10 ‘Just Say Hello’ events taking place across the borough, organised through Poplar Harca, with over 300 residents from different demographic categories (Dec 23-March24);

- A launch event held on 30th November, attended by 80 organisations, mostly VCS partners, with the distribution of over 100 'Just Say Hello' starter kits (tea, coffee, 'Just Say Hello' banner, conversation starters);
- A directory of local organisations providing social connection activities (walking groups etc);
- A social media campaign orchestrated by the TH communication team, and echoed by THCVS.

The aim of the campaign was to encourage residents to have conversations with each other and referred people onto warm hubs and other community activities running this winter.

About the video

The video was filmed in November 2023 at Bow Idea Store, during a health fair involving TH public health, early years and the Bow health network. Local residents were filmed. Many residents take part in weekly social activities at the Bow Idea Store (50+ club, story time for under 5s). About 10 residents were filmed on this occasion.

The video was:

- shared on TH social media and TH Council You Tube channel
- shared with residents who took part in it with the help of Bow health network
- shown during a broader Bow health network meeting
- was shown at the Connection event (67 participants)
- will be shown at the Idea stores (on site screens)

It will be used when the campaign is rolled out again next autumn.

Measuring impact (Just Say Hello campaign)

During the launch event, over 40 VCS organisations all over TH signed up to the campaign and committed to deliver various actions to fight loneliness and social isolation.

Some organisations have adopted the 'Just Say Hello' campaign for the long-term, for example Mind TH now has a weekly Just Say Hello drop in coffee morning.

A 100 copies of 'Just Say Hello' directory was distributed to adult social workers who will use it for referrals. A further 100 copies was distributed to our homeless service who will also use it in their signposting work.

The 'Just Say Hello' page was the 10th most popular page on the TH connect website.

Recommendations:

The Health and Wellbeing Board is asked to:

Note the campaign and share with colleagues. Provide advice on how to further promote the campaign in preparation for next year re-launch (October 24))

Health and Wellbeing Strategy:

The Health and Wellbeing Strategy is grounded upon 6 principles that matter most to residents of Tower Hamlets. Detail how this report relates to these principles:

<p>1. Resources to support health and wellbeing should go to those who most need it</p>
<p>The campaign is targeting residents suffering from loneliness and isolation. Loneliness and isolation can have long-term adverse effects on health and mental wellbeing. The campaign was delivered through our VCS partners working with different strands of residents affected by loneliness, such as the elderly, disabled, migrants, LGBTQ+.</p>
<p>2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme</p>
<p>The whole campaign is based on how to help residents connect, by inviting them to talk to each other, also by connecting them to community activities taking part around them.</p>
<p>3. Being treated equally, respectfully and without discrimination should be the norm when using services</p>
<p>The campaign highlights what is available locally for all our residents especially suffering from loneliness and social isolation, such as new migrants, elderly residents, disabled residents, LGBTQ+ residents etc.</p>
<p>4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them</p>
<p>The campaign idea was the product of a coproduction workshop with members of the Connection Coalition network. The communication campaign outputs were co-designed with Well One.</p>
<p>5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing</p>

Members have very much shaped this campaign, it was a clear ask from Connection Coalition members which includes VCS and NHS stakeholders,

6. We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.

The following partners were key to the Just Say Hello campaign:
TH Council public health team- loneliness senior policy officer
THCVS
Connection Coalition TH
Tower Hamlets Together
Well One

1. REASONS FOR THE DECISIONS

1.1. The campaign was co-produced by members of the Connection Coalition.

2. ALTERNATIVE OPTIONS

2.1. No alternative options were considered as it was considered feasible within the yearly objectives of the Connection Coalition campaign, and also helped support the Mayoral priority of tackling loneliness.

3. DETAILS OF THE REPORT

3.1. n/a

4. EQUALITIES IMPLICATIONS

4.1. N/a

OTHER STATUTORY IMPLICATIONS

4.2. N/a

5. COMMENTS OF THE CHIEF FINANCE OFFICER

5.1. n/a

6. COMMENTS OF LEGAL SERVICES

6.1. n/a

Appendices

Link to download video <https://we.tl/t-Dq8xiOE2eE> (download expire 15th April)

You tube link <https://www.youtube.com/watch?v=bqVIY0Gdyro> (permanent)

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:

Agnes Gautier Senior Policy Officer Connection Coalition

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<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>16 April 2024</p>	
<p>Report of: Somen Banerjee, Director of Public Health;</p>	<p>Classification: Unrestricted</p>
<p>Report Title: “Be Well” system-wide Prevention Programme</p>	

Originating Officer(s)	Somen Banerjee, Director of Public Health; Liam Crosby, Associate Director of Public Health
Wards affected	All wards

Executive Summary

The purpose of the paper is to set out an overarching framework and logic model for a system-wide Be Well programme tackles health inequalities and reduces risk of cardiovascular disease, respiratory disease, and cancer. The Be Well programme will be system-wide, consolidating existing workstreams and with input from all HWB partners.

The programme is called ‘Be Well’ aligning with the branding of the insourced leisure services and provide a recognisable focus for prevention work in the borough.

It’s core messages relate to the Vital 5 – an evidence-based synthesis of the five behavioural risk factor changes which will have the greatest impact on prevention and reducing progression of most long term conditions:

- Stopping smoking
- Controlling blood pressure
- Improving poor mental health
- Reducing obesity (increasing physical activity, improving diet)
- Reducing harmful drinking

[Vital 5 \(kingshealthpartners.org\)](https://kingshealthpartners.org)

The logic model proposes four core workstreams

1. Strengthening building blocks for health – focus on the impact of wider determinants on health (particularly linking to social prescribing)
2. Community centred prevention – focus on inequalities and targeted coproduction in the most deprived neighbourhoods in Tower Hamlets

3. Identification of high risk and enabling self care – focus at borough level on identification of undiagnosed conditions (eg high blood pressure, diabetes) and supporting residents to be well
4. Active management – focus on pathways of care, including quality and variation in management

The purpose of the approach is to provide a clear prevention framework across the health and care system and a clear simple set of messages to residents about how they can be well.

In order to develop the deliverables of the programme, cultivate system wide ownership and engage a wider group of stakeholders in the programme, a stakeholder event is being held on the 21st of May.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Comment upon the scope and outline structure of the proposed Be Well programme, as set out above
2. Commit to organisational representation at the Programme Development workshop,
3. In advance of the workshop, to consider what specific commitments can be made to deliver this programme – and bringing those commitments to the workshop.

Health and Wellbeing Strategy:

The Health and Wellbeing Strategy is grounded upon 6 principles that matter most to residents of Tower Hamlets. Detail how this report relates to these principles:

1. Resources to support health and wellbeing should go to those who most need it
This programme is focused on reducing inequalities in healthy life expectancy, by tackling the conditions that contribute most to this gap (cardiovascular diseases, diabetes, respiratory, and cancer).
2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme
One of the four pillars, “Community centred prevention”, recognises the importance of connection and inclusion in any prevention efforts.

3. Being treated equally, respectfully and without discrimination should be the norm when using services
The principles of equity, respect and non-discrimination will be embedded throughout Be Well.
4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them
A key objective of Be Well will be to provide a <u>simpler</u> prevention 'offer' for residents, joining up initiatives taking place across the system.
5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing
Residents and VCS will be involved in the development of this programme.
6. We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.
Be Well will provide one overarching joined up approach to Prevention, aligning the complex landscape of existing prevention and health promotion initiatives.

1. REASONS FOR THE DECISIONS

1.1. By supporting the development of this programme, the HWB will be enabling the development of a system-wide prevention framework across the health and care system and a clear simple set of messages to residents about how they can be well.

2. ALTERNATIVE OPTIONS

2.1. The Health and Wellbeing board could decide not to support the development of the Be Well prevention programme.

3. DETAILS OF THE REPORT

3.1. See slide deck in Appendix 1

4. EQUALITIES IMPLICATIONS

4.1. None

5. OTHER STATUTORY IMPLICATIONS

5.1. None

Linked Reports, Appendices and Background Documents

Appendices

- Appendix 1 – Presentation slides

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

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

- NONE

“Be Well” system-wide Prevention Programme

Programme outline,
Proposal for ‘Programme Development workshop’.

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Somen Banerjee

Liam Crosby

THT Board – 4th April 2024

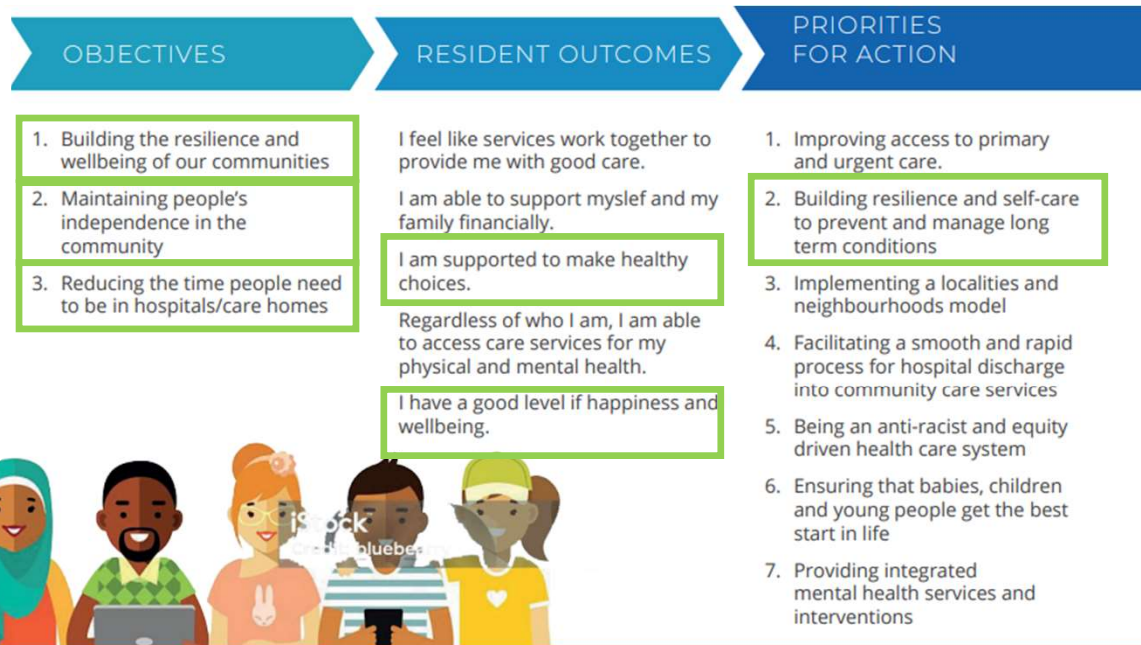


This presentation outlines a proposal for a system-wide Programme on prevention: 'Be Well'



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- Preventing poor health among our residents is essential to achieving the aims of the Health and Wellbeing Strategy.
- Several of THT's agreed Objectives, Outcomes, and one of the Priorities for Action, relate to Prevention of poor health, and promotion of good health.
- Enabling our residents to live in better health requires system-wide action on the causes of poor health.
- **The proposal is to establish a THT-wide Prevention programme, 'Be Well', to tackle poor health and enable our residents to live healthy, happy lives.**



Poor health affects our residents unfairly, and causes unsustainable pressure on the health and care system.



- Tower Hamlets has high numbers of residents living in poor health.
 - The gap in life expectancy between most and least deprived parts of our community grew in the latest year for which data are available (2020-21). Life expectancy has stopped increasing, and may have fallen slightly, for our most deprived residents.
 - Our deprived residents, and women, live unusually long amounts of their life in poor health.
- Poor health in large parts of the population is a major cause of strain on the health and care system
 - Large amount of pressure from people living with long-term conditions.
 - High rates of multi-morbidity.
- Our population is ageing and becoming more unwell – this will cause unsustainable system pressures unless we act to prevent this.

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'Be Well' would focus on five modifiable risk factors (rather than conditions) – that underpin a large amount of health inequalities



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- Five modifiable risk factors – the 'Vital 5' explain a large proportion of poor health in our population. Improving the population prevalence of these risk factors would improve health of our residents and reduce inequalities.
- Tower Hamlets sees high prevalence of all of these modifiable risk factors, and unequal distribution leading to health inequalities.
- These 'risk factors' are shaped and patterned by the socioeconomic determinants of health.
- **Addressing these risk factors, and the socioeconomic factors that underpin them, is therefore a priority for preventing ill health, and thus preventing health system pressures. 'Be Well' will focus on preventing and reducing prevalence of these risk factors.**
- The Vital 5 is an evidence-based model developed by Kings Health Partners (kingshealthpartners.org)

	Smoking rates at 11.7% are similar to London , but rates in BAME and routine/manual workers (34.2%) worse than London .	30,000 residents smoke
	48% of adults are overweight or obese , similar to London despite young population. Rates of healthy diet (5-a-day) and of physical inactivity are worse than London .	118,000 residents are overweight or obese
	High Blood Pressure: hypertension diagnosis gap 8.1% is similar to London/England . % of GP patients with a BP recording has fallen since 2014, now lower than national average	20,000 residents have undiagnosed Hypertension
	Mental health - estimated prevalence of Common Mental Illness– 22.8%– worse than England .	50,000 residents have diagnosed CMI
	Overall admission rates for alcohol are better than England but rates among White British are higher .	55,000 residents drink at harmful levels



Be Well will take a system-wide approach to reducing the Vital 5, with action grouped around four pillars



Strengthening 'building blocks' for health

Outcome: Tower Hamlets' socioeconomic environment makes it easier to live healthy lives; Residents are given the right support to improve factors like housing, employment, income

- Pillar may include: action to improve physical, economic, food and social environments to promote healthy lives;
- action to link patients to appropriate support around 'wider determinants' like housing, benefits, employment support etc.

Community-centered prevention and health promotion

Outcome: Communities in Tower Hamlets are empowered and enabled to take action to improve our health, and health systems link to community assets

- Pillar may include: initiatives to strengthen communities' ability to promote health, such as Communities Keeping Well
- strengthening 'links' to community assets – including via social prescribing, TH Connect etc.
- developing volunteers and community champions to promote health

Detection and enabling self-care

Outcome: Individuals at increased risk are identified, and enabled to reduce their risk

- Pillar may include: initiatives, outreach etc to detect/identify individuals with heightened risks from Vital 5, and make residents aware of risk factors
- strengthening and aligning our support offer to enable self-care, and pathways to access this support

Active Management

Outcome: Systems and pathways of care are effective for proactively meeting residents' needs and reducing risk

- Pillar may include: secondary prevention and management of the outcomes of detection and reduction of Vital 5 within clinical care pathways.
-



In order to deliver this programme, a number of 'enablers' will be required



- Data and Outcomes: a shared outcomes framework across the four Pillars of the programme, to focus the work of the system and enable us to adjust and deliver impact.
- Community co-production: ensuring that our residents' voice and insights shape any initiatives to produce this service.
- Communications: to ensure engagement of stakeholders throughout the THT system and beyond.
- Evidence-base and evidence building: linking with our HDRC and wider infrastructure to ensure a solid evidence base for our approach, and that research opportunities are maximised.

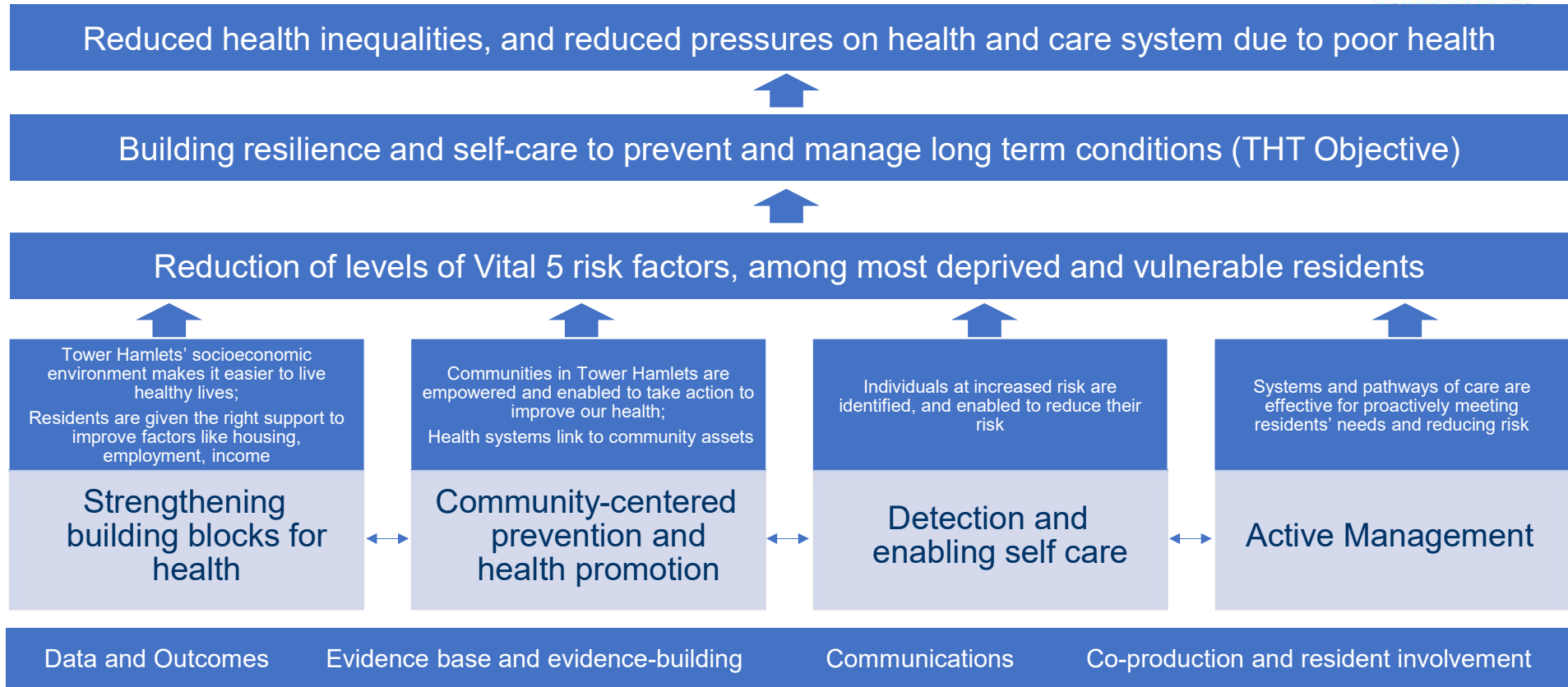
These enablers will require appropriate resourcing.



Be Well programme overall logic model



Long-term outcome
 Medium-term outcome
 Immediate outcome
 Output from activities
 Activities: 4 pillars
 Enablers / inputs



The programme interfaces with several other work areas, and success will depend on defining a clear scope

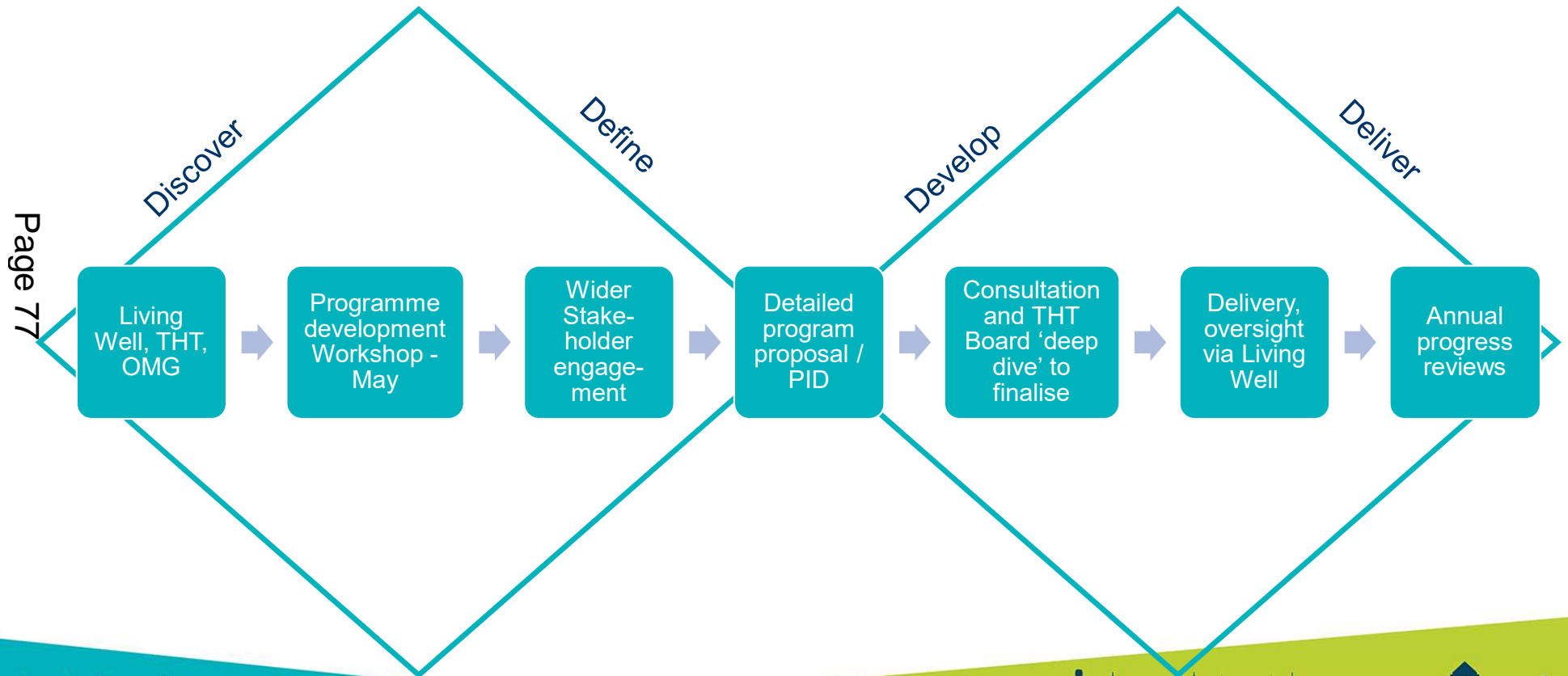


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Interfaces / dependencies	In scope	Out of scope
<ul style="list-style-type: none"> • Localities and Neighbourhoods programme: many of the outputs – such as INTs and Neighbourhood Forums, will be ‘Enablers’ to the Be Well prevention programme • LBTH Leisure insourcing programme: a ‘Be Well’ brand has been developed that can be utilised for this programme • Ongoing programmes of work from Public Health, ICB, wider THT Partners • Agreement and buy-in from across THT including primary care, secondary care, ICB, LBTH. 	<ul style="list-style-type: none"> • Initiatives that can support in reducing the level of Vital 5 modifiable risk factors across LBTH • The four ‘pillars’ of the programmes, with their proposed outcomes, determine the scope of the programme 	<ul style="list-style-type: none"> • Wider initiatives to improve the healthiness of Tower Hamlets’ environments: this programme will focus on <u>linking</u> support around ‘wider determinants’ with health and care services, and on specific most relevant environmental issues (food, physical activity). • Wider health promotion initiatives focused beyond the Vital 5 (e.g. uptake of screening, imms, etc) • Children and Young People will not be explicitly a focus – there are already initiatives such as the Family Hub programme to support health promotion in this group. However the programme will support CYP by virtue of enabling parents to be healthier.



We are at early stages of programme development, and beginning stakeholder engagement to co-produce



A Programme Development workshop in May will gather input to shape the programme



Aim: To co-produce the Be Well programme, establishing a joined-up, strategic approach to Prevention across THT. To agree to a deliverable programme of work with buy-in from across the partnership

Objectives:

1. To co-develop the success measures and outcome metrics of the Be Well programme, and to develop a shared understanding of its scope
2. To gain input from stakeholders about what deliverables THT Partners can commit to leading
3. To identify additional actions that we can prioritise in partnership in order to improve our local approach to Prevention.
4. To gain input about what enabling factors are needed to deliver this programme, to inform future business case for additional resource.

- **Date:** 21st May, 0930-1300
- **Location:** Tower Hamlets Town Hall
- **Invitees to include** Up to 80 THT decision-making members who can align work to this programme:
 - THT Board members;
 - Primary Care commissioners and GPCG, clinical leads;
 - Secondary care providers;
 - VCS – key representatives;
 - Providers of health promotion services;
 - Selected representatives from services addressing housing, employment, benefits.



Ask of Health and Wellbeing Board




HWB Board is asked to:

1. Comment upon the scope and outline structure of the proposed Be Well programme, as set out above
2. Commit to organisational representation at the Programme Development workshop,
3. In advance of the workshop, to consider what specific commitments can be made to deliver this programme – and bringing those commitments to the workshop.



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<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>16 April 2024</p>	
<p>Report of: Director of Public Health</p>	<p>Classification: Unrestricted</p>
<p>Report Title: Draft Mental Health Prevention Action Plan</p>	

Originating Officer(s)	Angela Burns, Public Health Programme Manager (Healthy Young Adults), LBTH Public Health
Wards affected	All wards

Executive Summary

Tower Hamlets Partnership Executive Group (PEG) has set a priority within its 2023-2028 Partnership Plan to become a signatory to the Mental Health Prevention Concordat and to develop an action plan to deliver mental health prevention and promotion for at least twelve months.

Signing up to the Mental Health Prevention Concordat requires PEG to establish an Action Plan around five domains (see below), with named leads for each action, and agreeing to the [consensus statement](#). The five domains for the Action Plan are:

- Effective use of data and intelligence
- Partnership and alignment
- Leadership
- Taking action and addressing inequalities
- Defining success outcomes

This briefing and accompanying report is about Tower Hamlets' Draft Mental Health Prevention Action Plan for 2024-2026, which Public Health are supporting PEG to develop. PEG will discuss the application at their next meeting, agree leads for actions, and will submit as part of the application process for the Prevention Concordat to DHSC at the end of May 2024.

Recommendations

The Health and Wellbeing Board is recommended to:

1. Agree that the sign off of the action plan will be by a named representative of the Tower Hamlets PEG

2. Support delivery of the proposed action plan in their respective organisations as action leads – Identify senior leaders to be named as leads on actions within the Mental Health Prevention Action Plan.
3. Review progress on the action plan on an annual basis (2024/2025 and 2025/2026)

Health and Wellbeing Strategy:

The Health and Wellbeing Strategy is grounded upon 6 principles that matter most to residents of Tower Hamlets. Detail how this report relates to these principles:

1. Resources to support health and wellbeing should go to those who most need it

The proposed Mental Health Prevention Action Plan has actions dedicated to identifying how to allocate resources to populations with the greatest need, by developing needs assessments using health intelligence and community insight.

2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme

The proposed Mental Health Prevention Action Plan is focused on addressing key determinants of mental health and wellbeing, including connection and inclusion. There are multiple actions in the plan that relate to social connection, community-centred approaches and social inclusion.

3. Being treated equally, respectfully and without discrimination should be the norm when using services

The proposed Mental Health Prevention Action Plan has a dedicated section focused on actions to address mental health inequalities experienced by disadvantaged or marginalised groups in the borough.

4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them

The proposed Mental Health Prevention Action Plan highlights different ways that information and advice about mental health will be communicated to different audiences across the borough and how this can be enhanced through collaboration with residents.

5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing

The proposed Mental Health Prevention Action Plan has actions that involve increasing the power of residents and voluntary and community sector organisations.

6. We should all be working together to make the best use of the assets we already have that support people’s health and wellbeing.

The proposed Mental Health Prevention Action Plan has actions that will result in improved knowledge and use of local community assets and current services, such as asset mapping, needs assessments, and collaboration between and within sectors.

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1. REASONS FOR THE DECISIONS

- 1.1. Tower Hamlets has high levels of mental health need, and preventing mental ill-health is everyone's business. This means the TH Partnership is well-placed to establish a joined-up approach to Prevention.
- 1.2. The proposed MH Concordat application, and associated Action Plan, is a helpful initiative for establishing a joined-up approach to mental health prevention across the Partnership. The actions have been developed with PEG during a workshop held in February 2024.

2. ALTERNATIVE OPTIONS

- 2.1. The Health and Wellbeing Board could choose not to agree that the Concordat is approved by the PEG Chair; or could choose not to support PEG's application to the MH Concordat. This would miss an opportunity for

3. DETAILS OF THE REPORT

- 3.1. Mental health promotion aims to improve positive mental health and wellbeing across the population by addressing structural barriers, strengthening communities and individuals, and improving the quality of the physical environment.
- 3.2. The [Prevention Concordat for Better Mental Health](#) is a national initiative organised by Department of Health and Social Care that promotes evidence-based planning and commissioning for mental health prevention and promotion among local authorities, integrated care systems, voluntary and community sector organisations, educational settings, employers and emergency services. Hundreds of these organisations have signed on to the Prevention Concordat, agreeing to the [consensus statement](#) and [submitting a pledged action plan](#) for a minimum of twelve months with actions that
- 3.3. Tower Hamlets has high mental health needs and demand for support and services. There are over 50,000 adults with a diagnosed common mental illness, nearly 5,000 adults with severe mental illnesses, and increasing numbers of children and young people needing support from specialist mental health services. There are also a wide array of risk factors for poor mental health that residents of Tower Hamlets are commonly exposed to such as poverty, violence, discrimination, and social exclusion.
- 3.4. In the Tower Hamlets Partnership Plan for 2023-2028, the Partnership has committed to promoting good mental health for people of all age, including an

action to 'become a signatory to the Prevention Concordat for Better Mental Health'. In February 2024, LBTH Public Health organised a workshop with PEG members to identify existing activities and propose further commitments that would contribute to a borough-wide action plan.

3.5. LBTH Public Health is engaging with partners working across the borough to develop the draft action plan component of the application form (pages 6-13 of Appendix 1), with sections relating to the following domains:

- Effective use of data and intelligence
- Partnership and alignment
- Leadership
- Taking action and addressing inequalities
- Defining success outcomes

The draft Mental Health Prevention Plan for 2024-2026 includes existing commitments of organisations in Tower Hamlets and new shared commitments to be taken forward by all PEG members (e.g., alignment of organisational mental health strategies; improving working conditions and support for staff; increasing learning and knowledge sharing about mental health topics among professionals).

3.6. The PEG will review and sign off the application form (Appendix 1 page 14) at their next meeting in May 2024 and LBTH Public Health will submit the application to DHSC by the end of May 2024. Following review and acceptance by DHSC, LBTH Public Health will work together with PEG members, the Mental Health Partnership Board and additional groups and individuals to implement the action plan. Action plan reports will be developed on an annual basis for PEG, the HWBB and DHSC.

4. EQUALITIES IMPLICATIONS

4.1. The Prevention Concordat framework includes a specific domain on addressing mental health inequalities through planned actions. The draft Tower Hamlets plan includes a list of actions to address mental health inequalities experienced by disadvantaged groups from 2024-26 including different ethnicities, gender and sexual identities, religions, abilities and ages.

5. OTHER STATUTORY IMPLICATIONS

5.1. The Care Act 2014 sets out duties of local authorities to promote individual wellbeing and preventative approaches; implementation of this action plan will support both of these duties.

Linked Reports, Appendices and Background Documents

Appendices

- Appendix 1: Tower Hamlets' application to the Prevention Concordat for Better Mental Health

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:

Angela Burns, Public Health Programme Manager (Healthy Young Adults)
angela.burns@towerhamlets.gov.uk

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Department of Health & Social Care

**Prevention Concordat for Better Mental Health: Commitment level application
form: Tower Hamlets Partnership Group**

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Section 1 - Information required from signatories to the Consensus Statement

We are delighted that you are interested in becoming a signatory to the [Prevention Concordat for Better Mental Health Consensus Statement](#). You will be joining a number of organisations who have committed to working together to prevent mental health problems and promote good mental health through local and national action.

The Prevention Concordat Commitment level registration process

- **Step 1:** Contact the national Public Mental Health team at publicmentalhealth@dhsc.gov.uk to request a Prevention Concordat application form. We will also introduce you to your OHID Public Mental Health regional lead.
- **Step 2:** Your regional lead will contact you to arrange an informal conversation to discuss your application and provide you with support during the process.
- **Step 3:** Please review the Prevention Concordat Consensus Statement (Appendix A) and the list of prompts and resources (Appendix B) to support your prevention and promotion planning.
- **Step 4:** Complete the first draft of your Prevention Concordat Commitment action plan and send to your regional lead for feedback.
- **Step 5:** Prior to sending your final application, please use the checklist in Appendix C to ensure you have covered all our requirements
- **Step 6:** Once both you and your regional lead are satisfied, send your final submission to publicmentalhealth@dhsc.gov.uk.
- **Step 7:** The Prevention Concordat assessment panel date will be sent to you with an optional invite to attend. Panels are held every 2 months.
- **Step 8:** The panel will review your application and provide feedback to support your work going forward.
- **Step 9:** We will be in touch with detailed written feedback and formal confirmation of the result within 8 weeks.
- **Step 10:** We will then confirm your signatory status, provide a Prevention Concordat certificate and promote your success on the Gov.uk website.
- **Step 11:** We will follow-up progress after 12 months.

Section 2 - Registration form

Please note: If you are signing up on behalf of a partnership, e.g. health and wellbeing board, Integrated Care System or another type of health partnership¹, please provide name, email, telephone number and job title of all the lead officers. Add additional columns as needed.

Lead contact name	Angela Burns
Lead contact details	Angela.burns@towerhamlets.gov.uk
Job title of lead officer	Public Health Programme Manager, London Borough of Tower Hamlets (LBTH)
Name of organisation / partnership	Tower Hamlets Partnership
Region	North East London
Post code	Multiple (E1, E3, E1W, E14)
Weblink	https://www.towerhamlets.gov.uk/lgnl/community_and_living/community_plan/tower_hamlets_partnership.aspx
Social media (e.g. Twitter)	
Please tell us more about your organisation's work (no more than 150 words)	<p>The Tower Hamlets Partnership is a group of local institutions, businesses, community members, and residents who work together to improve Tower Hamlets.</p> <p>The Tower Hamlets Partnership works to improve the borough's economic, social, and environmental wellbeing. It focuses on making services better and achieving positive results for residents. The partnership takes a proactive approach, coordinating and facilitating improvements, and making sure work is connected where needed.</p> <p>Partners work together to find new ways to deliver better public services, lead on complex issues, and promote partnership working. We work with local individuals and organisations to find creative solutions and take advantage of opportunities in Tower Hamlets and beyond.</p> <p>Key members of the Partnership Executive Group (PEG) include senior officers from public, VCS, and private sector organisations across Tower Hamlets.</p>
Please list any key partners you are working with including a lead contact name and email.	Abidah Kamali, Senior Strategy and Policy Officer, LBTH

¹ For the purposes of the Prevention Concordat application, 'any other partnership' should include two or more eligible organisations eg: partnerships between two or more anchor institutions – this can include NHS partnerships and emergency services.

Section 3 – Action Plan template

The Prevention Concordat for Better Mental Health is based on [the five-domain framework for local action](#). Please describe in bullet points what your partnership will be committing to over the **next 12 months (minimum)** using the form below. Actions should be evidence based and can be a continuation of an existing prevention and promotion plan or a new plan.

Please include links or attachments to all relevant documents as part of your application e.g., needs assessments, strategies, plans.

The application form is designed to capture your current and future commitments.

You may list any relevant achievements in Section 3. Please note that this section is optional and will not contribute towards the application assessment. If you would like to showcase your achievements to a wider audience, please fill out the case study template (provided within your application pack).

Please look at our list of prompts and resources for domains 1-5 contained in Appendix B to help guide your application. You may also find it useful to look at **example plans** and case studies when considering how to frame your commitments. These are available on request from publicmentalhealth@dhsc.gov.uk.

Domain 1: Effective use of data and intelligence.

Demonstrate a clear understanding of the key mental health issues affecting local communities, and which interventions should be prioritised to best meet local needs. Tell us about your plan for a needs assessment or provide a link to the document if completed.

Prompts for action planning:	Proposed actions over the next 18 months	Lead	Timeframe
<ul style="list-style-type: none"> • Assess mental health and wellbeing needs including risk and protective factors for prevention/promotion • Analyse quantitative as well as qualitative data <p>Map assets</p> <p>Take into account the disproportionate impact of COVID</p> <p>Identify priority groups, gaps in provision and the scale of need</p>	Undertake a collaborative community asset mapping exercise involving identification of opportunities to participate in mental health prevention and promotion activities with input from stakeholders across the Tower Hamlets Partnership Executive Group	Malachi Howe, Community Navigator, LBTH Public Health	April 2024
	Develop and ensure application of an Adult mental health needs assessment to inform strategic planning and commissioning	Angela Burns, Public Health Programme Manager, LBTH Public Health	April-July 2024
	Develop and ensure application of a needs assessment about healthy early years including mental wellbeing, attachment, and adverse childhood experiences	Bridget McGlinchy, Public Health Officer (Maternity and Early Years), LBTH	2024-2025
	Develop and ensure application of a needs assessment about mental health and emotional wellbeing during childhood and adolescence	New Public Health Programme Manager, CYP Mental Health, LBTH	2024-2025

Domain 2: Partnership and alignment.

Tell us how local organisations and populations will be working together across sectors to align plans and undertake joint or complementary programmes of work.

Prompts for action planning:	Proposed actions over the next 18 months	Lead	Timeframe
<ul style="list-style-type: none"> Collaborate on needs assessment and planning with external organisations and leverage resources of the partnership (e.g. local employers, voluntary sector, other public and private sector) Collaborate internally with teams working on the wider determinants Involve and co-produce with diverse communities (e.g. ethnic minority groups, LGBT+, those with long-term health conditions or disability), including those lived experience of mental ill-health Agree the prioritisation of ‘at risk’ groups with partners to avoid widening inequalities Align with existing and future plans covering population mental health and wellbeing eg: Mental Health strategy, Borough plan, ICS strategy. 	<p>Collaboration on development of new Adult Mental Health Strategy and Action Plan with members of the Tower Hamlets Mental Health Partnership Board</p>	<ul style="list-style-type: none"> Carrie Kilpatrick? LBTH Public Health? Day Njovana, Borough Director, ELFT Dr Judith Littlejohns, GP Phil Warburton, Chair of VCS Alliance 	2024-2025
	<p>Working together with the voluntary and community sector</p> <ul style="list-style-type: none"> Involve and co-produce mental health and wellbeing interventions with member organisations of the Tower Hamlets Mental Health Voluntary and Community Sector Alliance Publicising and supporting VCS organisations that people can interact with to improve their wellbeing (e.g. advice services, employment, leisure activities etc) to ensure alignment, collaboration, and networking 	<ul style="list-style-type: none"> Phil Warburton, Rethink Mental Illness Alison Robert, Partnerships Manager, Tower Hamlets Council of Voluntary Services (TH CVS) 	2024-2026
	<p>Working together with residents</p> <ul style="list-style-type: none"> Organise involvement and co-production opportunities for people with lived experience of mental ill-health and diverse communities to be involved in strategy and service development, implementation and evaluation Involvement of residents living in most deprived neighbourhoods in community-centred approaches to health and wellbeing including participatory budgeting and co-creation of activities at a neighbourhood level (Communities Keeping Well) 	<ul style="list-style-type: none"> Leigh Bell, People Participation Lead for Tower Hamlets, East London NHS Foundation Trust (ELFT) Mimi Coultas, Public Health Programme Manager, LBTH Jon Williams, Engagement and Community Communications Lead, NHS North East London Alison Robert, TH CVS 	2024-2026

Domain 3. Leadership and accountability

Set out your plans to ensure that a wide range of organisations are involved in better mental health and are held to account for jointly agreed actions, with clear leadership and direction.

Prompts for action planning:	Proposed actions over the next 18 months	Lead	Timeframe
<ul style="list-style-type: none"> Briefly describe how senior leaders will ensure clear leadership/vision for prevention of poor mental health and promotion of good mental health across the partnership e.g. through Board papers, strategies, plans etc. Describe local governance and reporting arrangements for the Concordat commitment. List any senior mental health and wellbeing champions 	Senior leader members of the Partnership Executive Group will strengthen and align their organisational approaches and plans for preventing poor mental health and promoting good mental health and wellbeing	Abidah Kamali, Senior Strategy and Policy Officer, LBTH	2024-2026
	Report on mental health prevention and promotion via and the Partnership Executive Group, Health and Wellbeing Board and DHSC	Angela Burns, Public Health Programme Manager, LBTH	December 2024
	Recruit and provide training/tools/support for Mental Health Champions among senior leaders across Tower Hamlets Partnership Executive Group member organisations	Abidah Kamali, Senior Strategy & Policy Officer, LBTH	May-July 2024

Domain 4(a): Translate need into deliverable commitments

Set out your plans to ensure that high-level strategic aims to promote better mental health are translated into actions and integrated into operational plans across a range of organisations and across the life course.

Prompts for action planning:	Proposed actions over the next 18 months	Lead	Timeframe
<ul style="list-style-type: none"> Plan universal interventions (population wide) Target interventions (to those at greater risk including those with existing mental health problems) Take action across the life-course and in key settings eg: schools and workplaces Secure resources for planned interventions 	<p>Workforce development</p> <ul style="list-style-type: none"> Provide learning and development opportunities for people working in all Tower Hamlets Partnership organisations (training, knowledge exchange) about mental health prevention and promotion topics (e.g., trauma-informed approaches, suicide prevention, mental health first aid and awareness) Organisations will enable participation in L&D opportunities through offering staff protected time and ensuring senior leader/management support 	Ekramul Hoque, Training Hub Lead, Tower Hamlets CEPN	2024-2026
	Administer Mayor’s community grants programme and small grants programme funded projects that address building blocks of mental health and wellbeing	Craig Morbey, Strategy and Policy Lead, Chief Executive Office, LBTH	2024-2027
	Administer community grant programme with a focus on promoting wellbeing, biodiversity, skills, and education	Emma Warden and Sophie Goddard, Canary Wharf Group	2024-2026
	Provide training, resources and activities to support improvements to prevention of poor mental health / workplace related stress according to Health and Safety Executive guidelines and the Mayor of London’s Good Work Standard.	Viknesh Akilan, Public Health Programme Officer, LBTH Public Health	2024-2025
	Establish and maintain support offers for frontline staff across Tower Hamlets Partnership Executive Group member organisations	Tower Hamlets Partnership Executive Group representatives	2024-2026
	Establish and support a network of up to 60 Health and wellbeing champions to communicate with their wider communities about key messages, including taking care of mental health and wellbeing.	Agnes Gautier, Senior Policy Officer, Public Health, LBTH	2024-2026
	Develop and disseminate communications content about taking care of mental health and wellbeing including local services and wellbeing activities, with involvement from diverse people across the borough.	<ul style="list-style-type: none"> Angela Burns, Public Health Programme Manager, LBTH Jessica Prakash, Recovery College Manager, ELFT 	2024-2025

	Coordination and delivery of Tower Hamlets suicide prevention action plan via the borough steering group	Angela Burns, Public Health Programme Manager, LBTH Public Health	2024-2026
	Deliver mental health promotion and support in schools (Mental Health Support Teams, Healthy Lives resources and lessons)	<ul style="list-style-type: none"> Public Health Programme Manager (CYP Mental Health), LBTH Sultana Begum, Healthy Lives, LBTH Dee Bleach, Owen Oregan, Danny Lye - Full Headteacher Consultative 	
	<ul style="list-style-type: none"> Increase access to preventative interventions and peer support for perinatal mental health and parent-infant relationships by capacity building and funding the VCS as delivery partner. Targeted engagement and support for those least likely to access perinatal mental health/parent-infant relationship support such as fathers/partners and marginalised groups such as refugee and asylum seeking families. Trauma-informed practice - Workforce development in children's social care, children and family centres and health visiting. 	Georgia Ramirez, Public Health Programme Lead (Maternity and Early Years), LBTH Public Health	2024-2025
	Tackle loneliness and social isolation through communications, training, and delivery tailored and accessible activities that promote social connection	Agnes Gautier, Senior Policy Officer, Public Health, LBTH	
	<ul style="list-style-type: none"> Promote resources, services and activities to students in higher education Deliver University Mental Health Charter framework to foster whole university approach to mental health Deliver tailored support for students regarding mental health and wellbeing, including responding to global events 	<ul style="list-style-type: none"> Niall Morrissey, Queen Mary University London Viknesh Akilan, Public Health Officer, LBTH 	
	Address mental health and wellbeing needs arising among staff and members of the public encountered in emergency services through provision of Mental Health First Aiders and awareness raising about trauma and stigma	Richard Tapp, Fire Borough Commander, London Fire Brigade	
	Increase access to and quality of local community assets in the built environment that promote good mental health and wellbeing (parks and green spaces, leisure centres, play spaces and other outdoor spaces)	Katy Scammell, Associate Director of Public Health (Healthy Environments), LBTH	

Domain 4(b): Tackle inequalities

Set out your plans to ensure that tackling mental health inequalities is incorporated in all actions. This should include discrimination, racism and stigma, vulnerable groups and those at greater risk, with a focus on socio-economic disadvantages faced by local communities.

Prompts for action planning:	Proposed actions over the next 18 months	Lead	Timeframe
<ul style="list-style-type: none"> Take action on the social determinants of mental health to address health inequalities including mental health in all policy (eg: employment, education, housing/homelessness, poverty, debt) Identify what steps you are taking to address discrimination, racism and exclusion faced by particular local communities. Address mental health stigma 	Address inequalities in access and outcomes of mental health services experienced by ethnic groups, including programmes and services delivered by VCS Alliance members	<ul style="list-style-type: none"> Phil Warburton, Rethink Mental Illness Brenda Scotland, Public Health Programme Manager, LBTH Public Health Day Njovana, Borough Director, ELFT 	2024-2026
	Engagement with and via different faith communities about mental health and wellbeing and how to get support	<ul style="list-style-type: none"> Jaber Khan, Corporate Strategy, LBTH Sufia Alam, Tower Hamlets Interfaith Forum, East London Mosque 	2024-2026
	Build capacity among local professionals about how to prevent and address different forms of discrimination including and racism, ableism, homophobia, transphobia	<ul style="list-style-type: none"> Ekramul Hoque, Tower Hamlets CEPN Claire McComb, elop Cyril Eshareturi, Public Health Programme Lead, LBTH 	2024-2025
	Develop the Homelessness and Rough Sleeping Strategy and Action Plan to prevent and reduce homelessness and ensure people have access to support services including mental health	<ul style="list-style-type: none"> Rafiqul Housing, Head of Housing Options, LBTH Andrea Baker, Tower Hamlets Housing Forum 	2024-2025
	Deliver tackling poverty and income maximisation interventions including benefits advice and personal health budgets	<ul style="list-style-type: none"> Jo Ellis, Tower Hamlets Community Advice Network Laura Austin-Croft, ELFT 	2024-2025
	Deliver tailored and trauma-informed employment support options, including for people living with and/or at risk of mental illness	<ul style="list-style-type: none"> Juli Browne, LBTH Supported Employment Umme Begum, DWP Job Centre Plus 	2024-2026

	Build capacity for mental health services, to improve access and quality of delivery for disabled people	Sue Denning, Public Health Programme Manager, LBTH	2024-2025
	Deliver community engagement activities targeting people living with long-term health conditions and older people to increase access to support with common mental illnesses	Khudaija Ismail, Senior Community Engagement Worker, Tower Hamlets Talking Therapies, ELFT	2024-2025
	<ul style="list-style-type: none"> • Develop capacity and provision of trauma-informed support for people in touch with the criminal justice system, including victims of violence • Implement activities to prevent and mitigate the impact of experience of violence 	<ul style="list-style-type: none"> • Michael Lewis, Metropolitan Police Service • Menara Ahmed, Senior VAWG and Hate Crime Manager, LBTH 	2024-2026

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Domain 5. Defining success outcomes

Set out your plans to measure outcomes for preventing mental ill-health and promoting good mental health, selecting those measures which would be most relevant to local communities.

Prompts for action planning:	Proposed actions over the next 18 months	Lead	Timeframe
<ul style="list-style-type: none"> Understand the impacts you are looking to measure List your agreed outcomes and how you will measure and monitor them – ensure they are SMART (specific, measurable, achievable, realistic, timed) Ensure regular reporting Consider using a logic model or theory of change to link activity to outcomes Consider use of wellbeing metrics. Commission independent evaluation if possible and where evidence is weak. 	Develop and apply a shared outcomes framework for mental health prevention and promotion activities in collaboration with by members of the Tower Hamlets Partnership Executive Group and the Mental Health Partnership Board (as part of the Adult Mental Health Strategy), taking into account the full life course and diverse cultural perspectives of mental health and wellbeing	Angela Burns, Public Health Programme Manager, LBTH	December 2024
	Provide tools, resources and support for measuring mental health and wellbeing outcomes for organisations delivering mental health prevention and promotion interventions	Angela Burns, Public Health Programme Manager, LBTH	2024-2025
	Establish and disseminate annual reporting by Tower Hamlets Partnership Executive Group members re: mental health prevention and promotion outcomes	Abidah Kamali, Senior Strategy & Policy Officer, LBTH	April 2024- March 2026

Section 5 - Senior leadership/CEO sign off

Please let us know if you would like to be contacted to provide short statements on your progress to use in communication pieces, such as bulletins, social media, and case studies etc.

<p>Is your organisation/ partnership happy to provide key impact headlines or quotes when contacted related to your Prevention Concordat Commitment?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>The purpose of this information is from promotion purposes, to support us to inspire others and share good practice.</i></p>	
<p>Upload Senior leader/CEO signature and organisation logo.</p> <p><i>If you are signing up on behalf of a partnership, please include signatures and logos from all the organisations</i></p>	

Prior to submitting your final application, please review and complete the checklist in Appendix C.

Appendix A: Prevention Concordat Consensus Statement

Prevention Concordat Statement

“Strengthening protective factors and reducing risk factors sit at the heart of our commitment to promoting good mental health. COVID-19 has highlighted long-standing social and economic inequalities. There is evidence that protective and risk factors for mental health are unequally distributed across the country, in our communities and for those with existing mental health conditions.

We are committed to reducing mental health inequalities by taking action to address the following factors:

Protective factors - maternal and infant mental health, early years support, family and parenting support, connecting with others and forming good relationships, good education, stable, secure good quality and affordable housing, good quality work, a healthy standard of living, accessible safe and green outdoor space, arts and cultural activities, community cohesion.

Risk factors - poverty, socio-economic inequalities, child neglect and abuse, unemployment, poor quality work, debt, drug and alcohol misuse, loneliness, homelessness, violence, discrimination.

This is an opportunity to build back better to create a fairer society, working with our voluntary and community partners, the health and social care sector, emergency services, local and national stakeholders. Signing the Concordat means becoming part of a community of practice committed to taking evidence based preventive and promotional action to support the mental health of the whole population, those at greater risk of poor mental health, and those receiving treatment. Keeping people mentally well is as important as providing early help, and many interventions will also result in social and economic benefits, even in the short term.

As signatories, we will work as a whole system and across organisational boundaries. We commit to supporting place-based population mental health through co-ordination of partnerships at Integrated Care System, local authority and neighbourhood levels. We will do this using needs assessment in partnership with local stakeholders, communities, people with lived experience and carers, all of whom know what matters most. As system leaders, we will also use employment and procurement levers to improve population mental health and wellbeing.

We believe that the transformation of mental health services set out in the NHS Long Term Plan will be supported through strong prevention and early intervention, as we know that evidence-based prevention and promotion interventions reduce demand on the mental health system and support recovery. The inter-relationship between good mental and physical health should also inform the delivery of physical health improvement. We will encourage local and national stakeholders to invest in promoting mental wellbeing, preventing mental health conditions and preventing suicide. This will reduce demand for services and create savings not just for the NHS and social care, but also for employers, education providers, emergency services and justice systems.

We will lead by example, taking action based on the best evidence. Where there is promising evidence, we are committed to building on this and to evaluating its efficacy. We will share our good practice and promote learning. We will regularly review and refresh our prevention approach and our action plan, giving an annual account of progress.

Appendix B: Action plan prompts and resources to support your application

Domain	Requirements – your action plan should show how you:	Relevant resources
<p>1: Effective use of data and intelligence. Having a clear understanding of the key mental health issues affecting local communities, and which interventions should be prioritised to best meet local needs.</p>	Have already undertaken or are planning a mental health needs assessment covering prevention and promotion	<ul style="list-style-type: none"> • Mental Wellbeing Joint Strategic Needs Assessment Toolkit Public Health England • Meeting the need – what makes a good JSNA for mental health or dementia? Public Health England and Centre for Mental Health • The Children and Young People’s Mental Health and Wellbeing Fingertips tool , Child and Maternal Health Fingertips and Perinatal Mental Health fingertips profile • No child left behind: understanding and quantifying vulnerability • Conceptual framework for public mental health – National Institute for Health Research (NIHR) study identifying risk and protective factors • PHE Mental Health and Wellbeing surveillance report (COVID-19) routinely updated. Key findings and Spotlight reports focusing on a range of population characteristics • Health Equity Assessment Tool Public Health England • English Indices of Multiple Deprivation 2019
	Collect and analyse quantitative as well as qualitative data	
	Map assets which can protect and promote mental health and wellbeing	
	Take into account the disproportionate impact of Covid-19 on different groups	
	Set out priority groups, gaps in provision and the scale of need	
<p>2: Partnership and alignment. Local organisations and populations working together across sectors to</p>	Collaborate on needs assessment and planning with external organisations and leverage resources of the partnership (e.g. local employers, voluntary sector, NHS, local authorities, emergency services, universities)	<ul style="list-style-type: none"> • Community-centred public health: Taking a whole-system approach • Community engagement: improving health and wellbeing and reducing health inequalities, NICE

Domain	Requirements – your action plan should show how you:	Relevant resources
align plans and undertake joint or complementary programmes of work.	Collaborate internally with relevant departments/directorates working on the determinants of mental health	<ul style="list-style-type: none"> • Building resilience: how local partnerships are supporting children and young people’s mental health and emotional wellbeing Local Government Association
	Involve and co-produce with diverse communities (e.g. Black Asian and minority ethnic groups, LGBT+, those with long-term health conditions or disability), including those lived experience of mental ill-health	
	Discuss and agree your approach and the prioritisation of ‘at risk’ groups with partners to avoid widening inequalities	
<p>3. (a) Translate need into deliverable commitments</p> <p>Ensuring that high-level strategic aims to promote better mental health are translated into actions and integrated into operational plans across a range of organisations and across the life course.</p>	<p>Plan on delivering both universal interventions (population wide) and targeted interventions (to those at greater risk including those with existing mental health problems)</p> <p>Take action across the life-course (e.g. children and young people, working age adults, older people)</p> <p>Promote and protect good mental wellbeing in settings such as schools and workplaces, including your own staff’s wellbeing</p> <p>Secure resources for planned interventions</p>	<ul style="list-style-type: none"> • Better Mental Health for All Faculty of Public Health, Mental Health Foundation • Commissioning Cost-Effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Health London School of Economics • Public mental health: Evidence, practice and commissioning Royal Society of Public Health • Community interventions for improving adult mental health – mapping policy and practice in England NIHR school of public mental health • What Good Looks Like for Public Mental Health • Universal approaches to improving children and young people’s mental health and wellbeing: a report of the findings of a special interest group • No child left behind: understanding and quantifying vulnerability • Local suicide prevention planning: a practical resource, Public Health England, 2020 • Behavioural Science and Public Health Network - Real

Domain	Requirements – your action plan should show how you:	Relevant resources
		<p>World Public Mental Health Podcast series identifying key interventions and evidence base relevant to COVID-19</p>
<p>3 (b) Tackle inequalities Ensuring that tackling mental health inequalities is incorporated in all actions. This should include discrimination, racism and stigma, vulnerable groups and those at greater risk, with a focus on socio-economic disadvantages faced by local communities.</p>	<p>Take action on the social determinants of mental health including mental health in all policy to address health inequalities (eg: employment, education, housing/homelessness, poverty, debt)</p> <p>Identify what steps you are taking to address discrimination, racism and exclusion faced by particular local communities</p> <p>Address mental health stigma</p>	<ul style="list-style-type: none"> • Mental health for all? Centre for Mental Health report on tackling inequalities in mental health outcomes • Tools to support 'Place-based approaches for reducing health inequalities' Public Health England • Build Back Fairer the COVID-19 Marmot Review Institute of Health Equity • Tackling social inequalities to reduce mental health problems Mental Health Foundation • Community-centred interventions for improving public mental health among adults from ethnic minority populations in the UK: a scoping review • Time to Change – impact report evaluation of the anti-stigma campaign
<p>4. Defining success outcomes Having a clear understanding of how to measure outcomes in preventing mental ill-health and promoting good mental health, and which would be most relevant to local communities.</p>	<p>Understand the impacts you are looking to measure</p> <p>List your agreed outcomes and how you will measure and monitor them; consider using a logic model or theory of change.</p> <p>Put effective monitoring and evaluation plans in place with regular reporting – commission independent evaluation if possible.</p>	<ul style="list-style-type: none"> • Wellbeing measures and data What Works Centre for Wellbeing • Introduction to wellbeing evaluation What Works Centre for Wellbeing









Domain	Requirements – your action plan should show how you:	Relevant resources
<p>5. Leadership and accountability Ensuring that the wide range of organisations are involved in better mental health and are held to account for jointly agreed actions, with clear leadership and direction.</p>	<p>Describe how senior leaders will ensure clear leadership and direction for prevention of poor mental health and promotion of good mental health across the partnership e.g. through Board papers, strategies, plans etc.</p>	<ul style="list-style-type: none"> • Our place: Local authorities and the public’s mental health – Centre for Mental Health • Mental Health: How do you know your council is doing all it can to improve mental health? Local Government Association • A public health model for mentally healthier Integrated Care Systems Centre for Mental Health
	<p>Describe local governance and accountability arrangements for the Concordat commitment.</p>	
	<p>Identify a local Mental Health and wellbeing Champion</p>	<ul style="list-style-type: none"> • A councillor’s workbook on supporting mentally healthier communities Local Government Association • Mental health champions network Centre for Mental Health

Appendix C: Prevention Concordat checklist

Prevention Concordat Application Checklist

Please use the checklist below to ensure you have completed the relevant steps before submitting your Prevention Concordat Commitment action plan to the OHID Public Mental Health national team on PublicMentalHealth@dhsc.gov.uk Please also copy the regional lead into the email so that they are aware that the application has been submitted.

Organisation Name:

Action	Comments
Action plan content	
 Have you provided information against each prompt in the action plan template?	
 Is your action plan in a SMART format (specific, measurable, achievable, relevant, time-bound)?	
 Does each action on your plan have a relevant named lead?	
 Have you included links or attachments to all relevant documents referenced as part of your action plan e.g. needs assessment reports?	
Feedback and collaboration	
 Have you discussed and received feedback on your action plan from your OHID Public Mental Health regional lead?	
 Have you discussed and received feedback on your action plan from your relevant local partners?	
Final steps	
 Is your OHID Public Mental Health regional lead satisfied with your final action plan?	
 Are all relevant local partners satisfied with the final action plan?	