

Tower Hamlets Health and Wellbeing Board

Full Agenda Pack for meeting

Monday, 10 June 2024 at 5.00 p.m.
Council Chamber - Town Hall, Whitechapel

Members:

Chair: Councillor Gulam Kibria Choudhury

Vice Chair: Dr Neil Ashman

Councillor Suluk Ahmed, LBTH Member
Councillor Kabir Ahmed, Cabinet Member for Housing Management and Performance
Councillor Maium Talukdar, Cabinet Member for Education & Childrens Services
Councillor Abdul Wahid, (Cabinet Member for Equalities and Social Inclusion)
Dr Somen Banerjee, Acting Corporate Director Adult Social Care
Steve Reddy, Corporate Director of Children Services
Matthew Adrien, Service Director at Healthwatch Tower Hamlets
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
Kosru Uddin, Tower Hamlets Housing Forum

Co-opted Members:

Substitutes:

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

Joel West, Democratic Services Officer (Committee),
joel.west@towerhamlets.gov.uk





020 7364 4207

Town Hall, 160 Whitechapel Road, London, E1 1BJ

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



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A Guide to the Health and Wellbeing Board

The aim of the Tower Hamlets Health and Wellbeing Board (HWBB) is to improve the health and wellbeing of Borough residents. To achieve this, the Board will carry out the following:

To encourage joint working between health or social services providers in Tower Hamlets for the advancement of the health and wellbeing of Borough residents.

To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.

To prepare the Joint Health and Wellbeing Strategy.

To be involved in the development of any Clinical Commissioning Group Commissioning (CCG) Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.

To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local HealthWatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.

To carry out new functions as requested by the Secretary of State and as advised in guidance issued from time to time.

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

Monday, 10 June 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 Declarations of Disclosable Pecuniary Interests (Pages 7 - 10)

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

1.3 Minutes of the Previous Meeting and Matters Arising (Pages 11 - 18)

To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on 16 April 2024. Also to consider matters arising.

2. ITEMS FOR CONSIDERATION

2.1 Sexual and Reproductive health strategy 2024-2029 (Pages 19 - 100)

2.2 Updated SEND Improvement (Pages 101 - 112)

2.3 Serious Violence Strategy (Pages 113 - 150)

2.4 Tower Hamlets BCF 2023/24 Year End Template

2.5 ADPH Annual Health Report 2023 (Pages 151 - 184)

3. ANY OTHER BUSINESS

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

Next Meeting of the Tower Hamlets Health and Wellbeing Board

Friday, 28 June 2024 at 5.00 p.m. to be held in Council Chamber - Town Hall, Whitechapel





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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 contact: Linda Walker, Interim Director, Legal and Monitoring Officer, Tel: 0207 364 4348.

APPENDIX A: Definition of a Disclosable Pecuniary Interest

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

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

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.05 P.M. ON TUESDAY, 16 APRIL 2024

COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL

Members Present in Person:

Councillor Gulam Kibria	Cabinet Member for Adults, Health and Wellbeing
Choudhury (Chair)	
Councillor Kabir Ahmed	Cabinet Member for Housing Management and Performance
Dr Somen Banerjee	Director of Public Health, LBTH
Steve Reddy	Corporate Director of Children Services
Matthew Adrien	Service Director at Healthwatch Tower Hamlets
Dr Neil Ashman	Tower Hamlets Place Lead, NHS North-East London
Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Councillor Ahmodur Khan	Chair of the Health Scrutiny Sub-Committee
Vicky Scott	Chief Executive Officer THCVS
Charlotte Pomery	Representative from North-East London NHS Integrated Care Board

Apologies:

Councillor Saied Ahmed	(Cabinet Member for Resources and the Cost of Living)
Councillor Maium Talukdar	(Deputy Mayor and Cabinet Member for Education, Youth and Lifelong Learning (Statutory Deputy Mayor))
Kosru Uddin	(Representative from the Tower Hamlets Housing Forum)

Officers Present in Person:

Natalia Clifford	
Liam Crosby	Associate Director of Public Health (Acting)
Naveed Mohammed	(Head of Strategy, Policy & Improvement)
Gemma Lyons	(Health Protection Lead)
Joel West	(Democratic Services Team Leader (Committee))

- 1. STANDING ITEMS OF BUSINESS**
- 2. WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Maium Talukdar, Councillor Saied Ahmed, Councillor Abdul Wahid and Kosru Uddin (Representative from the Tower Hamlets Housing Forum).

3. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

RESOLVED that the minutes of the Board meeting on 6 February 2024 are approved as a correct record.

4. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were none.

4.1 Draft Special Educational Needs Disabilities & Inclusion Strategy: 2024 - 2029

Steve Reddy, Corporate Director Childrens Services and Frances Winter, Strategy & Policy Lead introduced the report that set how the partnership, led by the SEND Improvement Board, would secure the improvements needed so that the right support is provided for children and young people with SEND and their families in Tower Hamlets.

The strategy aims to engage partners across the health and well-being board to promote consultation participation through various channels within the community. Notably, there has been a notable increase in demand across the education, health, and care sectors, especially concerning educational disabilities, as evidenced by a rise in education, health, and care plans from over 2000 to nearly 4000 in recent years.

The report highlighted the scrutiny around Special Educational Needs and Disabilities (SEND) with inspections and challenges prompting a need for self-assessment readiness for upcoming re-inspections. The focus on delivering better value programs for high-needs individuals, engaging young people and families, and attracting additional funding to manage demand highlights proactive steps being taken.

The strategy's priorities revolve around timely support, user-friendly services, phased support across different education stages, and creating an inclusive environment celebrating young people with SEND. Active involvement of young people would be sought in shaping priorities through forums like the Young People's Forum

During discussions, the Board sought ways to enhance support for those over 18 with learning disabilities, address low COVID booster uptake among the SEND cohort, and improve leisure and well-being opportunities for individuals with disabilities to tackle health inequalities. Suggestions included boosting over 18 special education offerings, enhancing pandemic response learnings, and promoting accessibility in leisure programs to cater to diverse needs more effectively.

The board welcomed the report.

RESOLVED that:

1. The Health and Wellbeing Board 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.

4.2 Covid Booster update

Natalia Clifford, Associate Director for Public Health and Gemma Lyons, Health Protection Lead introduced the report that updated the Board on the Autumn Covid-19 booster programme, delivered between 11 September 2023 and 31 January 2024. The data revealed that 25.6% of the eligible population in Tower Hamlets received the booster between September 2023 and January 2024, slightly lower than the North East London average of 31%. Noteworthy was the higher coverage among high-risk groups, including care home residents (75% coverage), housebound residents (81%), and individuals aged 80 and over (45%).

However, certain demographics, such as those aged 80 plus, individuals aged 65 to 79, and patients with learning disabilities or serious mental illnesses, exhibited lower booster coverage compared to the North East London average. To address these disparities, funding from the North East London Integrated Care System (ICS) and public health sources was utilized to implement targeted communication and engagement initiatives. These efforts involved collaborating with voluntary, community, and faith-based organizations to organize events, workshops, Q&A sessions, and distribute informative materials through various channels.

An innovative vaccination engagement pilot was developed to reach vulnerable residents, focusing on those aged 80 plus and individuals with specific health conditions. Additionally, motivational interviewing training was provided to enhance the workforce's ability to engage with the public effectively. The after-action review conducted with partners highlighted challenges and identified areas for improvement for the upcoming spring booster program.

Moving forward, action areas have been identified to enhance the delivery model for care homes, housebound patients, and clinically extremely vulnerable children. Improvements in escalation processes, governance, vaccine delivery across the health system, integration of outreach activities into broader health events, and data scrutiny mechanisms were outlined for future planning. The spring booster program, running from April 15th to June 30th, targets adults aged 75 and over, residents in care homes, and immunosuppressed individuals.

Efforts are being made to strengthen the delivery model through collaborative partnerships and tailored communication strategies for these specific cohorts. The overarching goal is to ensure equitable access to vaccinations, increase uptake among priority groups, and streamline processes for efficient program implementation. By addressing the identified challenges and implementing the planned improvements, the health system aims to enhance vaccination coverage and promote public health resilience in the community.

Further to the presentation, the Board:

- Stressed the importance of improving COVID booster uptake, especially among vulnerable sections of the community, such as older age groups and immunosuppressed individuals.
- Expressed concerns about the drop in vaccination rates within the Bangladeshi community, despite initially having high uptake at the start of the pandemic.
- Expressed concerns about the lack of detailed demographic data, particularly on COVID uptake by ethnic minorities, poses a challenge in addressing health inequalities effectively. The Board underscored the ongoing challenges in collecting comprehensive demographic data and the imperative need for tailored strategies to improve vaccination coverage across all vulnerable populations.
- Welcomed the additional efforts made to engage with communities historically showing lower vaccination rates through targeted messaging
- Expressed concerns about low vaccination rates among individuals with learning disabilities and serious mental illnesses and highlighted the need to increase awareness about the need to address barriers and enhance support for marginalised groups.

RESOLVED that:

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

4.3 Health and Wellbeing Story - Just Say Hello

Natalia Clifford, Associate Director for Public Health introduced the report that summarised the 'Just Say Hello' campaign, which was part of a broader campaign to tackle loneliness and isolation in Tower Hamlets.

Further to the presentation, the Board:

- Welcomed engagement with and from partners including charities, the NHS, and Council services, voluntary and community sector. Board members suggested this be widened to engage with the Tower Hamlets Together Partnership, including primary care, PEPS,

community care, mental health services, and hospitals, to address social isolation comprehensively, especially post-illness periods.

- Asked if the campaign could be extended to target children and young people through school outreach programs to ensure a more holistic approach to combating loneliness and promoting well-being across all age groups.
- Noted the outreach efforts in GP surgeries, schools, and community hubs and welcomed the estimate which indicated around 1000 residents per week were reached during the campaign period.
- Expressed concerns regarding measuring impact, particularly on loneliness and isolation, given the collaborative nature of the campaign with multiple partners using varied evaluation methods. The Board welcomed plans to standardise measurement practices across partners to better understand the program's impact moving forward.
- Additionally, feedback highlighted the need to cater to residents who speak languages other than English to ensure inclusivity in future campaigns.
- Noted and welcomed the relatively low cost associated with the campaign,

RESOLVED that the Board:

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)

4.4 Be Well Report

Somen Banerjee, Acting Corporate Director Adult Social Care, Natalia Clifford, Associate Director for Public Health and Liam Crosby, Public Health Consultant introduced the report and provided a presentation that set out an overarching framework and logic model for a system-wide Be Well programme to tackle health inequalities and reduce 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.

Further to the presentation, the Board:

- Stressed the need to address existing fragmentation and siloed working within partnerships, particularly evident in initiatives like social prescribing where there lacks a consistent prevention message across various organisations.
- Stressed the need for targeting specific neighbourhoods with tailored well-being initiatives in collaboration with residents to address varying health issues like heart disease. Community approaches, such as conducting blood pressure checks in lunch clubs or collaborating with

mosques to identify and manage health concerns within communities could be effective.

- Expressed hope that the borough-wide brand "be well" would create a recognizable and consistent platform for residents to access key health messages and support services seamlessly. Such a system-wide approach could bring coherence, consistency, and collaboration across various health initiatives, addressing fragmented working practices, targeting specific health issues at the neighborhood level, establishing a unified health brand for residents, and enhancing analysis of health variations and relationships between healthcare providers to improve public health outcomes comprehensively.
- Stressed that prevention, particularly addressing wider determinants to effectively combat inequalities and promote overall well-being
- Noted the importance of getting the data right and aligning with related initiatives.
- Recommended the inclusion of children and young people in prevention efforts, recognising the impact they can have not only on their own health but also on influencing family behaviours positively.

RESOLVED that the Board:

1. Note the scope and outline structure of the proposed Be Well programme;
2. Commit to organisational representation at the Programme Development workshop.

4.5 PEG Mental Health Prevention Concordat next steps

Liam Crosby, Public Health Consultant and Angela Burns, Public Health Programme Manager introduced the report that provided an update on the priority within the 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.

Tower Hamlets' Draft Mental Health Prevention Action Plan for 2024-2026, was something which Public Health are supporting PEG to develop. Angela and Liam asked the Board to note that 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.

Angela and Liam set out next steps, including submitting the plan for approval at the forthcoming PEG meeting in May 2024, followed by submission to the Department of Health and Social Care. Input from stakeholders was encouraged to ensure the plan reflects the breadth of ongoing work and

priorities across different life stages, with a particular focus on children and young people's mental health as a critical aspect of prevention efforts.

Angela and Liam explained that signing up to the Concordat doesn't bring additional resources, but focuses on maximizing synergies within the system. The aim is to leverage commitments to attract resources in the future, exemplified by past funding successes.

Further to the presentation, the Board:

- Welcomed the development of a comprehensive action plan focusing on mental health prevention and promotion, involving partners from various sectors across the borough, including the Council, NHS, voluntary organizations, community groups, police, fire services, and businesses.
- Noted the key components of the plan include conducting needs assessments, improving partnership working, enhancing leadership commitment, promoting mental health, addressing inequalities, and developing a shared outcomes framework to measure progress consistently.
- Welcomed some of the commitments outlined in the mental health concordat, such as aligning organizational plans with mental health objectives, contributing to shared outcomes and annual reporting
- Noted that the Board would have a role in monitoring progress and ensuring accountability as a subsidiary group of the partnership, however it was suggested that the Mayor and the lead member to sign off on the Council's commitment to signify support for the plan.
- Noted concerns regarding young people's mental health trends, emphasising the importance of addressing this issue comprehensively.

RESOLVED that the Board:


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.
3. Noted that senior leaders would be named as leads on actions within the Mental Health Prevention Action Plan.
4. Agreed to review progress on the action plan on an annual basis (2024/2025 and 2025/2026).

5. ANY OTHER BUSINESS

None.

The meeting ended at 6.50 p.m.

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

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>10th June 2024</p>	
<p>Report of: Somen Banerjee, Director of Public Health</p>	<p>Classification: Unrestricted</p>
<p>Report Title: North East London (NEL) Sexual and reproductive health strategy 2024 –2029 Draft</p>	

<p>Originating Officer(s)</p>	<p>Sukhjit Sanghera, Public Health programme lead Liam Crosby, Associate Director of Public health</p>
<p>Wards affected</p>	<p>All wards</p>

Reasons for urgency

This NEL-wide strategy report was not published within the statutory timescale as it was received late due to delays in getting this through governance arrangements in Newham. The report needs to go through the respective Health and Wellbeing Boards for formal adoption and to ensure that this process isn't delayed and publication can proceed along the timetable, consideration at this Board is important.

Executive Summary

This cover report for the North East London (NEL) Sexual and Reproductive Health Strategy 2024- 2029 summarises why it is important to have a joint strategy across NEL and sets out the approach for developing and implementing the strategy.

Tower Hamlets faces some of the greatest sexual and reproductive health (SRH) challenges including high rates of Sexually Transmitted Infections (STIs), low use of suitable contraception.

These challenges are the same across NEL boroughs (Tower Hamlets, Newham, Waltham Forest, Redbridge, Barking and Dagenham, Havering and Hackney) and sexual and reproductive health services and patient journeys regularly cross borough Borders.

The current landscape for SRH services is complex, with different aspects of reproductive and sexual health being commissioned and delivered by different organisations.

To respond to shared challenges, we have developed a joint NEL wide sexual and reproductive health strategy for 2024-2029. This strategy provides an opportunity to set out a new vision for working collaboratively to respond to these challenges and improve the delivery of SRH services.

The shared vision of the strategy is to empower residents to lead healthy and fulfilling lives, where they have the knowledge and ability to make informed choices about their sexual and reproductive health and have timely access to high quality inclusive sexual and reproductive health services.

The NEL sexual and reproductive health (SRH) strategy has been developed through extensive engagement with residents and partners across NEL

The strategy sets out four key priorities for action:

1. healthy fulfilling relationships
2. good reproductive health across the life course
3. high quality and innovative STI testing and treatment
4. moving towards zero HIV transmission.

Our residents have told us that these are important priorities for the NEL sexual and reproductive health strategy.

To achieve the outcomes of the strategy annual action plans have been developed in collaboration with partners across NEL (sexual and reproductive health service providers, young people service providers, GPs and community pharmacies and voluntary sector providers and local authority leads and ICB).

Two action plans have been developed: one covering NEL wide overarching actions and one covering borough specific local actions that will contribute to achieving the aims of the strategy.

Once the strategy is approved by this HWBB (and HWBBs in other Boroughs) it will be formally launched on 11th September 2024.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the content of the strategy and approve the joint NEL sexual and reproductive health strategy. **Appendix 1**
2. Note the content of the year 1 NEL and Tower Hamlets actions to be implemented. **Appendix 2**
3. **Note** the content of the year 1 Tower Hamlets actions to be implemented. **Appendix 3**
4. Advise how the HWBB wishes to be informed on the implementation of the strategy actions.

1. REASONS FOR THE DECISIONS

- 1.1 A joint sexual and reproductive health strategy provides an opportunity to set out a new vision for North East London and shape SRH services to address the rising rates of sexually transmitted infections (STIs), build seamless care pathways between services, joined-up commissioning, jointly work to reducing the stigma attached to STIs and HIV and reducing health inequalities.

2. ALTERNATIVE OPTIONS

- 2.1 HWWB could chose not to approve this strategy and instead request that Tower Hamlets has its own strategy, but this is not in line with the way sexual and reproductive health provision is offered. Sexual and reproductive service provision are required by statutory regulation to be open access which means that residents can access specialist clinics outside of Tower Hamlets and working with providers and commissioners collaboratively allows for a coherent system where we reduce the risk of a fragmented system of SRH and related services and have more unified system that facilitates access for our residents.

3. DETAILS OF THE REPORT

Why sexual and reproductive health is important

- 3.1 Tower Hamlets faces some of the greatest sexual and reproductive health (SRH) challenges including high rates of Sexually Transmitted Infections (STIs), low use of suitable contraception such as Long-acting reversible contraception (LARC).
- 3.3 Tower Hamlets population has high and growing need around sexual and reproductive health. The size of our young and sexually active population has grown substantially. We have large and growing populations in key 'at risk' groups (the groups with highest rates of STIs including young people, minority ethnic groups, and Gay and Bisexual Men who have Sex with Men (GBMSM); and groups with highest need for reproductive health which include young women.

Strategy development approach with partners and residents

- 3.5 Integrated sexual health services, GPs, community pharmacies, education, voluntary and third sector organisations are our key partners that deliver sexual and reproductive services, health education and outreach to our residents.

- 3.6 NEL Local authorities, NEL Integrated Care Board and NHS England are our partners that commission services for sexual and reproductive health.
- 3.7 Across NEL 8 local authorities have developed a five-year sexual and reproductive health strategy, via extensive engagement with residents and stakeholders. 525 residents across NEL responded to a survey which consulted on the SRH strategy priority areas. Four in- person workshops were held with partners across the sector to identify key actions what actions need to be undertaken to deliver on the aims of the strategy.
- 3.8 The vision of the strategy is to deliver high quality, easy-access and equitable provision across the whole of NEL, with the prevention of illness and the promotion of healthy relationships being at the core of all activity. The Draft NEL sexual and reproductive health strategy is attached as a separate document in Appendix 1.
- 3.9 The strategy offers opportunities for joining up commissioning to improve patient journey and experiences in services. The joint strategy promotes a holistic way of working, joining-up pathways and economies of scale.

Summary of NEL SRH strategy

- 3.10 The aim of the strategy is to improve sexual and reproductive health outcomes for residents by:
- a. Ensuring that our residents have the ability and freedom to make safe informed choices regarding their sexual and reproductive health
 - b. Provide high quality accessible services to residents regardless of who they are and where they live.

The NEL SRH Strategy has four priority areas:

- a) Healthy and Fulfilling Sexual Relationships
- b) Good Reproductive Health Across the Life Course
- c) High Quality and Innovative STI Screening and Treatment
- d) HIV: Towards Zero

- 3.11 Underpinning the strategy, we have developed a set of Action Plans, which set out how providers, commissioners and other partners across the sector will work together to achieve the strategy's outcomes. One of these Action Plans is specific to Tower Hamlets, while another cover actions planned at NEL-wide level. This approach allows us to collaborate to deliver an overarching strategy and to take local action as needed. NEL action plan is enclosed in Appendix 2 and the Tower

Hamlets

- 3.11.1 **The NEL wide action plan** includes areas of action that relate to collaborative actions:
- Ensuring that our shared sexual and reproductive health services are providing services that are modern and adaptive to the needs of our residents
 - Ensuring that our residents can access information about services and know how to access them
 - Better integration between related services commissioned by NEL Local Authorities and NEL ICB (i.e. SRH services, HIV treatment services, abortion and maternity services).
 - Better and consistent recording of demographic information about our residents that use SRH services.

- 3.11.2 **The Tower Hamlets action plan** includes areas of action that relate to borough specific needs:
- Understanding young people's needs about relationship and sex education (RSE). Understanding how schools are locally delivering SRE and mapping this against the national guidance on sex and relationship educations and what is delivered in secondary schools.
 - Improving LARC (long-acting reversable contraception, the most reliable form of contraception) in GPs and addressing inequalities in LARC use.
 - Working with communities to reduce the stigma associated with HIV and STIs and expand sexual health promotion using co-productions approaches.

3.12 Progress in delivering this strategy and NEL action plan will be overseen by the NEL Sexual and reproductive health steering group comprising of NEL borough public health leads/commissioners and NEL ICB commissioners.

3.13 The Tower Hamlets sexual and reproductive health partnership group is the forum which has developed the Tower Hamlets action plan and oversees the implementation during quarterly meetings, this group includes Public Health, sexual health providers including All East, Safe East, GPs, CVS, education, healthy lives team, VAWG and youth service providers). Each borough's Health and Wellbeing Board will also have oversight of the implementation of the strategy.

4. EQUALITIES IMPLICATIONS

- 4.1 The Equality Act 2010 protects us all from discrimination or harassment as a result of a personal characteristic. Good sexual and reproductive health is not equally distributed in the population. Some groups are more at risk of poorer sexual and/or reproductive health based on a common characteristic, most notably young people, Black communities, and GBMSM.

5. OTHER STATUTORY IMPLICATIONS

NA

6. COMMENTS OF THE CHIEF FINANCE OFFICER

NA

7. COMMENTS OF LEGAL SERVICES

NA

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- NEL Sexual and Reproductive Health Strategy 2024-2029 Draft
- NEL Sexual and Reproductive Health Strategy - 2024-25 action plan
- NEL Sexual and Reproductive Health Strategy - 2024-25 Tower Hamlets Action plan

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:

Sukhjit Sanghera, Public Health Programme Lead (Healthy Young Adults) sukhjit.sanghera@towerhamlets.gov.uk

Liam Crosby, Associate Director of Public Health (Healthy Adults) liam.crosby@towerhamlets.gov.uk

North East London Joint Sexual & Reproductive Health Strategy (2024 – 2029)



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Introduction

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Good sexual and reproductive health is a fundamental part of everyone's health and wellbeing. Poor sexual and reproductive health (SRH) can have wide-ranging public health consequences, impacting not only individuals but families and society as a whole.

The significant rise in the prevalence of sexually transmitted infections (STIs) both nationally and locally is alarming and highlights the need for a clear strategic vision, alongside a more integrated approach among all parties involved in commissioning and delivering sexual and reproductive health services and incorporating the views of our residents.

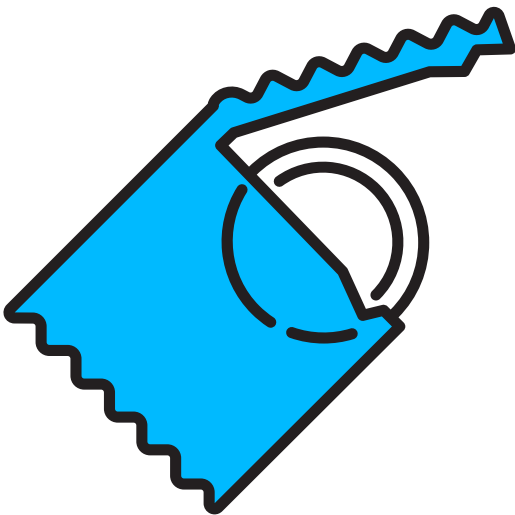
Increasing incidence of STIs, and the adverse health effects of these infections, have disproportionately impacted young people, ethnically minoritised groups, gay, bisexual and other men having sex with men (GBMSM), as well as people living with HIV. The relationship between structural inequalities (e.g. racism, sexism, and homophobia) and wider determinants of health (e.g. poverty, education, ethnicity, and age) and how these factors impact individual and societal sexual health is complex; a collaborative and multidisciplinary approach is therefore required in response.

North East London (NEL) is a vibrant, diverse and distinctive area of London. Our residents come from different age groups, ethnic backgrounds, faith, beliefs and socio-economic levels. The principles of equity, equality and inclusivity are therefore an integral part of our strategic vision for better SRH across NEL.

However, despite the diversity of our population, there are many commonalities in the sexual health inequalities seen across NEL. This is one of the main reasons for a strategic approach that advocates for a more joined-up and integrated way of working across the wider health, care and education landscape.

NEL's local sexual health provision has undergone necessary optimisation and transformation as a response to the COVID-19 pandemic, adopting new approaches to support residents with the most urgent and complex needs. Nevertheless, SRH-related inequalities persist; with large parts of NEL seeing an increasing number of teenage pregnancies and repeat abortions, some of the highest STIs diagnostic rates in London, high HIV prevalence and increasing rates of HIV late diagnosis.

Rather than proposing a "new start," this strategy advocates an approach that builds on the optimisation of local services that began in response to COVID-19, underpinned by collaboratively agreed goals and delivered through detailed local Action Plans that will be monitored regularly and refreshed on an annual basis.



Vision

This strategy, alongside local and regional Action Plans, sets out the intention to work collaboratively with residents and partners from across the spectrum of integrated SRH in order to achieve a vision of:

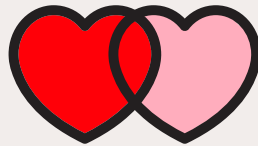
Empowered residents leading healthy and fulfilling lives, in which they have the knowledge and agency to make informed choices about their sexual and reproductive health, with timely access to high quality, inclusive and equitable services.

Priorities

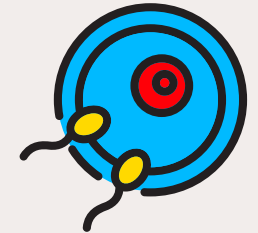
Engagement with local health professionals and residents has identified four priority areas, with underlying aims and expected outcomes. These priorities – identified through local data, engagement and intelligence – address the key challenges facing the region in terms of sexual and reproductive health and wellbeing.

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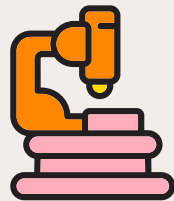
Priority 1:
Healthy and fulfilling
sexual relationships



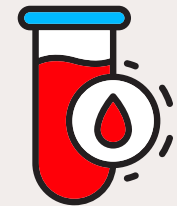
Priority 2:
Good reproductive
health across the life
course



Priority 3:
High quality and
innovative STI testing
and treatment



Priority 4: HIV -
towards zero and
living well with HIV

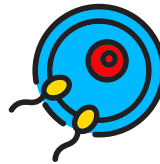


Priority 1: Healthy and fulfilling sexual relationships



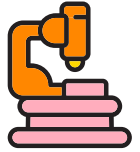
- All young people should have access to high quality Relationship and Sex Education (RSE)
- All residents should be able to recognise whether a relationship is abusive or unhealthy
- People in unhealthy or risky sexual relationships should be appropriately supported
- Reproductive health and wellbeing is just as important as preventing and treating STIs

Priority 2: Good reproductive health across the life course



- Residents are empowered to make informed choices that support good reproductive health
- Residents have access to timely, high-quality, inclusive and holistic services to support their reproductive health needs

Priority 3: High quality and innovative STI testing and treatment



- Residents have easy access to high quality, innovative and confidential STIs screening for all
- Transmission of STIs and repeat infections among our residents are reduced
- Stereotypes and stigma associated with STI infections are challenged

Priority 4: HIV - towards zero and living well with HIV



- Residents have access to rapid HIV testing across North East London
- Residents at risk for HIV are informed about prevention measures and have access to HIV prevention methods
- Residents living with HIV have access to HIV prevention and the best treatment and care
- Stereotypes and HIV related stigma are addressed and challenged

Guiding principles

Our strategy is underpinned by the following guiding principles:

Universal proportionalism embedded across all actions to ensure increased equitable outcomes.



Right care, right time, right place. Making every contact count.



Safety and safeguarding highest quality offer (for staff and patients) and highest standards in London.



Commitment to developing sustainable and cost-effective services.



Innovative, research and evidence based approach that makes the best use of emerging technology.



Outcomes-focused with a shared multi-stakeholder action plan, aligned to regional/national strategies and supporting local authority/place based action plans to monitor and evaluate success. Data-driven with a cross-cutting data sharing agreement and a commitment to a standardised approach to data collection and analysis.



A life-course approach with focus on the wider determinants of health



Co-development of services with ongoing resident/patient and stakeholder participation.



Whole-system approach: Partnership working and system leadership from providers of integrated sexual health services (e.g. primary care, education, substance misuse, domestic abuse services etc.).



The strategy has been informed by the Women's Health Strategy in England (2022)¹, the National HIV Action Plan (2021)², Sexual and Reproductive Health and HIV guidance (OHID, 2022)³ as well as local needs assessments and reports from extensive co-production with local residents.

There is an accompanying 'Data Pack' that sits alongside this strategy. Insights from the Data Pack have been used to inform the statements in the strategy and attempts have been made to reference the relevant section of the data pack as required.

Current Sexual and Reproductive Health Support in North East London

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Sexual and Reproductive Health commissioning landscape

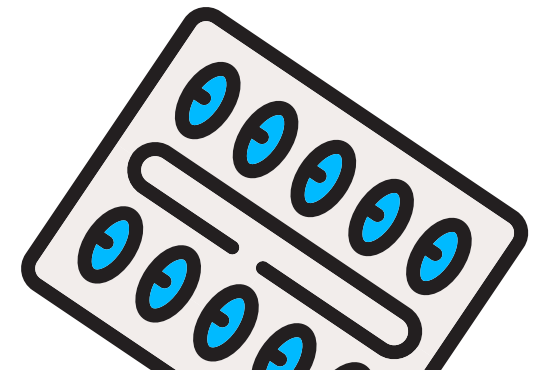
In 2017, local authorities across London worked alongside partners from the health sector to transform specialist sexual and reproductive health services. Key changes included the merging of Genitourinary Medicine (GUM) and Contraception and Sexual Health (CASH) services, the implementation of a London-wide 'Integrated Sexual Health Tariff' (ISHT) and the development of the online sexual health 'e-service' (Sexual Health London or 'SHL'). This transformation has been widely acknowledged as a success, helping to ensure that the access and a high standard of sexual and reproductive health care is maintained within pressurised budgets.

Currently, local authorities commission the majority of sexual and reproductive health services, however certain responsibilities for sexual health provision remain with NHS England or Integrated Care Boards (ICB). ICB and LA planning for social care services is guided by the Integrated Care Partnership (ICP), a larger partnership comprising partners from across the local area (Figure 1). This disjointed commissioning landscape is complex and, at times, difficult to manage.

Figure 1: Delegated Responsibilities of Sexual and Reproductive Health

Local Authorities (LAs)	NHS England	Integrate Care Board (ICB)
<ul style="list-style-type: none"> • Contraception - except within GP contracts • STI testing • Psychosexual support (sexual health) • Specialist sexual health services • Sexual health support for young people • HIV prevention • Sexual health outreach 	<ul style="list-style-type: none"> • GP contraception • HIV treatment and care • Sexual health in prisons • Cervical screening • Sexual assault services (SARCs, Havens) 	<ul style="list-style-type: none"> • Termination of pregnancy • Vasectomy • Gynaecology • Psychosexual support (non-sexual health) • HIV treatment and care (transfers from NHSE April 2025)

In light of the ambition for increasing integration between health and local authority commissioning and a growing focus on place-based working, now is a good time to look at closer alignment for sexual and reproductive health across the wider landscape of NEL.



Current provision of sexual and reproductive health services

Local authorities are required by law to provide 'open access' sexual and reproductive health services for everyone present in their area. In NEL, the bulk of SRH activity takes place through specialist clinics and the SHL e-service. Broadly speaking, the SHL e-service is designed to help manage capacity across the system by providing screening and basic treatment for low-risk asymptomatic patients.

All LAs in NEL also commission some form of sexual and reproductive health provision via primary care (GPs and Community Pharmacies). The exact scope of primary care-based SRH provision varies between Local Authorities, but typically includes:

- Opportunistic screening of young people (15-24 year olds) for chlamydia and gonorrhoea as part of the National Chlamydia Screening Programme (NCSP)
- Condom provision
- Emergency Hormonal Contraception (EHC)
- Long-Acting Reversible Contraception (LARC) provided by GPs
- Oral contraception (commissioned by the NHS and delivered by GPs)
- Quick-start Progesterone Only Pill (POP) – oral contraception provided via some community pharmacies and commissioned by the NHS.

Across North East London, specialist sexual and reproductive health provision is delivered by three separate providers:

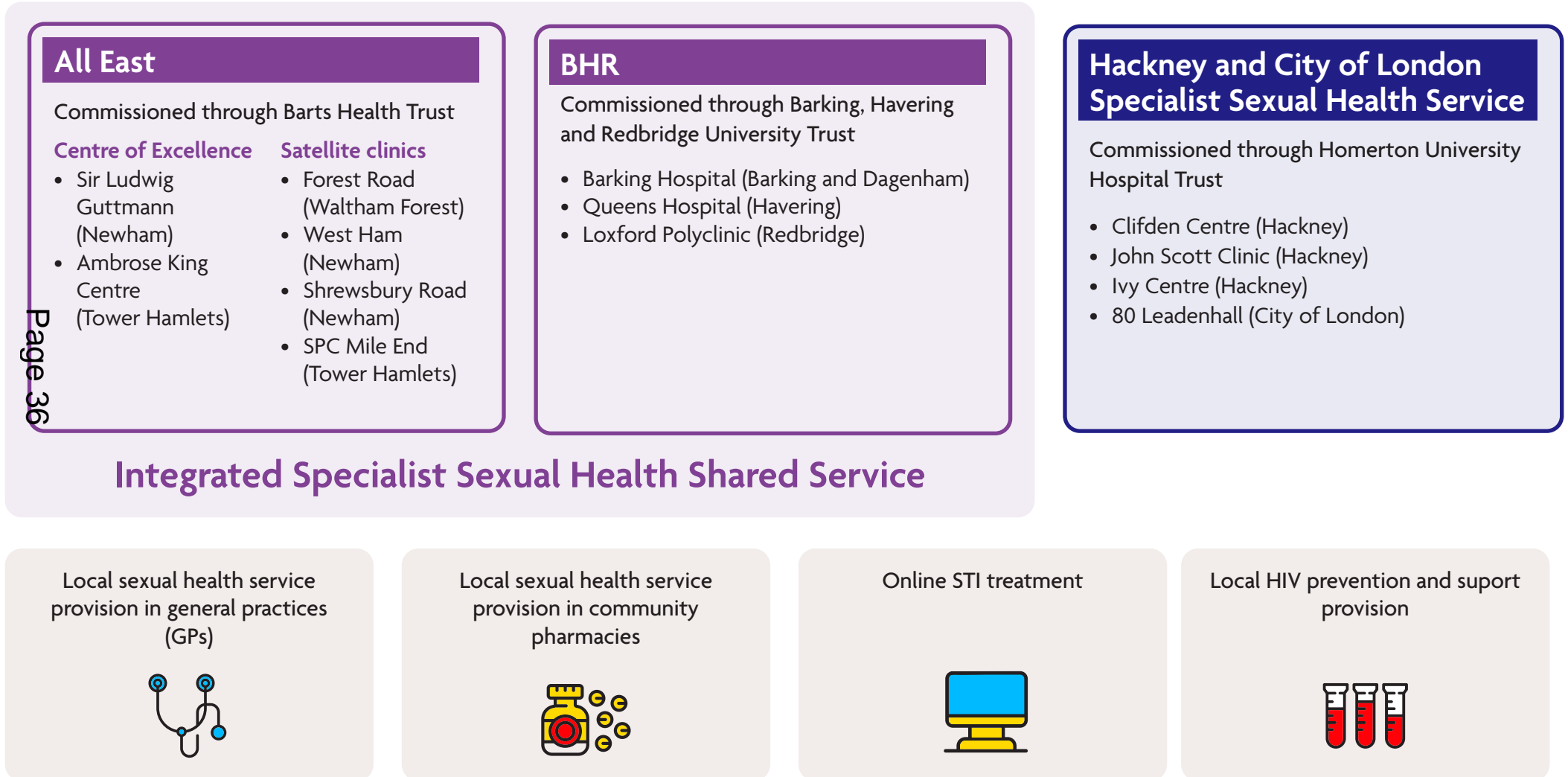
- Barts Health NHS Trust delivers the All East Sexual Health Service which covers Waltham Forest, Tower Hamlets, Newham and partly Redbridge
- Barking, Havering and Redbridge University Trust (BHRUT) delivers the BHR Sexual Health Service which covers Barking and Dagenham, Havering and Redbridge.
- Homerton Healthcare NHS Foundation Trust delivers the Homerton Sexual Health Service which is a joint provision across Hackney and City of London

All NEL providers adopt a 'hub and spoke' model of delivery. Sexual and reproductive health services are delivered from Centres of Excellence (CoE) and a number of satellites to facilitate equitable and easy access (Figure 2). Centres of Excellence offer a wide range of clinical and non-clinical support including: GUM, STI testing and treatment, contraception, HIV prevention (PrEP), psychosexual support, Hepatitis A, B, and HPV vaccinations, support for people engaging in high risks sexual behaviours (e.g., sex workers) and cervical screening services (which are offered but commissioned through NHS). The

services provided by satellite clinics are customised to meet the needs of the local population in the location of the satellite.

Specialist SRH services for young people are available in some (but not all) NEL LAs. In some cases, these services are commissioned separately from the main specialist SRH contract (e.g. in Tower Hamlets and Waltham Forest) and in other cases, the CYP SRH service is provided as an additional 'Work Package' under the main specialist contract (e.g. Newham). The focus for these services is towards high-risk and vulnerable young people with more complex issues.

Figure 2: NEL Sexual Health Service Provision

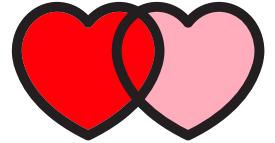


Moving Forward: Our Priorities

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The four priority areas outlined below have been identified through local data, a ‘Mystery Shopping’ exercise and insights from over 1,500 residents and service users across NEL. Resident engagement comprised a mix of online and face-to-face surveys, groups and semi-structured interviews. The priorities reflect the key SRH challenges facing the region.

Priority 1: Healthy and fulfilling sexual relationships



Strategic vision

Residents understand and recognise the key ingredients to a safe, healthy and fulfilling relationship, and can make informed choices about their sexual and relationship health.

Residents in unhealthy or risky relationships (and victims of sexual assault, rape, exploitation, coercion or abuse) are identified by professionals – through collaborative outreach if required – and supported in a timely, respectful and effective manner.

Reduce inequalities in sexual and reproductive health and ensure people with more complex needs are recognised and met within a proportionately universal service provision.

Background

Healthy and fulfilling sexual relationships are underpinned by four interconnecting pillars – sexual health; sexual pleasure; sexual justice; and sexual wellbeing.⁴

Communication, negotiation and trust are important. Positive environments that encourage secure emotional attachments and allow a person to express who they are in a safe way, whether that is at home, school or work are key to developing healthy relationships.

The risk factors for poor relationships are complex and there are a number of inequalities in SRH outcomes for different groups. For example, rates of STI diagnoses are higher among GBMSM, younger people (aged 16-25 years) and in people of Black Caribbean ethnicity. Considering the diverse population of NEL, improving understanding of need

and reducing harm among at-risk and vulnerable groups is a key priority to be collaboratively addressed at regional and local levels.

73% respondents (n=631) to a recent Resident Survey (2023), strongly agreed that ‘North East London Residents should be able to make informed choices about their sexual and reproductive health’.

Source: NEL Engagement Survey 2023

Local Context

Focus on young peoples' relationship and sex education

Research shows that the high quality, comprehensive and contemporary Relationships and Sex Education (RSE) in schools has been found to reduce early sexual activity, teenage conceptions and STIs and empower young people to engage in healthy sexual relationships over engaging in risky sexual behaviours⁵. It also raises awareness of the dangers of child sexual exploitation, cyber-bullying and abuse.

From September 2020, all secondary schools in England were mandated to teach RSE and primary schools were mandated to teach Relationship Education. However, lack of a standardised curriculum makes RSE provision inconsistent across the education sector with significant variations in topics covered and the teaching approaches taken by schools.

Resident feedback tells us that there is a lack of confidence about the quality and content of current RSE provision. Furthermore, 88% of all survey respondents strongly agreed that young people should have access to high quality RSE⁶.

Groups with increased risk of poor SRH outcomes and / or with more complex needs

SRH and wellbeing are a right like all other human rights but some people have greater difficulty in achieving good SRH outcomes and require additional or tailored support.

A key challenge to reducing inequalities in SRH is that both sexual and reproductive health are still stigmatised within some communities and there can be cultural or religious norms that can act as barriers to access to information and services. Some communities with higher complexity or vulnerability can be relatively small in size and limited information is known about their specific needs.

It is essential, therefore, that regional and local action plans set out ways in which to ensure that residents with more complex needs or greater vulnerabilities are not stigmatised and their additional needs are recognised and met within the overall service provision. Groups at risk of poorer outcomes and / or with more complex needs include:

- LGBTQ+
- Chemsex and substance users
- Homeless people and rough sleepers, asylum seekers and migrants
- Commercial sex workers
- People with disabilities (learning and physical)
- Young people in foster care, leaving care or known to the Youth Justice Service

Our residents would like for RSE to be more LGBTQ+ inclusive and more culturally sensitive. They also think that safety and safeguarding should be at the heart of the RSE curriculum.

Source: NEL Engagement Survey 2023

The key task and challenge will be to ensure services are open and truly accessible to those with increased or complex needs. Co-production with communities on both service provision but also awareness campaigns will remain essential to ensure health inequalities are reduced. Outreach and in-reach to non SRH settings is important alongside broadening professional willingness to raise sexual and reproductive health through Making Every Contact Count (MECC) training and increased awareness of referral pathways into SRH services.

Annual equity audits provide a powerful tool for services to ensure they are meeting the needs of inclusion communities and those with complex needs. The equity audits should then be used to inform action plans. Data collection, surveys and user feedback are important tools for developing a more comprehensive picture of the needs of and barriers facing those with more complex lives or vulnerabilities.

Tackling abusive and coercive relationships

Everyone can experience unhealthy relationships, however some groups (e.g. young people, GBMSM, sex workers, LGBTQ+ communities) are at greater risk. The London statistics outlined below are concerning:

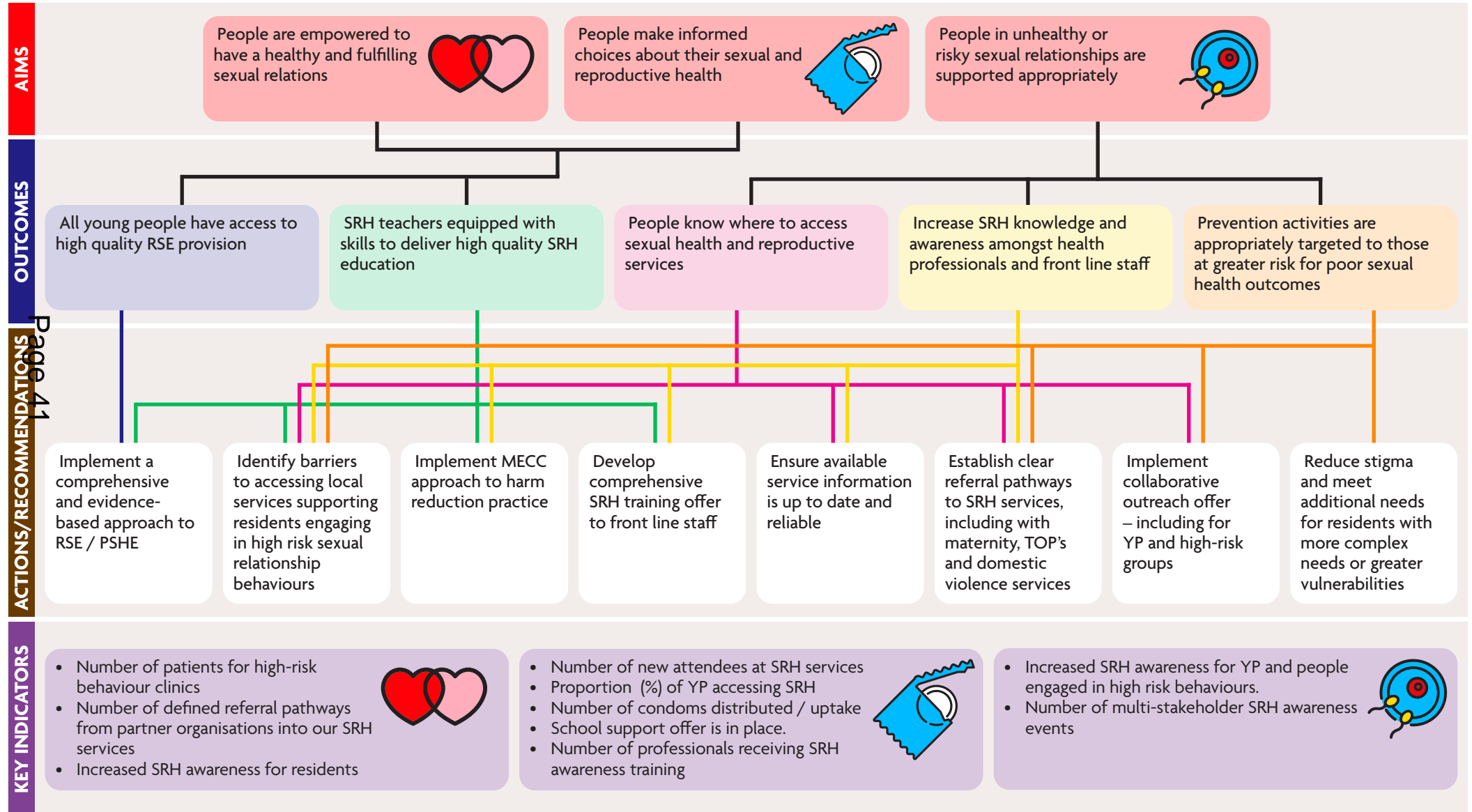
- The Crime Survey for England and Wales (2020) reported 7% growth in police recorded domestic abuse crimes.
- There was 65% increase in calls to the national Domestic Abuse Helpline during lockdowns
- In 2022, there was a 34% increase in reported rapes and sexual assaults in London.⁷

All partners across NEL must work collaboratively to ensure that adequate safeguarding practices are in place and that front line staff are equipped to recognise signs of harmful or unhealthy relationships – including sexual exploitation.

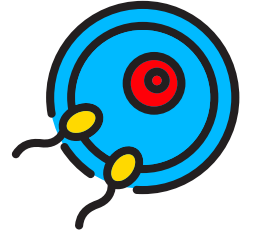
Provision for sex workers across NEL should be mapped and partnership working undertaken to consider whether outreach is required to improve SRH outcomes within these vulnerable communities.



Figure 3: The summary diagram for Healthy and Fulfilling relationships



Priority 2: Good reproductive health across the life course



Strategic vision

The wider SRH system (especially primary care) understands the public health benefits of long-acting reversible contraception (LARC) and women of all ages and ethnicities are supported to make informed choices about their preferred method of contraception with local, timely access to LARC if desired.

Emergency Hormonal Contraception (EHC) is easily accessible when required, alongside condom provision, STI screening and advice on more effective forms of contraception.

Reproductive health inequalities are lessened through a reduction in repeat EHC usage, unwanted pregnancies and terminations.

Background

In 2022, the government published a Women's Health Strategy for England, setting out a 10-year plan to improve women's health across the life course. It offers a six-point long-term plan for transformational change in critical stages, transitions, and settings where there are opportunities to: promote good health, prevent negative health outcomes, and restore health and wellbeing. Our strategic vision for better reproductive health outcomes among NEL residents is underpinned by aims and objectives of this strategy.

66% respondents (n=631) to a recent Resident Survey (2023), agreed or strongly agreed that 'NEL women should be empowered to make informed choices about their reproductive health.'

Source: NEL Engagement Survey 2023

Local Context

Focus on teenagers and young girls

Teenage years are associated with a greater risk of peer pressure, vulnerability to violence, separation from families, sexual abuse and exploitation. These factors can disrupt protective family and social structures, and consequently the ability to make safe and informed reproductive choices.

Teenage conceptions, often unplanned, can have long-term negative consequences for young women and society as a whole, since they are associated with increased costs to health, social care, housing and education. Rates of teenage pregnancies in most NELAs are above the London average, with the exception of Tower Hamlets and Redbridge⁸.

For NEL as a whole, the proportion of under-18s conceptions leading to abortion is very similar to the London average. However, there is significant variation: the highest rates are noted in Hackney (74.5% of teenage pregnancies ended in abortion) and Havering (73.7%), with the lowest rates observed in Redbridge (50%) and Waltham Forest (53.4%).

Young people are more likely to engage in unprotected sex⁹. One way to avoid unwanted pregnancy is to increase LARC provision, because LARC (long-acting and non-user dependant) is the most effective method of contraception.

The proportion of women in NEL choosing LARC as their preferred method of contraception is lower than the London average¹⁰. However, the London-wide trend towards fewer young women choosing LARC in 2021 compared to 2019 was less noticeable in NEL, further suggesting a relatively good recovery from COVID-19 for the region's specialist SRH clinics. Service-level data from Barts and BHRUT supports this theory: in 2021, the proportion of young women (aged under 25) who chose LARC as their main contraceptive method increased by 27% compared to 2020. A further increase of 8.9% was observed in 2022¹¹. This pattern was not just limited to younger women: overall, the proportion of women living in NEL who chose LARC as their main method of contraception increased by 30% between 2020 and 2021. In 2022, LARC uptake continued to grow, exceeding pre-pandemic levels by November 2022¹².

We acknowledge, however, that not every young person knows what LARC is, what benefits it brings and where it can be accessed. In fact, the key concerns identified via a NEL side Mystery Shopping Exercise (2022) were a lack of clarity on where to get LARC fitted and difficulties in securing LARC appointments. Recent feedback from a NEL Resident Survey (2023) confirmed this view.

All partners are committed to improving residents' experience in accessing local contraception services. Our strategic vision moving forward is to address all barriers associated with LARC uptake and to make LARC easily accessible for all. A crucial step towards this ambition is to improve the equity of LARC uptake among Black and Asian women, in particular¹³.

One way to improve equity of LARC uptake may be to build a strong and comprehensive Primary Care LARC pathway. Currently, around 65% of all LARC consultations in NEL take place in specialist sexual health clinics¹⁴. Action plans should thus work towards a collaborative approach between sexual health services and primary care to free-up capacity within specialist sexual health clinics and enable women to access LARC closer to their home.

Emergency Hormonal Contraception (EHC)

EHC is another important element of the overall reproductive health offer. There is data to suggest that EHC usage is significantly higher among women of Black African and Black Caribbean ethnicities¹⁵. EHC is a complex area, because accessing EHC can be seen as both an indication of success for local provision (prevention of unplanned pregnancy) but also regarded as a failure (no reliable form of contraception was used). Thus NEL LAs should not necessarily aim to increase rates of EHC, but rather to ensure easy access while steadily increasing the proportion of women on contraception that choose the most reliable long-acting methods. Action plans should specify that robust data collection and monitoring is in place for EHC, both in specialist and primary care services, with a focus on addressing the demographic disproportionality in access referenced above.

Addressing local inequalities in reproductive health

Not all people have the same experiences when it comes to their reproductive health and wellbeing. Women from certain demographic groups experience far worse outcomes in relation to early pregnancy, infertility, maternity, and gynaecological conditions. Research shows that the risk of miscarriage for Black women is 43% higher than white women. The same paper found that maternal death rates were almost four times higher for women from Black ethnic backgrounds and almost two times higher for women from Asian ethnic backgrounds, compared to white women¹⁶.

Furthermore, deprivation is strongly associated with higher admissions for conditions such as pelvic inflammatory disease and ectopic pregnancy. Lesbian and bisexual women are also disproportionately affected especially when accessing cervical screening services. Inequalities can also exist between age groups: older women tend to have higher levels of unmet need for contraception and may not seek support for their changing contraceptive needs as they progress through perimenopause into menopause.



The main reasons stopping NEL residents from accessing their local Sexual and Reproductive Services are:

Difficulties in getting appointment
Inability to travel
Stigma
Embarrassment
Risk of being recognised

Source: NEL Engagement Survey 2023

Women's Health Hubs

In March 2023, the Department of Health and Social Care announced a £25 million investment to enable the establishment of at least one Women's Health Hub in every Integrated Care Board (ICB). Our local LAs of Hackney and Tower Hamlets helped to inform the roll-out of the national programme. As a region, the rest of NEL aims to build on their success and implement additional Hubs in the local area in partnership with NHS and other local stakeholders.

Reducing abortion rates and repeat abortions

Overall, NEL's total abortion rate is higher than the England average but comparable to the London average¹⁷.

Reducing repeat abortions is an important aim for stakeholders across NEL over the next five years: on average, 33% of women in NEL choosing an abortion in 2021 through Termination of Pregnancy Services (ToPS) had used this service at least once previously¹⁸. Most NEL LAs saw a relatively small increase in the proportion of repeat abortions between 2019 and 2021, though this pattern is not uniform¹⁸.

The partnership between specialist sexual health services and ToPS is crucial. In Tower Hamlets and City and Hackney, these services are already aligned through a single provider, and the data shows that this has had a positive impact on outcomes: in 2021, the legal abortion rates in Tower Hamlets were 41% lower than NEL average¹⁹.

All partners behind this strategy are therefore keen to explore a more integrated approach to SRH and ToPS across NEL as part of the nation-wide roll-out of Women's Hubs²⁰. Regional and local Action Plans will reflect this commitment, underpinned by a shared data dashboard and collaborative, evidence-based pathway development.

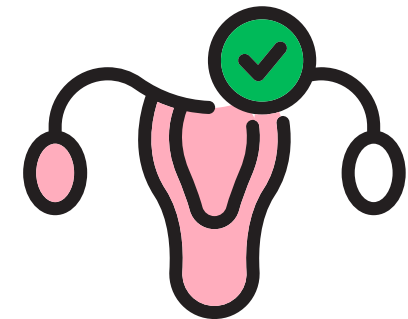
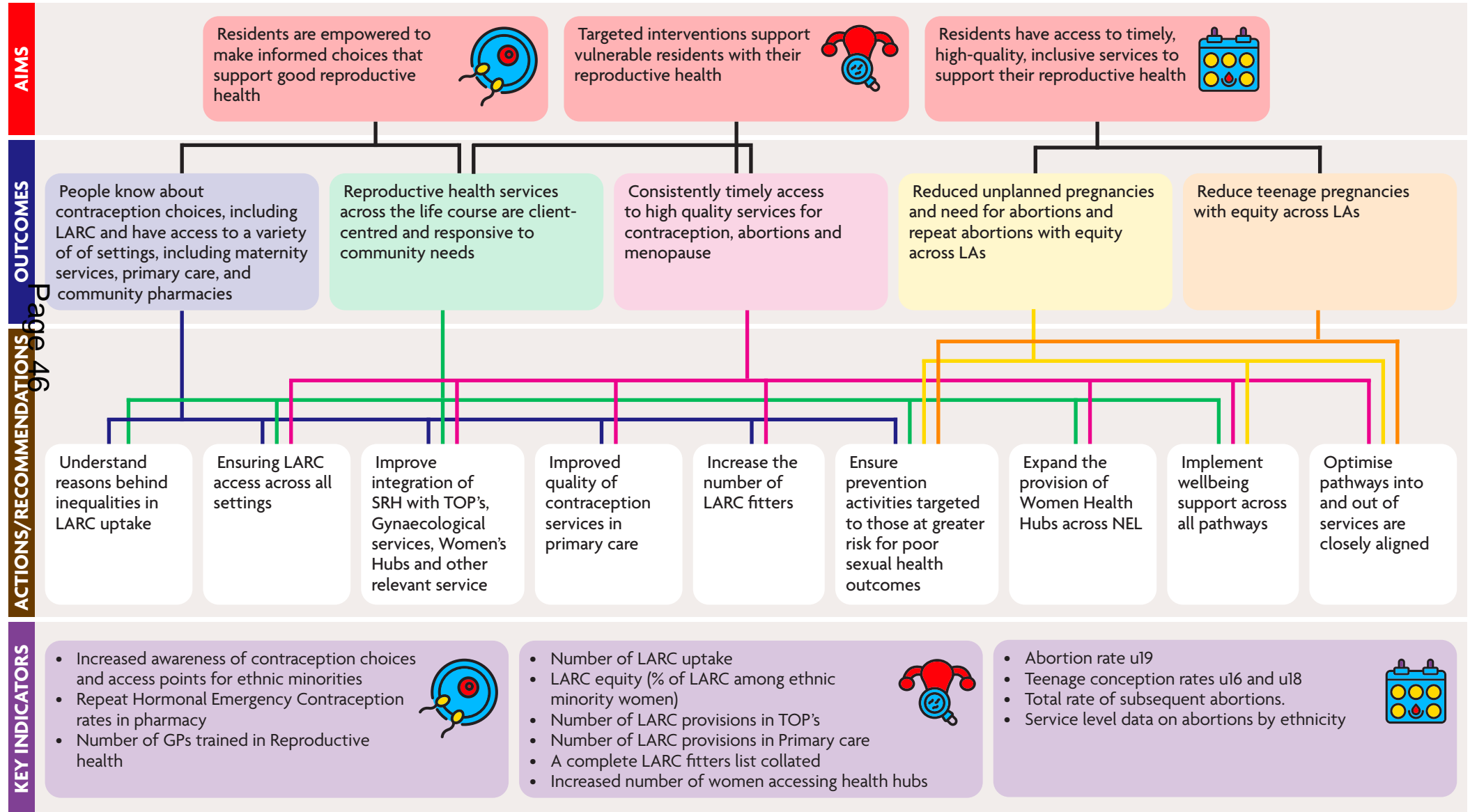


Figure 4: The summary diagram for Good Reproductive Health across the Life Course



Priority 3: High quality and innovative STI screening and treatment



Strategic vision

The burden of STIs is reduced, in particular among those who are disproportionately affected.

There is equitable, accessible, high-quality testing, treatment, vaccination and partner notification that is appropriate to need.

Transmission of STIs and repeat infections are reduced.

Background

Being free from STIs is a key indicator of good sexual health. However, many people with STIs have no symptoms and are unaware that they are at risk of transmitting an STI infection to other partners. Regular STI screening and effective treatment is crucial because delays in diagnosis and treatment may lead to onward transmission and poorer health outcomes.

In the strategic context for NEL, “high quality and innovative STI testing and treatment” means accessible and comprehensive STI testing and treatment, widely available via different routes accompanied by enhanced partner notification allowing for swift identification of residents that may be at risk of STI infection.

A recent report from the Terrence Higgins Trust (THT)²¹ revealed that, nationally, 49% of all SRH appointments requested were denied, with “access to sexual health services” named by respondents as the biggest barrier toward achieving good sexual health. The report highlighted the need for online booking systems, which NEL providers already, putting them a step ahead of many other regions. Nonetheless, an important theme of regional and local Action Plans must be to continue to monitor access on an ongoing basis. A longer-term ambition is to create and implement a NEL-wide shared booking service, but this would require investment.

Our residents say that digital online booking systems are easy to use and makes booking appointments quicker than before

Source: NEL Resident Survey 2023

Local Context

Like the rest of the country, overall incidence of STI diagnoses has increased year-on-year in NEL LAs following the Covid pandemic in 2020²². GBMSM account for nearly half of diagnoses in outer-London NEL LAs (Redbridge, Barking & Dagenham and Havering), and more than 8 in 10 of new cases from inner-London LAs (City of London, Hackney, Newham, Tower Hamlets and Waltham Forest)²³.

A 'Mystery Shopping' exercise undertaken in 2020 indicated that accessing SRH services could sometimes be problematic. It should be noted that this work was undertaken while clinics were recovering from COVID-19 and working under restrictions linked to outbreaks of 'Monkey Pox' (MPV). Nonetheless, access issues are acknowledged as an ongoing area of challenge within specialist SRH services across London. Therefore, regional and local Annual Action Plans should include steps to monitor and improve access to clinics as required.

More broadly, commissioners and clinicians across NEL support a strategic approach to STI screening that encourages asymptomatic residents to undertake appropriate testing online, with enhanced in-clinic offers for symptomatic patients and/or more complex STI-related issues. However, residents must always have choice, and there is currently no London- or NEL-wide consensus around exactly what symptoms or infections should be treated online or in-clinic, and/or any possible exceptions based on risk factors or demographics.

A jointly agreed Standard Operating Procedure (SOP) for NEL providers and commissioners on this topic is an ambition to be addressed through regional and local Action Plans.

Increasing number of New STI infections

In 2022, there were 22,224 new STI diagnoses in NEL. Chlamydia was the most commonly diagnosed STI for all NEL local authorities, followed by gonorrhoea and syphilis²⁴.

STI diagnostic rates have increased significantly after a decline in 2020²⁵, suggesting increased testing both in clinic and online.

Men in NEL have significantly higher STI infection rates compared to women²⁶, which is likely to reflect increased awareness and testing among the GBMSM community.

Geographically, the greatest burden of STIs is seen in Tower Hamlets and Hackney²⁷, where rates of gonorrhoea, in particular, are especially high. This is likely to reflect the fact that these areas have a greater number of GBMSM compared to the other LAs.

Focus on young people

High STI rates among young people can be linked to higher rates of unprotected sexual activity with more frequent changes of sexual partner. Nationally, young people are also at higher risk for STI re-infection: approximately 17% of young women (15-19) and 11% of young men (15-19) become re-infected within 12 months²⁸.

Chlamydia detection rates are impacted by opportunistic testing within primary care and the frequency of appropriately targeted outreach activities. In NEL, each LA has varying services linked to the promotion of safe sex among younger people. The mixed picture of Chlamydia detection rates indicates a need for a more collaborative and strategic approach (Table 1), with learnings to be taken from City & Hackney, in particular.

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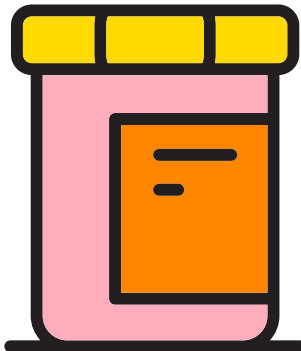
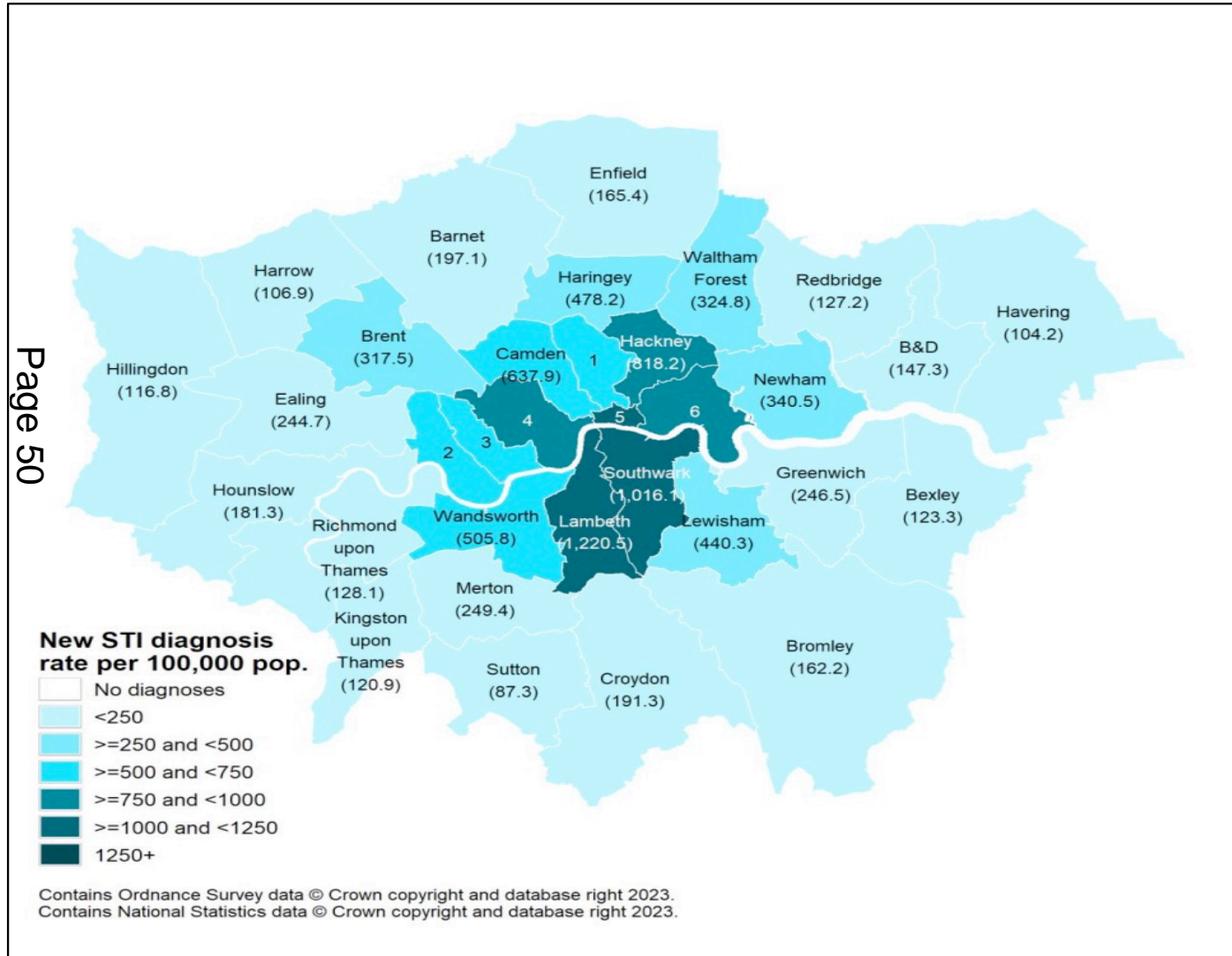


Table 1: Chlamydia detection rates and % of chlamydia screens amongst young people (15-24) in NEL (2022)

LA	Chlamydia detection rates (ages 15-24)	Chlamydia % screened (ages 15-24)
Barking and Dagenham	1,583	12.9
City of London	3,185	32.7
Hackney	3,521	33.4
Havering	1,262	11.8
Newham	1,522	16.3
Redbridge	893	9.1
Tower Hamlets	1,803	23.7
Waltham Forest	2,061	18.6
London	1,835	15.2

Furthermore, antibiotic resistance in chlamydia, gonorrhoea and syphilis has steadily increased over the past five years²⁹. Coupled with the increasing incidence in these most common STIs, especially among young people, treatment and management are likely to become more complex over time, requiring additional resources and a more joined-up strategic approach from NEL commissioners and providers, especially in relation to partner notification.

Figure 5: Diagnostic rates for new STIs across NEL (2022)



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Service availability

The National Chlamydia and Gonorrhoea Screening Programme (NCPS) aims to reduce the burden of untreated Chlamydia among people aged 15-24. In most of NEL LAs, young residents can access NCSP via local GP settings and/or community pharmacies, as well as online provision.

Furthermore, most NEL LAs commission free condom provision for young people (aged 15-24) through community pharmacies. Condoms remain the simplest and cheapest way to avoid STI infection and onward transmission. However, condom provision via community pharmacies is currently being underused which indicates a need for a service review and a more concerted and joined-up approach across the region. This issue has been noted in other regions, too³⁰, so a London-wide review and refreshed approach should also be considered.

Social Inequalities

Evidence suggests that sexual and reproductive health is influenced by social factors including health care access, social and cultural norms, education level, health literacy, economic status, age, gender identity, sexual orientation and behaviours³¹. There is a strong correlation between STI infection rates and level of deprivation in NEL, indicating a need for better STI education and improved access in the most deprived areas of our region (Figure 6).

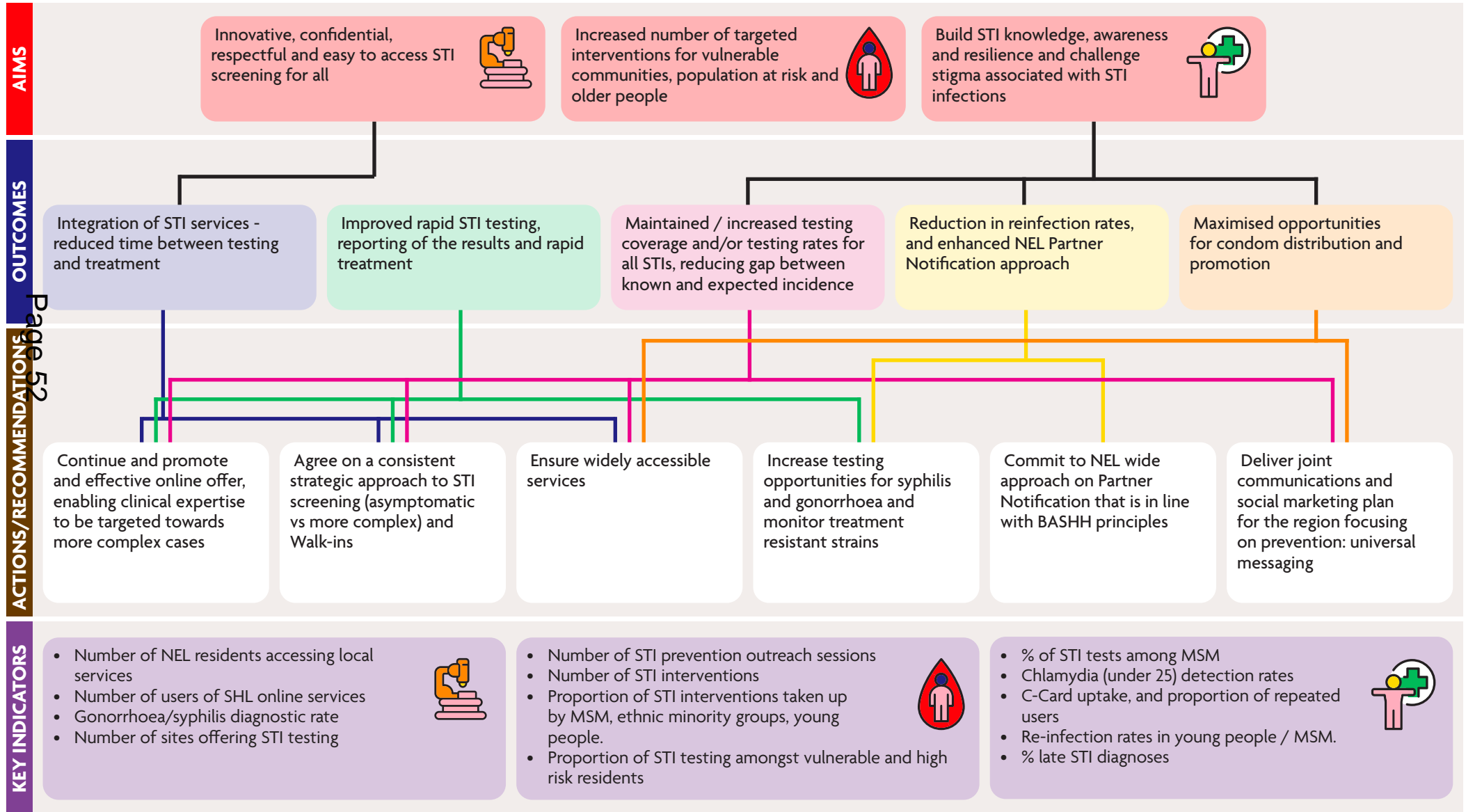
Regional and local Action Plans should include measures for monitoring and improving (where required) the cultural competence of services, as well as targeted outreach and engagement (e.g. to promote LARC among women of South Asian heritage). There is also an ambition across NEL to develop shared data dashboards capable of analysing data by demographic characteristics, in order to more fully understand and monitor potential inequities in access and outcomes for the full range of SRH services (not just specialist SRH services).

STI reinfection

Between 2016 and 2020, NEL recorded higher rates of reinfection than the national average, especially among women³². Overall reinfection rates are above the national average for each LA (apart from Havering), though the extent of the pattern varies locally³³. It is notable that reinfection rates for men in Tower Hamlets are lower than the England average. This pattern is worthy of further exploration.

A NEL-wide focus on meeting guidance from the National Institute of Health & Care Excellence (NICE) and the British Association for Sexual Health & HIV (BASHH) in relation to repeat screening and partner notification should therefore be reflected in regional and local Action Plans.

Figure 6: The summary diagram for High Quality and Innovative STI Testing and Treatment



Priority 4: HIV - towards zero and living well with HIV

Strategic vision

Cross-region implementation of the national HIV action plan of zero new HIV transmissions by 2030 focusing on prevention, testing, rapid access to treatment and retention in care whilst improving the quality of life for people living with HIV, and ending HIV related stigma and discrimination.

Increasing HIV screening, access to PrEP and linkage to HIV care among under-represented groups such as women and Black African residents, in particular.

Background

Since the 1990s, the combination of a prevention-focused approach, increased screening (especially among the GBMSM community) and the development of new medications such as Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP) has contributed to a sharp decline in new HIV infections and transformed the care available for those living with the infection. Antiretroviral therapy (ART) is now so effective that those on treatment are able to maintain an undetectable viral load.

However, of the estimated 106,890 people living with HIV in the UK, over 5,000 are thought to be undiagnosed and unaware of their HIV status, which presents an increased risk of severe health problems and death, as well as further HIV transmission. The burden of HIV also falls on some groups more than others, exacerbated by health and social inequalities³⁴.

Maintaining a strong HIV response through prevention, testing, treatment and care (including re-engaging those who have been lost to care) is an essential part of the overall sexual and reproductive health work as HIV impacts on people's sexual and reproductive lives, is linked to poorer socio-economic outcomes, and is associated with other infections such as Tuberculosis and viral Hepatitis.

NEL's 'Towards Zero and Living Well with HIV' approach aligns with the primary aim of 'Fast Track Cities' (FTC) – i.e. zero HIV new diagnoses, zero HIV-related stigma and zero HIV-related deaths by 2030. Importantly, 'Towards Zero and Living Well with HIV' also emphasises the evolving nature of HIV as a long-term condition. It touches on the fragmentation of HIV services across the health and social care sector and the ongoing challenge of reducing stigma against a back-drop of increasing multi-morbidity, as residents with HIV live longer into old age.

Impact of fragmented HIV commissioning

The Health and Social Care Act (2012) created a fragmented and complex system which split responsibilities for commissioning across the HIV care pathway. Specifically:

- NHS England is responsible for commissioning HIV treatment through its specialised commissioning programme. Local authorities are responsible for HIV testing and prevention as part of their public health functions, alongside their responsibility for commissioning broader sexual health services to prevent, diagnose and treat sexually transmitted infections (STIs).
- ICBs are responsible for HIV testing and diagnosis within other treatment episodes that they fund. They are also responsible for commissioning the treatment of most other co-morbidities (such as hypertension) that are experienced by people living with HIV.

This arbitrary division of commissioning responsibilities creates obstacles to developing optimised pathways. However, there are emerging opportunities to better align services in this area. The planned shift of commissioning responsibility for HIV care from NHS England to Integrated Care Boards (ICBs) in 2025 should be viewed as a catalyst to work towards a more integrated model of HIV prevention, treatment and care.

Living well with HIV

HIV must now be recognised as a long-term condition: we have a stable, ageing population living with HIV that is experiencing new challenges related to quality of life and managing multiple co-morbidities. The inter-section of HIV with ageing is an area that requires deeper understanding at a national level – and NEL Action Plans should commit to review evidence in this area and translate guidance into practice.

Local Context

Diagnosed HIV prevalence in NEL continues to be above the London average³⁵ and there is considerable variation in HIV prevalence rates across the NEL LAs, with the highest rates seen in City of London (10.1 per 1,000) Hackney (5.79 per 1,000), Tower Hamlets (5.94 per 1,000) and Newham (4.55 per 1,000)³⁶.

Communities engaging in unprotected sex or sharing injectable equipment are more likely to be diagnosed with HIV. High HIV prevalence among certain communities is also linked with an increasing number of LGBTQ+ residents in NEL (Newham has the highest transgender population in London³⁷) and with relatively high levels of internal and external migration.

A significant portion (48%) of HIV infections diagnosed among heterosexuals in the UK occur among people born outside the UK³⁸, and heterosexual Black African residents are disproportionately more likely to be diagnosed with HIV³⁹. Therefore, increasing HIV screening and access to PrEP among Black African residents, in particular, is an important goal for the region. The pattern of HIV diagnosis is different in Hackney and Tower Hamlets, though, where the majority of HIV infections are seen in the GBMSM community.

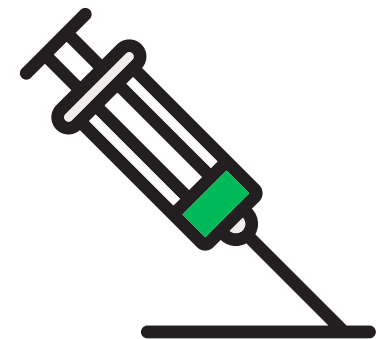
In 2022, approximately 37% of all new HIV cases were diagnosed at a late stage of infection. There are substantial variances in the number of late HIV diagnoses across NEL LAs, with Barking and Dagenham (48%), Havering (41%) and Redbridge (48%) exceeding the London average (39%)⁴⁰.

HIV Prevention

Routine commissioning of PrEP for communities at risk has been a significant development in HIV prevention. There was a 55% increase in overall PrEP uptake in 2022-23 compared to 2021-22, and the number of NEL residents who started PrEP in 2022-23 was 36% higher than 2021-22⁴¹. However, PrEP uptake is uneven among demographic groups with an increased risk of HIV infection, with uptake significantly lower among Black African populations compared to GBMSM⁴².

There is a growing body of literature related to increasing awareness of and access to PrEP among non-GBMSM groups, and reviewing this literature and developing a NEL-wide intervention should be a key focus for commissioners and providers over the next five years. Continued funding for GP HIV Champions is also likely to help to address the demographic inequities seen in PrEP uptake and late diagnosis of HIV.

Overall HIV testing coverage in specialised clinics across NEL generally meets or exceeds the London average⁴³. However, there are notable discrepancies among demographic groups; with the highest testing coverage seen among GBMSM and significantly lower levels among heterosexual populations, especially women⁴⁴. There is also a growing number of new cases of HIV being observed nationally among heterosexual women⁴⁵ which, taken alongside relatively low levels of testing coverage in this population, shows a clear development area that should be reflected in annual Action Plans.



HIV screening in hospital Emergency Departments

In 2022, 'opt out' HIV testing was introduced in Emergency Departments (EDs) across London. Initial data shows the programme has significantly contributed to an overall increase in testing coverage and the identification of new cases of HIV: between April 2022 and June 2023, 1,628 HIV tests were performed across NEL ED departments, identifying 75 new cases of HIV and 67 residents that were previously diagnosed but not accessing care.

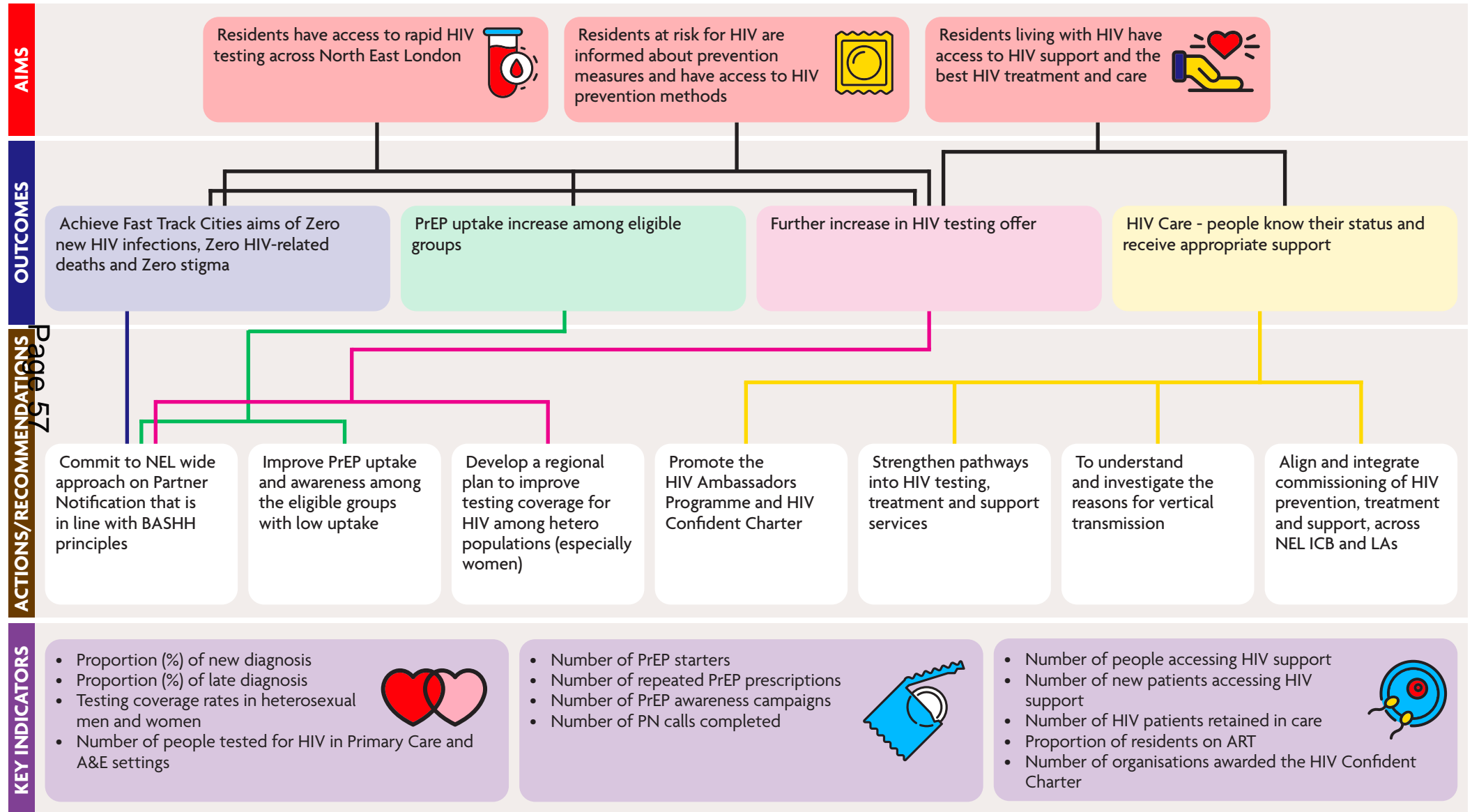
Collaborative work is currently underway to ensure that NEL residents diagnosed with HIV via the ED programme are swiftly linked to HIV care. Alongside widespread testing, it is equally important that people are supported to start and maintain effective treatment to achieve viral suppression. A NEL-wide approach should also be formalised to ensure that patients lost to care are re-engaged with treatment at the earliest possible opportunity.

Tackling stigma and discrimination

Stigma and discrimination around HIV remains an important barrier to achieving FTC goals. All NEL local authorities should therefore sign up to the HIV Confident Charter⁴⁶ and implement relevant training throughout statutory and voluntary organisations. Annual Action Plans should also include steps to promote the HIV ambassadors programme to ensure the voice of people living with HIV is central to the provision of services across NEL⁴⁷.



Figure 7: The summary diagram for HIV: Towards Zero and Living Well with HIV



How are we planning to deliver our vision?

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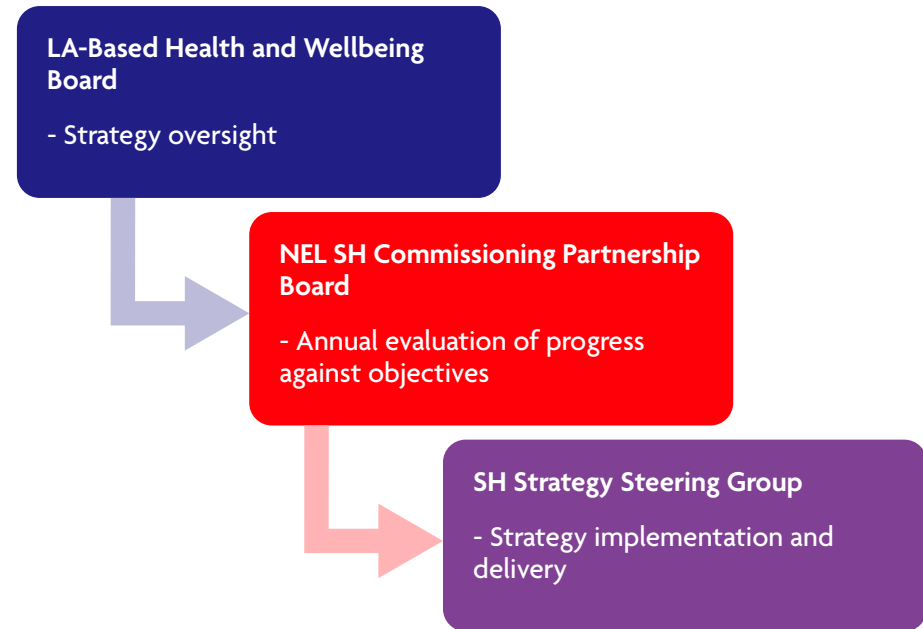
This strategy takes a system-wide approach across LAs, NHS, public health, third sector and residents across NEL. In addition to the provision of mandated open access sexual health services, many of the services available across NEL span LA boundaries or serve residents from multiple LAs. In the context of ICBs, health and social care partners are seeking to work together wherever possible to create seamless services for the benefit of the region.

This strategy outlines shared approaches and actions for each of the identified priorities. We acknowledge, however, that each LA has a different social and political landscape and specific sexual health and reproductive challenges according to the needs of local populations. The detailed LA-based annual Action Plans allow the flexibility required to target local resources to meet local needs. This dual approach allows us to collaborate and at the same time take local action as needed.

The Health and Wellbeing Boards of each LA will have oversight of the strategy from a governance perspective. Progress against objectives will be reviewed annually by the NEL Sexual Health Partnership Board, which will comprise Commissioners, Public Health, Providers and ICB representatives from across NEL. The Sexual Health Strategy Steering Group comprising strategic/public health/commissioning representatives from each LA will be responsible for the performance management of the strategy and will actively work with the appointed service providers to ensure efficient and effective implementation of this strategy (Figure 22).

Figure 8: The Governance Process

System-wide approach across: Local Authorities, Public Health, NHS, Third Sector and Residents



Key NEL-wide recommendations

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The summary diagram at the end of each priority section includes key recommendations for each priority area.



Strengthen joint commissioning and contract management across LAs and ICB, **of** services across the SRH system – such as Specialist Sexual Health, HIV treatment and care, ToPS, Gynaecology and Maternity. Enable shared access to data dashboards to track activity and outcomes for residents across service areas.



Pursue a collaborative approach between commissioners and providers (specialist and non-specialist), driven by data and focused on the areas of SRH intervention with the highest public health value; and utilising commissioning tools including incentives to direct activity.



Standardise and improve offer for the most vulnerable and/ or 'high-risk' residents: building robust pathways between services and developing evidence informed operating procedures across providers and LAs.



Review and standardisation of commissioning practices for primary care SRH services such as LARC, EHC, condom provision and the screening and treatment of simple STIs.



Consistent collection and monitoring of 'patient level' data (including demographic characteristics) across the region, with shared data dashboards aligned to our strategic priorities.

Abbreviations

Abbreviation	Description
BASHH	British Association for Sexual Health and HIV
CASH	Contraception and Sexual Health
CVFS	The Community, Voluntary and Faith Sector
ED	Emergency Departments
EHC	Emergency Hormonal Contraception
GBMSM	Gay Bisexual and other Men who have sex with Men
GP	General Practice
GU	Genitourinary Medicine
HIV	Human Immunodeficiency Virus
ISHT	Integrated Sexual Health Tariffs
LA	Local Authority
LARC	Long Acting Reversible Contraception
LGBTQ+	Lesbian Gay Bisexual, Transgender, Queer Community
LHPP	London HIV Prevention Programme
NCPS	National Chlamydia and Gonorrhoea Screening Programme
NEL	North East London

Abbreviation	Description
ICB	Integrated Care Board
ICP	Integrated Care Partnership
NHS	National Health Service
MSM	Men who have sex with Men
OHID	Office of Health Improvement and Disparities
PN	Partner Notification
PEPSE	Post Exposure Prophylaxis after sexual exposure to HIV
PrEP	Pre Exposure Prophylaxis
RSE	Relationships and Sex Education
SARC	Sexual Assault Referral Centre
SH	Sexual Health
SHL	Sexual Health London (e-service)
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
ToPS	Termination of Pregnancy Services
YP	Young People

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North East London Joint Sexual & Reproductive Health Strategy (2024 – 2029)

Edited by: Aneta J Hutek and Kieran Scott (LBN Newham) with contributions from NEL Local Authorities , Local Specialist Sexual Health Providers, Health Professionals and Voluntary Organisations.



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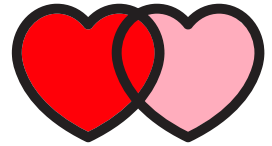
North East London Joint Sexual & Reproductive Health Strategy (2024 – 2029)

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Action Plan



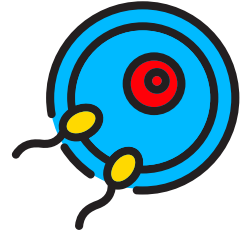
Priority 1: Healthy and fullfilling sexual relationships



Ref	Strategic Aim/ Outcome	Action	No.	Task for 2024-25 (Year 1)	Measure of success	Rationale for the target	Estimated delivery date
A	Recommission NEL specialist SRH services	Recommission NEL specialist SRH services	1	See separate Project Plan (GANNT)	Providers working to new service specification by 1 Dec 2025	Contracts expiring	Dec 2025
Page 68	Ensure services are open and truly accessible to those with increased or complex needs	Ensure that residents with more complex needs or greater vulnerabilities are not stigmatised and their additional needs are recognised and met within the overall service provision	2	Annual Equity Audits undertaken by all SRH providers	Annual Equity Audits implemented consistently across all SRH providers	Monitoring equity and improving where required	Nov 2024
			3	Plan developed for resident engagement among groups where need is currently not well understood (e.g. LD YP and Adults)	Insights gained in time for ISHS new service spec	Monitoring equity and improving where required	Sep 2024
			4	Review and refresh Barts KPIs related to access. New dashboard created for monthly contract monitoring meetings	Access KPIs agreed by June 24. Reported monthly by Barts from July 24 (Q2)	Monitoring equity and improving where required	Jul 2024
			5	Develop and pilot a Trans and Non-Binary Clinic - collaboration between Barts and Homerton	Increasing number of residents attending clinic, collaborative work across NEL	Need identified through Mystery Shopping, Chemsex Working Group and feedback from surveys	Sep 2024

Ref	Strategic Aim/ Outcome	Action	No.	Task for 2024-25 (Year 1)	Measure of success	Rationale for the target	Estimated delivery date
C	RSE: People make informed choices about their sexual and reproductive health	<ul style="list-style-type: none"> Implement and oversee a consistent, comprehensive and evidence-based approach to RSHE across NEL Understand current provision of SRE provision in schools 	6	'Draw together a working group consisting of Healthy Schools Leads/Education reps	Working group established by July 24. Meet quarterly. Track actions and outcomes	Feedback from stakeholder focus group suggested current RSE provision is patchy and inconsistent. Year one targets linked to identifying correct stakeholders and agreeing an approach for NEL	Sep 2024
			7	Mapping: Develop survey to establish consistency of current SRE provision i.e. curriculum, frequency etc	SRE content mapped for secondary schools across NEL by Jan 25. Minimum one school per Neighbourhood		Jan 2025
			8	Benchmarking and best practice agreed by working group and summarised into action plan. Reach out to London and national networks	Benchmarking and best practice review completed by Feb 24		Feb 2025
D	Comms and Marketing: People make informed choices about their sexual and reproductive health	Ensure available service information is up to date and reliable	9	'Complete audit of online content and consistency	Service information provided online is validated as correct	Feedback from strategy resident survey, priority workshops and Mystery Shopping identified gaps, errors and inconsistency in online information	Dec 2024
			10	Develop NEL-wide comms plan Agree on consistent messages	Comms Plan developed		
E	Integrated approach towards Chemsex support	Identify barriers to accessing local services supporting residents engaging in chemsex	11	Pathway Mapping	Pathways flow chart developed by July 24	Chemsex working group was established in 2022. Group have identified gaps in Chemsex provision and staff training	Sep 2024
			12	Co- production to identify support and location	Improvement action plan for pathways which are currently ineffective		Oct 2024
			13	Staff Training : Ensure staff are confident to work with residents presenting with chemsex issues	Staff training booked or completed		Sep 2025

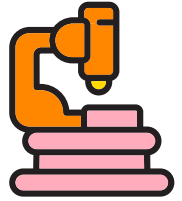
Priority 2: Good reproductive health across the life course



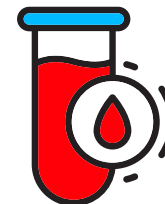
Ref	Strategic Aim/ Outcome	Action	No.	Task for 2024-25 (Year 1)	Measure of success	Rationale for the target	Estimated delivery date
F Page 70	LARC: Improve uptake of LARC, especially among women of colour	Establish consistent data and reporting for primary care LARC across NEL.	14	Primary care - standardise output data collection in Power BI as per LBN (CEG contract for NEL)	CEG contract(s) updated for line-by-line LARC data by 25-26	Consistency of data collection	Mar 2025
		Standardise NEL data collection on fitters, training etc	15	Standardise NEL data collection on fitters, training etc	Fitter database established and up-to-date by Dec 24	Fitter numbers are low. Can fitters work across NEL?	Dec 2024
		Understand why women of colour (and 'White Other') are less likely to choose LARC compared to White British women	16	Qualitative engagement with women on LARC - views, beliefs, barriers etc	Qualitative engagement carried out in each LA and results compiled into a report with LA-level LARC Equity targets for 25-26	Inequity in LARC data	Mar 2025

Ref	Strategic Aim/ Outcome	Action	No.	Task for 2024-25 (Year 1)	Measure of success	Rationale for the target	Estimated delivery date
G	EHC: Address the demographic disproportionality in access to EHC	Robust data collection and monitoring is in place for EHC across NEL, both in specialist and primary care services	17	Pharmacy: Pharmoutcomes data for INEL / ONEL EHC brought into Power BI (as per LBN)	Data in Power BI	Improve intelligence around inequity	Sep 2025
			18	Review of EHC templates on Pharmoutcomes. Updated to be evidence-based and consistent across NEL	Templates updated. Pharmacists trained		Dec 2024
H	Consistent, timely access to high quality services for contraception, abortion and menopause Reduce the need for abortions and repeat abortions, with equity across boroughs	Improve integration of SRH with ToPS, Gynae, HIV Treatment and Women's Hubs	19	Establish joint NHS and LA Task/ Finish Group to explore possibilities for more collaborative contract management and data sharing	Plan agreed for enhanced integration	<ul style="list-style-type: none"> Improved patient experience: Fragmented commissioning can cause dissatisfaction among residents (as per feedback from resident survey) Evidence of effectiveness in TH (ToPS) Efficient use of commissioning capacity 	Nov 2024
			20	Develop a joint data dashboard to monitor impact of improved integration	Dashboard work underway (e.g. CEG)		Sep 2025
I	Increase condom provision	Explore options to increase uptake of free condoms among young people (15-24)	21	Explore pharmacy condom provision at borough level - establish learnings and summarise into recommendations	Recommendations by Dec 24	Variability in LA-level models	Dec 2024
			22	Increase distribution via outreach events and other partners such as YP services, school nurses and substance misuse	More condoms distributed (provider reports)	Low levels of condom distribution, currently	Sep 2025

Priority 3: High quality and innovative STI testing and treatment



Ref	Strategic Aim/ Outcome	Action	No.	Task for 2024-25 (Year 1)	Measure of success	Rationale for the target	Estimated delivery date
J Page 72	Ensure widely accessible services. Effective online offer helps target clinical expertise towards more complex cases (value)	E-service re-procurement	23	Agree a NEL-wide approach to e-service requirements (in / out of scope) and feed into London working group	Approach agreed and fed into London process	Balance and consistency in screening done online vs in clinic	Jul 2024
			24	Undertake LA-level governance to get permission to commission the service via City of London	Permission granted by all LA Cabinets	Necessary to proceed	Dec 2024
K	Agree a consistent strategic approach to STI screening (asymptomatic vs more complex) and Walk-ins	Jointly agreed STI Screening and Walk-In Standard Operating Procedure (SOP) for NEL	25	Jointly agreed Standard Operating Procedure (SOP) for NEL providers and commissioners	Evidence of Standard Operating Procedure (SOP) being implemented (via contract monitoring dashboards)	Consistent strategic approach to STI screening across NEL	Mar 2025
L	Reduce onward transmission of STIs	Meet BASHH guidance in relation to partner notification (PN)	26	Review of current PN across NEL to identify strengths and weaknesses of current approaches	Review undertaken by Dec 24	Reduce onward transmission of STIs	Dec 2024
			27	Record baseline levels of PN for each provider (by borough)	Baselines established by Jan 25	Reduce onward transmission of STIs	Jan 2025
			28	Set targets for improving PN in areas / providers below average	25-26 Targets set and agreed by Feb 25	Reduce onward transmission of STIs	Feb 2025



Priority 4: HIV - towards zero and living well

Ref	Strategic Aim/ Outcome	Action	No.	Task for 2024-25 (Year 1)	Measure of success	Rationale for the target	Estimated delivery date
M	Re-commission HIV Prevention & Support	Re-commission HIV Prevention & Support	29	See separate Project Plan (GANNT). Establish NEL HIV Working Group to cover recommission and address actions below	Providers working to new service specification by 1 Mar 2025	Contracts expiring	Mar 2025
Page 73	Support residents to Live Well with HIV	Promote the HIV Ambassadors Programme and HIV Confident Charter	30	NEL Project Plan agreed	Plan agreed by Oct 24	Reduce HIV stigma	Oct 2024
O	Improve HIV testing coverage among heterosexual populations, especially women	Develop a regional plan to improve testing coverage for HIV among hetero populations (especially women)	31	Develop a regional plan to improve testing coverage for HIV among hetero populations (especially women)	Plan agreed by Dec 24	Increasing incidence of HIV among hetero women	Dec 2024

Ref	Strategic Aim/ Outcome	Action	No.	Task for 2024-25 (Year 1)	Measure of success	Rationale for the target	Estimated delivery date
P	To increase uptake of PrEP in all eligible populations (not just GBMSM)	Increased public health promotion and increased targeted focused on specific communities at increased risk of HIV	32	Develop baselines for PrEP uptake among different eligible groups (by borough and provider)	Baseline data established	Relatively poor uptake of PrEP and late HIV diagnosis among non GBMSM groups	Mar 2025
			33	Review of literature related to increasing awareness of and access to PrEP among non-GBMSM groups	Review of literature undertaken, with recommendations to feed into...	Relatively poor uptake of PrEP and late HIV diagnosis among non GBMSM groups	Mar 2025
			34	Create a health promotion plan around PrEP to raise awareness among eligible groups with relatively low uptake	Plan for engagement and marketing co-produced with target groups	Relatively poor uptake of PrEP and late HIV diagnosis among non GBMSM groups	Mar 2025
Page 74	Increase HIV/BBV testing in A&E in locations below average for NEL	Increase number of residents screened, especially in hospitals with lower numbers	35	Hospitals without dedicated support roles (funded by ICB) to recruit to these posts by Sept 24	Increase in testing rates for sites below NEL average	Equity of HIV screening across NEL	Sep 2024
			36	Cerner system implemented across NEL	Increase in testing rates for sites below NEL average	Equity of HIV screening across NEL	Mar 2025
R	Improve linkage from A&E HIV testing to follow up treatment / support	Review of current pathways and SPOs - learn from sites performing well	37	Review of current pathways and SPOs - learn from sites performing well	Improve the proportion of new patients diagnosed that engage with care	Udetectable = Unstransmissable	Dec 2025
S	To understand the reasons of incidents of vertical transmission	To understand the reasons of vertical transmission	38	To work with Hospitals and ICB to collect information on vertical transmission	Data sets and reporting mechanism established by Oct 24	Target for zero vertical transmissions	Mar 2025

Ref	Strategic Aim/ Outcome	Action	No.	Task for 2024-25 (Year 1)	Measure of success	Rationale for the target	Estimated delivery date
T	Improve integration between SRH and HIV treatment in advance of HIV transition to ICB commissioning in 2025	ICB HIV commissioner to join NEL SRH Steering Group and Task/ Finish group for HIV Support & Prevention	39	ICB colleagues to engage with patients and other health professionals services to understand improvement areas in advance of 2025 transition	Engagement undertaken before Aug 24	Better intergration with SRH and HIV services could improve health outcomes for PLWHIV	Aug 2024
			40	Consider extra work package(s) as part of new HIV Prevention & Support Framework service spec	Plan agreed and shared for how ICB will approach novation of commissioning responsibilities in advance of 2025	Better intergration with SRH and HIV services could improve health outcomes for PLWHIV	Aug 2024

North East London Joint Sexual & Reproductive Health Strategy (2024 – 2029)

Action Plan

Aneta J Hutek – Commissioner NEL Sexual Health Shared Service
Kieran Scott – Senior Commissioner NEL Sexual Health Shared Service





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Tower Hamlets Sexual and Reproductive Health Action Plan

Year 1 – 2024/25



Priorities



Priority 1: Healthy and fulfilling sexual relationships



Priority 2: Good reproductive health across the life course



Priority 3: High quality and innovative STI testing and treatment



Priority 4: HIV – towards zero and living well





Priority 1: Healthy and fulfilling sexual relationships



Outcome	Task required	Measure of success	Estimated delivery date
Increase sexual and reproductive health access to advice and support for young people	Identify the SRH needs of young people in the borough	YP SRH needs survey is undertaken, responses are collated and presented at stakeholder event to identify further actions (Y1 onwards) to support SRE and access to services.	May-25
Young people in Tower Hamlets have access to evidence based, high quality and inclusive relationship sex education in schools and alternative settings	Review/map the current provision of RSE in schools including SEN schools against national guidance about what should delivered in schools.	RSE review conducted in schools, we have a clear understanding about where the gaps in provision exist and this is mapped against RSE needs of young people.	Dec-24
Staff working with YP are appropriately skilled in matters relating to sexual health and sexual wellbeing (to include reference to abuse/coercion/cultural competence/LGBTQ+/learning disabilities)	Review training needs and provide annual training (e-learning/webinars) and tailored resources to support staff working with young people	Number of relationship education training events delivered annually across schools and young peoples settings including special schools with topics covered relevant to YP including information about local services and how to access them.	Jul-25





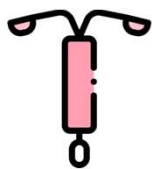
Priority 1: Healthy and fulfilling sexual relationships



Outcome	Task required	Measure of success	Estimated delivery date
People in unhealthy or risky sexual relationships are supported appropriately	Work with VAWG team to ensure that frontline staff (youth and SRH staff) are trained about sexual violence Clear referral pathways are in place to support victims of sexual violence and abuse	Number of sexual violence cases and number of referrals to support services are collated by SRH service * may need to include other groups	May-25
Strengthen pathway between SRHS and CGL	Deliver regular chemsex training to all frontline staff working in all substance misuse services across TH	Annual training delivered by SH service to CGL provider and hostels	July-25
Increase community knowledge and awareness about SRH and how to access services	Community engagement events on SRH	Development of information materials and/or SRH health promotion campaigns is tailored to and developed through co-production with the groups they are aimed at (in particular with those who are at risk of poorer SRH outcomes?)	Jun-25

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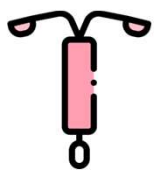


Priority 2: Good reproductive health across the life course



Outcome	Task required	Measure of success	Estimated delivery date
Residents (young people and adults) are empowered to make informed choices about contraception. Focusing on groups that have a high use of EHC and TOPs and low uptake of LARC	Increase residents knowledge about contraception methods and where to access them focusing on underserved communities and groups that are not accessing suitable contraception.	3 Engagement/co-production events across Tower Hamlets to increase awareness about contraception options	Jun-25
		We will train community champions on healthy sexual relationships and initiating conversation about reproductive health	Aug-25
Unwanted pregnancies are reduced	Reviewing the uptake of rates of contraception post abortion and following birth in primary care, maternity and abortion services.	SRHS and primary care will ensure that women post pregnancy and post abortion are offered a full choice of contraception, data is collated and shared with commissioners	Jun-25
Improve access to LARC in General Practice	Increase the number of LARC fitters in all PCNs by actively promoting the SRH faculty training offer	Increased GP LARC provision in primary care	Jun-25
	Continuation of the LARC hub capacity to address equity of provision across TH		





Priority 2: Good reproductive health across the life course



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Outcome	Task required	Measure of success	Estimated delivery date
Increase the number of women and girls that experience gynae related conditions accessing the service and receiving quality care.	Promote women's health hub service and pathways with GPs and residents	Service is promoted at PLT events and through the GP Newsletter & service user feedback is collated and shared with SRH partnership group and wider partners.	Jun-25
	Women's health hub service evaluation.	Finding of the evaluation are shared widely with partners with key recommendations about improving access and enabling plans to join up services for access to LARC and STI testing.	Aug-25
Wellbeing support is in place across pathways for reproductive health	Women's health hub leads consider ways to implement holistic approaches that support women with their mental wellbeing	Women's hub delivers a holistic approach which includes supporting women with their mental wellbeing	Jun-25
Improve access to condoms	Work with Community pharmacies to increase the uptake of condoms among young people	Increased number of condoms supplied in community pharmacies for 2023-24	Mar-25
	Promote the uptake of condoms with all providers to become access points for condoms.	Increase the number of outlets that provide condoms additional community pharmacies.	





Priority 3: High quality and innovative STI testing and treatment



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Outcome	Task required	Measure of success	Estimated delivery date
Increase STI testing and treatment in groups that are considered high risk of STIs	Review the data on STI diagnosis and reinfections and low levels of testing (addressing high rate of gonorrhoea, High rates of STIs in black groups) by demographics and develop a targeted engagement plan about the importance of STI testing	Engagement plan developed and delivered	Nov-25
	Promote safe sex practice include frequent testing in high-risk groups on PrEP		
	Review SRH needs of underserved communities	Clear recommendations collated and shared with providers so underserved communities have better access	Oct-24
Driving innovation for new STI treatment and prevention of HIV	Innovative STI treatment and prevention of HIV treatment- implementation opportunities are considered locally among public health leads and partners of sexual health services.	Commissioners and provider review opportunities and guidance on a annual basis	Aug-25





Priority 4: HIV – towards zero transmission



Outcome	Task required	Measure of success	Estimated delivery date
Residents have access to quality community based support services to reduce their risk of HIV and are supported to live well with HIV	Conduct a review to ensure that community HIV prevention and wellbeing service meets the needs of residents at risk and living with HIV	Review is completed and informs re-commissioning of the new HIV prevention service in 2025	May-24
Improving access to PrEP and PEP among high risk groups that are not currently accessing	Collate data on demographics of residents taking up PrEP and promote PrEP in targeted groups	Increase PrEP use in high risk groups	Aug-25
Promote HIV prevention and detection, PrEP and PEP among health professionals	GP training delivered via PLTs (GP education forums)	6 training sessions delivered for GPs and other primary care staff.	Aug -25
Increase HIV testing in A&E	Work with ICB and Positive East to deliver service in E&D	Increase in the number of residents with HIV are supported to access HIV treatment service	Jul-25
Support residents to Live well with HIV	Learn lessons from Barts Pilot in implementing HIV Confidence Charter	Develop a plan for implementing the HIV confident Charter to tackle stigma	Aug-25



Cross-cutting priorities



Outcome	Task required	Measure of success	Estimated delivery date
To consider the sexual and reproductive health needs of the Tower Hamlets population against the current provision.	To consider the sexual and reproductive health needs of the Tower Hamlets population against the current provision.	SRH factsheet/needs assessment will be undertaken with recommendations and actions identified to address unmet needs	Jun-24
Residents who don't access services (e.g. hostels, asylum seekers/ refugees in temporary accommodation, LD) are supported with their SRH needs.	Review the SRH support needs of underserved groups (e.g. people with Disabilities, LD, residents in hostels, sex workers, migrant groups, Roma Gypsy) and to identify gaps in provision	Review is conducted with recommendations and shared with SRH service providers with a view to ensure that service are accessible for groups with unmet needs.	Jul-25
Normalise discussion of sexual behaviour and reducing stigma about sexual and reproductive health and HIV	a. Develop a community engagement plan for awareness on SRH among community groups	2 annual events tailored for communities delivered	Jul-25
	b. Deliver training with community leaders	Engagement with community leaders and faith leaders via the inter faith forum .	



Cross-cutting priorities



Outcome	Task required	Measure of success	Estimated delivery date
Front line staff working in health setting are confident speaking to patients about sexual health	Deliver SRH primary care training to health care staff training twice a year	2 community pharmacy and 2 GP PLT training sessions on SRH are delivered	Jul-25
Improve access to sexual and reproductive health services among groups who are known to less likely access services.	Commissioners to work with sexual health service providers to develop and set KPI targets and improve activity relating to LARC, Hepatitis and PrEP	Increased number of BAME women accessing LARC and PrEP. An increased number of people accessing Hepatitis testing and attended for 2nd doses	Dec-25
All residents are able to access the All East sexual health service as required.	Review of Accessibility of the sexual health service: online booking of appointments, triage, walk in for urgent care and website information are reviewed on an annual basis through service user feedback to ensure that residents feel able to access the service when required.	Residents feedback and recommendations are feedback and acted upon by the provider.	Sep-25



North East London Sexual and Reproductive Health Strategy 2024-2029

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Public Health

Health and Wellbeing Board Meeting

10 June 2024



Overview

- Overview of sexual and reproductive health (SRH) needs in Tower Hamlets
- Rationale for a joint NEL sexual and reproductive health strategy
- Process of strategy development
- Aims and key priorities of action
- Proposed future review of the strategy

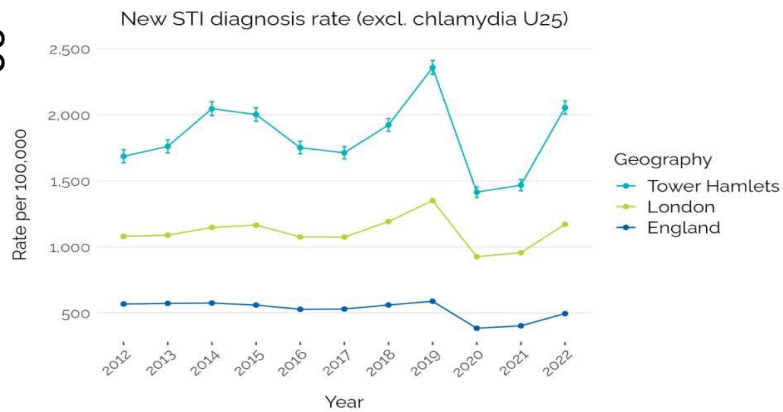


Sexual and reproductive health needs are high in Tower Hamlets

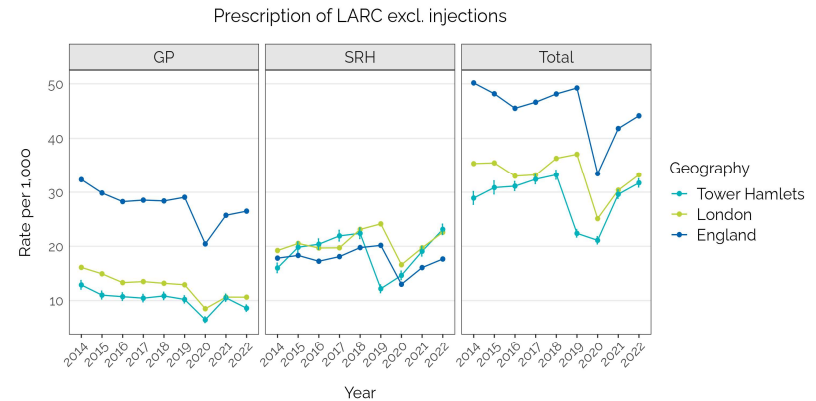


- STI (Sexually transmitted infections) rates have increased nationally but Tower Hamlets continues to have significantly higher rates of newly diagnosed STIs rates compared to London and England which is largely driven by our young populations and high proportion of GBMSM (gay, bisexual and other men who have sex with men) population.
- The most recent national data shows that Asian groups had the highest proportional increase and mixed ethnic groups had the highest rates of new STIs in 2023 compared to 2022.
- Long-acting reversible contraception (i.e. coils and implants) are the most reliable and cost-effective form of contraception however our rates of LARC are low and we have a high use of emergency contraception indicating that reproductive health needs continue to be unmet.

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Source: Fingertips



Source: Fingertips



Sexual and reproductive health landscape – who are the enablers?



- Sexual and reproductive health covers the provision covers a wide range of services: contraception, STI testing and treatment (including PrEP (Pre-exposure prophylaxis medication to reduce the risk of HIV), HIV testing, HIV treatment and abortion services are some of the services.
- These services are commissioned across different organisations which are mandated to provide specific services.
- We have multiple partners that deliver these services to our residents.
- The commissioning of sexual and reproductive services is complex and fragmented therefore a more collaborative approach to sexual and reproductive health is important to achieve better outcomes for our residents across NEL.

Commissioning responsibilities

Local Authorities (LAs)	NHS England	Integrate Care Board (ICB)
<ul style="list-style-type: none"> • Contraception - except within GP contracts • STI testing • Psychosexual support (sexual health) • Specialist sexual health services • Sexual health support for young people • HIV prevention • Sexual health outreach 	<ul style="list-style-type: none"> • GP contraception • HIV treatment and care • Sexual health in prisons • Cervical screening • Sexual assault services (SARCs, Havens) 	<ul style="list-style-type: none"> • Termination of pregnancy • Vasectomy • Gynaecology • Psychosexual support (non-sexual health) • HIV treatment and care (transfers from NHSE April 2025)
<p>Open access Sexual and contraception service where residents can access services out of borough</p>		<p>Women's health hubs</p>



The importance of having a joint strategy across North East London, and underpinning Local Action



A joint strategy provides an opportunity to set out a new vision for North East London which will:

- Shape sexual and reproductive services to work collaboratively
- Address the rising rates of sexually transmitted infections (STIs) and reproductive health inequalities faced by residents
- Provide opportunities to build seamless care pathways and joined-up commissioning between different sectors
- Joint efforts to reduce stigma attached to STI and HIV

- As well as action across North East London, we need to take local action in Tower Hamlets that is aligned to the Strategy.
- We have developed a local Action Plan that includes specific steps to deliver this strategy within Tower Hamlets.



What are we trying to achieve with our sexual and reproductive health strategy 2024-2029



Vision of the strategy:

- Residents lead healthy and fulfilling lives, in which they have the knowledge and are able to make informed choices about their sexual and reproductive health, with timely access to high quality, inclusive and equitable services.

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The purpose of the draft NEL Sexual and reproductive health strategy 2024-2029 is to improve sexual and reproductive health outcomes for residents by:

- *Ensuring that our residents have the ability and freedom to make safe informed choices regarding their sexual and reproductive health and can access services regardless of who they are and where they live.*
- *Delivering high quality inclusive, accessible and equitable services across North East London.*



How was the strategy developed?



- The strategy was co-produced by service providers, commissioners and across 8 NEL boroughs who set the vision:
To deliver high quality, easy-access and equitable provision across the whole of North East London, with the prevention of illness and the promotion of healthy relationships at the core of all activity.
- This strategy is underpinned by a sets of NEL actions that will be implemented annually to deliver the strategy over the next five years.
- Each borough will also have a borough annual action plan. This approach allows us to collaborate to deliver an overarching strategy as well as taking action on individual borough needs.



Strategy has 4 priority areas

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Priority 1:
Healthy and fulfilling
sexual relationships



Priority 2:
Good reproductive
health across the life
course



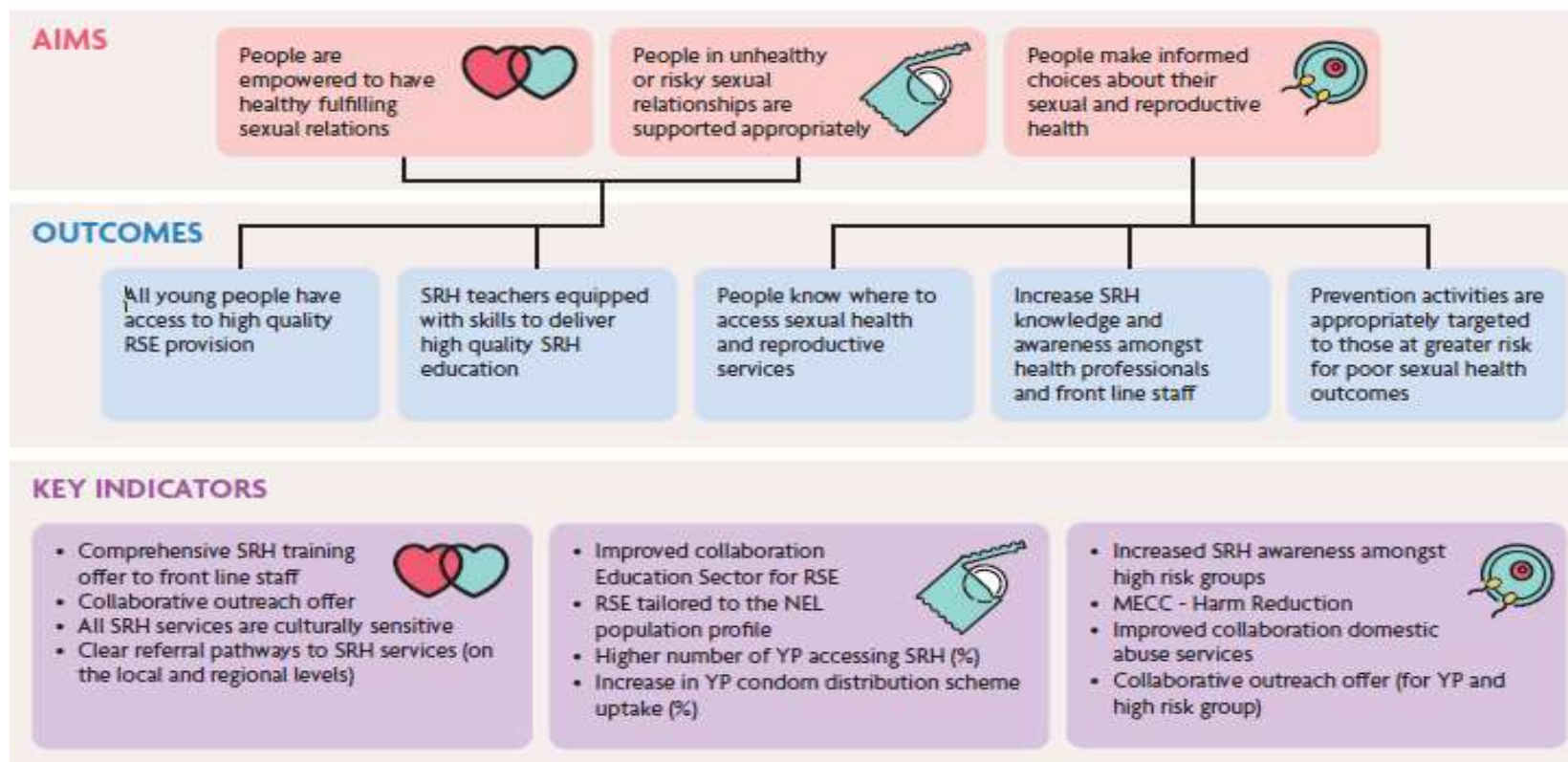
Priority 3:
High quality and
innovative STI testing
and treatment



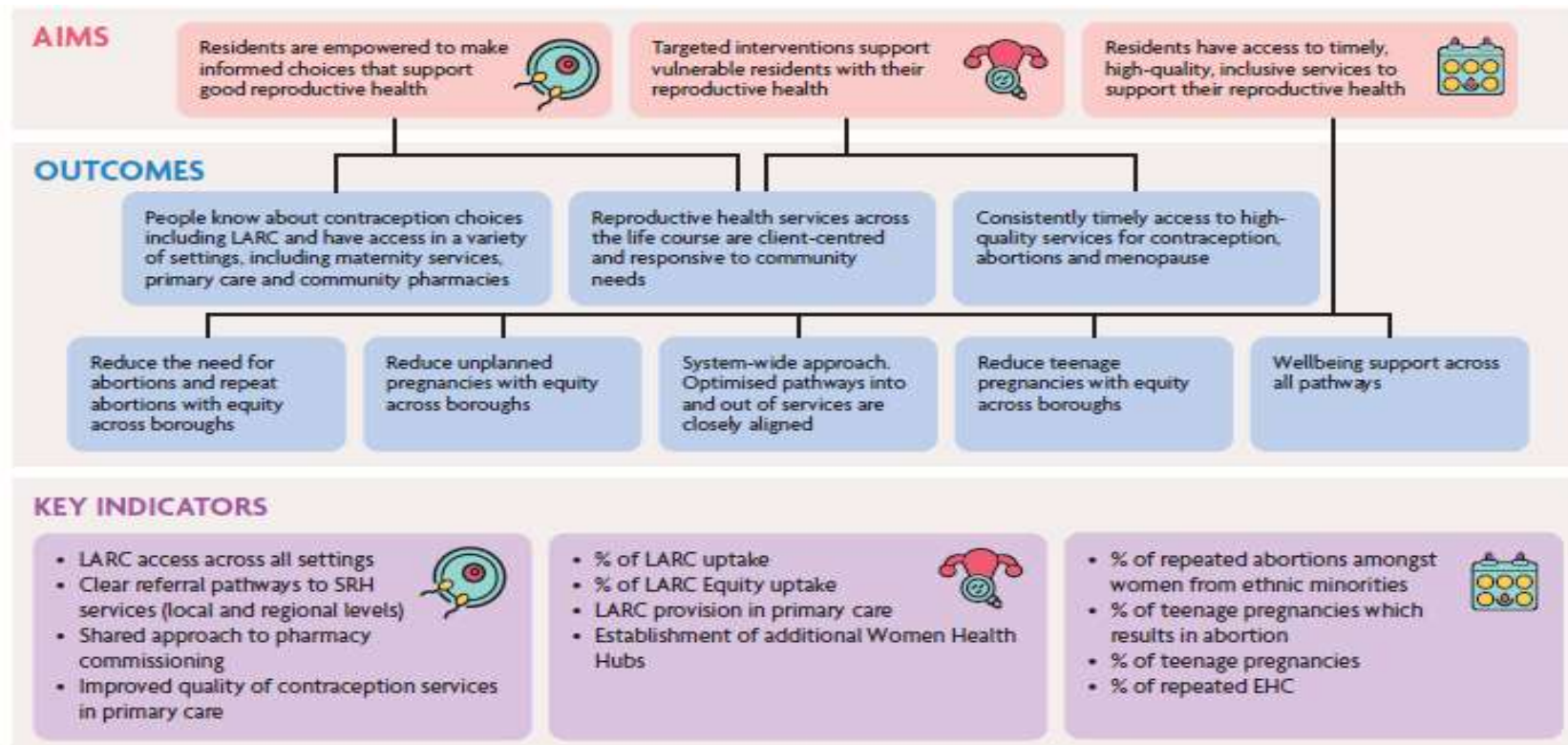
Priority 4:
HIV - towards zero
and living well



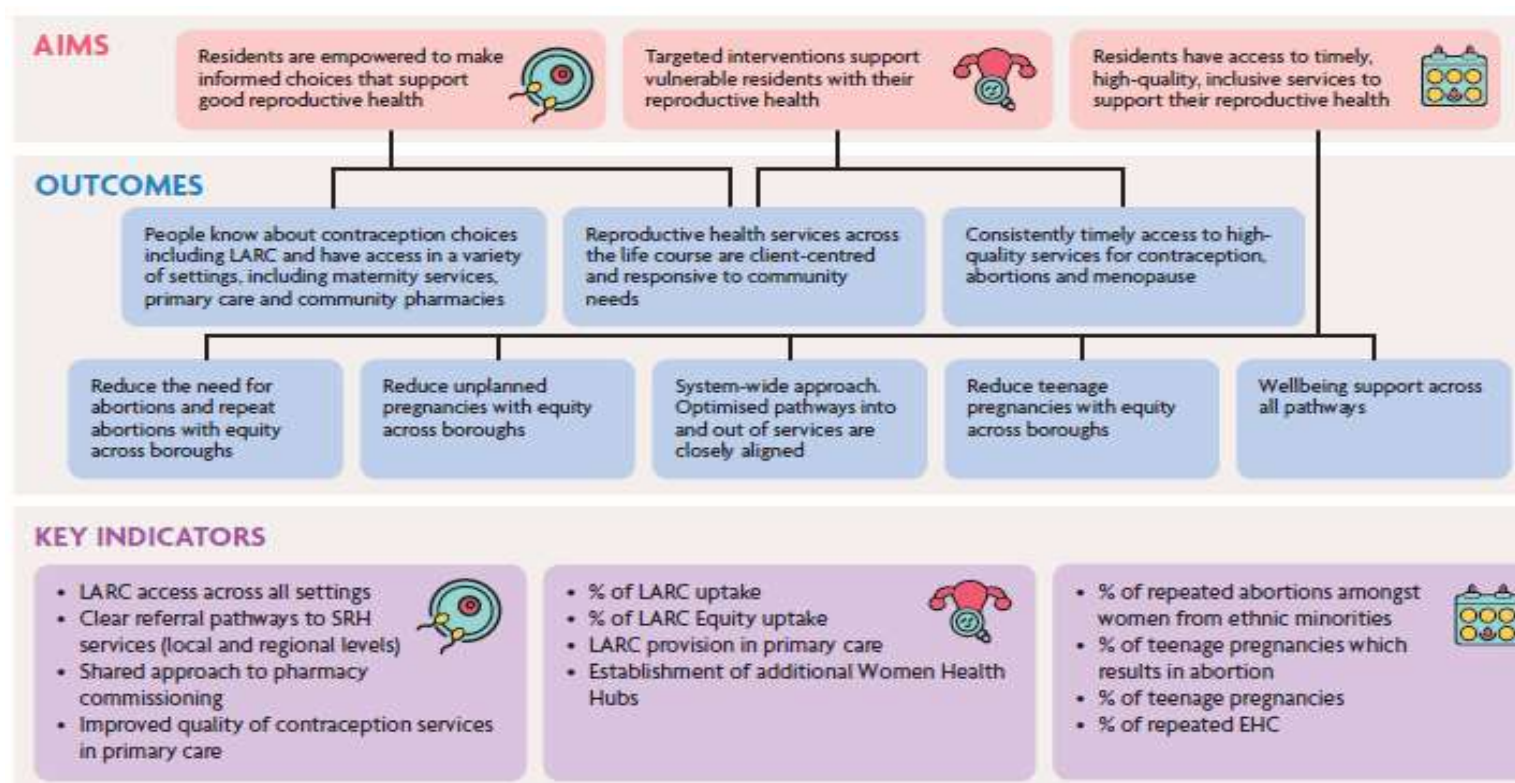
Priority 1: Healthy and fulfilling sexual relationships



Priority 2: Good reproductive health across the life course

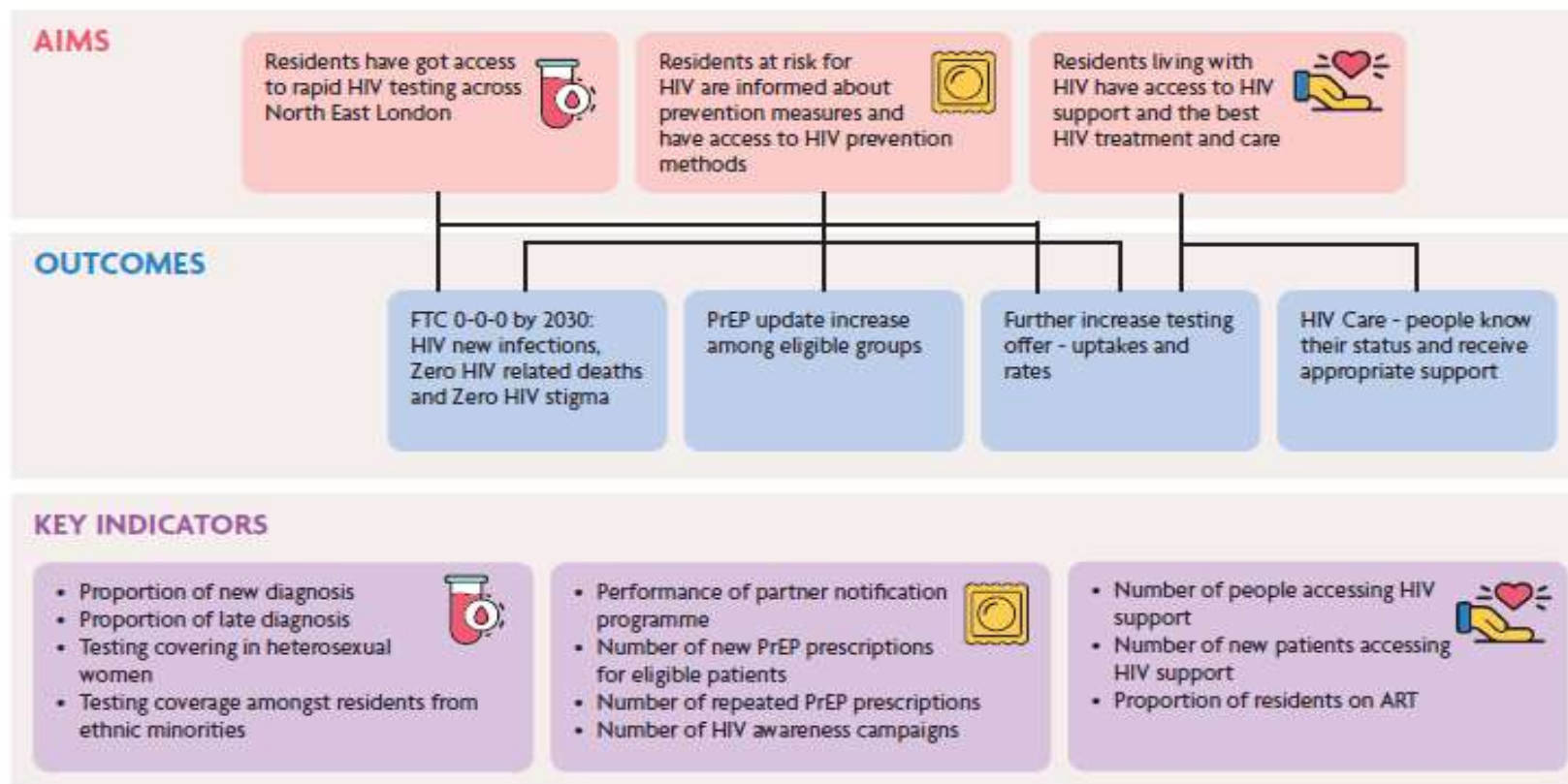


Priority 3: High quality and innovative STI screening and treatment



Priority 4: HIV Towards Zero transmission & Living Well

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Sexual and reproductive health strategy

Tower Hamlets action plan for 2024-25 to be delivered by local partners



Priority 1: Health fulfilling relationships

- Conduct a sexual and reproductive health needs survey with young people
- Map relationship, sex and health education delivered in secondary schools
- Young people's stakeholder event
- Frontline staff working with young people receive training/ refresher training on sexual violence and abuse

Priority 2: Good reproductive health across the life course

- Engagement /co-production community on contraception options
- Increased GP LARC provision
- Increasing awareness about contraception methods among BAME communities
- Training community champions
- Evaluation of Tower Hamlets women's health hub service

Priority 3: high quality and innovative STI testing & treatment

- Communications messaging is developed that targets population with high burden of STIs
- Resident engagement plan is developed with outreach partners and delivered to support high risk residents that don't engage with services
- Increase PrEP use in high-risk groups

Priority 4: HIV towards zero transmission & living well with HIV

- Increase PrEP use in high-risk groups
- HIV training sessions delivered for GPs and other primary care staff.
- Continuation of HIV testing service in emergency departments
- Develop a plan for implementing the new HIV Confidential Charter to tackle stigma

Cross cutting priorities:

- Sexual and reproductive health needs assessment to review local and make recommendations for action
- Review the SRH support needs of underserved communities (GBMSM groups, asylum seekers, people living in hostels & sex workers)
- Reducing sexual and reproductive health stigma events
- Annual resident feedback on accessibility of the sexual health service

- The Tower Hamlets action plan has been developed by the Sexual and reproductive health *Tower Hamlets Partnership Group*, made up of key partners:
 - CVS and other charity organisations that work with local communities
 - Health Lives Team
 - Public health
 - Sexual health service & young people's service
 - Youth service
 - VAWG
 - Learning disabilities
 - Community pharmacy representative
 - Primary care representatives
- The partnership group will oversee the implementation of the local action plan on a quarterly basis.
- Resident engagement took place through focus groups to check whether these were the right actions for 2024-2025.



Governance process – system wide approach across NEL local authorities and NEL ICB



Borough-based Health and Wellbeing Board
- Strategy oversight

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NEL SH Commissioning Partnership Board
- Annual evaluation of progress against objectives

SH Strategy Steering Group
- Strategy implementation and delivery

- The Health and Wellbeing Boards of each Local Authority will have oversight of the strategy.
- The HWBB have been asked to approve the strategy and action plan for NEL and Tower Hamlets. The HWBB will be updated on the progress on an annual basis.
- The strategy will be launched in September 2024
- Progress against objectives will be reviewed annually by the NEL Sexual Health Partnership Board, which will comprise of Commissioners/ Public Health, Providers and ICB representatives from across NEL.
- The Sexual Health Strategy Steering Group comprising strategic/public health/commissioning representatives from each LA will be responsible for the performance management of the strategy and will actively work with service providers to ensure efficient and effective implementation of this strategy.



SEND Improvement Board

Update to Health and Wellbeing Board

10 June 2024



Introduction

- The aim of this presentation is to provide an update on the SEND system, including progress, demand & risk issues, as we prepare for inspection.
- Inspectors will scrutinise the Local Area SEND System as a whole, which includes health, education and social care in partnership; All partners will be accountable at inspection.



Questions / requests for the Board:

- Do prioritise shaping our SEF, alongside requests for information / documents as we prepare for inspection
- How can we strengthen our partnership approach? Are there opportunities to link with existing work to strengthen multi-agency approaches?

This presentation will cover:

- Progress made against our WSoA
- Current Challenges
- What difference are we making for parents & young people?
- Preparation for inspection
- Key strategic workstreams, including the new SEND & Inclusion Strategy



Progress against our Written Statement of Action (WSOA)



- *Tower Hamlets continues to make good progress on their WSOA priorities and provided a really robust clear set of documents for this meeting. (WSOA monitoring meeting Mar 24)*
- Recognition from DfE and NHSE on progress made, with many actions embedded as business as usual.
- Relationships with parents, carers, & young people continue to be strengthened; themed transition events successful in reaching different parents.
- Exceeding Autism discharge targets; high numbers of referrals continue to put pressure on waiting times & caseloads.
- Good progress on therapies mobilisation - 3-5s treatment pathway now launched.
- Integrated Therapies Early Years Model launched - phase in school age offer in 2024.
- We know there is work still to do, including;
 - Further embedding & evidencing co-production.
 - Building in support & challenge through the inclusion framework.



Current Challenges

- **Sustained rise in demand for EHCPA impacts on timeliness of assessments & caseloads**
184% growth in EHCPs issued since 2020; TH is an outlier compared with most statistical neighbours. Approaches identified to provide support before a statutory assessment is considered; Inclusion Framework; SEND front door system.
- **Quality of EHCPs is an area for improvement**
Improving consistency of content, including strengthening child voice, is a priority. Foundation in place for multi-agency QA improvement, but lack of capacity to drive forward. SEN Service review to be undertaken, including a focus on QA.
- **Sustained rise in demand for Autism diagnostic assessment**
50-60 referrals per month, compared to 20 pre-Covid. Waiting times lengthy (88 weeks) - longer term funding plan required to address pressures; Neurovariance Diagnostic Review Group to develop business case & new pathway by Summer 24. Extension of Bart's Health therapy & London Autism Clinic capacity to Mar 25 in interim.



Current Challenges

- **Significant shortfall of specialist education places at all ages means accessing appropriate provision is a challenge for pupils with the most complex needs**

Currently demand is met by mainstream schools which may only partially meet pupil needs, or via the private sector, which is an expensive option. (See SEND Sufficiency slide)

- **Ensuring that our data systems are accurate, fit for purpose and joined up**

Extensive work underway to QA Synergy data, review workflows & reporting to support cross-service SEN data diagnostic work.

- **Lack of a cohesive multi-disciplinary offer which is well understood by professionals, parents & carers**

Impacts effective joint working, early ID of needs and access to support. To be included in new SEND & Inclusion Strategy.

- **School readiness impacted by communication and language needs in the Early Years**

Early Language acquisition will be supported by EY interventions, including 0-5 SLT offer.



What difference are we making for parents & young people?



- **EHCNA timeliness at 63%** (April 24). National average 49% (2023).
- Average Autism diagnostic waiting time has improved, now 88 weeks (performing above national average). Bart's Health and London Autism Clinic continue to deliver 40 diagnostic decisions/discharges per month.
- Waiting times for under-fives Speech & Language Therapy (SLT) assessment reduced significantly from a high of 35 weeks (Oct 2022) to just over 10 weeks (Jan 24).
- Parent Coaching received 90% positive feedback from families as part of the 3-5 SLT Treatment offer.
- Parent Carer Forum active membership grown from 85 to 245.
- Since Oct 23 SEND Parent Ambassadors attended 17 events, reaching 356 parents.
- Year 9 Let's Talk SEND event in Dec 23 attended by over 45 people.

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Preparation for Inspection



- Fortnightly Inspection Preparation Group; includes representation from Health, Education & Social Care.
- Local Area Designated Officer (LANO) identified.
- Group to maintain risk log & prepare evidence against Annex A requirements.
- SEND Self-Evaluation is in development and Local Area to receive support/challenge on this from Debbie Orton (SEN consultant)
- Self-Evaluation Summary document to be developed.
- NEL SEND Inspection Readiness Group - meeting regularly since April 2023, TH DCO & education rep attends.



SEND & Inclusion Strategy

- Learning from participation in Delivering Better Value (DBV) programme & LGA peer review used to develop new SEND & Inclusion Strategy.
- Informed by consultation with young people, families and professionals, including in person discussions with the Our Time Forum, online surveys & in-person workshop attended by 50 people.
- Public consultation on draft strategy: 1 May – 12 June 2024
- HWBB approves new policy: 17 Sep 2024
- Launch in Autumn 2024.



Inclusion Framework

- Prioritising development to provide guidance, training & whole school approaches to strengthen schools' universal & SEN Support offer before statutory assessment considered.
- Draft framework co-produced with schools, children & young people & parents, with support from the Council for Disabled Children.
- Shared with schools by end of the Summer Term 2024.
- Training programme for schools from autumn 2024 to support auditing of inclusive practice & identification of areas for improvement.



Delivering Better Value (DBV)



- DBV grant application approved on 29 February 2024.
- Workstreams include:
 - SEND front door (early identification and intervention) system;
 - Inclusion Framework at both Ordinarily Available Provision and SEN Support levels, along with associated quality assurance, training and support for schools;
 - Review of banding arrangements.
- Includes new Participation and Co-production Officer role to work with parents and carers, ensuring information on provision at universal & SEN Support known & understood.

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SEND Sufficiency Review

- Significant shortfall in specialist provision & placements; Projections indicate a shortfall of up to 260 places in specialist placements across all needs within the next 10 years.
- Greatest areas of need are Speech, Language and Communication (SLC); Autism; and Social Emotional and Mental Health (SEMH).
- Pilot up to six specialist Additionally Resourced Provisions (ARPs) to be established & operational within the 2024/25 academic year.
- New Autism resource base at a primary school has been approved. A secondary school age Autism resource base also opened in September 2023.
- Two-year Autism Pilot programme with Phoenix Special School delivering support to ensure that pupils with Autism and high levels of need can continue in a mainstream school.
- Significant shortfall in specialist post-16 and post-19 provision - we aim to increase provision at Phoenix (independent) College by supporting their move to larger premises.



Questions and Discussion



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Non-Executive Report of the: Health and Wellbeing Board 20 th March 2023	
Report of: Naveed Mohammed	Classification: Unrestricted
Report Title: Serious Violence and Exploitation Strategy	

Originating Officer(s)	Leo Hutchinson
Wards affected	All wards

Reasons for urgency

This report was not published within the statutory timescale as there was a need to incorporate changes from partners and stakeholders which delayed this being finalised. Development of a Serious Violence Strategy is a statutory requirement with councils and local services expected to work together to share information and target interventions to prevent and reduce serious violence. The LBTH Serious Violence Strategy falls under the governance of the Tower Hamlets Community Safety Partnership, however given its scope it also needs to be taken to other partnership boards including Health and Wellbeing and the Adult’s Safeguarding Board and the Children’s Safeguarding Board. To ensure we can work through other partnership boards and this is published/finalised within the necessary timeframes - consideration at HWB first is important.

Executive Summary

The Serious Violence Duty came into effect in Jan 2023, requiring police, councils and local services (known as duty holders) to work together to share information and target interventions to prevent and reduce serious violence. Duty holders are responsible for forming a relevant partnership, agreeing a local definition of serious violence, producing a serious violence needs assessment for the borough and using this to inform a strategic delivery plan for the partnership to tackle serious violence. The serious violence and exploitation strategy group will be formed as a sub-group of the Community Safety Partnership.

This item presents the first Draft Serious Violence and Exploitation Strategic Plan: formulated using the findings from the Serious Violence needs assessment, recommendations, engagement with professionals and wider consultation with our local residents (including children, young people and young adults).

The Serious Violence Plan on a Page, produced in Jan 2024, has been used to consult the public and professionals on the proposed approach to tackling violence and exploitation: contributing to the development of the full strategic delivery plan

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note and provide comments/feedback on the contents of the draft Serious Violence and Exploitation Strategy Plan
2. Note the work associated with the Serious Violence Duty will be managed and monitored by the Community Safety Partnership but should be addressed widely across multiple statutory boards (i.e. Health and Wellbeing Board, Safeguarding Adults Board, Safeguarding Children’s Partnership).

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>This strategy details the consolidated efforts of core partners (Council, NHS, Probation, Police and Fire Services) to tackle violence and exploitation: including the health and wellbeing implications (both physical and mental) that being a victim or perpetrator of violence can bring. The strategy looks to provide a high level overview of resource, initiatives and collaborative efforts delivered across the partnership to support the needs of those at risk of violence and exploitation: with the intention of improving health and wellbeing outcomes for those affected</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>3. Being treated equally, respectfully and without discrimination should be the norm when using services</p>
<p>There are sections of the community that can be disproportionately affected by violence, exploitation, incarceration and harsher sentencing within the criminal justice system. The strategy highlights the understanding of this, the services that are non-discriminatory that support those at risk of violence and exploitation,</p>

as well as the efforts from enforcement services to mitigate bias when coming into contact with the diverse community that resides in Tower Hamlets
4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them
5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing
This strategy has undergone a consultation process, involving professionals, the public (including children and young people) and the voluntary community sector.
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 strategy is developed as a result of a statutory duty placed on responsible authorities to work together to address violence and exploitation, making the best use of existing assets, funding and community services to support the health and wellbeing of people at risk of violence exploitation

1. REASONS FOR THE DECISIONS

- 1.1. Tower Hamlets aim to fully comply with the relevant legislative framework (Police, Crime, Sentencing & Courts Act 2022) that sets out the duty for "specified authorities to work together to prevent & reduce serious violence".
- 1.2. Duty holders: local authorities, the police, youth offending teams, Integrated Care System (NHS), probation, and the fire service. Certain organisations have a "duty to cooperate" e.g. education establishments
- 1.3. The new Serious Violence Duty sets out the requirement for localities to Develop and implement a partnership strategy to prevent & reduce serious violence with annual review.

2. ALTERNATOVE OPTIONS

- 2.1.** To date, Tower Hamlets have complied with all requirements set out within the Serious Violence Duty to:
- agree a partnership structure e.g. CSP, SAB, HWBB – Locally agreed to be the CSP
 - develop a strategic needs assessment to provide an evidence base
 - agree definition of SV, with evidence based analysis of the causes of serious violence in the area and effective data sharing
 - develop and implement a partnership strategy to prevent & reduce serious violence
- 2.2.** There are no alternate routes to compliance and failure to fulfil the tasks set out within the statutory duty would mean the council would be non-compliant and face reputational risk

3. DETAILS OF THE REPORT

- 3.1.** Tower Hamlets employs a range of initiatives, commissioned services and efforts to tackle serious violence in partnership currently. This strategy would act as a public facing document that illustrates the local approach to addressing violence and vulnerability.
- 3.2.** To ensure compliance, Tower Hamlets have developed a time-limited working group that has driven the work of the serious violence duty, reporting all progress to the relevant boards, such as the Community Safety Partnership Board, Safeguarding Adults Board, Safeguarding Children's Partnership and Health and Wellbeing Board. This board will form the new Serious Violence and Exploitation Strategy Group which will drive the associated work and report into the Community Safety Partnership.
- 3.3.** This work has been overseen by Community Safety Partnership Board as well as the Lead Member for Safer Communities
- 3.4.** We agreed a local definition of serious violence which was agreed at the CSP Board on 20th February 2024. The definition is as follows:
- “Any violence and exploitation affecting young people under the age of 25, domestic abuse, sexual violence and hate crime. Within the context of these types of violence, it encompasses homicide, grievous bodily harm, actual bodily harm, rap, assault by penetration, sexual assault, personal robbery, threats to kill and violence against property caused during the commission of one of these offences.”
- 3.5.** A Serious Violence Needs Assessment was developed by Public Health to ensure any future strategy was evidence based and incorporated the understanding of serious violence and exploitation locally.
- 3.6.** A Serious Violence Plan on a Page was developed to provide a high level summary of the partnership approach that would be undertaken to address serious violence. Both the Plan on a Page and the Needs Assessment were submitted to the Mayors Office for Policing and Crime (MOPAC) In January 2024.
- 3.7.** A more detailed strategy has been developed to provide insight into what we will do to address identified local violence and exploitation related issues and how we will implement this.

- 3.8. The public (including children and young people), professionals and the voluntary community have been consulted on the approach to tackling serious violence their views on violence locally the proposed approach professionals outline in the Plan on a Page (Appendix 1) personal experiences (or the experiences of those they know) within the context of violence and exploitation
- 3.9. The draft strategy is being presented to the Health and Wellbeing Board and recommendations are set out at the start of this report. Board members are asked to comment and provide feedback on this strategy considering the nature of the work is cross thematic and fits into the remit of this board. Members are encouraged to provide feedback on the content: whether that which is reflected captures the health and wellbeing aspect of addressing violence exploitation, as well as highlighting any activities, initiatives that may be relevant and not included.

4. EQUALITIES IMPLICATIONS

- 4.1. Whilst the work of this strategy could have potential equalities implications with regards to those who come into contact with enforcement services and the criminal justice system, this is a partnership document and only focuses on ensuring compliance with the statutory requirements set out in the Police, Crime, Sentencing & Courts Act 2022.

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

- None

Appendices

- Appendix 1 - Serious Violence and Exploitation Plan on a Page
- Appendix 2 – Serious Violence and Exploitation Strategy

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.

- Serious Violence Needs Assessment

Officer contact details for documents:

Leo Hutchinson – Leo.Hutchinson@TowerHamlets.gov.uk

Tackling Serious Violence and Exploitation

Plan on a page

Prevention and early intervention



Objectives:

- Adopting a public health approach to reducing violence
- Tackling the causes of violence
- Using a multi-agency approach for prevention and early intervention
- Reducing access to weapons

Safer Spaces



Objectives:

- Working with communities and neighbourhoods to improve resilience and reduce violence
- Identifying and addressing high harm and high risk locations
- Continuing to develop serious and organised crime and drug market profiles locally which consider threat, risk and harm

Disrupting, pursuing and managing offenders who pose a risk to children and young adults



Objectives:

- Relentlessly pursuing and managing high harm offenders
- Implementing positive diversion from violence
- Addressing the drugs market

Supporting victims of serious violence



Objectives:

- Continuing to adopt a trauma-informed approach when supporting victims of violence
- Improving support to victims of violence
- Improving the support for those transitioning from children to adult social care provision

Safeguarding those at risk of criminal and sexual exploitation



Objectives:

- Addressing the victim/offender overlap
- Safeguarding and educating young people
- Adopting a reinvigorated focus on modern slavery
- Addressing the disproportionate number of people from BAME groups in the criminal justice system

Tackling Violence Against Women and Girls (VAWG)



Objectives:

- Bringing perpetrators to justice
- Providing support for all victims of VAWG
- Prioritising women's safety in public spaces
- Carrying out community prevention and awareness to tackle misogyny

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Serious Violence and Exploitation Strategy

London Borough of Tower Hamlets

August 1st, 2024

Authored by Leo Hutchinson

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Foreword

We are pleased to introduce the Tower Hamlets Serious Violence Duty (SVD) Strategic Partnership Plan 2024-2027, which sets out the multi-agency serious violence priorities for duty holders over the next three years. This plan focuses on exploitation and the violent crimes that are of most concern locally: identified through our strategic needs assessment and consultation with our local residents. This is to ensure resident voices are heard and effectively responded to.

We know that the impact of violence and the associated exploitation is vast, affecting victims, their families and the wider public. This is why we act on the needs of our residents, consulting, understanding and implementing the appropriate services and initiatives to ensure Tower Hamlets remains a safe place to live, work in and visit.

In Tower Hamlets, we have placed a strong focus on tackling violence and exploitation: funding a dedicated exploitation team that provides detached youth work in locations of risk across the borough; a dedicated Violence Against Women and Girls service; and making use of Violence Reduction Unit (VRU) funding and partnership spend on violence reduction.

We already have examples of success that we will build upon to ensure professionals and local people can identify what we are currently doing and what we strive to achieve in our ambitions to tackle and reduce serious violence and exploitation.

This plan describes how we will make the best use of resources to make our communities safer; working together to reduce the impact of violence and exploitation by empowering communities and addressing the risk factors that can lead to being a victim or perpetrator of violence and exploitation.

It is important we are all working towards the same goals, providing a safe environment for residents, businesses, and visitors. This strategy demonstrates how The Council, Police and the wider partnership will address the complexities involved in violence reduction, and the Tower Hamlets Community Safety Partnership will adopt a joined-up approach to set out and achieve our goals.

The priorities and key objectives set out in this plan are based upon an assessment of violence and related exploitation issues across the borough, and reflect the views of the community. We hope this document helps you understand what duty holders will be delivering in partnership and how we will achieve the aims set out through our priorities.




Image of Cllr

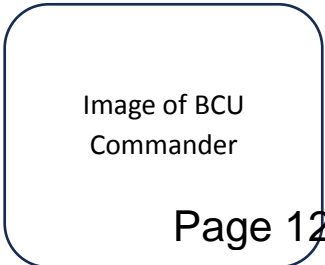


Image of BCU
Commander




Image of Mayor

Introduction

This Strategy has been produced as part of the requirements of the Serious Violence Duty, introduced by the Police Crime Sentencing and Courts Act 2022. The duty places several requirements upon local areas, including agreeing a local partnership arrangement to lead on delivering the duty; agreeing a definition of serious violence; having consistent data sharing; producing a Strategic Needs Assessment; and production of a strategy to set out how duty holders will tackle serious violence locally.

The duty requires responsible authorities to work together to prevent and reduce serious violence, including identifying the kinds of serious violence that occur in the area, the causes of that violence, and to prepare and implement a strategy for preventing and reducing serious violence.

The responsible authorities (also known as 'duty holders') in the Serious Violence Duty are:

- the police
- fire and rescue authorities
- justice organisations (youth offending teams and probation services)
- health bodies (Integrated Care Boards)
- the local authority

Wider partners such as educational institutions, prisons and youth custodial institutions have a duty to co-operate with duty holders, but they are not duty holders.

This strategy considers guidance issued by the central government, Violence Reduction Unit (VRU) guidance, in collaboration with London Councils, the Mayor's Office for Policing and Crime, the Metropolitan Police, NHS London and Probation Service.

The strategy sets out the agreed definition of Serious Violence for the borough, summarises the key aspects of the Serious Violence Strategic Needs Assessment, the partnership arrangements that have been agreed locally to lead on delivery of the duty, the areas of activity to prevent and reduce serious violence, and activity to engage with voluntary sector organisations, communities - including young people, as well as businesses.

Tackling serious violence (including VAWG and Hate Crime related serious violence) remains a key priority for Tower Hamlets and is a concern for our residents. The Council and its partners continue to invest in addressing violence and exploitation, as well as the associated risk factors that contribute to children, young people and young adults becoming involved with serious violence.

Serious Violence Definition

The Police Crime Sentencing and Courts Act 2022 provides that, for the purposes of the Duty, serious violence includes domestic abuse, sexual offences, violence against property and threats of violence, but does not include terrorism.

Serious Violence for the purposes of the Serious Violence Duty in Tower Hamlets, is defined as:

“Any violence and exploitation affecting young people under the age of 25, domestic abuse, sexual violence and hate crime. Within the context of these types of violence, it encompasses homicide, grievous bodily harm, actual bodily harm, rape, assault by penetration, sexual assault, personal robbery, threats to kill and violence against property caused during the commission of one of these offences.”

Domestic abuse is as defined in the Domestic Abuse Act 2021

A Within the Domestic Abuse Act 2021:

1) This section defines “domestic abuse” for the purposes of this Act. (2) Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if— (a) A and B are each aged 16 or over and are “personally connected” to each other, and (b) the behaviour is abusive. (3) Behaviour is “abusive” if it consists of any of the following— (a) physical or sexual abuse; (b) violent or threatening behaviour; (c) controlling or coercive behaviour; (d) economic abuse (see subsection (4)); (e) psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct.

(4) “Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to — (a) acquire, use or maintain money or other property, or (b) obtain goods or services.

(5) For the purposes of this Act, A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).

(6) References in this Act to being abusive towards another person are to be read in accordance with this section. (7) For the meaning of “personally connected”,

It should be noted that in Chapter 3 of the Statutory Guidance of the act, it recognises that domestic abuse can encompass a range of behaviours, including abuse that is physical, violent or threatening behaviour, sexual abuse, controlling & coercive behaviour, harassment or stalking, economic abuse, emotional or psychological abuse, verbal abuse, technology-facilitated based, abuse relating to faith, ‘honour’-based abuse, forced marriage and female genital mutilation.

B Regarding ‘violence and exploitation affecting young people under the age of 25,’ this includes those aged under 25 who are victims of offences; suspects for offences; or both. (aligned to home office Home Office “definition” of serious violence in their 2018 strategy)

C Serious violence includes (but does not require) any of the defined offences where a knife, section one firearm or corrosive substance is used, threatened or intimidated.

Local Partnership Arrangements

The Serious Violence Duty (SVD) sets out the requirement for specified authorities to decide on the appropriate lead and structure for collaboration for the local area. Government guidance references various partnership bodies as potentially appropriate SVD governance leads: Community Safety Partnerships; Health and Wellbeing Boards; and Local Safeguarding Children's Partnerships. The guidance also poses the potential for collaboration via several partnership structures, depending on the preference and local context.

The London Guidance recommends that the Community Safety Partnership (CSP) be the local partnership to lead on the borough's implementation and compliance with the SVD. In Tower Hamlets, we have opted to follow the London guidance: with the CSP being the agreed partnership forum to lead and implement the recommendations under the SVD.

Tower Hamlets Community Safety Partnership

The Tower Hamlets Community Safety Partnership (CSP) is a statutory requirement of the Crime and Disorder Act 1998: working in partnership to address local issues including antisocial behaviour, drug or alcohol misuse, and re-offending.

This strategic forum operates on the basis that no single agency can address complex community safety issues alone, and that these issues can be tackled more effectively through partnership working.

The partnership is made up of both statutory agencies and co-operating bodies within the borough (known as the 'responsible authorities'), including:

- The Metropolitan Police,
- Tower Hamlets Local Authority,
- London Fire Brigade,
- North-East London (NEL) NHS, and
- National Probation Service

Co-operating bodies include the London Mayor's Office for Policing and Crime (MOPAC) as well as key local partners with a vested interest in community safety, including Tower Hamlets Council for Voluntary Services.

The Community Safety Partnership links in with other strategic partnership boards such as the SCPB, Combating Drugs Partnership (CDP), HWB and SAB: through board chair representation at the CSP. Cross-thematic agendas are discussed at the CSP (including violence reduction and implementing a Public Health response to violence reduction).

For more information on Tower Hamlets Community Safety Partnership, visit the Tower Hamlets website via the link provided [here](#).

Governance Structure

In Tower Hamlets, we ensure the Safer Neighbourhood Board operates alongside our CSP so that our local community is considered and can contribute when making strategic decision.

Community Safety Partnership Executive

Community Safety Partnership

Safer Neighbourhood Board

Neighbourhood Crime and ASB Board

Youth Justice Management Board

Combatting Drugs Partnership

No Place for Hate Forum

Contest Board

VAWG and Domestic Abuse Strategy Group

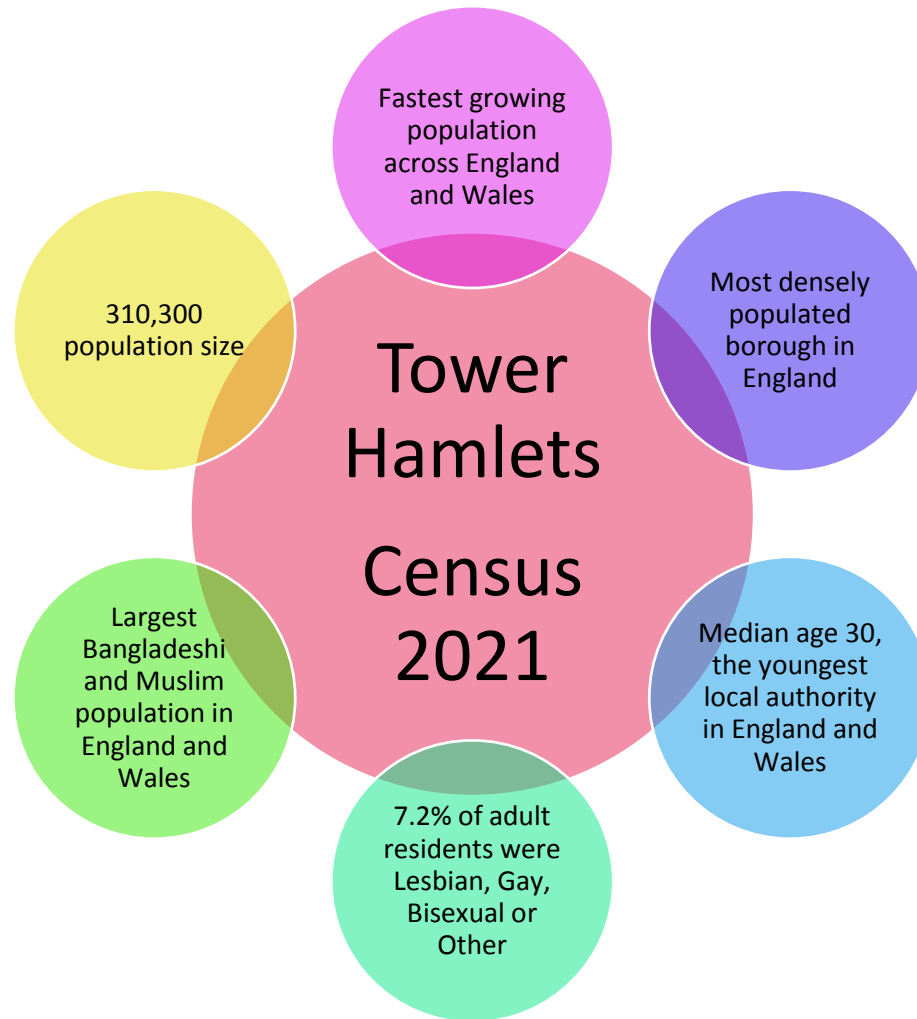
Violence and Exploitation Strategy Group

New

The CSP has eight strategic subgroups to drive the operational delivery. These are:

- Neighbourhood Crime and ASB Board
- Combatting Drugs Partnership
- No Place for Hate Forum
- CONTEST Board
- VAWG and Domestic Abuse Strategy Group
- Youth Justice Management Board
- Violence and Exploitation Strategy Group

Tower Hamlets Community Profile



Tower Hamlets has the 4th highest proportion of males in England and Wales

Tower Hamlets is ranked 16th most ethnically diverse local authority in England

Tower Hamlets has an overall deprivation score of 27.9: higher than both the London (21.8) and England (21.7) values

73% of residents reported in the Census 2021, that English is their main spoken language, however 6.2% of residents reported that they don't speak English well or at all

What Have We Achieved

Tower Hamlets recorded 1041 Sexual Offences for the period 2022-2023; a decrease of 9.32% (109 offences) when compared to the previous year.

Violence figures (if a reduction)

Tower Hamlets recorded 4331 incidents of Domestic Abuse for the period 2022-2023; a slight decrease of 1.34% (59 incidents) when compared to the previous year.

The Community MARAC identifies cuckooing and drug misuse cases presented to the panel: the second and third highest contributing risk/vulnerability factors of all cases between 2018-2023.

Operation Continuum continues to prove an impactful initiative in tackling the supply of drugs: resulting in 114 warrants being executed, 112 arrests and 72 people charged with drug trafficking offences

During National Hate Crime Awareness Week 2022, the council and partners delivered 21 partnership activities to show Hate Crime is not welcomed or tolerated in Tower Hamlets

Young people entering the Youth Criminal Justice System for the first time, saw a 45.95% reduction in 2022 when compared to the previous year

Serious Violence Needs Assessment Summary Findings

The Serious Violence Needs Assessment identified that key risk factors for violence and exploitation include high levels of local deprivation, high demands for drugs and existing drug markets.

Exposure to adverse childhood experiences (ACEs) such as parental substance misuse, being a victim or being exposed to abuse or violence, having undiagnosed speech, language and communication needs, along with school exclusions and truancy were key risk factors identified for being affected by serious violence and exploitation.

Evidence links deprivation, violence and exploitation with Tower Hamlets the 6th most deprived borough in London based on the Crime domain based on the Index of Multiple Deprivation (IoMD).

There are high demands for drugs and drug markets in the borough that are driving violence and exploitation in the borough.

Suspensions from all schools in Tower Hamlets shows that those suspended are more likely to be boys, and in secondary school particularly in year groups 8-11.

Evidence shows links between speech, language and communications needs and offending: with a lower percentage of children achieving school readiness for communication and language skills in TH compared to London and England

The majority of victims of child criminal exploitation (CCE) demonstrated experience/exposure to several risk factors. 75% of victims had additional vulnerabilities including poor mental health, learning difficulties or past experiences of abuse

34% of local Child Sexual Exploitation (CSE) reports in Tower Hamlets, fall into the 'online' category: the most prevalent category for CSE reports

Violent offences reported to the police saw peaks at 9am for under 18s and fall in August/December: possibly linked to school hours and holidays.

The most serious violence offences saw peaks in the evening and in the East of the borough (Bow, Mile End, Isle of dogs, Poplar).

What Did Our Local Residents Tell Us?

- Resident's Survey
- SVD consultation – including voice of children and young people
- SVD survey

Our Approach

We are committed to delivering a joined up approach to tackling serious violence: addressing not only the offending behaviour, but also the contributing risk factors and underlying issues that affect violence and the associated exploitation.

There are a number of principles and cross-cutting themes that this strategy will embed in the approach to addressing serious violence and exploitation:

Public Health Approach

Focus on early intervention and prevention, and the wider determinants of crime and community safety, including social inequalities, employment, skills, health, housing and environment. This approach ensures the partnership does not view violence as a series of isolated incidents or solely a police law enforcement problem, but as a preventable consequence of a range of underlying factors.

Contextual Safeguarding

Focus on contextual safeguarding, taking a whole-family approach and accounting for every context and environment that adolescents encounter beyond their family. This involves adopting a trauma-informed approach, using a local understanding of the impact that adverse childhood experiences have on involvement in crime & ASB

Collaboration

Focus on analysis and information sharing to support a public health approach to violence reduction, including understanding patterns of violence and vulnerability, key local drivers, contexts where harm is occurring and communities/localities of greatest need, as well as sharing data and intelligence to allow a more efficient and effective approach and better-targeted interventions.

Whole-Systems Approach

Partnership working which seek opportunities to meet children, young people's and young adult's needs: working with a shared sense of responsibility those at risk of violence and exploitation they get the right support at the right time.

Supporting Victims

Ensure a focus on victims and strengthen local systems to support victims, reduce repeat victimisation, and recognise that perpetrators of violence can often be victims too.

Substance Misuse

We understand that a significant proportion of local crime is driven by substance misuse and an active drugs market, leading to acquisitive crimes and serious violence. The analysis of Tower Hamlets' drug market will be a key consideration as part of our strategic objectives, and collaborative efforts with partners through our Combatting Drugs Partnership, will focus on addressing substance misuse, providing effective treatment and dismantling drug markets through enforcement measures.

Mental Health

Some victims and perpetrators of serious violence, suffer with mental health problems, with people particularly at risk during and after contact with the criminal justice system. Identifying and addressing mental ill health at the earliest opportunity improves outcomes for those experiencing mental health issues and provide holistic support for people with complex and challenging needs.

Serious Violence Strategic Priorities

Tower Hamlets' Serious Violence Needs Assessment, alongside our public consultation, identified a need to focus on the following strategic priorities:



Each of the Serious Violence Strategic Priorities will have several integrated partnership objectives and activities, contained within our Serious Violence Action Plan aimed at reducing harm. These priorities will be reviewed annually by the Community Safety Partnership Serious Violence Strategy Group.

The delivery of our commitments, set out within this strategy will be managed by various subgroups of the Community Safety Partnership Board, Safeguarding Adult's Board and Local Safeguarding Children's Board

Our Serious Violence Action Plan gives a detailed account of the activities that are, or will, take place to address the various ambitions we seek to deliver for local people

This plan, and the strategic priorities, will be reviewed annually. The CSP have therefore agreed these priorities for the next 12 months

Inequality, Disproportionality and Ethnicity

In Tower Hamlets, like many areas of London, serious violence remains a significant focus, impacting the lives of its residents daily. With the complexity of the landscape of criminality and its constant evolving nature, shaped by a myriad of socio-economic factors, professionals are often found responding to emerging trends to this ever-present problem.

People's experience of crime, disorder, safety and services is not the same. For example, being a woman, being of a Black, Asian and global majority background, being LGBTQIA, being disabled, having a different gender to the one assigned at birth, being older or younger all have an impact.

To ensure Tower Hamlets has a cohesive and integrated community that feels fairly treated and represented across the partnership, we must also acknowledge the national evidence that highlights that the justice system treats children, young people and young adults (up to 25 years-old), from global majority backgrounds, differently. Individuals from Black, Asian and global majority backgrounds are over-represented at most stages of the justice system. The Lammy Review (2017) highlighted that people of Black Asian and global majority defendants were more likely to enter a not guilty plea at court, resulting in harsher sentencing and a longer time spent in the justice system

Tower Hamlets, characterised by its diverse demography, visible wealth and pockets of deprivation, grapples with a unique set of challenges that exacerbate the risk factors associated with violence.

Adverse childhood experiences (ACEs) can cast a long shadow over many young lives in Tower Hamlets, with experiences of trauma, abuse, and neglect laying the groundwork for future involvement in violence. The correlation between ACEs and involvement in violent behaviour is well-documented, highlighting the need for targeted interventions to break the cycle of violence from an early age.

Furthermore, the socio-economic landscape of Tower Hamlets plays a significant role in shaping opportunities for its residents. Whilst the 2023 Resident Survey found more than 70% of respondents thought Primary and Secondary education services were 'good', there are sectors of the community who feel there is limited access to quality education: compounded by high levels of poverty and unemployment which leaves many young people feeling marginalised and disempowered.

The disproportionate representation of certain demographic groups among both victims and perpetrators of violence, underscores the need for bespoke, partnership focused, community-led interventions that address the root causes of violence.

In addressing the issue of serious violence in Tower Hamlets, we will adopt a holistic approach that recognises the intersecting influences of socio-economic factors, adverse childhood experiences, and community dynamics. By investing in prevention, early intervention, and community empowerment, we aim to create a safer and more equitable future for all residents of Tower Hamlets.

Theme 1: Prevention and Early Intervention

Why is this a priority?

- There is extensive evidence linking deprivation and violence, and Tower Hamlets is the 6th most deprived borough in London: with an overall deprivation score that is higher than both the London and England values.
- There is strong evidence highlighting correlations between speech, language and communication needs and offending. Tower Hamlets has a lower percentage of children achieving school readiness for communication and language skills, compared to London and England averages. Regular attendance at school can act as an important protective factor for the most vulnerable pupils. Whilst the percentage of persistent absence in Tower Hamlets has been historically lower than London and England averages, since 2017/18 there has been a sharp increase, which is representative of a national issue.
- There is a complex relationship between poor emotional and mental health and serious violence and exploitation. In Tower Hamlets, the percentage of school pupils with social, emotional and mental health needs has been historically higher than London and England.

Our Aims and strategic intentions:

- Adopting a public health approach to reducing violence
- Tackling the causes of violence
- Using a multi-agency approach for prevention and early intervention
- Reducing access to weapons

Outcomes we want to achieve

- Educational settings are a safe and inclusive place to learn: with spaces that allow children and young people to speak to teachers and violence/exploitation related concerns.
- Wellbeing and resilience is promoted from early years.
- Children and young people at risk are effectively protected from harm through early intervention.
- Children and young people at risk of exclusion or dropping out of education are supported to stay in mainstream schools, where this is the best option for them
- Individuals of different backgrounds within our community, know how to access support for themselves and their peers, and seek help when they need it.
- The critical role of the voluntary community sector and universal services in prevention and early intervention, is recognised and utilised.
- Less children entering the criminal justice system

How We Will Prevent and Intervene Early to Address Serious Violence

Reducing Access to Weapons

The Council and Police will continue to deliver a joint programme of actions to remove weapons from our streets: carrying test purchases across the range of age restricted goods including knives, alcohol, tobacco, vaping products and fireworks.

Multi-agency response

We know that no single agency can tackle violence and exploitation alone. As such, we deliver a multi-agency response to safeguarding those at risk of, or involved in, violence and exploitation. These include but are not limited to:

- The MACE which is the safeguarding forum for children under the age of 18 at risk of exploitation
- The Exploitation and Missing Strategy Group which monitors and evaluates the effectiveness of the strategic multi-agency response to child sexual exploitation (CSE); children missing from home, care or education; serious violence; county lines; and gang involvement.
- The Community MARAC which addresses ASB affecting vulnerable people (including vulnerable victims whose homes are taken over to establish a base for illegal drug dealing, typically as part of a county lines operation).

Universal Services

We know that Universal services play a crucial role in supporting children and families. These services are accessible to all children, regardless of their individual needs. These include children's centres and open access youth centres. Through our universal services, we will continue to offer parenting support, early learning programs, safe spaces, recreational activities and support for mental health and well-being.

Voluntary Community Sector (VCS)

We work with our voluntary community to improve the ease of reporting offences for those who would prefer not to report to police, improve engagement with 'hard to reach' sectors of our community and commission programmes of work to deliver support and interventions for those at risk.

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Resilient and 'Healthy' Children

We know that promoting wellbeing and resilience in children from an early age is crucial to reducing the likelihood of them being involved in or victims of violence and exploitation. To do this we will:

- Identify and address issues/challenges through early intervention and support provision
- Implement trauma-informed approaches in schools, social care provision and other institutions to support children who have experienced trauma
- Create safe and inclusive community spaces where children feel supported and connected

Education

Educational settings can reduce the level of risk to those who are vulnerable, in addition to working alongside parents and families to build understanding of exploitation and violence. We will:

- continue to work with schools across the borough so that all children and young people remain in education and are supported to achieve their aspirations.
- deliver programmes of education and awareness to teach children about personal safety, their rights, healthy relationships, emotional regulation and how to recognise and report abuse.
- monitor exclusions data and persistent absence (including any patterns of high rates of disproportionality for those with protected characteristics).
- Develop a package offer to schools to support them with keeping students at risk of exclusion in mainstream education.

Fewer First Time Entrants (FTEs) into the Youth Criminal Justice System

Research suggest that first time entrants into the criminal justice system, may have varying outcomes in terms of reoffending and that reducing the number of FTEs is a complex issue with no simple solution. We recognise the complexity of this issue and to reduce the number of FTEs, we:

- will use the Child Gravity Matrix - assisting in deciding the most appropriate outcome or disposal for those children and young people, under the age of 18 years who have committed an offence
- will implement 'Outcome 22' – giving young people accused of a crime, the opportunity to engage with diversionary, educational or intervention activity before being prosecuted.
- Improved Triage –
- community involvement – engaging families, communities and victims in the justice process fostering a sense of shared responsibility and accountability
- use data to understand the drivers behind youth crime and identify improved intervention strategies
- continue to focus on the root causes of young people involved in violence whilst maintaining the long-term commitment and investment in prevention and early intervention

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London Fire Brigade (LFB)

The London Fire Brigade (LFB) Youth Services aim to be a dynamic, innovative, inclusive, and forward-thinking, to support young people. To ensure this is the case, the LFB deliver a range of programmes which include:

- Fire Cadets - offering access for young for any young person aged between 13-17 years, and any adult volunteer aged 18+ years: with a flexible syllabus reflecting local need
- Fire Setting Intervention Scheme - Providing one-to-one fire safety education to children and young people where concerns have been raised about fire setting or fire play
- Youth Projects - Supporting local boroughs devise and deliver bespoke projects to support an identified need for young people in the area

Theme 2: Safer Spaces

Why is this a priority

- We know that violence and active drugs markets are more concentrated in particular sectors of the borough. Addressing risk locations remains a priority for Tower Hamlets, to have the maximum possible impact on addressing violence and the associated harms.
- We understand that communities drive change and that working with local organisations can have the most significant impact when engaging both victims and/or suspects of violent crime.
- Hospital admissions data also shows that more than 80% of male victims of serious violence resided in the most deprived areas within the borough
- We know that drugs are a driver of violence, exploitation and other crimes. Tower Hamlets recoded 465 Drug Trafficking offences for period 2022-23: an increase of 32.1% (113 offences) when compared to the previous year.

Our Strategic Intentions

- Working with communities and neighbourhoods to improve resilience and reduce violence
- Identifying and addressing high harm and high risk locations
- Continuing to develop serious and organised crime and drug market profiles locally which consider threat, risk and harm
- Tackling the supply and demand for drugs

Outcomes we want to achieve

- Demand for and supply of drugs is reduced
- Housing providers and their public facing staff, likely to have interactions with those involved in or affected by violence know that they can, and how to, feed concerns into other violence-reduction partners.
- We operate an effective Combatting Drugs Partnership that addresses shared challenges related to substance misuse
- We use strategic analysis of data, intelligence, local drugs markets and county lines to inform tactical delivery and use of targeted resource in risk locations
- We have an improved understanding of organised crime groups that affect the local violence and exploitation profile

How We Will Create Safer Spaces

Tackling Harm outside the Home:

We have developed a 'harm outside the home' framework which has been launched across the Supporting Families division of the Council and includes our multi-agency approach to making spaces and places safer for children in the borough. This approach is three pronged: setting out a referral process, child protection process and a care planning process.

Using Data and Intelligence

Understanding patterns of violence and vulnerability, key local drivers, contexts where harm is occurring and the communities of greatest need, is key to addressing violence. To keep abreast with the evolving landscape of violence and can support a public health approach to violence, we:

- have developed a Violence Needs Assessment in partnership, to ensure we have a strong understanding of the violence picture locally.
- Continue to develop violence and exploitation profiles that identify risk locations, the demographics of victims and perpetrators of violence and temporal analysis that highlights when violence occurs across the borough.
- Have an Exploitation Team that provides quarterly data reports which capture all serious youth violence that is flagged through daily and weekly intelligence briefings and the Daily Risk Meetings (DRM).
- have monthly, police produced, analytical products for tactical assessments that focus on hotspots for violent crime and knife crime.
- have a police-led Tasking and Coordination Centre (TCC): developing further how violence (and other crime) is assessed and what resources are then tasked against, as well as monitoring the taskings and reviewing results.
- operate an agile tasking process through the Council Safer Neighbourhood Operations team: addressing low level ASB and crime issues and more serious and complex problems. The tasking model facilitates early intervention on hyper local crime generators, reducing the risk of escalation.

CCTV

Tower Hamlets' CCTV network and infrastructure uses 380 street based cameras and automatic number plate recognition (ANPR) technology. Recently investing £3.9 million to upgrade the existing system which has further improved the image quality and zoom function, this latest technology will be used to help gather evidence, support the community including vulnerable residents and deter law breakers. Using digital video surveillance, redeployable cameras and body worn cameras supported by Police facial recognition technology, we use video surveillance to positively affect place based crimes.

My Ends Project

In Tower Hamlets, we seek to prevent violence locally by providing leaders from our communities with resources to enhance violence prevention measures. After delivering programmes of work through the 'My Ends' programme, with the first round of available funding, the Community Safety Partnership is supporting another ambitious Consortium. Through the proposed programme, the Council and partners will continue:

- to ensure that learning from the Consortium's approach to working with young people and grass roots communities is a key element within this strategy, and our public health approach to violence reduction;
- to facilitate multi-agency working at a strategic level; and
- facilitate links with the universal offer to young people and families in Tower Hamlets, including our new groundbreaking and expanded youth service offer.

Housing

Housing services and registered providers of social housing (RPSHs) play a vital role in supporting the efforts to address serious violence: linking with community safety partners and encouraging the understanding that their public facing staff are likely to encounter those involved in or affected by violence. In Tower Hamlets:

- Housing Services provide key links to community safety and ensure overlapping themes and responsibilities are communicated across the piece, via the Community Safety Partnership (CSP)
- Poplar HARCA (registered housing provider) run an award-winning youth service called Spotlight. Spotlight, in consortium with Osmani Trust and Streets of Growth, have been delivering the "My Ends" project, using funding from the Mayor's Office for Policing and Crime's (MOPAC) Violence Reduction Unit (VRU). This initiative aims to tackle youth violence and supports a mix of center-based and community outreach work, including mentoring, courses, and tailored support for disadvantaged and disengaged young people.

Robbery

We recognise the links between robbery offences and serious violence and the importance for enforcement, intervention and preventative measures to be adopted to address this issue. To address the robbery and its links to serious violence and exploitation, we:

- **implement community policing programmes such as 'safety corridors' -**
- ensure the use of police generated 'Merlin' reports regarding all children at point of arrest – meaning information is shared with the Multi-Agency Safeguarding Team (MAST), reviewed by children's services and multi-agency partners to inform a threshold decision regarding the level of need/risk and type of response required
- have bid for funding to deliver a 'School Robbery Prevention Project' which will deploy key resources to reduce the likelihood of robberies in and around schools during 3-6pm; work with victims of robbery and their families to reduce further victimisation and mitigate causative factors; Engage schools and other educational or community spaces in addressing the causes behind robberies and actions they can take

Combating Drugs Partnership

Our Combating Drugs Partnership (CDP) is a multi-agency forum, formed to implement the national 'From Harm to Hope' strategy: managing partnership work within Tower Hamlets to reduce drug-related harm. Our CDP will focus on delivering three strategic priorities:

- Breaking drug supply chains
- Delivering a world-class treatment and recovery system
- Achieving a shift in the demand for drugs

Through enacting these three key priorities, the partnership will aim to achieve six outcomes:

- Reduction in drug use
- Reduction in drug related crime
- Reduction in drug related deaths and harm
- Reduction in drug supply
- Increase engagement in drug treatment
- Improved drug recovery outcomes.

The partnership have developed a strategy that provides a detailed insight into the local approach to tackling drugs and substance misuse which can be found [here](#).

Theme 3: Disrupting, Pursuing and Managing Offenders who Pose a Risk to Children and Young Adults

Why is this a priority

- The rate of reoffending (all ages) has been consistently higher than both London and England rates: at 31%. The reoffending rate is 6% higher than the national rate and 5% higher than the London rate.
- Social media directly affects risk of exploitation: with 97% of Catch22's child sexual exploitation referrals in 2020/21 citing online or social media elements. These referrals showed substantial increases related to online grooming and abuse.
- An active drug market exists in Tower Hamlets, including a significant opiate-using population, with 24 individual drug lines identified in the Central East BCU. However, county lines are more of an issue in Hackney, as drug supply links to gang activity is more prominent in Hackney than Tower Hamlets.
- Tower Hamlets Adult Social Care data between November 2019 and October 2023 shows there were 18 ASC concerns about sexual exploitation and 13 about modern slavery/human trafficking for people aged 18-25

Our aims and strategic intentions

- Relentlessly pursuing and managing high harm offenders
- Implementing positive diversion from violence
- Addressing the drugs market
- Tackle the operations of OCGs

Outcomes we want to achieve:

- Criminal activity is disrupted, and partners use the full range of available powers, including civil orders, to prevent perpetrators from exploiting vulnerable people.
- Partners work together to ensure perpetrators are prosecuted: focusing on individuals who exploit young people for profit or gain.
- Facilitate community involvement in Stop & Search - including the monitoring of S60 by community representatives.

How We Will Disrupt Pursue and Managing Offenders who Pose a Risk to Children and Young Adults

Risk Management

Risk management is a crucial component of tackling violence and exploitation: implementing comprehensive strategies for key agencies to enhance public safety and identify individuals who present a danger so as to implement restrictions and rehabilitation programmes. Locally, we will manage risk through:

- Integrated Offender Management (IOM) – a multi-agency approach to offender management: monitoring a targeted group of offenders who are deemed likely to re-offend
- Multi-Agency Public Protection Arrangements (MAPPA) - public protection arrangements implemented to ensure the successful management of violent and sexual offenders
- Probation Services - statutory risk management service delivering interventions (license conditions or court orders)
- Met Police Violence Harm Assessment (VHA) Index - a tool used to identify and risk assess individuals involved in violence in London.

Violence Assessment Meetings

To manage risk and be proactive in our approach to reducing violence, we conduct various Police-led violence assessment meetings. These include:

- the local weekly BAU Central East violence assessment meeting which is a weekly meeting to review key violence intelligence, offences of note and hotspot areas within the BCU. It allows for tasking and co-ordination to ensure hotspot areas for violence (including Robbery offences) are appropriately identified and targeted with appropriate resources
- the 'Pacesetters' meeting, which is a 'moment in time' assessment of key threat, harm and risk on that day.
- the Violent Harm Assessment is an intelligence tool designed to identify those individuals who cause the most harm. It sets risk assessment scores for violent offending by known individuals. If they no longer meet the scoring criteria they are removed.

Probation Services

The Probation Service is a statutory criminal justice service that supervises high-risk offenders released into the community. It offers those involved/at risk of involvement with violence, with interventions which help them move away from criminality through:

- Community sentence interventions (i.e. accredited programmes like the Better Relationships Domestic Abuse programme).
- Structured Interventions for those who would benefit from intervention but aren't eligible for accredited programmes (i.e. Managing My Emotions: aims to strengthen emotional management, particularly anger).
- Bespoke license conditions, in relation to engaging with interventions addressing criminogenic need

Diversionsary Programmes

We know that simply arresting those involved with violence will not eradicate the issue. That's why we deliver programmes that seek to support and divert offenders away from crime, such as:

- Engage Project – 2 Youth Workers in custody suites to offer support in 'teachable and reachable' moments when a child/young person is arrested.
- Spotlight - Youth service providing safe spaces for 11–19-year-olds and SEND young people up to 25.
- Turnaround Programme - Offers children and their families support to build on their individual strengths, with the aim of preventing them going on to offend or reoffend and involvement in decisions about the support and interventions they receive.

Stop and Search

We are developing a more targeted approach to the use of stop and search as a tactic to combat violent crime. We have existing scrutiny mechanisms in place to monitor and review the use of stop and search including a MOPAC scrutiny panel. Police have also launched a stop and search QR code. This takes searched individuals to the Tower Hamlets website where all information in relation to legislation, police powers and individuals rights are made available.

Tackling Organised Crime Groups

We recognise the links between serious organised crime (SOC), violence and exploitation and the associated harms for communities. SOC groups are involved in a multitude of criminal activities from drug trafficking, modern slavery and human trafficking (including county lines). To tackle the operation of organised crime groups (OCGs), we work in partnership to target and disrupt criminal activity in high harm locations, stabilising the area and focusing on the reduction of placed-based harm where serious and organised crime is most concentrated.

Enforcement

We understand that a multi-faceted approach to the issue of violence and exploitation is required: addressing the drivers of criminality, preventing and intervening early but also enforcing against those who persist with a cycle of offending behaviour. To disrupt and enforce against those who pose significant risk to children and young adults, we:

- have a specialist Police, Violence Reduction Unit, funded by the Violence Reduction Unit (VRU) as part of the Serious Violence Fund.
- implement new legislation such as the Police, Crime Sentencing and Courts Act 2022. This gives new powers to issue Serious Violence Reduction Orders (SVROs) which are civil orders that apply to offenders convicted of an offence involving a bladed article or offensive weapon.
- conduct targeted patrols using Council funded Tower Hamlets Enforcement Officers (THEOs), providing strong uniformed presence in local communities which can deter offending behaviour whilst building relationships with local people.

Theme 4: Supporting Victims of Serious Violence

Why is this a priority

- Exposure to domestic abuse during childhood leads to greater rates of being either a victim or perpetrator of domestic abuse in adulthood. In Tower Hamlets, between 2018-2022, 1230 children were identified to have been a victim of domestic abuse.
- 2021-2022 police data for violence affecting children and young adults under 25, shows violence with injury made up 35% of violence against the person offences: with the most common category being 'Actual Bodily Harm'.
- Knife Crime with injury offences saw an increase of 16.90% when comparing 2022-23 figures to the previous year.
- Police crime data shows that Tower Hamlets has the fourth highest rate of domestic abuse offences out of all London boroughs, between August 2022-2023.
- Transitioning from children to adult care provision, transfers in care can be disjointed, inadequate/inconsistent and lack planning: at a time of increased vulnerability.

Our aims and strategic intentions

- Continuing to adopt a trauma-informed approach when supporting victims of violence
- Improving support to victims of violence
- Improving the support for those transitioning from children to adult social care provision

Outcomes we want to achieve

- Fewer victims of violence
- Victims of violence are confident in reporting
- Support to achieve physical and emotional recovery
- Appropriate systems of support to aid recovery and reduce vulnerability

How We Will Support Victims of Violence

Hate Crime

Tower Hamlets has a diverse and vibrant community, with the largest Bangladeshi and Muslim population in England and Wales. To ensure we support all of our residents, we:

- the Council has a dedicated hate crime team that works closely with police and other agencies to prevent all forms of hate crime, act against offenders and support victims
- monitor community tensions and promote social integration

Multi-Agency Working

We work with local partners to ensure robust and relevant for people at risk of harm. We have:

- a multi-agency referral process through our Multi-Agency Safeguarding Hub (MASH) which brings together agencies (and their information) to identify risks to children at the earliest possible point and respond with the most effective interventions.
- a MACE which is the safeguarding forum for children under the age of 18 at risk of exploitation
- High Risk Panel - Assisting practitioners in safeguarding cases where risks are high, challenging and complex
- Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC) – a meeting where information is shared on the highest risk domestic abuse cases, between key partner agencies.
- Hate Incident Panel (HIP) - Monthly case panel that discusses hate crime cases

Mental Health

Victims of violence commonly report ‘mental or emotional’ needs following a serious violent incident. To ensure we provide the appropriate support, we:

- have a Tower Hamlets Emotional Wellbeing Service (THEWS) which offers interventions for children with concerns around emotional regulation
- **Adult MH Service -**
- North East London NHS commission mental health support teams across schools in Tower Hamlets, offering interventions that they operate in

Transitions from Children’s to Adult Social Care Provision

We know that young people transitioning from children to adult social care provision can be a challenging process: losing familiar support networks, a change of policies and procedures to adhere to, increased vulnerability and challenges with understanding how to manage finances when living independently. To mitigate and reduce the risk to those transitioning to adult social care provision, we:

- have a transitions protocol that is designed to support the transition process from Children’s services to Adult Social Care and is aimed at staff working in Children’s and Adults services
- have a dedicated Transition Support team that provides impartial advice, information and assistance to support children and their families during key points of transition
- operate effective planning and assessment processes to ensure support for children and young people who may require support beyond the age of 17 is planned – identifying needs through assessments
- have a transitions social worker post dedicated to mitigating the risk to young adults that qualify for care and those who do not meet the threshold of care provision

Assessments and Referrals

We understand that it is imperative we ensure effective co-ordinated referrals and that support is available to victims and those who are vulnerable. We will ensure:

- those under 18 who are victims of violence and or exploitation and open to children's social care have packages of support that are monitored through the child protection statutory processes.
- those aged under 25 who are victims of violence, and all victims of Domestic Abuse, to have a trauma informed needs assessment, with referrals to therapeutic support.
- we have oversight of children at risk of extra-familial harm through the Multi-Agency Child Exploitation (MACE) panel.

Theme 5: Safeguarding those at Risk of Criminal and Sexual Exploitation

Why is this a priority

- The exploitation of vulnerable people is a national issue, encompassing county lines, cuckooing, modern day slavery and child sexual exploitation (CSE). In Tower Hamlets, the most commonly reported category of CSE is 'online exploitation': accounting for 34% of the reports.
- 50% of under 18 victims of criminal exploitation, had a missing episode reported: many of which were during school hours with truancy being a significant risk factor.
- We know that social media use among children can act as a catalyst for violence perpetration in real life, due to social pressures and feeling of disrespect.
- The majority of the victims of child criminal exploitation (CCE) had several risk factors highlighted with 75% of victims considered to have additional vulnerabilities including poor mental health, learning difficulties and past experiences of abuse.
- People's experience of crime, disorder, safety and services is not the same and national evidence highlights that the justice system treats individuals from global majority backgrounds differently.

Our aims and strategic intentions

- Addressing the victim/offender overlap
- Safeguarding and educating young people
- Adopting a reinvigorated focus on hidden, high harm crimes such as modern slavery
- Taking a safeguarding approach to both victims and perpetrators of violent crime, considering adverse childhood experiences (ACEs) of those affected, and adopting a public health approach to addressing violence
- Addressing the disproportionate number of people of a global majority background in the criminal justice system

Outcomes we want to achieve:

- Services recognise the complexities of the lives of those at risk and respond to the signs of serious violence, sexual exploitation and criminal exploitation
- We take a whole-system approach to tackling violence: working together and with residents and communities, with a shared sense of responsibility towards those at risk
- Those at risk of exploitation or serious violence (and their families) are identified, get the support they need at the right time, and are protected from serious harm as a result
- Professionals understand the scope of serious violence, child sexual exploitation and child criminal exploitation in Tower Hamlets to effectively protect and support our children and young people
- Recidivism is reduced through addressing the causes of overrepresentation of people of a black and global majority background in the criminal justice system

How We Will Safeguard Those at Risk of Criminal and Sexual Exploitation

Tackling Criminal Exploitation:

We know that an active and thriving drugs market can drive child criminal exploitation (CCE): where children are drawn into gang-related activities, drug dealing, violent crime or weapon carrying. We will:

- Equip staff across all agencies with consistent screening and assessment tools, skills and learning to help them recognise and respond to the signs of CCE
- Provide children at the highest risk with accessible, responsive support from the Council exploitation team
- Share information and intelligence about individual cases routinely, accurately and in accordance with local protocols
- Establish the needs of young adults at the highest risk of violence and exploitation: agreeing realistic actions to address these needs
- Continue to safeguard children by implementing the investigation strategy and targeting exploiters who seek to harm vulnerable children for profit and/or gratification, through the Police Child Exploitation Team (CET)

Use of Funding

The Community Safety Partnership have a shared responsibility in protecting our young people and will use various funding streams across the partnership to address the risk of children being exploited. This includes:

- MOPAC Violence Reduction Unit funding (£1.3m of funding from MOPAC through the London Crime Prevention Fund)
- Department for Education (DFE) funding – supporting organisations like LEAP to fund violence and exploitation reduction initiatives that provide support to children and young people
- NHS funding delivering initiatives across NEL that support children allocated in the youth justice service with mild-to-moderate needs.
- Core funding – using allocated public funding to deliver programmes of work within existing budgets (i.e. Council Youth Service, Exploitation HUB and Police integrated gangs unit)

Addressing Modern Slavery

Modern slavery is a complex crime and may involve multiple forms of exploitation. The Community Safety Partnership will improve on the use of the National Referral Mechanism to identify and refer potential victims of modern slavery and trafficking, ensuring they receive the appropriate support.

Disproportionality

We know that there is a disproportionate number of people of a global majority background represented in the criminal justice system. To address this locally, we:

- have a Race Action Plan with four key areas for delivery, where disproportionality is a common theme running throughout each of them, demonstrating a commitment to understanding the root causes and addressing them
- diverse representation across our services that represent our local communities
- implement community policing strategies that involve our local community to build trust and confidence.
- will improve our use of available data – identifying the ethnicity of those coming into contact with the CJS and realising disparities and areas that need attention.

Online Safety

We know that online exploitation is a concern for those who are particularly vulnerable to harmful content and predatory behaviour on the internet. To address this challenge, we will adopt a multi-faceted approach:

- delivering a wide range of partner training and awareness sessions through the Council and Police: commissioning 'Loudmouth' to deliver sessions in school and Police delivering training and awareness sessions alongside school's officers
- supporting parents through parenting programmes like 'Triple P' and 'Speak easy', providing information and discussion on grooming and exploitation
- awareness raising of reporting mechanisms to report online abuse through services like 'Childline' and the 'Online Safety Centre'
- providing support services for children who have experienced online harm
- Operating the Police Online Child Sexual Abuse & Exploitation unit (OCSAE) unit which assesses intelligence and manages risk of harm

Theme 6: Tackling Violence Against Women and Girls

Why is this a priority?

- We know that social norms such as male entitlement, rigid gender roles and misogyny are risk factors for committing sexual and domestic abuse offences.
- In Tower Hamlets, data from 2021 - 2023 shows that there are higher rates for all the 6 most common DA offences than the Northeast London average.
- Using national prevalence estimates for domestic abuse in Tower Hamlets, it is estimated that only 43% of the expected number of domestic abuse offences were reported to the police between 2021-2022.
- Tower Hamlets is the 5th highest borough in London for rates of sexual offences, based on police-recorded data. The rate of sexual offences since the year 2021/22 has increased: similarly seen across London and England.
- Tackling violence against women and girls remains a national priority. Charging and prosecution rates for domestic abuse and rape at an unacceptable level resulting in a loss of confidence in the criminal justice system (CJS).

Our aims and strategic intentions

- Bringing perpetrators to justice
- Providing support for all victims of VAWG
- Prioritising women's safety in public spaces
- Carrying out community prevention and awareness to tackle misogyny
- Develop a new Tower Hamlets Violence against Women and Girls Strategy

Outcomes we want to achieve:

- Support to all victims and survivors of domestic abuse and sexual violence
- Continue the work and build upon the successes of tackling violence against women and girls through a new VAWG Strategy for 2024
- Bringing perpetrators to justice and holding them to account
- Implement the new Tower Hamlets Violence Against Women and Girls Strategy

How We Will tackle Violence Against Women and Girls

Women's Safety in Public Spaces Action Plan

The responsibility for preventing or reducing VAWG is everyone's business, not just women and girls who often rely on service interventions to reduce or resist sexual violence and harassment in public. Our 'Women's Safety Action Plan' seeks to make public spaces safer for women setting out 7 recommendations that detail actions that work towards achieving them. This includes but is not limited to:

- Partners collaborating to improve women's awareness of the local offer of help available that directly support women's safety on the streets
- improving self-defence access for women and girls when considering leisure, public health and physical wellbeing activities.
- Housing providers strengthen their partnership workings to focus on tackling women's safety issues on estates
- A commitment to build a new Tower Hamlets women's centre, and to further invest in women's safety in the nighttime economy through the late night levy fund

Challenging Public Attitudes

We know that outdated and stereotypical attitudes towards women can develop into harmful behaviours if unchallenged. To address challenging attitudes towards women and girls, we will:

- Provide education and raise awareness about the prevalence and impact of VAWG
- Engage men and boys as allies and role models to challenge harmful stereotypes and promote healthy, respectful relationships
- Advocate and campaign for policy and legislative change that protects and supports women, including local advocacy through our 16 days of Action and White Ribbon Campaign.

Training and Awareness

We collaborate with partners to co-ordinate a local training offer for identifying, preventing and tackling VAWG for key professionals coming into contact with survivors and/or perpetrators: seeking to embed a robust understanding of DA within the workforce. We have:

- a MOPAC funded VAWG Training and Awareness Officer who leads on developing and updating an extensive VAWG training brochure which is offered to all and circulated widely
- MARAC training - ensuring key services understand when and how to report signs of domestic and sexual violence
- bespoke training, outreach and awareness plan
- free VAWG training courses which includes training on coercive control, adult family violence, economic abuse, intimate partner violence, domestic abuse awareness, and good practice for housing professionals

Tackling VAWG through Better Education

We will continue to adopt a Whole School Approach to preventing abuse and tackling gender-based violence: promoting healthy, equal and respectful relationships between young people. We will do this through:

- Our Council's Healthy Lives Team for sex and relationships: developing a curriculum for what healthy relationships look like and raising awareness of the early indicators of abuse.
- The Violence Reduction Unit funded programme delivered in schools to promote healthy relationships, helping address gender based violence

Supporting victims/survivors

We place a significant focus on tackling domestic and sexual abuse in Tower Hamlets: acknowledging VAWG is under reported and that a global estimate of over a quarter of women aged 15–49 years, who have been in a relationship, have experienced physical and/or sexual violence by their intimate partner at least once in their lifetime. To support victims/survivors of we:

- Operate a specialist domestic violence and abuse (DVA) training, support, and referral initiative called the IRIS program for General Practices (GPs). Funded by the North East London NHS Integrated Care Partnership, this programme aims to improve the primary care response to domestic violence and abuse
- Support vulnerable women involved in sex work through the Door of Hope project which is run by Streets of Growth: a charity which seeks to end sexual exploitation
- Commission Solace Women's Aid to provide support to high-risk victims of domestic and sexual violence: including advocacy, referral and information. Victims/survivors are offered one-to-one support, specialist services for victims of serious and violent crime (including rape and sexual assault) and referrals to other specialist agencies.

Engagement with the voluntary and community sectors, young people and local business

This section provides an insight into how the residents of Tower Hamlets not only feel about violent crime in the borough, but also provides information about how the residents feel about the services that are tasked with reducing and preventing violent crime in the borough and supporting those who have become victims of this type of offence. We conducted an online survey and a number of face-to-face engagement sessions with children and young people which captured the information below.

Hackathon survey for Young Tower Hamlets. Out of roughly 1000 young people surveyed....


- 183 said that they didn't attend youth clubs as they felt it was unsafe
- 25% said that they were worried about street gangs
- 23% said that they were worried about youth violence
- 13% said that they were worried about county lines
- 603 said that they went to family members when they were worried, only 40 said that they would go to a police officer

Consultation Process

- Public Consultation – what public would like us to do

What professionals want to do:

We held a series of

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>10th June, 2024</p>	
<p>Report of:</p> <p>Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets</p> <p>Liam Crosby, Associate Director of Public Health, London Borough of Tower Hamlets</p>	<p>Classification:</p> <p>Unrestricted</p>
<p>Report Title: Annual Public Health Report headlines</p>	

Originating Officer(s)	Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets
Wards affected	All wards

Reasons for urgency

This report was not published by the statutory deadline as finalising this report was delayed to the need to incorporate data updates that were received late. Publication of the annual ADPH Health Report is a statutory requirement. This report is coming now for review and noting before the formal launch. Consideration at this board is needed so as to avoid delays in the launch/publication.

Executive Summary

The purpose of the Annual Public Health Report of the Director of Public Health is to provide a comprehensive overview of the trends in health and drivers of health in the borough to inform priorities to maintain and improve health in Tower Hamlets and address health inequalities.

In 23/24, the Public Health Division in the council have prioritised the development of an in-depth review of the data to reestablish this knowledge base following the disruptions of national, regional, and local data flows through the Covid pandemic. This fulfils the analytical requirement for Health and Wellbeing Boards to oversee a joint strategic needs assessment (JSNA) programme.

The document that has emerged from this provides new insights and analyses of the state of health in Tower Hamlets and will be launched at an event in summer that will

enable stakeholders across the health and care system and more widely to engage with the finding and reflect on the implications.

This agenda item will provide the Board with a high-level summary of the structure of the document and its key findings in anticipation of its launch.

Recommendations:

The Board is recommended:

1. To reflect on the high-level findings of the presentation
2. To advise on attendance at launch event.

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 JSNA provides an evidence base highlighting those groups and areas within the borough with greatest health needs
2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme
The JSNA has a specific focus within on social connection and loneliness
3. Being treated equally, respectfully and without discrimination should be the norm when using services
The JSNA highlights inequalities and also has sections on the experience of residents in the borough relating to their health and wellbeing and use of services
4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them

The JSNA sets out core public health messages for the residents as a basis for coproduction of how these messages can be shaped to be relevant for diverse communities in the borough
5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing
The JSNA sets out work on development of a coproduction framework for working with residents and approaches to making this work
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 JSNA sets out how assets are being directed to improve outcomes

1. REASONS FOR THE DECISIONS

1.1. The reason for the Annual Public Health Report is to ensure Board members are aware of the most recent intelligence on the state of health in Tower Hamlets and have the insights to inform strategic priorities.

2. ALTERNATIVE OPTIONS

2.1. To not be aware of these issues

3. DETAILS OF THE REPORT

3.1. See slide set

4. EQUALITIES IMPLICATIONS

The Annual Public Health report and Joint Strategic Needs Programme have a core function to highlight the health inequalities in the borough and ensure that the health and care system is responding to address them.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- Presentation slides.

Officer contact details for documents:

Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets
Somen.banerjee@towerhamlets.gov.uk



Health and Wellbeing in Tower Hamlets - headlines

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Dr Somen Banerjee
Director of Public Health
London Borough of Tower Hamlets



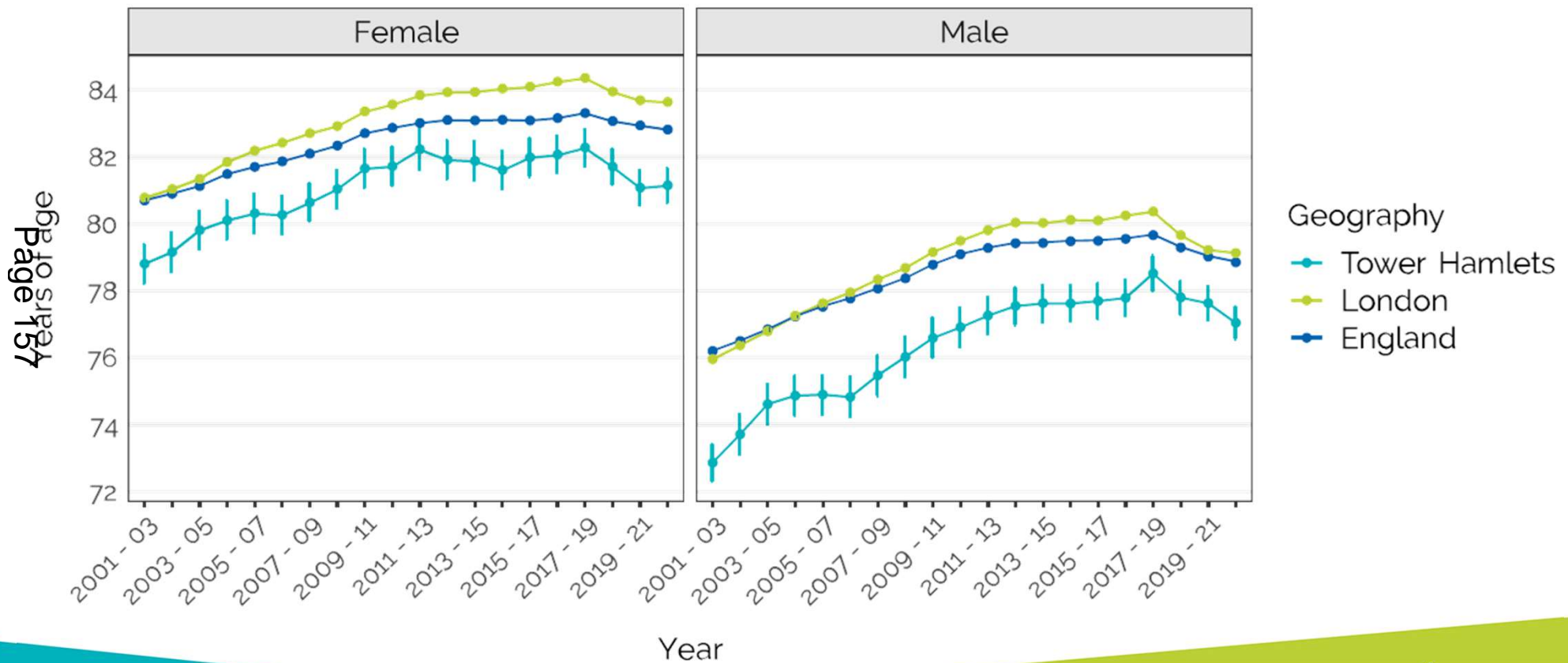
Overview



- Statutory function of the Health and Wellbeing Board to understand health and wellbeing trends in the borough
- Following Covid, has taken time for data flows to be fully reestablished
- Public Health have done an in-depth review:
 - Health data
 - Evidence
 - Outcomes
 - Key messages to residents
- This will be put on the council website as a foundational knowledge resource for the health and care and wider partners
- This presentation covers highlights from the review



Life expectancy in Tower Hamlets is lower than London



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Page 158 Demographics

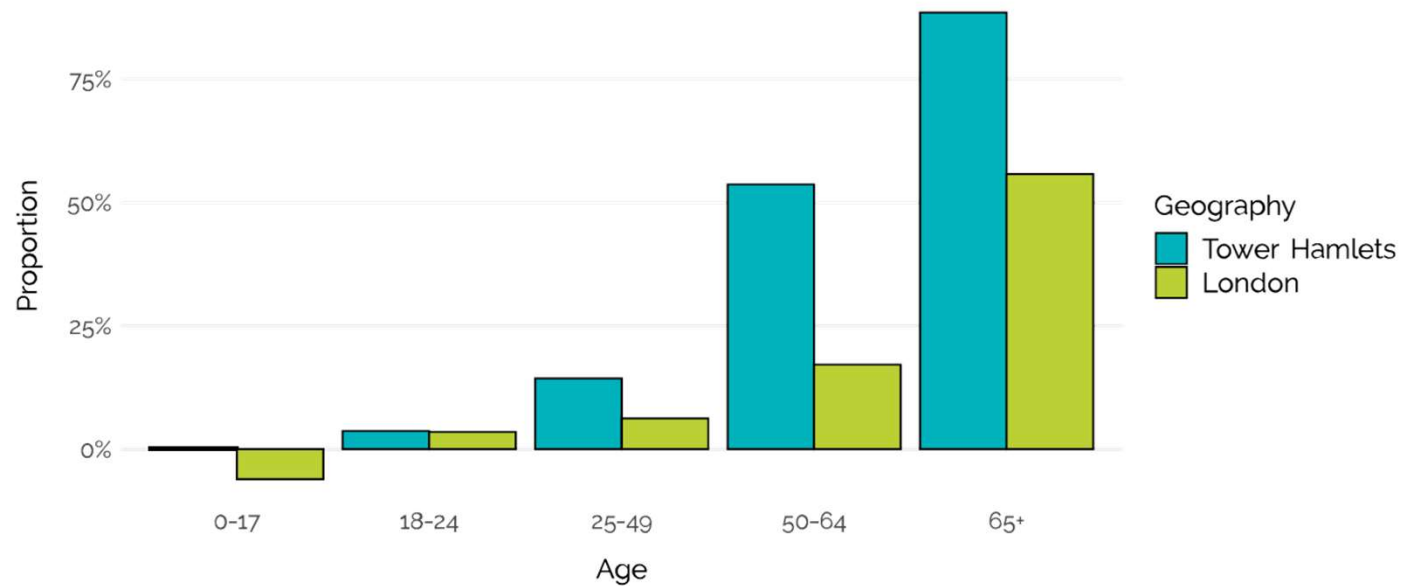
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The Tower Hamlets population is projected to age faster than London



Figure 3: Percentage population by change by 2040 (2021-based)



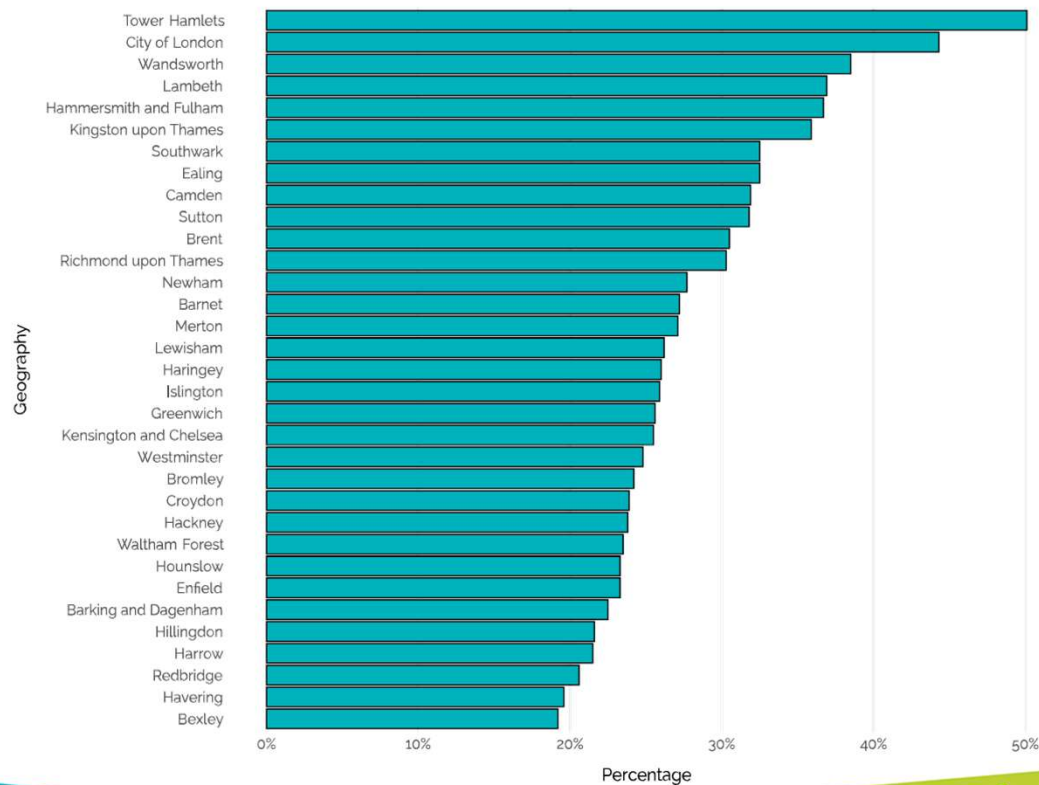
Source: GLA 2021-based demographic projections



Tower Hamlets has the highest population churn in London



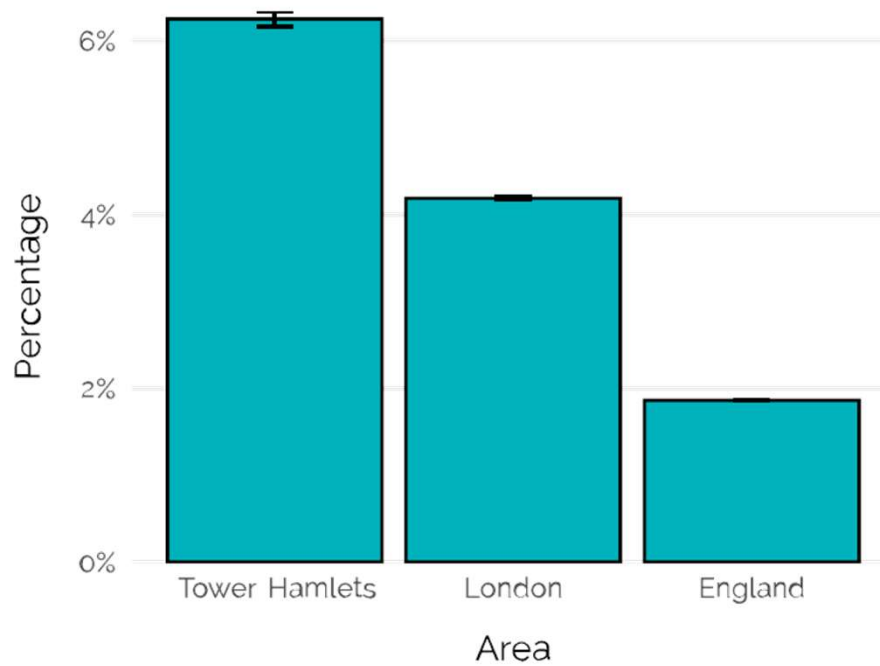
Figure 4: Population churn after 5 years



A higher proportion of Tower Hamlets residents cannot speak English well



Figure 10: Cannot speak English well or at all, 2021



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Source: Census (2021)

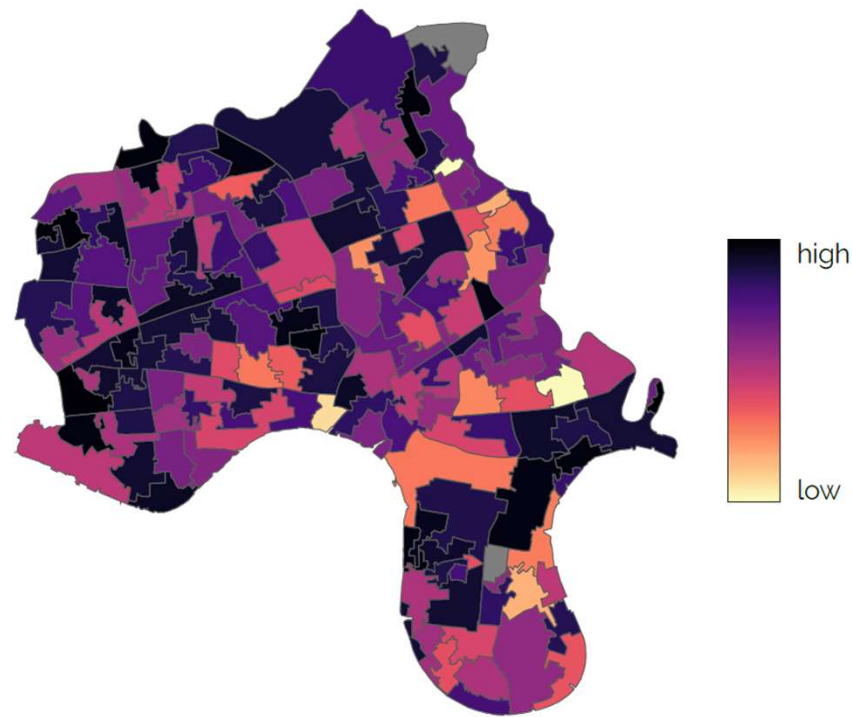
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Recent analysis shows the extent of ethnicity related inequality



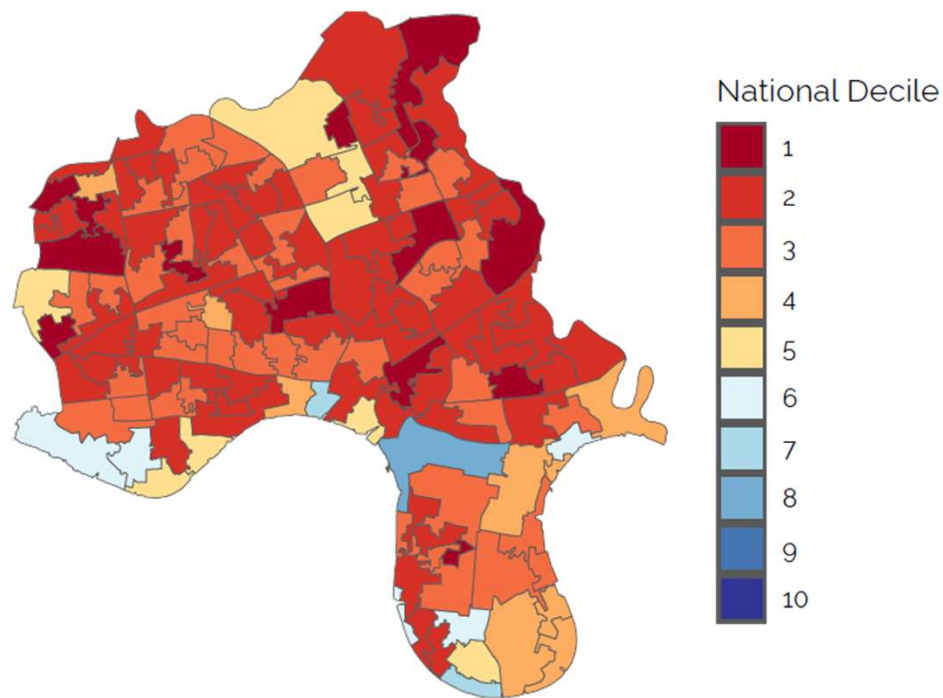
Figure 16: Difference in EGDI Decile between most and least deprived ethnic group



Tower Hamlets has amongst the highest levels of child poverty in the UK



Figure 4: Indices of Deprivation based on Income Deprivation Affecting Children Index (IDACI) in Tower Hamlets



Source: 2019 Index of Multiple Deprivation





Environments

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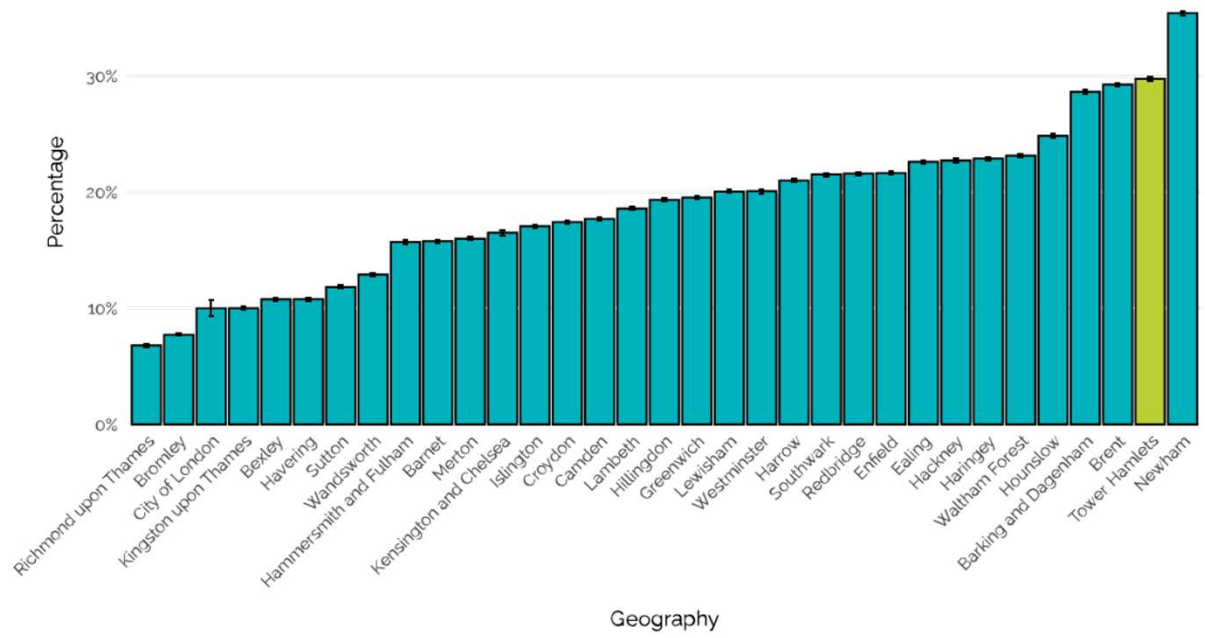
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Tower Hamlets has second highest levels of overcrowding in London



Figure 21: Proportion of residents living in overcrowded accommodation



Source: Census 2021

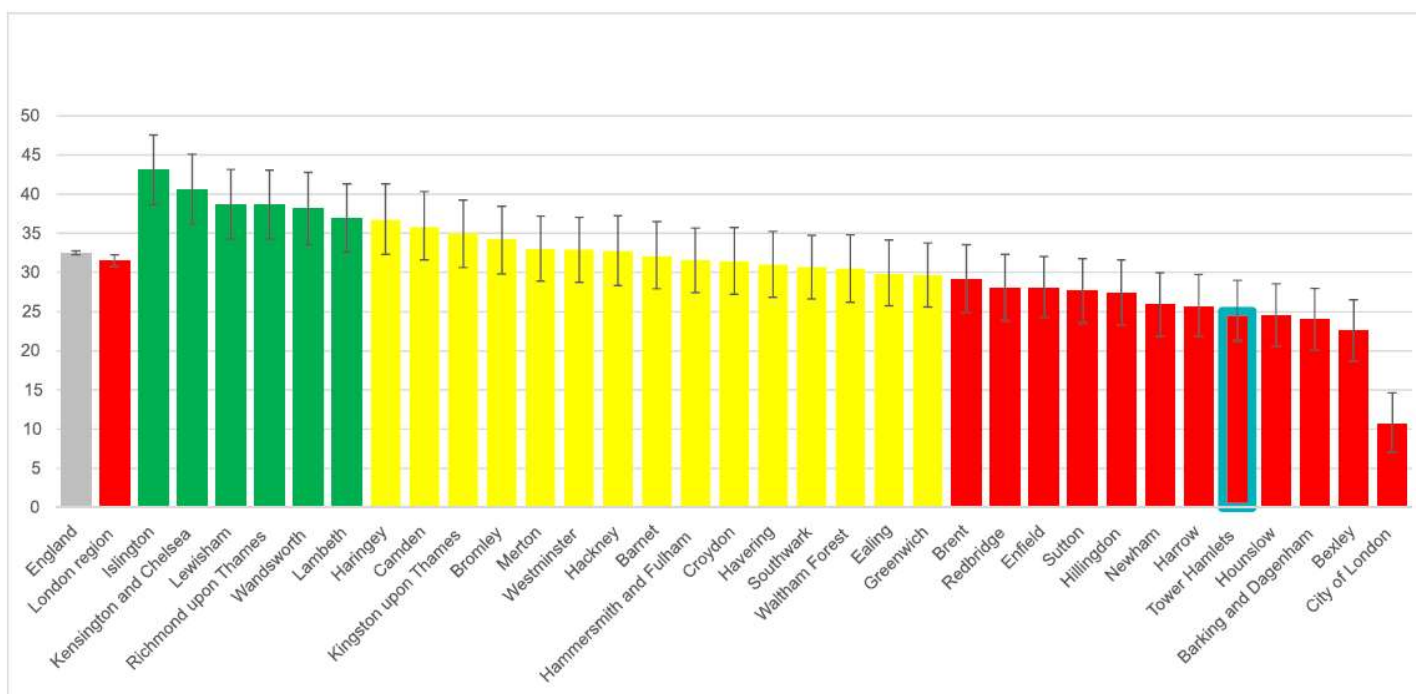
Figure 21 shows Tower Hamlets has the second highest proportion of residents living in overcrowded accommodation amongst London boroughs.



Tower Hamlets residents have lower consumption of 5 a day than London



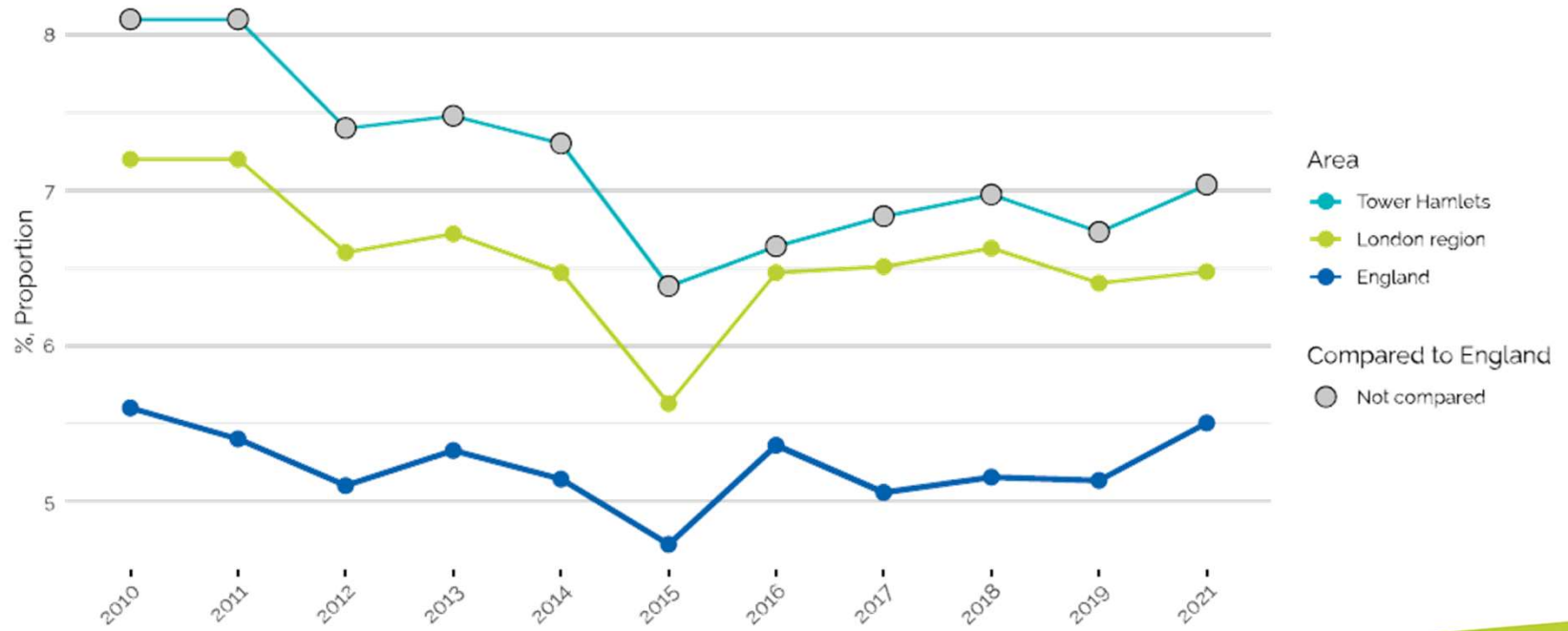
Figure 16: Percentage of adults, 16+, meeting 5-a-day consumption recommendation, RAG rated by statistical comparison to England, the London region and other London Boroughs.



Tower Hamlets residents are more affected by poor air quality than London



Figure 35: Fraction of mortality attributable to particulate air pollution (old method), Persons, 30+ yrs



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Maternity, early years, children

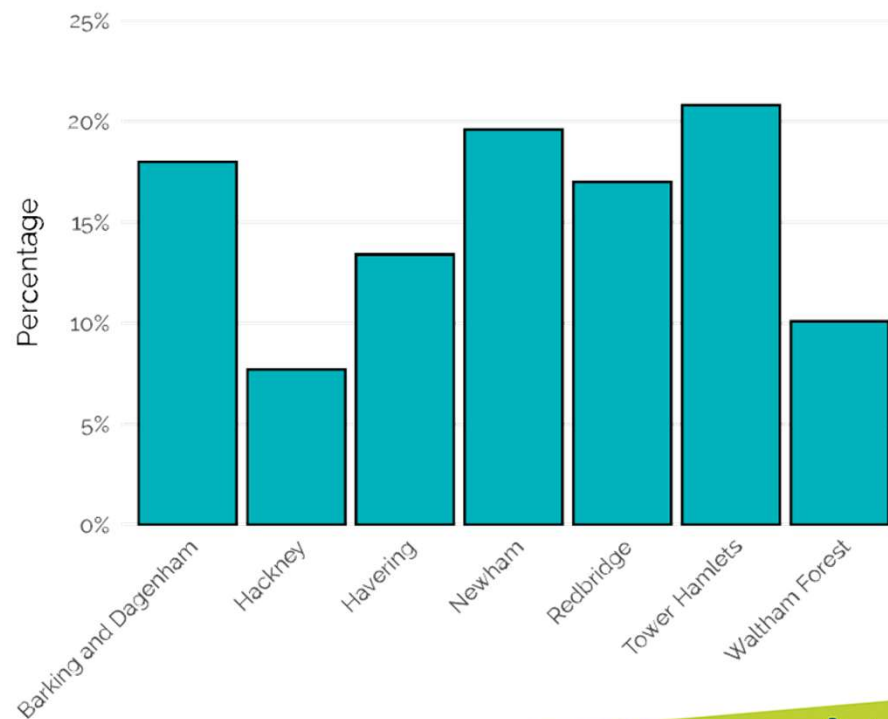


Gestational diabetes impacts more on pregnant women in Tower Hamlets



Gestational diabetes

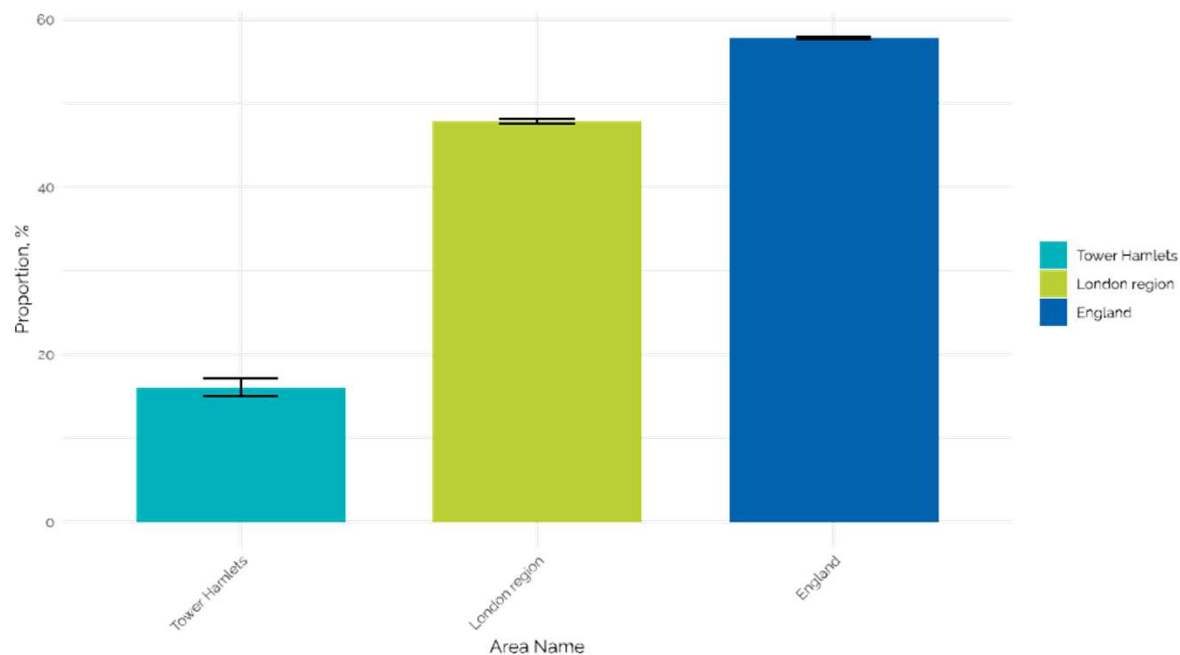
Percentage of pregnancies complicated by diabetes



Early access to maternity care is much lower in Tower Hamlets – why?



Figure 9: Early access to maternity care, Female, All ages, 2018/19



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Source: Maternity Services Dataset (MSDS) v1.5

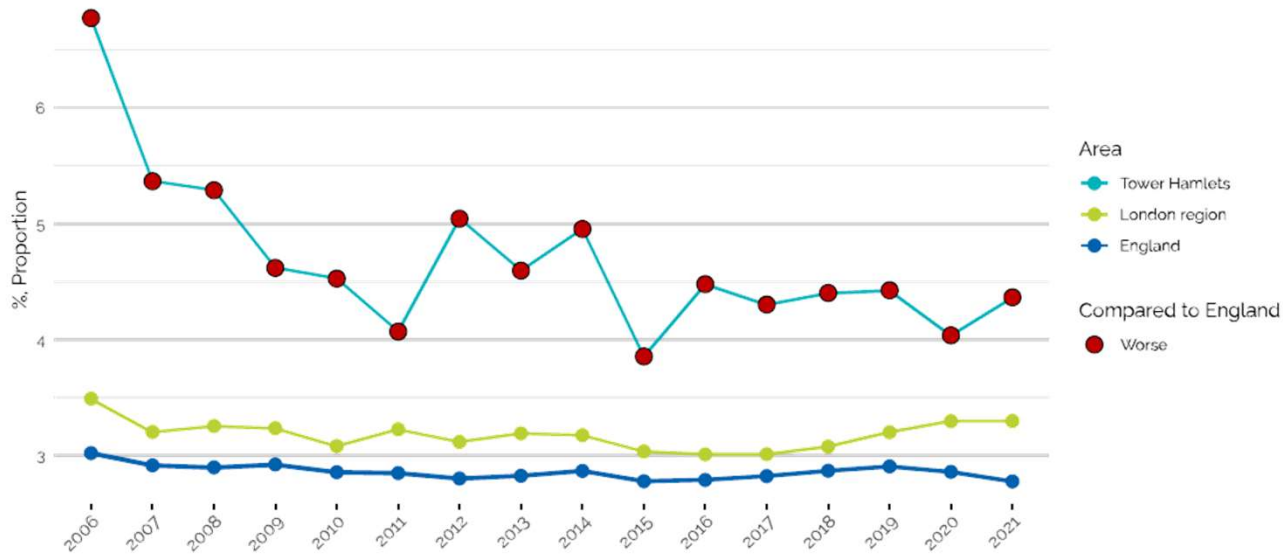
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High low birth weight in Tower Hamlets – maternal health, early years



Figure 7: Low birth weight of term babies, Persons, >=37 weeks gestational age at birth



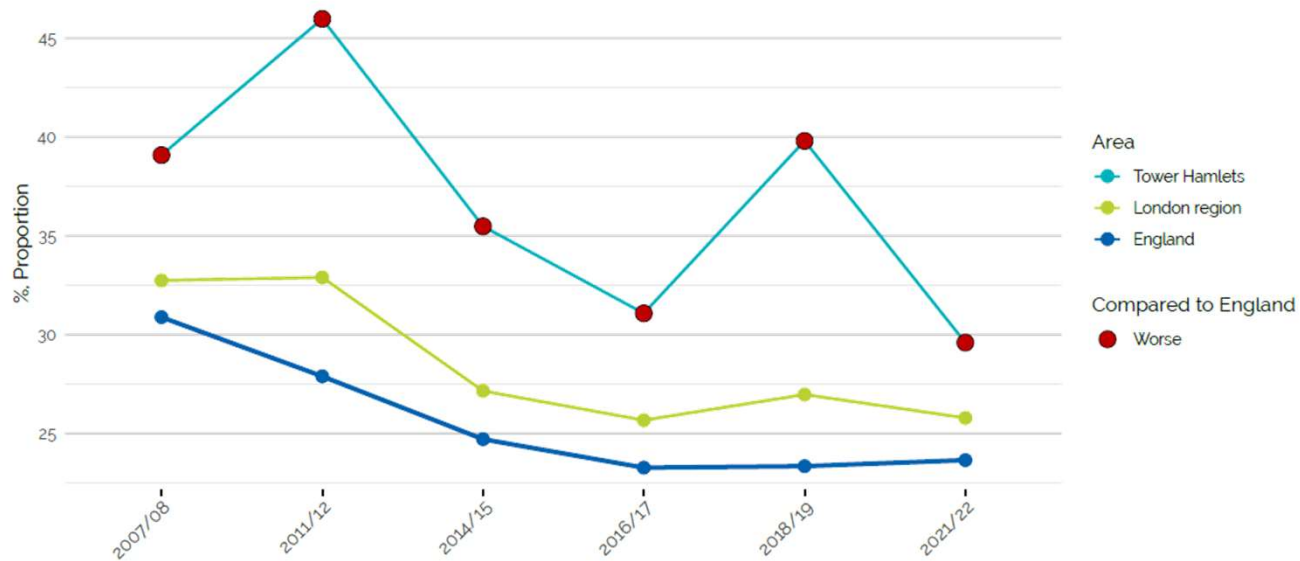
Source: Office for National Statistics



Poor oral health in under 5s is a perennial issue



Figure 4: Percentage of 5 year olds with experience of visually obvious dental decay, Persons, 5 yrs



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Source: Dental Public Health Epidemiology Programme for England: oral health survey of five year old children (Biennial publication - latest report 2022) <https://www.gov.uk/government/collections/oral-health#surveys-and-intelligence:-children>

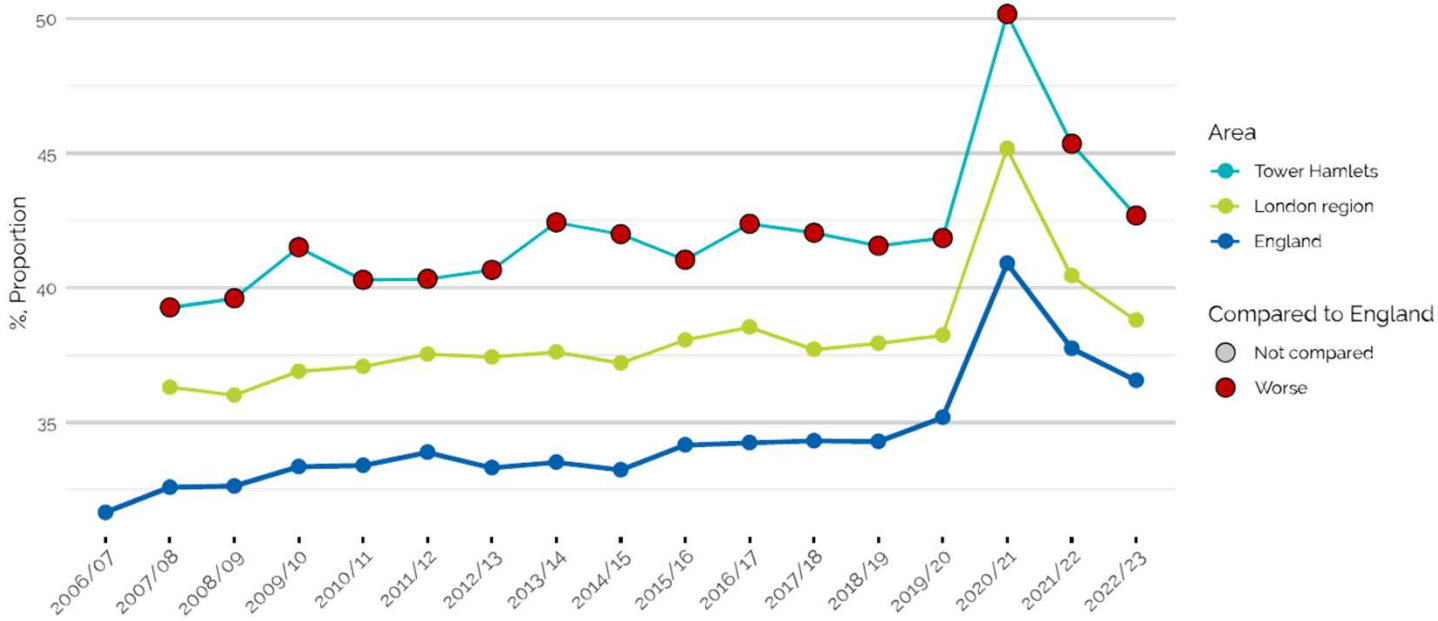
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Tower Hamlets continues to have higher levels of childhood obesity than elsewhere



Figure 5: Prevalence of overweight (including obesity) in Year 6 (10 to 11 year olds).



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Source: OHID, using National Child Measurement Programme, NHS England





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Adults

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There are marked inequalities in levels of long term conditions in the borough



Figure 4: Cumulative likelihood of receiving a diabetes diagnosis (cumulative age-specific diagnosis rate) by age and ethnicity for males and females in Tower Hamlets, 2022.

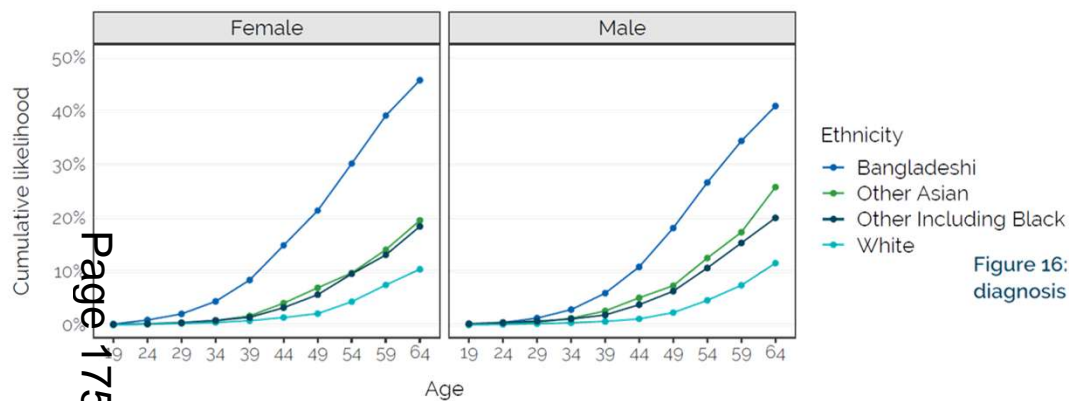
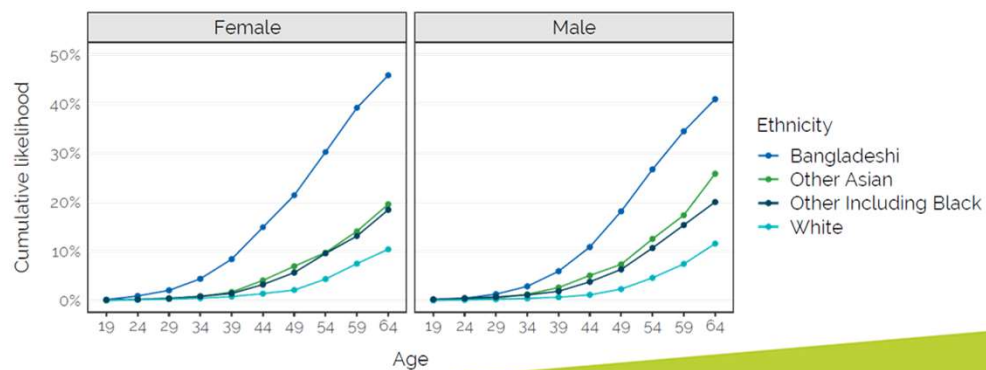


Figure 16: Cumulative likelihood of receiving a hypertension diagnosis (cumulative age-specific diagnosis rate) by age and ethnicity for males and females in Tower Hamlets, 2022.



Source: ELDB (2022)

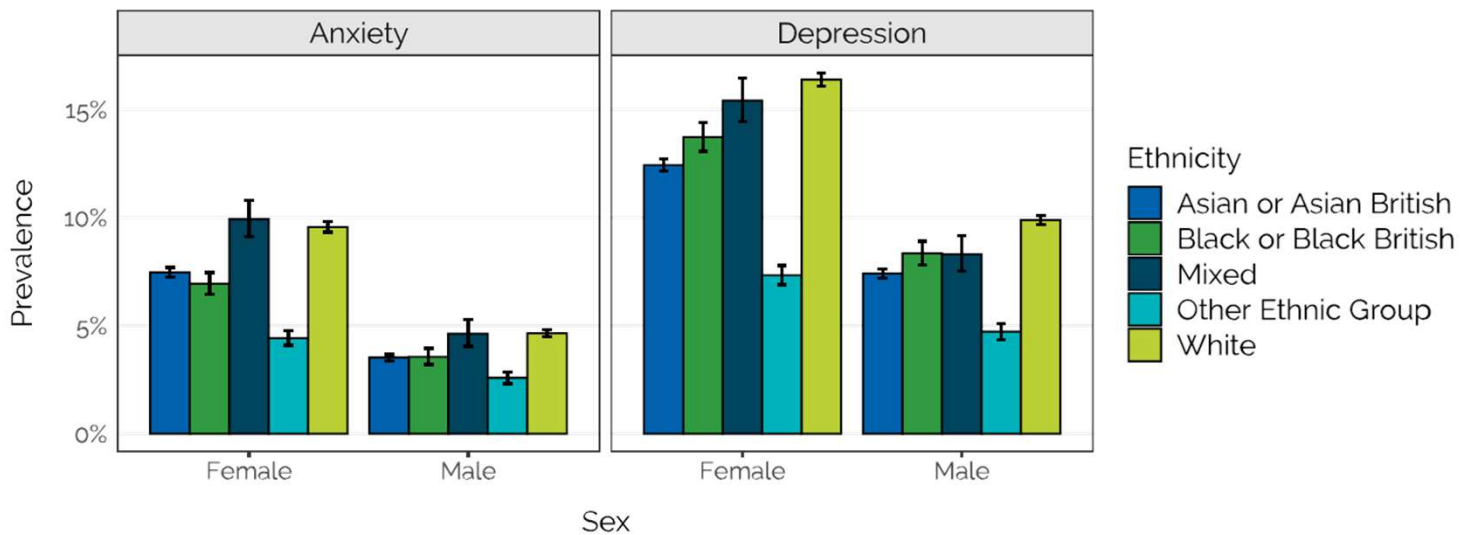


There are significant ethnicity variations in levels of diagnosed mental health



Figure 8: Crude prevalence of diagnosed anxiety and depression in adults in Tower Hamlets by ethnicity and sex, 2023.

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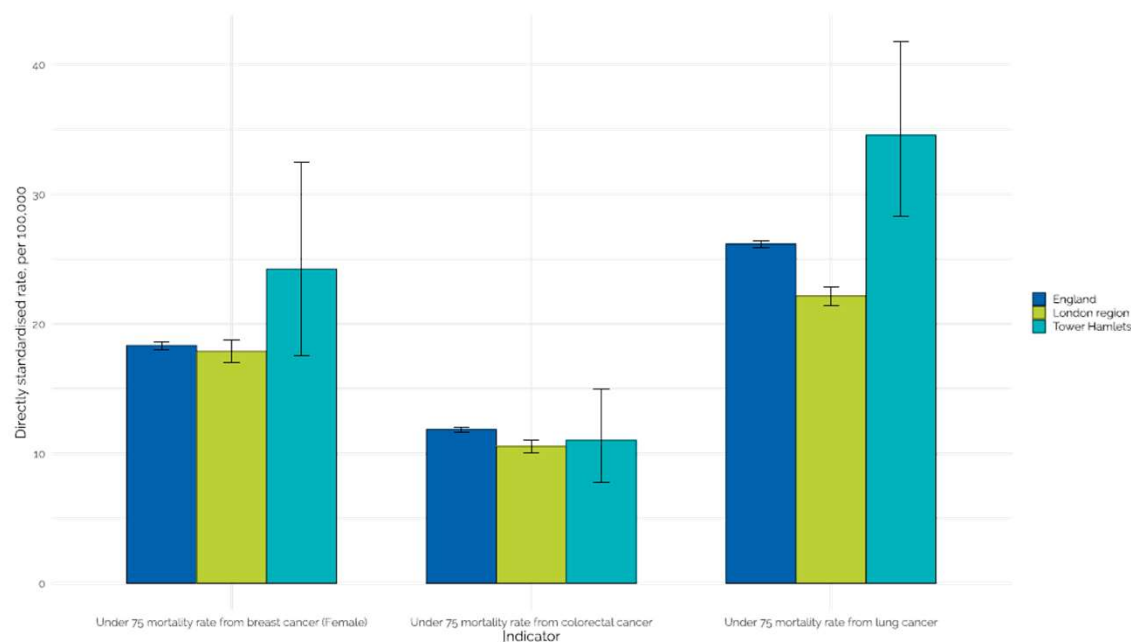
Source: ELDB (2023)



Tower Hamlets have higher death rates from lung cancer and colorectal cancer



Figure 6: Cancer mortality rate (per 100,000) comparisons for different types of cancers: breast cancer (left), colorectal cancer (middle), lung cancer (right) in Tower Hamlets, London and England for 2022.



Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)



From a high baseline, smoking levels have fallen sharply over past years



Figure 13: Trends in smoking prevalence for adults in Tower Hamlets compared to London and England.



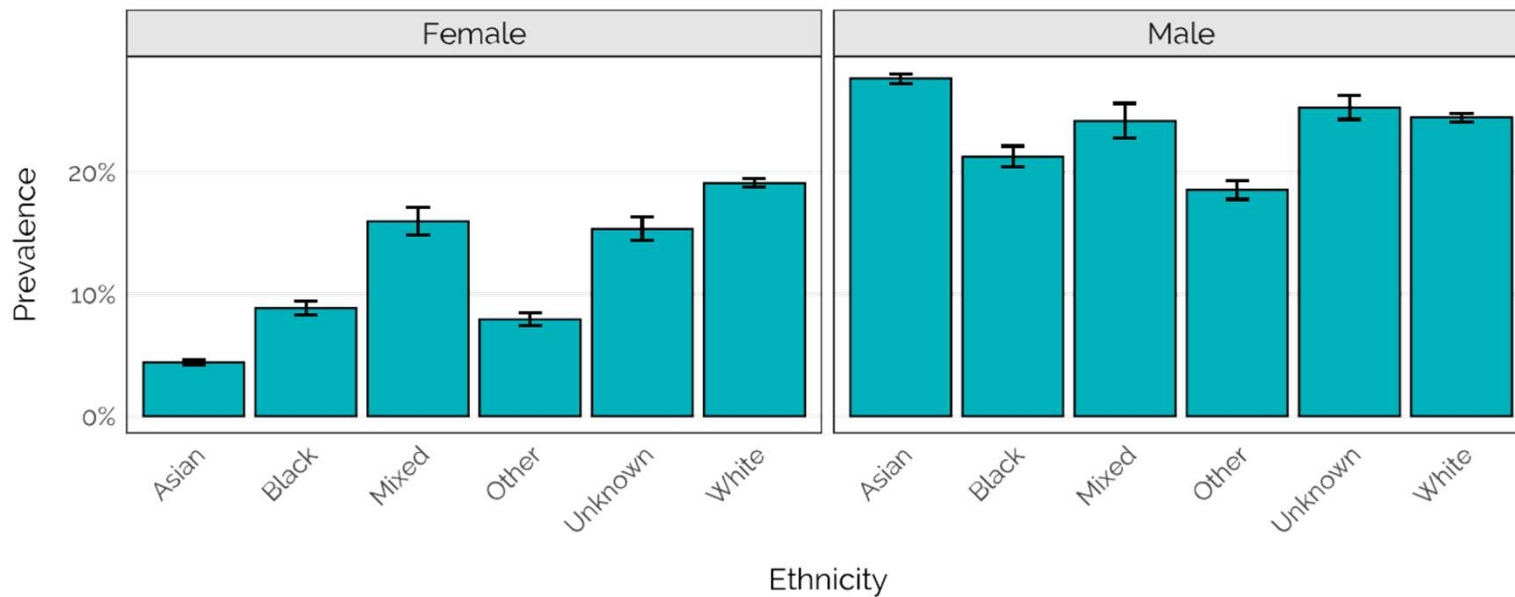
Source: Annual Population Survey (APS)



There are significant variations in levels of smoking by ethnicity



Figure 14: Crude smoking prevalence in adults by sex and ethnicity in Tower Hamlets, 2023.



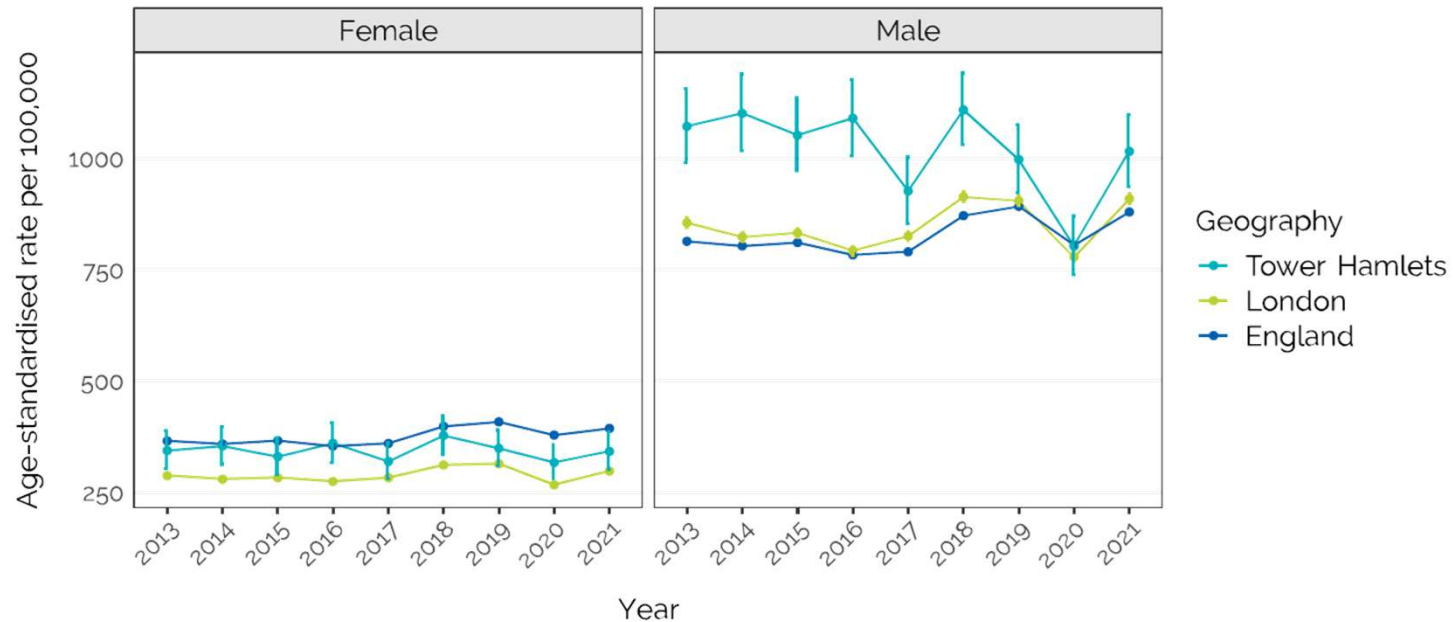
Source: ELDB (2023)



Hospital admissions for alcohol for males is the highest in London – why?



Figure 17: Hospital admissions for alcohol-specific conditions for males and females in Tower Hamlets compared to London and England over time.



Source: Hospital Episode Statistics



Tower Hamlets has amongst the highest levels of adults in treatment for substance misuse



Figure 22: Adults in treatment at specialist drug misuse services, rate per 100,000, in Tower Ham compared London and England.



Source: National Drug Treatment Monitoring System





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Overall

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Reflections



- We need to recognise how different the Tower Hamlets population is – for example:
 - How its composition will change in the future
 - Its outlier turnover
 - English proficiency in highest need populations
 - Ethnicity and inequality
 - The extent of housing need and its impact on health
- We need to reflect on how this translates into the health and care system and how we work together to address inequalities across the life course
 - Maternity
 - Early years
 - Children and young People
 - Young adults
 - Middle aged and older people



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