

TOWER HAMLETS HEALTH AND WELLBEING BOARD



Tuesday, 28 January 2020 at 5.00 p.m. Committee Room One - Town Hall Mulberry Place

This meeting is open to the public to attend.

Members:	Representing
Chair: Councillor Amina Ali	Cabinet Member for Adults Health & Wellbeing
Vice-Chair: Dr Sam Everington	Chair, NHS Tower Hamlets Clinical Commissioning Group
Councillor Danny Hassell	Cabinet Members for Children, Schools, Young People
Councillor Sirajul Islam	Cabinet Member for Housing
Councillor Candida Ronald	Cabinet Member for Resources and the Voluntary Sector
Councillor Denise Jones	Mayor's Advisor for Older People
Dr Somen Banerjee	Director of Public Health, LBTH
Selina Douglas	Managing Director of TH, Waltham Forest and Newham CCG
Debbie Jones	Corporate Director, Children's Services
Denise Radley	Corporate Director Health, Adults and Community
Randal Smith	Healthwatch Tower Hamlets
Asmat Hussain	Corporate Director, Governance and Monitoring Officer
Co-opted Members	
Vicky Clark	(Divisional Director for Growth and Economic Development)
Chris Banks	Chief Executive, Tower Hamlets GP Care Group CIC
Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Peter Okali	Tower Hamlets Council for Voluntary Service
Dr Navina Evans	Chief Executive East London and the Foundation Trust
Jackie Sullivan	Managing Director of Royal London Site, Barts Health
Helen Wilson	Clarion Housing/THHF - representative to HWBB
Vivian Akinremi	Deputy Young Mayor Lead for Health & Wellbeing
Marcus Barnett	Met Police
Richard Tapp	London Fire Brigade
Stakeholders:	
Christabel Shawcross	Safeguarding Adults Board Chair LBTH
Councillor Kahar Chowdhury	Chair of Health & Adults Scrutiny Committee

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

Questions

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

Contact for further enquiries:

Committee Services Officer - Rushena Miah
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG
Tel: 0207364 5554
E:mail: rushena.miah@towerhamlets.gov.uk
Web: <http://www.towerhamlets.gov.uk/committee>

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Role of the Tower Hamlets Health and Wellbeing Board.

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

Public Information

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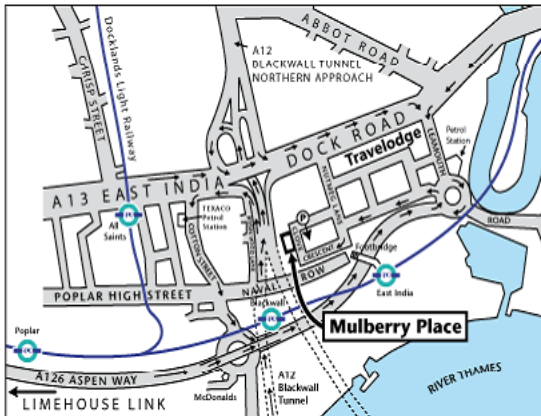
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|---|------------------------|
| 1. STANDING ITEMS OF BUSINESS | |
| 1 .1 Welcome, Introductions and Apologies for Absence
To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions. | |
| 1 .2 Declarations of Disclosable Pecuniary Interests
To note any declarations of interest made by members of the Board. (See attached note of Monitoring Officer). | 7 - 10 |
| 1 .3 Minutes of the Previous Meeting and Matters Arising
To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on. Also to consider matters arising. | 11 - 18 |
| 1 .4 Forward Plan | 19 - 20 |
| ITEMS FOR CONSIDERATION | |
| 2. HEALTH AND WELLBEING STORY: SOCIAL PRESCRIBING IN PRACTICE - EMPLOYMENT AND HEALTH
LEAD: Somen Banerjee, Director of Public Health, Vicky Clarke, Divisional Director of Growth and Economic Development. | 21 - 22 |
| | 17:10 (20 mins) |
| 3. THE NHS LONG TERM PLAN RESPONSE ACROSS EAST LONDON HEALTH AND CARE PARTNERSHIP. HOW WE PLAN TO DELIVER OUR COMMITMENTS.
LEAD: Mark Scott, Deputy Director of Transformation PMO, ELHCP. | 23 - 40 |
| | 17:30 (30 mins) |
| 4. TOWER HAMLETS SAFEGUARDING CHILDREN PARTNERSHIP (THSCP) ARRANGEMENTS
LEAD: Keith Makin – Independent Scrutineer LBTH. | 41 - 92 |
| | 18:00 (20 mins) |
| 5. PHYSICAL ACTIVITY AND SPORT STRATEGY

For the Board to note the item for information. | 93 - 120 |
| | 18:20 |
| 6. REFRESH OF HEALTH AND WELLBEING STRATEGY 2020-25 - UPDATE
LEAD: Somen Banerjee, Director of Public Health | |
| | 18:30 (20 mins) |
| 7. ANY OTHER BUSINESS
To consider any other business the Chair considers urgent. | |
| | 18:50 (10 mins) |

Date of Next Meeting:

Tuesday, 24 March 2020 at 5.00 p.m.

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

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

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

Interests and Disclosable Pecuniary Interests (DPIs)

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

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

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

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

Effect of a Disclosable Pecuniary Interest on participation at meetings

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

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

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

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

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

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

Further advice

For further advice please contact:-

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

APPENDIX A: Definition of a Disclosable Pecuniary Interest

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

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

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.00 P.M. ON TUESDAY, 19 NOVEMBER 2019

MP701 - TOWN HALL MULBERRY PLACE

Members Present:

Councillor Amina Ali (Chair)	– (Cabinet Member for Adults, Health and Wellbeing)
Dr Sam Everington (Vice-Chair)	– (Chair of Tower Hamlet's CCG)
Dr Somen Banerjee (Member)	– (Director of Public Health)
Selina Douglas (Member)	– Managing Director NHS Newham, Waltham Forest, Tower Hamlets CCG
Councillor Sirajul Islam (Member)	– (Statutory Deputy Mayor and Cabinet Member for Housing)
Debbie Jones (Member)	– (Corporate Director, Children and Culture)
Denise Radley (Member)	– (Corporate Director, Health, Adults & Community)
Christabel Shawcross (Stakeholder)	– (Safeguarding Adults Board Chair LBTH)
Randal Smith	– Healthwatch Tower Hamlets

Co-opted Members Present:

Vivian Akinremi	– Deputy Young Mayor Lead for Health & Wellbeing
Dr Ian Basnett	– Public Health Director, Barts Health NHS Trust
Chris Banks	– Chief Executive, Tower Hamlets GP Care Group CIC
Marcus Barnett	– Met Police
Vicky Clark	– (Divisional Director for Growth and Economic Development)
Dr Navina Evans	– Chief Executive East London and the Foundation Trust
Amy Gibbs	– Independent Chair of Tower Hamlets Together
Jackie Sullivan	– Managing Director of Royal London Site, Barts Health
Warwick Tomsett	– Joint Director of Integrated Commissioning
Helen Wilson	– Clarion Housing/THHF - representative to HWBB
Alison Robert	– (Partnership Manager, Tower Hamlets CVS)

Apologies:

Councillor Danny Hassell	– (Cabinet Member for Children, Schools and Young People)
Asmat Hussain	– (Corporate Director, Governance and Monitoring Officer)
Councillor Denise Jones	– Older People's Champion
Councillor Candida Ronald	– (Cabinet Member for Resources and the Voluntary Sector)
Peter Okali	– CEO Tower Hamlets CVS)
Councillor Kahar Chowdhury	– Chair of Health and Adults Scrutiny Committee
Councillor Andrew Wood	– (Leader of the Conservative Group)

Officers in Attendance:

Dan Jones	– (Divisional Director, Public Realm)
David Tolley	– (Head of Environmental Health and Trading Standards)
Phil Carr	– Strategy and Policy, HA&C
David Knight	– (Principal Committee Services Officer)

1. STANDING ITEMS OF BUSINESS

2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of pecuniary interests received at the meeting.

2.1 Minutes of the Previous Meeting, Actions, Matters Arising and Forward Plan.

RESOLVED:

1. The minutes of the meeting held on 17th September, 2019 were confirmed as a correct record and the Chair was authorised to sign them accordingly.

3. CHAIR'S REPORT - VERBAL UPDATE.

Members of the Board noted that they would be receiving details via email regarding the new landscape in social care. As in recent years, local authorities have reconfigured their social care, separating children's from adult services and creating new forms of partnerships with Primary Care Trusts and other parts of the NHS. As a result, there is now a wide variety of organisational arrangements in place, and new ones on the way. A new landscape for health and social care is therefore being created.

The emphasis it was noted in the future will be on place shaping and the creation of healthy and sustainable communities; better commissioning and greater productivity are important drivers which have accelerated the pace of

change. There is now a much greater emphasis on prevention through local partnerships for health and wellbeing, and the children and young people's plans also demonstrate this shift in focus.

4. REPORTS FOR CONSIDERATION

4.1 Safeguarding Adults Annual Report 2018-2019

The Board noted that every year, the Safeguarding Adults Board (SAB) publishes an Annual Report to set out progress, achievements and learning over the previous year. It was noted that the attached Annual Report for 2018-19 was agreed at the 12th September Safeguarding Adults Board. The main points of the discussion are outlined as follows:

The Board noted:

- That it is a statutory requirement to publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action;
- That the content of the Annual Report was agreed by the Tower Hamlets Safeguarding Adults Board on the 12th of September 2019;
- That the Report begins with an "infographic" summary of local demographics, achievements, performance and priorities. It goes on to describe (1) Performance data for 2018-19 (2) Key achievements from partners over the previous year; (3) Progress against last years' priorities; (4) Information on Safeguarding Adult Reviews carried out in 2018-19; (5) Priorities for 2019-20; (6) Background information on the governance, structure and membership of the SAB; (7) performance data for Deprivation of Liberty Safeguards (DoLS); (8) information regarding Learning Disability Mortality Reviews (LeDeR); and (9) Links to other strategic boards;
- That the SAB is undertaking an analysis of the increase in number of cases **e.g.** changes in care providers; better support for carers; impact of austerity on individuals; disability; drugs; alcohol; domestic violence; ethnicity; gender; age; quality of housing and other wider general issues;
- That with regards to the analysis of data this is a multi-agency task and all partners need to take an active part in addressing the challenges in collecting and collating that data;
- The need for better engagement from local communities and partner agencies **e.g.** referral of individuals in need;
- The importance of addressing self-neglect and abuse;
- That the SAB is making sure that the training of staff continues to utilise the experiences of the providers; carers and clients to assist in the develop the service provided;
- With regards to the deaths recorded between 2016 – 2019 in Tower Hamlets the SAB is required to commission Safeguarding Adults

- Reviews (SARs) for any cases meeting the relevant criteria; and
- That whilst it is not currently a statutory requirement to publish reports; it is recognised as good practice to demonstrate the level of transparency and accountability needed to enable lessons to be learned as widely and thoroughly as possible.

The Chair Moved and it was:

RESOLVED

To note the Safeguarding Adults Board Annual Report 2018-19

4.2 Tower Hamlets Together (THT) Bi-annual Update

The Board received the Tower Hamlets Together – Bi-Annual update. It was noted that Tower Hamlets Together (THT) was established in 2016 and is a partnership made up of health and care organisations responsible for the planning and delivery of prevention, health and care services. The partnership is made up of;

London Borough of Tower Hamlets
NHS Tower Hamlets Clinical Commissioning Group
Barts Health NHS Trust
East London Foundation Trust
Tower Hamlets GP Care Group
Community and Voluntary Sector

The main points of the discussion were as follows:

The Board:

- Acknowledged Tower Hamlets Together' s shared principle mission to 'transform people's health and lives, reduce inequalities and reorganise services to match people's needs'
- Noted that the three workstreams of Tower Hamlets Together are the key drivers in establishing system working;
 - Born Well & Growing Well (BWGW) - Children
 - Living Well (LW) – Healthy Adults
 - Promoting Independence (PI) – Complex Adults
- That the ambition is for each workstream to have its population segment as a shadow budget from all relevant partner service lines and will be responsible for understanding improvement opportunities to deliver outcomes and manage system performance risk. Over the course of 2019-20 the workstreams have continued to work towards the triple ask: (1) Understand and oversee what is happening now, beginning to use the overarching system outcomes as a lens (2) Deliver against the priorities set by the workstreams (attached to this

report as an appendix) which includes developing the outcomes to be achieved (3) Continue with the quality improvement (QI) projects to enable learning about how to use this methodology within the workstreams population cohort.

- That the shared Vision and Priorities have now been agreed by the Board and circulated with the papers and an Independent Chair was recruited and will be in post for two-years.
- That the structure of Board meetings has been developed with the following items now coming to each meeting;
 - *Systems Performance Reporting (currently as a dashboard)*
Community Participation and Voice
 - *Workstream spotlight* at which one of the three workstream Chairs are invited to provide feedback on the work undertaken by the workstream in the previous quarter
 - *Enabler spotlight*, a six-monthly rotation of THT enablers including; Estates, Workforce, Learning Disability Partnership Board, Mental Health Partnership Board, System Intelligence and Urgent Care.

That coproduction and community voice are both core priorities of the Board and a stakeholder engagement action plan has now been developed
The Chair Moved and Health and Wellbeing Board:

RESOLVED

To note and welcome Tower Hamlets Together – Bi-Annual update.

4.3 Air Quality Governance

The Board noted that in 2017 the Cabinet had approved an Air Quality Action Plan (AQAP) that set out the action that the Council will take to improve air quality within the Borough over a 5 year period 2017-2022. The main points of the discussion are outlined below:

The Board:

- Was advised that an Air Quality Partnership Board (AQP) was created to oversee the monitoring and delivery of agreed actions;
- Noted that at Cabinet on 31 July, 2019 Mayor Biggs in Cabinet had resolved to move the governance of the AQAP to the Health & Wellbeing Board (HWB) which would then oversee the Air Quality Delivery Plan for the final years of the Air Quality Action Plan to address targeted action on the most affected areas;
- The Board noted that this report sought to inform the Board of the various actions the Council is taking to tackle poor air quality in the borough;
- Noted Evidence on the effects of long-term exposure to traffic pollution with especially for those living in areas with the highest socioeconomic

- deprivation. The relatively greater vulnerability of the most deprived populations has important implications for public health in LBTH;
- Was advised that the LBTH the Liveable Streets programme aims to improve the look and feel of public spaces in neighbourhoods across the borough and make it easier, safer, and more convenient to get around by foot, bike and public transport;
 - Noted that LBTH want to reduce people making 'rat runs' and shortcuts through residential streets to encourage more sustainable journeys and to improve air quality and road safety e.g. the increase use of bikes by patients or simply walking to the Health Centres instead of getting in their cars;
 - Noted that LBTH and its partners will be looking at the practicalities of reducing journeys to hospitals, there evidence is needed that will drive that change;
 - Wanted more information on the impact of 20 mph limit and raising awareness around the number of deaths due to pollution each year;
 - Want to raise awareness to mounting evidence that vehicles provide little protection from harmful traffic pollution, and drivers and their passengers may even be exposed to higher levels than on the road outside. It is especially important to understand the impacts of air pollution on professional motorists such as taxi and lorry drivers, who spend many hours behind the wheel each day;
 - Want this report to be presented to the CCG Well Board;
 - Agreed that the Council and its partners need to (i) look at how staff can understand how they use their cars for work too; (ii) consider why people will not' exercise because of pollution; (iii) local people working to address pollution in their areas need to be listened to too so do not feel ignored; (iv) Look at the impact of pollution on the economy; and
 - Agreed that it was important to recognise that many residents feel their children's breathing issues are more the result of damp over crowded homes than pollution.

The Chair Moved and it was **RESOLVED** that:

1. Housing Associations have role in looking at the condition of their stock e.g. condensation/dampness to health issues;
2. Bart's Health commitment to addressing such health issues especially for young children needs to be recognised;
3. The Board needs to collectively raise the profile of this issue with the public;
4. Need to repeat this message time and time again and in many ways; also need to think about the use of aerosols and the impact that they have in the home;
5. Need to personalise the message tell people about the pollution levels in the home;
6. Need to look at the reasoning behind road closures and roll out those out the rationale to raise awareness; and

7. There is a need to look at the funding to increase use of bicycles and public transport and draw in other agencies to raise this awareness and to draw down more funds.
8. Agreed to host a future update on the air pollution action plan – mid-year.

4.4 Better Care Fund 2019-20

The Board received a report that covered the Better Care Fund (BCF) Plan for 2019-20. It was noted that the template has been reviewed by Denise Radley, Selina Douglas, Warwick Tomsett, Andrea Antoine, Adrian Osborne and regional BCF team. The final version having been submitted to NHS England by 27 September, 2019 and is now presented to the Health and Wellbeing Board for endorsement.

The Board:

The Chair Moved and it was **RESOLVED** to

N Endorse the BCF Plan for 2019-20

4.5 Mental Health Strategy

The Board received a report that presented the draft Tower Hamlets Mental Health Strategy and its associated evidence base for consideration. The main points of the discussion are summarised as follows:

The Board noted:

- The document was developed following the recommendation of the Health and Wellbeing Board in October 2018 to produce a refreshed strategy to cover the five year period 2019-24 to replace the existing strategy that was due to end in March 2019.
- The refreshed strategy seeks to move the strategic approach and understanding of mental health from a medical to a social model across both the Council and the wider Tower Hamlets Together partnership;
- That it had been revised following comment at the Health and Wellbeing Board in September 2019 to specifically draw out the experience of the Black, Asian and minority ethnic (BAME) population within the document.
- The work with Somali Taskforce on this issue and lot of consideration to access to services e.g. large number of Somali under treatment and cultural sensitivity and need to look at the experience of this community in UK; and

The Chair Moved and it was:

RESOLVED

To approve the draft strategy

4.6 Health and Wellbeing Strategy Update

The Board received a verbal update on the Health and Wellbeing Strategy. The Board noted that (i) it will look at ways for residents to tell their stories around health and well-being; (ii) at the next scheduled meeting there will be a discussion the aims and future direction for the strategy **e.g.** looking at developing safe places where people can go for assistance.

The Chair Moved and it was:

RESOLVED

To note the verbal update and that there would be a further discussion on the Strategy at the next meeting.

5. ANY OTHER BUSINESS

5.1 Children's Safeguarding Annual Report 2018

The Board received and noted a copy of the Children's Safeguarding Annual Report 2018 which will be discussed at the January meeting of the Board.

The meeting ended at 7.00 p.m.

**Chair, Councillor Amina Ali
Tower Hamlets Health and Wellbeing Board**


Health and Wellbeing Board Forward Plan

DATE OF MEETING	ITEM	SENIOR RESPONSIBLE OFFICER	PRESENTED BY
24 th March 2020	Welcome and Introductions		
	Declarations of Conflicts of Interest	Amina Ali	Amina Ali
	Minutes, Action Log and Forward Plan		
	Health and Wellbeing Strategy update	Somen Banerjee	Joanne Starkie
	Loneliness	Somen Banerjee	Somen Banerjee
	Childhood Obesity Strategy	Somen Banerjee	Somen Banerjee

Provisional dates for 2020/21

- Tuesday 9 June 2020, 5pm
(August = council recess)
- Tuesday 8 September 2020, 5pm
- Tuesday 17 November 2020, 5pm
- Tuesday 2 February 2021, 5pm
- Tuesday 13 April 2021, 5pm

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<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>28 January 2020</p>	
<p>Report of: Somen Banerjee, Director of Public Health, Vicky Clark, Divisional Director Growth and Economic Development</p>	<p>Classification: Unrestricted</p>
<p>Health and Wellbeing Story Social Prescribing in practice – Employment and Health</p>	

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

Executive Summary

Social Prescribing in practice – Employment and Health

Unemployed people have higher levels of long-term illness, mental illness and cardiovascular disease. They also have higher use of health services and higher use of medication. Getting people into employment is an important intervention to improve health.

The Employment and Health priority of the Tower Hamlets Health and Wellbeing Strategy has a stated goal to ‘use social prescribing as a lever to strengthen links between health and employment services’. Since the Strategy was launched social prescribing has become increasingly embedded into the health and care system in Tower Hamlets.

Social prescribing recognises the importance of addressing the wider factors impacting on people’s health. It aims to connect people to the range of services and assets in the borough that impact on their wellbeing. Given the importance of good employment to health, connections between social prescribers and employment services are a critical elements of the Tower Hamlets social prescribing offer.

The purpose of this item is to use case study presented at the Board to provide members with insight on how this works in practice and to stimulate a discussion on how these links can be strengthened through a system wide approach

Recommendations:

This item introduces a new standing item to the Board (Health and Wellbeing Story). It is intended to start each Board with narratives from residents, service users and frontline providers that provide real life insight into priorities discussed at the Board.

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The NHS Long Term Plan

**How we plan to deliver on
our commitments**

January 2020

Simon Hall
Director of Transformation

NHS Long Term Plan



- The NHS Long Term Plan was published in January 2019 and sets out an ambitious vision for the NHS over the next ten years and beyond.
- It outlines how the NHS will give everyone the best start in life; deliver world-class care for major health problems, such as cancer and heart disease, and help people age well
- We have been working locally to plan how we will deliver the Long Term Plan's commitments over the next five years. We are calling this our Strategy Delivery Plan (SDP)
- On 15 November we submitted our document to NHS England as a draft because of the pre-election purdah period.
- This draft is now on our website www.eastlondonhcp.nhs.uk/ourplans/ to allow people the opportunity to have their say on the content.
- A summary version is in development and will be shared online.

Engagement On The Plan

- The plan is a working document, and we are also developing a plain English summary and easy read version
- Undertaking formal engagement on our LTP response at key stakeholder meetings: ELHCP and CCG forums, Health & Wellbeing Boards, Integrated Care Partnerships, Overview and Scrutiny Committees and Provider Boards
- Reviewing our commitments across the LTP and developing tailored engagement plans for our programmes
- A rolling lunch and learn programme for CCG staff, to be extended to provider and local authority teams
- Engagement through an ELHCP public newsletter and the launch of a regular stakeholder briefing

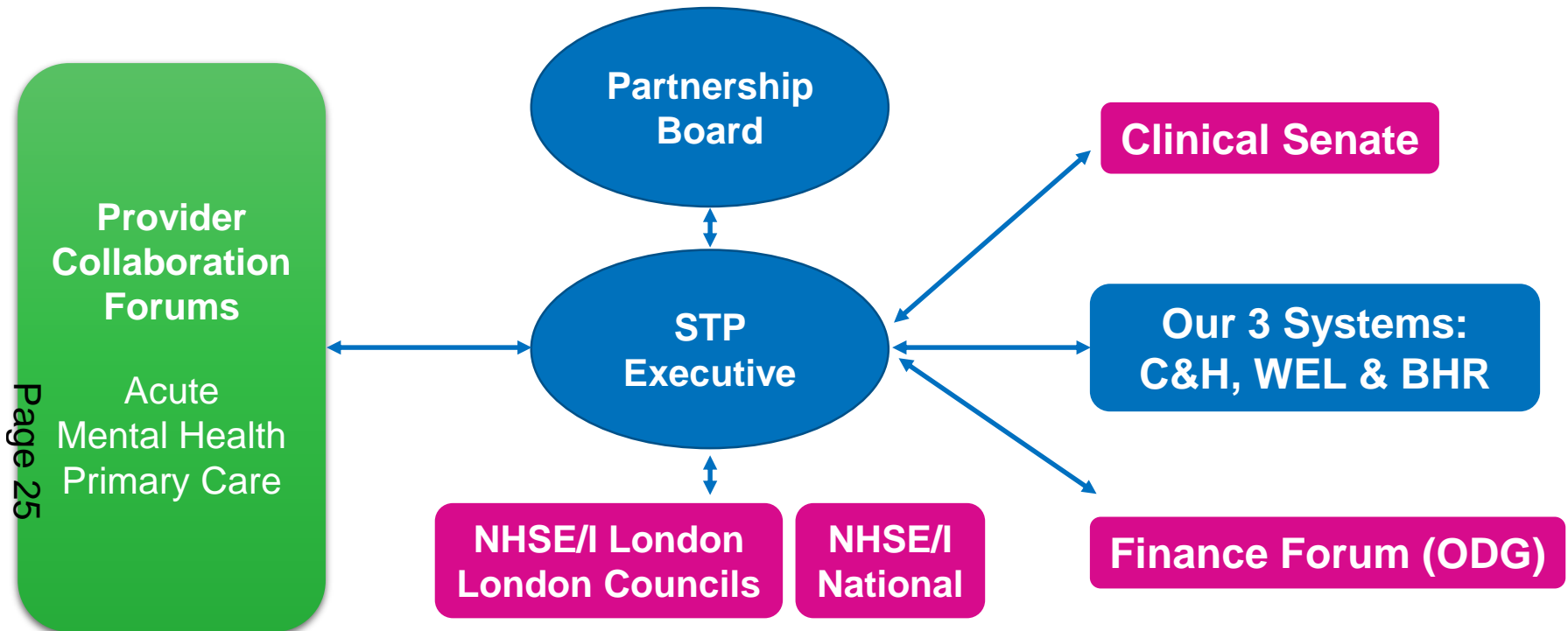
Delivery and reporting

- Agree an accountability framework with each part of our ICS in order that we are all clear on what is being delivered where
- Work more closely with our elected representatives, particularly to secure integrated service delivery and to provide independent scrutiny
- Report annually on progress and what we've achieved

The following slides highlight our planned high-level governance and programme approach, as well as existing progress reporting and planned trajectories

Our governance (at high level)

Bringing together the way we work at a north east London level



Programmes

Improving population health

Priority areas for improving outcomes

System change and integration

Enablers

Programmes of work

Improving Population Health

- Prevention
- Health inequalities
- Wider determinants of health e.g. housing, poverty
- Personalised care

System Change And Integration

- Primary/community care
- Urgent and emergency care
- Improving planned care and outpatients
- Provider collaboration
- Mental health

Priority Areas for Improving Outcomes

- Cancer
- Learning disabilities and autism
- Children and young people
- Maternity
- Medicines optimisation
- Major LTCs
- End of life care

Enablers Supporting Work Programmes

- Workforce
- Digital
- Estates
- Demand and capacity – business intelligence
- Research and innovation

Improving population health

Population Health

Developing an ELHCP approach to population health will be a priority during 2020, with the following activities planned:

- An in-depth review into how we can strategically influence the development of new infrastructure, particularly around areas of significant re-generation, to maximise the population health impact. This will be brought through our ELHCP forums in January, with an STP Executive discussion planned for February.
- A review and re-launch of our prevention work stream through a workshop with Directors of Public Health during January.
- We will be bringing a proposed outline approach to population health to the STP Executive in March, taking into account best practice from national and regional work. There is also a planned engagement event in June, at which prevention and population health will be a headline topic.

Personalisation

- A review is currently underway to align the personal health budgets (PHBs) and social prescribing elements of the programme more closely. This will result in a new personalisation group across ELHCP from February, and there will be an event in March. We have also secured a resource from NHSE/I to assist us with this alignment going forward.
- A specific programme to improve the take up of PHBs in the BHR system will go live during January 2020, and it is hoped to extend learning from this initiative (with NELFT) at our stakeholder event.
- We propose an in-depth review of the personalisation programme at the April STP Executive.

System change and integration

Primary and Community Care

- Developed 48 Primary Care Networks (PCNs) across NEL
- Support by targeted organisational development and transformation funding
- Digital accelerator programme for WEL system established, as well as training hub board for PCN workforce

Improving Planned Care and Outpatients

- Range of improvement actions being implemented
- Performance vs constitutional standards (RTT/Diagnostics) challenged at BH & BHRUT.

Urgent and Emergency Care

- Current focus on managing winter pressures through funded support initiatives
- Ensuring grip during winter through VIPER meetings and following activities: working to right time/right place by digital assessment, bookings & communications, expanding appropriate care pathways criteria and further UEC integration testing.

Mental Health

- Good progress developing LTP for mental health and transformation plans via funding
- Challenges persist in achieving IAPT trajectories, CYP, out of area placements and perinatal access across parts of NEL

Priority areas for improving outcomes



Better start in life

- Mature local maternity system meeting national trajectories; no current midwifery vacancies
- Plans for ongoing CPD via cross-site rotational programmes to further support retention
- Review current/future activity across sites to develop sustainable maternity/neonatal service
- Children/young people's programme managing transitions into adult services priority for 2020 together with developing personalised care

Living well and long term conditions management

- Cancer focusing on smooth transition to new north east London operating model, but will need to ensure performance metrics return to trajectory during Q4
- Diabetes transformation funds successfully utilised, diabetes dashboard showing improvements across NEL on key metrics
- Cardiovascular prevention group in development, to share learning and support systems to prepare for STP-level transformation funding
- Medicines optimisation supported many transformation projects and plans greater links with primary care networks to enhance recruitment/retention of pharmacy workforce in PCNs.

A better end to life

- Local hospices to receive non-recurrent allocation of £875k to improve adults/children's end of life services.
- ELHCP match-funding bid for children's end of life care made to NHS E/I (awaiting outcome).

Enablers supporting work programmes

Workforce, Digital and Estates: ELHCP has well developed enabler programmes, with delivery across a range of initiatives. Main areas to highlight are:

- **Digital:** maximising impact of ‘One London’ investment will be priority area, as well as preparing organisations for introducing Patient Held Records
- **Estates:** introducing infrastructure plan and phased capital pipeline key priorities. Also ensuring development of health promoting environments at forefront of strategic planning approaches for NEL “new town” developments.
- **Workforce:** excellent progress implementing initiatives with stakeholders but scale of the recruitment and retention challenges remain significant with detailed STP Executive review in March 2019 and consideration to be given on how support and progress can be monitored on an ongoing basis given the importance of this enabler programme.

Demand and Capacity – Business Intelligence

- Strategic planning currently happening individually by providers, and the Provider Collaboration forums have identified that there is a gap at system level.
- A demand and capacity mapping across all of NEL has been agreed, commencing in January 2020 initially focusing on acute services and taking into account population growth projections for the next 10-20 years.
- This mapping will be expanded to mental health and community services over the next few months.

Metrics Reporting

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Outline of metrics by programme area

The metrics are currently based on planned trajectories, existing baseline monitoring and tracking to begin in early 2020

Improving Population Health: Funding And Metrics

Ref	Measure	Area	Target	Compliant
EN1	Personal health budgets	PHB	Varies by CCG	Y
EN3	Personalised care and support planning	PHB	Varies by CCG	Y
EN2	Social prescribing referrals*	Social Prescribing	Varies by CCG	N

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Enablers Supporting Work Programmes: Metrics

Ref	Measure	Area	Target	Compliant
ED21	Cybersecurity	Digital	100% by Y5	Y

- * Referrals below trajectory due to lower than expected forecast numbers of link workers in place. Review of recruitment and retention of link workers to take place, reporting to February ELHCP personalisation group

System change and integration: Primary care and acute services metrics

Ref.	Measure	Area	Target	Compliant
ED16	Proportion population with access to online consultations	Pcare	75%	Y
ED20	Proportion population registered to use NHSApp	Pcare	30%	Y
EK3	Learning Disability Registers/Annual Health Checks by GPs	Pcare	75%	Y

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Ref.	Measure	Area	Target	Compliant
EM23	Ambulance Conveyance to ED	Acute	TBC	N/A
EM24	Delayed Transfers of Care	Acute	National Level	Y
EM25	Length of stay for patients in hospital for over 21 days	Acute	TBC	Y
EM16	Mental Health Liaison in general hospitals meet “core 24” service standard	Acute	70% in 23/24	Y

System change and integration: Mental health metrics

Ref.	Measure	Area	Target	Compliant
EA3	IAPT roll-out *	MH	50%	N
EH9	Access Children/Young People's Mental Health Services	MH	Varies by CCG	Y
EH12	Inappropriate adult mental health Out of Area bed days	MH	0 from 2021/22	Y
EH13	Annual physical health check in severe mental illness	MH	60%	Y
EH15	Women accessing specialist perinatal mental health service	MH	TBC	Y
EK1a	Inpatient care learning disability/autism: CCG commissioned	MH	<30	Y
EK1b	Inpatient care learning disability/autism: Sp Com commissioned	MH	<30	Y
EK1c	Inpatient care learning disability/autism: CCGs/NHS England for children	MH	15 children <30	Y
EH17	People accessing Individual Placement and Support	MH	TBC	Y
EH18	EIP Services achieving Level 3 NICE concordance	MH	95% by 23/24	Y
EH19	People receiving new models integrated primary/community care for severe mental illness	MH	Varies by CCG	Y
EH20	24/7 crisis provision for children and young people	MH	100% by 23/24	Y

* Review of prevalence to take place, as NEL has higher prevalence and greater IAPT trajectories based on most recent calculations. Appraisal and benchmarking of NEL IAPT services (finance and service model) to be undertaken, including benchmarking against other services, to understand variance against trajectory.

Priority areas for improving outcomes: Metrics

Ref.	Measure	Area	Target	Compliant
ES1	Patients directly admitted to stroke unit within 4 hours	Acute	80% 23/24	Y
ES2	Applicable stroke patients are assessed at 6 months*	Acute	>60% 23/24	N
ER1	People supported by NHS Diabetes Prevention Programme	Diabetes	Varies by CCG	Y
EP1	One Year Survival from Cancer	Cancer	Set by CA	Y
EP2	Proportion of cancers diagnosed at stages 1 or 2	Cancer	Set by CA	Y
EQ1	Still birth rate	LMS	TBC	Y
EQ2	Neo-natal mortality rate	LMS	TBC	Y
EQ3	Percentage of women placed on a maternity continuity of care pathway	LMS	TBC	Y
EQ	Brain Injury Rate	LMS	Undefined	Y

* It is expected that there will be compliance against this trajectory from 20/21 onwards. There will be a review of reporting on this metric via the stroke database (SNAP), as well a review of post-discharge stroke pathways and service capacity, to provide assurance of future compliance against this metric.


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Tower Hamlets Health and Wellbeing Board

Date: 28.01.2020

Title of report	The NHS Long Term Plan response across ELHCP. How we plan to deliver on our commitments.
Item number	
Author	Mark Scott, Deputy Director of Transformation PMO, ELHCP
Presented by	Mark Scott, Deputy Director of Transformation PMO, ELHCP
Contact for further information	Mark Scott, Deputy Director of Transformation PMO, ELHCP, markscott3@nhs.net
Executive summary	<p>We submitted a response to NHSE/I on the Long Term Plan on 15th November 2019, which is available on this web link https://www.eastlondonhcp.nhs.uk/ourplans/.</p> <p>This pack contains an update on the overall development of our response to the LTP. This update outlines progress to date, future planned engagement and our approach to delivery and reporting.</p> <p>This pack also contains a delivery report on our current progress in delivering key elements of the plan. This report sets out the high-level governance for implementing the plan and provides a short progress report based across four thematic priority areas:</p> <ol style="list-style-type: none"> 1. Improving population health 2. System change and integration 3. Priority areas for improving outcomes 4. Enablers supporting work programmes <p>We are actively monitoring LTP metric trajectories, and have included an update on these areas in the pack.</p>
Action required	The Tower Hamlets Health and Wellbeing Board is asked to note the next steps in developing our response to the LTP, as well as note the ELHCP LTP Implementation Update.
Where else has this paper been discussed?	These papers will be taken to CCG Governing Bodies, Trust Boards, Borough Partnership Boards and Health and Wellbeing Boards during January and February.
Next steps/ onward reporting	We will also be producing a short, public-facing version of the LTP response to be published week commencing 13 th January, taking into account any feedback from the STP Executive meeting.
Strategic fit	The LTP response provides strategic direction across ELHCP and for local systems.
What does this mean for local people?	<p>Local implementation of the LTP should provide the following benefits for local people:</p> <ul style="list-style-type: none"> • don't notice organisational boundaries – it is all one health and care system working together to provide the best care • are supported to stay well

	<ul style="list-style-type: none"> • can access the best care possible in modern, fit for purpose facilities • can view their patient record online, and are confident it is stored securely • access care provide by skilled, motivated, kind staff with a culture of continuous improvement • benefit from world class research and innovation which means earlier diagnosis and more effective treatments.
How does this drive change and reduce health inequalities?	We currently have an unbalanced delivery system– we are set up to respond to illness. A key part of our LTP response is to refocus towards prevention and population wellness, and a component of our population health approach will be to address health inequalities and wider determinants of health.
Financial Implications	<p>Overall, it is a key strategic priority for all our partner organisations to manage financial risk in a different way, given the projected increases in demand for services and the available resources and capacity.</p> <p>There are components of transformation funding across the LTP, which will be used to drive improvements and delivery of key metrics.</p>
Risks	<p>The two main areas of risk for LTP implementation are finance and workforce.</p> <ul style="list-style-type: none"> • Finance will be addressed via the 2020/21 system operating planning processes. • There will be a detailed review on workforce brought to the March 2020 STP Executive, to ensure the proportionate level of oversight is given to this key enabler.
Equality impact	There will be an equality impact assessment undertaken of the LTP response in collaboration with other London STPs.

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>28 January 2020</p>	
<p>Report of: Keith Makin, Independent Scrutineer, Tower Hamlets Safeguarding Children Partnership</p>	<p>Classification: Unrestricted</p>
<p>TOWER HAMLETS SAFEGUARDING CHILDREN PARTNERSHIP (THSCP) ARRANGEMENTS</p>	

<p>Originating Officer(s)</p>	<p>Victoria Hiney - Safeguarding Children Partnership Coordinator</p>
<p>Wards affected</p>	<p>All</p>

Executive Summary

All children and young people have the right to be safe from harm.

The Government passed the Children and Social Work Act in April 2017. This changed the way children’s safeguarding is managed in England and created new partnerships to do this work.

Tower Hamlets Safeguarding Children Partnership (THSCP) published its arrangements on 28 June 2019 and became operational from 29 September 2019. Work that commenced under the previous Local Safeguarding Children Board (LSCB) framework, and which remains outstanding, will be completed during the transition period, ending on 31 March 2020.

The THSCP comprises three statutory partners including the Local Authority, Tower Hamlets Clinical Commissioning Group (CCG) and local Tower Hamlets Police. The partnership also consists of the wider partners from other local health providers, education settings and voluntary organisations. Keith Makin has been appointed in the new role of Independent Scrutineer, it is his role to challenge partnership activities and seek feedback from children and young people, parents/carers, the local community and the wider partnership agencies.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Take note of the published Safeguarding Arrangements for your information
2. To note the Equalities Impact Assessment / specific equalities considerations as set out in Paragraph 5.2

1. REASONS FOR THE DECISIONS

1.1 N/A – the Arrangements are being presented for information

2. ALTERNATIVE OPTIONS

2.1 N/A – the Arrangements are being presented for information

3. DETAILS OF THE REPORT

About the THSCP

What is the THSCP?

The Children and Social Work Act 2017 legislated the change in the way safeguarding children is managed at local levels. The THSCP is the body that will manage safeguarding for children and young people in Tower Hamlets, taking over from the Local Safeguarding Children Board (LSCB).

Where will it work?

The THSCP will operate in the borough boundaries for Tower Hamlets. It will collaborate with other areas as and when it needs to.

What are the Priorities for the THSCP?

Based on the three core principles - Child Protection, Assurance and Learning. The partnership has a number of priorities including the following:

- Excellent practice in multi-agency safeguarding is the norm
- All Partners effectively hold each other to account and proactively identify and respond to new safeguarding issues
- Learning is shared and drives real improvements in services
- Information to assist safeguarding is shared effectively
- Tower Hamlets' children, families and communities are safe, supported and successful
- Explicit links on areas of shared concern and interest with the local Safeguarding Adults Board, the local Child Death Review system and other relevant bodies/forums.

Overarching objective is that the THSCP will work to ensure that local services operate effectively together to safeguard children and young people and to support their parents, carers and the communities they live in.

What will it do and how will it make this happen?

The THSCP vision is that the partnership will work together to ensure that everyone does everything they can so that all Tower Hamlets children and young people are safe, supported and successful. The overall aim of the new safeguarding Partnership is that children and their families get the right help at the right time and from the right person. Early Help can stop small problems from escalating and delivery of the right Early Help Services can prevent problems getting worse.

Who will lead the THSCP?

As required by the Children and Social Work Act 2017 the partnership is run by three local leaders representing the Local Authority, local NHS and Local Police.

These are:

- The Director of Children's Services (DCS) representing the Council
- The Accountable Officer for the **East London Integrated Health and Care system** discharged through the Managing Director of the Tower Hamlets Clinical Commissioning Group (CCG)
- The Commander of the Borough Command Unit (BCU) of the Metropolitan Police

The three statutory partners have equal and joint responsibility for local safeguarding.

Who else is involved in the THSCP?

They are supported by a wider group of local organisations – called the 'Relevant Agencies' in the Act - who include organisations delivering services in Education, Health and Childrens Social Care along with the local voluntary and community sector.

The partnership has an Executive Group and a Wider System Partnership group and three core working groups that support it. These groups are supported by an Independent Scrutineer and a small team of specialists who handle the day to day business of safeguarding in the borough.

4. EQUALITIES IMPLICATIONS

4.1 N/A – the Arrangements are being presented for information

5. OTHER STATUTORY IMPLICATIONS

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

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,

- Crime Reduction,
- Safeguarding.

5.2 N/A – the Arrangements are being presented for information

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

6.1 Tower Hamlets Council (LBTH) is currently engaging with the other two statutory partners (THCCG and Police) to scope the cost of running the Safeguarding Children Partnership (SCP) and the match funding required by all three statutory partners.

6.2 Under the existing arrangement, LBTH is the major financial contributor to the running cost of the LSCB. In 2017-18, the LSCB budget was circa. £186K of which LBTH contributed circa. £145K.

6.3 Although the cost of running the SCP is still being scoped, it is clear that the cost is likely to be higher than the cost of the current LSCB considering the increased responsibility of the SCP. The indicative cost of the secretariat function is circa. £217K and this does not include the cost of the Local Reviews.

6.4 The discussion around the cost of the SCP presents an opportunity for the match funding by statutory partners to be examined.

6.5 It is expected that an update paper will be presented to Cabinet once the cost of running the SCP has been determined and match funding agreed by the three statutory partners.

7 ***COMMENTS OF LEGAL SERVICES**

7.1 The changes to the Children Act 2004 ('the Act') introduced by the Children and Social Work Act 2017 are outlined in the body of the report. The revised Act shares responsibility for safeguarding equally between the three statutory safeguarding partners, and requires that local arrangements must be designed and kept under review to meet changing local need. The proposals for the THSCP comply with the legal framework of the Act, supporting regulations and Chapter 3 of the statutory guidance, Working Together to Safeguard Children (2018).

7.2 The 2018 Guidance sets out that the council's chief executive will be the lead representative for the council. This can be delegated to a senior officer who has the authority to speak for the council, take decisions on behalf of the organisation and commit them on policy, resourcing and practice matters and hold their own organisation to account in respect of implementing local arrangements. However, the chief executive will ultimately remain responsible for any actions or decisions on behalf of the council.

7.3 The safeguarding partners must select which of the other relevant agencies set out in the Child Safeguarding Practice Review and Relevant Agency (England)

Regulations 2018 they will work with to safeguard and promote the welfare of children, and the agencies selected must act in accordance with the local arrangements. The Guidance sets out that the safeguarding partners must ensure that all schools, colleges and other educational providers in the area to be fully engaged in the new safeguarding arrangements. Inclusion of the Managing Director of the Tower Hamlets Education Partnership (THEP) with additional representation from the Further Education sector as relevant agencies meets this requirement.

7.4 The statutory requirements for Child Death Reviews are set out in sections 16M-16Q of the Act and Chapter 5 of the Guidance. These must be carried out in partnership between the council and the CCG, and two or more local authority areas may combine to undertake CDRs. The proposals contained within Appendix C comply with the statutory framework and Guidance.

Linked Reports, Appendices and Background Documents

Linked Report

- ***Cabinet Report** (24.04.19) The Tower Hamlets Safeguarding Children Partnership (THSCP) Arrangements
(<http://democracy.towerhamlets.gov.uk/documents/s146940/6.3%20The%20Tower%20Hamlets%20Safeguarding%20Children%20Partnership%20THSCP%20Arrangements.pdf>)

Appendices

- Appendix 1: Published Safeguarding Arrangements

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

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

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

- NONE

Officer contact details for documents:

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**METROPOLITAN
POLICE**

TOTAL POLICING

NHS

Tower Hamlets
Clinical Commissioning Group



TOWER HAMLETS

Tower Hamlets Safeguarding Children Partnership (THSCP) Arrangements

June 2019

Revision Schedule

The THSCP Arrangements, published in June 2019, aim to both describe and support the partnership working that will be introduced to support the local safeguarding system delivery following on from the Children and Social Work Act 2017.

An ongoing process of revision and review of the arrangements is a key feature of the new system and will be a core feature of the partnership as it is established and moves into maturity. Statutory Partners, Independent Scrutineer, Relevant Agencies and Voice of the Child will be crucial in ensuring that processes evolve in light of operational needs.

A revision of the arrangements will be initiated at least annually, and all partners are required to contribute to the revision process, which will be centrally overseen by the THSCP Secretariat and Independent Scrutineer. The next scheduled revision is therefore 29th June 2020.

Publication/Revision/ Interim Update	Timescale for Drafting/Revision	Due Date
Initial Publication	November 2018 to June 2019	29 th June 2019
Scheduled Revision	29 th June 2019 to 29 th June 2020	29 th June 2020

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Introduction from the Local Statutory Partners

This document aims to present a summary of the key organisational and procedural arrangements underpinning the Tower Hamlets Safeguarding Children Partnership (THSCP).

It presents an approach to how the complexities of delivering local safeguarding processes, and the professional practices and culture that support it should be delivered. Through this we seek to outline the operational details in Tower Hamlets and share our vision of how the new system will strengthen local child protection.

We hope that this captures the detail of the arrangements we are putting in place and the aspirations and determination we share in ensuring that we have the best possible child protection and wider safeguarding systems, procedures and culture in Tower Hamlets. We have much still to resolve and develop as the partnership moves from establishment to maturity and much to do to ensure the partnership has both the resources and the impact, we need it to have. The discussions that will enable us to strengthen the partnership are ongoing and while some detail is still required (as with the funding allocations we can expect from the Statutory Partners and any contributions that might be forthcoming from the wider partnership of Relevant Agencies) we have a clear commitment across all of the Tower Hamlets system to make the THSCP all it could and should be.

The new partnership is driven by three core principles driving decisive and quick action to address the challenges inherent to children's safeguarding:

1. Child Protection
2. Assurance of the system and operational culture, and
3. Learning

We aim to ensure that the THSCP delivers an exemplary standard of practice and partnership working.

WT18 includes a useful summary of the range of cultural, procedural and organisational features required for effective safeguarding of children and young people.

Organisations should have in place arrangements reflecting the importance of safeguarding and promoting the welfare of children:



Figure 1 – Working Together to Safeguard Children Section 2.3

The work of the THSCP is focussed on promoting the effective safeguarding and welfare of Tower Hamlets children. This will be driven by a child centred approach, where the work we do with families and communities considers first and foremost the needs of children, and ensures that decisions and actions around them prioritise their safeguarding and support.

Safeguarding children remains a priority for all partners in our local safeguarding system across statutory, voluntary and community sectors. As can be seen from the figure above there is a wide range of organisational and cultural elements required by the new partnership to ensure a comprehensive and effective approach across a wide range of safeguarding agendas. With a focus on the most vulnerable children and families we will be working to prioritise the development of the new partnership in line with national guidance and local needs identified by the THSCP.

This will involve specific work focussing on specific groups or agendas - such as neglect, adolescent safeguarding, contextual safeguarding, serious youth violence, child sexual exploitation and the needs of children who are looked after by the local authority.

Alongside this we will be supporting a range of local strategies including the Early Help Strategy which has the overall aim of ensuring that children and their families will have access to the right help at the right time and from the right person. Safeguarding children systems are a core aspect of this with their focus prevention and responsive, agile and impactful safeguarding practice.

Our thanks go out to those who have helped in crafting these arrangements, and with Keith Makin, our Independent Scrutineer, we call upon all partners in Tower Hamlets across statutory and voluntary and community sector services and the wider community to help us deliver on the vision the arrangements support.

These arrangements will be revised at least annually to ensure that the new partnership meets the operational and strategic needs of safeguarding works in the borough. Crucially with the inclusion of Voice of the Child and the new role of Independent Scrutineer we will be well placed to directly capture feedback from the children and young people, parents, carers and communities we serve and ensure that the system is well placed and resourced to meet the challenges faced.

We are clear eyed on the tasks that lie ahead and the complexity of the works we must deliver.



A handwritten signature in black ink that reads "Debbie Jones".

Debbie Jones
Corporate Director of
Children's Services
London Borough of
Tower Hamlets



A handwritten signature in black ink, appearing to be "Selina Douglas".

Selina Douglas
Managing Director
TH CCG

Delegated by
Jane Milligan
Accountable Officer
East London Integrated
Health and Care system



A handwritten signature in black ink, appearing to be "Sue Williams".

Sue Williams
Borough Commander
Central East
Metropolitan Police
Service

Introduction from the Independent Scrutineer

It is a pleasure to contribute to the introduction to this arrangement document.

In my role as Independent Scrutineer I look forward to working with the Tower Hamlets Statutory Partners and Relevant Agencies and will be aiming to ensure that the THSCP is established quickly and from the start seeks to immediately improve and develop local safeguarding practices for children and young people.

Guided by the experiences of children and young people, parents, carers and professionals in Tower Hamlets my role will be to ensure that the THSCP evolves into a stable and responsive system emphasising the role of prevention and early help and intervention throughout.

The role of the Independent Scrutineer has at its heart a key task of challenge and support for the Statutory Partners and Relevant Agencies to ensure that they are continually facing up to the challenges faced in delivering the new partnership and are unstinting in their efforts to safeguard the children and young people they serve.

Tower Hamlets has much to be proud of in terms of its safeguarding system and the improvement journey steered by the Children's Services Improvement Board. The THSCP will help capture, consolidate and secure this improvement into all areas of children's safeguarding.

With the continuing commitment of all those involved in safeguarding from the THSCP Partnership and the wider Education, Children's Social Care, NHS, and Voluntary and Community sector services it is, for me, a privilege to be joining the partnership at this exciting time.

I look forward to reporting back on the progress and challenges faced in the early days of the THSCP!



A handwritten signature in black ink, appearing to read 'K Makin', with a long horizontal flourish extending to the right.

Keith Makin
Independent Scrutineer

Glossary

BASU	Business as usual
BWGW	Born Well Growing Well
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CDR	Child Death Review system
CQC	Care Quality Commission
CSWA17	Children and Social Work Act 2017
DCS	Director of Children's Services
DfE	Department for Education
DHSC	Department of Health and Social Care
EHS	Early Help Strategy 2018-2021
ELFT	East London Foundation Trust
LA	Local Authority
LBTH	London Borough of Tower Hamlets
LDNSCB	London Safeguarding Children Board
LSCB	Local Safeguarding Children Boards
MD	Managing Director
NCB	National Children's Bureau
NELCA	North East London Commissioning Alliance
Ofsted	Office for Standards in Education, Children's Services and Skills
THCC	Tower Hamlets Clinical Commissioning Group
THT	Tower Hamlets Together
THVCS	Tower Hamlets Community and Voluntary Sector
WT18	Working Together 2018 – the core statutory guidance for multi-safeguarding children revised following the 2017 legislation – sometimes referred to as 'The Guidance'

1. The Wood Review and Learning from the Early Implementers – Key Features of the New System

The Wood Review¹ highlighted a number of key functions for the new system to address. These effectively form the main business of the partnership and accordingly the bulk of the matters covered by the arrangements. They are a useful starting point for the rolling audit of the effectiveness of the THSCP and will in future inform much of the Joint Targeted Area Inspection (JTAI) focus on the effectiveness of local partnerships.

N°	Wood Criteria	Summary of THSCP Response	Section of arrangements where this is outlined
1	Determining the physical area of operation covered by multi-agency arrangements.	The THSCP partnership will operate within the geographical boundaries of Tower Hamlets and collaborate on a cross border basis where this is operationally or strategically required – as with the wider area Child Death Review systems in London or focussed work on Gangs and Serious Youth violence	Section 4
2	The authorising vision for multi-agency arrangements, the partnership commitment.	There is a clear statement of delegated and direct authority for the Statutory Partners and Relevant Agencies. System level challenge, support and development will be driven by the Independent Scrutineer and THSCP Secretariat.	Throughout, Introductions, Sections 2 & 3
3	The resource framework, e.g. the cost of the multi-agency strategic decision-making body, the cost of agreed initiatives, e.g. joint training, agreed local research, innovation in service design.	Scoping of the resources required has been completed and discussions on contributions from the Statutory Partners and any contributions from the wider partnership of Relevant Agencies are underway.	Section 16
4	The method to assess outcomes of multi-agency practice, including how intervention happens if performance falters, and how ‘independent’ external assurance/scrutiny will be utilised.	There is a clear commitment to continual review within the THSCP arrangements including the key role of the Independent Scrutineer and local case reviews and the revision schedule for the arrangements.	Sections 8, 10, 11, 13, 14 & 15
5	The strategy for information and data sharing, including to allow for identification of vulnerable children in need of early help.	There is a clear statement on the requirement for safe, secure and timely data sharing below which is strengthened by an MOU covering data sharing principles.	Section 22 and the MOU

¹ <https://www.gov.uk/government/publications/wood-review-of-local-safeguarding-children-boards>

6	High-level oversight of workforce planning, e.g. gaps in skilled areas.	The skills, updates and succession planning of frontline personnel and key safeguarding specialists is a clear priority in the THSCP and an iterative approach alongside THT workforce developments is underway.	Section 23
7	A multi-agency communication strategy on protecting children.	Communications is a core responsibility of the Communications and Learning Working Group and an initial Communications and engagement plan is outlined below.	Section 31
8	Risk strategy, identifying and adapting to challenges including new events, and establishing a core intelligence capacity.	Risk Management and the ability of the THSCP to learn and respond to issues and challenges faced is a central feature of the new THSCP structure and a shared responsibility throughout the partnership, with particular focus on how a learning and data intelligence approach to safeguarding can inform practice and drive early intervention.	Section 21 and throughout and in particular the Section on Local System Review, Local Case Review, the Independent Scrutineer and Risk Management
9	The model of local inquiry into incidents.	The new requirement for local case review calls for both a new model of case review and detailed options for resourcing and commissioning local case reviews and disseminating learning	Section 27

Figure 2 – The Wood Criteria and Relevant Sections of the Arrangements Document

Alongside this, following on from the NCB works with Early Implementers there are a few additional core characteristics that need to be singled out for attention as key components of the new safeguarding partnership including links with local and regional Child Death Review systems, reflection of local youth engagement and participation works in support of the strategy and a commitment to both local and regional safeguarding that evolves in light of operational need.

See also Appendix 2 below for a table of core functions and responsibilities within the THSCP that flow from Working Together to Safeguard Children 2018.

2. National Context

The Children and Social Work Act 2017 received royal assent on 27th April 2017, and amends the Children Act 2004 ('the Act'). Section 16E of the Act requires each Local Authority Area to establish local arrangements for safeguarding and promoting the welfare of children:

- 1) The safeguarding partners for a local authority area in England must make arrangements for:
 - a) the safeguarding partners, and

- b) any Relevant Agencies that they consider appropriate, to work together in exercising their functions, so far as the functions are exercised for the purpose of safeguarding and promoting the welfare of children in the area.
- 2) The arrangements must include arrangements for the safeguarding partners to work together to identify and respond to the needs of children in the area.
- 3) In this Section ‘Relevant Agency’, in relation to a local authority area in England, means a person who:
- a) is specified in regulations made by the Secretary of State, and
 - b) exercises functions in that area in relation to children; ‘safeguarding partner’, in relation to local authority area in England, means:
 - i) the local authority;
 - ii) a clinical commissioning group for an area any part of which falls within the local authority area;
 - iii) the chief officer of police for a police area any part of which falls within the local authority area.

3. Context for the Migration of Functions from the Tower Hamlets LSCB

In 2017 an Ofsted report following the inspection of Children’s Services in Tower Hamlets rated them as overall inadequate.² The report noted that the LSCB was inadequate and was not at the time discharging its statutory functions. The findings were accepted by LBTH and an improvement plan has been in place since, supported by partner agencies.

By December 2017 a monitoring visit noted significant improvements to the services provided in the borough. Subsequent monitoring visits³ have noted continuous positive progress and highlighted areas for prioritisation and further improvement. Much work remains to be done and there is no local complacency on the need to improve children’s services and safeguarding in the borough.

At the time of submitting this Arrangement document the June 2019 Ofsted inspection has yet to report formally, but has supplied very positive feedback in terms of improvements and the effectiveness of local safeguarding provision.

The need to develop the THCSP has provided an opportunity to refresh and revise the work across all areas of child protection and ensure that the new system exceeds the statutory requirements for safeguarding laid out in legislation and WT18.

A key focus of the development works for the THSCP is the assessment of structures, outputs, processes and procedures to determine their fit to the new system, and their positive impact in support of local safeguarding. The initial focus for the THSCP will be on the migration of functions from the existing system to the new, and a thorough analysis of how best to deliver the new system and utilise existing assets.

² See: <https://files.api.ofsted.gov.uk/v1/file/2753062>

³ See <https://reports.ofsted.gov.uk/provider/44/211>

4. The Geographical Area of the Partnership

In accordance with Working Together 2018, the geographical footprint for the Partnership will be the London Borough of Tower Hamlets.⁴ Wider area system level working will of course be supported where appropriate, but for the first two years of operation a local borough focus is anticipated until such time as the local system reaches maturity. This does not preclude collaboration with health and policing partners at wider area scales where this is appropriate and necessary.

5. Vision

The THSCP vision is that the three Statutory Partners (Local Authority, NHS CCG and Metropolitan Police Base Command Unit), the wider Relevant Agencies in the local system, community and voluntary sector and community, will work together to ensure that everyone does everything they can to ensure that all Tower Hamlets children and young people are safe, supported and successful.

The THSCP is clear that safeguarding children and promoting their welfare is everybody's business. This is demonstrated by a robust and sustained commitment to children's safeguarding at the highest levels in each agency. The core principles for this are laid out below in Section 6.

6. The Purpose, Principles and Priorities of the Partnership

Purpose

The key principles of the Tower Hamlets Safeguarding Children Partnership and its Sub-Groups are outlined below:

In accordance with Section 8 of WTSC 2018, the core purposes of the partnership are "to support and enable local organisations and agencies to work together in a system where:

- children are safeguarded and their welfare promoted
- partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children
- organisations and agencies challenge appropriately and hold one another to account effectively
- there is early identification and analysis of new safeguarding issues and emerging threats
- learning is promoted and embedded in a way that means local services for children and families can become more reflective and implement changes to practice

⁴ *Working Together 2018*, "Every local authority, clinical commissioning group and police force must be covered by a local safeguarding arrangement.", Chapter 3, paragraph 16, p.75:

- information is shared effectively to facilitate more accurate and timely decision making for children and families

This includes:

- Developing policies and procedures for safeguarding and promoting the welfare of children, including:
 - Taking action where there are concerns including thresholds
 - Recruitment and supervision
 - Investigation of allegations
 - Cooperation with neighbouring authorities
- Participating in the planning of services for children in the local authority area
- Communicating the need to safeguard and promote the welfare of children
- Procedures to ensure a coordinated response to unexpected child deaths (this will be led by the local Child Death Review partnerships and systems that are emerging in North East London)
- Collecting and analysing information about child deaths
- Monitoring the effectiveness of what is done to safeguard and promote the welfare of children
- Undertaking local Child Safeguarding Practice Reviews and liaison with the national panel.”

Principles

The overarching principles which underpin the work of the partnership are as follows:

Principle	Working Definition
<p>Child Protection</p>	<p>WT18⁵ defines safeguarding as:</p> <ul style="list-style-type: none"> – Protecting children from maltreatment – Preventing impairment of children's health or development – Ensuring that children grow up in circumstances consistent with the provision of safe and effective care – Taking action to enable all children to have the best outcomes <p>Ultimately all of these involve an element or focus on the protection of children, and to strengthen this, the THSCP will adopt an all-encompassing definition of Child Protection to ensure all safeguarding agendas refine their focus and impact to support the overall child protection offer in the borough.</p> <p>This approach is informed by and compliments the Restorative Practice⁶ ethos that is currently being rolled out across social care in LBTH, and augments the work towards a “trauma informed” approach to working with vulnerable children, young people and adults arising from the Adverse Childhood Experiences (ACEs) agenda that is being explored. It is a key support mechanism for the Early Help Strategy⁷.</p>

⁵ Page 6 WT18

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

⁶ See <https://130relationalsystems.co.uk/children's-services/>

⁷ See https://www.towerhamlets.gov.uk/Documents/Children-and-families-services/Early_Help_Strategy.pdf

<p>Assurance</p>	<p>The THSCP must be able to assure itself and the wider system and community it serves that the services discharged on behalf of, or directly by the partnership, are delivering the appropriate health care and education interventions and services required to support the child protection and wider safeguarding agenda.</p> <p>Delivery of services of the required standard in terms of quality, timeliness, sensitivity and cost is a crucial requirement. Alongside this, and in line with WT18⁸, there is a need to ensure the system is child focused, and throughout captures the voice of the child and wider communities as a tool for ensuing continual improvement of the safeguarding outcomes experienced by Tower Hamlets children. Building upon Ofsted, CQC and JTAI recommendations the partnership will develop a dynamic approach to assurance. This will evolve at pace alongside wider health, education and social care system changes in the borough, North East London, Pan London and nationally, including the evolution of Sustainability and Transformation Plans and Integrated Care Systems.</p> <p>Robust, timely, proportionate interagency working and information sharing and a focus on action planning, impacts and outcomes will be key in developing the new system with clear lines of governance, scrutiny and accountability underpinning all of the partnerships work. Assurance for partners and the local system will be delivered through a series of reviews, audits, process and practice developments, all feeding into local assurance reports and the annual report of the Independent Scrutineer.</p>
<p>Learning</p>	<p>Building upon the child centred approach the partnership needs to ensure that it is able to learn, analyse and adapt its operations and processes. This must be in line with both the issues and learning arising from operational delivery and the wider evolution of statutory services with a bearing on the wider safeguarding agenda in the borough, across North East London and at Pan London or national levels.</p> <p>Central to this will be the voice of the child and the use of assurance and quality mechanisms to inform programmes of change to update staff on key agenda areas and the ‘core Sections’ of the revised safeguarding legislation.</p> <p>A genuinely ‘whole system response’ is essential and will only be possible to deliver through engagement with all those working to protect children on a cultural and operational level rather than simply relying on the modification of processes alone. A core feature of the new system will be robust mechanisms to communicate with the wider system and ensure all partners have access to appropriate role specific training on child protection and the wider safeguarding agenda. Learning from local, regional and national cases will provide a core additional imperative to bring about the agile, responsive and continually improving ethos the agenda requires.</p> <p>A standardised recommendations template – similar to that used by the CDR process – capturing learning and issues across a range of intrinsic and extrinsic factors to the child, and the context of the issues arising from the child protection and wider safeguarding proceedings, will be a product of all case reviews to drive improvement and service responsiveness across the partnership.</p>

Figure 3 – THSCP Principles

⁸ Page 9

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

Priorities

In addition to these principles, the core purpose of Tower Hamlets Safeguarding Children Partnership is to enable agencies to work together so that:

- excellent practice in multi-agency safeguarding is the norm
- partners effectively hold each other to account
- they proactively identify and respond to new and emerging safeguarding issues
- whole system learning is promoted and embedded in frontline practice
- information is shared effectively
- Tower Hamlets' children, families and communities are safe, supported and successful
- Explicit links with the Safeguarding Adults Board on areas of shared concern and interest and developed and strengthened. This will in particular look at how best to address contextual safeguarding.

The THSCP will work to ensure that local services operate knowledgeably, effectively and together to safeguard children and young people and to support their parents.

The Partnership's priorities will be informed by detailed analysis of local need and will target the most vulnerable children and their families for support.

The Partnership's priorities will be informed by the Joint Strategic Needs Analysis (JSNA) learning coming out of local and national Child Safeguarding Practice Reviews, National Children's Bureau and NSPCC resource updates and system-wide developments in safeguarding practice such as the Tower Hamlets Social Work Academy, Restorative Practice model, Contextual Safeguarding and Adverse Childhood Experiences and Trauma Informed Practice agendas.

The Partnership's priorities will be agreed at an annual Partnership Away Day. The agreed priorities will be outlined in a Two-year Business Plan and will be reviewed at each meeting of the Partnership.

7. Contextual Safeguarding

This is an approach to understanding, and responding to, children and young people's experiences of significant harm beyond their families. Developed by Carlene Firmin at the University of Bedfordshire⁹, to inform policy and practice approaches to safeguarding adolescents, it recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers often have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

⁹ See <https://contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding>

Throughout the work of the THSCP there will be an emphasis on Early Help and identification and trauma informed¹⁰ practice to understand and meet the needs of vulnerable children and young people, their parents' carers and communities. We will ensure they are protected and supported, and wherever possible, we act to prevent safeguarding issues arising and minimise the harm and impacts arising from those that do occur. This is essential across a wide range of agenda areas from Neglect to Child Sexual Exploitation, or Child Death Review.

8. Characteristics of the THSCP

Building on an established track record of partnership working and a clear-eyed view of the challenges we face, our vision is that the THSCP will be characterised as follows:

- There will be a focus on the voice, experiences and intrinsic and extrinsic needs, contexts and requirements of children, young people, their families and wider communities
- There will be a focus on tangible, positive outcomes for children and their families
- Decisive strategic leadership, challenge accountability and transparency from the Statutory Partners
- The THSCP will be supported by a responsive partnership of Relevant Agencies with the whole system supported and challenged by the Independent Scrutineer and informed by the Voice of the Child
- The Statutory Partners, Relevant Agencies and other local partners will be committed to the priorities outlined above and to the wider safeguarding needs of children and young people promoting their welfare. This commitment will be evident in their contribution to the work of the partnership and outputs including learning and recommendations

This will result in:

- Effective and consistent engagement by senior strategic leaders, who are able to influence safeguarding in their individual agencies.
- Effective and collaborative working relationships supported by shared approaches to driving quality and improvement
- Effective collaboration of partners and Relevant Agencies at both strategic and operational levels with timely self-assessment and audits against Section 11¹¹ compliance, learning events and action planning
- Substantial and impactful participation by the voluntary sector and lay/co-opted members to help the THSCP deliver its functions within a vibrant and ever changing local multicultural context.
- A strong culture of accountability and challenge driven by the Independent Scrutineer and Statutory Partners that results in increased understanding across the partnership and measurable improvements in the quality of practice.

¹⁰ See for one example <https://dera.ioe.ac.uk/31703/1/trauma-informed-health-and-care-approach-report.pdf>

¹¹ See Appendix 3

- An intelligence and data led approach to the work of the partnership, identification of trends, priorities and needs to drive targeted support and assist understanding of the effectiveness of the partnership.
- A local learning and improvement framework committed to continuous improvement in the quality of safeguarding practice.
- A robust and secure approach to the sharing of data between partners involved in multi-agency safeguarding works that is both compliant with data protection related legislation (including GDPR and Freedom of Information Act, etc.), and supports the timely sharing of data to support prevention of harm to children and young people.

This will support the THSCP to:

- Be mindful of the impact of safeguarding related works on staff and have in place appropriate role specific training, support and supervision to support general system training and delivery.
- Become robust multi-agency partnership that enables all children and young people to be safe in their homes and communities, and to fulfil their potential.
- Coordinate the safeguarding children related work of all local agencies and ensure that this work is effective in achieving the best outcomes for Tower Hamlets children and young people.
- continually review structures, processes and outputs, available resources to ensure an iterative development
- Contact continual review of processes with at least annual formal review of these Arrangements as per the revision schedule above.¹².

9. Voice of the Child - Youth Voice/Engagement Apparatus

Central to the development of the new system is the need to ensure that the Voice of the Child is at the centre of the structures and informs both the planning and delivery of all of the service functions needed to deliver a comprehensive approach to child protection and the wider safeguarding agenda.

Tower Hamlets is well served with a rich range of youth engagement structures. These include the Youth Parliament and Young Mayor, the Youth Engagement Squad at Barts Health, the Healthwatch Young Influencers, the Children in Care Council and service level user experience groups across the Born Well, Growing Well life course.

There are many more youth consultation and representation groups in the borough and we are seeking to identify key partners, especially those with existing education or social care participation groups, to help us build a youth voice offer for the THSCP. We are establishing a broad spectrum of youth engagement participatory and contributory opportunities. These will include a range of surveys to gauge the experience of children in the borough of the local safeguarding systems, specifically their experience of the 'Section 11' culture¹³.

¹² From publication of the initial Arrangements on 29th June 2019 and initial revision on 29th June 2020.

¹³ See Appendix 3

A variety of models for ensuring the capture of Youth Voice in support of the THSCP could be adopted including consultation through existing networks across a wide range of age ranges and contexts (ranging from schools, health services, youth services, youth justice and other service areas). A Youth Scrutineer who would be trained and supported to hold the THSCP to account with the perspective of a young person, alongside the Independent Scrutineer could also be developed.

Alongside these we are seeking to engage with local parents, carers and other children and young people including those at risk or known by the criminal justice systems, victims of crime, the bereaved and other key groups.

10. Membership of the THSCP

Statutory Partners

- The Director of Children’s Services (DCS) representing the Council
- The Accountable Officer for the East London Integrated Health and Care System discharged through the Managing Director of the Tower Hamlets Clinical Commissioning Group (CCG)
- The Commander of the Borough Command Unit (BCU) of the Metropolitan Police

The essential role of the three Statutory Partners outlined in Section 16E of Children Act 2014, as amended by the Children and Social Work Act 2017¹⁴ requires that they are the most senior accountable leads for safeguarding at local level.

The amended 2014 Act and WT18 are clear on the need for the Statutory Partners to lead the local system, taking direct accountability for both strategic and operational functions of the partnership.

The three Statutory Partners have equal and joint responsibility for local safeguarding arrangements.¹⁵

Critical to the success of the THSCP will be the strengthening of the relationships between and operational culture between the three Statutory Partners, their relationship with non-Statutory Partners and independent scrutiny, and the wider system.

The THSCP must have the leadership, resources, data intelligence, supporting multi-agency agreements, governance, and responsive systems and processes it requires to deliver comprehensive child protection and wider safeguarding. Key to this, and perhaps most important of all, will be the relationship between the statutory leads themselves, and the Independent Scrutineer who will act throughout as a critical friend.

¹⁴ See <http://www.legislation.gov.uk/ukpga/2017/16/part/1/chapter/2/crossheading/local-arrangements-for-safeguarding-and-promoting-welfare-of-children/enacted>

¹⁵ See WT18 Chapter 3 P73
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

11. Independent Scrutineer

Independent scrutiny of the THSCP will be developed to ensure compliance with WT18 and provide an objective and robust scrutiny of local arrangements to serve the partnership. This role will support wider system assurance processes and play a key role in supporting JTAI inspections, providing a 'critical friend' and objective analysis of local works including the annual report produced by THSCP, local case review and outputs from the working groups, non-Statutory Partners and inclusion of youth voice in the system.

The Independent Scrutineer, as part of their independent review and scrutiny function, will have the responsibility to disclose wrong doing, maladministration or organisational dysfunction to the Office for Standards in Education, Children's Services and Skills (Ofsted) and the DfE, if it becomes clear that the THSCP is failing to fulfil its statutory responsibilities and normal processes of challenge and dispute resolution have become untenable.

12. Relevant Agencies – Wider system Partners of the Executive Group

Working Together to Safeguarding Children (WT18) notes:¹⁶ "Relevant Agencies... Relevant Agencies are those organisations and agencies whose involvement the safeguarding partners consider is required to safeguard and promote the welfare of local children."

Wider system input and expertise will be sought via these key local agencies and strategic leaders. It is essential to note that all organisations have a crucial role to play in Children's safeguarding including those not formally listed in the Arrangements who have already agreed statutory duties under Section 10 and/or Section 11 of the Children Act 2004.

The Tower Hamlets Safeguarding Children Partnership's will work with other Relevant Agencies including but not limited to:

- Schools, colleges and other educational providers
- Housing – a representative Registered Social Landlords and Housing Associations and Tower Hamlets Housing
- Youth Justice/ Probation (including National Probation and CRC Probation)
- Department for Work and Pensions
- Voluntary Organisations represented by the Tower Hamlets Voluntary and Community Sector

Some Relevant Agencies already have statutory duties, as with an NHS Trust, CAFCASS, British Transport Police or the London Fire Brigade and it is important to restate their pre-existing responsibilities.

¹⁶ See

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf page 77 onwards.

Local designated health professionals will be working across a range of NHS services and have a key contribution to make.¹⁷ They will be strongly represented within the THSCP and empowered to ensure their contributions to work across a range of agendas will have lasting impact in improving safeguarding outcomes for children.

All THSCP members must be able to escalate concerns, issues or suggestions concerning the arrangements and collaborate actively with the independent scrutiny processes to support this in keeping with a clear dispute resolution and whistleblowing process.

Relevant Agency contributors must be sufficiently senior and delegated to speak with authority, to make decisions and commit resources on behalf of their agency, provide commitment, consistency and continuity in membership and link with their counterparts/sectors through relevant forums, etc.

Partnership Members must contribute actively to the work of the THSCP, provide constructive support and challenge, and act as a 'critical friend' to other partner agencies in the monitoring and delivery of their safeguarding responsibilities. A culture of trust, openness and learning is key to this and it is every partner's responsibility to promote this.

The Independent Scrutineer and Statutory Partners are, in particular, responsible for creating a working culture and environment where this style of working is the norm.

13. Deputies, Delegation and Succession Planning

A limited number of deputies for the Relevant Agencies wider membership and Statutory Partners are to be identified and their training and development in support of the THSCP works is to be identical to the substantive members. It is expected that Relevant Agencies listed above will ensure appropriate briefing and support is available to cover absence by other members from that sector and so do not require a deputy – e.g. head teachers, voluntary sector.

Where a member does not attend two consecutive meetings this absence will be reviewed with them on behalf of the THSCP, by the Tower Hamlets Safeguarding Children Partnership Strategy Manager, and or Independent Scrutineer and after this may be added to the Tower Hamlets Safeguarding Children Partnership Risk Register.

Partners and Relevant Agencies are expected to ensure appropriate membership and commitment to the Sub-Groups and Task and Finish Groups, according to the membership agreed in their terms of reference.

Statutory Partners occupy their positions ex officio, that is through their operational roles and positions in the system as delegated to them and required by the CSWA17. They are explicitly named under the requirements of CSWA17 and accordingly there is a need to factor in any changes in personnel occupying the three Statutory Partner

¹⁷ See [https://www.paediatricsandchildhealthjournal.co.uk/article/S1751-7222\(18\)30238-5/abstract](https://www.paediatricsandchildhealthjournal.co.uk/article/S1751-7222(18)30238-5/abstract) and <https://corambaaf.org.uk/sites/default/files/Members%20Area/The%20Voice%20of%20Health%20-%20Final%20Version%20-%202020%2011%2018%5B1%5D.pdf>

roles and update all arrangements and the Memorandum of Understanding accordingly.

In practice this is likely to be an issue known well in advance allowing for redrafting and recirculation of agreed materials with updated named Statutory Partners. In this regard, the THSCP Secretariat will lead on any resubmissions/amendments required for corporate agreements across the Statutory Partners alongside the ongoing revision and refinement of THSCP materials detailed below.

14. Tower Hamlets Safeguarding Children Partnership Structure and Governance

To meet these statutory requirements the Tower Hamlets Safeguarding Children Partnership has agreed the following structure and governance arrangements.

As part of the independent scrutiny and development of the Partnership, the THSCP will have an Independent Scrutineer (as outlined above who has significant experience at a senior level in the strategic co-ordination of multi-agency services to safeguard and promote the welfare of children.

The Independent Scrutineer is appointed by the Statutory Partners and is accountable to the THSCP and will work closely with the Statutory Partners, Relevant Agencies and THSCP Secretariat and Voice of the Child Mechanism. This accountability will be in the form of an annual report to the Statutory Safeguarding Partners (that is, Corporate Director of Children and Culture, the Basic Command Unit Chief Officer and the Chief Executive Officer of the CCG) and wider system, including the Chief Executive Officer of the Council, Cabinet Member for Children, Schools and Young People, Health and Wellbeing Board and other local governance structures as required.

The Statutory Partners are the effective chairs for the THSCP and working groups. This will be confirmed at the Annual Business Planning Meeting.

The specific frequency and terms of reference for the Executive Group and each working group or task and finish group will be generated by the THSCP. This will be delivered and subsequently reviewed in partnership with the Independent Scrutineer and THSCP Statutory Partners and Secretariat.

15. THSCP Executive Group

Business will be conducted through both the THSCP Executive Group which holds the statutory responsibilities and duties; and the Tower Hamlets Safeguarding Children Partnership will be where the main operational business will be managed. The Executive Group will have ultimate accountability for ensuring that the responsibilities are achieved and hold the Relevant Agencies to account for their works.

Business will be conducted through Tower Hamlets Safeguarding Children Partnership meetings, Sub-Groups, correspondence and exchange of information between meetings.

The Tower Hamlets Safeguarding Children Partnership will prioritise and organise its work through the Annual Business Plan; and regular monitoring of the Plan and Risk and Challenge Registers.

The Tower Hamlets Safeguarding Children Partnership will work within and will comply with statutory guidance and limitations. The THSCP needs confirmation of agreement and sign up to the THSCP Business Plan from all three Statutory Partners.

Statutory Partners and Relevant Agencies will be accountable to the Tower Hamlets Safeguarding Children Partnership by ensuring appropriate representation and attendance on the Tower Hamlets Safeguarding Children Partnership, the Executive Group, wider partnership of Relevant Agencies and operational Sub-Groups, as agreed.

The THSCP Executive group will meet at least every two months and will be quorate only if all three separate Statutory Partners (or appropriate delegates) are present.

16. THSCP Working Groups

The Tower Hamlets Safeguarding Children Partnership will deliver its functions through Sub-Groups. The key Sub-Groups will be the

- Communications, System Training and Learning Group
- Task and Finish Working Groups – developing safeguarding materials/assets etc. as required
- Recommendations and Oversight Group – incorporating a case review function.

THSCP will, where appropriate, collaborate across a sub-regional geographical footprint (to be determined); in order to support wider area safeguarding agendas (such as gangs and County Lines)

Each Working Group will be chaired by a Statutory Partner lead or delegate.

Each Working Group will meet at least quarterly with an ongoing review of workload and outputs generated and outcomes and impacts achieved.

17. THSCP Structure

The THSCP structure and core working groups is included as follows:

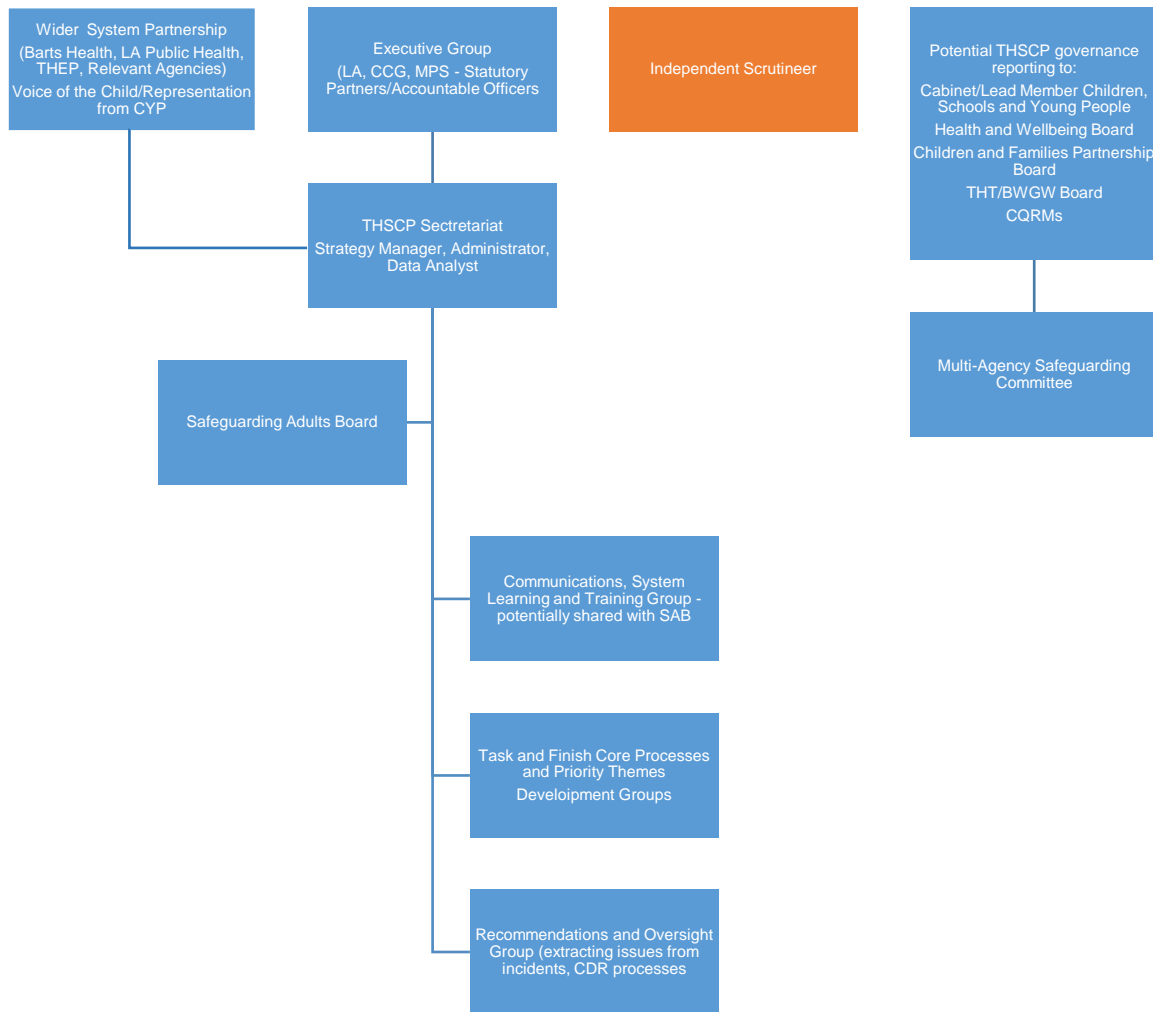


Figure 4 – THSCP Core Functions and Reporting Lines

The Statutory Partners will co-ordinate the work of the Partnership, prioritise actions and ensure the coverage of statutory functions and the business plan by ensuring governance and connectivity across the Sub-Groups and ad hoc task and finish groups. They will enable commissioning agencies to secure and plan delivery of the total work programme. It will contribute to Board and agency self-evaluation and to challenge and improvement priorities. They will drive the THSCP agenda, seek assurance that the Partnership’s priorities are being delivered, provide guidance and leadership to Sub-Group Chairs and will report to and be accountable to the THSCP and wider system.

The initial model for the THSCP has been developed to support the strategic and operational systems needed to support the delivery, scrutiny and assurance required for children’s safeguarding in the new system. It is crucial that the forms of the THSCP follow the functions required of it. That is to say that the structures of THSCP alter over time to meet operational needs. The structure and outputs of the THSCP will be reviewed on an ongoing basis and an annual structural update issued if required.

System Component	Core Role & Functions/ Relationships	Composition/Frequency
Executive Group – Statutory Partners	Key responsible/accountable leads for the local area	As per WT18 Meeting frequency – ongoing monthly from September 2019 with diarised sessions every two months from March 2020 as the handover from the LSCB Transitional executive proceeds.
Independent Scrutineer	Challenge/support	Independent consultant with very high levels of experience in delivering comparable oversight, insight and support in a children’s safeguarding context.
Wider System Partnership – Relevant Agencies and Voice of the Child	Challenge support/design/ service user experience capture	Ongoing feed into design and delivery processes – monthly/quarterly works in support of THSCP. Delivered through the Relevant Agencies including but not limited to the following agencies and organisations: <ul style="list-style-type: none"> • Schools, colleges and other educational providers • Housing – a representative Registered Social Landlords and Housing Associations and Tower Hamlets Housing • Youth Justice/ Probation (including National Probation and CRC Probation) • Department for Work and Pensions • Voluntary Sector Organisations represented by the Tower Hamlets Voluntary and Community Sector
Learning and Communications	Cascade of system level alerts and curation of training resources and wider communications outputs	Quarterly formal meetings chaired by one of the three Statutory Partners with support from the Independent Scrutineer.
Recommendations and Oversight Group	Scrutiny of ongoing works, case reviews, alerts arising and themes emerging Challenge/support for framing recommendations/ practice	TBC – dependant on issues/caseload and format of recommendations received Chaired by one of the three Statutory Partners with support from the Independent Scrutineer.
Task and Finish Core Processes and Priority Themes Development Groups	Rolling programme of task and finish groups tackling priority themes, developing resources, protocols and procedures and mainstreaming into practice – with support from the Learning and communications group.	Task and finish working groups are assembled on an ‘as required’ basis and are tasked with constructing or reviewing specific products, processes or protocols addressing specific agenda items with the aim of developing prototypes for testing to include into business as usual operations. Overall operation to be steered or chaired by one of the three Statutory Partners with support from the Independent Scrutineer.

Figure 5 – THSCP Core Structures and Functions

The THSCP will be evaluated internally on a rolling basis by the Statutory Partners and Relevant Agency partners and wider local system via reports to the THSCP, Health and Well Being Board, THT Board and sector level structures. Crucial to this will be Local System review and Independent Scrutineer (see Sections 10 and 14).

External assessment of preparedness and suitability of the THSCP response will be through liaison with and assessment by external regulatory or Statutory Partners including the DfE, DHSC, Ofsted, JTAI Inspection and the CQC. The Independent Scrutineer will have a key role in driving the evaluation and quality assessment and service improvement of local safeguarding arising from THSCP works.

Quarterly project updates will be generated and circulated as required to inform local, follow from the development of the THSCP outcomes and impacts framework.

18. Sub-Groups and Short-Term Task and Finish Groups

These will be tasked by the Tower Hamlets Safeguarding Children Partnership with agreed terms of reference and work plans and will be given delegated responsibility to act on the Tower Hamlets Safeguarding Children Partnership's behalf to progress the agreed business objectives. There should be multi-agency leadership and chairing of such working groups. It is essential that members of the Tower Hamlets Safeguarding Children Partnership demonstrate their commitment to the partnership by ensuring agency attendance to Sub-Groups and undertake specific tasks as agreed at meetings.

The Tower Hamlets Safeguarding Children Partnership will liaise with and receive relevant reports from other local strategic partnerships, such as the Health and Well Being Board. At times it will be appropriate to agree joint work with such partnerships.

19. Accountabilities

The THSCP is responsible for appointing (or dismissing) the Independent Scrutineer, with advice from a panel of Tower Hamlets Safeguarding Children Partnership members (including lay members).

A panel of the Statutory Partners, including the Chief Executive Officer of the Council, will meet with the Tower Hamlets Safeguarding Children Partnership's Independent Scrutineer at least three times per year to review the Tower Hamlets Safeguarding Children Partnership's work.

The Statutory Partners will have executive authority to make decisions on behalf of the Tower Hamlets Safeguarding Children Partnership between meetings, consulting the Independent Scrutineer as appropriate. The Statutory Partners will report on any such decisions to the Board no later than the next meeting of the Partnership or in writing.

The THSCP has the responsibility to decide whether a local or national Child Safeguarding Practice Review (CSPR) is appropriate in accordance with the criteria set out in Chapter 4 of Working Together 2018.

The THSCP partners hold statutory responsibility for communication with the Child Safeguarding Practice Review Panel regarding decision-making in relation to local and national Child Safeguarding Practice reviews. This will usually be actioned via the Recommendations and Oversight working group.

20. Local System Review

The Tower Hamlets Safeguarding Children Partnership is accountable to its member agencies and to the local community for its work. This accountability will be demonstrated through the Tower Hamlets Safeguarding Children Partnership Annual Report, through which the Tower Hamlets Safeguarding Children Partnership will evaluate the effectiveness of its own work, as well as that of the local multi-agency partnership. Local system review will be essential in ensuring that the THSCP can identify and adapt to operational issues, challenges and incidents. Alongside the risk register overseen by the Statutory Partnership and an active approach to using data intelligence to help develop the THSCP local review will be key to ensuring the THSCP evolves and learning is captured and shared across the partnership.

The role of the Independent Scrutineer allows for an ongoing challenge, review and refresh of the partnership and it is proposed that alongside a contribution to the Annual Report that the Independent Scrutineer would be well placed to generate both internal and public facing resources on a quarterly basis, highlighting areas of development and progress on delivery against the priorities outlined above. These resources could take the form of themed briefings, seminars, reports or training materials.

The specific frequency and format of these and other THSCP outputs are currently being scoped and will be determined by September 2019. Alongside this the THSCP Secretariat with its integral data analysis and intelligence function will help develop a culture of data intelligence driven safeguarding. This is of central importance across a number of the safeguarding agendas ranging from neglect to serious youth violence and driving positive outcomes for vulnerable groups, including children who are looked after or those with complex and additional needs including special educational needs or disabilities.

The THSCP aspires to be accountable to the children and young people of Tower Hamlets. We will work with local mechanisms for capturing the voice of the child, including youth services, youth offending, the through care team and others to ensure meaningful participation, consultation and accountability with young people.

21. Risk Management Strategy and Mitigations

There are obviously a number of key risks associated with the development of the THSCP. A full risk register is being assembled to support the THSCP. The THSCP Risk Register and mitigating actions will be maintained by the THSCP Secretariat, challenged and supported by the Independent Scrutineer and owned by the Statutory Partners and Relevant Agencies.

Key initial risks are outlined below:

Risk	Likelihood	Impact	Mitigation
THSCP will either be inadequate in meeting or exceeding the statutory requirements, or through complexity of the task not be available to meet the statutory deadlines	Low	High	Dedicated project resource has been assigned to the project and regular updates on progress to date and timelines are shared to ensure delivery of project outputs are proceeding as desired.
Potential for fragmented local safeguarding arrangements as local areas develop new systems with minimal statutory guidance to direct them and a move away from the standardised LSCB approach to a local partnership that could be significantly different from neighbouring systems.	High	High	Works with North East London, pan London and National safeguarding partners are commencing to share details and outputs to avoid.
There is a potential for data loss or lack of progress in case work as it is migrated between the existing LSCB and the new system.	Medium	High	THSCP development works are proceeding in partnership with LSCB partners and sessions are being arranged to look at and provide the detailed assurance that these risks will not manifest in lost project outputs, case progress or organisational memory.
The financial requirements of the evolving system are as yet unknown and come at a time when all partners are experiencing reduced resources.	Medium	High	Mapping of the cost of the THSCP is underway and there is already a commitment from all partners to support the statutory requirements. Detail cost mapping is underway for personnel and local review systems. A session will be held shortly to scope out the available resources and achieve an equitable and sustainable contribution from all three Statutory Partners.

Figure 6 – Initial Risks for the THSCP

At the stage of composing these arrangements it is felt that if all planned mitigations are delivered then all risk ratings will switch to GREEN or Amber (where an ongoing risk such as might be expected within any transitioning system) is anticipated and managed.

22. Data and Information Sharing in the THSCP

Transparency and appropriate and timely sharing of information underpins the entire safeguarding partnership.

All Relevant Agencies must respond to information requests from the Tower Hamlets Safeguarding Children Partnership in relation to data, commentary, evaluation, planning, performance and resources in order to assist the Tower Hamlets Safeguarding Children Partnership in the completion of its objectives. Such data will be governed by any limitations of the Data Protection Act 2018. A safeguarding partnership can require a person or body to comply with a request for information under Section 16H of the Children Act 2004 (as amended by CSWA 2017).

Where Partners and Relevant Agencies are asked for information or consulted on Tower Hamlets Safeguarding Children Partnership business or draft documents between meetings it is expected that agencies will make a definite response and not assume that no response means agreement. Where an agency does not respond to such a request, this will be raised at the following Tower Hamlets Safeguarding Children Partnership meeting.

23. THSCP and the Safeguarding Workforce in the Tower Hamlets Together (THT) System

Work has commenced on mapping existing safeguarding works across local organisations to understand where there is a potential to provide a shared safeguarding training model that could be shared across all local partners. Following on from this a THT wide training offer that meets the appropriate standards and operational needs required by all THT partners could be designed and then delivered.

Ongoing works flowing from both the THT enabler workstream on Workforce and Organisational Development and local, regional and national safeguarding agendas present an opportunity to deliver against these agendas and use the enabler workstream to strengthen the coherence and improve the response and quality of the local safeguarding systems.

Currently each partner within THT organises its own learning & development programme for its own staff. A few courses are offered on a multi-agency basis through Clinical Effectiveness Practice Network (CePN). This paper addresses only the safeguarding training agenda but many of the issues and opportunities arising would be common to other training agendas such as manual handling, fraud awareness, fire safety, customer service, equalities and diversity, etc.

The current THT environment has a wider range of safeguarding training offers, each with different duration, mode of delivery (online vs class room/action learning set) covering adults, transitional and children's safeguarding. There are obvious commonalities between the offers from each THT partner and they do all operate to address core standards. They are however of significantly different formats, durations and tend to emphasise different aspects of safeguarding practice.

Some of this variation is a necessary product of operational role, but much is not as it is a by-product of independently derived solutions for local safeguarding issues or nuances in delivery. This adds to the overall variation of the safeguarding offer in the system and can in extremis lead to conflicting practice and a failure to embrace integrated multi-agency safeguarding practice. An example of this would be the nationally reported variation in application of Mental Capacity Act requirements, or more locally the wide range of interpretation noted by Ofsted in the use of the local Threshold document. Sometimes officers working within the multi-agency environment are required to attend or complete two or more sets of safeguarding training to satisfy the requirements of their different operational environments.

Variation of training and the variation in practice like this (where it is not reflective of operational roles and responsibilities) does not ultimately support the integrated delivery of safeguarding practice in a multi-agency environment, and overall does not support high quality multi-agency safeguarding practice. There is an additional resource and opportunity cost of having each THT partner providing its own variety of safeguarding training, namely the time and cost of each partner commissioning or delivering training to staff on a standalone basis suggests that there are efficiencies and opportunities to pool budgets and training resources to support system wide training at a significantly reduced cost and higher level of quality.

Work is on-going with THT partners and local joint commissioning to understand and realise potential opportunities in workforce training. Alongside this local review – including sector level work on the associated Child Death Review System is contributing to a map of core specialists in the THSCP operations area (such as designated leads, specialists in safeguarding assurance, data intelligence, etc. to inform local commissioning of the specialist safeguarding workforce. Future work will address skills gaps, inter-agency cover and portability of training, succession planning for leads and frontline supervision, support and skills. A particular priority will be the potential to strengthen the education based safeguarding offer through collaboration with key agenda areas, such as the imminent roll out of the statutory PSHE curriculum.¹⁸

24. Business Planning and Meetings – Annual Cycle

The THSCP will be operational by September 2019. The business cycle below will commence in the following year from March 2020 to allow for the achievement of

¹⁸ See <https://www.pshe-association.org.uk/curriculum-and-resources/curriculum>

operational readiness and the core business of migration of caseloads and issues from the Tower Hamlets LSCB.

Month	Activity
March	THSCP – Away day to review year and agree revised business plan
April	Start of the business year Sub-Group Meeting Cycle begins
May	Executive Group Meeting Section 11 process begins
June	Partnership Meeting (Main Board) Sub-Group Meeting Cycle continues
July	Executive Group Meeting
September	Partnership Meeting (Main Board) Tower Hamlets Safeguarding Children Partnership Annual Report approved Sub-Group Meeting Cycle continues
October	Annual Agency Peer Reviews – QA and Challenge Meetings
November	Executive Meeting Tower Hamlets Safeguarding Children Partnership Budget Review Forward planning of priorities for referral to other partnerships and agencies for next year’s planning cycle
Jan (mid)	Full Partnership Meeting
Feb	Executive Group Meeting – to plan March away day

Meetings will be scheduled to avoid school holidays where possible and to prevent clashes with other Strategic Partnerships.

25. Resources¹⁹

The Tower Hamlets Safeguarding Children Partnership will have a shared budget to further its objectives. Partner agencies will agree contributions each autumn for the following business year.

Safeguarding partners will have agreed their funding contributions for and 2019/20 and 2020/21 by September 2019.

It is understood from the outset that there are significant differences between the Statutory Partners in terms of both remit and available resources available to support the funding of the new partnership system. The local policing budget is determined by the Mayor’s Office of Policing and Crime (MOPAC) and discussion of available budget for local safeguarding would need to be held at Pan London level, and is likely to be reviewed in 2021/22 at the earliest.

¹⁹ The published arrangements should set out clearly any contributions agreed with relevant agencies, including funding, accommodation, services and any resources connected with the arrangements. See Working Together 2018, chapter 3, paragraphs 36-37

Alongside the provision of budgets from the Statutory Partners there are ‘in kind’ contributions that support the safeguarding system, such as the provision of police resources for local safeguarding operations or designated or named clinical personnel, which are crucial to the success of the partnership.

The Tower Hamlets LSCB system cost, on average, £185k per annum, with the lion’s share of contributions met by the local authority. Work is underway to scope the likely costs of the THSCP and contributions required from each local partner.

Costs for the CDR systems are currently being mapped in North East London and a separate assessment of the contribution to the local CDR is being undertaken.

The THSCP will have two main areas of expenditure, Secretariat and Local Review. A third area requiring resources involves the dissemination of learning and communications and engagement throughout the local system.

26. Secretariat Structure

In line with the proposed structure there will be four main members of the Secretariat. Indicative costs are presented below

Role	Proposed grades – indicative only	Approximate costs per annum – with on costs
Independent Scrutineer	Independent consultant at a day rate of £600 per day with 8 days per calendar month for the first two years of the THSCP operation dropping to 2 days per calendar month	£57,600 per annum for 2 years dropping to £14,400 pa thereafter
Strategy Manager	FT PO7 position	£71,000
Administrator/Coordinator	FT PO5	£62,000
Data Analyst	0.5 WTE PO5	£31,000
		Total potential cost circa. £221,600

Figure 7 – Proposed THSCP staffing and indicative costs

27. Local Reviews

A key feature of the new system is the move away from Serious Case Reviews (SCR) in favour of local review. There are a number of guiding principles underpinning the resourcing of local reviews.

The overall aims of local review:

- To improve the safeguarding of children and young people where possible within Tower Hamlets through review of local processes, procedures and cases

- To support the delivery of high quality services through identification of areas for improvement.
- To strengthen through proportionate candour and constructive challenge the safeguarding partnership to deliver an integrated and comprehensive offer for children and young people.
- All reviews should have an outline of estimated costs and that this is monitored on an ongoing basis to ensure overall grip on resources and timelines.
- All local reviews will emphasise rapid delivery of initial learning points and have clear concise recommendations.
- In response action plans will be requested from partners and these will be orientated to deliver positive mitigating actions to minimise harms encountered by those affected and inform local practice updates as a priority.
- The THSCPs sole focus is on meeting the safeguarding needs of children and young people. Individuals and agencies do not fulfil a gate-keeping function with regards to resourcing of local reviews and will not make decisions informed by budgets.
- The model of review will follow an appreciative enquiry or similar review methodology²⁰ will be determined at the commission of the review and proportionate and appropriate to the context of the case under review. The Independent Scrutineer and the Recommendations and Oversight Group will consult with each other on the best model to fit the case and present this to the Statutory Partners as a formal recommendation to enable resourcing to flow to the review.

The cost of the majority of local child safeguarding case or practice reviews will be borne by additional subscription from the Statutory Partners who have been involved in the case (mainly the Statutory Partners as the lead service commissioners). There may however be circumstances where in order to proceed a different resourcing model will be required.

Joint funding decisions and disputes on local case review should not delay the delivery of a local review once it has been agreed that such a review is warranted. The decision to proceed with a local case review will be the remit of the Recommendations and Oversight Working Group.

28. Options for Apportioning Local Review Costs

In consultation with the Independent Scrutineer the THSCP may apply one of two models for apportioning local review costs to ensure equitability of resourcing impacts across the partnership. The final decision on which option is used will be agreed by

²⁰ See <https://www.scie.org.uk/socialcare/videoplayer.asp?guid=fed2f39e-5080-41c6-86fe-09e976bdcf1e>

consensus from the Statutory Partners in consultation and with appropriate challenge from the Independent Scrutineer.

Option 1

The outline costs of the commissioning of the review, independent author/s, legal advice, media work will be estimated as part of the planning of the Local Review and apportioned according to agency/sector involvement in the case.

The cost of dissemination of lessons will be borne as part of the Tower Hamlets Safeguarding Children Partnership Communication and Learning Working Group.

Option 2

Applications for local review funding will in the first instance, be considered through the Statutory Partners. They will, with the support of the Strategy Manager and the Independent Scrutineer initially determine:

1. If one or more Statutory Partner or Relevant Agency should bear the total cost of the review – in line with which agency is the primary responsible partner for the area of review or best placed to deliver the review.
2. If more than one Statutory Partner or Relevant Agency are deemed appropriate to deliver the review then a proportional system is enacted where contributions are agreed by the Statutory Partners in consultation with the independent scrutineer with this highest level of contributions raised to a maximum of 80% of the cost of the review to ensure that all reviews have contributions from all three Statutory Partners.
3. Where a relevant agency is deemed the appropriate agency to deliver the review they will bear the cost up to 80% of the total review cost with the remaining reached through negotiation with the Statutory Partners on a shared risk pooling basis.

Relevant Agencies will bear the costs of the attendance and contribution of their representatives and will ensure that sufficient time is given to members to attend meetings and undertake the work of the THSCP.

29. THSCP Access to External Expert Legal Opinion

The Tower Hamlets Safeguarding Children Partnership will not routinely seek legal advice on all its work but will seek expert legal input when it is needed via the LBTH legal department in the first instance having agreed with the Statutory Partner and the Independent Scrutineer that this is warranted.

30. THSCP Secretariat Hosting

The London Borough of Tower Hamlets will host the THSCP Secretariat and THSCP meetings. Partners may be encouraged to support appropriate meetings or training, where possible and appropriate.

31. Communications Engagement and Learning

The THSCP presents multiple opportunities for the strengthening integration, co-location and more effective use of available resources to safeguard children. There is an emerging awareness of works underway to establish the new partnership and this project has been developed to support both the development of the new system and ensure that the wider borough partnerships with statutory and voluntary and community sector agencies is consolidated. The THSCP Learning and Communications Working Group will lead on this area.

Initially there is an urgent need to communicate and engage with local system partners to secure and accelerate development of the new safeguarding system flowing from the Children and Social Work Act 2017. The key purposes of the underlying communication and engagement plan are:

1. To ensure local system Statutory Partners, Relevant Agencies and the wider public are aware of and understand the new requirements for Children Safeguarding.
2. To ensure their ongoing input into the design and ongoing iteration of the local system.
3. To strengthen service user input and capture the Voice of the Child in the new process.
4. To capture and share learning across the system that has been identified through ongoing operational safeguarding, local case review and data intelligence.

There are three key aims:

1. To support local system awareness and engagement with the THSCP
2. To support the wider Relevant Agencies and Voice of the child elements to contribute actively to the THSCP
3. To share resources and learning to drive and improve the delivery of children's safeguarding.

Objectives for THSCP Communications works:

1. To engage with the Statutory Partners, Relevant Agencies and wider system involved in the safeguarding agenda and assemble a small group of subject matter experts to deliver or contribute to the work

2. To map existing online and in person/face to face safeguarding provision in the wider system, identify exemplars and gaps in provision and identify opportunities and raise awareness of the new system
3. To map workforce training cycles, approaches and any upcoming opportunities to strengthen awareness of the THSCP
4. To explain the THSCP and its context (national and local standards and paradigms)
5. To mobilise the system workforce to support the THSCP and ensure ongoing commitment to the partnership
6. To support the evolution of the local training system reflective of the different agenda areas and age ranges and communications resources to support the work.
7. To develop the frameworks agreements business cases and methods to ensure sustainable delivery of a shared training resource for THT
8. To suggest other areas of shared working – from induction to role specific training that could benefit from a similar approach
9. To update on a regular basis via the THT Workforce and OD leads feeding into the THT Board

For an outline communications and engagement plan see Appendix 4.

32. Delegation of Key Responsibilities from Statutory Partners or Relevant Agencies

To further its objectives the THSCP will where appropriate delegate its responsibilities and activities by theme and through its Business Plan and the Sub-Group Annual Work Plans. However, the Statutory Partners of the THSCP will remain accountable for the work undertaken even where it has been delegated.

The table in Appendix 2 shows the main areas of delegation/responsibility. This will be reviewed annually at the Business Planning Away Day in March.

33. Dispute Resolution

Safeguarding partners will work to resolve disputes locally and facilitated to reach agreement through the Independent Scrutineer. Ultimately if agreement cannot be reached the amended Children Act 2004 allows the Secretary of State to take enforcement action against any agency which is not meeting its statutory obligations.

34. Reporting

The Tower Hamlets Safeguarding Children Partnership will publish an annual report. The report will set out the work that partners have done as a result of the arrangements and how effective the arrangements have been in practice. It will also include actions relating to local child safeguarding practice reviews and what the safeguarding partners have done as a result.

In addition, the report will also include:

- Evidence of the impact of the work of the safeguarding partners and Relevant Agencies on outcomes for children and families
- A record of actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any reviews
- Ways in which the partners have sought and utilised feedback from children, young people and families to inform their work and influence service provision

The annual report, including local challenges to safeguarding and any national implications arising from these; the report will then be sent to the Secretary of State for Education, the DfE and to Ofsted, the Child Safeguarding Practice Review Panel within seven days of publication.

The Annual Report, a key output informed by the local review system, and vital for local transparency, will be shared with the Chief Executive of Tower Hamlets Council, the Accountable Officer of NELCA, and via the local BCU with the Health and Well-Being Board, Ofsted and the Department of Education. It will also be published on the Tower Hamlets Safeguarding Children Partnership website with links to this from Statutory Partner websites to encourage awareness and engagement with the new partnership structure.

35. Child Death Review System Links

Under the new legislation formal collaboration between responsible partners for child death reviews will be undertaken at greater scale, with a footprint determined by a minimum of 60 cases reviewed each year enabling the formation of Child Death Review systems covering larger area than the previous local arrangements. There are a number of significant changes to the CDR system.

Changes	Implication
Shift of lead responsibility from Department for Education to Department of Health and Social Care	The new system creates Child Death Partnerships with local authority and Clinical Commissioning Groups
Larger 'footprint' of the local CDR systems with a minimum 60 caseload	CDOPs will need to amalgamate in London; each Integrated Care System or area would have 1 or 2 rather than the current 5 to 7 CDOPs
Development of a new 'key worker' to act as a single point of contact with the bereaved	This has been generally welcomed but there is no new resource to deliver this function. Specifics of how it should be implemented are currently unclear

Establishment of Child Death Review Meetings (CDRM)	This requires significant development of acute and community mortality and morbidity review meetings.
Themed review meetings for high volume or high complexity deaths	Cases of high volume or complexity considered together to enhance expert review
Revision of additional requirements to address a number of 'complex' circumstances	Includes deaths of UK-resident children overseas, with learning disabilities, in adult healthcare settings, suicides, inpatient mental health settings, deaths in custody.

Figure 8 – Differences between the CDOP and CDR systems

To meet the requirements two CDR systems are being developed in North East London. The first based around the Barking, Havering and Redbridge systems and a second based around City and Hackney, Waltham Forest Newham and Tower Hamlets. This allows for the wider area working required by the new guidance and the continuance of local assurance and review of child deaths in each area.

The THSCP will develop close operational links with both CDR systems and wider London safeguarding partnership structures to ensure cross border collaboration and is facilitated.

Appendix 1: Tower Hamlets Safeguarding Children Partnership Membership (including Statutory Partners, Relevant Agencies, Co-opted Members and Advisors)²¹

- A** Advisor
- C** Co-opted (lay members are co-opted members)
- PO** Participant Observer
- RA** Relevant Agency Partner
- S** THSCP Secretariat
- SP** Statutory Partner
- V** Voting

Tower Hamlets Safeguarding Children Partnership	
A V	Independent Scrutineer
SP V	Statutory Member – LBTH
SP V	Statutory Member – TH CCG
SP V	Statutory Member – MPS BCU
RA V	Barts Health NHS Trust – Board level Safeguarding Lead
RA V	East London Foundation Trust – Board Level Safeguarding Lead
RA V	THEP
RA V	Relevant Agencies <ul style="list-style-type: none"> • Schools, colleges and other educational providers • Housing – a representative from Registered Social Landlords and Housing Associations and Tower Hamlets Housing • Youth Justice/ Probation (including National Probation and CRC Probation) • Department for Work and Pensions • Voluntary Sector Organisations represented by the Tower Hamlets Voluntary and Community Sector • GP CARE Group
A V	Voice of the Child Representative (potentially facilitated via third sector)
S	THSCP Administrator- Co-ordinator
RA V	Divisional Director of Children’s Social Care
RA V	Divisional Director of Education
RA V	Director of Public Health Tower Hamlets
RA V	Safeguarding Adults Manager
RA V	LBTH Housing Manager
RA V	Head Teacher Primary School Rep of Governing Body of a Maintained School
RA V	Special Schools representative
RA V	Maintained secondary school forum representative

²¹ See statutory guidance *Working Together 2018* Chapter 3 page 73 and pages 76-77

RA V	Maintained Primary School forum representative
RA V	Representative of the proprietor of a city technology college, a city college for technology or the arts, or an academy
RA V	Independent Sector School
RA V	Registered Social Landlord
RA	Tower Hamlets Council Lead Member Children, Schools and Young People – Non-voting
RA	Designated Doctor for Child Protection, Tower Hamlets CCG – Non-voting
RA	Designated Nurse Safeguarding, Tower Hamlets Clinical Commissioning Group – Non-voting
RA	Principal Social Worker – Non-voting
RA	Consultant Child and Adolescent Psychiatrist, ELFT
A	LBTH Head of Strategy and Policy – Non-voting
S	THSCP Strategy Manager – Non-voting
S	THSCP Co-Ordinator – Non-voting
C	Lay representatives in addition to core membership

Statutory Partners will nominate an agreed senior Agency Deputy who is able to speak and take decisions on their Agency's behalf.

Relevant Agencies will cover each other and do not require a deputy for their own agency.

Advisers will not have deputies.

Where a Task and Finish Working Group lead is appointed who is not a THSCP member they will be co-opted to the THSCP but will not be a voting member, unless they are deputising for a Relevant Agency member.

Task and Finish Working Group leads may be asked to attend the executive if the business of their Sub-Group is on the agenda.

Appendix 2: Delegation of Key Responsibilities Outlined in Working Together to Safeguard Children

Responsibility/Action	Leadership	Detail
<p>To ensure the effectiveness of what is done by each body</p> <p>Initial focus will be on establishment of new system and migration from old system</p> <p>Thereafter assess whether THSCP partners are fulfilling their statutory duties as set out in Chapter 3 of Working Together 2018 (Section 11 Children Act 2004)</p>	<p>Tower Hamlets Safeguarding Children Partnership Statutory Partners, Independent Scrutineer, Executive Group</p> <p>Quality Assurance Sub-Group for the monitoring of agency and multi-agency service delivery</p>	<p>Annual Agency QA & Peer Reviews (Section 11)</p> <p>Multi-Agency Data Set</p> <p>Single Agency Audit and Multi-Agency Audit Programme</p>
<p>Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures</p>	<p>Task and Finish Groups which may share works or collaborate with neighbouring local systems</p>	<p>Tower Hamlets Safeguarding Children Partnership subscribes to the London Child Protection Procedures (LCPP); it should be exceptional for the Tower Hamlets Safeguarding Children Partnership to have its own Policy or Protocols, except where it is necessary to localise the LCPP or that there is particular need such as</p> <ul style="list-style-type: none"> • Neglect • Domestic abuse • Parental Mental ill-health • Drug and substance abuse • Youth Violence • Child Sexual Exploitation
<p>Monitoring of agendas/children who are particularly vulnerable</p>		<p>LAC</p> <p>Online Safety</p> <p>FGM</p> <p>County Lines</p> <p>Missing Children</p> <p>Gangs and Serious Youth Violence</p> <p>Trafficking</p> <p>Cultural abuse</p> <p>Radicalisation/Prevent</p>
<p>Training</p> <p>Monitor and evaluate the effectiveness of training, including multi-agency training</p> <p>Undertake training needs analyses and commission</p>	<p>Learning and Development Sub-Group which may be shared with the Safeguarding Partnerships of one or more local authorities</p>	<p>Training Strategy</p> <p>Annual Training Needs Analyses</p> <p>Commissioning the annual Tower Hamlets Safeguarding Children Partnership multi-agency training programme</p>

multi-agency training		
Recruitment and supervision	Corporate HR	Partner Agencies are responsible for the implementation of the policies
Allegations concerning persons who work with children	Children's Services will provide the LADO	Quarterly data to QA Sub-Group Annual LADO Report to Tower Hamlets Safeguarding Children Partnership
Responsibility/Action	Leadership	Comment
Private fostering	Children's Services will assess referrals from Partners	Annual Private Fostering Report to Tower Hamlets Safeguarding Children Partnership
Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children	Tower Hamlets Safeguarding Children Partnership Chair Tower Hamlets Safeguarding Children Partnership Business Manager/Support Group Training and Development Sub-Group	Governed by the agreed Communications Strategy which will be reviewed each year as part of the Annual Business Review
Local and national Child Safeguarding Practice Reviews and other Learning Improvement Reviews	Statutory Partners with the Independent Chair advised by Executive Group Quality Assurance Sub-Group will be responsible for actions arising from reviews	Designated Doctor, Designated Nurse and Principal Social Worker will have role in advising
Child Death Reviews	Child Death Overview Panel	With Public Health and CCG at WELC footprint
Learning and Improving System	Tower Hamlets Safeguarding Children Partnership All Sub-Groups and All Partners	Learning and Improvement System to be reviewed
Learning and Improving Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve	Quality Assurance Sub-Group Learning and Development Sub-Group will promote the lessons from CSPRs, audits and other learning processes	The Quality Assurance Sub-Group will commission multi-agency audits and monitor single agency audits Termly Practitioners Safeguarding Briefings on local and national learning Lessons posted to the Tower Hamlets Safeguarding Children Partnership website
Monitoring the effectiveness of Initial Child Protection	Quality Assurance Sub-Group	Each multi-agency audit will include at least one ICPC and

Conferences ICPCs (WT 2018 Chapter 1 page 48)		once per year there will be an audit of ICPCs. Data on ICPCs will also be included in the Tower Hamlets Safeguarding Children Partnership Data Set
Participating in the planning of services for children	Tower Hamlets Safeguarding Children Partnership Executive Group	The Tower Hamlets Safeguarding Children Partnership will receive feedback from the Health and Well Being Board and expects to be consulted on any planning which includes the safeguarding of children or promotion of their welfare; e.g. Domestic Abuse Strategy
Responsibility/Action	Leadership	Comment
Annual Report	Tower Hamlets Safeguarding Children Partnership Chair and all agencies with support of the Sub-Group Chairs and the Business Manager	Rigorous and transparent assessment of the effectiveness of local services to include any identified weaknesses and any lessons from reviews (WT 2018 Chapter 4)
Participation and consultation with young people	Participation Strategy	Tower Hamlets Safeguarding Children Partnership

Appendix 3: Section 11 Duties

Section 11 places a duty on:

- Local authorities and district councils that provide children's and other types of services, including children's and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services
- NHS organisations and agencies and the independent sector, including NHS England and clinical commissioning groups, NHS Trusts, NHS Foundation Trusts and General Practitioners
- The police, including police and crime commissioners and the chief officer of each police force in England and the Mayor's Office for Policing and Crime in London
- The British Transport Police
- The National Probation Service and Community Rehabilitation Companies³⁵
- Governors/Directors of Prisons and Young Offender Institutions (YOIs)
- Directors of Secure Training Centres (STCs)
- Principals of Secure Colleges
- Youth Offending Teams/Services (YOTs) ³. These organisations and agencies should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:
 - A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children ³⁵ The Section 11 duty is conferred on the Community Rehabilitation Companies by virtue of contractual arrangements entered into with the Secretary of State.
 - A senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisation's/agency's safeguarding arrangements
 - A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services
 - Clear whistleblowing procedures, which reflect the principles in Sir Robert Francis' Freedom to Speak Up Review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed³⁶
 - Clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies
 - Arrangements which set out clearly the processes for sharing information, with other practitioners and with safeguarding partners
 - A designated practitioner (or, for health commissioning and health provider organisations/agencies, designated and named practitioners) for child safeguarding. Their role is to support other practitioners in their organisations and agencies to recognise the needs of children, including protection from

possible abuse or neglect. Designated practitioner roles should always be explicitly defined in job descriptions. Practitioners should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively

- Safe recruitment practices and ongoing safe working practices for individuals whom the organisation or agency permit to work regularly with children, including policies on when to obtain a criminal record check
- Appropriate supervision and support for staff, including undertaking safeguarding training
- Creating a culture of safety, equality and protection within the services they provide

In addition:

- Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role
- Staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and the procedures to be followed if anyone has any concerns about a child's safety or welfare
- All practitioners should have regular reviews of their own practice to ensure they have knowledge, skills and expertise that improve over time

Appendix 4: Indicative Communications and Engagement Plan June 2019 Onwards

Audience	Aims for Engagement	Method	Outcomes Sought	Timescales
Statutory Partners	<p>Understanding of the differences for the new role</p> <p>Agreement of Resources/budget</p> <p>Refinement of agreements and processes/protocols</p>	<p>Partner development sessions/briefings/coaching from Independent Scrutineer</p> <p>THSCP Commissioning meetings/business case</p> <p>Works with Joint Commissioning Structure to underpin finance and review of budgets.</p>	<p>Enhanced partnership working</p> <p>Agreed sustainable resourcing for the THSCP</p> <p>Agreed Structures and TOR for operational groups.</p> <p>Agreed work plan for each of the Statutory Partners</p> <p>Agreed processes for onward delegation and cascade to support the Statutory Partners</p>	<p>End of June onwards – requires Independent Scrutineer to be in post to fully enable</p>
Relevant Agencies	<p>Raise understanding of the new system – and differences</p>	<p>Ongoing presentations and briefing sessions focussing on differences in the partnership and the new role to support task and finish works:</p> <ul style="list-style-type: none"> • Children's Social Care Staff • Education/Safeguarding mechanism • Early Help and Intervention Workforce • Third sector/community <p>Stakeholder Workshops x 4</p> <p>The main focuses:</p> <ol style="list-style-type: none"> 1. Safeguarding in Education 2. Voluntary and Community Sector Safeguarding – focus on capturing Youth Voice 3. Early Help/Intervention 4. Launch of the system - Whole System working - including links to Adults Safeguarding 	<p>System awareness and mobilisation, stress on areas of continuity and development (operational delivery vs use of local review)</p> <p>Assurance and strengthening of continuity and effectiveness of the new system</p>	<p>Briefings ongoing from June</p> <p>Workshops TBC</p> <ul style="list-style-type: none"> • June 2019 • July 2019 • September 2019

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<p>Non-Executive Report of the:</p> <p>Tower Hamlets Health and Wellbeing Board</p> <p>Tuesday, 28 January 2020</p>	
<p>Report of: Debbie Jones, Corporate Director, Children and Culture</p>	<p>Classification: Open (Unrestricted)</p>
<p>Physical Activity and Sport Strategy 2019-2024</p>	

Originating Officer(s)	Lisa Pottinger, Head of Sport and Physical Activity and Tracy Stanley, Strategy & Policy Officer, Children and Culture
Wards affected	All

Executive Summary

The Physical Activity and Sport Strategy 2019-2024 aims to provide the strategic direction for the delivery of sport and physical activity in Tower Hamlets, in alignment with directorate, council and partner priorities. The strategy sets out how we can increase levels of physical activity and sport in the borough, make the most of the local environment, harness the community engagement opportunities and ensure children and young people develop a positive relationship with being active.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Approve the final version of the Physical Activity and Sport Strategy 2019-2024

1. REASONS FOR THE DECISIONS

- 1.1 Not applicable as not an executive decision.

2. ALTERNATIVE OPTIONS

- 2.1 The Council could have chosen not to have a Physical Activity and Sport Strategy (PASS) that provides a framework for delivering on priorities for improving health through increased levels of physical activity and sport in the borough. Without a strategy stakeholders would not have an agreed vision and outcomes with which to steer their work in partnership over the next five years which could put progress at risk.

3. DETAILS OF THE REPORT

3.1 Purpose of the Physical Activity and Sport Strategy (PASS)

3.2 The PASS has been developed to provide a strategic response to local challenges in relation to sport and physical activity, with a view to improving health outcomes for children and adults across Tower Hamlets. The PASS will be integral to delivering the outcomes for the Tower Hamlets whole system approach to tackling childhood obesity and as such these areas of work have been progressed in co-ordination. The strategy has been developed in alignment with a number of local strategies (as highlighted below):

- Mental Health Strategy (currently under development)
- Transport Strategy 2019 - 2041
- Children and Families Strategy 2019 – 2024
- Draft Local Plan 2031
- Health and Wellbeing Strategy 2017-2020
- Indoor Sports Facilities Strategy 2017-2027
- Open Space Strategy 2017-2027
- Ageing Well Strategy 2017-2020

3.3 The PASS also recognises and references the work which is underway to refresh the Health and Wellbeing Strategy and the Tower Hamlets Together Shared Outcomes Framework (the 'I' statements) which provide the main conceptual framework for the next strategy.

3.4 Some of the key issues in relation to the development of the PASS are highlighted below:

- 22.3% of the population classified as inactive – London average 23.7%
- Female residents (27.7%) are more likely to be inactive than Male residents (17.3%) (Active Lives Survey, Sport England Nov 2017/18)
- Levels of inactivity are highest in the east of the borough (Active Lives Survey London Sport GIS data 2019)
- There are more than 200 parks and open spaces in the borough, however they will come under increasing pressure in the future (Tower Hamlets Open Space Strategy 2017-2027)
- There are some parts of the borough currently without a sports hall or swimming pool within a 15 minute walk (Indoor Sports Facilities Strategy 2017 -2027)
- CO2 emissions are the 3rd highest in London

3.5 The PASS seeks to provide a strategic direction by bringing together local drivers in health and wellbeing to look at how we can use assets in the borough to enable residents to better access and engage in physical activity and sport.

3.6 **Development of the PASS**

3.7 A broad spectrum of discussion and engagement has taken place to build a strong foundation of knowledge and understanding around the key issues for sport and physical activity in Tower Hamlets.

3.8 The development of the strategy during 2019 has been guided by input from partnership boards and council management teams, as set out below.

- Tower Hamlets Health and Wellbeing Board (report on the developing strategy) – 16.07.19
- Children’s Services Directorate Leadership Team - 07.10.19
- Governance Senior Management Team – 16.10.19
- Place Directorate Leadership Team - distribution for feedback on 17.10.19
- Health, Adults and Communities Directorate Leadership Team - distribution for feedback on 17.10.19
- Corporate Leadership Team – 22.10.19
- Mayor’s Advisory Board – 27.11.19
- Cabinet – 18.12.19

3.9 A wide range of consultation activities have been undertaken for the development of the strategy, including:

- A series of themed workshops (Health & Wellbeing and Sports Focused) with the voluntary and community sector - Oct 2017
- Workshop with council officers – Oct 2017
- Focus groups with REAL Disability Forum, Create Day Centre, Carers Forum, Inter Faith Forum, LGBT Community Forum and Caxton Hall Older People’s Health & Wellbeing Day - Sep & Oct 2017
- Online survey for stakeholders from all sectors – Oct 2017
- Initial interviews with key stakeholders – during Mar & Apr 2019
- Workshop with Members – 10th Jul 2019
- Inter-active online consultation with stakeholders from a wide range of sectors – 14th to 23rd May 2019
- Online survey to seek feedback on the final draft strategy – 19th Nov to 3rd Dec 2019.

4. **EQUALITIES IMPLICATIONS**

4.1 An evidence base was developed to inform the development of the strategy and includes data and insight about the protected characteristic groups wherever possible. Where gaps are recognised, work has been identified to address them. For example, results from Sport England Active Lives Survey cannot be accessed for certain sub groups as the sample size is not big enough. We will address this by using data from our leisure management contractor with local population statistics. The Strategy includes actions to address inequalities such as ensuring that ‘getting the most inactive people

active to improve their health' is a key outcome of the new Leisure Management Contract. An Equality Assurance Checklist has also been completed and found that no further action was required at this stage.

5. OTHER STATUTORY IMPLICATIONS

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

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

5.2 There are no further specific statutory implications at this stage.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 There are no financial implications identified at this stage. This strategy will support the delivery of work to improve health outcomes for children and adults in the borough.

7. COMMENTS OF LEGAL SERVICES

7.1. The proposed Physical Activity and Sport Strategy is consistent with a number of the duties of the council and its health partners. Section 2B of the National Health Service Act 2006 places a duty on the council to take steps for improving the health of the people in its area.

7.2. Section 11 of the Children Act 2004 places duties on a range of organisations, including local authorities and health, to ensure their functions are discharged having regard to the need to promote the welfare of children, including preventing impairment of children's health or development. Section 507A and 507B of the Education Act 1996 require the council to ensure that there are sufficient sports and recreational facilities for children and young people in education.

7.3. Additionally, open space and opportunities for sport and physical activity should be taken into account in planning for new developments and other planning proposals, pursuant to the National Planning Policy Framework.

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

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- Appendix 1 – Physical Activity and Sport Strategy 2019-2024

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

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

- NONE

Officer contact details for documents:

- Lisa Pottinger, Head of Sport and Physical Activity and Tracy Stanley, Strategy & Policy Officer, Children and Culture

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Foreword

It gives us great pleasure to introduce the new Physical Activity and Sport Strategy.

Our vision is that: local people live healthier, happier lives by being more active and engaging with sport in the borough.

We want every person in Tower Hamlets to feel that there are sport and physical activity opportunities available locally that work for them and that they are supported to get involved. Whether participating or spectating we want the many benefits of sport and physical activity to reach the whole local population.

The connections between being more active and health and wellbeing are clear and it is vital that we reduce inactivity in order to address health concerns in the borough, such as higher incidence of some health problems and levels of childhood obesity.

We also know that bringing people together and making connections are a natural part of being active and this can help address issues such as social isolation, provide positive engagement opportunities for young people, and support greater community integration.

This strategy is driven by a set of priorities and outcomes which define what we want to achieve. This means that we are focusing on the impact we want to have on people's lives and what we want the future to look like rather than just the specific actions we will take.

Although the potential to make a positive difference in a broad range of ways through sport and physical activity is recognised by many, this strategy provides a framework for understanding these connections better and taking the necessary steps to make things happen.

This will enable the council and partners to work together across all sectors, reaching more people and maximising the impact of everything that we do.

These are ambitious goals but together we can achieve them and offer everyone the chance to live active lives which support their health and wellbeing.



Cllr Sabina Aktar
Cabinet Member
for Culture, Arts
and Brexit



Cllr Amina Ali
Chair of the
Health and
Wellbeing
Board

Introduction

This strategy sets out how we can increase levels of participation in physical activity and sport in the borough, make the most of the local environment, harness community engagement opportunities and ensure that children and young people develop a positive relationship with being active.

We know that physical activity and sport can offer countless ways to change and improve people's lives. This could be through: playing a sport for personal challenge or just the enjoyment of taking part; volunteering to support a club, team or activity; travelling more actively in the borough by walking or cycling; or participating in any number of other activities such as dancing, yoga and chair based exercise.

The reasons that this is so important are clear. As Public Health England has highlighted we are not active enough¹. It is vital for our physical and mental health and wellbeing and can help prevent a number of diseases. This is an issue that affects people at every stage of their life. Inactivity can put additional pressure on services such as health and social care and result in negative impacts on the lives of individuals and communities.

At the centre of our approach is a focus on groups who are more likely to be inactive or under represented such as women and girls, people from ethnic minority groups, people with disabilities and older age groups. We want everyone to feel they can be more active and for all members of our communities to feel supported in getting involved.

What has also become more widely recognised is the potential for physical activity and sport to add value and benefits to many policy areas including health, education, community cohesion and community safety. We will make sure we identify the best ways to capture and make the most of these complimentary themes.

There are so many opportunities for local people to take part in sport and physical activity in Tower Hamlets. The seven leisure centres provide a wide range of facilities and activities and a multitude of sports clubs and voluntary sector and community groups give people the chance to get active and involved.

Within the borough's parks and open spaces people can access exercise classes, playing pitches, outdoor gyms, the Urban Adventure Base for young people and places to cycle or take a walk in a natural environment. Programmes are run to promote and develop sport and physical activity and to provide opportunities for groups we know are more likely to be inactive or under represented. The network of individuals, groups and organisations involved in delivering these opportunities is extensive and spans all sectors. How these assets and resources are used in the most effective and efficient ways forms a significant part of our future plans.

¹ Public Health England, Everybody Active, Everyday Oct 2014

The strategic direction we are outlining here was developed using the knowledge, understanding and experiences shared with us by local people, professionals, groups and organisations involved in physical activity and sport in the borough. It provides a set of priorities which map the outcomes we want to achieve, what our focus of attention will be and what we will do to deliver on these.

We look forward to working with all our partners to ensure that Tower Hamlets is a place where greater engagement in sport and physical activity improves the health and wellbeing of local people in every community.

Leisure Management Contract

As the current leisure management contract comes to an end in April 2022 we have started preparations for the tendering of a new contract. This contract provides a significant opportunity for the borough to take a fresh approach and drive delivery of the outcomes we want to achieve through physical activity and sport, including:

- Tackling inactivity, especially amongst those most likely to be inactive
- Aligning with wider health and wellbeing opportunities
- Enabling sport and physical activity as a community engagement tool
- Supporting sector employment opportunities through apprenticeships and internships

There are a number of challenges. Investment is needed across all centres, customer satisfaction has declined in recent years and it's a competitive market with a small number of key providers. However, we shouldn't underestimate the scale and range of the benefits that are possible. Through simple technology like the use of a 'Leisure Card', we want to explore new possibilities to collect and manage insight so we can better target our interventions and deliver a more impactful service.

In advance of this process we are also undertaking work to review our use of council owned property assets across sports, leisure and culture services. This includes all assets related to sport, physical activity and parks and open spaces. The focus of this work is to identify ways to maximise outcomes achieved through our assets and the findings could impact on the new leisure management contract.

Our borough: demographics and need

The borough's population reached 317,705 in June 2018 (1)



Tower Hamlets experienced the 3rd highest population increase nationally, between 2017 and 2018 (2)



Tower Hamlets continues to have one of the youngest populations in the country (3)



Tower Hamlets is the 50th most deprived local authority in England and has the highest levels of pensioner poverty and child poverty in England (4)



An estimated four in ten households in Tower Hamlets are living below the poverty line, after housing costs are taken into account (5)



22% of the adult population are classified as inactive, which is slightly lower than the London average of 24% (6)



The cost of inactivity to the economy per 100,000 people is higher than average in Tower Hamlets (7)



42% of children in year 6 were overweight or obese in 2018, compared to 38% in London and 32% nationally (8)



11% of people aged 5-16 years old in Tower Hamlets were estimated to have mental health disorders in 2015. This is higher than in London as a whole (9)



77% of the population and 80% of schools are based in areas that exceed the legal limits for air pollution (10)



Provision of indoor sports facilities in the borough are equivalent to 16 sports halls, 5 swimming pools and 2,228 fitness stations (gym facilities) (11)



There are more than 200 parks and open spaces in the borough – however they will come under increasing pressure in the future (12)



(1, 2 & 3) ONS Mid-2018 Population Estimate (4) Tower Hamlets Plan 2018-23 (5) Tower Hamlets Plan 2018-23 (6) Active Lives Survey, Sport England Nov 2017/18 (7) UK Active, Turning the Tide 2014 (8) National Child Measurement Programme (NCMP) 2017/18 (9) Public Health England PHE Fingertips Tool 2019 (10) Tower Hamlets Transport Strategy 2019-2024 (11) Indoor Sports Facilities Strategy 2017-2027 (12) Tower Hamlets Open Space Strategy 2017-2027)

What do local people think?

We have been able to draw on a wide range of insight about what matters most to people when thinking about physical activity and sport and interlinked issues such as health and wellbeing.

Views about better health and wellbeing, including the local environment, exercise and access to opportunities formed a key part of the Community Insight Research carried out in 2018 using the themes in the Tower Hamlets Strategic Framework.

There are two regular surveys of local students and parents and an annual survey with residents which include questions about physical activity, leisure and health related matters:

- Annual Residents Survey – the survey is based on face to face interviews with 1,104 residents
- Pupil Attitude Survey - 1,824 pupils took part in the 2017, with 1,433 primary pupil responses and 391 secondary pupil responses
- Parent Carer Survey - 209 parents and carers responded in 2018

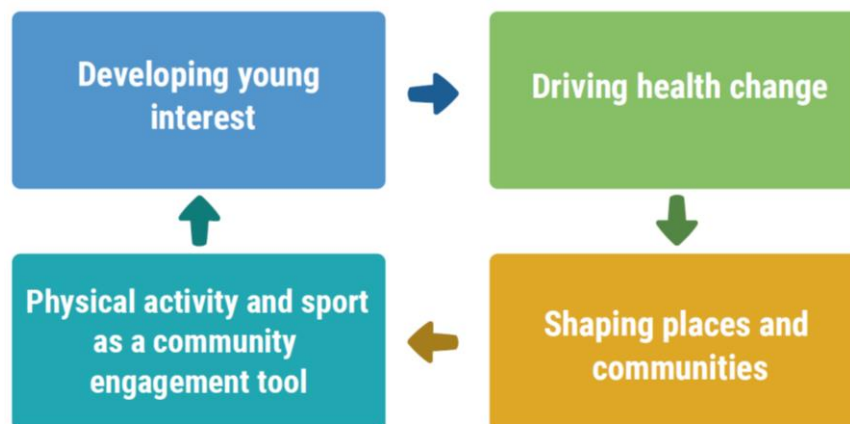
Alongside these sources we have held a number of focus groups, workshops and online consultation activities which focused on physical activity and sport and sought to strengthen our knowledge and understanding of the experiences of local people. We will continue to build on the engagement used to inform this strategy and work across local partnership to ensure that the priorities in the strategy make a real difference to peoples' lives.



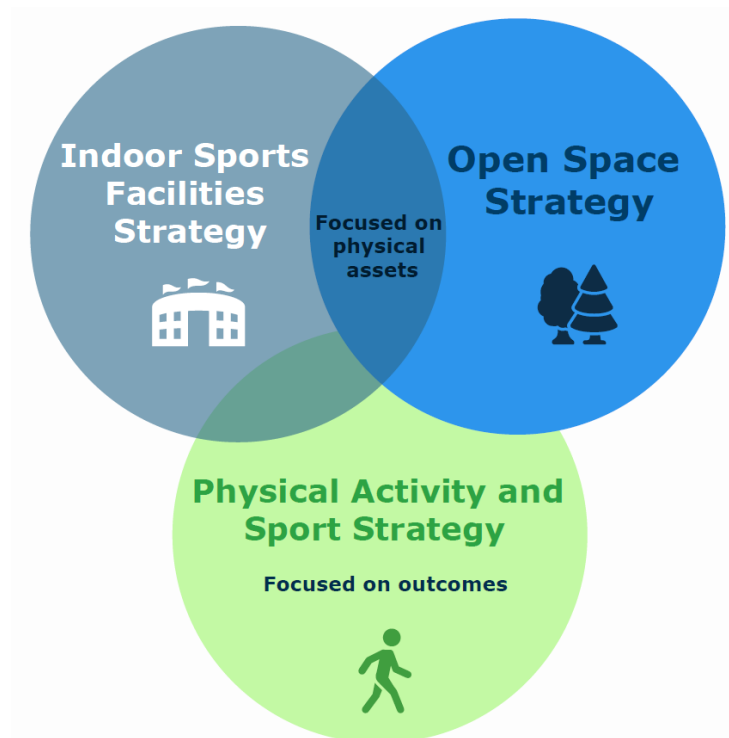
(1) Active People Survey 2017 (2 & 3) Annual Residents Survey 2019 (4, 5, 7, 9 & 10) Focus Group Feedback Oct 2017 (8 & 11) Parent & Carer Survey 2018 (6) Pupil Attitude Survey 2017 (12) Online Consultation 2019

Our physical activity and sports priorities

The strategy has four priorities, setting out the key areas we will concentrate our efforts on to achieve maximum impact and the best possible outcomes for local people.



The diagram below shows how the priorities within this strategy, which focus on outcomes such as reducing levels of inactivity and increased engagement with sport, inter-link with those in the Tower Hamlets Indoor Sports Facilities Strategy 2017 – 2027 and the Tower Hamlets Open Space Strategy 2017 – 2027 which focus on physical assets in the borough.



Priority 1: Developing young interest

What outcome do we want to achieve through this priority?

Children and young people develop a positive, sustained relationship with physical activity and sport

Why is this priority important?

Developing a positive relationship with being physically active whilst young can lead to life-long participation with all of the rewards that offers. The benefits of physical activity and sport for children and young people include better physical and mental health, increased confidence, opportunities to be social, development of skills such as team working and leadership and improved academic performance.

This underlines the importance of children and young people being able to access activities that encourage them to get involved and then stay engaged. Girls, children with disabilities, those from minority ethnic groups and less affluent families, all tend to have lower levels of physical activity than other children and young people. In Tower Hamlets, which has the highest levels of child poverty in England, engaging with activity young means activities need to be affordable for everyone.

Play is vital to the development of a wide range of skills and abilities and it benefits children, young people and families in a multitude of ways. It is inter-linked with good physical and mental health, provides opportunities for family bonding, being social and wider community cohesion. It is important that we support access to a wide variety of play opportunities, including the delivery of inclusive play equipment designed to enable children of all abilities to play together.

The challenges and opportunities for physical activity also vary depending on the stage of a young person's life. Physical activity guidelines² outline that early years physical activity (birth to 5 years) should be for at least 180 minutes per day (including at least 30 minutes of 'tummy time' for infants not yet mobile), and children and young people (5 to 18 years old) should aim for an average of at least 60 minutes per day across the week (which should include a variety of types and intensities of physical activity). We also recognise that the engagement of parents, carers and the whole family plays an important role and the transitions young people experience, such as between phases of education, moving into teenage years and leaving school, can have an impact on levels of activity.

The time that children and young people spend in schools and colleges represents a significant opportunity in supporting them to develop regular, sustained physical activity behaviours. The role that education providers play is being increasingly recognised at a national level including within the new Ofsted framework and the government commitment to 60 minutes of physical activity every day. We know that education providers face many challenges and competing priorities but it is essential that we find ways to build on the

² UK Chief Medical Officers' physical activity guidelines

foundation of successes such as the Daily Mile programme and realise the full potential of what is possible.

Sport can provide a focal point which allows young people to explore what they are capable of and inspire them to build a positive future. Although participation is one element of this there are a wide variety of potential workforce related opportunities for young people as well, such as volunteering, work experience, qualifications and employment opportunities.

What will our focus be?

As the evidence shows us, the greatest benefits come from regular physical activity continuing throughout a lifetime. This makes it clear how important it is that we support children and young people to find ways to be active that they enjoy, that promote improved wellbeing and that want to find time for.

In order to deliver the best possible outcomes we will focus on the most effective evidence based interventions according to each stage of a young person's life. We will look for ways to join up initiatives to maximise their impact and concentrate our attention on working together through partnerships. The work we do with education providers will be central to achieving success. We will seek to develop new and innovative approaches to increasing participation in physical activity and sport through the time that children and young people spend in school and the connections with parents and carers.

What actions will we take?

- The new Leisure Management Contract will deliver outcomes which support schools in getting pupils to be more active and support delivery of sport and physical activity related education, employment and training opportunities for young people.
- We will work with education providers and other partners to develop a sustainable model for the delivery of Physical Education (PE) and sport in schools and colleges
- We will work with education partners to develop a physical literacy campaign for schools.
- We will explore the potential for schools to pool their sports premium funding to improve outcomes
- We will identify further engagement opportunities through the development of the new vision for the Tower Hamlets Youth Service
- We will develop a Play Charter which encourages individuals and organisations to advocate for quality play space, physical activity and play in the borough
- We will continue to deliver a substantial annual Summer Programme which offers free activities including park based events, sport focused initiatives and try new things
- We will provide physical activity and healthy eating sessions for families, linked to National Childhood Measurements Programme results

What other work is contributing to our priority?

The Children and Families Strategy 2019-24, owned by the Children and Families Partnership, includes outcomes focused on children, young people and families demonstrating healthy behaviours and accessing a wide range of play options.

The council's Healthy Lives Team works in schools supporting pupils, parents and staff across a range of mental and physical health related issues including levels of physical activity. This includes the 'Daily Mile' which encourages pupils to run, walk or skip for about 15 minutes with Tower Hamlets achieving the highest number of engaged schools in London

The Tower Hamlet's whole system approach to tackling childhood obesity is focused on healthy eating and physical activity interventions which look at what needs to happen across many elements including the environment, local facilities and services and within families and communities.

What outcomes will be achieved by 2024?

- Children and young people are more physically active
- Children and young people feel the benefits of increased physical activity and sport
- Children and young people remain engaged with sport and physical activity as they get older

How will we know if this is working?

- More children and young people are physically active
- More opportunities delivered through our leisure centres which are targeted at children and young people
- Reduced inequalities in levels of physical activity for children and young people
- More children and young people think the parks and play areas are good
- More schools have signed up to the 'Daily Mile'

Priority 2: Driving health change

What outcome do we want to achieve through this priority?

People who are inactive become more physically active

Why is this priority important?

In Tower Hamlets 22.3% of adults are inactive, which is just below the average for the London Region (23.7%)³. Being physically active has wide ranging positive impacts for people's health and wellbeing and can reduce a number of chronic diseases including obesity, type 2 diabetes, cardiovascular disease, some cancers, and mental ill health and in some instances help to manage them⁴. The costs of inactivity to the economy, including those from treating health outcomes, is higher than average in the borough⁵.

The evidence shows us that some groups are more likely to be inactive than others and this is reflected locally. These groups include women and girls, people from ethnic minority groups, people with disabilities and older age groups. Research and local consultation highlight that there are a multiple issues which should be taken into account when considering the possible barriers for some to being physically active. These can include potential fear of abuse or harassment, cultural considerations, body confidence and perceptions and stereotypes around sport and physical activity.

There are many benefits that can be realised by addressing the barriers that some people experience to being physical active and engaged with sport. For example, physical activity can help older people to stay well and retain their independence for longer and there is the potential for positive impact on broader issues such as loneliness. The benefits to mental health can include reduced stress, increased self-esteem and the prevention (or improved management) of depression and anxiety. For children and young people there are known positive impacts on self-esteem, emotional wellbeing and resilience.

The 2019 UK Physical Activity Guidelines updated those issued in 2011 and these now include additional guidance on being active in pregnancy and after giving birth, and for disabled adults. Each set of guidelines covers recommendations on duration and type of physical activity as well as the benefits.

The high rate of childhood excess weight is a key health challenge in the borough. There has been some improvement in the rates at reception stage but 42.1% of children are overweight or obese by year 6, which is significantly higher than London. As highlighted by the Chief Medical Officer⁶ having opportunities to play and be physically active are an important part of tackling the problem and we also know that this is a complex issue with inequalities linked to ethnicity, gender and deprivation.

³ Active Lives Survey, Sport England Nov 2017/18

⁴ Annual Report of the Chief Medical Officer 2018

⁵ UK Active, Turning the tide of inactivity Jan 2014

⁶ CMO, Time to Solve Childhood Obesity, 2019

Alongside what we know about some specific health issues in the borough it is clear that there are links between levels of physical activity, health and areas of higher deprivation. Our local data shows us that people are more likely to be inactive in the East of the borough, often in our most deprived areas and places where healthy life expectancy is lower.

Some of the enduring challenges are linked to how we can encourage behaviour change around being active and how we can make information about what is available easy to find. We know that marketing and communications are an important part of how we can do this but initiatives must be based on a good understanding of what works and local knowledge.

What will our focus be?

We want every person in the borough to know about how they can be more active, where they can go, who can support them and how they can make sustainable changes for a healthier life. We will take an evidence based approach to reducing levels of inactivity in the borough by focusing on what the data and insight tells will achieve the maximum impact, in the areas where it is most needed.

By concentrating our efforts on those we know are most likely to be inactive including, women and girls, over 65's, people from Asian, Black and other ethnic minority groups and people with disabilities, we can achieve the greatest health and wellbeing benefits. Working in partnership across a wide range of settings will be essential in order to achieve large scale results. As set out in the Health and Wellbeing Strategy priority 'Developing an Integrated System' we can make the best use of resources, and improve access, by developing joined up services.

What actions will we take?

- 'Getting the most inactive people active to improve their health' will be part of the key outcomes for the new Leisure Management Contract.
- We will use emerging insight to refine our understanding of the groups who are most likely to be inactive so we can remain responsive to local health and population changes.
- We will gain a detailed understanding of local issues around inactivity so that we can identify the most effective interventions to reach people and change behaviour.
- We will develop and link up with evidence based marketing and communication initiatives to maximise our reach and impact.
- We will make the best use of facilities across the borough to engage and promote healthy opportunities to be more active.
- We will work collaboratively with GPs and other settings to publicise the benefits of health change through increased levels of physical activity.

- We will work with health and social care partners to encourage physical activity and to tackle issues such as social isolation through initiatives such as social prescribing (which can connect people to sources of support within the community)
- We will work with health and social care providers to enable personal and health budgets to be used to increase levels of physical activity.

What other work is contributing to our priority?

There is huge amount of work taking place across the borough which contributes to improving the health and wellbeing of local people. The Health and Wellbeing Board is currently in the process of refreshing our local Health and Wellbeing Strategy which is drawing from the work undertaken by Tower Hamlets Together (THT). THT is a partnership of health and social care organisations and takes responsibility for the integration and coordination of health and social care services to improve the health and wellbeing of people living and/or working in the Borough.

THT have produced a shared 'Outcomes Framework' in collaboration with service users, patients, carers and residents. The framework features seventeen 'I' statements, three of which have significant links to the PASS strategy:

- I am supported to make healthy choices
- I understand the ways to live a healthy life
- I have a good level of happiness and wellbeing

As the Outcomes Framework is further embedded across the borough, we will develop a greater understanding of the impact of local health and social care integration on physical activity for local residents.

The Tower Hamlet's whole system approach to tackling childhood obesity is being developed in broadly the same timescales as this strategy therefore outcomes and actions will be formulated through a joined up approach across both pieces of work.

What outcomes will be achieved by 2024?

- People use physical activity and sport to improve their health and wellbeing
- People understand the ways in which physical activity can improve their health and wellbeing

How will we know if this is working?

- More people will be physically active
- Reduced inequalities in levels of physical activity
- Less children are overweight or obese
- Less adults are overweight or obese

Priority 3: Shaping places and communities

What outcome do we want to achieve through this priority?

People engage with their local environment to improve their levels of physical activity

Why is this priority important?

We know that one of the most effective ways to increase levels of physical activity is to make it a part of daily life. Public Health England describes the need for 'active environments' which create the right spaces to be more physically active. Most people experience some challenges to being more active, such as time pressures or lifestyles which increasingly reduce opportunities to move around. In order for spaces to encourage people to be more active they need to be well designed, attractive and safe.

There are some particular barriers to increased use of our streets, parks and other public spaces for being active. Concerns about crime and anti-social behaviour can discourage people from walking or using parks and car dependency creates noise and air pollution.

The journeys people take every day can be a great opportunity to be active. This might be travelling to work, school, going shopping or simply moving around the borough. Improving the design and facilities of the built environment can help to support and encourage these choices. Resting places, such as benches can make taking part in an active life more accessible for those who are older or have disabilities, whilst conveniently located bike racks help to increase the take up of cycling.

The Tower Hamlets Indoor Sports Facilities Strategy highlights that population growth means facilities will become more intensely used and may ultimately be unable to meet the needs of the borough. The strategy also forecasts that more pools and sports halls will be needed in the future. Although most residents have access to either a sports hall or swimming pool within a 15 minute walk there are gaps in provision in some areas, primarily in the north-east of the borough.

We know that we need high quality indoor sports facilities in the borough, potentially through upgrading or making changes to maximise the benefits of existing provision or redevelopment, however outreach work is also essential. For example, there are opportunities to bring physical activity and sport to the places people live through events and initiatives by and with housing providers. Such work has included a multi-sport festival at Poplar Baths and Leisure Centre, which was held by a wide range of organisations, including several housing associations.

As an inner city London borough, Tower Hamlets has a limited number of parks and open spaces yet they have a critical role to play, even as they will continue to come under pressure from development and population increases. As well as being places to enjoy a walk they also provide space for community events and activities such as bowling, kayaking and outdoor gyms. The playgrounds in the borough include adventure playgrounds, skate

parks and children's play areas. Our canals, riversides and open water are significant assets for activity both alongside and on the water, but there is more we could do to increase their use. Open spaces managed by social housing providers also provide places which can support increased levels of activity. Work is being carried out to maximise the contribution they make.

Tower Hamlets has the 2nd lowest proportion of 'green space' in London⁷ (25.4%) and with so many competing demands we must prioritise how we use these spaces so that the maximum number of people can use them to increase levels of physical activity and improve their health. The Mayor's London Plan highlights that good planning can help to create and protect opportunities for people to be active. With this in mind, we need to work with developers and landowners to ensure that physical activity and sport continue to be given due consideration in development across the borough. Equally, we need to work with partners to unlock sports assets for as many in our community as possible.

What will our focus be?

We will focus on the creation of a built environment, facilities and public spaces which encourage and support being active and engaging with sport. A broad range of partners play a part in this and we will ensure that we work with them to build a collective vision of how the features of our environment can work better to make the choice to be active easier.

A fundamental part of how we achieve these aims are the policies within the Local Plan and planning processes, which shape the built environment to encourage physical activity. We must also look at what more we can do to bring together health and wellbeing priorities with planning, housing and transport infrastructure including through alignment of policies and joined up working between professionals such as architects, planners, public health consultants and sport and leisure specialists.

Whilst ensuring that the built environment supports active travel and physical activity, the way in which we use our assets, such as leisure facilities, parks and pitches is also crucial. We will identify the best ways to improve and maximise the benefits of assets across the council's sport, leisure and culture services and this will also help to shape the direction of new leisure management contract.

What actions will we take?

- 'Ensuring access to high quality facilities across the borough' will be part of the key outcomes for the new Leisure Management Contract.
- We will maximise use of funding to support the provision of public open space improvements so that facilities in the borough are of the highest quality.
- We will review how we use all council sports, leisure and culture assets to identify the most effective approach for the future.

⁷ GLA, London Green and Blue Cover Dataset 2019

- We will work with housing providers to maximise physical activity and sport opportunities and safeguard and quality assure playground signage and provision.
- We will work in partnership with planning and regeneration to integrate health, wellbeing and physical activity priorities into local policy and strategy.
- We will support and enable the delivery of the Transport Strategy actions and associated initiatives, including 'Liveable Streets' and Healthy Streets'.
- We will investigate the potential for opening up physical activity and sports facilities in schools for use by the community.
- We will support the delivery of actions within the Transport Strategy.

What other work is contributing to our priority?

There are a collection of strategies, plans and policies which set out the Tower Hamlets approach to shaping the built environment within our borough. The Tower Hamlets Local Plan 2031 is at an advanced stage of development. This sets out a policy framework by which all development is shaped and determined against. Supporting documents also set out what infrastructure is required to under-pin development. Key principles include sustainable growth, which encompasses contributing to creating healthy environments which encourage physical activity and supporting community facilities (such as leisure and sport facilities) including delivering new facilities and improving existing facilities through the use of developer contributions. There is also a requirement for certain developments to complete a health impact assessment and policies focused on protecting open space, including playing fields and outdoor sports facilities and delivery of an improved accessible, well connected network.

A number of other strategies also contribute to this priority, such as the Open Space Strategy 2017 – 2027, which provides an assessment of the quality and quantity of open space in the borough, the Air Quality Action Plan for 2017 – 2022, setting out what is being done to improve air quality locally and the Local Biodiversity Action Plan 2019 – 2024 continuing work around conserving the environment.

The developing Tower Hamlets Transport Strategy includes a range of actions which seek to increase opportunities for active travel to and from school, including through the Healthy School Streets and School Travel Plan programmes, places to play and delivering 'Play Streets' initiatives in the borough. It commits to making the borough 'one of best in London to walk or cycle in' by describing how the Council intends to transform the way people travel in the borough over the next 20 years.

What outcomes will be achieved by 2024?

- Physical activity is an integral part of daily life for all people
- People make healthy and active travel choices
- People feel empowered to participate in physical activity and sport in their local area

How will we know if this is working?

- More people are satisfied with the leisure and sports facilities in the borough
- More children, young people and adults are choosing to cycle to get around in the borough
- Less people are concerned about a lack of recreational activities in the borough
- More people are walking in the borough

Priority 4: Physical activity and sport as a community engagement tool

What outcome do we want to achieve through this priority?

People feel part of a cohesive, vibrant community through taking part in physical activity

Why is this priority important?

Involvement in physical activity and sport has the potential to act as a powerful tool to bring people together, connect communities and promote social cohesion. This could be through engagement with both competitive sport and those played for fun or it could be any way in which people meet up to be active, such as walking groups, dancing or yoga classes. What matters is the chance to create bonds and develop understanding amongst individuals and communities.

We know from our annual resident's survey that 86% of residents feel that people from a different background get on well together, however the survey also reflects concerns about crime and ASB and we know this can act as a barrier to some types of physical activity, such as active travel, and playing outside.

As the Mayor of London's Sport Unites Programme and Impact Partnership Fund highlight there is a role for sport and physical activity in supporting young people at risk of being involved in violence and crime. Tower Hamlets faces challenges which are experienced across the capital around how to keep young people safe and sport interventions offer a valuable tool in addressing these.

The community sports workforce and community organisations are of course integral to realising all of these benefits. We also recognise that volunteering to help others become active or develop further sporting skills contributes to social cohesion and we know that local people would like more opportunities to do this.

Unique volunteering opportunities can also come from major sporting occasions. Such events can inspire people to get involved and demonstrate that physical activity and sport should be for everyone. We want to harness and use the inspiration which drives people at major events that take place locally and in neighbouring boroughs.

As this strategy highlights, there are significant challenges which impact on the sports infrastructure in Tower Hamlets. Financial resources have reduced and will continue to diminish, we have a growing population in an already densely populated borough and there will be ongoing pressure on our indoor sports facilities and the limited supply of open spaces including playing pitches.

There are many sports being played in Tower Hamlets and the facilities where they are played are finite. Whilst we want sport to flourish in the borough this means it is not possible to provide what every sport would ideally want to see in terms of access to existing

provision or additional facilities and playing pitches. What is available must be shared and must also serve the needs of local people who want to use them for other types of leisure activities.

This priority is about the issues highlighted above around community cohesion and the benefits of getting people involved but it is more than this. It is also about how all groups and agencies involved in sports in the borough can take a broader view, reaching out beyond their core aims to consider how they can contribute to improving life for everyone in our communities.

For this to work there are certain principles which must underpin the physical activity and sports offer in Tower Hamlets. We want to see more high quality, accredited sports provision, a commitment to meeting the needs of under-represented groups, support for wider strategic objectives and community engagement and social value objectives as part of what all providers deliver. In order that facilities, clubs and all activities are welcoming and open to everyone integration and community cohesion must be central to how they operate.

What will our focus be?

Our focus will be on working with those who are committed to the principles set out here so that we deliver physical activity and sports opportunities which help to build stronger communities. Provision in the borough must look at what best meets the needs of all residents and supports the delivery of priorities for the borough, as set out in the Tower Hamlets Plan 2018 – 2023. This will guide decision making for the council around the best use of resources.

In a changing landscape with reduced resources our focus will also be on developing ways to maximise the benefits that physical activity and sport offer. We will bring local people and physical activity and sport provision together, through volunteering and workforce development initiatives that support integration and an enhanced focus in sport of the issues which present key challenges such as inactivity and its impact on health and wellbeing.

We will also look for better ways to harness the potential of events, both sporting and wider, for getting people to be more active and more involved within communities. Every time a person goes to an event in the borough, such as the 'All Points East' music festival, a Black History Month exhibition or takes part in the Summer Reading challenge there is an opportunity to engage and promote physical activity and sports opportunities.

What actions will we take?

- The new Leisure Management Contract will support the boroughs approach to strengthening community engagement and involvement and enhancing community cohesion in sport and physical activity.
- We will develop guidance notes that provide clear information on the council's policies regarding the use of facilities and spaces in the borough, as well development opportunities for the provision of sport.

- We will engage with external sports organisations who use sport as the mechanism to deliver initiatives to tackle issues such as hate crime
- We will work with the voluntary and community sector to bring resources together to support physical activity.
- We will work with the voluntary and community sector to get more people to take part in physical activity through volunteering and workforce development opportunities.
- We will co-produce 'inclusivity' messages promoting physical activity and sport to everyone.
- We will work with Public Health on 'Healthy Places' and 'Communities Driving Change' initiatives to integrate physical activity messages and opportunities wherever possible.

What other work is contributing to our priority?

The Tower Hamlets Partnership is committed to 'building a stronger, more inclusive and fairer borough' through the delivery of the Tower Hamlets Plan 2018-23. One of the priorities of the plan is to deliver 'strong, resilient and safe communities' and as part of this work a Social Isolation and Partnership Taskforce has been set up.

The Tower Hamlets Community Safety Partnership is responsible for reducing crime, disorder, anti-social behaviour, substance misuse, and reducing re-offending. The Partnership leads a wide range of activities that can make a positive difference to community safety, reducing the fear of crime, and bringing communities together. The developing Transport Strategy highlights the impact of crime and ASB concerns on active travel and seeks to address these.

The Community Engagement Strategy 2018-2021 sets out four outcomes which are aimed at supporting strong, active and inclusive communities. The strategy promotes co-production principles and increased opportunities for people to be involved and active in community life. A Tower Hamlets Community Cohesion Plan is under development. The plan will set out our approach to cohesion including tackling poverty and inequality, integrating new residents, dealing with the impact of Brexit and leading cohesion projects.

What outcomes will be achieved by 2024?

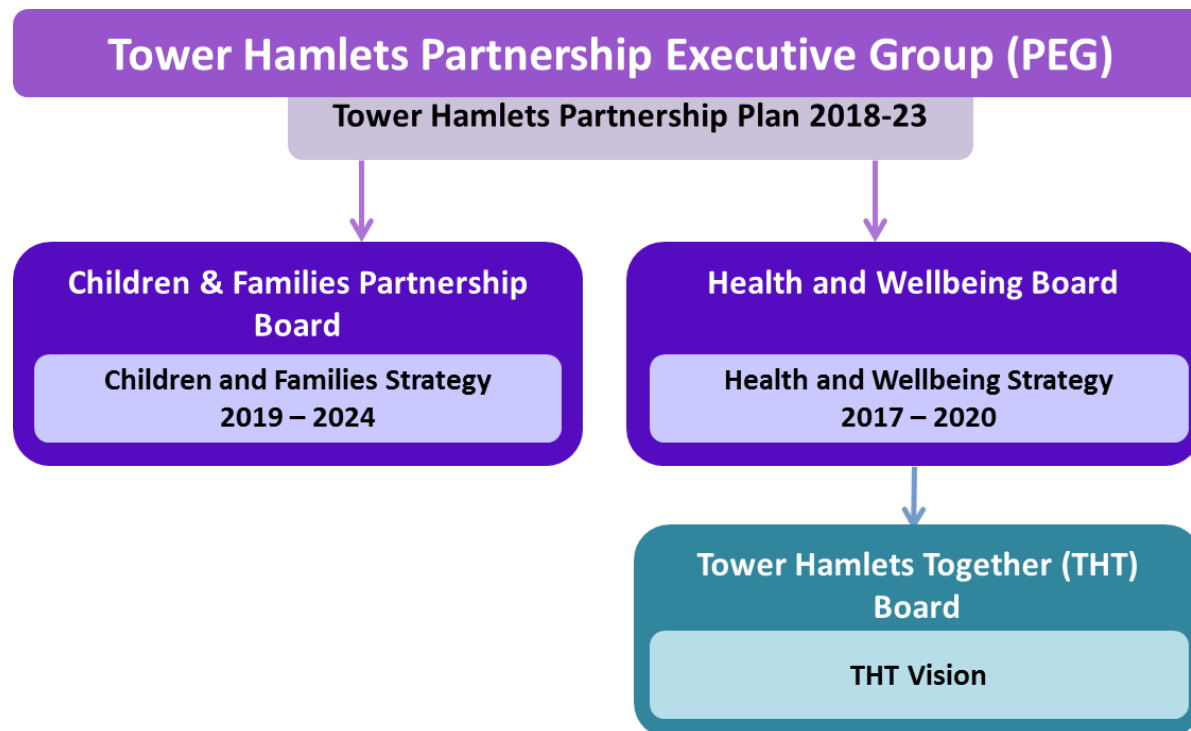
- People appreciate that participation in physical activity and sport is open to all communities
- People feel the benefits from major sporting events held in and around the borough
- People feel part of a vibrant, inclusive community

How will we know if this is working?

- Less people are concerned about crime and anti-social behaviour in the borough
- More adults, children and young people think that people from different backgrounds get on well together
- More children and young people feel safe in the area they live in
- More people are volunteering in their local communities

Making it happen

The priorities within the Physical Activity and Sports Strategy will be taken forward through the Health and Wellbeing Board and we will work closely with wider health and social care partners through the three THT work streams – Born Well and Growing Well, Living Well and Promoting Independence.



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