



Meeting of the

# CABINET

---

Wednesday, 8 May 2013 at 5.30 p.m.

---

## AGENDA – SECTION ONE

---

### VENUE

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

#### Members:

Mayor Lutfur Rahman	– (Mayor)
Councillor Ohid Ahmed	– (Deputy Mayor)
Councillor Rofique U Ahmed	– (Cabinet Member for Regeneration)
Councillor Shahed Ali	– (Cabinet Member for Environment)
Councillor Abdul Asad	– (Cabinet Member for Health and Wellbeing)
Councillor Alibor Choudhury	– (Cabinet Member for Resources)
Councillor Shafiqul Haque	– (Cabinet Member for Jobs and Skills)
Councillor Rabina Khan	– (Cabinet Member for Housing)
Councillor Rania Khan	– (Cabinet Member for Culture)
Councillor Oliur Rahman	– (Cabinet Member for Children's Services)

[Note: The quorum for this body is 3 Members].

#### Committee Services Contact:

Matthew Mannion, Democratic Services,  
Tel: 020 7364 4651, E-mail: [matthew.mannion@towerhamlets.gov.uk](mailto:matthew.mannion@towerhamlets.gov.uk)

## Public Information

### **Attendance at meetings.**

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

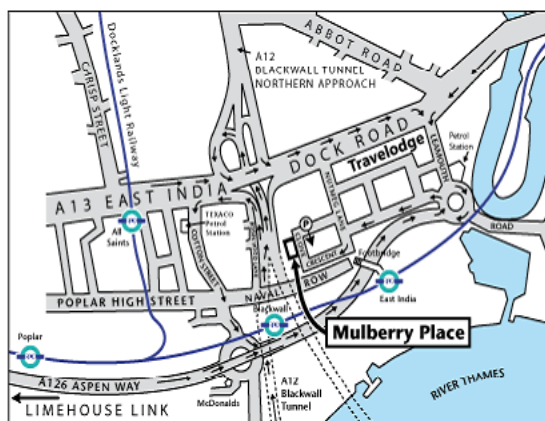
### **Audio/Visual recording of meetings.**

No photography or recording without advanced permission.

### **Mobile telephones**

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

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



**Bus:** Routes: 15, 277, 108, D6, D7, D8 all stop near the Town Hall.

**Distinct Light Railway:** Nearest stations are East India: Head across the bridge and then through complex to the Town Hall, Mulberry Place Blackwall station. Across the bus station then turn right to the back of the Town Hall complex, through the gates and archway to the Town Hall.

**Tube:** The closet tube stations are Canning Town and Canary Wharf .

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

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

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

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



### **Fire alarm**

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

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

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

To access this, click [www.towerhamlets.gov.uk](http://www.towerhamlets.gov.uk), 'Council and Democracy' (left hand column of page), 'Council Minutes Agendas and Reports' then choose committee and then relevant meeting date.

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



QR code for smart phone users

# LONDON BOROUGH OF TOWER HAMLETS

## CABINET

WEDNESDAY, 8 MAY 2013

5.30 p.m.

### 1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

### PUBLIC QUESTION AND ANSWER SESSION

There will be an opportunity (up to 15 minutes) for members of the public to put questions to Cabinet members before the Cabinet commences its consideration of the substantive business set out in the agenda.

Questions can be submitted in advance to the Town Hall or be asked on the evening.

Please send any questions to Matthew Mannion, Democratic Services, Town Hall, Mulberry Place, Poplar, E14 2BG or email [matthew.mannion@towerhamlets.gov.uk](mailto:matthew.mannion@towerhamlets.gov.uk) by 5pm the day before the meeting.

### 2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS (Pages 1 - 4)

To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Monitoring Officer.

	PAGE NUMBER	WARD(S) AFFECTED
--	----------------	---------------------

### 3. UNRESTRICTED MINUTES (TO FOLLOW)

The unrestricted minutes of the Cabinet meeting held on 10 April 2013 will be presented for information.

### 4. PETITIONS

To receive any deputations or petitions.

### 5. OVERVIEW & SCRUTINY COMMITTEE

#### 5.1 Chair's advice of Key Issues or Questions in relation to Unrestricted Business to be considered

**5.2 Any Unrestricted Decisions "Called in" by the Overview & Scrutiny Committee**

(Under provisions of Article 6 Para 6.02 V of the Constitution).

**UNRESTRICTED REPORTS FOR CONSIDERATION**

**6. A GREAT PLACE TO LIVE**

**6.1 HRA Capital Estimates Report (to follow) All Wards**

**7. A PROSPEROUS COMMUNITY**

**7.1 Woolmore Primary School - Proposed Expansion 5 - 12 Blackwall & Cubitt Town**  
**7.2 Review of the Council's Discretionary Awards Determination for the 2013/14 financial year and discretionary award policies 13 - 48 All Wards**

**8. A SAFE AND COHESIVE COMMUNITY**

**9. A HEALTHY AND SUPPORTIVE COMMUNITY**

**9.1 Towards a Healthier Tower Hamlets: Health and Wellbeing Plan 49 - 144 All Wards**  
**9.2 Learning Disability Day Opportunities - Modernisation Programme 145 - 154 All Wards**

**10. ONE TOWER HAMLETS**

**10.1 Strategic Plan 2013/14 155 - 222 All Wards**

**11. ANY OTHER UNRESTRICTED BUSINESS CONSIDERED TO BE URGENT**

**12. UNRESTRICTED REPORTS FOR INFORMATION**

**12.1 Exercise of Corporate Directors' Discretions 223 - 228 All Wards**

**13. EXCLUSION OF THE PRESS AND PUBLIC**

In view of the contents of the remaining items on the agenda, the Committee is recommended to adopt the following motion:

“That, under the provisions of Section 100A of the Local Government Act, 1972 as amended by the Local Government (Access to Information) Act, 1985, the Press and Public be excluded from the remainder of the meeting for the consideration of the Section Two business on the grounds that it contains information defined as Exempt in Part 1 of Schedule 12A to the Local Government, Act 1972”.

**EXEMPT/CONFIDENTIAL SECTION (PINK)**

The Exempt / Confidential (Pink) Committee papers in the Agenda will contain information, which is commercially, legally or personally sensitive and should not be divulged to third parties. If you do not wish to retain these papers after the meeting, please hand them to the Committee Officer present.

	<b>PAGE NUMBER</b>	<b>WARD(S) AFFECTED</b>
<b>14. EXEMPT / CONFIDENTIAL MINUTES (TO FOLLOW)</b>		
The exempt / confidential minutes of the Cabinet meeting held on 10 April 2013 will be presented for information.		
<b>15. OVERVIEW &amp; SCRUTINY COMMITTEE</b>		
<b>15 .1 Chair's advice of Key Issues or Questions in relation to Exempt / Confidential Business to be considered.</b>		
<b>15 .2 Any Exempt / Confidential Decisions "Called in" by the Overview &amp; Scrutiny Committee</b>		
(Under provisions of Article 6 Para 6.02 V of the Constitution).		
<b>EXEMPT / CONFIDENTIAL REPORTS FOR CONSIDERATION</b>		
<b>16. A GREAT PLACE TO LIVE</b>		
<b>17. A PROSPEROUS COMMUNITY</b>		
<b>18. A SAFE AND COHESIVE COMMUNITY</b>		
<b>19. A HEALTHY AND SUPPORTIVE COMMUNITY</b>		
<b>20. ONE TOWER HAMLETS</b>		
<b>21. ANY OTHER EXEMPT/ CONFIDENTIAL BUSINESS CONSIDERED TO BE URGENT</b>		
<b>22. EXEMPT / CONFIDENTIAL REPORTS FOR INFORMATION</b>		



# Agenda Item 2

## **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:-

Isabella Freeman, Assistant Chief Executive (Legal Services), 020 7364 4801; or  
John Williams, Service Head, Democratic Services, 020 7364 4204



## APPENDIX A: Definition of a Disclosable Pecuniary Interest

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

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

This page is intentionally left blank

# Agenda Item 7.1

<b>Committee/Meeting:</b> Cabinet	<b>Date:</b> 8 May 2013	<b>Classification:</b> Unrestricted	<b>Report No:</b> CAB 106/123
<b>Report of:</b>  Corporate Director Education, Social Care & Wellbeing  <b>Originating officer(s)</b> Pat Watson, Head of Building Development		<b>Title:</b>  Woolmore School – Proposed Expansion  <b>Wards Affected:</b> Blackwall & Cubitt Town	

<b>Lead Member</b>	Cllr Oliur Rahman
<b>Community Plan Theme</b>	A Prosperous Community
<b>Strategic Priority</b>	Priority 3.1: Improve educational aspiration and attainment

## 1. **SUMMARY**

- 1.1 On 13 March Cabinet agreed to the publication of statutory proposals for the expansion of Woolmore School. An objection has been received in the four week period so Cabinet is required to consider the objection before deciding whether the proposals should be implemented.

## 2. **DECISIONS REQUIRED**

The Mayor in Cabinet is recommended to:-

- 2.1 Agree that statutory proposals for the enlargement of Woolmore Primary School to admit 90 pupils in each year from September 2014 should be implemented as published.

## 3. **REASONS FOR THE DECISIONS**

- 3.1 Proposals have been developed to expand Woolmore Primary School to assist in the LA's programme to provide primary school places to meet growing local need. Cabinet has previously considered the response to the initial consultation and agreed that statutory proposals should be published. An objection has been received to the proposals therefore Cabinet has to consider the response to the consultation before deciding if the proposals should be implemented.

- 3.2 The LA must take a decision on statutory proposals within 2 months of the end of the consultation period or the matter must be referred to the Schools Adjudicator.

#### **4. ALTERNATIVE OPTIONS**

- 4.1 The due process has been followed in the consultation on the proposals. The final stage is the determination following consultation, in relation to which the options are set out in paragraphs 6.23 and 8.7 of the report..

#### **5. BACKGROUND**

- 5.1 On 13 March 2013 Cabinet received a report on the background to the development of the proposals to enlarge Woolmore School. The report included details of the consultation that had taken place. The proposals are to build a new school to allow expansion from one form of entry to three forms of entry had been strongly supported by the school community.
- 5.2 The statutory process for changes to a school, including enlargement, require that after the initial consultation statutory proposals are published for a four week period. At the end of the four week period, any comments or objections received have to be considered before determination of the proposals.
- 5.3 Under the Council's scheme of delegation, where no objections are received, the Corporate Director has delegated authority to determine that published proposals should be implemented. Where any objection is received, the matter has to be determined by Cabinet.
- 5.4 The statutory proposals for Woolmore School were published on 18 March. These met the requirements of the School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2007. One objection was received during the four week period.

#### **6. BODY OF REPORT**

- 6.1 There is a statutory framework for implementing certain alterations to schools, including enlargements. The requirements are included in the Education & Inspections Act 2006 with associated regulations. For community schools, the Local Authority (LA) can propose and determine certain alterations, including enlargements.
- 6.2 The prescribed process requires a two stage consultation process. The initial, pre-statutory consultation should provide information on the proposals and include a wide range of consultees. The outcome of this stage is then considered and, if the LA agrees, statutory proposals are published for a specified period (usually four weeks). After this period, the LA must consider any responses to the second consultation and decide whether or not to implement the proposals, or modify them in the light of the consultation. This decision has to be taken within 2 months of the end of the four week period or the matter is referred to the Schools Adjudicator.

- 6.3 There is a right of appeal to the Schools Adjudicator for certain parties against the LA's decision.
- 6.4 The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2007 specify the process to be followed and matters to which the local authority and the Schools Adjudicator are required to have regard to in making decisions on statutory proposals. The following paragraphs set out the relevant matters to be considered for the present case.

### **Effect on Standards & School Improvement**

- 6.5 The 2006 Act places duties on local authorities to secure delivery of provision and to respond to representations from parents about the provision of schools. On making a decision on expansion proposals, the LA should be satisfied that they will contribute to raising standards, to the diversity of provision, the delivery of the Every Child Matters principles and equal opportunities.

#### Woolmore School Proposals

- 6.6 The Woolmore School proposals have been put forward specifically to respond to the need for additional places, rather than in response to any parental representations. However, Woolmore School has been selected not only because of the site's physical capacity to accommodate the expansion, but also because of the management strength of the school and its capacity to accommodate the increased roll. The school is providing some extended school services. No specific equal opportunity issues arise from these proposals. The admissions criteria for the school remain unchanged and providing the additional places will ensure the need for places is met.

### **Conclusion**

- 6.7 The proposals will contribute to raising standards, help every local child to achieve their potential, and ensure that there is equality of opportunity by providing sufficient school places.

### **The Need for Places**

#### **Travel & Accessibility For All**

- 6.8 In considering the proposals, the LA should be satisfied of the need for additional school places. Consideration should also be given to the need to ensure that children do not have to make unreasonable journeys to school.

#### Woolmore School Proposals

- 6.9 There continues to be an increasing need for school places in Tower Hamlets to meet the needs of the rising school age population, as has previously been reported to Cabinet. By providing additional school places in the Poplar area, the potential for children living in this area to have to make longer journeys to school is reduced.

### **Conclusion**

- 6.10 The proposals meet the needs of the rising local population. The school is accessible for local children and the additional places will reduce travel distances for children in this area who cannot now obtain a place locally.

### **Capital Funding**

- 6.11 In considering the proposals, the LA should be satisfied that capital funding for implementation is available.

#### Woolmore School Proposals

- 6.12 A capital estimate for this scheme of £10m was adopted by Cabinet on 5 September 2012.

### **Conclusion**

- 6.13 Capital funding has been identified to implement the proposals.

### **SEN Provision**

- 6.14 The guidance in the regulations has particular reference to considerations relating to SEN provision, especially the impact of any reorganisation proposals on provision.

#### Woolmore School Proposals

- 6.15 There are no specific implications for SEN provision in the expansion proposals. There are no proposals to change any SEN provision. The school is an inclusive school and will continue to be so as a larger school. The proposed works will improve the physical accessibility of the school.

### **Conclusion**

- 6.16 There are no implications for specific SEN provision

### **Views of Interested Parties**

- 6.17 The guidance requires consideration of the views of interested parties, including any comments submitted during the four week period.

#### Woolmore School Proposals

- 6.18 The report to Cabinet in March 2013 set out the responses that had been received to the initial consultation on the expansion proposals. There was very positive support for the proposals from parents and the school community.
- 6.19 During the four week period one objection was received from a member of the public. The objection states:

*Thank you for sending me information on the proposed expansion of Woolmore Primary School. As you know, I am all in favour of the school expanding from one to three forms of entry but I object to this being implemented by building a new four-storey primary school.*

- 6.20 This matter relates to the planning application for the proposals to enlarge the school. The matters relating to the alternatives of retention of the old school building and the construction of a new building have been considered in detail by Strategic Development Committee on 6 March and 18 April. On 18 April the Committee agreed to grant planning permission.

### **Conclusion**

- 6.21 Views of interested parties received in the initial consultation showed that members of the school community supported the expansion. The matter referred to in the objection made during the four week statutory consultation period has been considered by planning officers and appropriate recommendations made to Strategic Development Committee. The Committee has agreed to grant planning permission for the building of the new school.
- 6.22 The objection to the statutory proposals is noted but is not material to the consideration of their implementation as planning permission has been granted through the due process.

## **CONCLUSION & RECOMMENDATION**

- 6.23 After consideration of the relevant matters, the Local Authority can:
- i. reject the proposals;
  - ii. approve the proposals;
  - iii. approve the proposals with modification (eg. an amendment to the effective date); or,
  - iv. approve the proposals subject to a specific condition (eg. securing funding, obtaining planning permission).
- 6.24 Paragraphs 6.5 to 6.22 set out all the relevant matters to be taken into consideration in reaching a decision on the proposals for the expansion of Woolmore School. The consultation process and publication of statutory proposals have been carried out in accordance with the requirements. After consideration of these matters, it is recommended that proposals should be approved as published and implemented at Woolmore School.

## **7. COMMENTS OF THE CHIEF FINANCIAL OFFICER**

- 7.1 This report concerns the formal process for consulting about and deciding on the expansion of the school. The capital works for Woolmore School are due to cost £10m in total, with most of the work taking place during 2013/14 financial year. The £10m is reflected in the CSF capital programme, as approved at Cabinet on 5 September 2012. The difference in timing between the expected receipt of S106 monies and the payments associated with this capital project partly supported by S106 monies is noted
- 7.2 Future revenue costs of the expanded school will be funded through the school enrolling more pupils and attracting more formula funding through the Dedicated Schools Grant. Schools are generally funded on the number of pupils on roll in the October prior to the start of the financial year. So, the growth of Woolmore School each new academic year will need to be taken into account when Schools Forum considers how much to set aside for Pupil Number Growth within the overall Schools Budget for future years (ie to meet the part-year (7/12ths) costs of additional pupils from September – March of the financial year).

## **8. CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE (LEGAL SERVICES)**

- 8.1. One of the Council's duties in respect of education is to secure that sufficient schools are available for primary and secondary education in Tower Hamlets. This obligation arises under section 14 of the Education Act 1996. The schools must be sufficient in number, character and equipment to provide all pupils with the opportunity of appropriate education.
- 8.2. In deciding what provision to make in respect of primary and secondary schools, the Council is required to consider the need to secure diversity in the provision of schools and increasing opportunities for parental choice. This sits alongside the Council's general equality duty, which requires it to have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't. Equalities analysis will need to be carried out alongside the development of proposals.
- 8.3. Section 19 of the Education and Inspections Act 2006 provides that where a local authority proposes to make prescribed alterations to a maintained school, it must publish its proposals. The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2007 ("the Prescribed Alterations Regulations") specify what alterations made by local authorities are prescribed alterations and specify the procedure to be followed when publishing and determining such proposals. The enlargement of a school's premises so as to increase the school's capacity by: (a) more than 30 pupils; and (b) 25% or 200 pupils (whichever is the lesser) is a prescribed alteration. The proposals described in this report fall within that definition so the procedure in the Prescribed Alterations Regulations must be followed.
- 8.4. The Prescribed Alterations Regulations require the Council to follow a two stage process involving consultation prior to publication of a proposal, followed (assuming the Council wishes to proceed) by publication of the proposal. As part of the initial consultation, prescribed information must be provided to prescribed persons. The Council is required to have regard to the Secretary of State's guidance as to consultation on proposals. The guidance recommends that the consultation allows adequate time, provides sufficient information for those being consulted to form a considered view and makes clear how the views can be made known. Proposers must be able to demonstrate how they have taken into account the views expressed during the consultation in reaching any subsequent decision as to the publication of proposals. The report states that consultation complies with the requirements of the Regulations and guidance and so the Council is in a position to determine whether to publish a proposal.
- 8.5. The Prescribed Alterations Regulations prescribe what information must be specified in a proposal and how it should be publicised. The proposal should be published within a reasonable timeframe following consultation so that it is informed by up to date feedback. A statutory notice containing



specified information and stating how complete copies of the proposals can be obtained must be published in a local newspaper, and also posted at the main entrance to the school (and all the entrances if there are more than one) and at some other conspicuous place in the area served by the school (eg. local library, community centre). It is essential that the published notice complies with the statutory requirements as set out in the Regulations. The report indicates that this is the case.

- 8.6. It is for the Council to determine whether to proceed with the proposals for Woolmore school and the Council is required to do so within 2 months from the end of the consultation period. If the Council does not determine the proposals in time, then they must be referred to the adjudicator for determination.
- 8.7. Pursuant to the prescribed alterations regulations, the options available to the Council are as follows: reject the proposals; approve the proposals without modifications; or approve the proposals with such modifications it thinks desirable. If the Council wishes to approve the proposals with modifications, it must first consult the governing body of the school (unless the modifications are proposed by the governing body). The Council may conditionally approve the proposals, subject to the occurrence of one of a specified list of events, which includes the granting of planning permission.
- 8.8. When determining the proposals, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't. Information is set out in the report relevant to these considerations.

## **9. ONE TOWER HAMLETS CONSIDERATIONS**

- 9.1. The expansion of schools is necessary to ensure the Council meets its legal obligation to secure sufficient schools for Tower Hamlets, but will also promote equality of opportunity for children and young people (including within the meaning of the Equality Act 2010).
- 9.2. The provision of school places and the LA's admission arrangements aim to promote fair access to schools particularly in terms of the distance from home and to allow siblings to attend the same school.
- 9.3. The new building will be fully accessible which will enhance the range of provision available in mainstream schools for children with physical disabilities. The school will be inclusive for children with special education needs.

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

- 10.1 The design of the building and materials proposed to be used for Woolmore School have taken account of sustainability and energy

efficiency. Products to be chosen will offer significant energy saving values; insulation products that have an approved environmental profile; and timber from certified sustainable sources.

10.2 The design must comply with Building Regulations, Part L which has strict guidelines in respect of carbon emission levels and energy efficiency.

11. **RISK MANAGEMENT IMPLICATIONS**

11.1 The project at Woolmore School has a high capital value and close monitoring of the project through the preparatory stages is in place and will continue through implementation stages with appropriate, experienced project management resources. If the proposals do not proceed, there will be a risk to be managed that some children will be without a school place local to their home.

12. **CRIME AND DISORDER REDUCTION IMPLICATIONS**

12.1 There are no specific implications arising.

13. **EFFICIENCY STATEMENT**

13.1 The Council is using its assets efficiently by seeking to extend and expand existing school sites to meet the needs of the rising school age population before acquiring land to build a new school

14. **APPENDICES**

None

---

**Local Authorities (Executive Arrangements) (Access to Information)  
(England) Regulations 2012  
List of "Background Papers" used in the preparation of this report**

Brief description of "background papers"	Name and telephone number of holder and address where open to inspection.
none	N/A

# Agenda Item 7.2

<b>Committee/Meeting:</b> Cabinet	<b>Date:</b> May 2013	<b>Classification:</b> Unrestricted	<b>Report No:</b> CAB 108/123
<b>Report of:</b>  Corporate Director Education Social Care and Wellbeing  <b>Originating officer(s)</b> Diana Warne Head of Secondary Learning and Achievement		<b>Title:</b>  Review of the Mayor's Discretionary Awards Determination for the 2013/14 financial year and discretionary award policies.  <b>Wards Affected:</b> All	

<b>Lead Member</b>	Cllr Oliur Rahman
<b>Community Plan Theme</b>	A Prosperous Community
<b>Strategic Priority</b>	Support lifelong learning opportunities for all

1. **SUMMARY**

- 1.1 This report seeks the level of Discretionary Award Determination Cabinet wishes to take up and reviews the Council's discretionary awards policies, i.e. the Mayor's Education Award, 16-19 Further Education Transport Policy, School Clothing Grant Policy and Budget Holders Lead Professional Scheme.
- 1.2 The purpose of making these Mayor's awards is to support the young people of Tower Hamlets To realise the highest aspirations by gaining places at the best Universities and accessing opportunities for gaining high quality future employment.

2. **DECISIONS REQUIRED**

The Mayor in Cabinet is recommended to:-

- 2.1 Agree that the Council takes up the power to make the Mayor's discretionary awards in respect of specified groups of students over compulsory school age in 2013/2014.
- 2.2 Approve the policy in Appendix 1 for the provision by the Council of The Mayor's school clothing grants in 2013/2014 within the budget specified in paragraph 5.2 of this report.
- 2.3 Approve the policy in Appendix 2 for the provision of the Mayor's Budget Holding Lead Professional Scheme for Attendance Support in 2013/2014 within the budget specified in paragraph 5.2 of this report.
- 2.4 Approve the policy in Appendix 3 for the provision by the Council of the Mayor's discretionary awards in support of education travel in 2013/2014 within the budget specified in paragraph 5.2 of this report.
- 2.5 Approve the policy in Appendix 4 for the provision by the Council of the Mayor's Education Award (MEA) until the end of 2013/2014 academic year.
- 2.6 Approve the policy in Appendix 5 for the provision of the Mayor's Higher Education Award Scheme.

### **3. REASONS FOR THE DECISIONS**

- 3.1 The Council has power by virtue of section 518 of the Education Act 1996 and in circumstances specified in regulations to grant scholarships, exhibitions, bursaries and other allowances in respect of persons over compulsory school age. The Local Education Authority (Post-Compulsory Education Awards) Regulations 1999 require the Council as local education authority to consider in each financial year whether it will grant scholarships, exhibitions, bursaries and other allowances to persons over compulsory school age and, if so, whether to exercise the power generally or only in respect of persons who satisfy determined criteria. The Council should make its determination annually by the 31<sup>st</sup> March.
- 3.2.1 Since 2000/01 Cabinet has determined to exercise the power only in respect of certain groups of students. This allows the Directorate to direct funds towards areas of identified need, and is the recommended option.
- 3.2.2 Cabinet is asked to review the discretionary award schemes shown below, and to note the minor change requested in the Mayor's Education Award Policy.

### **4. ALTERNATIVE OPTIONS**

- 4.1 Cabinet has the option not to take up discretionary award powers in which case it could not run the Mayor's Education Award. Alternatively, the Council might choose to make discretionary awards generally which means that it would have to accept and consider applications for support for a wide spectrum of courses from diverse residents aged over 16. It is considered that such an approach would not provide an appropriately robust foundation on which to grant or refuse requests. The policies appended to the report are considered to offer the fairest means of disbursing limited funds.
- 4.2 Cabinet might choose, contrary to recommendations in the report, to amend the policy on the provision of school clothing grants or the Budget Holding Lead Professional Scheme for Attendance Support, but this would likely require further analysis of any consequent impacts.

### **5. BACKGROUND**

- 5.1 Cabinet undertakes the review of its discretionary awards schemes on an annual basis taking into account the budget available and any policy changes requested.
- 5.2 The expected budget provision for the 2013/14 financial year is set out below.

<b>Grant scheme</b>	<b>Budget 2012/13 £'000</b>	<b>Budget 2013/14 £'000</b>
Mayor's School clothing grants	201	201
Mayor's Budget holding lead professionals scheme	25	25
Mayor's 16-19 further education transport support	5	5
Mayor's Education Award (Note 1)	1,123	410
Mayor's Higher Education Award (Note 2)	n/a	630
<b>Total</b>	<b>1,154</b>	<b>1,271</b>

Note 1: Take-up meant that expected spend for 2012/13 is £0.605m for 2012/13 and 2013/14 is for one term only.

Note 2: MHE not due to start until September 2013, but a whole year's funding is available.

## **6. THE DIRECTORATE'S PROPOSED DISCRETIONARY AWARDS SCHEMES FOR THE 2013/14 ACADEMIC YEAR**

### **6.1 The Mayor's School Clothing Grant Policy**

6.2 The Council has power under section 518 of the Education Act 1996 and the Local Education Authority (Payment of School Expenses) Regulations 1999 to pay expenses to enable a child attending a maintained school to take part in any school activity. The Council may make such a payment where satisfied that it should be made to relieve financial hardship, but the payment must be related to the means of the child's parents.

6.3 A change is proposed to the Mayor's School Clothing Grant policy. This is the inclusion of Universal Credit as a qualifying benefit. The current benefit requirements are the same as those for Free School Meals and include Income Support. However, Income Support is due to be replaced by Universal Credit, with an expected starting date of October 2013 for new applicants. As Universal Credit will subsume some taxable and non-taxable benefits it will be necessary to further define it by requiring the applicant to also be eligible for Free School Meals

6.4 As decisions on Clothing Grant applications are made on the basis of benefits received up to 30<sup>th</sup> September, the introduction of Universal Credit will not have a major impact in the 2013/14 financial year where this grant is concerned. However, it is possible that some families may move into the Borough from the North West where Universal Credit is being piloted from April 2013. The policy appears at Appendix 1.

### **6.5 The Mayor's Budget Holding Lead Professional Scheme for Attendance Support**

6.6 This scheme is regarded as being an extremely effective form of targeted intervention that has had a positive effect on the lives of the children supported. No changes are proposed to this scheme which is set out in Appendix 2.

### **6.7 The Mayor's 16-19 Further Education Travel Policy**

6.8 The Council has power under section 508C of the Education Act 1996 to make such school travel arrangements as it considers necessary for the purpose of facilitating a child's attendance at any relevant educational establishment in relation to the child. This power relates to children who are not eligible children within the meaning of Schedule 35B to the Education Act 1996 (and in respect of whom the Council has a duty). The arrangements that may be made include payment of the whole or any part, as the Council thinks fit, of a person's reasonable travelling expenses.

- 6.9 The numbers receiving the grant are small. In 2011-12 9 students, in 2012-13 5 students and currently 2 receive the award. The total spend in 2012 was £900.
- 6.10 No change is proposed in the Further Education Travel Policy, but references to Young People's Learning Agency (YPLA) funding have been replaced by Education Funding Agency (EFA) to reflect the change of name of the organisation concerned. The proposed policy is shown at Appendix 3.
- 6.11 **The Mayor's Education Award**
- 6.12 The Mayor's Education Award commenced in the 2011/12 academic year. The scheme gives grants of £400 per year to eligible students. The grant is given in two tranches of £200. Approximately 900 students were supported by the Scheme in the 2011/12 academic year. To date 2132 applications have been received for the 2012/13 academic year.
- 6.13 The scheme was designed to assist student taking courses of full-time education of at least one year's duration. However, it became apparent that a number of students take short courses. As these students are specifically disadvantaged they were assisted by the MEA scheme, but only by treating their cases as exceptional. This led to 50 students being supported exceptionally in the 2011/12 academic year.
- 6.14 The MEA scheme was due to end in summer 2013 as there appeared to be no further funds available for it. However, as the scheme has underspent against the original funding set aside from reserves and this allows it to continue for a third academic year.
- 6.15 The MEA scheme contributes to the Prosperous Community theme by delivering financial support to families in need, increasing the ability of their young people to take part fully in further education.
7. **The Mayor's Higher Education Award**
- 7.1 A new scheme is being proposed to give awards of £1,500 to 400 students in the first year of a higher education undergraduate course. The purpose of the scheme is to mitigate the high cost associated with higher education.
- 7.2 The scheme is aimed at young people up to the age of 24, with an exception for students having had an SEN statement up to the age of 16 or 19 as necessary and for students receiving Disability Living Allowance. These two groups of students can apply up to the age of 25.
- 7.2 Approximately 800 students commence higher education courses in any one year and a list of priorities is shown in paragraph 6 of the proposed policy which is shown as Appendix 5.
- 7.3 The scheme will be run in the 2013/14 academic year only, with half of the award per individual being paid in February 2014 and the remaining half in February 2015
- 7.4 The awards will be supported by a comprehensive publicity strategy comprising advertisements in the local press in June, July, August and September 2013. There will be a formal launch of the awards during the school summer term. Schools will be issued with flyers and publicity posters. Information about applying will be included in the publicity and explained to Headteachers and Heads of sixth forms in May 2013.

Reminders will be placed in the Headteacher’s Bulletin each half term. The publicity will be co-ordinated the Council Communications team.

## 8. COMMENTS OF THE CHIEF FINANCIAL OFFICER

- 8.1 The funding for the discretionary awards referred to in recommendations 2.2 to 2.4 is available at the level indicated in the report in the 2013/14 budget.
- 8.2 The Mayor’s Education Award scheme was due to cease at the end of 2012/13 academic year (ie summer 2013) . It is funded from a reserve of £2.266m which is earmarked for this purpose, so no virement is necessary. The table below identifies the costs to date and the forecast costs through to the end of the 2013/14 academic year. Precise costs depend on take-up and the forecast for 2013/14 academic year includes provision for up to a 20% increase on the current numbers. The extension of this scheme to the summer of 2014 is affordable within the earmarked funding for this initiative.

Financial year	2011/12	2012/13		2013/14		2014/15		Total
Year	Jan-12 Actual 11/12 ay	Apr-12 Actual 11/12 ay	Jan-13 Provisional 12/13 ay	Apr-13 Estimated 12/13 ay	Jan-14 Estimated 13/14 ay	Apr-13 Estimated 13/14 ay	Jan-14 Estimated	
Total eligible	650	889	1,050	1,050	1,260	1,260		
Admin cost	£0.020m	£0.020m	£0.020m	£0.020m	£0.020m	£0.020m		
Total cost (ie eligible x £200 per instalment)	£0.150m	£0.198m	£0.230m	£0.230m	£0.272m	£0.272m		
Revised Financial Year cost	£0.150m	£0.428m		£0.502m		£0.272m		£1.352m

(Notes: Provisional payments for 12/13 academic year are for 1,050 students. 13/14 academic year provides for up to 20% more if greater publicity results in an increase in take-up)

- 8.3 The Mayor’s Higher Education Award operates for two academic year from autumn 2013, with the first payment expected in February 2014. The funding is sufficient to pay for 400 awards per year plus £30k administration costs.

## 9. CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE (LEGAL SERVICES)

- 9.1 The Council is empowered by section 518 of the Education Act 1996 to make payments, in circumstances prescribed by regulations, to enable a person to take advantage of educational facilities that are available to them. Such payments may consist of –
- A post-compulsory education award, which may be a scholarship, an exhibition, a bursary or any other allowance.
  - Payment of such expenses of attending a community, foundation, voluntary or special school as may be necessary to enable them to take part in school activities.

- 9.2 The Local Education Authority (Payment of School Expenses) Regulations 1999 specify that the Council may pay expenses where it is satisfied that such a payment should be made in order to prevent or relieve financial hardship. The proposed school clothing grant policy in Appendix 1 is for the payment of school clothing grants and this contains a relevant eligibility criterion concerning income.
- 9.3 The Local Education Authority (Post-Compulsory Education Awards) Regulations 1999 (“the Awards Regulations”) provide that the Council must decide each financial year whether it wishes to operate an awards scheme and, if so, whether it will do so generally or only in respect of eligible people who satisfy criteria specified by the Council. The proposal is to put in place policies for two targeted awards schemes, as set out in Appendices 2 and 4, each specifying the applicable criteria.
- 9.4 The Council has a separate discretion under section 508C of the Education Act 1996 to make travel arrangements for children other than eligible children (in respect of whom the Council has a positive duty to make travel arrangements by virtue of section 508B of the Education Act 1996). The Council may make such arrangements in relation to a child where it considers them necessary to facilitate the child's attendance at any relevant educational establishment in relation to the child. The travel policy in Appendix 3 outlines the Council's approach to the exercise of its discretion.
- 9.5 The higher education awards scheme in Appendix 5 cannot be supported by reference to the discretionary awards power in section 518 of the Education Act 1996. This is because the Awards Regulations relevantly specify that “educational facilities” include “a course of further or higher education, whether pursued by full-time or part-time attendance at an educational institution or otherwise”, but do not include a course in respect of which the person is eligible for financial support by way of grant or loan. As the criteria in Appendix 5 include the requirement that students are in receipt of a grant or loan from Student Finance England, another source of power must be found.
- 9.6 The Council has power under section 1 of the Localism Act 2011 to do anything that individuals generally may do, subject to specified restrictions and limitations imposed by other statutes (the general power of competence). Relevantly, those restrictions and limitations are as follows –
- If exercise of a pre-commencement power of a local authority is subject to restrictions, those restrictions apply also to exercise of the general power so far as it is overlapped by the pre-commencement power.
  - The general power does not enable the Council to do anything which it is unable to do by virtue of a pre-commencement limitation.
- 9.7 The making of grants and loans to students is something that a philanthropic individual may do, so the Council should be able to do the same unless the general power is relevantly restricted or limited. The extent of application of pre-commencement restrictions and limitations is untested and, whilst alternate views may be argued, it is considered reasonable to conclude that there isn't anything to limit the exercise of the Council's general power to make the higher education awards scheme. Section 518 did pre-exist the general power of competence, but it gives a positive power to grant discretionary awards in circumstances prescribed in the Awards Regulations. The section 518 power did not extend to cases where a student is in receipt of financial support from Student Finance England, but also did not purport to prevent a local authority from providing such support if another source of power were available. In the



circumstances it is considered that the Council may rely on the general power of competence to support the scheme set out in Appendix 5.

9.8 The proposed awards policies contain a requirement for residence in Tower Hamlets as part of the eligibility criteria. This will apply equally to UK and other nationals and there is a good argument that it does not give rise to any indirect form of discrimination contrary to Article 49 of the Treaty Establishing the European Economic Community.

9.9 Under section 149 of the Equality Act 2010, before making a decision to opt in or out of discretionary awards and before determining the policies on which it will make discretionary payments, the Council must have due regard to: the need to eliminate unlawful conduct under the Equality Act 2010; the need to advance equality of opportunity; and the need to foster good relations between persons who share a protected characteristic and those who don't. Information is provided in section 9 of the report relevant to these considerations. Age is a protected characteristic within the meaning of the Equality Act 2010, but the grant of education awards is not considered to be the subject of an anti-discrimination obligation under the Act.

## **10. ONE TOWER HAMLETS CONSIDERATIONS**

10.1 Education is crucial in allowing people to compete successfully in society. The adoption of the power to make discretionary awards will help to ensure equality of opportunity by mitigating financial barriers to education and thereby assisting equality of access to all residents regardless of race, gender, disability, sexual orientation, and religion/beliefs. This will assist the work of building aspiration among Tower Hamlets students at a time when the lack of economic opportunity means that competition for jobs is ever greater.

10.2 Equalities Analyses were carried out on the Discretionary Awards Schemes shown in this report for the 2012/13 academic year. A new Equalities Analysis has been carried out on the proposed Mayor's Higher Education Award and is attached as Appendix 6. The schemes all consist of awarding financial assistance to students from low income families and were found to have an overall positive effect on barriers to participation and on the protected groups concerned.

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

11.1 There are no SAGE issues arising from this report.

## **12. RISK MANAGEMENT IMPLICATIONS**

12.1 The discretionary award policies are cash limited wherever possible and an overspend in one can be compensated by an underspend in another. Reputational risk is guarded against by the annual review of the policies which seeks to ensure that they respond to need.

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

13.1 Cutting crime and anti-social behaviour is about improving quality of life. The discretionary award policies do this by obviating financial need where possible, by allowing young people to fulfil their potential by channelling their energies in a positive way and in some cases by focussing on early intervention.

## **14. EFFICIENCY STATEMENT**

14.1 The Directorate is making efficient use of its resources by using an existing team to deliver the Mayor's Further and Higher Education Awards, by concentrating its financial resources on the poorest and most vulnerable members of its community, and by tailoring its scheme to ensure that disadvantaged young people are taken into consideration. The assistance given at further education level will increase students' ability to take part in higher education and that given at higher education level will assist young residents to find employment.

**15. APPENDICES**

- Appendix 1 – proposed Mayor's School Clothing Grant Policy 2012/13
- Appendix 2 – proposed Mayor's Budget Holding Lead Professional Scheme for Attendance Support
- Appendix 3 – proposed Mayor's 16 to 19 Further Education Transport Policy 201/12
- Appendix 4 – proposed Mayor's Education Award
- Appendix 5 – proposed Mayor's Higher Education Award
- Appendix 6 – Equalities Analysis of the proposed Mayor's Higher Education Award

---

**Local Authorities (Executive Arrangements) (Access to Information) (England)  
Regulations 2012**

**List of "Background Papers" used in the preparation of this report**

Brief description of "background papers"	Name and telephone number of holder and address where open to inspection.
<b>None</b>	<b>N/A</b>

## **1 School Clothing Grant**

- 1.1 The School Clothing Grant is a single payment of £110 made on one occasion where a pupil transfers from primary to secondary school for pupils from low income families. The grant is made for the academic year in which the pupil reaches the age of 12.
- 1.2 Grants will be made wherever possible in advance of the start of the Autumn term so that parents have access to the money when most needed.

## **2. Conditions of eligibility**

2.1 Applicants **must** satisfy the following requirements of the policy to be eligible for a School Clothing Grant:

- age;
- residence;
- school;
- income.

### **2.1 Age limits**

- 2.1.1 Pupils can be considered for a School Clothing Grant for the academic year in which they become 12 years old. Overage and underage pupils may also qualify where their secondary transfer has been approved by the Educational Psychologist and School Development Adviser.
- 2.1.2 The start of the academic year is defined as 1<sup>st</sup> September.

### **2.2 Residence requirements**

- 2.2.1 The Authority will consider applications from parents and carers living within its area.

### **2.3 Approved institutions**

- 2.3.1 School Clothing Grants will be made to pupils attending courses of secondary education at maintained and private sector secondary schools.

### **2.4 Benefit requirement**

- 2.4.1 To be eligible for a School Clothing Grant the parents or carer must receive:
- income based Job Seekers Allowance;
  - Income Support;
  - Income related Employment Support Allowance
  - Guaranteed Pension Credit
  - a total income of less than £16,190 (excluding child tax credit and child benefit, but including any Working Tax Credit you may receive).
  - Universal Credit where the applicant is eligible for Free School Meals.
- 2.4.2 Pupils whose parents or carers are asylum seekers will be eligible to be

considered for a School Clothing Grant where their parents or carers receive NASS (National Asylum Support Service) support under part IV of the Immigration and Asylum Act 1999.

- 2.4.3 The applicant, their parents or guardians must receive a qualifying benefit at the time of applying.

### **3. Administration of the payment**

- 3.1 The School Clothing Grant is paid as a single cheque of £110 to the parent or carer of the pupil.

### **4. Closing dates**

- 4.1 The School Clothing Grant application forms for the 2013/14 academic year must be received by the Housing Benefits Team by **5pm on Monday 30<sup>th</sup> September 2013.**

### **5 Exceptional circumstances**

- 5.1 Applications for School Clothing Grants received after the closing date will only be accepted in exceptional circumstances where the pupil and family meet all the criteria of this policy other than having made an application on time.
- 5.2 Parents applying on exceptional grounds will be asked to provide supporting evidence from a relevant professional, for example an Attendance and Welfare Adviser or Lead Professional.

### **6 Appeals**

- 6.1 Appeals must be made in writing and will be considered by a panel comprised of at least two senior officers from Pupil and Student Services. Appeals must be accompanied by evidence that the parent or guardian was in receipt of an appropriate benefit as described on paragraph 2.4.1 and 2.4.2 at the time of applying.

## The Mayor's Budget Holding Lead Professional Scheme for Attendance Support (BHSAS)

### 1 Purpose of the scheme

- 1.1 The aim of this scheme is to assist front line staff in identifying concerns about children and young people at an early stage. It provides access to funding for resources for early intervention to meet the identified needs and thereby avoiding the concerns escalating and becoming entrenched.
- 1.2 Non-attendance and poor punctuality are recognised as being early indicators of difficulties affecting the lives of children and young people. It is also recognised that the Attendance and Welfare Service (AWS) is one of the key front line services working with schools and children and young people of statutory school age and that it has a very important role in working with schools, families and the children and young people to overcome these difficulties.

### 2 How the BHLPSAS will function

- 2.1 Following receipt of a referral for non-attendance and/or poor punctuality, an AWA and/or school may have conducted or be in the process of conducting an assessment of the factors affecting the education of the pupil using the Tower Hamlets Common Assessment Framework Form (CAF);
- 2.2 This assessment may identify difficulties which could be resolved quickly and effectively through the immediate funding of resources to meet the identified needs;
- 2.3 An application can be submitted to the Principal Attendance and Welfare Advisor briefly detailing the situation and identified needs and the resources required to meet them;
- 2.4 The Principal Attendance and Welfare Advisor as the Budget Manager for the AWS will authorise the funding subject to:
- 2.5
  - The request being linked to completion of a CAF on the pupil in question;
- 2.6
  - There being evidence of the pupil and his/her carers having participated in the assessment of identified needs;
- 2.7
  - Measurable outcomes being specified linked to the provision of the funding for the resources – improved attendance/punctuality;
- 2.8
  - Funding for resources will not normally be in cash but in the form of payment of invoices for services/goods received.

### 3 Eligibility

- 3.1 The pupil's non-attendance or poor punctuality has reached the trigger point for serving a court warning notice;
- 3.2 An assessment utilising the CAF is in process or has been completed. Where

the pupil has been the subject of a recent assessment by Children's Social Care then this can be used to avoid duplication but must be accompanied by a completed scored CAF Review Form to detail the current need and to give initial baseline scores;

3.3 An urgent need has arisen that requires early provision of resources but will be followed by completion of a CAF such as when parents/carers cannot accompany a child to/from school due to a short term exceptional situation.

3.4 This source cannot be used to fund statutory entitlements, the funding can only be used for resources that are additional to statutory entitlements.

#### **4 Funding**

4.1 For 2012/13 the AWS has a BHSAS allocation of £25,000.

#### **5 The Social Inclusion Panel (SIP)**

5.1 It is intended that the BHSAS will serve to assist AWAs in meeting pupils' identified needs at an early stage thereby preventing deterioration to the stage of them meeting the criteria at which they must be referred to SIP.

5.2 Where a pupil's attendance and/or punctuality does meet the criteria for referral to SIP then they must still be referred even if they are part of the BHLPSAS.

5.3 SIP itself also has an allocation of funding under the BHSAS and can offer funding in targeted cases to fund resources to help overcome the difficulties affecting them/meet their needs.

#### **6 Examples of Resources that can be Funded**

6.1 A Reward Scheme  
An Evening Activity  
Family Group Conference  
Teaching Assistant Hours  
Counselling Support  
Escort Provision  
School Uniform  
Pieces of Equipment – such as a musical instrument  
After hours One-to-One Support from a Significant Other/Tutor

6.2 This list is not exhaustive and AWAs are encouraged to be creative and innovative but any application for resources to be funded must be justified in the CAF and must be outcome related to the pupil's attendance/punctuality.

#### **7 Applying for Funding through the BHSAS**

7.1 Application for funding is through completion and submission of a short form.

7.2 It is required that following the intervention funded by the BHSAS a completed and scored CAF Review Form be submitted to assist in the evaluation of the intervention.

**The Tower Hamlets Mayor's Further Education Travel policy 2013/14**

**1 Amount of support**

- 1.1 Eligible applicants will receive a travel pass or a travel grant, whichever is the more cost effective.
- 1.2 The travel grant is a flat rate grant of £300.00 to be paid in three termly instalments. Applications received by the Directorate after the start of the academic year will be funded on a pro-rata basis from the half term in which they are received.
- 1.3 Where an eligible student is taking a specialist vocational course and receiving a Further Education grant, or bursary, but his or her fares are more than £10 per week taking into account fare concessions, they can receive the grant of £300 as detailed in paragraph 1.2.
- 1.4 A specialist vocational course is one that leads to a single national qualification in a specified area, e.g. a national diploma in model making. This does not include a variety of A, A/S or A2 levels, one or more of which cannot be taken locally.
- 1.4 The provision of free bus transport by Transport for London will be taken into account when considering the value of any award made.

**2 Responsibility**

- 2.1 Applicants must be the ordinarily resident in Tower Hamlets to be the responsibility of Tower Hamlets Children's Services.
  - 2.1.1 'Ordinary residence' refers to a person ordinarily residing in the Borough of Tower Hamlets (apart from temporary or occasional absences) whose residence in the Borough has been adopted voluntarily for settled purposes.
  - 2.1.2 Applicants who are living in Tower Hamlets solely for reasons of taking full-time education are not eligible for support from this policy and should apply to their home authorities for support.

**3 Other sources of income**

- 3.1 Applicants must first have their entitlement to discretionary bursary support determined, to allow proper consideration of their transport support.
- 3.2 Students should not receive more than one form of travel support. This acknowledges the fact that they may receive EFA funds towards travel costs. The Directorate will not normally fund a student's travel support where he or she has an entitlement to central government funds.
- 3.3 To be considered for a travel grant, the applicant must be ineligible for any form of government training allowance except in situations where they are taking a specialist course as stated in paragraphs 1.3 to 1.4.

3.4 Exceptionally, students with special educational needs may be considered by the Directorate to need both travel support and other forms of funding.

## 5 **Age**

5.1 Applicants can apply for support for the 2013/14 academic year where it follows the academic year in which they became 16, 17 or 18 years old. The academic year is deemed as starting on 1<sup>st</sup> September 2013.

5.2 Applicants with Special Educational Needs can be funded for the 2013/14 academic year where it follows the academic year in which they became, 16, 17, 18, 19 or 20 years old.

## 6 **Parental Income**

6.1 Parental income in the 2013/14 financial year must be no more than £30,810.

6.2 Where the income of an applicant's parents in the 2013/14 financial year can be shown to be 15% less than their income in the 2012/13 financial year, the parents' current estimated income can be used for the purposes of this policy.

## 7 **Recognised schools and colleges**

7.1 Travel support can be paid for full-time attendance on any further education course at any public sector school or college or any other school or college that receives funding from the Education Funding Agency. Advice will be sought from the School Development Advisers where applicants wish to go to other educational institutions.

## 8 **Minimum home to school/college distance**

8.1 The applicant must be attending a school or college at least one and a half miles radius from the applicant's home.

## 9 **Students with special educational needs**

9.1 Applicants with Special Educational Needs can receive a travel grant or travel pass whichever is deemed by the Education Directorate to be most appropriate. These applications will be considered taking into account the other criteria of this policy.

9.2 Where students with Special Educational Needs are concerned, consideration may be given to reducing the minimum home to school/college distance, taking into account the individual circumstances of the student relevant to the distance involved.

9.3 Students without a statement of Special Educational Needs but who have special needs can be considered exceptionally for a travel pass or travel grant under the same conditions that apply to students with Special Educational Needs.

## 10 **Appeals procedure**



10.1 Any applicant refused support can appeal in writing to the Awards Review Officer for further consideration. The appeal letter must be received by the Student Finance Section within 21 days of the date on which the refusal letter was sent.

10.2 The Awards Review Officer will determine whether or not the decision to refuse support has been properly made within the confines of the 16-19 Further Education Travel Policy.

## 11 **Exceptional circumstances**

11.1 Where an application has been properly refused but is felt to merit exceptional consideration by the Awards Review Officer, support can be offered on the agreement of the Head of the Access and Inclusion Service. The decision of this officer will be final.

## 12 **Cash limitations**

12.1 The budget to support the 16-19 Further Education Travel Policy is cash limited. Tower Hamlets Children, Schools and Families Directorate therefore reserves the right to refuse any application made under this policy on the grounds that sufficient funds are not available.

## **1. The Tower Hamlets Mayor's Education Awards Policy 2013/14**

- 1.1 The Children Schools and Learning Directorate will consider making Mayor's Education Awards under the Discretionary Awards Policy to students who are its responsibility.
- 1.2 Any award made will be for the student's maintenance only. Awards will not be made for course fees.
- 1.3 Any award offered will be for a specific course at an education provider recognised for the Discretionary Awards Policy and will be for a specific period. It will not be transferable to any other course or provider without the specific consent of the Directorate.
- 1.4 Further education students must make a written application on the form provided to allow their case to be considered. No student will have an automatic entitlement to a Mayor's Education Award.

## **2 Definitions**

- 2.1 Definitions used will follow those appearing in the EFA Funding Guidance Regulations 2011/12.

## **3. 16-19 FE Awards - conditions of eligibility**

- 3.1 Applicants must satisfy the following criteria of the policy to be eligible for a 16-19 FE Award:
  - age;
  - residence;
  - course;
  - recognised college.

### **3.1 Responsibility for applications**

- 3.1.1 To be eligible for consideration for a 16-19 FE Award, an applicant must be the responsibility of the London Borough of Tower Hamlets in accordance with the Areas to which Pupils Belong Regulations 1996.

### **3.2 Age limits**

- 3.2.1 16-19 FE Awards are considered for applicants aged 16 to 18 years old before the start of the academic year in which the course starts. Students becoming 19 within an academic year will be funded to the end of that academic year.
- 3.2.2 Awards will only be considered for courses that would normally be completed by the end of the academic year in which the student becomes 19.
- 3.2.3 Exceptionally students who had an SEN statement and/or those who are recognised by the Directorate's panel of experts as disabled may be funded up to

the academic year in which they become 21 years old.

### **3.3 Residence requirements**

3.3.1 Applicants must have been ordinarily resident in the London Borough of Tower Hamlets for 3 years preceding the start of the course which is defined as:-

- 1st September for courses commencing in the Autumn term
- 1st January for courses commencing in the Spring term
- 1st April for courses commencing in the Summer term.

3.3.2 Applicants who have been resident in Tower Hamlets wholly or mainly to undertake a full-time course of education during any part of the 3 years preceding the start of the course will not be accepted as meeting the Tower Hamlets residence requirement.

3.3.3 The following are exempted from the Tower Hamlets 3 years residence requirement:-

- applicants who live in the borough and hold full refugee status,
- applicants returning to the borough who have been in care or looked after by Tower Hamlets Council
- applicants who have been away during this period and whose parents have maintained a home in the borough throughout the 3 years (e.g. students, returnees from extended visits abroad)

3.3.4 Applicants must be 'settled' in the EU/EEA (including the UK) and have been ordinarily resident in the EU/EEA for the three years preceding the start of the academic year as defined in para 3.4.1 above and whose main purpose for such residence was not to receive full-time education during any part of the three-year period.

3.3.5 'Settled' means having either indefinite leave to enter or remain (ILE/R) or having the right of abode in the UK.

3.3.6 Applicants who meet the EU/EEA rules of the EFA Funding Guidance Regulations 2011 will be accepted as meeting the EU/EEA rule of this policy.

3.3.7 An exception will be made for those YPLA groups only eligible up to the age of 18. Their age of eligibility is extended to 19 or 21 where SEN and/or disability rules apply (see para 3.2.3 above).

### **3.4 Approved courses**

3.4.1 Awards will be considered for courses of FE leading to nationally recognised qualifications offered by regulated awarding bodies.

3.4.2 Mayor's Education Awards are normally only offered to students on a programme containing at least 450 guided learning hours in any 12-month period i.e. any academic year.

### **3.5 Recognised colleges**

3.5.1 The Authority recognises all further education public sector provision in the UK.

3.5.2 Awards will be considered for private sector further education provision where

students are predominately enrolled in learning which leads to an external certificate offered by a regulated awarding organisation and where the provider is subject to inspection by OFSTED or a similar organisation with a remit set by central government.

- 3.5.3 Furthermore, private training providers will be recognised where they are providing courses to disadvantaged young person referred to them the City Gateway charity.

### **3.6 Household income**

- 3.6.1 Awards will only be considered for students with a household income of up to £20,817 in the 2013/14 tax year.
- 3.6.2 Household income is defined as the total amount a family receives each year before tax and National Insurance. Taxable income from all sources, taxable benefits and Working Tax Credit will be taken into account.
- 3.6.3 Non-taxable benefits such as Income Support and Child Benefit will be disregarded.
- 3.6.4 The income taken into account is that of the student and parents. The term 'parents' includes stepparents and a parent's partner.
- 3.6.5 The income of absent parents will not be taken into consideration where it can be demonstrated that the absent parent is no longer part of the household, such as in cases of divorce.

### **4 Deadline for the receipt of forms**

- 4.1 An application must be received within three months from the date of enrolment and must be made before the end of the course year.
- 4.2 Applications will not be considered for retrospective academic years.

### **5 Value of the award**

- 5.1 The Mayor's Education Award will be £400 p.a. per individual to be delivered in two instalments, one in the Spring Term and one in the Summer Term, both instalments consisting of £200.
- 5.2 In situations where a student enrolls on a course after the mid-point of the academic year the award will be limited to a single instalment of £200.
- 5.3 The Award will normally be a cash award, paid to the student, but with the agreement of the student and the education provider concerned, may be paid to a third part to purchase a defined educational benefit such as a school trip.

### **6 The need for attendance, effort and good behaviour**

- 6.1 Awards will only be released to students with the agreement of the education provider. Providers will be able to suspend the payment of an award instalment or cancel it where the student does not meet accepted levels of attendance, effort or behaviour.

6.2 Providers must have an internal appeals process to allow students to contest the suspension or cancellation of an award.

## **7 Exceptional cases**

7.1 Applications that are ineligible for a Mayor's Education Award will be considered to see whether they merit support exceptionally. In these cases the following factors will be taken into account:

- 7.2
- medical and social factors;
  - family circumstances;
  - qualifications gained;
  - funding available from other sources, both public and private;
  - commitment to the chosen career;
  - any other information put forward.

## **8 Appeals**

8.1 Applicants refused support can make a written appeal. Appeals must be received by the Section administering the scheme within 21 days of the date on the letter refusing support, or they will be ruled as out of time.

8.2 Appeals will be decided by an Appeals Panel chaired by the Head of Secondary Learning and Achievement. Decisions to make awards exceptionally will be made by the Service Head – Learning and Achievement who will consider cases passed up by the Chair of the Appeals Panel.

## **9 Verification of information**

9.1 Documentary evidence may be sought as necessary to prove any aspect of the information supplied on an application form for a Mayor's Education Award.

## **10 Cash Limits**

**10.1 The budget for 16-19 FE awards is cash limited. Therefore, the Directorate reserves the right to refuse any application made under this policy on the grounds that sufficient funds are not available.**

**1. The Tower Hamlets Mayor's Higher Education Award Policy 20013/2014**

- 1.1 The Mayor's Higher Education Award scheme will make awards in the 2013/14 academic year only, with the awards lasting into the 2014/15 academic year.
- 1.2 The Education, Social Work and Wellbeing Directorate will consider making Mayor's Higher Education Award under the Discretionary Awards Policy to students who are its responsibility.
- 1.3 Any award made will be for the student's maintenance only. Awards will not be made for course fees.
- 1.4 Any award offered will be for a specific course at an education provider recognised for the Discretionary Awards Policy and will be for a specific period. It will not be transferable to any other course or provider without the specific consent of the Directorate.
- 1.5 Higher education students must make a written application on the form provided to allow their case to be considered. No student will have an automatic entitlement to a Mayor's Higher Education Award.

**2 Definitions**

- 2.1 Definitions used will follow those appearing in the Education (Student Support Regulations) 2011/12 allowing for any changes arising from The Education (Student Fees, Awards and Support) (Amendment) Regulations 2012.

**3. Mayor's Higher Education Award - conditions of eligibility**

- 3.1 Applicants must satisfy the following criteria of the policy to be eligible for an MHEA:
  - age;
  - residence;
  - course;
  - receipt of statutory student finance.

**3.1 Responsibility for applications**

- 3.1.1 To be eligible for consideration for a Mayor's Higher Education Award, an applicant must be the responsibility of the London Borough of Tower Hamlets as defined by the Areas to which Pupils Belong Regulations 1996.

**3.2 Age limits**

- 3.2.1 Mayor's Higher Education Awards are considered for applicants aged up to 24 years old before the start of the academic year in which the course commences.

An exception is made for any student who has or has had a Special Educational Needs statement up to the age of 16, or who receives Disability

Living Allowance. These students can apply up to the age of 25 years old before the start of the academic year in which the course commences

Having regard to their circumstances, students becoming 24 or 25 within an academic year will be funded for the duration of any award offered.

### **3.5 Residence requirements**

3.5.1 Applicants must have been ordinarily resident in the London Borough of Tower Hamlets for 3 years preceding the start of the course which is defined as the:-

- 1st September
- 1st January
- 1st April
- 1<sup>st</sup> July

preceding the start of the course.

3.5.2 Applicants who have been resident in Tower Hamlets wholly or mainly to undertake a full-time course of education during any part of the three years preceding the start of the course will not be accepted as meeting the Tower Hamlets residence requirement.

3.5.3 The following are exempted from the Tower Hamlets three years residence requirement:-

- applicants who live in the Borough and hold full refugee status,
- applicants living in the Borough who had previously lived outside Tower Hamlets through being in the public care of Tower Hamlets Council,
- applicants who have been away during this period and whose parents have maintained a home in the Borough throughout the three years (e.g. students, returnees from extended visits abroad).

3.5.4 Despite living outside the Borough of Tower Hamlets, a young person can apply for a Mayor's Higher Education Award for a first designated course where they commence the course by the age of 21 where Tower Hamlets Council, through Leaving Care remains the corporate parent to the young person, who is designated as a 'former relevant child'.

### **3.6 Approved courses**

3.6.1 Awards will be considered for a first full-time undergraduate course of higher education designated under the Education Student Finance Regulations as attracting student finance.

3.6.3 Exceptionally, an award will be considered for a first designated part-time course where a student cannot study a designated full-time course because of the effects of a disability.

3.6.4 A first undergraduate course will include any designated two year undergraduate course such as an HND or Foundation Degree, any degree course and any other undergraduate course designated under the Education Student Finance Regulations.

3.6.5 Post Graduate Course of Education are excluded from consideration.

3.6.6 A student will be eligible for consideration where:

3.6.7 • having taken the first year of a designated course, they have abandoned the first course and are starting a new designated course in the first year for which they will receive a fee loan from Student Finance England, or

3.6.8 • having taken a two year course such as a Foundation Degree, they have gained entry to a degree course for which they will receive a fee loan from Student Finance England.

### **3.7 Receipt of support from the Education (Student Support) Regulations**

3.7.1 To be eligible to be considered for a Mayor's Higher Education Award, an applicant must be found by Student Finance England to be eligible to the following support under the Student Finance Regulations:

- a fees loan and
- a full maintenance grant or special support grant that has not been reduced by means testing.

3.7.2 In the event that a young person who is designated as a 'former relevant child' of Tower Hamlets Council has to apply for student finance in Scotland, Wales or Northern Ireland, they will be required to receive the full fees support and full maintenance grant applicable to the part of the British Islands in which they live. Applications for an Mayor's Higher Education Awards of this nature will be considered individually.

## **4 Deadline for the receipt of forms**

4.1 An application must be received by 5pm on Monday 30<sup>th</sup> September 2013 for a course starting at any point in the period 1<sup>st</sup> September 2013 to 31<sup>st</sup> August 2014.

Late applications will only be considered where fewer than 400 eligible applications have been received. Where a late application is allowed it will be placed at the end of the group of students to be considered

4.2 Applications will not be considered for retrospective academic years.

## **5 Number and value of the award**

5.1 400 Mayor's Higher Education Awards will be made.

5.2 The Mayor's Higher Education Award will be £1,500 per individual taking a full-time course to be delivered in two instalments of £750, one in the second term of the first year of the course and the other in the second term of the second year of the course.

5.3 Where the designated course supported is only one year long the award will consist of a single payment of £750.

5.4 Where an award is made for a part-time course, the award will consist of £750 paid in two instalments of £375 one in the second term of the first year of the course and the other in the second term of the second year of the course.



## **6 Consideration of applications**

- 6.1 Where there are more applications received than awards available, applications will be ranked in the following order of precedent.
- i Young people who were in public care where Tower Hamlets Council is the corporate parent through its responsibility to a 'former relevant child'.
  - ii Young people having had a statement of Special Educational Needs up to the ages of 16 and leaving school, or 19 and leaving sixth form..
  - iii Single parents who have a child living with them.
  - iv Teenage parents who have a child living with them.
  - v Disable young people in receipt of Disability Living Allowance.
  - vi Young people living alone and in receipt of income support in their own right.
  - vii Young people living with their partner or in a family where the sole income is from benefits, ranked in descending age order, i.e. with preference given to the youngest.
  - viii Young people living with their partner or in a family where the income is partly made up of benefits (other than universal benefits such as Child Benefit or Child Tax Credit), ranked in descending age order, i.e. with preference given to the youngest.
  - ix Family income includes that of the applicant's partner, their parents, their parents' partners or their carers in the event that they do not live with their parents or partner.
  - x In the event that a tie-breaker must be implemented, consideration will be given to all the circumstances of the families involved.
  - xi Where the ranked list of eligible students is more than 400 long, awards will be offered to the first 400 and where those awards cannot be taken up, will be offered to the next applicant on the list until the number of awards is exhausted.
  - xii Any late applications allowed will be set in chronological order and will be the last priority.

## **7 Withdrawal from a course**

- 7.1 An offer of an award will be cancelled where the applicant withdraws from a course before the payment of the award has been made or where the applicant is obliged by the authorities of the higher education institution concerned to leave the course for any reason.

## **8 Transferring or starting a new course before the end of the award**

- 8.1 The second instalment of the award will be made where the student has transferred to, or started a new course of an equivalent or higher level than the course for which the award was originally given, e.g. HND to degree or degree to degree.

## **9 Repayment of overpayments**

- 9.1 Where a student receives funds from the Mayor's Higher Education Award

and is overpaid for any reason, the LA will seek reimbursement of the overpayment.

## **10 Appeals**

10.1 Applicants refused support can make a written appeal. Appeals must be received by the Section administering the scheme within 21 days of the date on the letter refusing support, or they will be ruled as out of time.

10.2 Applicants that are ineligible for a Mayor's Education Award and appeal against that decision will be considered to see whether they merit support exceptionally. In these cases the following factors will be taken into account

- medical and social factors;
- family circumstances;
- qualifications gained;
- funding available from other sources, both public and private;
- commitment to a chosen career;
- any other information put forward.

10.3 Appeals will be decided by an Appeals Panel chaired by the Head of Secondary Learning and Achievement. The Appeals Panel will make any recommendation to allow an appeal to the Lead Member who will make a final decision on the case.

## **11 Verification of information**

11.1 Documentary evidence will be sought as necessary to prove any aspect of the information supplied on an application form for a Mayor's Higher Education Award. This will include a document from confirming the applicant's entitlement to a fee loan and full living cost grant

## **12 Cash Limits**

12.1 The budget for 16-19 FE awards is cash limited. Therefore, the Directorate reserves the right to refuse any application made under this policy on the grounds that sufficient funds are not available.

## **13. Publicity**

13.1 The Mayor's Higher Education Awards will be advertised in the local press in June, July, August and September 2013.

- There will be a formal launch of the awards during the summer term
- Schools will be issued with flyers and publicity posters during the summer term
- Information about applying for the award will be explained at the Headteachers' briefing in May 2013 and at the Heads of 6<sup>th</sup> form meeting in May.
- Reminders about the awards will be posted in the Headteacher's Bulletin each half term.
- The publicity will be co-ordinated by the Council Communications team.

# Equality Analysis (EA)

## Section 1 – General Information (Aims and Objectives)

Name of the proposal including aims, objectives and purpose:

*(Please note – for the purpose of this doc, 'proposal' refers to a policy, function, strategy or project)*

**Proposal:** Mayor's Higher Education Award (MHEA) Policy.

**Objective:** The MHEA aims to give £1,500 each to 400 students undertaking a designated course of higher education, e.g. a degree, HND or Foundation Degree.

**Purpose:** To give financial assistance to vulnerable and financially disadvantaged young people living in Tower Hamlets, who are taking courses of higher education for which the current state support is mainly in the form of loans and where course fees can now cost up to £9,000 per year.

Who is expected to benefit from the proposal?

The scheme will assist vulnerable and low income young students. The age limits set are up to 25 years old for young people having had a statement of Special Educational Needs up to the age of 16, and up to 24 years old for all other applicants. The priority order for assistance is:

- Young people who were in public care where Tower Hamlets Council is the corporate parent through its responsibility to a 'former relevant child'
- Young people having had a statement of Special Educational Needs up to the age of 16.
- Single parents who have a child living with them.
- Teenage parents who have a child living with them.
- Disable young people in receipt of Disability Living Allowance.
- Young people living alone and in receipt of income support in their own right.
- Young people living in families whose sole income is benefits, ranked in descending age order, i.e. with preference given to the youngest.
- Young people living in families whose income is partly made up of benefits, ranked in descending age order, i.e. with preference given to the youngest.
- Any late applications allowed will be set in chronological order and will be the final priority.

**Service area:**

Education, Social Work and Wellbeing Directorate, Learning and Development

**Team name:**

Secondary Development

**Service manager:**

Diana Warne

**Name and role of the officer completing the EA:**

David Stone, business and management consultant

## Section 2 – Evidence (Consideration of Data and Information)

What initial evidence do we have which may help us think about the impacts or likely impacts on

service users or staff?

The Education Funding Agency bursary scheme requires schools and colleges to give bursaries of £1,200 to vulnerable student. This is a clear indication on the part of central government that some students should receive a financial advantage.

The cost of higher education has risen sharply and this has reduced the number of applications for HE places. University applications remain down on the number made before the introduction of £9,000 fees, even though they have risen slightly for 2013 over 2012. This appears to be evidence that the rise in fee costs is conflicting with efforts to widen access.

As vulnerable students and students from low income families are known to be less likely to enter higher education, it is reasonable to assume that the introduction of higher cost fees is deterring them yet further.

This is likely to impact on their future earning prospects. As the economy expands, there will be a need for 'knowledge workers' most of whom will be graduates. Without access to graduate qualifications residents of Tower Hamlets will be less likely to gain the more lucrative employment and better work conditions that go with such jobs.

Tower Hamlets is an area of deprivation and education is a factor in breaking the cycle of poverty.

### **Section 3 – Assessing the Impacts on the 9 Groups**

#### **How will what you're proposal impact upon the nine Protected Characteristics?**

For the nine protected characteristics detailed in the table below please consider:-

- **What is the equality profile of service users or beneficiaries that will or are likely to be affected?**

-Use the Council's approved diversity monitoring categories and provide data by target group of users or beneficiaries to determine whether the service user profile reflects the local population or relevant target group or if there is over or under representation of these groups

- **What qualitative or quantitative data do we have?**

-List all examples of quantitative and qualitative data available

*(include information where appropriate from other directorates, Census 2001 etc)*

*-Data trends – how does current practice ensure equality*

- **Equalities profile of staff?**

-Indicate profile by target groups and assess relevance to policy aims and objectives e.g. Workforce to Reflect the Community. Identify staff responsible for delivering the service including where they are not directly employed by the council.

- **Barriers?**

-What are the potential or known barriers to participation for the different equality target groups? Eg, communication, access, locality etc

- **Recent consultation exercises carried out?**

-Detail consultation with relevant interest groups, other public bodies, voluntary organisations, community groups, trade unions, focus groups and other groups, surveys and questionnaires undertaken etc. Focus in particular on the findings of views expressed by the equality target groups. Such consultation exercises should be appropriate and proportionate and may range from assembling focus groups to a one to one meeting.

- **Additional factors which may influence disproportionate or adverse impact?**

-Management Arrangements - How is the Service managed, are there any management arrangements which may have a disproportionate impact on the equality target groups

- **The Process of Service Delivery?**

-In particular look at the arrangements for the service being provided including opening times, custom and practice, awareness of the service to local people, communication

Please also consider how the proposal will impact upon the 3 One Tower Hamlets objectives:-

- Reduce inequalities
- Ensure strong community cohesion
- Strengthen community leadership.

**Please Note -**

Reports/stats/data can be added as Appendix

<b>Target Groups</b>	<b>Impact – Positive or Adverse</b>  What impact will the proposal have on specific groups of service users or staff?	<b>Reason(s)</b> <ul style="list-style-type: none"> <li>• Please add a narrative to justify your claims around impacts and,</li> <li>• Please describe the analysis and interpretation of evidence to support your conclusion as this will inform decision making</li> </ul> <p>Please also how the proposal will promote the three One Tower Hamlets objectives?</p> <ul style="list-style-type: none"> <li>-Reducing inequalities</li> <li>-Ensuring strong community cohesion</li> <li>-Strengthening community leadership</li> </ul>
Race	Positive	The Bangladeshi community forms approximately one third of the Borough’s population, but is over-represented in the take up of free school meals pointing to its relative disadvantage.  The policy will have a positive impact on race by being spread across a wide group of ethnicities, but particularly by supporting people from ethnic groups in Tower Hamlets suffering significant economic disadvantage. It will help to reduce inequality.
Disability	Positive	Disability carries with it the barriers of impairment and the fact that this group come disproportionately from low-income families. According to research for the Joseph Rowntree Foundation, disabled teenagers have the same aspirations to stay in education and find fulfilling careers as their non-disabled peers. But while encouraged to aim high, many have had their ambitions frustrated by their mid-twenties and are left intensely disappointed in their inability to shape their own future.  Additional financial support should benefit this group as people with a disability/learning difficulty come disproportionately from low-income families. Even though financial support is available to disabled students from the Education (Student Support) Regulations, disabled people have day to day higher living costs, such as heating bills and dietary needs, which are not accommodated by student finance. The Policy will help to reduce inequality.
Gender	Positive	Gender can prove to be a barrier where cultural attitudes are less sympathetic to female participation. However, the provision of extra funding for students starting courses of higher education may mitigate against any gender prejudice and is therefore seen as reducing inequalities between genders.

Gender Reassignment	Positive	<p>There is no evidence to draw on about gender reassignment among young people in Tower Hamlets entering higher education. However, Guidance on trans equality in post-school education produced by UNISON makes the point that trans-gender individuals in education should find a non-intimidating, respectful environment.</p> <p>Insofar as the protected group of gender reassignment will exist within the age group it will benefit from the same financial measures, with no sense of exclusion. This will help ensure community cohesion.</p>
Sexual Orientation	Positive	<p>It is commonly accepted that 6 per cent of the population is lesbian, gay or bisexual (LGB). Although the proposed HE bursary is not placed to directly advance the equality of LGB people, it does give them the same access to finance with which to advance their education as their heterosexual peers, with no sense of exclusion. This will help to ensure community cohesion.</p>
Religion or Belief	Positive	<p>There seems little evidence that religion or belief has an adverse effect on participation in higher education. However, for minority ethnic participants, religion and ethnicity are much more important than for their white peers.</p> <p>Amongst the disadvantaged groups that the HE bursary seeks to assist there are a large number of Muslims as most Bangladeshi students are instructed in Islam. Therefore, the policy will positively affect those groups with a strong religious sense without discriminating against their more secular peers. This will assist community cohesion.</p>
Age		<p>The Policy is aimed at the age range 18 to 24 with an exception for SEN and disabled student up to the age of 25.</p>
Marriage and Civil Partnerships.	Positive	<p>Marriage and civil partnerships can be affected by one partner entering higher education where that would decrease the household income. The Policy will help to mitigate financial loss to this group and will assist community cohesion.</p>
Pregnancy and Maternity	Positive	<p>The document Teenage Parents, Next Steps, a guide for local authorities and Primary Care Trusts, published by the Department for Health gives the following information.</p> <p>Teenage mothers need additional support – from family, partners and services – if they and their children are to avoid the poor outcomes that many of them currently experience. Teenage mother’s often do not achieve the qualifications they need to progress into further and thus into education and, in some cases, have difficulties finding childcare and other support they need to participate in education, employment or training. Consequently, they struggle to compete in an increasingly high-skill labour market.</p> <p>Teenage mothers disproportionately come from disadvantaged backgrounds and are therefore more likely to need additional support when entering higher education to pay for childcare. Even though childcare support is</p>

available through the Education (Student Support) Regulations, it only pays for 85% of the cost involved. The Policy will reduce inequality among this group.

Other  
Socio-economic  
Carers

The Joseph Rowntree programme paper: Poverty, ethnicity and education, published in May 2011 makes the following points.

Poverty can be transmitted across generations via educational disadvantage; childhood poverty is associated with lower educational attainment which, in turn, is associated with low income in adulthood.

Research has highlighted the high rates of poverty among some ethnic groups, and lower employment rates for Pakistani, Bangladeshi and black African people of working age.

Increased education reduces out-of-work poverty by increasing the likelihood of being in paid work, and reduces in-work poverty by increasing earnings.

The proposed policy will assist vulnerable students and students from low income families. Therefore it will support



## Section 4 – Mitigating Impacts and Alternative Options

From the analysis and interpretation of evidence in section 2 and 3 - Is there any evidence of or view that suggests that different equality or other protected groups (inc' staff) could have a disproportionately high/low take up of the new proposal?

Yes?                      No? ✓

If yes, please detail below how evidence influenced and formed the proposal? For example, why parts of the proposla were added/removed?

*(Please note – a key part of the EA process is to show that we have made reasonable and informed attempts to mitigate any negative impacts. AN EA is a service improvement tool and as such you may wish to consider a number of alternative options or mitigation in terms of the proposal.)*

## Section 5 – Quality Assurance and Monitoring

Have monitoring systems been put in place to check the implementation of the proposal and recommendations?

Yes? ✓                      No?

How will the monitoring systems further assess the impact on the equality target groups?

A request for monitoring information will form part of the application process. The information gathered will be used as part of an annual review of the scheme. This will allow alterations to the policy to be made based on equalities data should it be necessary.

Decisions will be made by a panel of officers on applications using the priorities in the policy to ensure that a variety of opinions are heard.

Does the policy/function comply with equalities legislation?  
(Please consider the [OTH objectives](#) and [Public Sector Equality Duty](#) criteria)

Yes?  No?

If there are gaps in information or areas for further improvement, please list them below:

How will the results of this Equality Analysis feed into the performance planning process?

The result of the EA will be attached to the Discretionary Awards Report to be available to both DMT who will review the report and to Councillors who will take decisions required by the report.

## Section 6 - Action Plan

As a result of these conclusions and recommendations what actions (if any) **will** be included in your business planning and wider review processes (team plan)? Please consider any gaps or areas needing further attention in the table below the example.

Recommendation	Key activity	Progress milestones including target dates for either completion or progress	Officer responsible	Progress
<b>Example</b>				
1. Better collection of feedback, consultation and data sources	1. Create and use feedback forms. Consult other providers and experts	1. Forms ready for January 2010 Start consultations Jan 2010	1.NR & PB	
2. Non-discriminatory behaviour	2. Regular awareness at staff meetings. Train staff in specialist courses	2. Raise awareness at one staff meeting a month. At least 2 specialist courses to be run per year for staff.	2. NR	

Page 45

Recommendation	Key activity	Progress milestones including target dates for either completion or progress	Officer responsible	Progress
1. Collection of equalities data.	1. Ensure equalities data is sought by the application process.	1. Form readiness by September 2013.	1. Linda Clarke	
2. Collection of feedback data.	2. Design a form to allow students to feed back on the application process at the end of the first cycle of payments.	2. Prepare labels for posting in March 2014.	2. Linda Clarke	

**Section 7 – Sign Off and Publication**

Page 46

<b>Name:</b> (signed off by)	
<b>Position:</b>	
<b>Date signed off:</b> (approved)	

**Section 8 Appendix – FOR OFFICE USE ONLY**

This section to be completed by the One Tower Hamlets team

**Policy Hyperlink :**

<b>Equality Strand</b>	<b>Evidence</b>
Race	
Disability	
Gender	
Gender Reassignment	
Sexual Orientation	
Religion or Belief	
Age	
Marriage and Civil Partnerships.	
Pregnancy and Maternity	
Other	
Socio-economic	
Carers	

<b>Link to original EQIA</b>	<b>Link to original EQIA</b>
<b>EQIAID (Team/Service/Year)</b>	

This page is intentionally left blank

# Agenda Item 9.1

<b>Committee/Meeting:</b> Cabinet	<b>Date:</b> 8 <sup>th</sup> May 2013	<b>Classification:</b> Unrestricted	<b>Report No:</b> CAB 109/123
<b>Report of:</b> Assistant Chief Executive [Legal Services]  <b>Originating officer(s)</b> Louise Russell (Service Head, Corporate Strategy & Equality) Nadir Ahmed (Strategy, Policy & Performance Officer)		<b>Title:</b> Towards a Healthier Tower Hamlets: Health and Wellbeing Plan  <b>Wards Affected:</b> All	

<b>Lead Member</b>	Mayor Lutfur Rahman Cllr Abdul Asad
<b>Community Plan Theme</b>	A Healthy and Supportive Community One Tower Hamlets
<b>Strategic Priority</b>	Reduce health inequalities and promote healthy lifestyles; Enable people to live independently; Provide excellent primary and community care; Keep vulnerable children, adults and families safer, minimising harm and neglect; and Reducing Inequalities

## 1. **SUMMARY**

- 1.1 This report brings forward the final version of the Tower Hamlets Health & Wellbeing Board's Health and Wellbeing Strategy, entitled *Towards a Healthier Tower Hamlets: Health and Wellbeing Plan*.

## 2. **DECISIONS REQUIRED**

The Mayor in Cabinet is recommended to:-

- 2.1 Endorse *Towards a Healthier Tower Hamlets: Health and Wellbeing Plan*, contained in Appendix 1, and the delivery plan in Appendix 2.

## 3. **REASONS FOR THE DECISIONS**

- 3.1 The local Health and Wellbeing Board has a statutory duty under the *Health and Social Care Act 2012* to produce a Health and Wellbeing Strategy for the local area.
- 3.2 The Health and Wellbeing Strategy drives the collective actions of the NHS and local government, both commissioners and providers, and engages communities in the improvement of their own health and wellbeing.
- 3.3 The council, the Tower Hamlets Clinical Commissioning Group (CCG) and the NHS Commissioning Board will need to have regard to the Health and Wellbeing Strategy as they draw up their commissioning plans so that their plans are fully aligned with the agreed priorities in the strategy. Cabinet is being asked to endorse the proposed strategy ahead of its full adoption by the Health and Wellbeing Board.

#### **4. ALTERNATIVE OPTIONS**

- 4.1 Alternative options would be not to endorse the Plan at this time or to amend the strategy and delivery plan before endorsement. These options are not recommended as the strategy and delivery plan are based on a robust evidence base, expert advice, have been developed following extensive consultation with local people, and agreed by the Council's shadow Health and Wellbeing Board.

#### **5. BACKGROUND**

- 5.1 The *Health and Social Care Act 2012* introduced a requirement for the establishment of Health and Wellbeing Boards and for those boards to produce a Health and Wellbeing Strategy.
- 5.3 A review of intelligence and extensive consultation identified four priorities for the strategy:
- Maternity and early years;
  - Healthy lives;
  - Mental health; and
  - Long term conditions and cancer.
- 5.4 Those four priorities have been developed to provide an over-arching framework to ensuring a strategic response to the health and social care needs of the local population. This has resulted in *Towards a Healthier Tower Hamlets: Health and Wellbeing Plan*, contained in **Appendix 1**, the proposed Health and Wellbeing Strategy for Tower Hamlets. The Strategy



has been developed with the shadow Health and Wellbeing Board and will be submitted to the full Board at its inaugural meeting.

- 5.5 Following the production of the draft strategy, a delivery plan was developed to work towards the objectives of the strategy. This delivery plan also identified outcome measures that, in conjunction with the associated baseline data and targets, will enable progress against the aims of the strategy to be measured. The delivery plan is contained in **Appendix 2** to this report.

## **6. BODY OF REPORT**

- 6.1 The vision of the proposed strategy is to:  
Improve the health and wellbeing through all stage of life to:
- Reduce health inequalities
  - Promote choice, control and independence
- 6.2 Within the context of this broad vision, the Board and those engaged in the course of the development of the strategy identified some key principles:
- Focussing on prevention, early identification and early intervention
  - Putting patients first
  - Looking across the life course
  - Taking a family centred approach
  - Ensuring 'health in all policies'
  - Understanding and addressing diversity
  - Building on community potential and capacity
- 6.3 Following the development of the vision and principles, officers reviewed evidence from the local Joint Strategic Needs Assessment; reviewed existing intelligence from service users, carers, hard-to-reach groups and practitioners; engaged with key groups in the borough; and carried out an online survey that invited the views of the general public.
- 6.4 Those consulted included the local LGBT community forum, Rainbow Hamlets; the Carers Forum; the Interfaith Forum; the Youth Council; practitioners groups; statutory agencies; the Tower Hamlets Involvement Network and the general public.
- 6.5 This exercise led to the identification of four priorities:
- Maternity and early years;
  - Healthy lives;
  - Mental health; and
  - Long term conditions and cancer.

- 6.6 **Maternity and early years – *a healthy start for every child*** – Maternal health, before, during and after pregnancy, and the first few years of a child's life are a critical period for a child's longer term health and well-being. The accumulation of social, economic, psychological and environmental influences during the early years 'cast a long shadow' over the subsequent social development, behaviour and health and wellbeing of the individual. Given the level of health inequalities within the borough, a focus on maternity and early years within the strategy is vital to ensure that we improve the health and wellbeing outcomes for our residents in future years.
- 6.7 **Healthy lives – *living healthier together*** - Living a healthy life prevents illness and enhances wellbeing. We know that people who do not have healthy lifestyles have a risk of dying early that is around four times more than those who do. We also know that they tend to have worse mental health. Local authorities, health services and others can do much to support and promote healthy lives. It also involves working alongside local communities, and the individuals, families and institutions, within them, to develop locally led approaches. Although there have been improvements in recent years, we know that there are higher levels of lifestyle risk factors in Tower Hamlets compared to elsewhere. Comparison of national and local intelligence tells us that within the Tower Hamlets population there are higher levels of tobacco use, unhealthy diet, physical inactivity, problem drinking in those who drink alcohol, risky sexual behaviour and drug use.
- 6.8 **Mental health and wellbeing – *no health without mental health*** - Good mental health and wellbeing is fundamental to quality of life: it impacts on all the aspects of a person's life. With a high prevalence of risk factors in Tower Hamlets for poor mental health, including deprivation, inequality, low levels of employment and less access to green space, the proportion of people with mental health conditions are thought to be higher than the national prevalence rates.
- 6.9 **Long term conditions and cancer – *early identification and person centred care*** – Long term health conditions and cancer have a significant impact on quality of life; reducing the ability of those experiencing them to participate in employment, social and family life, contributing to the development of disability, reducing life expectancy and affecting mental wellbeing. Tower Hamlets has some of the highest premature death rates from three of the most life threatening conditions; cancer, cardiovascular (heart) disease, and lung disease. People with long term conditions, cancer and disabilities often report that there is a need for health and social care services to be more joined up and integrated in their approach to delivering care and support, and take a holistic and person centred approach to supporting them.

- 6.10 Early identification of risk and encouragement to healthier lifestyles are key to addressing conditions such as diabetes. This strategy also seeks to improve rehabilitation for those with long term conditions and ensure proactive planning for deteriorations and management of last years of life.
- 6.11 Not surprisingly, given higher levels of long term conditions, Tower Hamlets has a high level of carers – an estimated 9,000 people locally provide 20 or more hours of unpaid care per week. Carers’ needs have been recognised in the strategy by seeking to ensure that carers receive the support they require to continue to fulfil this vital role.
- 6.10 Actions have been identified under each of the priorities that will deliver the vision of the strategy. These actions are included in Appendix 2, the delivery plan. Actions for the Mental Health and Wellbeing section of the delivery plan are being delivered as part of a wider mental health strategy and will be included in an updated version of the delivery plan once the mental health strategy is finalised.
- 6.11 The delivery plan also identifies measures that can be used to track the success of the strategy in fulfilling its vision. Baseline data and targets for future years have also been provided where possible. These will form the basis of Health and Wellbeing Board’s regular monitoring of the strategy.
- 6.12 The strategy contributes to the Community Plan theme of *A Healthy and Supportive Community*, contributing to all the strategic priorities that sit beneath it. These strategic priorities also loosely correlate with the key areas of the NHS Mandate. It also contributes to the *One Tower Hamlets* strategic priority to *Reduce Inequalities*.

## **7. COMMENTS OF THE CHIEF FINANCIAL OFFICER**

- 7.1 The establishment of the Health & Wellbeing Board presents an opportunity to transform health and wellbeing in Tower Hamlets by joining up council services with those provided by local health services and other partners. While the primary goal would be to improve health and wellbeing opportunities for residents, there may also be indirect financial efficiencies that could be realised through a joined up strategy – these are currently difficult to quantify.
- 7.2 The Health & Wellbeing Strategy brings together all of the things that are important for the health and wellbeing of our residents and sets our priorities for the future.

7.3 There are no specific financial implications arising directly from the recommendations in this report.

**8. CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE (LEGAL SERVICES)**

8.1 Section 116A of the Local Government and Public Involvement in Health Act 2007 came into force on 1 April 2013. It requires the Council and its partner clinical commissioning groups, *through the health and wellbeing board*, to prepare a strategy for meeting the needs identified in the joint strategic needs assessment (**JSNA**). This strategy is referred to as the joint health and wellbeing strategy (**JHWS**).

8.2 Section 194 of the Health and Social Care Act 2012 also came into force on 1 April 2013 and requires the Council to establish a Health and Wellbeing Board ("**HWB**") for its area. Section 196 of the 2012 Act expressly provides that the functions of a local authority and its partner clinical commissioning groups of preparing the JSNA and the JHWS are to be exercised by the HWB established by the authority.

8.3 The JHWS may include a statement of the views of the Council and its partners on how arrangements for the provision of health-related services in Tower Hamlets could be more closely integrated with arrangements for the provision of health services and social care services.

8.4 When preparing the joint health and wellbeing strategy, the Council and its partner clinical commissioning groups must meet the following requirements—]

- Consideration is required to be given to the extent that the needs could be met more effectively by means of a partnership agreement made under section 75 of the National Health Service Act 2006.
- Regard must be had to the mandate published by the Secretary of State under section 13A of the National Health Service Act 2006 and to guidance issued by the Secretary of State.
- The Local Healthwatch organisation for Tower Hamlets must be involved in preparation of the Strategy, once the Council has entered into local healthwatch arrangements under section 222 of the LGPIHA 2007. This is not required to be in place until April 2013.
- People who live and work in Tower Hamlets must be involved in preparation of the Strategy.

- 8.5 The statutory guidance published by the Department of Health on 26 March 2013 does not mandate any standard format for LHWSs as they are intended to be unique to the local area. In relation to setting priorities based on the JSNA, the statutory guidance specifies that: “This is not about taking action on everything at once, but about setting a small number of key strategic priorities for action, that will make a real impact on people’s lives. JHWSs should translate JSNA findings into clear outcomes the board wants to achieve, which will inform local commissioning – leading to locally led initiatives that meet those outcomes and address the needs”.
- 8.6 When developing the JHWS through the HWB, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don’t. Information relevant to these considerations is set out in the One Tower Hamlets section of the report.

## **9. ONE TOWER HAMLETS CONSIDERATIONS**

- 9.1 The borough has a vibrant and diverse population, including a large BME population, a young population and a very active faith community. At the same time, poverty is also widespread and unemployment is above the London average. These factors often impact on health outcomes – e.g. poorer parts of the borough have a lower life expectancy than more affluent parts. One of the key visions of the strategy is to reduce health inequalities by focussing the strategy on areas where the Health and Wellbeing Board has the ability to make transformational changes to the health and wellbeing of local residents. An equality analysis has been undertaken and has informed the strategy and delivery plans – it will be further used to set targets for equality groups to reflect areas of disadvantage identified.
- 9.2 The consultation to date has included a wide variety of stakeholders, health practitioners and residents and elicited a wide range of responses. This has included, amongst others, Rainbow Hamlets, faith groups, local health professionals and statutory agencies. A key principle of the strategy is to build on local community capacity and skills to enable communities to play a key role in the delivery of the strategy.

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

- 10.1 Although there are no immediate environmental implications, the strategy does reference what the council is doing in relation to air pollution.

## **11. RISK MANAGEMENT IMPLICATIONS**

11.1 There are no immediate risk management implications arising from this report. Risks relating to the achievement of the strategies objectives are monitored through the appropriate organisation's risk registers.

**12. CRIME AND DISORDER REDUCTION IMPLICATIONS**

12.1 Crime and disorder, anti-social behaviour in particular, are known to impact on the general health and wellbeing of the population.

12.2 The strategy references other strategies that work towards reducing crime and disorder including the Partnership Substance Misuse strategy, the Cumulative Impact policy for the Brick Lane area, the Violence against Women and Girls strategy, and the Community Safety Plan.

**13. EFFICIENCY STATEMENT**

13.1 Although not a primary purpose of the strategy, the joined-up working and integrated care provide opportunities for financial efficiencies. Where there is the intention of reconfiguring services to realise financial efficiencies, these will be subject to the council's normal procedures in those circumstances.

**14. APPENDICES**

Appendix 1 – Towards a Healthier Tower Hamlets: Health and Wellbeing Plan

Appendix 2 – Health and Wellbeing Strategy Delivery Plan

---

**Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2012**

Brief description of "background papers"	Name and telephone number of holder and address where open to inspection.
--	---

None	N/A
------	-----

Tower Hamlets Health and Wellbeing Board

# Towards a Healthier Tower Hamlets



## Contents

Foreword from Mayor .....	3
Introduction.....	5
Tower Hamlets Context.....	6
Tower Hamlets: The Place.....	6
Tower Hamlets: The People .....	6
Tower Hamlets: The Partnership.....	7
Tower Hamlets: Health Needs.....	7
Being Born in Tower Hamlets .....	7
Growing up in Tower Hamlets.....	7
Being an adult in Tower Hamlets.....	8
Growing old in Tower Hamlets.....	8
Challenges Ahead .....	9
Tower Hamlets: The Potential .....	11
Vision and Principles .....	13
Framework and Priorities .....	16
Priorities.....	18
Priority 1: Maternity and Early Years.....	18
Outcome objectives .....	19
Key activities.....	20
Priority 2: Healthy Lives.....	22
Outcome objectives .....	24
Key activities.....	24
Priority 3: Mental Health and Wellbeing.....	26
Priority 4: Long Term Conditions and Cancer .....	29
Outcome objectives .....	32
Influencing wider social and environmental factors .....	33
Housing.....	33
Education.....	35
Poverty and income.....	36
Employment .....	37



Community engagement and development.....	38
Environment and Planning.....	40
Community Safety .....	41
How we will deliver: accountability and working in partnership .....	44
Conclusion.....	52

## Foreword from Mayor

Welcome to *Towards a Healthier Tower Hamlets*, Tower Hamlets' Health and Wellbeing Strategy. This document seeks to provide a framework for improving the health and wellbeing of the local population.

The aims of the strategy are to improve the health and wellbeing of local residents while reducing health inequalities and promoting choice, control and independence.

It was developed following wide-ranging discussions and consultation with local residents, patient groups, carers, and health and care professionals. The extensive dialogue identified four main priorities for the strategy: maternity and early years; healthy lives; mental health; and long-term conditions and cancer.

The squeeze on public sector expenditure, coupled with the poverty and deprivation in Tower Hamlets, means that there are major challenges ahead if we are to deliver on the strategy's aims. However, I'm confident that the strategy and associated delivery plan present a solid framework for delivering on those aims.

Progress will be evaluated against the strategy's delivery plan: by tracking the outcome measures and monitoring progress against the key activities. These will be reported to the Health and Wellbeing Board on a regular basis where the board members will hold service providers and commissioners to account and ensure they are playing their part in improving the health and wellbeing of the residents of Tower Hamlets. This will also allow local residents to see for themselves how the partners who make up the Health and Wellbeing Board have performed against the delivery plan.

These are challenging times for the public sector and health in particular. The scale of the change and the rapid pace has caused some, myself included, to be concerned about the impact they will have on our health services and on local people. However, the *Health and Social Care Act 2012's* requirements for Health and Wellbeing Boards and joint Health and Wellbeing Strategies provide an opportunity for a strategic response to some of the problems that our residents face in the health and care domain.

The Act also ushers in a welcome mechanism for democratic oversight of our health services. My role as the chair of the HWB Board provides me with a unique opportunity to facilitate the accountability of our health services on behalf of local people.

I know that health and wellbeing is an important issue for local people. Good health and wellbeing enables residents to live long, healthy and fulfilling lives. The priorities for my administration all impact on the health and wellbeing of residents; these include housing, employment, community safety and education. The strategy recognises this in the section looking at the wider determinants of health.

I sincerely believe that the strong partnership between the members of the Health and Wellbeing Board and the solid framework for our work, provided by the Health and Wellbeing Strategy, will allow us to make transformational changes in the health and wellbeing of local people. I hope you will join me in welcoming this strategy.

Lutfur Rahman  
Executive Mayor, London Borough of Tower Hamlets  
Chair, Tower Hamlets Health & Wellbeing Board

## Introduction

This document, *Towards a Healthier Tower Hamlets*, is the new Health and Wellbeing Strategy for Tower Hamlets. The *Health and Social Care Act 2012* introduced the requirement for Health and Wellbeing Boards to prepare joint Health and Wellbeing Strategies (HWS) for their local areas. The joint Health and Wellbeing Strategy should provide an over-arching framework to ensuring a strategic response to the health and social care needs of the local population.

Tower Hamlets has had a partnership wide Health and Wellbeing Strategy since 2006. Significant progress has been made in delivering the key priorities of the strategy. There is a strong foundation on which to develop the new Health and Wellbeing Strategy.

The expectations for the new strategy are high – taking account of the health and social care needs of the entire population, it will provide a framework for the commissioning of health and social care in the local area and the means by which the statutory Health and Wellbeing Board seeks to hold health commissioners and providers to account and ensure improvements in key priority areas identified. In addition it will provide a means for working with a range of local agencies to embed consideration of the health impact within wider policy decisions. The Strategy will also act as a bridge to all those living in the borough, identifying how we can all take more responsibility for our health and how we can support community groups and local people to play a central role in addressing identified needs.

The strategy has been informed by review of the key evidence in our local JSNA, review of our existing intelligence from users, carers and 'less heard' groups plus engagement activity with key groups and a publically available online survey providing feedback on our draft key principles and priorities. The strategy has identified key themes for action around maternity and early years; healthy lives; mental health; and long term conditions and cancer. It includes a set of key outcome measures, an outline of key activities planned and a Delivery Plan which will be used to track and monitor progress.

*Towards a Healthier Tower Hamlets* will set the framework for health and wellbeing in Tower Hamlets for the next three years. The Board will oversee its progress and continue to review the evidence and engage with local people to ensure the priorities and programme of activity remain relevant and timely. The Health and Wellbeing Board alone cannot bring about the changes in local health outcomes which this strategy aspires to. The Board will work closely with local partners – and build on the strengths, skills and commitment of local organisations, communities and individuals so that we work together to ensure on-going improvements in health and wellbeing in Tower Hamlets.

## **Tower Hamlets Context**

### **Tower Hamlets: The Place**

Tower Hamlets is unique; unparalleled in its history of diversity and growth.

In recent times Tower Hamlets has experienced the largest growth in the country and has been the focal point of regeneration in London. Significant development activities include the 2012 Olympic and Paralympic Games, continued development within the Thames Gateway and the expansion of Canary Wharf. This presents immense opportunities for the borough. There has also been significant residential development, with the borough experiencing the country's highest housing growth over the last few years.

The richness of Tower Hamlets is also evident in its physical and cultural assets. Tower Hamlets boasts extensive waterways, Victoria and Mile End Park, an assortment of museums and markets, and the Tower of London from which it derives its name. All of these contribute to the borough's unmatched sense of place and identity.

Deprivation is widespread in Tower Hamlets and the majority (72%) of areas in Tower Hamlets are amongst the 20% most deprived areas in the country. A significantly higher percentage of residents live in social housing (54%) compared to the rest of London (37%) and, despite the substantial housing growth, high levels of overcrowding persist. The borough also has less green space than the national average with 1.1 hectares per 1000 people compared to 2.4 nationally.

### **Tower Hamlets: The People**

Diversity has always been a key strength of the borough. Tower Hamlets has historically been home to a mix of communities. It now has the fastest growing population in London, estimated to be 254,100 and projected to increase to 339,280 by 2026. This growing population is ethnically diverse, with just over half of the borough's population comprising of Black and minority ethnic groups, with the largest of these (32%) being the Bangladeshi community.

Religion continues to play a prominent role in the lives of many of the borough's population, with 65.5% of residents claiming a religious belief. The borough also has a relatively young population with 40.9% of people aged 20-34, compared to 20.3% across England. High population churn sees 29% of the borough's population move in to, out of, or around, the borough per year.

44% of households and 48.6% of children in the borough are in poverty – the highest rate in the country. At the same time the average earnings of those who work in the

borough, but don't necessarily live in it, is £60,000 a year. Unemployment remains an issue with 13% of the working age population unemployed, compared to 9% across London.

3.3% of the borough's population provide more than 20 hours of unpaid care per week and more than half of them provide more than 50 hours of unpaid care.

While there have been improvements, life expectancy remains lower than the rest of the country: male life expectancy is 76.0 years compared to 78.3 nationally and female life expectancy is 80.9 years, compared to 82.3 nationally. Life expectancy varies by 12.0 years in males and 5.4 years in females between the most affluent and most deprived areas.

### **Tower Hamlets: The Partnership**

Tower Hamlets has a long-standing and successful local strategic partnership, the Tower Hamlets Partnership, which brings together the Council, key public sector partners including health and the police, fire service, representatives from the business, voluntary and community sectors and local people. Since 2001 the Partnership has developed a joint Community Plan – the most recent was refreshed in 2010/11 with a vision taking us up to 2020 “to improve the quality of life of everyone living in Tower Hamlets”. One of its four key priorities is to work towards a Healthy and Supportive Community. The Health and Wellbeing Strategy is fundamental to taking forward this priority.

### **Tower Hamlets: Health Needs**

Tower Hamlets, like all authorities, undertakes a Joint Strategic Needs Assessment (JSNA) to understand the health and social care needs of the local population. This wealth of evidence and analysis has been used to inform a range of local strategies and programmes, and is the basis from which our Health and Wellbeing strategy stems. Some of the key evidence from the JSNA is summarised below.

### **Being Born in Tower Hamlets**

4,545 children were born in Tower Hamlets in 2011. While infant mortality is not significantly different to the rest of London, a higher percentage of babies are born with low birth weight (9%) when compared to London as a whole (7.5%). Given the correlation between high deprivation and low birth weight, this is not surprising. There are other behavioural risk factors that impact the health of a new born baby such as substance misuse, problem drinking, poor diet and smoking on the part of the mother. 4% of expectant mothers smoke during pregnancy; however, this increases to 16% amongst white mothers. There has been a steady reduction in the teenage pregnancy rate since 1998 and it is now slightly below the London average.

### **Growing up in Tower Hamlets**

There are around 18,700 infants aged under-5 in Tower Hamlets. There are also around 28,700 children and adolescents aged 5-14 and 14,600 aged 16-19. Overall, around 60% of under-20s are Bangladeshi.

48.6% of children in Tower Hamlets live in poverty. By the age of 5, only 46% of infants in Tower Hamlets have achieved a good level of cognitive development compared to 56% nationally. However, when looking at educational attainment, our pupils are performing at or above the national average at Key Stages 1, 2 and 4.

13.1% of children in Reception year are obese – the 6<sup>th</sup> highest rate in the country– and by Year 6 (10-11 year olds) this increases to 25.1% and is the fourth highest rate in the country. However, it is encouraging that 88% of mothers initiate breast feeding at birth (compared to 73.7% across England) and 71% are still breast feeding at 6-8 weeks (compared to 45.2% across England). In addition, immunisation uptake in under-5s is amongst the highest in the country with 96.6% of children receiving the second dose of the MMR vaccine.

### **Being an adult in Tower Hamlets**

There are around 125,500 people aged 20-39, 45,000 aged 40-59 and 21,400 over 60 living in Tower Hamlets.

Tower Hamlets has amongst the highest premature death rates from the major killers in London. The levels of long term illness/disability are also 34% higher than the national average. The borough has the 4<sup>th</sup> highest cancer premature mortality rate in London, the second highest cardiovascular disease (heart disease) premature mortality rate and the fifth highest mortality rate for chronic obstructive pulmonary disease (chronic bronchitis or emphysema). Rates of HIV, TB and sexually transmitted infections are amongst the highest in London and nationally.

When looking at some of the factors that lead to or contribute to the major killers, 21.5% of adults in the borough smoke, compared to 20% nationally. This gap has narrowed in recent years due to our smoking cessation programme delivering the best performance in London. Of the 50% of the adult population who are drinkers, 43% have alcohol consumption patterns that are either hazardous or harmful to their health; around twice the national average. Although levels of physical activity are around the national average, fewer people in Tower Hamlets consume the recommended level of fruit and vegetables (12%) compared to the rest of the country (30%). In addition, the rate of problem drug users (2.3%) is almost double that of the London rate (1.2%).

### **Growing old in Tower Hamlets**

There are around 15,500 people who are 65 or over living in Tower Hamlets. 4,200 of these are 80 or over. 65% are white and 22% of Bangladeshi ethnic origin and, because women live longer, a higher proportion are female (60%). Although not projected to see such a growth in the older population as elsewhere, the numbers of people over 80 in Tower Hamlets is expected to increase by 23% over the next 10 years.

80% of them have at least one chronic condition of which 35% have at least 3 'comorbid' conditions. There are indications of significant under-diagnosis of dementia and the second highest stroke mortality rate in London. In addition, most people in Tower Hamlets do not die in their place of choice – 64% die in hospitals although national surveys suggest that most people would like to die at home.

In line with the general deprivation in the borough, 50% of older people live below the poverty line and a higher proportion live alone (47%) when compared nationally (33%). In addition, only 10% of older people consume the recommended level of fruit and vegetable and only 20% meet recommended physical activity levels.

### **Last years of life**

There are around 1,000 deaths annually with life expectancy at age 65 significantly lower than average for both males and females in Tower Hamlets.

A higher than average proportion of deaths (from all causes) occur in hospital in Tower Hamlets with significant numbers who die in hospital being admitted as emergencies. There are frequent admissions in the last year of life and with longer episodes in hospital. This suggests poor anticipatory care especially as over two thirds of people say they wish to die at home.

Although rare at other stages in the life course, there will be people with needs around death and dying. In early years, for example, there will be premature and neonatal deaths, stillbirths, life limiting childhood conditions, childhood cancers and bereavement needs of parents and children who have lost parents.

### **Challenges Ahead**

The next few years will be challenging for Tower Hamlets. The improved outcomes for local people over the past decade have, in part, been as a result of action to effectively invest public sector resources. We are now experiencing challenging financial times, with the public sector having far less money to spend on services than before. This is happening alongside growing demand on services including a rapidly growing and ageing population.

Tower Hamlets is changing and changing rapidly. The 2011 Census confirmed that the population growth in Tower Hamlets was the highest in the country – a 29.6% increase on the 2001 Census result from 196,000 to 254,100, more than double the rate of population increase (14%) across London as a whole and more than four times the increase in the population of England and Wales. Population turnover and churn remains high with 28.9% of the borough's population either moving into the borough, out of the borough, or to a new address within the borough. The latest population projections from the Greater London Authority, suggest that the Tower Hamlets population will grow from 254,100 in 2011, to 326,000 in 2026; a rise of 72,000 and a percentage increase of 28 per cent. London's population is expected to grow by 11% in the same period.



The new national policy context is also important for Tower Hamlets. Policy developments, which include changes to social housing provision, the welfare reform programme changes to education funding and reform of the health service, pose challenges and opportunities for the borough.

The reform of the welfare system, including changes to benefits, tax credits and support for families, will in particular have a considerable impact on many residents in the borough. The combined effect for many residents will be a drop in household income both immediately and over time. Given the already high levels of poverty and deprivation in the borough, these changes will make it even harder for many households to get by; potentially affecting educational attainment, crime, health and wellbeing in the borough.

In addition, there are significant changes to the health service, both locally and nationally. The introduction of the *Health and Social Care Act 2012* has seen a radical change in the way in which health services are commissioned and delivered. The changes will see the abolition of Primary Care Trusts (PCTs) and Strategic Health Authorities (SHA) and the introduction of Clinical Commissioning Groups (CCGs) whose role it will be to commission hospital and community health care services for their local populations. The CCGs will be clinically led with their membership consisting of mainly healthcare clinicians and local GPs. A CCG Board and Accountable Officer will take over the statutory responsibility from the current PCT. The CCGs will be supported and held to account by a new national body called the NHS Commissioning Board (NHS CB) which will also commission primary care services and some specialist services itself such as screening and immunisation.

The new CCGs will require support to commission effectively and new organisations providing commissioning support services (CSS) are currently being developed to provide commissioning expertise to the newly formed CCGs alongside public health expertise from the council. Clinical leadership will also be provided through Clinical Senates that are expected to bring together clinical leaders across broad areas of the country to give clinical leadership and expert advice for commissioning.

Responsibility for public health transferred from the abolished PCTs to local authorities in April 2013. Currently the Tower Hamlets Public Health team and the local authority are implementing transition plans to shape the future organisation of the public health function in the council.

In terms of ensuring health scrutiny by patients and users of health services, a local HealthWatch has been commissioned. They can visit health and social care services and report on concerns about services. They will also be represented on the local Health and Wellbeing board.

Our strategy is developed against the backdrop of these new opportunities and challenges, seeking to ensure that we continue our journey of improvement in these changed and changing circumstances.

### **Tower Hamlets: The Potential**

Despite the very real health needs and challenges within the borough, Tower Hamlets has some key assets which we can build on and draw on to improve local health and wellbeing outcomes.

There is an existing strong primary care framework with an integrated network of providers with the 36 Tower Hamlets GP practices organised in a federated network model, ensuring planning across local areas, providing opportunities for specialisation and sharing of resources and skills within networks and aligning with local structures of service delivery within the Council and other providers.

Social capital and the capacity and skills embedded within our local community are key to this. We have a long and proud history of self-help and a thriving voluntary and community sector with strong community leadership and engagement. Our diversity is also a key strength, and the fact that despite this diversity, there is a strong sense of community cohesion with the vast majority of local people feeling that people from different communities get on well within Tower Hamlets. As a result, innovative solutions to some of the worst social problems have arisen from within local communities, interest and faith groups, often working closely with statutory providers. The Borough has also relatively recently established a directly elected Mayor, ensuring direct representation of, and accountability to, the local community. The Mayor chairs the Health and Wellbeing Board which will oversee delivery of this strategy.

In addition, the people of Tower Hamlets have a strong sense of neighbourhood identity to which local providers have responded, establishing local networks for the delivery of services, giving people a closer relationship to services and ensuring support is better targeted to those who need it.

Regeneration and development in the borough also provides considerable potential – it brings in new money, new ideas and new communities. The borough's housing stock is expected to increase by 46,000 between 2011 and 2026. This represents a projected increase of over 3,000 homes per year. In addition, it is forecast that Tower Hamlets will experience a 44.6% increase in the number of jobs between 2010 and 2031. This is over three times the projected growth for London as a whole. With Canary Wharf and the City fringe, Tower Hamlets is home to one of the most desirable office locations in London. A further increase in office stock between 2012 and 2020 of 26% is predicted, more than double the projected growth in the City of London (9.6%) and five times that of Westminster (5.2%).

Although it also brings challenges which need to be managed, the fact that the borough's physical environment changes much quicker than elsewhere provides

opportunities to make changes which can improve the health and wellbeing of local people. Our challenge is to realise this potential.

## Vision and Principles

The evidence in Tower Hamlets demonstrates that we still have a major task ahead of us to maximise health outcomes and reduce the health inequalities associated with poverty and deprivation in Tower Hamlets, particularly given the challenges ahead. Local engagement and feedback also tells us how important choice and control are in supporting independence and enabling people to play a full role in taking responsibility for their own health, in the context of good quality support and services.

Consequently, the vision for this Health and Wellbeing strategy is:

**To improve health and wellbeing through all stages of life to:**

- **Reduce health inequalities**
- **Promote choice, control and independence**

Within the context of this broad vision, the Board and those engaged to date have also identified some key principles which should inform the new strategy. These are:

- **Focussing on prevention, early identification and early intervention** – intervening as early as possible within the life-course to maximise life chances and prevent the development of long term conditions, mental health problems and other illnesses.

Focussing on prevention, early identification and early intervention is all about making sure people get the right support at the right time.

- **Putting patients first**– our focus is on ensuring quality of care and dignity across the health and social care system ensuring that patient voice and experience informs all we do and there is a patient centred approach to health and social care, with particular emphasis on improving this for older people and those with more than one health problem

In our recent survey to residents, one question asked what people thought stopped them from staying healthy. One resident responded:

*“The constant focus of health care professionals on one long term condition to the detriment of any other injury/condition.”<sup>1</sup>*

By integrating care and working better in partnership our aim is to reduce the number of people that have this type of experience. Carers, service user and patients have

<sup>1</sup> LBTH, 2012, Residents Health and Wellbeing Survey

all, through a variety of forums, raised frustration with the lack of joined up working between health and social care staff.

- **Looking across the life course** – a focus on health inequalities demonstrates the importance of considering what actions individuals and health and social care professionals need to take at each stage of the life course, from pregnancy and birth through youth, adulthood to old age and into the last years, months and days, to maximise life chances and health outcomes. In planning how to achieve our priority outcomes, we will take a life course approach to identifying necessary action at each stage.
- **Taking a family centred approach** – ensuring that where appropriate we consider patients and individuals as part of a family and consider how we can support the health and wellbeing of families jointly, including the key role of parents and other carers, including friends and non-family social networks, particularly recognising the high level of informal care within the family and community in Tower Hamlets.

*“I have had a hospital appointment and my son has had one as well...the trouble is the doctors only see you as a patient and don't take into account that you still have your caring role. I'm not an individual I always have to take my son into account.”  
(White Female, Discovery Interview)<sup>2</sup>*

- **Ensuring 'health in all policies'** – there is a wealth of evidence, most compellingly and recently compiled and presented within the Marmot review of health inequalities, identifying the considerable impact on health of wider social, economic and environmental impact on health, in particular housing, educational attainment, employment and the physical environment. The Tower Hamlets Partnership already has a strong focus on these areas through its Community Plan and these areas are also among the key priorities for the borough's directly elected Mayor. The Strategy will consider how the HWB Board should work with the relevant Community Plan delivery groups to ensure the health impact of all policies is considered.

When asked about what helps people to stay healthy residents responded with answers ranging from: family and friends, fresh air, healthy food, exercise to housing, education, and employment, illustrating that a focus on health and wellbeing really should be embedded into all of our policies. Restricting the availability of fast food in the Borough was also raised by people.

- **Understanding and addressing diversity** – Tower Hamlets is a diverse borough and health issues affect different equality groups in different ways. Partners work together to create our Community Plan vision of One Tower Hamlets – reducing inequality and fostering community cohesion. To deliver

<sup>2</sup>THINK, 2011, A report on the barriers to self-management for people in Tower Hamlets with a long-term condition(s) p 16)

this, our analysis has sought to understand the differential health issues for different groups and we have consulted with a range of organisations representing those more disadvantaged groups. In turning our priorities into actions, we will ensure that particular areas of disadvantage or need are addressed. This will include the impact on mental health of the stress experienced by certain groups, for example due to the experience or fear of discrimination or prejudice.

- **Building on community potential and capacity** – whilst Tower Hamlets has significant health issues to address, it also has significant advantages in the strength and vibrancy of the voluntary and community sectors and the capacity, skills, knowledge of local communities. There is considerable potential for the strategy to build on this, supporting and facilitating citizens and communities to become the co-producers of health and well-being rather than the recipients of services and promoting community networks, relationships and friendships that can provide caring, mutual help and empowerment. Existing work around mentors and health champions can be further developed and linked with the wider Partnership's work on promoting community champions, neighbourhood forums and neighbourhood agreements.

The residents that responded to our survey thought that having a strong sense of community and peer support are all important for good health and wellbeing.

*“Currently, I am a health champion offering a service to my community so I hope that this is helping.”<sup>3</sup>*

---

<sup>3</sup> LBTH, 2012, Residents Health and Wellbeing Survey

## **Framework and Priorities**

Within the context of this vision and principles, a broad framework for the Strategy has been developed, identifying:

- some key priority areas for the Board to work on;
- broader social and environmental issues which the Board will want to work with partners to influence; and
- Partnership and accountability issues ensuring we maximise our effectiveness to deliver.

The framework for the strategy is set out overleaf.

## Towards a healthier Tower Hamlets: Strategic framework

### Vision

- Improve health and wellbeing throughout all stages of life to:
  - Reduce health inequalities
  - Promote independence, choice and control

### Principles

- Putting patients first - integrating provision around the individual and the family
- Intervening early and effectively
- Ensuring health in all policies
- Building on local assets
- Understanding diversity

### Priorities

#### Maternity and Early Years

A healthy start for every child

#### Healthy Lives

Living healthier together

#### Mental Health and Wellbeing

No Health without Mental Health

#### Long Term Conditions and Cancer

Early identification and person centred care

#### Influencing the wider determinants

Housing

Poverty

Environment and planning

Employment

Community Safety

Education

Social networks and community

#### Working better in Partnership

Good governance

Accountable, local services

Engagement and co-production

Resources and assets

Technology

Commissioning

Leadership and Workforce



## Priorities

### Priority 1: Maternity and Early Years

*A healthy start for every child*

Maternal health, before, during and after pregnancy, and the first few years of a child's life are a critical period for a child's longer term health and well-being. The Marmot Strategic Review of Health Inequalities in England highlighted that social and biological influences on development start at or before conception and accumulate during pregnancy to influence the health of the child at birth. They present evidence that the accumulation of social, economic, psychological and environmental influences during the early years 'cast a long shadow' over the subsequent social development, behaviour and health and wellbeing of the individual.

Given the level of health inequalities within the borough, a focus on maternity and early years within this strategy, is consequently vital to ensure that we improve the health and wellbeing outcomes in the future. We have made real progress in some key areas:

- Teenage pregnancy and births to teenage parents are decreasing and now lower than average for London and England
- 95% of pregnant women in Tower Hamlets had booked for antenatal care by 12 weeks and 6 days (2011/12)
- Over 95% of infants have received the full range of childhood immunisations for that age
- Obesity in 4-5 year olds has declined year on year since 2006, though still high compared to London and England

Some key areas where the evidence indicates that our levels of need are high and we particularly need to focus are as follows:

- Smoking during pregnancy – our rates are lower than the London and England averages but there are certain groups where rates are higher and rates could increase as the population demographic changes
- High levels of diabetes in pregnancy
- Alcohol use in pregnancy and foetal alcohol syndrome
- Increasing levels of overweight and obesity among pregnant women, increasing risks to mother and child

- High levels of Vitamin D deficiency in pregnant women
- Women at increased risk of domestic violence during pregnancy
- High proportion of low birth weight babies (which may contribute to increase risk for diabetes and cardiovascular disease in later life)
- Despite relatively high overall breastfeeding rates, exclusive breastfeeding rates are still low (i.e. a large proportion of mothers also bottle feed their babies)
- Evidence of poor weaning practices by some parents (likely to be contributing to high levels of obesity and dental decay in 4-5 year olds)
- Despite improvements over the last few years, patient surveys show there is still further improvements needed in patient experience of maternity services
- Female genital mutilation in some communities presents risks in childbirth
- School readiness assessed at the Early Years Foundation Stage, despite recent improvement, is still significantly below the national average

In addition, there are a range of wider factors which impact on early years development.

There are already a number of programmes and strategies to address these issues and as a result our community health services and children's centres have achieved the WHO/UNICEF Baby Friendly Accreditation demonstrating that they have policies and practices in place to support mothers in breastfeeding. Work is also in hand to review and refocus activity where appropriate. The Children and Families Plan also identifies early years as a key focus and its priorities include ensuring all children are healthy.

### **Outcome objectives**

The proposed outcome objectives for maternity and early years are:

- Good and improving maternal health – including maternal nutrition, good mental health, decreasing maternal obesity and decreasing numbers smoking at time of delivery
- Low infant mortality rates
- Reduced proportion of babies born with low birth weight to vulnerable mothers, including teenage mothers and mothers who substance misuse
- Reduction in under 18 conceptions
- Good and improving exclusive breastfeeding rates and healthy weaning practices
- Maintain good immunisation rates

- Decreasing levels of obese and overweight children in reception year, more opportunities for active play and more healthy choices at home and in nurseries, schools, leisure centres and other public places
- Decreasing levels of tooth decay in under-fives and all children are registered with a dentist
- Good coverage levels for antenatal and newborn screening
- Early detection and treatment of disability and illness
- All parents and children achieve positive physical and emotional development milestones.

### Key activities

- **Promoting maternal health and people's experiences of maternity services** – a major activity within this area will be the refresh of the Health Improvement Strategy for Maternity Services, including enabling and empowering local women to have greater involvement in shaping services. Consideration of the needs of women before, during and after birth will also be reflected in the refresh of other related strategies such as the new Healthy Food and Healthy Lives Strategy and Tobacco Control Strategy. Enhancing health education for young people and women of child bearing age is another key feature in promoting maternal health. Partners will work together to better inform women of factors affecting maternal health and the outcome of pregnancy such as nutrition, weight and lifestyle. Alongside improving services for all pregnant women, the Strategy will focus on providing intensive and timely parenting support for pregnant women with complex needs, including teenage parents, through initiatives such as the Family Nurse Partnership and the maternity mates programme.
- **Reducing infant mortality and promoting infant health** – a number of activities have been identified to help ensure a healthy start for every child. The quality of antenatal and new born screening programmes will be improved to ensure the early detection of preventable conditions. Although rare, premature and neonatal deaths as well as life limiting childhood conditions occur in Tower which create bereavement needs for families. Health services will also look to analyse the impact of consanguinity on the prevalence of disability and infant mortality in affected communities and use this to agree appropriate actions. The benefits of breastfeeding, particularly exclusive breastfeeding, to infant health will be promoted by exploring the factors influencing partial breastfeeding rates and improving access to advice and support for appropriate weaning practices through Children's Centres and other services.
- **Ensuring that all children are physically, emotionally, behaviourally and cognitively ready for school** – in order to improve school readiness in the

borough, partners will incorporate an Emotional Development and Attachment Relationship Screening tool within the development assessment of all one and two year olds. There will continue to be a focus on reducing childhood obesity by early identifying families at risk of obesity, improving the physical activity opportunities available for the under-fives and working with health visitors to improve the recording and reporting of body-mass-index during reviews of two and three year olds.

- Implementing the nationwide 'A Call for Action' improvement programme for health visiting which aims to increase the number of practising health visitors in Tower Hamlets and improve the service model.

From our engagement we have also heard that people would still like to see further improvements in maternity services, this was particularly voiced by the Community and Voluntary sector but has also been raised as part of our wider engagement activity:

Maternity services are better, but, still need improving:

- Staff attitudes especially post natal
- Widening access to the Barkantine Birth Centre (Bangladeshi/Somali)
- Community based post natal care – Health Visitors / Community midwives
- Lack of interpretation services<sup>4</sup>

---

<sup>4</sup> CVS, 2012, Health and Wellbeing Forum

## Priority 2: Healthy Lives

### *Living healthier together*

Living a healthy life prevents illness and enhances wellbeing. We know that people who do not smoke, take adequate physical activity, eat a healthy diet and drink alcohol in moderation have a risk of dying early that is around four times less than those who do not adopt these behaviours. We also know that they tend to have better mental health.

Local authorities, health services and others can do much to support and promote healthy lives. This involves taking a comprehensive approach to promoting healthy weight, increasing physical activity, stopping smoking or oral tobacco use, promoting sexual health and tackling problem drug and alcohol use. This involves working towards an environment that supports healthy lives, for example increasing green spaces, increasing availability of affordable healthy food, reducing availability of illicit or counterfeit tobacco, alcohol or drugs, widening access to sexual health services as well as ensuring that people are informed and empowered to lead healthy lives throughout life. It also involves working alongside and within local communities, individuals, families and institutions to develop locally led approaches to support and promote healthy lives.

Although there have been improvements in recent years, we know that there are higher levels of lifestyle risk factors in Tower Hamlets compared to elsewhere. Comparison of national and local intelligence tells us that within the Tower Hamlets population there are higher levels of tobacco use, unhealthy diet, physical inactivity, problem drinking in those who drink alcohol, risky sexual behaviour and drug use.

Some of the key evidence shows that in the Tower Hamlets population:

- 13% of children aged 4-5 are obese (7<sup>th</sup> highest in the country) and 1 in 4 children aged 10-11 are obese, amongst the highest in the country
- 39% have experience of tooth decay (compared to 31% nationally)
- 40% of under 16s are estimated to have a vitamin D deficiency
- There are 42 junk food outlets per secondary school (the second highest in London)
- 21.5% local people smoke (compared to 20% nationally)
- 88% of local people do not consume the recommended 5 fruit and veg a day (compared to 70% nationally)

- 68% do not meet recommended levels of physical activity (compared to 66% nationally) with significantly lower levels in more deprived parts of the borough and in older people
- 8<sup>th</sup> highest levels of sexually transmitted infections
- 43% of drinkers have hazardous or harmful patterns of consumption (21% nationally)
- Amongst the highest rates of known drug use in London

There have been a number of programmes and strategies put in place to address these issues including the Healthy Borough Programme, Healthy Weight Healthy Lives, Tobacco Control, Substance Misuse, Sexual Health strategies as well as the LinkAge Plus programme aimed at older people. Key successes include

- Levels of childhood obesity are stabilising; and
- In 2011/12, 3600 smokers in Tower Hamlets were helped to quit through local cessation services, the best performance in London

We asked residents what they thought helped them to stay healthy. Healthy food, exercise and environment were the top 3 responses. However, residents have also told us that time, money and knowledge can be barriers to living a healthy lifestyle. Respondents acknowledged the facilities that exist in the Borough like the outdoor gyms and the leisure centres and recognised attempts to make these affordable. There is a sense though that more needs to be done to encourage people to “Get Active” given some of the barriers. For older people isolation and not knowing anyone can prevent people from being active.

When we asked about the main health concern for local people is obesity came out top. We asked about what local people could do to improve their health and wellbeing examples:

*“The council to enable and empower local communities to take action in ways that work for them rather than being told what to do and developing enabling environments so that people can be more active, grow their own veg, learn riding bicycles as Bangladeshi women etc., - all really good examples already happening, need more support and use as best practice example to be replicated”<sup>5</sup>*

From feedback collected by THINK patients have also said that they would like more support from their GP on weight loss and exercise programmes and more signposting to local programmes and services

<sup>5</sup> LBTH, 2012, Staff Health and Wellbeing Survey

## Outcome objectives

The proposed outcome objectives for healthy lives are:

- Stop the increase in levels of obesity and overweight
- Reduced prevalence of tobacco use in Tower Hamlets
- Higher rates of physical activity
- Reduced prevalence of sexually transmitted infections and promote sexual health
- Reduced levels of harmful or hazardous drinking
- Reduced rates of drug use

## Key activities

- **Tackling obesity and promoting physical activity** – the development of the new Healthy Food and Active Lives Strategy, and engaging local people in its implementation, is a pivotal activity for this priority. It will provide the multi-agency framework for promoting healthy eating and physical activity to support local people to lead healthier lives. Evidence based health food standards to share good practice across partner agencies will also be implemented. Council and health services will work together to ensure that local infrastructure supports and enables healthy living. This includes monitoring the impacts of the implementation of the Local Development Framework on healthy food and active lives; such as the cycling and walking infrastructure and restrictions of new hot food takeaways near schools and leisure centres.
- **Reducing the prevalence of tobacco use and substance misuse** – refreshing and implementing the Tobacco Control Strategy will ensure a co-ordinated approach to smoking prevention, oral tobacco use and smoking cessation in the borough. As part of this, there will be a particular focus on reducing tobacco uptake in adolescents and young people by reviewing and updating the borough's tobacco control plan for young people, including reducing the amount of counterfeit and contraband tobacco available to young people. Problematic alcohol consumption and drug use in the borough will be addressed through the implementation of the Substance Misuse Strategy. Partners will champion an integrated life-course approach to treatment, recovery and re-integration in substance misuse care pathways. This holistic approach to substance misuse will also be reflected in the development of the Integrated Offender Management plan.

- **Promote good sexual health** – in order to reduce sexually transmitted infections, increase access to contraception and encourage better sexual health, partners will develop and implement a three-year sexual health strategy for the borough. As part of the implementation of the strategy, a sexual health needs assessment for high need, vulnerable groups, including looked after children and adults with learning disabilities, will also be delivered. A life-course sexual health promotion plan (including sex and relationship education in schools) will be developed and access to sexual health services and contraception choices promoted among all frontline services.



### Priority 3: Mental Health and Wellbeing

#### *No health without mental health*

Good mental health and wellbeing is fundamental to quality of life: it impacts on physical health and life expectancy, on family life and relationships, on educational achievement and employment, and on social interaction and participation. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time. In addition, the incidence of mental health problems can increase in times of economic and employment uncertainty.

With a high prevalence of risk factors for poor mental health in Tower Hamlets, including deprivation, inequality, low levels of employment and less access to green space the actual rate of people with mental health conditions is thought to be higher than the national prevalence rates.

There are some key areas where the evidence indicates that our levels of need are high and where we particularly need to focus as follows:

- The increasing number of children and young people in the borough, and the clear evidence of the impact of laying the foundations for good mental health in later life
- Higher hospital admission rates for adults with a mental illness
- The number of people with dementia is projected to increase significantly in the coming years, in line with an ageing population.
- There is insufficient accurate intelligence on unexpressed need and expressed but unmet need
- There is a need to tackle wider determinants of mental health: poor mental health is associated with other health risk factors including obesity, smoking, drinking and problem drug use, all of which have a high prevalence in the borough
- There is a clear link between long term conditions and poor mental health and a consequent need for improved integration of physical and mental health pathways and from primary, secondary and social care
- There is potential for a greater focus on mental wellbeing as well as mental ill health, including tackling stigma and discrimination

In discussions with community groups, residents and staff, mental health and emotional health are seen as a priority. The Carers Forum, The Tower Hamlets Housing Forum, The Tower Hamlets Inter Faith Forum, The Older People's

Partnership Board, The Great Place to Live Community Plan Delivery Group and the Community Voluntary Sector Health and Wellbeing Forum all raised mental health as a priority.

Our engagement highlights different areas of focus for different parts of the lifecourse/circumstances:

**Carers:** Impact of caring roles on people's mental and emotional health

**Young People:** transitions from young people's services to adults' services, emotional health and wellbeing and its impact on educational attainment, relationships with parents, substance misuse and bullying.

**Being an Adult:** GP patients have reported to THINK that they want to feel like they are being treated as a whole person and that their emotional and mental wellbeing is being looked after as well as their physical wellbeing.

**Older People:** ranging from the impact of social isolation on mental wellbeing to dementia.

There are already a number of programmes and strategies to address these issues, overseen by the Mental Health Partnership Board, which involves key statutory bodies plus the third sector, service users and carers. The Mayor has made a high profile commitment to ending mental health discrimination, signing the 'Time to Change' pledge committing the Council to tackling the discrimination and stigma associated with mental illness.

The Partnership Board is currently overseeing the development of an over-arching Mental Health strategy within the context of the Health and Wellbeing Strategy and reporting to the Health and Wellbeing Board. Some of the key areas to be addressed are:

- Developing services oriented towards prevention and wellbeing, building community and individual capacity and resilience;
- Effective mental health promotion initiatives, including recognising the impact of loneliness, isolation and 'difference' on mental health
- Consideration of the mental and emotional health needs of children and appropriate support for them, including the integration of delivery between children's and adults' services
- Opportunities for older people to enhance and strengthen positive mental health and wellbeing
- Early detection and treatment of mental illness, including through education and more engagement with hard-to-reach or excluded groups

- Collaborative commissioning and greater focus on co-production of commissioning including the involvement of service users and carers as well as frontline health workers
- Personalisation of budgets providing more choice and control for service users
- Integration of services to make a reality of the 'No health without mental health' aspiration
- Promoting system effectiveness and productivity, improving coordination and communication across primary and secondary care, social care and the voluntary sector
- Take forward work to address stigma and discrimination through further activity to promote and embed the Time for Change campaign, including working with non-health related organisations, for example places of worship and community organisations

### **Outcome objectives**

The proposed outcome objectives for mental health and wellbeing are based on the recent Department of Health National Framework to improve mental health and wellbeing and will be revised further to reflect local issues as we develop our Mental Health Strategy, in particular to ensure an appropriate reflection of the needs of older people and children:

- More people will have good mental health
- More people with mental health problems will recover or maximise their wellbeing, enabling them to live life as fully as possible with their condition
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will experience stigma and discrimination

## Priority 4: Long Term Conditions and Cancer

### *Early identification and person centred care*

Long term health conditions and cancer, have a significant impact on quality of life; reducing the ability of those experiencing them to participate in employment, social and family life, contributing to the development of disability, reducing life expectancy and affecting mental wellbeing. Tower Hamlets has some of the highest premature death rates from three of the most life threatening conditions; cancer, cardiovascular (heart) disease, and lung disease. Furthermore at least 50% of the Tower Hamlets population aged over 65 have two or more long term conditions.

People with long term conditions, cancer and disabilities often report that there is a need for health and social care services to be more joined up and integrated in their approach to delivering care and support. They also identify the need for health and social care professionals to take a holistic and person centred approach to supporting them, especially in cases where individuals are living with more than one long term condition.

There is more to do to improve survival rates, particularly from cancer and a real need to further increase screening, public awareness and early diagnosis to improve survival. Prevalence of diabetes is also high and increasing, linked to high levels of obesity in the population. Early identification of risk and encouragement of healthier lifestyles are key to addressing diabetes. This strategy also seeks to improve rehabilitation for those with long term conditions and ensure proactive planning for deteriorations and management of last years of life.

Typically for an inner city area with high levels of deprivation, there are high levels of infectious diseases with high and increasing levels of tuberculosis (TB), Hepatitis B/C, and HIV.

There are also a significant number of people who are living with disability, and significant numbers of people report mobility difficulties. Poor mobility appears to be related to social deprivation, with higher proportions of the Tower Hamlets population reporting mobility difficulties living in social housing or poor quality housing, unemployed, with poor levels of education, literacy or English language. Poor mobility is also strongly correlated to poorer self-reported mental wellbeing.

There is also a higher than average number of people in Tower Hamlets who have a learning disability. Analysis of GP data reveals that if you have a learning disability you are more likely to be affected by other health conditions such as diabetes, asthma, or epilepsy. Similarly there is a 10 times higher recorded prevalence of serious mental illness in the population with learning disabilities compared to the general population.

Not surprisingly, given higher levels of long term conditions and disability, Tower Hamlets has a high level of carers – an estimated 9,000 people locally providing 20

or more hours of unpaid care per week. Carers' needs have been recognised in a strategy which seeks to ensure that carers receive the support they require to continue to fulfil this vital role.

Members of the Carers Forum highlighted a particular concern that GPs and other health services often do not always recognise the role and needs of carers. One carer, highlighting his own experience, felt that for himself and others in similar situations, there should be more proactive work by health care services to reach out more to carers.<sup>6</sup>

Through the Transformation of Adult Social Care Programme, the Education, Social Care and Wellbeing directorate in the Council is focusing on promoting choice and control for the people who use adult social care services. Personal budgets for children are also being developed. This programme has grown in momentum, as changes have been delivered to enable people to have more choice and control over the support and care they receive such as the introduction of personal budget. The use of Personal Budgets increases the amount of choice and control that people have over their own support, and allows much more creativity in how their needs are met.

The Partnership has already made strides in tackling long term conditions and reducing premature mortality. The Tower Hamlets Cancer Strategy 2011-2015 set out a clear vision and set of actions for reducing premature mortality and addressing the inequality between Tower Hamlets and England in terms of survival rates.

The Primary Care Investment Programme (PCIP) which focused on improving primary care provision for vascular and respiratory conditions, as well as immunisations and vaccinations has demonstrated some significant improvements in health outcomes for the residents of Tower Hamlets. These include:

- the highest childhood immunisation rate in London with 95% of the population immunised (compared with just 80% in 2009)
- a 5.4% reduction in emergency hospital admission for those with COPD over the period April 2011 to December 2011
- more people being diagnosed with COPD and managed in a primary and community care setting
- an increase from 92.53% (April 2010) to 96.40% (March 2012) of patients screened for key diabetes indicators such as Hba1c, BP and cholesterol resulting in better managed care and identification of those at risk.

In addition, care package programmes have been introduced to drive improvement in the management and treatment of long term conditions through a standardised approach which places the patient at the centre of care. Where these have been

---

<sup>6</sup> Tower Hamlets Equalities Steering Group Minutes, May 2012.

introduced, for example in relation to diabetes and for those at high risk of heart disease, they are already showing improvement.

The roll out of the Community Virtual Ward (CVW) across Tower Hamlets supports this patient centred approach by recognising that the most frail of patients need new ways of delivering services, with an emphasis on developing a way of working which puts them, their families and carers at the heart of the decision making process, keeping that at home when possible, better integration between service providers across health and social care and the community and voluntary sector. Initial developments have included the community virtual ward and a focus on people living in care homes and those receiving continuing care. Plans include a care planning approach which will provide a framework to deliver personalisation, the development of locality based teams integrating the work of general practice, community virtual ward and district nursing and hopefully social care at a generalist level and building strong supportive links from specialist services.

Users of health and social care services have raised a number of ways in which their experience as patients could be improved:

- People with Long Term Conditions have told us that they want to be more involved in their care and that services need to work better together.
- We've had some feedback to suggest that people find the social care and health systems confusing, particularly related to the number of staff and departments involved, as illustrated by the following quote: *"For normal, ordinary people, you don't really sort of understand who to ask for what and I don't always get the difference. So I think it would be quite helpful to have one particular person that you can contact"*<sup>7</sup>
- A focus on care in the community rather than acute settings: *"Home environment is always better than hospital environment, when you are in a hospital it makes you feel more ill being around others who are ill; it makes you a bit miserable. In your home environment you get to be with your own family, and it is just much more comfortable than being in a hospital. One person said that a lot of people get anxious when they go to hospitals; always start thinking of the worst. With the idea of the Virtual Ward it would eliminate the anxiety of going into the hospital"*<sup>8</sup>

Existing work will be sustained and stepped up with an on-going focus for the Health and Wellbeing Strategy on prevention, early identification and effective treatment for these long term and life threatening conditions.

Some of the key areas for the strategy going forward are:

---

<sup>7</sup> BLT Discovery Interview, June 2012.

<sup>8</sup> Older People's Reference Group, May 2011

- A further and accelerated push towards integrated health and social care, working together across providers to enable a better quality of life and care for patients and service users minimising avoidable hospital admissions and the use of residential care
- Appropriate support for those with long term conditions and cancer survivors, including support to live at home and facilities close to their homes
- Appropriate advanced care planning for end of life care and place of death
- Improve rates for cardiac rehabilitation and reduce emergency admissions and re-admission to hospital
- Earlier diagnosis of lung disease and cancer through greater public awareness and screening uptake
- Awareness raising and increased uptake of HIV testing, reducing late diagnosis and better integration of HIV into long term condition pathways
- Increase identification, diagnosis of learning disability and ensure robust and integrated care and support, including a focus on improved housing options and support for young people
- Address gaps in services for adults with autism including a new diagnostic service and a Multi-Disciplinary Teams care pathway
- Improve engagement and understanding of carers by primary care services including improved recognition of specific needs of carers, increased use of carers' registers, and greater provision of health checks

### Outcome objectives

The proposed outcome objectives for long term conditions and cancer are:

- Improved patient experience and co-ordination of health, housing and social care for those with single or multiple long term conditions
- Reduced prevalence of the major 'killers' and increased life expectancy
- More people with long term conditions diagnosed earlier and surviving for longer
- More people with learning disabilities receiving high quality care and support
- More carers having good physical and mental health and feel fully supported



## Influencing wider social and environmental factors

As the national review of health inequalities conducted in 2010 restated, health is tightly linked to socioeconomic status. The 'wider determinants of health' such as income, education, poverty, quality of housing, physical environment and community cohesion are profoundly linked to people's health.

Our residents have also told us that things that affect their health and wellbeing are broader than those traditionally "health related". Over 50% of respondents to our survey when asked about what stops them from staying healthy included a reference to wider social and environmental factors.

Tower Hamlets has a strong Community Plan, overseen by the Tower Hamlets Partnership, and with shared targets and delivery arrangements, which is seeking to address a range of these issues. The Health and Wellbeing Board is committed to working with the other Community Plan Delivery Groups to develop joint areas of work to ensure the health impacts of these areas are addressed. Work is underway to agree joint priorities with the relevant CPDGs – some of the key areas where we will look to work together are set out in this section of the strategy.

## Housing

There are clear links between the housing conditions people live in and their health. Overcrowding, poor quality housing and fuel poverty can all impact on physical and mental health. Access to green/open space within housing developments is also key to both emotional and physical health.

The Council has a range of housing policies and initiatives to improve housing conditions. There is a Decent Homes programme which will see all current or former Council homes in the borough reach decent homes standards by 2015 and there are major regeneration programmes for larger estates. There have been considerable successes in re-housing overcrowded households through building new homes and re-targeting the Lettings Policy. There are still problems and the Council is working with registered providers and developers to maximise affordable housing provision. The Tower Hamlets Housing Forum, representing all social housing providers in the borough, is also considering a plan to tackle under-occupation to ensure that the best use is being made of all social housing stock.

The private rented sector in Tower Hamlets is also growing fast. Some of the worst housing conditions are found within this sector. We have commissioned an analysis to quantify the health costs of the main hazards found in dwellings in this sector together with identifying those areas in the borough most affected, identifying properties that are likely to be houses in multiple occupation or properties which may have vulnerable occupants such as children or the elderly. A range of interventions



are being considered in the private sector for the improvement of conditions and options for private rented sector accreditation and regulation are being explored.

Those with specific needs because of disabilities often rely on special adaptations to enable them to live independently. The Council has refreshed its Tenancy Strategy which includes specific provisions to ensure that adapted properties are made available to those who need them most. In addition, the Council is developing a new housing statement which considers how best to maximise financial support for adaptations through disabled facilities grants and other grant funding. This work will be developed in conjunction with health and social care providers.

For those in social housing, housing providers and staff can play a key role in promoting more healthy lifestyles. Many social housing landlords in Tower Hamlets already engage in projects such as:

- promoting and enabling employment, volunteering training and social enterprise;
- small scale local projects such as community gardens/allotments;
- facilitation and support for estate based community projects promoting healthy lifestyles or building capacity and awareness around health and wellbeing; and
- targeting frailer older residents and engaging them in estate based activity to make links between residents and reduce isolation.

The Tower Hamlets Housing Forum will work further with the Health and Wellbeing Board to further develop these projects, share learning between providers and ensure greater co-ordination between local housing and health related projects.

Homelessness is the most extreme form of housing need impacting on people's health. Tower Hamlets Council and partners have made considerable progress reducing homelessness and improving services for homeless households since the Homelessness Strategy was launched in 2008. This includes preventing over 3,700 households from being homeless ; reducing the number of people in temporary accommodation; providing a dedicated service for single homeless people – one of only a handful in London; and making significant progress towards ending rough sleeping in the borough.

There are now significant challenges in building on these achievements to continue to prevent homelessness. These include major changes to the benefit system, social housing reform, prolonged economic uncertainties, and reduced resources for services – likely to continue in the coming years. The Council has developed a new Homelessness Statement which aims to meet local needs in light of unprecedented challenges. Key principles underpinning this are multi-agency working; early

intervention; and building resilience. Specific initiatives include a whole systems approach to supporting homeless people including addressing their wider support needs including employment and training, money management and income maximisation, parenting, substance misuse, mental health and domestic violence.

One resident when asked, “What do you think stops you from staying healthy?” responded “Worrying about money, housing and benefits being cut”.

For people with long term conditions the accessibility of their home can impact on the health and wellbeing of the individual and their family. This quote illustrates some of the issues:

*“I have a shower attached to the wall but I have to climb over the bath and have fallen a few times. The shower broke and I had to have a bath which was a nightmare. I’ve been in the house 35 years ... They told me they won’t give me a walk in shower because they will have to change it again when I leave because the house will go to a family. I can’t blame them really”<sup>9</sup>*

## Education

We are keen to continue our work in promoting understanding of healthy lifestyles in schools and other education settings, particularly given the evidence about the impact on learning and attainment of proper nutrition and activity, and supporting schools and colleges to enable this.

The current Healthy Schools Programme aims to increase understanding and awareness leading to positive choices around four key areas in schools:

- Healthy Eating
- Physical Activity
- Emotional Health and Well Being
- Drug Education and Sex Education

The Healthy Lives Team delivers training to schools in all of these areas, and currently 89% of schools have been assessed as having achieved Healthy Schools status. Schools are also able to apply for Advanced Healthy Schools status and the team is working to enable more schools to achieve this status whereby they:

- create long term, sustainable change in areas where visible and measurable improvement can be seen and quantified;

---

<sup>9</sup>THINK, 2011, [Patient Quotes specifically regarding Tower Hamlets Local Authority](#) taken from the Long-Term Conditions Project

- commit to two focused projects (LA/NHS priority and school priority); and
- commit to a fixed priority of reducing obesity.

In addition, Healthy Lives Champions are identified within local schools to carry out targeted work with pupils identified as overweight or obese.

Work is currently being explored around the extending some of the training offered to schools to youth centres in order to provide a more holistic approach to education around healthy lives. A new project to raise awareness of health and wellbeing with school governors is also underway.

*“The biggest impact is the shift in attitude and understanding towards living a healthy lifestyle by the children. The children are talking about healthy choices and show that they want to make those choices.” (Staff member, Lawdale Junior School)*

*“There is evidence of more children cycling to school now - there is not enough space in the cycle shed for all the bikes and our site manager has commented on ‘needing a bigger shed for all these bikes!’”*

*(Staff member, Holy Family Primary)*

## Poverty and income

There is a strong association between income and health inequalities. Rates of poverty and child poverty are high within the borough and the links with poor health outcomes are clear. There are particular concerns about the way in which welfare reform changes may exacerbate this. Because of large family sizes and high rent levels, the area will be particularly affected by the benefits cap from April 2013. We currently estimate up to 1600 households, incorporating nearly 5000 children, will be affected by the benefit cap – likely to lead to forced moves and with the potential to increase overcrowding and with a clear impact on stress, mental well-being and for health and social care providers. There is a borough wide Welfare Reform Task Group, involving Council, health and voluntary sector partners who are working together to raise awareness of the changes and provide mechanisms for getting support to those who need it. A specific current project is considering the impact welfare reform on disabled people and encouraging take up of disability benefits by those who are entitled to them. Alongside this is a partnership Financial Inclusion Strategy which focuses on addressing poverty through improving financial literacy and capability, access to financial products and services, and provision of debt and money advice.

The Council is committed to supporting small and medium enterprises, for example through its procurement policies, and to paying the London Living Wage. Barts Health and the Council have signed a joint memorandum of understanding through which they agree to work together to support economic development, support for local businesses and employment opportunities for local people.

The Council has also set up an independent Fairness Commission who will hear views from experts and local people and make recommendations about improving fairness in the local area, particularly in the area of housing, employment, and income and welfare policy.

## Employment

Employment rates in the borough are low with only 60% of those of working age in employment and high rates of sickness/disability benefit claimants. This identifies two key issues for the strategy – promoting the health benefits of employment, especially in relation to mental health, and the role of GPs and other health services in supporting people back into work. A number of neighbourhood based programmes in the local area are engaging with GPs in this way including the Raising Aspirations project in East India and Lansbury Ward which is targeting the long term unemployed, most of whom are on disability benefits through an invest to save programme which seeks to demonstrate that there are financial as well as social and health benefits in getting people back into work.

The role of key health partners as significant employers is also a focus for the strategy, in terms of the role they can play in improving employment opportunities particularly for those with lower skills and promoting employment for those with disabilities and mental health problems. The Council has an active local employment and Workforce to Reflect the Community strategy, with a strong focus on apprenticeships and graduate training opportunities for local people. Barts Health manages the Community Works for Health programme promoting health through employment, enabling local people to secure and sustain work within the NHS. The adverse effects of worklessness on health are well recognised, and the programme also supports the Trust in recruiting successfully front-line posts, and in providing further in-work development for a proportion of these staff. The success of this work has led to it being shortlisted for a Health Service Journal Award in the Workforce category this year. This programme is being further developed and as part of its joint memorandum with the Council, Barts Health is exploring areas such as extending employment opportunities for local people, particularly for non-clinical staff, apprenticeships and how it develops stronger links into local schools, colleges and the community to enable more young people locally to move into health careers in medicine and nursing.

There is evidence that mental health is a significant blockage to employment – 75% of those targeted in the current 'Raising Aspirations' small area pilot identified some form of mental ill health as a barrier. There is a need to improve employment

opportunities for people with Learning Disabilities and the Council is commissioning a Supported Employment Service for people with support needs and their carers.

There is more to do with developing the Board's relationship with Jobcentre Plus and the DWP Work Programme which is working with those on sickness benefits to help get them in to work.

The Partnership has an Employment Strategy which seeks to ensure a co-ordinated multi-agency approach to getting people into work, which includes the work of Jobcentre Plus and its Work Programme contractors, the Council's Skillsmatch job brokerage service, local third sector providers targeting particular communities and engaging the local business community. The Partnership is establishing a new Employment and Enterprise Board to provide renewed high level vigour to addressing employment issues in the borough. A particular issue is extending employment opportunities to those with physical and learning disabilities and mental health problems. The Health and Wellbeing Board has a commitment to encouraging all partners to sign up to the Time for Change mental health pledge – the Council has already done so and other partners have made a commitment to working towards this. Once the Employment and Enterprise Board is fully established, it would be useful to develop an area for a joint practically focused project with the Health and Wellbeing Board focusing on health and employment issues.

Unemployment can have a negative effect on Health and Wellbeing but poor quality employment can have a negative effect too. A few respondents to the Health and Wellbeing survey referenced "stress" impacting on their health and wellbeing, this included references to stress at work and work pressure.

### **Community engagement and development**

Engagement in social networks and community can have a positive impact on both physical and mental health and well-being. On top of this, local networks and communities are key assets, providing opportunities for engaging people in health promoting activities, spreading health messages and motivating changes in lifestyle, particularly peer to peer. Tower Hamlets has a strong track record of local communities engaged in neighbourhood activity to take more control of their lives and environment. As part of our Healthy Borough programme, 'Can Do' grants were awarded to community led projects to improve the health and wellbeing of their local community. They supported a wide range of activity including areas such as food growing, developing social networks, promoting physical activity. This community development approach was found to be highly successful in tackling barriers to participation, particularly among groups less engaged with statutory agencies such as black and minority ethnic women.

Currently, there are a number of neighbourhood and community initiatives which are focusing on working with local people to develop solutions to local issues and grow their capacity. Many have a specific health focus – others are focused on improving other aspects of local quality of life likely to have knock on effects for health. Examples include the Well London initiative on the local Aberfeldy estate which will recruit and train local community champions and develop specific projects around such themes as healthy eating, physical activities, mental wellbeing, arts and culture, skills to work and healthy spaces and others that emerge from the community engagement. The Well London approach has been used elsewhere in London and has demonstrated significant improvements including 72% increase in healthy eating, 83% increase in physical activity and 86% improvement in positive feelings amongst participants.

Another example is a pilot of a Community Budget approach in the Bromley by Bow and Mile End East area of the borough where a number of agencies including GPs, schools, local community centre and housing association are pooling budgets to tackle priorities identified in consultation with the local community. Volunteer Health Makers are being recruited to work with GP practices to tackle issues which impact on health and in particular to support diabetes care packages by addressing wider determinant such as employment, education, language and housing.

The Partnership is also working with local communities to develop a number of Neighbourhood Agreements which provide an opportunity for local communities to come together, identify their priority issues impacting on local quality of life, develop local solutions to these in conjunction with key local stakeholders and enter into an agreement with these stakeholders about how they will work together to deliver the solutions. Projects include the refurbishment for community use of a local community building by local volunteers working with public sector providers. The projects have benefits in their own right but also by engaging local people and creating a sense of community are likely to contribute to better health and wellbeing.

The potential of a number of community engagement projects operating in small neighbourhood areas provides the opportunity to review, evaluate and share lessons over the coming months and beyond. The Board has set up a sub-group focusing on Co-Production and the potential is explored further in the next section of this strategy.

The Council has commissioned Healthwatch Tower Hamlets, and it came into existence on 1<sup>st</sup> April 2013. They have a responsibility to work across health and social care with a particular brief to developing innovative and creative ways of engaging the community to get more involved in the improvement of local health and social care services. This community engagement role of the new Healthwatch function is one we are keen to progress and develop.

## Environment and Planning

The quality and nature of the built environment can have significant impact on health outcomes. This has been recognised for some time in Tower Hamlets. The Core Strategy which provides the spatial vision for the development of Tower Hamlets to 2025 was developed in conjunction with health partners and includes strategic objectives around promoting healthy neighbourhoods that promote active and healthy lifestyles.

One specific initiative is the 'Green Grid' which seeks to sustain and create across the borough a network of high quality well-connected open spaces to promote biodiversity and healthy, active lifestyles. In addition, the Tower Hamlets Partnership encourages walking and cycling through a range of projects and programmes delivering training in schools to encourage students to cycle by equipping them with the necessary confidence, skills and safety training and free adult cycle confidence training for anyone who lives, work or studies in the borough. Schemes are also in place to promote cycling amongst disabled people and traditionally harder to reach groups such as BME women.

The borough-wide expansion of the Barclays Cycle Hire scheme provides a huge opportunity for increasing cycling in Tower Hamlets and Tower Hamlets has also benefited from the provision of two Cycle Superhighways running through the borough, funded by TfL. In addition, more cycle parking has been installed throughout the borough, especially in the vicinity of the new Cycle Superhighways.

Healthy walking programmes also take place in the borough, with weekly walks from health centres and community centres led by health trainers and local volunteers. These walks provide residents with the chance to improve their health and socialise, whilst learning about the local cultural and historical features of the area.

Planning policy also contributes to food environments by limiting the numbers of hot food takeaways which are associated with poor diets. The Council's planning policy seeks to limit new hot food takeaways both to appropriate locations such as town centres and to limit their numbers so as not to cause an overconcentration of this type of use. The proximity of any schools is also taken into account in the planning process.

There is a clear objective in the core strategy to create healthy sustainable places in the borough and much progress has already been made with for example health impacts being considered as part of environmental impact assessments for larger developments. The spatial planners and public health colleagues will continue to work together to examine available tools and techniques which could help enable the ambition for healthy sustainable places, looking to adopt those which can have a positive impact on this ambition.

Air quality is also a key issue for an inner city borough with major transport routes running through it. Tower Hamlets was declared an Air Quality Management Area under the UK Air Quality Strategy and is exceeding objectives for two health based pollutants: Nitrogen Dioxide and Particulate Matter.

According to the World Health Organisation, air pollution is a major environmental risk to health. Air pollution increases the risk of respiratory and heart disease in the population. Both short and long term exposure to air pollutants have been associated with health impacts. These impacts are more pronounced in people who are already ill. Children, the elderly and people on low income are more susceptible to exposure to air pollution. It is currently estimated that air pollution reduces the life expectancy of every person in the UK by an average of 6–8 months, with associated costs of up to £20 billion each year.

The council monitors air pollution concentrations using different monitoring methods. Pollution levels in Tower Hamlets have declined since it was declared an Air Quality Management Area, however in recent years, the levels have stabilised. This trend is evident throughout the Greater London area.

Tower Hamlets has an Air Quality Action Plan which details measures on how the council intends to work towards achieving the stated air quality objectives. This will be through a range of measures including:

- Promoting sustainable modes of transport
- Reducing emissions from domestic sources
- Raising education and awareness on pollution and health impacts

Environmental issues were raised by residents as having a negative impact on their health and wellbeing. These included busy roads, pollution and noise.

## Community Safety

Health issues, in particular in relation to mental health, alcohol and drugs misuse have a significant impact on crime and disorder. There is an existing Partnership Substance Misuse strategy with a plan of action for tackling alcohol and other drug misuse, including the harms related to misuse. The strategy combines behaviour change, prevention, treatment, enforcement and regulation approaches. Achieving a decrease in the serious acquisitive crime rate is identified as a priority action in the substance misuse strategy as analysis indicates that this is strongly associated with drug related offending.

Community safety policy has been linked to this work – for example, a whole borough drinking control zone has been established and we are currently consulting on establishing cumulative impact ('saturation') policy to limit the number of licensed



premises in the Brick Lane area, where the concentration of licensed premises has the potential to lead to public disorder and anti-social behaviour in the area. Health has also been named as a responsible authority for licensing decisions and therefore integrating health impacts into the Council licensing policy is something that is currently being worked on. **The licensing and enforcement approach is supported by more widespread identification of individuals experiencing problems with alcohol and this is a key area of work moving forward.**

**Effective treatment for individuals addicted to drugs is strongly associated with reduced levels of crime and helps to limit the poor health outcomes of long term addiction. Our treatment levels are currently amongst the highest in the country. To ensure maximum benefits from treatment interventions, we have developed an action plan to increase the numbers of individuals successfully completing treatment and leaving treatment services drug free.**

Domestic violence is a further area where our community safety and health objectives overlap. There is a multi-agency approach to tackling this, including a new Violence against Women and Girls strategy and a policy aimed specifically at safeguarding children at risk from domestic violence. Key areas for development include the need to increase reporting and referring where domestic violence is suspected from a range of front line health settings including Accident and Emergency, GPs and dentists. The Board might seek to sponsor a partnership protocol around this issue to capture and spread best practice and build trust to overcome residual concerns about confidentiality.

It would also be useful to consider the potential for more independent advocates with DV specialisms to be attached to health settings such as maternity services. Timely and professional support to those suffering DV can provide them with more confidence to take action to end the situation.

Perceptions of safety and freedom from anti-social behaviour emerged as key issues generally from consultation with local people. The borough's Community Safety Plan, developed by the multi-agency Community Safety Partnership led by the Deputy Mayor and Borough Commander, demonstrates the commitment of all partners to tackling this and the activity proposed to continue to reduce anti-social behaviour and tackle hate crime. **The Community Safety Plan incorporates many of the actions within the Substance Misuse Strategy and ensures the continued delivery of the dealer a day programme as well as ongoing test purchases from licensed premises.**

### **Possible delivery actions**

There are opportunities to do more to link up health and crime enforcement agencies in tackling drug misuse and other joint issues. Opportunities include:

- Developing data sharing agreements around drug and alcohol related injury and offending and utilise more routinely for service planning purposes
- Making best use of information on hotspots and emerging trends in alcohol related antisocial behaviour and crime to achieve further reductions.
- Increasing the effective use of screening for drugs and alcohol when offenders are arrested
- Developing the use of the Drug Related Deaths Panel
- Driving forward work on Integrated Offender Management and in particular considering drug treatment needs of offenders, as well the physical and mental health needs of offenders
- Working in partnership to address the ongoing health needs of sex workers

Perceptions of safety in the Borough affect people's decisions and life choices. When people at the THINK AGM were asked about what needed to change to improve health and wellbeing of people growing older in Tower Hamlets, safety was a key concern: *"Older people live in fear and all of these factors affect their health."*

Safety is a similar concern for adult social care users with a learning disability in relation to independence:

*"Fears were discussed around discrimination, people pointing and making remarks directed at them"*<sup>10</sup>

Respondents to the Health and Wellbeing survey also raised concerns about safe play spaces for children:

*"Anti-social behaviour - young people hanging out in the children's play areas - is sometimes off putting when I want to take my son there."*<sup>11</sup>

<sup>10</sup> LBTH, 2012, Modernising LD Day Opportunities in LBTH: BME Communities – March 2012

<sup>11</sup> LBTH, 2012, Residents Health and Wellbeing Survey

## Delivering the Strategy

### Accountability and Working in Partnership

#### Governance

The Health and Wellbeing Board is responsible for the delivery of this strategy. It will do this through a number of sub-groups and boards and through the feedback from Healthwatch Tower Hamlets, a statutory member of the Board.

The remit Healthwatch Tower Hamlets includes a requirement to work with the members of the HWBB and to support the subgroups in ensuring public and patient/service user engagement in the different workstreams of the Board. Full engagement and involvement of our residents is critical to the delivery of the Strategy.

The Board, in signing off this Strategy, is very conscious that pieces of work of this nature can be very “top-down” and is clear in its expectations that this must be met by “bottom-up” initiatives generated within the communities of Tower Hamlets. This builds on well-established community assets in Tower Hamlets including a strong voluntary and community sector with its own Health and Wellbeing Forum, Neighbourhood Agreements and emerging Neighbourhood Forums.

#### Accountability for the quality of local services

We need to ensure that there are robust mechanisms in place to ensure health and social care outcomes are achieved and that health and social care services are accountable for the quality of service they provide to local people. This is particularly pertinent at a time when the provider and commissioning framework is changing fast.

Commissioners, including the local authority and the Clinical Commissioning Group, will develop robust performance frameworks to ensure that service quality and responsiveness to patients is monitored and, where necessary, improved. The Mayor and Health and Wellbeing Board will implement an outcome based performance framework setting targets for the key outcomes outlined in this strategy and monitor progress regularly. The leadership of the Mayor and involvement of Cabinet members will strengthen democratic oversight and scrutiny of health provision in the borough. The performance framework will also ensure we monitor progress for different equality groups where our equality analysis has indicated there are currently differential outcomes in particular areas.

In this context, accountability to service users is also key. From April 2013, Healthwatch Tower Hamlets came into existence and provides a mechanism to give people greater influence over their local health and social care services. It will also

lead on supporting the local commitment to ensure health and social care services are accountable to local people and the standard of care is improved or maintained. Healthwatch will be represented on the Board and ensure patient views are shared and considered in the decision making process of the Board. The Board will also want to develop a relationship directly with local residents, reporting to them on progress with the key outcomes in this Strategy.

## **Enablers**

Supporting delivery of the programme are a number of “enablers” – these are the ways of working and things we need to do to implement the contents of this Strategy. These have been identified through a review of current structures and engagement feedback. These are as follows:

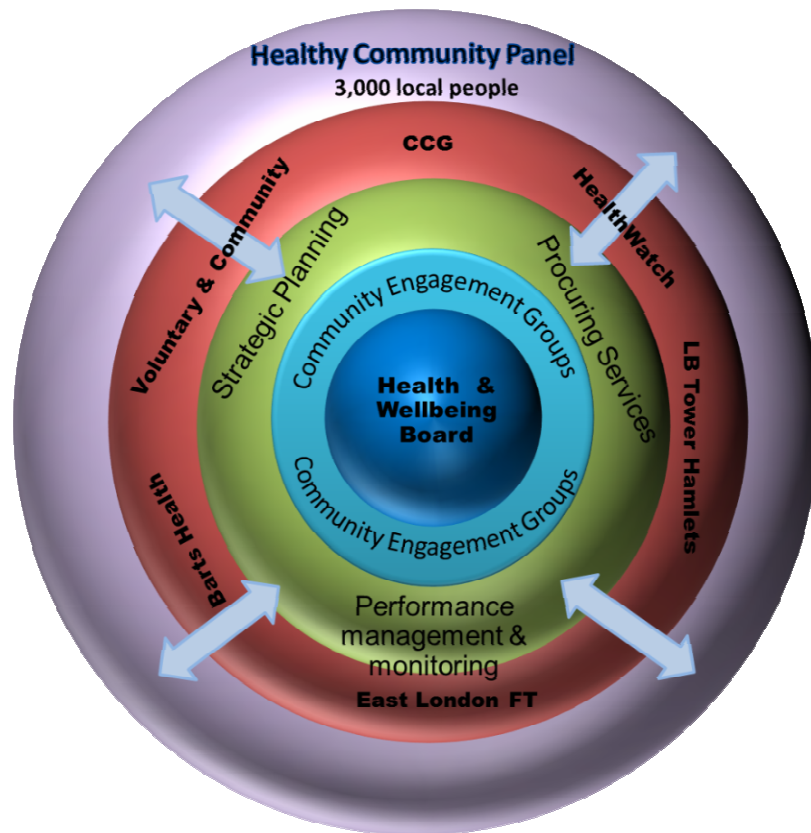
- Community engagement and co-production – a local “out of the community” approach to identifying priorities to improve health and wellbeing and to designing interventions (described above)
- Integrated care – bringing different providers together to deliver joined up holistic packages of care
- Ensuring best use of resources, aligning the funding with new models of service delivery through joint commissioning of services
- Using technology to improve outcomes
- Commissioning with commitment - developing a plurality of provision of health, social care, and wellbeing services through the development of local providers and services
- Leadership and workforce development to make this borough one of the best places to work and to support the changes in service delivery required to achieve a step change in health outcomes

### **1. Community Engagement and Co-production**

Delivery of this strategy is not just about statutory partners and major projects, but also about working in partnership with local residents to co-design and co-produce solutions.

The Health and Wellbeing Board is committed to an approach to community engagement based on a model of the Healthy Community Panel – an existing borough-wide panel of 1000 individuals (currently the THINK membership) who have said they are interested in improving local health and social care services. The HWB aims to work with HealthWatch and the Clinical Commissioning Groups Engagement Groups to build the membership of the Healthy Community Panel to 3,000 over the

course of the next three years to reflect the population of the Borough. The diagram below illustrates the model which builds on and uses existing structures for engaging and involving members of the community.



The core of the Healthy Community Panels will be the **Community Engagement Groups** (CEGs). There will be four of these across the borough, each based on two Clinical Commissioning Group (CCG) Network areas, with at least one hundred people in each Network. They will be engaged in:

- identifying community needs and aspirations;
- promoting and incentivising healthy behaviour;
- tackling Health and Wellbeing strategy priority areas;
- feeding into GP Practices and other health and social care providers on their experience and supporting the practice to improve patient experience;
- tackling local Network priority areas;
- speaking to groups in the community about their experience of services and feeding these into quality performance and monitoring processes;

- collecting people’s comments, ideas and aspirations and passing them to relevant health and social care professionals so they impact on service improvement.
- supporting groups in the community to develop healthy initiatives such as a walking club, a carers support group or a time banking initiative; and
- supporting better self-management and behaviour change, including encouraging people to pass on key health and social care information to their communities to change behaviour and improve the way they access services..

The remit of the GP Networks will be explored to incorporate greater focus on community engagement and working with the community and voluntary sector.

In parallel with this, the local authority is developing a network of local **Neighbourhood Forums**, these will be facilitated by local Community Champions drawn from the local community who will engage local people in action around specific areas which make a difference to their lives. They will engage with local service providers to tackle these issues and draw up Neighbourhood Agreements, setting out a contract for future action by the community and partners.

A key principle of the Health and Wellbeing strategy is to build on these developments and further enhance local community capacity and skills to enable communities to play a key role in the delivery of the strategy. The Board is committed to achieving this through accelerating ‘co-production’. Co-production means delivering services and solutions in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. In doing this, we can both improve the health outcomes for those engaged – activism is in itself a contributor to better health – and improve the design of projects and services ensuring they reflect what is important to local communities not just what professionals think is important to them.

The Health and Wellbeing Board will explore areas such as:

- Community budget approach to tackling specific health issues in particular local areas;
- Neighbourhood Agreements which focus on health services and health related issues;
- Making available small sums of money in grant form to local community groups to develop and test their own solutions to key health issues and wider social factors;

- Co-design with residents in commissioning or re-commissioning new services, for example the planned review of Local Networks.

To explore these initiatives and to facilitate them the Board will have a subgroup with a particular focus on 'Engagement and Co-production'.

## **2. Integrated Care**

Integrated care can help us address local challenges, by empowering patients and service users, improving outcomes and by providing the best quality of care at the minimum possible cost. We aspire to build an integrated care system in Tower Hamlets that empowers patients, provides more coordinated, proactive and responsive care, and ensures the system operates in an efficient and consistent manner.

Across the borough, several recently established elements of integrated care have already demonstrated impact on quality and outcomes. However, these only target a small section of the population - working with our partners across the east London region we are now committed to developing further integration to improve outcomes for local people. Initially, this will focus on the areas of discharge support for mental health patients from secondary to primary care, rapid response and short-term reablement, discharge support from acute to community and mental health liaison team intervention in acute wards.

Some of the key areas for driving forward integrated care include:

- Greater empowerment of patients to manage their own health and conditions
- Better co-ordinated joint health and care assessment, planning and case management
- Rapid response providing care packages to support patients at home at time of crisis as an alternative to unnecessary hospital and care home admissions
- Improved liaison between hospitals and mental health services to ensure appropriate diagnosis and referral around areas such as alcohol, substance misuse and dementia
- Better understanding of, and provision to meet, patient's preferences in their last years of life

As well as formal integration of services, there are real opportunities to maximise the value of every contact with health and social care services, ensuring, for example, that all frontline health workers, from GPs to home carers, regularly provide advice about healthy diet and activity. Improving access to and responsiveness of primary

and community health services will be critical to ensuring the success of integrated care.

### **3. Ensuring best use of resources**

Since 2010, public services have seen reductions in funding and a requirement to deliver significant efficiency savings. The state of the economy and the Government's commitment to reduce the public sector deficit, means that there is no indication that the funding position will improve and every likelihood it will worsen. This is at a time when demands on health and social care are growing due in the most part to an ageing population.

The public sector in Tower Hamlets is facing a significant financial challenge over the years to come as a result.

Tower Hamlets Council will need to absorb its share of the 27% cuts to local government introduced by the Government in the 2010 Spending Review. This equates to £90m in savings by the end of 2014/15. At the same time, since 2009, the number of new Social Care assessments has increased by 35% and the number of residents over the age of 85 has increased by 13.5%. The Government has recently indicated that there could then follow a further three years of savings on the same downward trajectory.

From April 1st 2013, Tower Hamlets CCG, with a budget of £336m, has a funding shortfall of £30m over the period 2013/14 to 2015/16. This shortfall is evenly split over the 3 year period. To narrow this gap, the CCG has used various quality, innovation productivity and prevention initiatives. Specific disciplines such as Planned Care, Urgent Care and CHS have proved to have the capacity for such measures.

The East London Foundation Trust (ELFT) provides mental health services in Tower Hamlets. The Trust has to make 4%, approximately £10m, of efficiency savings in 2012/13, in line with national operating guidance, Tower Hamlets share of this is £450,000. In addition, the East London CCGs made a disinvestment of £3.2m over two years and Tower Hamlets' share of this was £550k.

Barts Health is the NHS Trust that serves Tower Hamlets. With 15,000 staff and a turnover of £1.2 billion, it is the largest NHS Trust in the country. Like all public sector bodies, Barts Health will face similar financial challenges to those faced by the Council, CCG and ELFT.

These reductions in funding and increases in demand are unlikely to be reversed in the years to come. The challenge for the partners on the Health and Wellbeing Board is how to manage those reductions in funding while ensuring the services that local people rely on are protected as much as possible.



Locally, we will continue to make the case about the need for adequate resources to meet local health and care needs. At the same time, we will also continue to manage services as efficiently as possible to ensure that as much as possible of increasingly squeezed resources delivers real benefits for local people. In particular, the Board will need to work with commissioners and providers to consider how best shared resources can be allocated to priorities to deliver shared outcomes.

This links closely to the development of integrated care (see above) and the need to develop ways to move resources between partner organisations to ensure that funding flows follow the patient/service user.

At the same time, we need to think about the most effective use of physical assets within the health and social care sector, how we manage these most efficiently and ensure that in doing so we are providing modern local venues. There is a continuing need to provide fit for purpose accommodation for services to meet the needs of a growing population and to enable delivery in the most appropriate setting. The potential for strategic use of the Community Infrastructure Levy through feeding into borough wide infrastructure planning is key. Defining the need for new health infrastructure and providing baseline evidence will be important first steps. A key requirement will be additional space for new or modernised primary care facilities to meet the growing population in the borough in terms of additional GPs and other primary care health professionals.

**4. Using technology to improve outcomes** - There are 3 ways that we think technology can help improve health and wellbeing services, the questions we will ask ourselves are:

*How can technology improve the lives of individuals?*

There is a growing body of evidence that supports the use of technology in health and social care settings and the impact this has on utilisation of health services. Health and social care providers face a considerable challenge to provide comprehensive care and support to an increasing number of people with complex care needs. Assistive Technology can be seen as a solution to this challenge, enabling people to live as independently as possible, preventing or reducing the escalation of support needs through providing a service package and choice of technology tailored to meet their individual needs. Technology also means a lot of things can be done locally – ranging from mobile units to telemedicine.

*How can technology drive forward partnerships?*

A consistent theme of user feedback is frustration at having to continually supply the same information to different parts of the health and social care system. We need to think about how we can develop a common record system across health and social care so that from a user perspective, time is not wasted in collecting the same data more than once and from a service provider perspective, resources are not wasted in

duplicating activities (e.g. repeating investigations as the findings are not communicated). In addition, we need to plan in a much more integrated way across the health and social care system - underpinning this is a need to share intelligence across the system and we need to think about how we can establish data sharing agreements that allow this information to be shared more freely between key partners. We need to do this cautiously to ensure that we protect sensitive and personal data appropriately.

*How can technology support people taking greater responsibility for their own health?*

Increasingly, local people, particularly but not exclusively younger generations, are using new technology to access information and support them organising and living their lives. Smartphone applications (apps), social media sites, Twitter and electronic messaging all provide opportunities to provide information to support healthy living and healthy choices in a host of new ways. In one example, the Council has developed an E-market solution to enable those in need of care and support to use web technology to purchase their own services. In addition, technology can support people in feeding back to providers about services.

Tower Hamlets residents are increasingly using the internet as a method of communication; 15% of residents contacted the Council online over the last year, and 25 per cent say they would prefer to use this method in the future<sup>12</sup>.

Tower Hamlets had a higher level of online returns to the 2011 Census than any other local area in the country at just under 30%.

## **5. Commissioning with commitment**

Tower Hamlets Health and Wellbeing Board includes both the local statutory providers of health services, representation from the Community and Voluntary Services Council and Housing providers in recognition of our desire to work across all sectors locally to achieve the best health and wellbeing outcomes. We will work to develop a plurality of provision of health, social care, and wellbeing services through the development of local providers and services

When we commission services jointly we will follow the following principles:

All services must be culturally sensitive  
We will seek to work with our providers to achieve a balance of value for money and risk that is sustainable for the provider as well as the commissioner  
We will seek to use our purchasing power to stimulate the local economy and maximise employment opportunities for local people, taking into account the provisions of the Public Services (Social Value) Act 2012.  
Wherever possible we will encourage local, smaller providers

<sup>12</sup>Annual Residents Survey, 2011-12

We will fund independent support for smaller potential providers in complex procurements to ensure that they are not disadvantaged.  
We would always ask that unless there are good market reasons not to do so, all contractors should pay the London Living Wage. Unless an exception is made contracts will be let with this stipulation.

## **6 Leadership and workforce development**

Finally, and possibly the most important, is to ensure that we have the workforce and leadership to deliver this Strategy. Many of our workforce are also our local residents who use local services - Tower Hamlets own “family and friends test”.

All partners on the Health and Wellbeing Board have a commitment to workforce development to enable the required changes in working practices to deliver services in ways that are different from the past and to make this borough one of the best places to work and to support the changes in service delivery required to achieve a step change in health outcomes

## **Conclusion**

This Health and Wellbeing Strategy has been informed by widespread local consultation and includes input from a wide range of partners and stakeholders in the borough. The Delivery Plan will now form the basis of a work programme for key partners over the coming 1-3 years which will be monitored by the Board and refreshed on an annual basis. The Board remains keen to hear from local residents about issues affecting health and wellbeing in the local area and will work closely with Healthwatch and other partners to ensure that its work is informed by experiences on the ground as it continues to develop its role.

This page is intentionally left blank

## Health and Wellbeing Strategy: Maternity and Early Years Delivery Plan

Priority: Maternity and Early Years				
Outcome Objective 1: Good and improving maternal health – including good mental health, maternal nutrition, decreasing maternal obesity, diabetes and numbers smoking at time of delivery				
Proposed outcome measures				
Measure	Baseline 2011/12	Target 2013/14	2014/15	
Proportion of women who smoke during pregnancy	3.9% (2011/12)	3.5%	3.5%	
Proportion of women who are obese during pregnancy (BMI > 30)	12.3% (July-November 2012)	12%	12%	
Proportion of pregnancies that are complicated by diabetes	12% (2010)	12%	12%	
Action/strategy/programme to deliver	Lead (and key partners)	Milestones	Timescale	
Improve employment prospects for mothers by increasing access to volunteering opportunities, including links to Children's Centres, School and TH College	<ul style="list-style-type: none"> <li>LBTH(Andy Scott(TBC))</li> <li>Barts Health(Andrew Attfield(TBC))</li> <li>Volunteer Centre (VCTH) / Voluntary Sector Children &amp; Young People's Forum (VSCYF)(Alex Nelson)</li> <li>LBTH, E,SC&amp;W (Monica Forty)</li> </ul>	Bring together key partners and to agree action plan Mapping volunteering opportunities for mothers Staff training Community engagement	July 2013  September 2013  TBC TBC	

Targets and baseline data in italics are subject to final confirmation

<p>Enhance health education for young people and women of child bearing age including:</p> <ul style="list-style-type: none"> <li>sex and relationships education,</li> <li>awareness of factors affecting maternal health and outcome of pregnancy (including pre-conceptual care), and</li> <li>understanding of how to access antenatal services</li> </ul>	<ul style="list-style-type: none"> <li><b>Public Health</b> (Reha Begum and Senior PH Strategist MEY)</li> <li><b>LBTH, Healthy Lives team</b> (Kate Smith)</li> <li><b>LBTH, Children's Centres</b> (Jo Freeman)</li> <li><b>Tower Hamlets College</b> (TBC)</li> </ul>	<p>Establish an SRE working group comprised of professionals working in the Borough with young people and their families</p>	<p>June 2013</p>
<p>Review care pathway and raise awareness of female genital mutilation (FGM) and its impact on maternal health:</p> <ul style="list-style-type: none"> <li>amongst professionals to improve identification and referral to appropriate services</li> <li>In the community to encourage disclosure</li> </ul>	<ul style="list-style-type: none"> <li><b>LBTH, CLC</b> (Emily Fieran-Reed / Fiona Dwyer, Violence Against Women and Girls Strategy Manager)</li> <li><b>Barts Health, Maternity Services</b> (Denise McEneaney)</li> <li><b>Public Health</b> (Senior PH Strategist MEY and Khadija Bichbiche)</li> </ul>	<p>Review and strengthen health education components of antenatal parenting classes, with particular emphasis on those targeted at young parents and other high risk groups</p>	<p>September 2013</p>
<p>Review care pathway and raise awareness of female genital mutilation (FGM) and its impact on maternal health:</p> <ul style="list-style-type: none"> <li>amongst professionals to improve identification and referral to appropriate services</li> <li>In the community to encourage disclosure</li> </ul>	<ul style="list-style-type: none"> <li><b>LBTH, CLC</b> (Emily Fieran-Reed / Fiona Dwyer, Violence Against Women and Girls Strategy Manager)</li> <li><b>Barts Health, Maternity Services</b> (Denise McEneaney)</li> <li><b>Public Health</b> (Senior PH Strategist MEY and Khadija Bichbiche)</li> </ul>	<p>Scoping of current pathways/services</p>	<p>July 2013</p>
<p>Review care pathway and raise awareness of female genital mutilation (FGM) and its impact on maternal health:</p> <ul style="list-style-type: none"> <li>amongst professionals to improve identification and referral to appropriate services</li> <li>In the community to encourage disclosure</li> </ul>	<ul style="list-style-type: none"> <li><b>LBTH, CLC</b> (Emily Fieran-Reed / Fiona Dwyer, Violence Against Women and Girls Strategy Manager)</li> <li><b>Barts Health, Maternity Services</b> (Denise McEneaney)</li> <li><b>Public Health</b> (Senior PH Strategist MEY and Khadija Bichbiche)</li> </ul>	<p>Review of IT systems – ability to enable recording of FGM at booking and birth for audit</p>	<p>July 2013</p>
<p>Review care pathway and raise awareness of female genital mutilation (FGM) and its impact on maternal health:</p> <ul style="list-style-type: none"> <li>amongst professionals to improve identification and referral to appropriate services</li> <li>In the community to encourage disclosure</li> </ul>	<ul style="list-style-type: none"> <li><b>LBTH, CLC</b> (Emily Fieran-Reed / Fiona Dwyer, Violence Against Women and Girls Strategy Manager)</li> <li><b>Barts Health, Maternity Services</b> (Denise McEneaney)</li> <li><b>Public Health</b> (Senior PH Strategist MEY and Khadija Bichbiche)</li> </ul>	<p>Explore safeguarding aspect and how to link with health</p>	<p>TBC</p>
<p>Review care pathway and raise awareness of female genital mutilation (FGM) and its impact on maternal health:</p> <ul style="list-style-type: none"> <li>amongst professionals to improve identification and referral to appropriate services</li> <li>In the community to encourage disclosure</li> </ul>	<ul style="list-style-type: none"> <li><b>LBTH, CLC</b> (Emily Fieran-Reed / Fiona Dwyer, Violence Against Women and Girls Strategy Manager)</li> <li><b>Barts Health, Maternity Services</b> (Denise McEneaney)</li> <li><b>Public Health</b> (Senior PH Strategist MEY and Khadija Bichbiche)</li> </ul>	<p>Review curriculum for student midwives</p>	<p>TBC</p>
<p>Review care pathway and raise awareness of female genital mutilation (FGM) and its impact on maternal health:</p> <ul style="list-style-type: none"> <li>amongst professionals to improve identification and referral to appropriate services</li> <li>In the community to encourage disclosure</li> </ul>	<ul style="list-style-type: none"> <li><b>LBTH, CLC</b> (Emily Fieran-Reed / Fiona Dwyer, Violence Against Women and Girls Strategy Manager)</li> <li><b>Barts Health, Maternity Services</b> (Denise McEneaney)</li> <li><b>Public Health</b> (Senior PH Strategist MEY and Khadija Bichbiche)</li> </ul>	<p>Review possibility of modifying study day for qualified midwives</p>	<p>TBC</p>

<p>Build on maternity mates programme to provide peer support for vulnerable women during pregnancy and in the first 6 weeks post birth</p>	<ul style="list-style-type: none"> <li>• <b>Women's Health and Family Services</b> (Jo Weller)</li> <li>• <b>CCG</b> (Judith Littlejohns/Catherine Platt)</li> <li>• <b>Public Health</b> (Senior PH Strategist MEY)</li> </ul>	<p>Secure funding for 2013/14</p> <p>Review and strengthen programme</p>	<p>March 2013</p> <p>September 2013</p>
<p>Promote preconception uptake of folic acid and uptake of Healthy Start vitamins through Children's Centres</p>	<ul style="list-style-type: none"> <li>• <b>Public Health</b> (Senior PH Strategist MEY)</li> <li>• <b>Maternity Services</b> (Denise McEneaney)</li> <li>• <b>CCG</b> (Judith Littlejohns/Catherine Platt)</li> <li>• <b>LBTH, Children's Centres</b> (Jo Freeman)</li> </ul>	<p>Develop health promotion programme for preconception uptake of folic acid.</p> <p>Enhance the promotion and delivery of the Healthy Start programme with a particular focus on increasing uptake amongst children under 4 through Children's Centres</p>	<p>September 2013</p> <p>Ongoing</p> <p>June 2013</p>
<p>Review and strengthen the ante and post natal depression pathway, raising awareness of the importance and links to safeguarding</p>	<ul style="list-style-type: none"> <li>• <b>CCG</b> (Judith Littlejohns/Catherine Platt)</li> <li>• <b>Public Health</b> (Senior PH Strategist MEY)</li> <li>• <b>Perinatal mental health service</b> (lead TBC)</li> </ul>	<p>Secure funding for universal free provision for children under 4</p> <p>Develop strong working relationships between all acute and primary care services</p>	<p>June 2013</p> <p>TBC</p>
<p><b>Ensure that on-going partnership work is maintained and supported, including:</b></p> <ul style="list-style-type: none"> <li>• Refresh of Health Improvement Strategy for Maternity Services</li> <li>• Improve pre-conceptual advice for women with diabetes or a history of GDM</li> <li>• Identify all pregnant women with BMI &gt; 30 at booking and ensure appropriate advice and referral</li> <li>• Identify smoking status of all women at booking and refer smokers for specialist support</li> </ul>			

<ul style="list-style-type: none"> <li>Improve data available on maternal health outcomes including mental health</li> </ul>				
<b>Priority: Maternity and Early Years</b>				
<b>Outcome Objective 2: Maintain reduction in under 18 conceptions and support teenage parents</b>				
<b>Proposed outcome measures</b>				
<b>Measure</b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>	
Teenage pregnancy rate	28.5 conceptions per 1,000 women aged 15-17 years (2011)	28.5 conceptions per 1,000 women aged 15-17 years	28.5 conceptions per 1,000 women aged 15-17 years	
<b>Action/strategy/programme to deliver</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>	
Ensure that all children and young people have access to high quality and appropriate SRE in schools and/or alternative settings	<ul style="list-style-type: none"> <li><b>Healthy Lives Team</b> (Kate Smith)</li> <li><b>Public Health</b> (Reha Begum)</li> </ul>	Healthy Lives team to work with school governors to ensure that there is a wide understanding of the importance of SRE and curriculum requirements	Delivered by governor training by July 2013 and again by March 2014	
		Review approach to SRE in light of new science curriculum	March 2014	
		Explore the possibility of delivering SRE through alternative settings and across inter-faith groups	September 2013	
Ensure vulnerable young mothers have access to support from the Family Nurse Partnership by improving timeliness of referral and links to other services	<ul style="list-style-type: none"> <li><b>Barts Health</b> (Rita Wallace / Anne Lynch)</li> <li><b>Public Health</b> (Esther Trenchard-Mabere)</li> </ul>	Evaluation and review of referral pathway to identify gaps and best practice	September 2013	
		Agree and implement improvements including strengthening links with	March 2014	



			maternity, health visiting and children's centres	
<b>Priority: Maternity and Early Years</b>				
<b>Outcome Objective 3: Early detection and treatment of disability and illness and ensure that children achieve positive physical, cognitive and emotional development milestones</b>				
<b>Proposed outcome measures</b>				
<b>Measure</b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>	
Good coverage for antenatal and newborn screening:	-	-	-	
Proportion of pregnant women who have an antenatal screening for HIV	(Data quality currently not adequate)	Achieve adequate data quality	90%	
Proportion of pregnant women who have an antenatal screening for Down's Syndrome (Completion of lab request forms)	97.4%	97%	97%	
Proportion of pregnant women who have antenatal screenings for sickle cell and thalassaemia	(Data quality currently not adequate)	This is the quality standard that we are aiming to achieve		
Proportion of new born babies given a blood spot screening	76.2%	95%	95%	
Proportion of new born babies given a hearing screening	91.0%	95%	95%	

Child development at 2-2.5 years (Indicator to be confirmed)	TBC	TBC	TBC	TBC
<b>Action/strategy/programme to deliver</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>	
Maintain and improve quality of antenatal and newborn screening programmes to ensure early detection of preventable conditions	<ul style="list-style-type: none"> <li>• <b>Public Health</b> (Luise Dawson)</li> <li>• <b>CCG</b> (Judith Littlejohns)</li> <li>• <b>Barts Health, Maternity</b> (Denise McEneaney TBC)</li> <li>• <b>NHS Commissioning Board</b> (TBC)</li> </ul>	<p>Ensure robust handover of commissioning responsibilities to NHS Commissioning Board</p> <p>Agree on-going monitoring and accountability arrangements</p> <p>Strengthen Tower Hamlets Antenatal Screening Group and ensure it meets at least quarterly</p> <p>Barts Health to implement IT system that allows for adequate reporting of antenatal screening</p>	<p>April 2013</p> <p>May 2013</p> <p>June 2013 September 2013 December 2013 December 2014</p> <p>July 2013</p>	
Support rollout of Newborn Infant Physical Examination (NIPE) as a screening programme	<ul style="list-style-type: none"> <li>• <b>NHS Commissioning Board</b> (TBC)</li> <li>• <b>Public Health</b> (Senior PH Strategist MEY)</li> </ul>	<p>Implement new (national) IT system</p> <p>Quarterly monitoring</p>	<p>July 2013</p> <p>September 2013 December 2013 March 2014</p>	
Analysis of impact of consanguinity on prevalence of disability in affected communities and agree action as appropriate	<ul style="list-style-type: none"> <li>• <b>Public Health</b> (Simon Twite)</li> </ul>	<p>Complete audits of maternity and child health data</p> <p>Develop training and awareness raising programme for professionals and community leaders</p> <p>Implement training and awareness raising programme</p>	<p>July 2013</p> <p>March 2014</p> <p>2014/15</p>	

<p>Align Health Visitors (HVs) 2 year developmental check with new requirements of the Early Years Foundation Stage (EYFS) to improve early identification of developmental and communication delays and referral of children requiring support to achieve EYFS</p>	<ul style="list-style-type: none"> <li>• <b>Barts Health</b> (Rita Wallace / Claire Davis)</li> <li>• <b>LBTH, E,SC&amp;W</b> (Monica Forty, Jo Freeman, Pauline Hoare, Sharon Gentry)</li> <li>• <b>PVI rep</b></li> <li>• <b>Public Health</b> (Senior PH Strategist MEY)</li> </ul>	<p>Set up a meeting with HVs, CC reps, PVI reps, EYFS team and PH to discuss elements of both two year old checks and way forward</p> <p>Assess options regarding assessing and reporting of progress of 2 year olds</p> <p>Draw up plan to achieve desired option</p> <p>Implement plan to achieve desired option</p> <p>Evaluate outcomes of new process of assessing and reporting progress for 2 year olds</p>	<p>June 2013</p> <p>August 2013</p> <p>October 2013</p> <p>January 2014</p> <p>January 2015</p>
<p>Pilot incorporation of a standardised Emotional Development and Attachment Relationship screening tool into the Health Visitors 2 year developmental check to measure the emotional development and attachment relationships.</p> <p>Review and strengthen the early years care pathway for child disability</p>	<ul style="list-style-type: none"> <li>• <b>CAMHS</b> (TBC)</li> <li>• <b>Barts Health</b> (Rita Wallace / Claire Davis)</li> <li>• <b>Public Health</b> (Senior PH Strategist MEY)</li> <li>• <b>LBTH, (Khalida Khan)</b></li> <li>• <b>Barts Health</b> (Carol Wallace)</li> </ul>	<p>Convene working group to assess feasibility and develop action plan</p> <p>Khalida Khan to provide</p>	<p>July 2013</p> <p>TBC</p>
<p><b>Ensure that on-going partnership work is maintained and supported, including:</b></p> <ul style="list-style-type: none"> <li>• Full implementation of the Healthy Child (0-5) programme including neonatal examination, new baby review, 6-8 week check, 1 year check and 2 year check)</li> </ul>			

<b>Priority: Maternity and Early Years</b>			
<b>Outcome Objective 4: Maintain low infant mortality rates and promote good health in infancy and early years</b>			
<b>Proposed outcome measures</b>			
<b>Measure</b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>
Rate of infant mortality (children who die before reaching their first birthday)	5.3/1000 live births (2009-11)	5.0/1000 live births (2010-12)	4.8/1000 live births (2011-13)
Proportion of babies born with low birth weight (<2.5kg)	9.2% (2011)	9%	8.8%
Proportion of women who smoke during pregnancy	3.9%	3.5%	3.5%
Proportion of mothers who breastfeed at birth	88.35%	88%	89%
Proportion of mothers who are breastfeeding at 6-8 weeks	71.1%	71%	72%
Maintain good child immunisation rates	-	(95% is the level of vaccination coverage required for herd immunity)	(95% is the level of vaccination coverage required for herd immunity)
Proportion of babies who receive the BCG vaccination when they are a year old	95%	95%	95%
Proportion of babies who receive the DTap/IPV/Hib vaccination when they are a year old	97.3%	95%	95%

Proportion of babies who receive the MMR vaccination when they are two years old	93.9%	95%	95%
Proportion of babies who receive the DTap/IPV/Hib vaccination when they are five years old	94.2%	95%	95%
Proportion of babies who receive two doses of the MMR vaccination when they are five years old	96.6%	95%	95%
<b>Action/strategy/programme to deliver</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>
Deliver an effective Smoke Free Homes and cars programme in Tower Hamlets	<ul style="list-style-type: none"> <li>Public Health (Jill Goddard)</li> <li>Tower Hamlets' RSLs. (Kallifegwu)</li> </ul>	Review evidence base and best practice elsewhere Review evaluation from previous local pilots  Convene project steering group Outline project plan Project start  Quarterly monitoring and review Evaluation and next steps	April 2013  May 2013 June 2013 September 2013  Quarterly June 2015

<p>Analysis of the impact of consanguinity on infant mortality in affected communities and agree action as appropriate</p>	<ul style="list-style-type: none"> <li>• <b>Public Health</b> (Simon Twite)</li> <li>• <b>Barts Health, Community Paediatrics</b> (Dr Monika Bajaj)</li> <li>• <b>BartsHealthMaternity Services</b> (Denise McEneaney)</li> </ul>	<p>(See milestones under objective 3 above)</p>	
<p>Undertake an intergenerational study on the factors influencing partial breastfeeding rates</p>	<ul style="list-style-type: none"> <li>• <b>Public Health</b> (Esther Trenchard-Mabere)</li> <li>• (with Research and Projects Group)</li> </ul>	<p>Commence</p> <p>Initial community workshop</p> <p>Follow-up community workshop</p> <p>Fieldwork &amp; data analysis complete</p> <p>Final report</p>	<p>November 2012</p> <p>January 2013</p> <p>May 2013</p> <p>June 2013</p> <p>July 2013</p>
<p>Raise awareness of risks of co-sleeping</p>	<ul style="list-style-type: none"> <li>• <b>Public Health</b> (Senior PH Strategist)</li> <li>• <b>Barts Health, Maternity Service</b> (Denise McEneaney)</li> <li>• <b>LBTH, Children's Centres</b> (Jo Freeman)</li> <li>• <b>Tower Hamlets Homes</b> (TBC)</li> </ul>	<p>Convene working group and agree action plan, to include review of information given to mothers and provision of education to interpreters and other key groups in contact with mothers of infants</p>	<p>July 2013</p>
<p>Raise awareness amongst health professionals, parents and the wider public of how to identify a seriously sick child and when to call emergency services</p>	<ul style="list-style-type: none"> <li>• <b>Public Health</b> (Esther Trenchard-Mabere)</li> <li>• <b>Barts Health, Community Paediatrics</b> (Dr Owen Hanmer and Dr Monika Bajaj)</li> </ul>	<p>Action plan to be agreed</p>	<p>July 2013</p>

	<ul style="list-style-type: none"> <li>• <b>Primary Care</b> (Dr Neil Douglas)</li> <li>• <b>LBTH, Children's Centres</b> (Jo Freeman)</li> <li>• <b>LBTH, Children's Centres</b> (Jo Freeman)</li> <li>• <b>Public Health</b> (Senior PH Strategist)</li> </ul>		Scoping the delivery of service	July 2013
Improve access to advice and support for appropriate weaning practices through Children's Centres and other services	<ul style="list-style-type: none"> <li>• <b>Public Health</b> (Simon Twite)</li> <li>• <b>Barts Health, A&amp;E</b> (Dr Malik Ramadan)</li> <li>• <b>QMUL</b> (Prof. Allyson Pollock)</li> <li>• <b>LBTH, Children's Centres</b> (Jo Freeman)</li> <li>• <b>Barts Health, Health Visiting service</b> (Rita Wallace)</li> <li>• <b>CCG</b>(Hannah Falvey or Dr Neil Douglas TBC)</li> </ul>		Analysis of data from prospective audit of paediatrics A&E admissions Identify key partners and agree action plan Monitoring of progress	May 2013 June 2013 September 2013 December 2013 March 2014
Reduce A&E attendance and emergency admissions due to unintentional and deliberate injuries amongst 0--5 year olds				
<p><b>Ensure that on-going partnership work is maintained and supported, including:</b></p> <ul style="list-style-type: none"> <li>• Improving exclusive breastfeeding initiation and maintenance</li> <li>• Promote uptake of HSV amongst eligible 0-4 year olds</li> <li>• Maintain good immunisation coverage at 1 year (and at 5 years)</li> </ul> <p>See also actions under 'maternal health'</p>				

<b>Priority: Maternity and Early Years</b>			
<b>Outcome Objective 5: Decreasing levels of obese and overweight children in reception year, provide more opportunities for active play and healthy eating.</b>			
<b>Proposed outcome measures</b>			
<b>Measure</b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>
Proportion of children in Reception who are overweight	10.8% (2012)	10.8%	10.8%
Proportion of children in Reception who are obese	13.1% (2012)	13.1%	13.1%
<b>Action/strategy/programme to deliver</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>
Early identification of families at risk of obesity, including identification at booking for antenatal care and linking to wider services	<b>Barts Health, Child Weight Management Service</b> (Hannah Pheasant) <b>Barts Health, Maternity</b> (Denise McEneaney) <b>Public Health</b> (Cathie Shaw)	Review uptake of early identification and support  Incorporate recommendations into revised specification for service  Raise awareness of and uptake of service	July 2013  September 2013  December 2013
Improve physical activity opportunities available for under-5s	<b>LBTH</b> (Monica Forty) <b>Public Health</b> (Cathie Shaw / Senior PH Strategist MEY) <b>Play Association Tower Hamlets (PATH)</b> (Glenys Tolley) <b>Toyhouse Library</b> (Pip	Deliver Forest schools training for 15 practitioners as part of the Healthy Early Years Accreditation scheme together with additional 15 EY setting supported by Early Years' service	April 2013



	Pinhorn) <b>LBTH, Healthy Early Years Accreditation (HEYA) coordinator</b> (SelinaHeer)	Physical development training for new cohort as part of the HEYA scheme Review commissioned services and re-procure for 2014/15	May 2013 December 2013
Expand uptake and support maintenance of Early Years Accreditation Scheme	<b>Public Health</b> (Cathie Shaw / Senior PH Strategist MEY) <b>LBTH</b> (Monica Forty) <b>LBTH,Healthy Early Years Accreditation coordinator</b> (SelinaHeer)	22 settings from 1st cohort achieved re-verification 30 further settings to have achieved Healthy Early Years Award	March 2013 March 2013
Work with HVs to improve recording and reporting/ communication to professionals of child BMI at 2 year reviews	<b>Barts Health</b> (Rita Wallace) <b>Public Health</b> (Senior PH Strategist MEY)	Sustainability plan agreed for accredited settings Establish data reporting system to provide quarterly reporting of BMI from 2 year reviews	March 2013 March 2014

<b>Priority: Maternity and Early Years</b>			
<b>Outcome Objective 6: Reduce dental decay in 5 year olds</b>			
<b>Proposed outcome measures</b>			
<b>Measure</b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>
Proportion of children under 5 with tooth decay	39.1%	30.0%	N/A
Proportion of children accessing dental services	54%	55%	55%
<b>Action/strategy/programme</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>

<b>to deliver</b>			
Deliver the following oral health promotion programmes:	<b>Public Health (Manuwuba Eke)</b>	-	March 2014
<ul style="list-style-type: none"> <li>• Brushing for Life</li> </ul>		70% coverage of Children's Centre – Brushing for Life project	
<ul style="list-style-type: none"> <li>• Smiling Start</li> </ul>		Enhance training of dental health champions to deliver the Smiling Start programme	
<ul style="list-style-type: none"> <li>• Healthy Teeth in Schools (fluoride varnish)</li> </ul>		Deliver parent awareness sessions in healthy teeth in schools programme	
<ul style="list-style-type: none"> <li>• Happy Smiles (health promotion in schools programme)</li> </ul>		Deliver Happy Smiles oral health promotion to 70% of schools	
<ul style="list-style-type: none"> <li>• Training</li> </ul>		Deliver training the trainers courses twice yearly	
Increase proportion of children who access dental services	<b>Public Health (Manuwuba Eke)</b> <b>NHSCB (Rita Patel)</b>	Quarterly review of NHS BSA data for young children	June 2013 September 2013 December 2013 March 2014
Develop an oral health promotion programme for children with SEN.	<b>Barts Health CDS (Tricia Wallace)</b> <b>Public Health (Manuwuba Eke and Tim Hole)</b>	Deliver an oral health promotion programme to all special schools	

<b>Priority: Healthy Lives</b>			
<b>Outcome Objective – Stop the increase in levels of obesity and overweight</b>			
<b>Proposed outcome measures</b>			
<b>Measure</b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>
Proportion of children in Reception who are obese	13.1%	13.1%	13.1%
Proportion of children in Year 6 who are obese	25.1%	25.1%	25.1%
<b>Action/strategy/programme to deliver</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>
Refresh Tower Hamlets 'Healthy Weight, Healthy Lives' strategy to become Tower Hamlets 'Healthy Food, Active Lives' workstream of Healthy Lives Strategy	<b>Public Health</b> (Esther Trenchard-Mabere)	Finalise plan  Present to H&WB board for agreement Identify Board level champion and leads across partner agencies and local authority directorates Report to H&WB Board on implementation Involve Healthwatch/Vol Sector in planning Stakeholder Conference Review funding for 'Can Do' community led projects and seek partnership commitment to sustain the programme	June 2013  TBC TBC  Annually September 2013  April 2013 and ongoing
Build on and extend community engagement in the development and	<b>Public Health</b> (Esther Trenchard-Mabere) <b>Healthwatch</b> (Diane Barham)	Make links between strategy objectives and wider community development work	April 2013

implementation of the new strategy	<b>VCS H&amp;WB forum (TBC)</b>	Finalise food policy with evidence based standards	April 2013
		Present to H&WB Board	TBC
Agree and implement evidence based health food standards across partner agencies as exemplars of good practice	<b>Public Health</b> (Esther Trenchard-Mabere) <b>Barts Health</b> (Michele Sandelson)	Agree implementation plans with partner agencies Presentation to the H&WB Board	June 2013 TBC
		Agree process for strengthening community engagement into spatial planning	TBC
Monitor the implementation of the Local Development Framework and impact on:	<b>Public Health</b> (Tim Madelin) <b>LBTH, D&amp;R</b> (Michael Bell)	Progress reports on impact assessment	TBC
- Cycling and walking infrastructure			
- Access to open spaces through Green Grid			
- Local food growing and urban agriculture			
- Restrictions on new hot food takeaways near schools and leisure centres			
<b>Outcome Objective – Reduced prevalence of tobacco use in Tower Hamlets</b>			
<b>Proposed outcome measures</b>			
<b>Measure</b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>

Proportion of women who smoke during pregnancy	3.9% (2011/12)	3.5%	3.5%	
Proportion of adults (18+) who smoke	21.5% (2011/12)	tbc	tbc	
<b>Action/strategy/programme to deliver</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>	
Refresh and implement the Tobacco Control workstream of the Healthy Lives Strategy	<b>Public Health (Chris Lovitt)</b>	Finalise plan	June 2013	
		Present to H&WB board for agreement	TBC	
Review and refresh approach to reducing tobacco uptake in adolescents and young people	<b>Public Health (Chris Lovitt)</b>	Incorporate into refreshed plan	June 2013	
		Evaluate outcomes for ASSIST programme	Feb 2013	
		Review commissioning process and re-commission ASSIST if effective	March 2013	
Develop a clear action plan for the borough in order to reduce the amount of illicit tobacco (counterfeit and contraband) available to young people	<b>Public Health (Chris Lovitt)</b> <b>LBTH, CLC (Dave Tolley)</b>	Incorporate into refreshed plan	June 2013	
		Meet quarterly with trading standards at LBTH to receive an update on KPIs re this area	quarterly	
		Support and pan London /national campaigns and initiatives	tbc	

Embed healthy lives brief advice into all health and social care making every contact counts	<b>Public Health</b> (Paul Iggulden) <b>CCG</b> (Jane Milligan) <b>Barts Health</b> (Ian Basnett) <b>Education, Social Care and Wellbeing</b> (Anne Canning)	Develop joint action plan with Barts Health (working with public health director)	June 2013
		Primary care – implement healthy lives locally enhanced services and revise spec for 14/15	Ongoing
		Community pharmacy – develop healthy lives plan with community pharmacists	September 2013
		Social care - develop plan with social care leads in ESW and public health	September 2013
Reduce the use of smokeless tobacco	<b>Public Health</b> (Chris Lovitt) <b>LBTH, CLC</b> (Dave Tolley)	Consult with stakeholders from the local community including small businesses	June 2013
		Finalise plan	June 2013
<b>Outcome Objective: Reduced levels of harmful or hazardous drinking (PH framework)</b>			
<b>Outcome objective: Reduced rates of drug use (PH framework)</b>			
<b>Proposed outcome measures</b>			
<b>Measure</b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>
Rate of admissions to hospital that are alcohol- related per 100,000 population	2213 (2011/12)	TBC	TBC
Proportion of drug treatments that are successfully completed	11.7% (2010)	TBC	TBC
People entering prison with substance dependence issues	TBC	TBC	TBC

who are previously not known to the drug and alcohol services in the borough					
Number of binge drinking callouts	964 (2011/12)	TBC	TBC	TBC	TBC
Numbers of screening and brief interventions completed	TBC – local measures need to be agreed	TBC	TBC	TBC	TBC
Proportion of people accessing alcohol treatment from 'at risk' groups	TBC – local measures need to be agreed	TBC	TBC	TBC	TBC
<b>Action/strategy/programme to deliver</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>		
Implement Substance Misuse Strategy Action Plan	<b>DAAT Coordinator</b> (Rachael Sadegh/Mark Edmunds) <b>Public Health</b> (Chris Lovitt)	Review progress of action plan Agree priorities and review timescales for action plan delivery Update HWB on substance misuse action plan (including any difficulties that might need unblocking)	February 2013 March 2013 Annually or as appropriate		
Ensure a consistent approach across the partnership to messaging around harms caused by misuse of drugs and alcohol	<b>DAAT Coordinator</b> (Rachael Sadegh/Mark Edmunds) <b>Public Health</b> (Chris Lovitt)	Review at DAAT board the agencies that should be involved/included in sign up Develop communication plans which aim to achieve widespread awareness across all agencies on the harms caused by misuse of drugs and alcohol Take proposal to the HWB for agreement and to ensure that	April 2013 June 2013 September- December 2013		

<p>Champion an integrated life-course approach to treatment, recovery &amp; re-integration in substance misuse</p>	<p><b>DAAT Coordinator</b> (Rachael Sadegh/Mark Edmunds) <b>Public Health</b> (Chris Lovitt)</p>	<p>the proposal is championed and agencies sign up</p> <p>Review treatment pathways to ensure that they are recovery and re-integration orientated to meet the needs of all clients and can successfully support the PH outcomes framework</p> <p>Identify (where relevant) appropriate changes to the treatment system to ensure that models and pathways are recovery &amp; re-integration orientated</p> <p>Sign off the suggested changes with HWB</p> <p>Begin implementing the agreed changes to substance misuse pathways</p>	<p>June 2013</p> <p>July 2013</p> <p>August 2013</p> <p>September 2013 onwards</p>
<p>Embed screening and brief intervention around drugs and alcohol into front-line services (beyond A&amp;E)</p>	<p><b>DAAT Coordinator</b> (Rachael Sadegh/Mark Edmunds) <b>Public Health</b> (Chris Lovitt)</p>	<p>Gain HBW Commit to a cross-cutting approach on ensuring that there is support for screening and brief intervention &amp; training to deliver successfully</p> <p>Understanding where the linkages are to other healthy lifestyles agendas and embedding of SBI into frontline services &amp; ensure that there is join up in any training/delivery</p>	<p>On-going</p> <p>On-going</p>



		Review the existing screening and brief intervention evidence nationally for drugs and alcohol and lessons from local implementation in Tower Hamlets	April 2013
		Consider from the evidence the front-line services within which to roll-out screening & brief intervention and ensure sign up from	May 2013
		Develop a package for training and implementation for front-line staff, including evaluation	June 2013
		Deliver the TH IOM action to address the links between mental and physical health needs of offenders	August 2013
		HWB to review progress of IOM delivery and the development of a more coordinated approach to the substance misuse and health needs of	September-December 2013
		Update the health section of the Council's licensing policy to include issues such a minimum price, strength, promotions etc. – consultation paper to be drafted.	– is this timescale realistic – it's before the strategy commences anyway – maybe just say By April 2013 April 2013
		Consultation to be carried out	Consultation – throughout
Develop and implement the Integrated Offender Management plan	<b>Police</b> (Superintendent Partnerships) <b>Public Health</b> (Chris Lovitt)		
Integrate health impact into the Council licensing policy	<b>Public Health</b> (Chris Lovitt) <b>LBTH, CLC</b> (Dave Tolley)		

			with a view for adoption	2013 Adoption – by December 2013
<b>Priority: Healthy Lives</b>				
<b>Outcome Objective – Reduced prevalence of Sexually transmitted infections and promote sexual health</b>				
<b>Measure</b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>	
Rate of people aged 15-24 testing positive for chlamydia	1637 per 100,000 (2011)	2000 per 100,000	2000 per 100,000	
Proportion of HIV infections diagnosed late	35%	33%	30%	
Teenage pregnancy rate	28.5 per 1,000 females aged 15-17 (2011)	28.5 per 1,000 females aged 15-17 (2011)	28.5 per 1,000 females aged 15-17 (2011)	
<b>Action/strategy/programme to deliver</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>	
Implement Tower Hamlets Sexual Health workstream 2013-16 of the Healthy Lives Strategy	<b>Public Health</b> (Chris Lovitt)	Finalise plan Partnership sexual health adopted and key objectives widely communicated Sexual Health commissioning responsibilities transferred to LBTH	June 2013 June to September 2013 April 2013	
		Develop metrics and trajectory on uptake of asymptomatic screening in primary care	June 2013	
		Develop metrics and trajectory on treatment for STIs, reinfection rates, partner notification and partner treatment rates	June 2013	

<p>Deliver a sexual health needs assessment for high risk, vulnerable groups including looked after children and adults with learning disabilities</p>	<p><b>Public Health</b> (Chris Lovitt)</p>	<p>Needs assessment undertaken across care pathways</p>	<p>August 2013</p>
<p>Develop a lifecoursesexual health promotion plan (including SRE in school) and promote access to sexual health services and contraception choices by all front line services</p>	<p><b>Public Health</b> (Chris Lovitt) <b>Health Lives Team</b> (Kate Smith) <b>Options Team</b> (LiatSarner)</p>	<p>Implementation plan for vulnerable groups</p> <p>Lifecourse Promotion and Access Plan developed and adopted</p> <p>Monitoring of uptake of plan</p>	<p>Oct 2013</p> <p>May 2013</p> <p>Oct 2013</p>

This page is intentionally left blank

<b>Priority: Long Term Conditions and Cancer</b>			
<b>Outcome Objective – Reduced prevalence of the major ‘killers’ and increased life expectancy</b>			
<b>Outcome measures</b>			
<b>Measure<sup>12</sup></b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>
Rate of deaths of people under 75 from causes considered preventable	105.57	TBC	TBC
Rate of deaths of people under 75 from cardiovascular diseases (including heart disease and stroke)	86.58	TBC	TBC
Rate of deaths of people under 75 from cancer <sup>3</sup>	127.09	124.8	TBC
Rate of deaths of people under 75 from respiratory disease	34.8	TBC	TBC
Percentage of people who have diabetes	5.85	TBC	TBC
<b>Action/strategy/programme to deliver</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>
Develop consistent set of public health messages across the lifecourse for all staff in the Health and Social Care System to “make every contact count”. Messages need to be mindful of differences in the community related to prevalence and outcomes.  3 categories of message: 1. Prevention 2. Use of services	Public Health	Draft key messages	March 2014
		Agree key messages amongst all partners	March 2014
		Disseminate key messages	March 2014
		Training programme developed	March 2014
		Training programme rolled out	March 2014

<sup>1</sup> All measures from the NHS Outcomes Framework and refer to under-75 mortality per 100,000 of the population. **Data received from Public Health.**

<sup>2</sup> Where targets have been set they have been set on the basis of having to improve on previous years but there is no Department of Health guidance on what these should be so any target setting would be arbitrary

<sup>3</sup> A trajectory until 2014 was set by the PCT and agreed by NHS London in 2008. It was based on the target of reducing the gap between Tower Hamlets and the national average to no more than 6% and is used in the Tower Hamlets Strategy for Reducing Cancer Mortality 2011-15, approved by the PCT and LA (has been to scrutiny committee

<p>3. Self-care</p> <p>Focus on:</p> <ul style="list-style-type: none"> <li>• Improving rates for cardiac rehab and reduced emergency admissions</li> <li>• Earlier diagnosis of lung disease and cancer</li> <li>• Increasing uptake of HIV testing (with a focus on gay men (MSM))</li> <li>• Recognising early signs of emotional and mental ill health</li> </ul>			
<p>Improve cancer survival through earlier diagnosis of cancer by</p> <ul style="list-style-type: none"> <li>• increasing the uptake of breast, bowel and cervical screening using targeted outreach (at those who are less likely to present for screening such as Muslim women), primary care endorsement, improved practice systems</li> <li>• raising public awareness of cancer and the need to report symptoms without delay through the small c campaign</li> </ul>	<p>National Commissioning Board (NCB) Cancer screening lead</p>	<p>Plan/evaluate interventions with local screening health promotion co-ordinator</p>	<p>March 2014</p>
	<p>Public Health</p>	<p>Commission community engagement for breast, lung and bowel cancer awareness</p> <p>Continue pharmacy campaign</p> <p>Training/support for Network interventions to raise symptom awareness, improve referrals</p> <p>Communications campaign with WELC PH/Barts Health</p> <p>Support Barts Health to</p>	<p>July 2013</p>

			increase reporting of cancer stage at diagnosis		March 2014
<ul style="list-style-type: none"> <li>reducing delays in referral and investigation in primary and secondary care through safety netting, risk assessment tools, direct access to investigations, audit and significant event analysis, consistent coding</li> </ul>	Public Cancer Lead <sup>4</sup>	Plan cycle of cancer audit and SEA of new cancers	Review practice systems to improve safety netting, symptom coding	March 2014	
			Train GPs and use risk assessment tools		
Reduce the risk of recurrence of cancer by increasing the number of people living with and beyond cancer who participate in programmes to increase their physical activity - Barts Cancer Transitions Programme and Jump Start	Public Health Barts Cancer Services	Review findings of Health Equity Audit to plan interventions which will increase uptake by residents with cancer diagnosis		March 2014	
<b>Outcome Objective – More people with long term conditions diagnosed earlier and surviving for longer</b>					
<b>Outcome measures</b>					
<b>Measure</b>					
Percentage of people who should be screened for breast, cervical or bowel cancer, who received a screening <sup>5</sup>	Baseline 2011/12 Breast 65.9% Cervical 72% Bowel 32.5%	Target 2013/14 Breast 70% Cervical 74% Bowel 39%	2014/15 Breast 70% Cervical 74% Bowel 39%		
Percentage of people who are eligible for the NHS Health Check Programme who undertake one	12%	12%	12%		
Effectiveness of early diagnosis, intervention and	TBC	TBC	TBC		

<sup>4</sup> These are the Public Health actions based on the local and national cancer strategies and discussed/agreed at the HWB workshop on 31 October 2013. Evidence from the cancer NAEDI (National Awareness and Cancer Initiative). **Data received from Public Health.**

<sup>5</sup> The national minimum standard for coverage is 70% for breast screening, 80% for cervical screening and 60% for bowel screening.

The ambitious 2012/13 targets have not been fully achieved

- Target 70% for breast screening (68% at Feb 2013 highest ever recorded)
- Target 74% for cervical screening (71.9% at Feb 2013)
- Target 36.5% for bowel screening (37.2% at Feb 2013)

These local targets were set by the NHS ELC Board for 2011-12 and 2012-13. No targets have been set for 2013-14 and beyond.

replacement: avoiding hospital admissions (placeholder – indicator to be confirmed)					
Percentage of people who survive one- and five-years after being diagnosed with colorectal cancer <sup>6</sup>	1 Year: 66.75% (2007-9) 5 Year: 57.14% (2005-9)	TBC	TBC	TBC	TBC
Percentage of people who survive one- and five-years after being diagnosed with breast cancer	1 Year: 95.34% (2007-9) 5 Year: 75.65% (2005-9)	TBC	TBC	TBC	TBC
Percentage of people who survive one- and five-years after being diagnosed with lung cancer <sup>7</sup>	1 Year: 32.88% (2007-9) 5 Year: 10.50% (2005-9)	TBC	TBC	TBC	TBC
<b>Action/strategy/programme to deliver</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>		
Develop single health and social care information resource system for professionals and residents	CEX, LBTH	Agree project scope with the Health and Wellbeing Board Mapping of current information sources complete Identification of information needed complete System options appraisal complete (including agreement of resource for continued updating) Project plan developed for implementation	TBC TBC TBC TBC		
Embed equalities monitoring and sharing of information across the system to inform strategic and operational delivery	All organisations through the Health and Wellbeing Board	TBC	TBC		
<b>Outcome Objective – Improved patient experience and co-ordination of health, housing and social care for those with single or multiple long term conditions</b>					
<b>Outcome measures</b>					

<sup>6</sup>National Cancer Intelligence network – PH England

<sup>7</sup> These are NCB (therefore CCG) targets. NEL CSU benchmarking of the national CCG Outcome Indicator Set - awaiting data release April 2013 from National Cancer Intelligence Network (PHE).



Measure	Baseline 2011/12	Target 2013/14	2014/15
Improving the experience of care for people at the end of their lives (Indicator based on percentage of residents diagnosed with dementia with an 'Advanced Care Plan') <sup>8</sup>	TBC	TBC	TBC
Proportion of people feeling supported to manage their condition <sup>9</sup>	60-90% (Based on diabetes care package care planning metric)	60-90%	60-90%
Proportion of people who use services and carers who find it easy to find information about services	73	TBC	TBC
Overall satisfaction of people who use services with their care and support ( <i>national indicator based on sample</i> )	65.2 (Local Account Jan 2012 page 22 User Experience Survey Feb 2011 was 87.3% satisfaction)	70	75
Action/strategy/programme to deliver	Lead	Milestones	Timescale
Lead a cultural change programme for professionals and staff about self-care	Health and Wellbeing Board	To be advised	To be advised
Develop a communications strategy to promote the 'normalisation' of death and promote equity of care during the last years of life	Health and Wellbeing Board	To be advised	To be advised
Develop an integrated community health and social care contact point (Referral hub in health and First Response)	Integrated Care Board	To be advised	To be advised
Improve coordination and consistency between re-ablement and rehabilitation.	Integrated Care Board	To be advised	To be advised

<sup>8</sup> Awaiting data from CCG for end of life. Other data from LBTH.

<sup>9</sup> Target based on the care planning metric in the long term conditions specifications which varies between lower threshold of 60/70 – 90% upper threshold and monitored on primary care clinical systems using identifiable read codes. The range allows performance payment to be awarded in increments with bonus awarded on level of achievement. The range has remained static to acknowledge the effort to get patients onto care planning and maintaining levels reached. Being reviewed in 13/14

Review evidence of self-care programmes	Public Health	Complete literature review of evidence of cost effective self care programmes Make recommendations for the CCG Board to consider?	To be advised To be advised
Implement an integrated advanced care plan and record for patients that sit across health and social care	Integrated Care Board	Roll out of ORION pilot Finalise info sharing agreements Develop joint care assessment	September 2013 September 2013 July 2013
18 month pilot to integrate social workers in the Multi-Disciplinary team meetings for the community virtual ward and co-locate with community matrons	Integrated Care Board	Recruitment and appointment process underway Co-locate social workers into the locality based clinics	February 2013 July 2013
Develop and provide robust community-based Geriatric provision focus on admission avoidance, early discharge and effective community-based management of complex and/or vulnerable cases including last years of life.	Integrated Care Board	Recruitment and appointment locum cover Establish working arrangement to co-locate in the locality based clinics	April 2013 May 2013
Develop and provide continence service in care homes	Integrated Care Board	Provision of continence equipment	March 2014
Establish jointly chaired forum with health and social care to develop an integrated approach to commissioning the older persons pathway that takes a whole system person centred approach.	Integrated Care Board	Develop workplan for older persons pathway	September 2013
Formalise and make clearer the communication about patient prognosis to patients and between secondary and primary care.	TH CCG	OD with BH Early Doctor groups Shared language re: prognosis	April 2015
Engender a cultural shift that 'normalises' death in the community and supports advanced care planning	Health and Wellbeing Board	Events / road show similar to 'dying matters' (Utilise CCG network structure) Use engagement to test where advance care planning could	April 2014 April 2014

			be accessed e.g. when registering with GP / benefit advice etc		
	Health and Wellbeing Board	Health and Wellbeing Board	Collate directory of support available	TBC	
	TH CCG	TH CCG	Create a checklist of things to consider and where to get support for patients / carers.	April 2014	
	TH CCG	TH CCG	Checklist triggered when GP issues DS1500 to patients Commission research with public health	April 2014	
<b>Outcome Objective – More people with learning disabilities receiving high quality care and support</b>					
<b>Outcome measures</b> <sup>10</sup>					
<b>Measure</b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>		
Overall satisfaction of people with learning disabilities who use services with their care and support <i>(indicator based on total number of responses and not sample)</i> <sup>11</sup>	86.3	TBC	TBC		
Proportion of adults with learning disabilities in paid employment	47	50	50		
Proportion of adults with learning disabilities who live in their own home or with their family <sup>12</sup>	43.0	TBC	TBC		
<b>Action/strategy/programme to deliver</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>		

<sup>10</sup> **Data from LBTH**

<sup>11</sup> There is a national survey that looks at service user and carer satisfaction that goes out every year in January. We also run internal carers sessions where we receive qualitative feedback from carer there would be an aim for continuous improvement.

<sup>12</sup> These targets need to be approved at adults provider meeting and DMT as well as the LD partnership board

Implement the recommendations from the Learning Disability Self Assessment Framework	Learning Disability Partnership Board and the Clinical Commissioning Group	Oversee implementation of the aims of Valuing People Now and other local objectives to improve the lives of people with learning disabilities in Tower Hamlets, namely:	March 2014
Develop and implement plan for autism services and improvement	Autism Strategy Implementation Group	Autism plan developed and agreed Diagnostic and Intervention Team in place	March 2014 March 2014
Improve housing options for people with learning disabilities in Tower Hamlets	Learning Disability Partnership Board	Commissioning plan for accommodation options agreed Existing learning disabilities accommodation remodelled where appropriate Delivery of commissioning plan outcomes within identified timescales in the Commissioning Plan, with the exception of those that are reliant on decommissioning or procuring buildings New services as identified in the plan in place	June 2013 April 2014 April 2014
<b>Outcome Objective – More carers having good physical and mental health and feel fully supported</b>			
<b>Outcome measures</b> <sup>13</sup>			
<b>Measure</b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>

<sup>13</sup>Data from LBTH



This page is intentionally left blank

# Agenda Item 9.2

<b>Committee/Meeting:</b> Cabinet	<b>Date:</b> 8 <sup>th</sup> May 2013	<b>Classification:</b> Unrestricted	<b>Report No:</b> CAB 110/123
<b>Report of:</b> Corporate Director of Adults Health and Wellbeing  <b>Originating officer(s)</b> Deborah Cohen; Service Head Commissioning and Health		<b>Title:</b> Modernising Learning Disability Day Opportunities: Contract Award  <b>Wards Affected:</b> All	

<b>Lead Member</b>	Adults Health and Wellbeing
<b>Community Plan Theme</b>	A Healthy and Supportive Community
<b>Strategic Priority</b>	Strategic Partnerships and Better Procurement Enabling People to Live Independently

## 1. **SUMMARY**

- 1.1 This report is to confirm the progress on the delivery of the modernisation programme for Learning Disability Day Opportunities agreed by Cabinet on 8<sup>th</sup> February 2012 and to ask that Cabinet approve the award of the contracts as set out below. This report gives details of the award and is to be considered in conjunction with the Report also considered in the public section of Cabinet.
- 1.2 The Council has undertaken three competitive tender exercises to select suppliers for the delivery of Learning Disability Day Opportunities in Tower Hamlets.

§ **Complex and High Needs Service** for service users with profound, multiple learning disabilities. This is a block contract arrangement to support 15 individuals with complex multiple needs. This contract award was agreed by Members at Cabinet on 3<sup>rd</sup> October 2012.

Cabinet is requested to approve the remaining two contracts:

§ **Supported Employment, Training and Social Enterprise Service** supporting the training and employment pathway for individuals with learning disabilities, linking with transition, volunteering opportunities and the continued development and support of the social enterprise project. This will be a block contract arrangement.

§ **Community Hub Preferred Provider List** from which individual packages of day opportunity support packages will be commissioned

on a spot-purchased basis. The preferred provider list will be in place for three years. All providers who score above 70 percent in the scoring exercise will be put onto the list.

- 1.3 This report sets out the process followed for each of the competitive tender exercises, including the evaluation criteria used. The report recommends awarding a three year block contract to one provider and the inclusion of two providers onto the Community Hub Preferred Provider List on spot arrangement.

2. **DECISIONS REQUIRED**

The Mayor in Cabinet is recommended to:-

- 2.1 Approve the award of the block contract, for a three-year period from the date of contract award, for the provision of the Supported Employment, Training and Social Enterprise Service.
- 2.2 Approve the award of contracts, for a three-year period for the Community Hub Preferred Provider list from the date of contract award subject to an annual review as part of the evaluation exercise.

<b>1. Contract 4221: Supported Employment, Training and Social Enterprise (Block)</b>
Tower Project
<b>2. Contract 4179: Community Hubs – Preferred Provider List (Spot)</b>
<b>Suppliers (in order of score rating)</b>
1. Apasenth
2. RCHL

- 2.3 Whilst this is a part B service for the purposes of the relevant European Union and UK Legislation on competition, good practice dictates that contract award cannot be confirmed until conclusion of a standstill period, which is 10 days from the date that the intention to award contracts is communicated to bidders to allow for settling challenges from unsuccessful bidders.



### **3. REASONS FOR THE DECISIONS**

- 3.1 The modernisation programme supports the Council's lean, flexible and citizen-centered agenda. The proposed changes support:
- § Offering everyone in receipt of a service a personal budget to maximise their choice over what day opportunities they purchase; and
  - § Moving from expensive services in large outdated premises to new community hubs whilst delivering on agreed efficiency targets.
- 3.2 The aim of the programme is to improve the quality of experience for people with a learning disability in a way that maximises the opportunities and potential of everyone living in the Borough, whilst also ensuring services are offering real value for money. Currently, many of our services are delivered within a 'one size fits all', building-based model with limited flexibility to meet the goals and aspirations of individuals.
- 3.3 Modernisation will move services away from building based 'traditional day centres' to the provision of a wide range of services that people with a learning disability can access using their personal budgets. This will include specialist services where appropriate but also mainstream services within the wider community. The outcome will be putting in place a 'Community Hub' model to maximise the effectiveness and efficiency of services - *making use of all available local resources to benefit local people*.
- 3.4 The modernisation project supports (i) Transformation of Adult Social Care ('*Putting People First*' and '*Valuing People Now*'); (ii) the rebalancing of services toward prevention and early intervention; (iii) supporting individuals to live as independently as possible; and (iv) driving up efficiency and effectiveness in the use of resources.
- 3.5 Cabinet is asked to approve the recommended award of contracts in order that the Council can progress with mobilising the new contracts.

### **4. ALTERNATIVE OPTIONS**

- 4.1 Most current contracts were let in 2004 for an initial three year period and extended on an annual basis since the expiry of this initial term. Continuing to contract with existing suppliers without undertaking any form of competitive tendering would therefore place the Council at increasing risk of challenge in relation both to EU and UK competition law and to the duty to ensure Best Value. This option was therefore deemed unsustainable prior to the commencement of the current competitive processes.
- 4.2 Cabinet could instruct officers to terminate one or both tender processes prior to contract award, and to retender on the basis of a different service specification and bid evaluation methodology. This would be likely to lead to disputation with bidders and is not recommended. It should also be noted that particular care has been taken to ensure that the service specification and evaluation criteria for both tenders balance the delivery of high quality care, the achievement of best value and the delivery of benefit to local

communities. For these reasons it is recommended that this option be accepted as being unsustainable.

## **5. BACKGROUND**

- 5.1 The Council's Adult Social Care functions operate within a complex legislative legal framework that places on the Council a range of duties and powers. Central to these duties and powers is the statutory requirement to provide community care services to meet eligible assessed need following an assessment of need undertaken within the terms of the national Fair Access to Care policy framework.
- 5.2 The provision of day opportunities is central to meeting this statutory duty to meet eligible assessed need.
- 5.3 Most of the current contracts for Learning Disability Day Opportunities were let in 2004 following a previous competitive process. Although these services are 'Part B' services for the purposes of the UK's Public Contracts Regulations 2006, and not therefore subject to the full force of these regulations, there remains a requirement under the law that such services be subject to regular competitive testing to ensure continuing Best Value.
- 5.4 Additionally, the Learning Disability Modernisation Programmes contributes to the Council's Vision and that of Tower Hamlets Partnership to increase the quality of life for everyone living and working in Tower Hamlets. It delivers specifically against the key priority of the Single Equality Framework (2011-13): *Access to Services for People with Learning Disabilities*.

## **6. BODY OF REPORT**

- 6.1 The procurement route plan, as agreed by Cabinet on 8<sup>th</sup> February 2012, was to establish a 'preferred provider list' to deliver community hubs in light of all service users being offered a personal budget. High and complex needs, autism, and employment services would be re-tendered as block contracts. Efficiencies were to be achieved through re-tendering, reduction in current spot purchase rates and service users becoming more independent and less reliant on care packages. The model of service for the Autism Service will be determined at a later date through the work being undertaken through the Autism Strategy.
- 6.2 The community hub model is often described as a day service without walls. The hubs will use a network of local resources including mainstream services and centres to support community based activities rather than providing a limited range of services in a specialist day centre. This will mean offering a more fluid model where people have access to leisure facilities, sporting, educational and work opportunities and the chance to mix within the local community.

- 6.3 Buildings used for community hubs will have space for modern changing/toilet facilities, meetings/lounge areas, small private office space, front desk for community information/activity referral/booking and social enterprise such as a community cafe or art gallery on site. The hubs will be used as the information launch pad into other mainstream community activities already established across Idea Stores, Leisure Centres and local clubs.
- 6.4 A number of detailed presentations and briefings have taken place from March 2012 to date to outline to existing and interested providers the tendering process, expectations and timelines with updates provided on a regular basis. Notices to existing providers on existing terms and conditions have been served as part of the procurement process. Record of Corporate Directors Actions has requested new short term contracts to allow for new contractual arrangements to be put in place where required to cover notice periods.
- 6.5 The tender for the block contract was undertaken using a standard restricted tender process. Bidders were invited to express an interest in the tender and, as a first stage, required to complete and return a pre-qualification questionnaire (PQQ), which was then evaluated against published criteria by a panel of three people with expertise in commissioning.
- 6.6 For the block tender, 24 PQQs for the *Supported Employment, Training and Social Enterprise Service* were received. Providers scoring over 70% were invited to tender (ITT). This equated to eight providers for the *Supported Employment, Training and Social Enterprise Service*.
- 6.7 The same evaluation panel has evaluated the PQQ's and ITTs. There were four returns from the *Supported Employment, Training and Social Enterprise Service*. The ITT stated the highest scoring four would be called for presentation and a presentation took place on the 5<sup>th</sup> September 2012.
- 6.8 The tender evaluation scores for the bidders were re-calculated to represent 90% of the final evaluation score, with the score from the final presentation stage making up the remaining 10%, giving a final evaluation score.
- 6.9 The third competitive tender allows for the setting up of a *Preferred Provider List for Community Hubs* from which individual packages of Day Opportunities will be commissioned on a spot-purchased basis. Again the evaluation panel consisted of three people with expertise in commissioning in adults health and social care.
- 6.10 The tender for the *Community Hub Preferred Provider List* was undertaken using an open tender process, which means that no Pre-qualification stage was undertaken. Bidders were invited to tender immediately on expressing an interest in the tender opportunity. A range of questions that would normally be included in a pre-qualification questionnaire, relating to financial sustainability, mandatory and discretionary grounds for rejection, health and safety and other governance related issues, were included as an annex to the tender method statement.
- 6.11 Ten tender submissions were submitted and evaluated against the method statement equating 55% for Quality and Innovation and 45% for pricing as reviewed from pricing schedules submitted. Following this evaluation, the

submitted bids were ranked and the most competitive bids identified based on a “pass/fail” of having to achieve a scoring of above 70 percent to be put onto the list. The two organisations being recommended achieved scores which were 9.1% clear from the organisation that came third. All contracts include the requirement to pay the London Living Wage and this requirement was clearly part of all the adverts that went out with the tenders and is included as a requirement in the pricing schedule for each service. Specific question in the PQQ and ITT for all tenders also asked: "what part will the employment of local people play in your approach to ensuring the delivery of sensitive and appropriate services to the diverse communities in the Borough?"

- 6.12 Where there are existing providers who do not score highly enough to be included on the preferred provider list, current service users, if they wish to remain with this provider, can access the service by taking a cash personal budget (as long as there are no risk issues) but we will not pay above the rate we have set out in the service specification. We will be meeting with these providers with a view to renegotiating their rates for Tower Hamlets residents who prefer to stay with their current provider.
- 6.13 It is envisaged that an opportunity to apply again or new providers bidding to get onto the preferred provider list for community hubs will be made available in a year's time when it is put out to market. The intention is to bring further recommendations to Members at Cabinet in July 2014.
- 6.14 There continues to be scheduled contract mobilisation and communication meetings in place with CLDS and ART/Brokerage leads which will focus on ensuring any decision agreed is communicated and supported to operational teams, service providers and service users. This will continue to include holding meetings with service providers, service users and carers to ensure any changes are communicated along with choices and impact. A mobilisation and implementation plan will deliver support and ensure a smooth transition for providers and users as required.

## **7. COMMENTS OF THE CHIEF FINANCIAL OFFICER**

- 7.1 Following approval of the modernisation programme for Learning Disability Day Opportunities by Cabinet on 8th February 2012 the Council has undertaken three competitive tender exercises (see section 1.2) to select new suppliers for the delivery of Learning Disability Day Opportunities in Tower Hamlets.
- 7.2 As per section two of the report, Cabinet is recommended to approve one three year block contract for the provision of the Supported Employment, Training and Social Enterprise Service.
- 7.3 Cabinet is also recommended to approve a preferred provider list for Community Hubs which will run for three years from the date of contract

award. This will allow individual packages of Day Opportunities to be commissioned on a spot-purchased basis and support personal budgets.

- 7.4 The financial commitments arising from these new contractual arrangements will be funded through existing general fund resources.
- 7.5 Further, as part of the 2011/12 budget setting process, Council agreed to efficiencies of £1.4m to be delivered through the modernisation programme for Learning Disability Day Opportunities. The profiled savings agreed were £200k in 2011/12, £600k in 2012/13 and £600k in 2013/14.
- 7.6 Approval of the contractual arrangements detailed in this paper is required to support the achievement of these efficiency targets and will ensure best value for money for the authority.

## **8. CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE (LEGAL SERVICES)**

- 8.1 The Council is obliged under section 47 of the National Health Service and Community Care Act 1990 to assess the needs of persons who appear to need community care services and to decide whether those needs call for the provision of any such services. Community care services include arrangements for promoting the welfare of person aged 18 or over who are “blind, deaf, dumb or who suffer from mental disorder of any description”, where those persons are eligible under section 29 of the National Assistance Act 1990 or section 2 of the Chronically Sick and Disabled Persons Act 1970. It is legitimate for the Council to alter or monitor the welfare arrangements it makes available to persons with learning disabilities, provided that it continues to discharge its statutory obligations.
- 8.2 In discharging its functions, the Council is required by section 3 of the Local Government Act 1999 to “make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness”. This is known as the duty to obtain best value.
- 8.3 Most health and social care services covered in the Market position Statement are for Part B services which are the non-priority services of limited cross border interest set out in Schedule 3 of the Public Contract Regulations 2006 and therefore the provisions of those regulations do not apply.
- 8.4 However the Council does need to take into account the EU principles of proportionality, mutual recognition, transparency, non-discrimination and equal treatment by virtue of the Treaty on the Functioning of the European Union. In 1998 this was been interpreted by the European Court of Justice as requiring a “degree of advertising sufficient to enable the market to be opened up to competition”.

- 8.5 Also in undertaking any procurement the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't. Information is set out in the report relevant to these considerations.

## **9. ONE TOWER HAMLETS CONSIDERATIONS**

- 9.1 The Service Specifications for the commissioned Learning Disability Day Opportunities have been developed to ensure that they comply fully with the *Equality Act 2010*. A wide range of recent consultations with various groups who share a protected characteristic have been undertaken by the Council. The relevant results from these consultations have helped to inform the content of the specifications.
- 9.2 The Service Specifications includes a range of measures to ensure that providers delivering services at all times have due regard to the need to deliver those services in ways which avoid inequality of opportunity. In particular, issues of language and communication, cultural and religious sensitivity, age and disability are explicitly addressed throughout the specification.
- 9.3 The evaluation criteria for each of the tender processes have significant emphasis on the following:
- § Providing a sensitive and appropriate services to diverse communities across the borough
  - § Adding value by making a contribution to local communities
  - § Working in partnership at local levels to deliver better overall outcomes for the communities served; and
  - § Supporting local employment and skills development.
- 9.4 The Equalities Impact Assessment (EqIA) was completed at the start of the project and updates provided thereafter. The EqIA recognised that the modernising of services will affect some of the most vulnerable people living in LBTH. It was completed with input from the Adults, Health and Wellbeing Departmental Equalities Focus Group and Head of Scrutiny and Equalities. The EqIA had an action plan in place to ensure the modernisation programme does not adversely impact upon anyone with a learning disability regardless of their race, disability, age, gender, socio-economic status, sexual orientation, religion or belief. The EqIA also has a number of actions in place to ensure the views of parents and carers of people with a learning disability are taken into account and they are not adversely impacted upon as part of the modernisation process.
- 9.5 Specifically, during 2011/12 the Project Team for the modernisation programme linked up with colleagues in the One Tower Hamlets Team to facilitate working across the Council and local NHS as well as with community

and faith organisations. This included a range of service user and carers feedback and consultations events, followed up in 2012 with a range of presentations including at the Pan Provider event (March 2012), focused workshops through London Muslim Centre for service users and carers, provider briefing event and briefing documents. The procurement process was extended to enable questions and answers through the procurement portal. The Service Specification was developed with input from health and operation colleagues. Briefings were provided to support discussions with service users and carers. Updates have also been provided at the Learning Disabilities Partnership Board and the Big Health Check-up Day (June 2012) attended primarily by service users.

- 9.10 A communication and mobilisation programme is in progress linking the Community Learning Disabilities Service, Brokerage, Strategic Commissioning and Health to make sure the appropriate information, clarity and support is provided to all stakeholders enabling the successful transition and delivery of this programme.

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

- 10.1 Paralleling this workstream, officers are working with travel trainers to ensure that service users who have capacity for travel training are supported in accessing their providers. Not only does this have the advantage of enabling our service users to maximise their independence but the use of public transport together with TfLs commitment to cleaner fuel, contributes to a greener environment

## **11. RISK MANAGEMENT IMPLICATIONS**

- 11.1 The Service Specification against which both tenders were evaluated, and which forms part of the terms and conditions of contract, has a range of measures contained within it to manage risk, including requirements relating to workforce competence and safeguarding.

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

- 12.1 There are no specific crime and disorder implications arising from the award of the contracts set out in this report.

## **13. EFFICIENCY STATEMENT**

- 13.1 This model for the modernisation of Day Opportunities for people with Learning Disabilities will significantly increase the range and quality of services, whilst having the added benefit of reducing current high cost services.

**Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2012**

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

Brief description of “background papers”	Name and telephone number of holder and address where open to inspection.
<b>Equality Impact Assessment – LD Day Opportunities and update</b>	<b>Deborah Cohen – Service Head, Commissioning and Health (020 7364 0497)</b>



# Agenda Item 10.1

<b>Committee/Meeting:</b> Cabinet	<b>Date:</b> 8 <sup>th</sup> May 2013	<b>Classification:</b> Unrestricted	<b>Report No:</b> CAB 111/123
<b>Report of:</b> Isabella Freeman, Assistant Chief Executive (Legal)  <b>Originating officer:</b> Kevin Kewin, Strategy and Performance Service Manager		<b>Title:</b> Strategic Plan 2013/14  <b>Wards Affected:</b> All	

<b>Lead Members</b>	Deputy Mayor, Cllr Ohid Ahmed and Cllr Alibor Choudhury
<b>Community Plan Theme</b>	All
<b>Strategic Priority</b>	All

## 1. **SUMMARY**

- 1.1 This report presents the draft Strategic Plan 2013/14 (appendix 1). The Strategic Plan incorporates the Single Equality Framework (SEF) which sets out the council's equality priorities.

## 2. **DECISIONS REQUIRED**

The Mayor in Cabinet is recommended to:-

- 2.1 Approve the Strategic Plan (appendix 1)
- 2.2 Authorise the Service Head Corporate Strategy and Equality to make any appropriate and necessary amendments prior to publication.

## 3. **REASONS FOR THE DECISIONS**

- 3.1 The Strategic Plan outlines the council's key priorities for the year alongside the more detailed actions that will support their delivery. The plan also sets out the strategic performance measures with which we track our progress.
- 3.2 The Strategic Plan incorporates the council's Single Equality Framework (SEF). The SEF sets out the Council's framework for tackling inequality and promoting cohesion. We have integrated the equality objectives of the Framework into the Strategic Plan, ensuring that a focus on tackling inequality informs the strategic direction of the council. It also enables us to demonstrate that we are meeting the requirements of the Public Sector Equality Duty to prepare and publish objectives which demonstrate how the organisation will meet the aims of the Duty.

#### **4. ALTERNATIVE OPTIONS**

- 4.1 The Mayor in Cabinet may choose not to agree a Strategic Plan. This course of action is not recommended as there would be a significant planning gap: the Strategic Plan is a key element of the council's business planning arrangements. In addition, the council's priorities for the year would not be articulated and the key supporting activities and performance measures would not be agreed for monitoring. If the Strategic Plan was not agreed a Single Equality Framework would still need to be adopted to meet legal requirements.
- 4.2 The Mayor in Cabinet may choose to amend the Strategic Plan prior to approval. If he wishes to amend the Plan, regard would need to be given to the Council's medium term financial plan, with which the current Strategic Plan is aligned, as well as any impact arising from the changes.

#### **5. BODY OF REPORT**

- 5.1 The Strategic Plan sets out the council's priorities, key actions for 2013/14 and strategic measures with which we will track our progress. The Plan has been informed by the Mayor's Pledges and is aligned with the budget.
- 5.2 Whilst the overarching vision and priorities of the council remain largely unchanged, the Strategic Plan 2013/14 reflects the current challenges facing the council and how we address them. For example, supporting residents through the major changes to the welfare system will be an area of focus. In addition, there is a new priority relating to developing stronger communities which captures planned work on local community ward forums (LCWFs), participatory budgeting and community champions. This year's Strategic Plan also reflects the transfer of public health functions to the council.

#### **6. COMMENTS OF THE CHIEF FINANCIAL OFFICER**

- 6.1 The Strategic Plan is the council's core planning document and this report sets out the actions planned for the period 2013-14 and reflects the Mayor's Pledges. The plan sets out a framework for allocating and directing financial resources for 2013-14 to ensure that resources are aligned with those priorities.
- 6.2 The council considered and agreed the Budget and Council Tax for 2013-14 at its meeting on 7<sup>th</sup> March 2013. The work programme set out in the Strategic Plan 2013-14 is reflected in that budget both for the council as a whole and for each directorate. This report has no other financial implications.
- 6.3 In the event that during the implementation of individual projects and schemes throughout the year further financial implications arise outside the current budget provision, officers are obliged to seek the appropriate financial approval before further financial commitments are made.

## **7. CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE (LEGAL SERVICES)**

- 7.1 The Strategic Plan is closely aligned with the Community Plan, which sets out the council's sustainable community strategy within the meaning of section 4 of the Local Government Act 2000. The Strategic Plan specifies how the council will prioritise delivery of its functions and thus ranges across the council's statutory powers and duties. The proposed actions are capable of being carried out lawfully and it will be for officers to ensure that this is the case.
- 7.2 Section 3 of the Local Government Act 1999 requires best value authorities, including the council, to "make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness". The development of the actions in the Strategic Plan, together with their delivery and subsequent monitoring will contribute to the way in which the best value duty can be fulfilled. Monitoring reports to members and actions arising from those reports will help to demonstrate that the council has undertaken activity to satisfy the statutory duty.
- 7.3 The Equality Act 2010 requires the council in the exercise of its functions to have due regard to the need to avoid discrimination and other unlawful conduct under the Act, the need to promote equality of opportunity and the need to foster good relations between people who share a protected characteristic and those who do not. The report proposes that the council's Single Equality Framework be incorporated into the Strategic Plan and this is a relevant consideration. It is also relevant to consider that the Community Plan was the subject of equality analysis during its preparation. Further equality analysis will likely be required in the delivery of actions in the Strategic Plan to ensure the council complies with its equality duty.

## **8. ONE TOWER HAMLETS CONSIDERATIONS**

- 8.1 The Strategic Plan 2013/14 incorporates the council's Single Equality Framework equality objectives ensuring that a focus on tackling inequality informs the strategic direction of the council and enables us to better meet the financial, policy and social challenges that we face today. These objectives have been developed through an assessment of the areas of persistent and enduring inequality experienced by people living and working in the borough as well as emerging issues which threaten to increase inequality for some sections of our community and threaten community relations. This approach enables us to demonstrate how we are meeting the requirements of the Public Sector Equality Duty to prepare and publish objectives which demonstrate how the organisation will meet the aims of the Duty: to eliminate discrimination, advance equality of opportunity, and foster good relations between different people. An equality analysis, documenting the processes we have used to ensure that due regard is given to the aims of the Public Sector Equality Duty, has also been produced (appendix 2).

8.2 In many ways our cross-cutting principle of One Tower Hamlets prefigures the aspiration of the Duty. Since residents first articulated their desire for the principle in 2008 the council and partners have worked to create a cycle of action underpinning all that we do by tackling inequality, strengthening cohesion and building community leadership and personal responsibility. It is therefore both the principle and how it is brought to life in the Strategic Plan which demonstrates how we embrace and meet the Duty.

8.3 To ensure that we are able to track performance against our equality objectives for 2013/14 we have identified a set of equality performance measures. These include existing performance measures that relate to equality as well as outcome measures which will be disaggregated by specific equality strands where we would like to narrow the gap in terms of outcomes for specific groups (e.g.: the local employment rate where we will monitor outcomes for men and women, people from different ethnic backgrounds and for people with disabilities).

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

9.1 The Strategic Plan includes a focus on action for a greener environment. This includes specific actions to protect our environment, improve parks and open spaces and support local sustainable transport.

## **10. RISK MANAGEMENT IMPLICATIONS**

10.1 The Strategic Plan provides the strategic framework for other strategies and plans. Risks relating to the achievement of its objectives are therefore monitored through the council's corporate risk register and directorate risk registers. Risks are assessed for likelihood and impact, and have responsible owners and programmes of mitigating actions.

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

11.1 The Strategic Plan has a strong focus on community safety. The key priorities, activities, milestones and measures are set out within the Safe and Cohesive theme.

## **12. EFFICIENCY STATEMENT**

12.1 The Strategic Plan highlights the current financial context which includes significantly reduced funding for the council. The plan sets out a range of activities to support efficiency and value for money. Progress against the performance measures in the Strategic Plan is reported to Overview and Scrutiny and Cabinet, alongside the Council's budget monitoring, on a quarterly basis.

## **13. APPENDICES**

Appendix 1: Strategic Plan

Appendix 2: Equality Analysis

---

**Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2012**

Brief description of “background papers”      Name and telephone number of holder and address where open to inspection.

None

N/A

This page is intentionally left blank



***Draft***  
**Tower Hamlets Strategic Plan**  
**2013/14**

# Contents

Message from the Mayor

---

The Tower Hamlets context

---

From vision to performance

---

Strategic priorities

---

Key activities and measures

---

Single Equality Framework priorities

---



# Message from the Mayor

I am pleased to present the Strategic Plan for 2013/14. The plan outlines the council's priorities for the coming year, and sets out how we intend to improve the quality of life for everyone living and working in Tower Hamlets.

The plan reflects my budget principles. As such, there is a strong focus on services for young people, support to vulnerable adults, community safety and improving the condition, and supply, of social housing.

This year I welcome public health colleagues from the Primary Care Trust into the council. The transfer of public health functions to the local authority provides us with an exciting opportunity to further improve the health and wellbeing of our residents.

Underpinning the Strategic Plan is the aspiration to build One Tower Hamlets – a borough where everyone feels they have an equal stake and status. Reducing inequalities, fostering cohesion and supporting strong community leadership is central to our work. The Strategic Plan incorporates the Single Equality Framework, which sets out the council's approach for tackling inequality and promoting cohesion.

I recognise the financial difficulties that many households in Tower Hamlets face, which is why we've frozen council tax again, protected council tax support and maintained the Mayor's Education Allowance. Supporting more residents into employment remains a key priority.

Tower Hamlets has a growing and dynamic population which I am proud to serve. Despite the challenges we face, I am sure that the council can continue to support our residents and reduce the inequalities that we see around us. The Strategic Plan sets out how we will achieve our ambitions and track our progress.



Mayor Lutfur Rahman

# The Tower Hamlets context

The Strategic Plan describes the council's overall aims and objectives, the outcomes we want to deliver, and the actions to be taken in 2013/14 to achieve those outcomes.

## Mayor's Priorities

The Strategic Plan is informed by the Mayor's 37 pledges to be delivered over the course of his term, which includes the key priorities to:

- Increase affordable family-sized housing;
- Improve attainment and invest in out of school activities;
- Reduce crime and ASB;
- Tackle worklessness;
- Improve cleanliness and the public realm.

The Strategic Plan 2013/14 takes into account the continued impact of the government's reductions in grant funding for local authorities and the other significant changes it is introducing that

will impact across the public sector. The council continues to prioritise front-line services.

## National Context

The Coalition Government is implementing wide-reaching changes to the services which our local residents rely on. This includes:

- Significant welfare reform, including reduced entitlements to housing benefit and the introduction of Universal Credit;
- A reduction in local authority remit in key areas, such as education with the proliferation of free schools and academies;
- New council responsibilities, including the transfer of public health functions this year;

- Implementation of the Localism Act which includes both new burdens and freedoms for local authorities.

## Council Finances

Local authorities are facing a prolonged period of real term reduction in public spending. The 2010 Spending Review and subsequent statements from the Office for Budget Responsibility have seen extensive reductions in central government funding - both revenue and capital. The council has already made good progress in achieving savings, and an estimated further £35million has been identified for delivery over the next two years. The protection of the quality of front line services is a fundamental principle for the Mayor and council.

The council is exploring innovative ways in which it can deliver these savings, for

example through further partnership working, shared services and working more closely with the third sector, as well as investigating revenue raising opportunities.

increasing number of smaller ethnic groups in the resident population.

Tower Hamlets residents have comparatively high skill levels. For example, the 2011 Census indicated that 41% had a level 4 qualification; this is an increase of almost 7 percentage points since 2001 and above both the London and national averages.

Whilst there are more jobs than working age residents in Tower Hamlets, only 15% of the jobs within the borough are currently being taken by local people.

Tackling worklessness is a key focus of the Strategic Plan, including harnessing the legacy of the Olympic Games for local people.

### **Population growth and change**

The recent Census results have confirmed that Tower Hamlets has experienced the highest population growth in the country.

The resident population in Tower Hamlets is estimated to be 256,000, equating to around a 30% increase over the last ten years. Tower Hamlets is a relatively young borough, with almost half of the recent population rise concentrated in the 25-35 age range. There has been a decline in the proportion of residents aged 65 or over, bucking the national trend.

The profile of the borough is one of increasing diversity, with sizeable Bangladeshi (32%) and White British communities (31%) but also an

### **Employment and the economy**

Despite the turbulence in the national economy, the borough has strong economic and employment growth prospects.

There are over 200,000 jobs in Tower Hamlets. The local economy has particularly strong financial, communication and retail sectors. Half of all employment in the borough is based in Canary Wharf.

Despite this strong local economy, high unemployment remains a key issue for the borough: the unemployment rate is 6.7% in Tower Hamlets, significantly higher than the London and national averages.

### **Housing and our environment**

Housing is central to quality of life.

Despite Tower Hamlets delivering large numbers of affordable homes in recent years, housing need and demand continue to increase.

A fast growing population, low income levels and high house prices makes the housing challenge particularly significant. The Government's welfare reform changes are likely to exacerbate housing difficulties for many residents.

23,000 households are on the housing waiting list, approximately 8,000 of which are overcrowded.

The council's Local Development Framework sets out the spatial vision for

the borough, and outlines the extensive physical renewal that is planned to meet the needs of the borough's growing population in the medium and longer term. There are pioneering plans in place for further housing development, accompanied by new facilities such as schools, transport links and parks.

## **Health**

Health inequality remains a key characteristic of the borough despite strong improvements on many health indicators in recent years.

Whilst more than eight out of ten residents report that their health is good or very good, the proportion citing poor health is the fourth highest in London.

Health inequalities begin early and Tower Hamlets has one of the highest levels of childhood obesity in the country.

Premature mortality rates in adults are also comparatively high with circulatory and lung diseases as particular issues locally.

In addition, a significant proportion of residents care for others. Around 9,000 local people provide more than 20 hours unpaid care every week.

The transfer of public health functions, from the PCT to the council, from 2013/14, provides a strong opportunity to tackle effectively health issues and their wider determinants.

## **Inequality and fairness**

One Tower Hamlets is a theme which underpins the Strategic Plan - reducing inequality, fostering community cohesion and supporting strong local leadership.

The effects of the economic downturn, coupled with the loss of funding for many public services, means that the council is operating in an environment in which there are risks that inequality will grow rather than reduce in the borough.

Tackling inequality is therefore reflected in the actions and performance measures across the Strategic Plan. In addition, the council has created a Fairness Commission – an independent body which is considering the big issues facing the borough and its residents in light of the country's current social and economic challenges. The report and

recommendations of the Fairness Commission will assist the council to develop its strategic approach to fairness in future years.

## **Single Equality Framework**

The Strategic Plan 2013/14 incorporates the council's Single Equality Framework (SEF) priorities. The SEF sets out the council framework for tackling inequality and promoting cohesion and incorporates an analysis of inequality in the borough.

To ensure that we are able to track performance against our twelve equality objectives for 2013/14 we have identified a set of equality performance measures. These include existing performance measures that relate to equality and measures which will be disaggregated by specific equality strands where we need to narrow the gap in terms of outcomes for specific groups. This approach demonstrates that we are meeting the requirements of the Public Sector Equality Duty to prepare and publish objectives which demonstrate how the

organisation will meet the aims of the  
Duty.

# From vision to performance

The Mayor and our partners have a clear vision for the borough *to improve the quality of life for everyone living and working in Tower Hamlets*. It is a vision that has been agreed by partners in the Tower Hamlets Partnership.

As part of this vision the Mayor developed a set of pledges which are articulated through the **Five Themes** of the Community Plan:

**A Great Place to Live** - Tower Hamlets will be a place where people live in quality affordable housing, located in clean and safe neighbourhoods served by well-connected and easy to access services and community facilities.

**A Prosperous Community** - Tower Hamlets will be a place where everyone, regardless of their background and circumstances, has the aspiration and opportunity to achieve their full potential through education and vibrant local enterprise.

**A Safe and Cohesive Community** - Tower Hamlets will be a safer place where people feel safer, get on better together and difference is not seen as threat but a core strength of the borough.

**A Healthy and Supportive Community** - Tower Hamlets will be a place where people are supported to live healthier, more independent lives and the risk of harm and neglect to vulnerable children and adults is reduced.

**One Tower Hamlets** – Tower Hamlets will be a place where everyone feels they have an equal stake and status. We are committed to reducing inequalities, supporting cohesion and providing strong community leadership.

# How it fits together

Outlined below is how this all fits together. The aim is to illustrate how we make our vision a reality. The action plan set out below provides greater detail on activities, milestones and performance measures.

## **Five Themes:**

- A Great Place to Live; A Prosperous Community;
- A Safe and Cohesive Community;
- A Healthy and Supportive Community;
- One Tower Hamlets

*What kind of a place do we want Tower Hamlets to be?*

## **Key priorities**

*How will we get there?*

Priorities and their **actions**, supported by **milestones**

*How will we know if we have got there?*

**Performance measures**

*How do we understand diversity, tackle inequality and promote cohesion*

**Single Equality Framework:** integrated equality priorities and measures

# Strategic Priorities

## **A Great Place to Live**

- 1.1: Provide good quality affordable housing
- 1.2: Maintain and improve the quality of housing
- 1.3: Improve the local environment and public realm
- 1.4: Provide effective local services and facilities
- 1.5: Improve local transport links and connectivity
- 1.6: Develop stronger communities

## **A Prosperous Community**

- 2.1: Improve educational aspiration and attainment
- 2.2: Support more people into work
- 2.3: Manage the impact of welfare reform on local residents
- 2.4: Foster enterprise and entrepreneurship

## **A Safe and Cohesive Community**

- 3.1: Focus on crime and anti-social behaviour
- 3.2: Reduce fear of crime
- 3.3: Foster greater community cohesion

## **A Healthy and Supportive Community**

- 4.1: Reduce health inequalities and promote healthy lifestyles
- 4.2: Enable people to live independently
- 4.3: Provide excellent primary and community care
- 4.4: Keep vulnerable children, adults and families safer, minimising harm and neglect

## **One Tower Hamlets**

- 5.1: Reduce inequalities
- 5.2: Work efficiently and effectively as One Council



# Key Activities and Measures

Having outlined our vision, the following pages detail how we are going to put this into practice. Key activities and areas of focus for 2013/14 are grouped into the five themes below.

## A Great Place to Live

A Great Place to Live reflects the Mayor's continuing ambition to make Tower Hamlets a place where people are proud to live, work and socialise. In 2013/14 we intend to maximise the number of new affordable homes available, increase the number of existing homes that meet the Decent Homes Standard and tackle fuel poverty. We will also continue to focus on securing transparent service charges for leaseholders and ensuring that Registered Providers deliver on their service agreements.

The council leads on significant regeneration, including at the Ocean Estate and Blackwall Reach. We will continue to improve our public realm and maintain our rich heritage for future generations. A key priority is to respond effectively to housing reform, including homelessness prevention, as we seek to mitigate the impact on our residents.

The council will further enhance its award winning Library and Lifelong Learning Service, opening a new Idea Store at WatneyMarket and we will bring forward plans to further improve the council's leisure offer to local residents.

### Measuring our performance:

- § Number of affordable homes delivered\*
- § Number of social rented housing completions for families (gross)
- § Level of homeless prevention through casework
- § Number of overcrowded families rehoused
- § Percentage of overall housing stock that is decent
- § Satisfaction with parks and open spaces
- § Percentage of household waste sent for reuse, recycling & composting
- § Improved street & environmental cleanliness
- § Satisfaction with local neighbourhood

\*denotes SEF performance measure

Strategic Priority 1.1: Provide good quality affordable housing		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Increase availability of affordable family sized housing	Cllr Rabina Khan Owen Whalley and Alison Thomas (D&R)	Operate new Viability Assessment Framework Agreement. (April 2013) Support registered providers and developers to ensure that 45% of new rented homes are family sized. (March 2014) Ensure East London Housing Partnership allocate the maximum number of affordable homes from the Olympic site. (March 2014) Liaise with the GLA to maximise grant to increase affordable housing delivery in Tower Hamlets. (March 2014) Progress council new build through bringing forward sites from THH Estate Capacity programme and progress to design and development stage. (December 2013)
Deliver regeneration at Robin Hood Gardens and Ocean Estate	Cllr Rabina Khan and Cllr Rofique Ahmed John Coker (D&R)	Continue the development of Phase 1A of Robin Hood Gardens and progression of design and planning application for Phase 1B. (July 2013) Continue the programme of voluntary tenant and home owner decants and land assembly at Robin Hood Gardens. (February 2014) Progress confirmation of Compulsory Purchase Order for RHG, subject to Public Inquiry. (February 2014)

Strategic Priority 1.1: Provide good quality affordable housing		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Mitigate homelessness and improve housing options	Cllr Rabina Khan Alison Thomas and Colin Cormack (D&R)	Complete the 4 year Decent Homes programme at Ocean Estate: 780 homes refurbished and the completion of 819 new homes, including 396 for target rent. (March 2014). Adopt the Homelessness Statement (July 2013) Adopt the Overcrowding Statement as part of Housing Statement. (June 2013) Report progress to Homelessness Partnership Board. (January 2014)

Strategic Priority 1.2: Maintain and improve the quality of housing		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Reduce the number of council homes that fall below a decent standard	Cllr Rabina Khan John Coker (D&R)	Commence Year 3 of Decent Homes programme. (April 2013) Ensure delivery of local community benefits targets. (March 2014) Make 1774 homes decent. (March 2014)
Improve the quality of housing services	Cllr Rabina Khan John Coker / Alison Thomas (D&R)	Implement Democratic Filter for housing complaints and RP Regulation. (April 2013) Adoption of Mayor's Housing Statement. (June 2013) Review progress against the Leaseholders Consolidated Action Plan and undertake actions for 13/14. (March 2014)
Implement Tower Hamlets Energy Community Power (Energy Co-operative)	Cllr Rabina Khan and Cllr Alibor Choudhury Abdul Khan (D&R)	Establish Tower Hamlets Energy Community Power as a Community Interest Company (CIC). (June 2013) Establish the Energy Co-op management board and working group. (June 2013) Continue with resident sign-up and hold first auction to secure cheaper tariffs for residents. (June 2013) Continue with the Energy Co-op campaign and hold second auction. (December 2013) Provide a service to vulnerable households to assess the energy efficiency of their property and their eligibility for energy efficiency

Strategic Priority 1.2: Maintain and improve the quality of housing		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
		grants to help ensure they are able to keep warm and well. (March 2014)
		Undertake an assessment of the borough's housing stock to determine the potential for Green Deal and ECO (Energy Company Obligation) funding to undertake energy efficiency works. (March 2014)

Strategic Priority 1.3: Improve the local environment and public realm		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Initiate Phase 1 of the Carbon Reduction Plan for council buildings	Cllr Alibor Choudhury Abdul Khan (D&R)	Connect voltage optimisation at Mulberry Place, saving 300 tonnes of CO2 and £55,000 a year in fuel costs. (September 2013) Deliver first phase of a staff engagement programme to reduce energy use in key council buildings, saving 500 tonnes of CO2 and £75,000 a year in fuel costs. (December 2013) Deliver the RE: FIT programme across 15 of the council's top energy using buildings, saving 625 tonnes of CO2 and £100,000 a year in fuel costs. (March 2014)
Protect and improve the local environment through engagement with major utility companies and	Cllr Shahed Ali Jamie Blake and	Continue to liaise with the Crossrail delivery contractors to ensure that the impact on the environment and local residents is minimised (March 2014)

Strategic Priority 1.3: Improve the local environment and public realm		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Crossrail	Shazia Hussain (CLC)	<p>Deliver year 1 of the new street works permit scheme for utilities operations on highways with an aim to reduce the total number of openings. (March 2014)</p> <p>Support the community to lobby water utilities, their agents and contractors to minimise impact of the Thames Tideway Tunnel scheme on King Edward Memorial Park. (March 2014)</p> <p>Launch the Find It, Fix It, Love It (FIFLI) campaign. (September 2013)</p> <p>Undertake a borough wide deep clean. (from June 2013)</p> <p>Develop further the Community Payback programme with new provider SERCO and deliver at least 50 projects. (March 2014)</p> <p>Plant over 50 new street trees. (March 2014)</p> <p>Develop a 'Lifecycle' media campaign to promote awareness of reuse, recycling &amp; composting arrangements and opportunities. (July 2013)</p> <p>Encourage resident engagement and publish at least three articles on borough reuse, recycling &amp; composting facilities (waste treatment centres). (January 2014)</p> <p>Complete improvements to the changing facilities at Victoria Park. (March 2014)</p> <p>Deliver carriageway and parking improvements at Victoria Park as part of the Heritage Lottery Fund supported improvement programme. (January 2014)</p>
Work in partnership to improve our public realm	Cllr Shahed Ali Jamie Blake (CLC)	
Increase household waste sent for reuse, recycling & composting	Cllr Shahed Ali Jamie Blake (CLC)	
Improve our parks and open spaces	Cllr Rania Khan Shazia Hussain (CLC)	

Strategic Priority 1.3: Improve the local environment and public realm		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
		<p>Commence implementation of Phase 1 of Bartlett Park Master Plan. (March 2014)</p> <p>Work with residents to develop a park improvement scheme for King Edward Memorial Park to support and safeguard the restitution of the park following completion of the Thames Tideway Tunnel project. (March 2014)</p>

Strategic Priority 1.4: Provide effective local services and facilities		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Manage national planning changes effectively to deliver local priorities	Cllr Rabina Khan Owen Whalley (D&R)	Cabinet determine first round of applications for Neighbourhood Forums. (July 2013) Cabinet determine second round of applications for Neighbourhood Forums. (January 2014)
Implement the Markets Strategy	Deputy Mayor, Cllr Ohid Ahmed Andy Bamber (CLC)	Develop and agree the Food for Health standards for application at three key markets to encourage fruit, vegetable and fresh food trading. (September 2013) Work with the Town Centre Scheme stakeholder groups to improve licensing and pre-allocation arrangements for pitches with an aim to reduce vacant pitches by 25%. (March 2014) Implement footway improvements to extend off-road trading areas in Bethnal Green Road. (March 2014)
Introduce the Tower Hamlets local Community Infrastructure Levy (CIL)	Cllr Rabina Khan Owen Whalley (D&R)	Examination in Public (EiP) for LBTH CIL. (October 2013) Full Council Adoption of LBTH CIL. (January 2014)
Improve community facilities	Cllr Rania Khan Shazia Hussain (CLC)	Open the Idea Store Watney Market and One Stop Shop. (June 2013)



Strategic Priority 1.4: Provide effective local services and facilities		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Develop a Masterplan for Whitechapel	Cllr Rabina Khan Owen Whalley (D&R)	Approve draft Whitechapel Masterplan Supplementary Planning Document (SPD) for statutory consultation. (July 2013)  Approve final Whitechapel Masterplan SPD. (November 2013)
Provide support for the improvement of faith buildings in the borough	Cllr Alibor Choudhury Dave Clark (D&R)	Develop process for assessment, evaluation, publicity and allocation of the Round 2 of the Community Faith Buildings programme. (July 2013) Launch Round 2 of the grant application process. (September 2013)  Announce Round 2 successful applicants. (December 2013)  Select best two options on cost and location. (April 2013)
Progress the Multi Faith Burial Ground proposal	Cllr Alibor Choudhury Ann Sutcliffe (D&R)	Enter negotiations and select preferred single site. (April 2013)  Negotiate final offer. (May 2013)  Award contract. (July 2013)
Design and implement the People's History Plaque Scheme	Cllr Rania Khan Shazia Hussain (CLC)	Develop the Tower Hamlets History Plaque scheme to highlight key aspects of the borough's history and its people with scope and design of plaques agreed. (June 2013)  List of plaques developed, prioritised and agreed, along with the identification and investigation of locations. (August 2013)

Strategic Priority 1.4: Provide effective local services and facilities		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
		Plaques in position from August 2013 with accompanying communications. (March 2014)

Strategic Priority 1.5: Improve local transport links and connectivity		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Accelerate delivery of pothole repairs	Cllr Shahed Ali and Cllr Rofique Ahmed  Jamie Blake (CLC)	All Tower Hamlets streets visited and potholes repaired.(June 2013)
Deliver additional cycle improvements	Cllr Shahed Ali and Deputy Mayor, Cllr Ohid Ahmed  Jamie Blake (CLC)	Deliver 50 new or improved cycle parking facilities. (March 2014) Improve ten locations for cycle permeability. (March 2014) Install five cycle pump bollard installations and deliver two cycle safety awareness events. (March 2014)
Support local transport	Cllr Shahed Ali and Deputy Mayor, Cllr Ohid Ahmed  Jamie Blake (CLC)	Establish a framework for engagement with TfL on draft proposals for river crossings to ensure that the benefits for residents are maximised and potential impacts are minimised or prevented. (March 2014) Award the highway construction and maintenance contracts. (March 2014) Deliver phase 2 of the £3m highway infrastructure improvement programme, ensuring that projects meet accessibility standards through relevant specification and contract management. (March 2014)

Strategic Priority 1.6: Developing stronger communities		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Develop a citizen centred local governance structure	Mayor Lutfur Rahman Shazia Hussain (CLC)	<p>Begin the roll out of the Local Community Ward Forum (LCW) structure for all wards (from June 2013) with a programme of meetings established for each ward forum.(March 2014)</p> <p>Create a sustainable framework to support residents in the LCWF meetings to prioritise, co-produce and commission activity. (March 2014)</p> <p>Develop an outreach framework to guide local Community Champion Coordinators when engaging with the local community. (September 2013)</p>
Deliver the Partnership community offer through the Community Champion Programme	Mayor Lutfur Rahman Shazia Hussain (CLC)	<p>Recruit, train and develop between 5-15 Community Champion coordinators per ward. (September 2013)</p> <p>Recruit and develop Community Champions for 3 key service areas. (March 2014)</p>
Deliver the local governance structure for the Partnership	Mayor Lutfur Rahman Shazia Hussain (CLC)	<p>Design and set up the Participatory Budgeting (PB) framework. (July 2013)</p> <p>Commission PB activity against £10k per ward (minimum). (March 2014)</p> <p>Further roll out of 10 Neighbourhood Agreements across the borough – subject to Community Cohesion Funding. (March 2014)</p>

Strategic Priority 1.6: Developing stronger communities		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Engage residents and community leaders in policy and budget changes	Mayor Lutfur Rahman and Cllr Alibor Choudhury Shazia Hussain (CLC)	Complete an assessment to determine the method of delivering the first Community Budget. (January 2014)
Develop a framework for engagement of borough-wide equality forums in the Partnership	Mayor Lutfur Rahman Louise Russell (CE)	Proposals for framework presented to Partnership Executive. (June 2013) Agreed framework in place. (September 2013)
Celebrate the achievements and contribution made by the local third sector	Cllr Alibor Choudhury Dave Clark (D&R)	Scope programme for event. (October 2013) Tender for delivery of event if required. (October 2013) Appoint event deliverers. (November 2013) Implement event. (March 2014)
Deliver locally appropriate services through the 4 locality Hubs	Mayor Lutfur Rahman Shazia Hussain (CLC)	Develop with the relevant communities a clear priority framework for each of the 4 Locality Hubs to improve the targeting of service delivery locally. (September 2013) Establish integrated service delivery teams in at least three localised Hubs, including the co-location of police, public health, youth services and CLC frontline services. (October 2013)

## A Prosperous Community

We aim to create a Tower Hamlets in which everyone, regardless of their background and circumstances, has the aspiration and opportunity to achieve their full potential. The council will therefore continue to invest in supporting young people, including through youth services and our Mayor's Education Allowance.

Tower Hamlets leads the way in school improvement, supported by a strong local education authority and active parents and governors. The Mayor will continue to oppose the development of Academies in Tower Hamlets.

Welfare reform will be a strong area of focus in 2013/14 as the Government continues its plans to introduce its Universal Credit system. The council is supporting residents through the changes including with its council tax support and local social fund schemes, as well as a programme of information and awareness raising.

Fostering enterprise and employment is key priority for the Mayor, as well as maintaining our commitment to the London Living Wage. We will also continue to improve the quality of life-long learning services that play such a vital role in supporting adult education and employability.

### Measuring our performance:

- Achievement across the Early Years Foundation Stage\*
- Achievement at Level 4 or above in both English and Maths at Key Stage 2\*
- Achievement of 5 or more A\*- C grades at GCSE or equivalent including English and Maths\*
- A Level Average Points Score per student in Tower Hamlets\*
- Number of young people not in education, employment or training (NEET)\*
- Employment rate (gap v London)\*
- Jobseekers Allowance Claimant Count (gap v London)\*
- Child Poverty rate\*

\*denotes SEF performance measure

Strategic Priority 2.1: Improve educational aspiration and attainment		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Ensure sufficient places are provided to meet the need for statutory school places	Cllr Oliur Rahman and Kate Bingham (ESW)	Review land and asset options to plan for growth of primary and secondary provision and report to Cabinet on progress and further plans for implementation. (September 2013)
		Review annual projections and adjust short, medium and long term planning accordingly. (September 2013)
Expand free early education places of high quality for disadvantaged two-year-olds	Cllr Oliur Rahman Anne Canning (ESW)	Complete implementation of expansion schemes and any temporary schemes to provide sufficient primary places. (March 2014)
		Plan for implementation of expansion schemes, working with D&R on land and funding matters where required, including implications for CIL and s. 106, and planning for use of capital resources to implement schemes. (March 2014)
		Develop proposals for new school sites, including working with developers/owners and seeking school proposers as required. (March 2014)
		Develop medium and long term strategy to meet projected pupil growth to 2020. (March 2014)
		Use capital and trajectory building allocation from Dedicated Schools Grant to develop new and expand existing provision for eligible 2 year olds. (March 2014)
		Implement early years funding and admissions proposals to support the expansion of early learning places for eligible 2 year olds. (September 2013)

Strategic Priority 2.1: Improve educational aspiration and attainment		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Raise attainment and narrow the gap between the lowest 20% and the median of all children at the end of the Early Years Foundation Stage (EYFS)	Cllr Oliur Rahman Anne Canning (ESW)	Work with identified settings to ensure that they are of high enough quality to provide places for eligible 2 year olds. (March 2014) Support the implementation of the revised EYFS with a particular emphasis on reviewing and revising the assessment and reporting process for the EYFS profile. (July 2013) Identify children at the lowest 20% of attainment at the EYFS, using universal services as a gateway to targeted support. (July 2013) Achieve improvements in EYFS results through continued, intensive support to improve the quality of provision in targeted schools and settings, learning from the lessons of 2012/13. (March 2014) Monitor and share best practice in tracking progress and provide good and better teaching and learning. (March 2014) Support schools to determine an appropriate curriculum offer. (March 2014) Support the development of strong literacy improvement strategies. (March 2014)
Increase the number of children achieving 5 A* to C grades including English and maths grades at GCSE	Cllr Oliur Rahman Anne Canning (ESW)	Provide further training for schools in analysing results, and develop strategies to raise achievement. (March 2014) Develop robust understanding of post 16 offer and progression routes. (March 2014) Monitor A level average point scores by ethnicity and gender. (January 2014)
Bring A Level results above the national average	Cllr Oliur Rahman Anne Canning (ESW)	Place advertisement for the MFA Scheme and undertake publicity
Continue to deliver the Mayor's	Cllr Oliur Rahman	



Strategic Priority 2.1: Improve educational aspiration and attainment		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Educational Allowance	& Cllr Alibor Choudhury  Claire Symonds (Resources) & Anne Canning (ESW)	(September 2013)  Apply the MEA Policy to determine applications. (December 2013)  Make payments. (January 2014)
Maintain investment in Youth Services	Cllr Oliur Rahman Andy Bamber (CLC)	Complete the development of a service improvement programme for the Youth Service. (December 2013)  Include measures to ensure that the services are accessible and inclusive for groups that may not traditionally access them, including girls, LGBT young people and young people with disabilities. (December 2013)  Provide services in at least four locations per LAP area and each provision to deliver a minimum of four sessions per week. (March 2014)  Provide services at new premises: St Andrew's Community Site (LAP 6), Skyline (LAP 8) and Youth Village (LAP 4), and maintain provision at the Haileybury Youth Club over the period of development for the new centre. (March 2014)
Provide effective support for parents and governors	Cllr Oliur Rahman Anne Canning (ESW)	Expand holiday childcare provision for working parents to include children up to the age of 13 years. (July 2013)

Strategic Priority 2.1: Improve educational aspiration and attainment		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
		<p>Develop a parent workshop to inform and empower parents and carers to become actively involved in the post 16 decision making process. (July 2013)</p> <p>Increase access to information, advice and signposting to family services through drop-in and outreach provision for parents, carers and families. (September 2013)</p> <p>Recruit and train Healthy Families Parent Ambassadors in 4 school clusters. (March 2014)</p> <p>Promote, support and celebrate parental engagement in children's learning and attainment through the Annual Parent Conference, Fathers Event, Family Learning / Parent Week and school based events (600 parents participating). (March 2014)</p> <p>Provide training for governors to support the development of their role in involving parents and carers in school life and children's learning. (December 2013)</p> <p>Provide training in the autumn term for governors conducting Headteacher appraisals. (December 2013)</p> <p>Ensure new governors undertake induction training and monitor take-up: 50% of governors newly appointed in 2012/13 to attend the course within one year of being appointed. (March 2014)</p> <p>Monitor the equality profile of governors and encourage the recruitment of under-represented groups. (March 2014)</p>

Strategic Priority 2.1: Improve educational aspiration and attainment		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Deliver the Mayor's University Grant	Cllr Oliur Rahman Anne Canning	Incorporate Mayor's University Grant into Council Discretionary Awards Policy. (May 2013) Publicise awards to Tower Hamlets students. (December 2013) Distribute awards according to eligibility criteria. (December 2013)

Strategic Priority 2.2: Support more people into work		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Work with mainstream providers to maximise employment	Cllr ShafiqulHaque Andy Scott (D&R)	Establish a Tower Hamlets Economic Development Taskforce, bringing together key providers and stakeholders. (June 2013) Hold at least four meetings of the Tower Hamlets Economic Development Taskforce in the year. (March 2014) Begin implementation of Raising Aspirations – a geographically targeted programme. (September 2013)
Support residents into jobs through employment and skills programmes	Cllr ShafiqulHaque Andy Scott (D&R)	Support 150 Tower Hamlets residents into jobs. (June 2013) Support 340 Tower Hamlets residents into jobs. (September 2013) Support 530 Tower Hamlets residents into jobs. (December 2013)

Strategic Priority 2.2: Support more people into work		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
		Support 750 Tower Hamlets residents into jobs. (March 2014) Monitor equality profile of those supported into employment. (March 2014)
Maximise the benefits of the Olympic Legacy	Cllr ShafiqulHaque Andy Scott (D&R)	Implement a working model for access to vacancies in partnership with London Legacy Development Corporation (LLDC). (June 2013) Provide training provision to 150 Tower Hamlets residents to support them in accessing Olympic Legacy vacancies. (March 2014) Review progress of local residents in accessing Olympic Legacy jobs. (March 2014)
Increase the number of apprenticeships available to local residents and support them to take up these opportunities	Cllr ShafiqulHaque Andy Scott (D&R)	Launch the Tower Hamlets Homes Decent Homes apprenticeship programme. (April 2013) Establish the Apprenticeship Task Group. (June 2013) Support 10 apprenticeships in local creative industries. (March 2014) Support 200 Tower Hamlets residents into apprenticeships. (March 2014) Monitor equality profile of local people supported to take up apprenticeships. (March 2014)
Introduce 'TH Personnel' as a mechanism for recruiting local residents into temporary	Cllr ShafiqulHaque Andy Scott (D&R)	Establish an operational TH Personnel Temp Desk. (April 2013) Develop referral routes into external temporary agencies across East London businesses and agencies. (June 2013)

Strategic Priority 2.2: Support more people into work		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
opportunities		<p>Create talent pool of at least 50 local residents with at least 15 placed into temporary opportunities. (September 2013)</p> <p>Progress report on 50 temporary placements and monitor equality profile of those supported and placed. (March 2014)</p> <p>Support employability through the 2013/14 academic year curriculum with a focus on courses, training and formal entry level qualifications. (September 2013)</p> <p>Map and create progression routes (including employability) for ESOL learners at all levels in both the 3<sup>rd</sup> and public sectors via the External Partners Advisory Group. (March 2014)</p> <p>Deliver a consistent offer for ESOL, with quality assessments and standards, through use of a consistent Advice &amp; Information toolkit by all ESOL providers. (March 2014)</p> <p>Measure uptake and performance of ESOL for different groups (including analysis by ethnicity, age and gender) to support progression through ESOL qualifications. (March 2014)</p>
Support English for Speakers of Other Languages (ESOL)	<p>Cllr Oliur Rahman and ShafiqulHaque Shazia Hussain (CLC)</p>	

Strategic Priority 2.3: Manage the impact of welfare reform on local residents		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Implement the new council tax support and local social fund scheme	Cllr Alibor Choudhury Claire Symonds (Resources)	New council tax support scheme operational. (April 2013) New support & crisis grant scheme (Local Social Fund) operational. (April 2013) Ensure 100% of the support & crisis grant is utilised to support residents. (March 2014)
Implement Welfare Reform Temporary Accommodation Support Fund	Colin Cormack (D&R) Cllr Rabina Khan	Formalise criteria for administering fund, aligning this with other emergency funding. (June 2013) Identify most vulnerable residents who will receive fund. (July 2013) Monitor residents who require the fund and feed back to Welfare Reform Task Group. (March 2014)
Develop a Partnership wide programme of information and awareness raising around welfare reform	Cllr Rabina Khan and Cllr Alibor Choudhury Louise Russell (CE)	Provide targeted communications to those affected by the benefit cap including additional local community events to coincide with local implementation. (September 2013) Deliver on-going briefings and training for frontline staff as changes are introduced. (December 2013) Engage with housing providers through the Welfare Reform Task Group and Tower Hamlets Housing Forum to ensure a co-ordinated approach to welfare changes. (December 2013)

Strategic Priority 2.3: Manage the impact of welfare reform on local residents		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Optimise use of existing funding and maximise prospects for future funding	Cllr ShafiqulHaque Andy Scott (D&R)	<p>Work with the Task Group to monitor the impact of welfare reform and review the impact on services and policies as required. (March 2014)</p> <p>Define a robust programme and funding case for fully integrated community engagement and employment development activity to enhance the employability of workless adults, including BME women and disabled residents. (April 2013).</p> <p>Monitor the effectiveness of organisations to collect and present equalities data on beneficiaries of grant funded community, economic and social welfare advice. (March 2014)</p> <p>Develop a comprehensive information base on which to strategically determine from where and how Third Sector funds should be attracted and deployed. (September 2013)</p> <p>Develop a Partnership framework for welfare advice and initiatives with JCP, housing providers and voluntary sector groups on supporting residents through welfare reform.(December 2013)</p> <p>Refine and develop grant management systems to improve productivity, management information and effectiveness of contract compliance monitoring. (December 2013)</p> <p>Secure ESF/Community Grant packages and other opportunities to increase funding available to help alleviate the adverse impacts of welfare reform. (March 2014)</p>

Strategic Priority 2.4: Foster enterprise and entrepreneurship		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Implement a programme of information to third sector and social enterprises to support commercial independence	Cllr ShafiquHaque Andy Scott (D&R)	Develop and commission programme of information to third sector and social enterprises. (June 2013) Begin implementation of programme. (September 2013) Produce an interim review of programme effectiveness. (March 2014) Identify relevant growth sectors. (June 2013)
Support growth sectors in the context of Tower Hamlets as a central London economy	Cllr ShafiquHaque Andy Scott (D&R)	Engage with key stakeholders. (June 2013) Develop training route-ways for identified sectors. (December 2013) Review of progress in support for growth sectors. (March 2014)
Support enterprise activity in the borough's town centres and commercial districts	Cllr ShafiquHaque and Cllr Alibor Choudhury Andy Scott (D&R)	Appoint an officer with responsibility for operational enhancements in Roman Road town centre. (September 2013)



Strategic Priority 2.4: Foster enterprise and entrepreneurship		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
		Local business promotional campaigns underway in Bethnal Green and Brick Lane. (December 2014)
		Establish effective partnership mechanisms for engagement with Roman Road businesses. (March 2014)
		Undertake competitiveness analysis for Roman Road. (March 2014)
		Carry out town centre audit for Brick Lane. (March 2014)
		Local business promotional campaign underway in Burdett Road, linked to launch of new market. (March 2014)

## A Safe and Cohesive Community

Ensuring that all residents and visitors, young and old, feel safe and confident in their homes and on the streets of Tower Hamlets remains a key Mayoral priority. To this end, focusing on crime and anti-social behaviour, through more and visible enforcement is the key. This plan includes continuing investment in thirty-three additional Police Officers and further expansion of uniformed THEOs with ten additional officers joining the enforcement service this year. The council also recognises the need to go beyond simply tackling crime and ASB to also address people's fear of crime and perceptions of personal safety through better information, community engagement and an improved local environment.

Tower Hamlets is rightly proud of its diversity. The Mayor remains committed to bringing all of its communities together to foster understanding, support cohesion and build 'One Tower Hamlets'. Supporting events which celebrate the diversity of the borough and its people plays an important role in this respect.

### Measuring our performance:

- Personal robbery rate\*
- Residential burglary rate
- Motor vehicle crime rate
- Violence with injury rate
- CAD calls for ASB
- Local concern about ASB and Crime\*
- Satisfaction with the Police and Community Safety Partnership\*
- Proportion of residents who believe people from different backgrounds get on well together in their local area

\*denotes SEF performance measure

Strategic Priority 3.1: Focus on crime and anti-social behaviour

Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Further develop the Tower Hamlets Enforcement Officer (THEO) service	Deputy Mayor, Cllr Ohid Ahmed Andy Bamber (CLC)	Increase the number of THEOs with ten additional uniformed officers operating across the borough. (August 2013) THEOs operating in 4 localities, supporting the new local ward forums and their priorities for reducing ASB. (March 2014)
Develop a partnership 'Violence Against Women & Girls' (VAWG) approach	Deputy Mayor, Cllr Ohid Ahmed Andy Bamber (CLC)	Develop an anti-Violence Against Women and Girls Forum. (April 2013) Facilitate a VAWG Day to forge links with specialist organisations, develop joint working and review and develop the VAWG action plan. (April 2013) Develop and provide a programme of VAWG training to key statutory and voluntary organisations. (March 2014)
Manage the night time economy	Deputy Mayor, Cllr Ohid Ahmed Andy Bamber (CLC)	Adopt a Cumulative Impact Policy (Saturation Policy) to provide stronger controls around the licensing of additional premises in the Brick Lane area (subject to the outcome of consultation findings and approval by Full Council). (March 2014) Adopt additional legislative powers to better control the impact of Sex Entertainment Venues. (December 2013). Complete a review of the Council's Licencing Policies. (December 2013).

<p>With our partners, deliver the Partnership Community Safety Plan</p>	<p>Deputy Mayor, Cllr Ohid Ahmed Andy Bamber (CLC)</p>	<p>Continue the commitment to provide additional uniformed Police presence through the Partnership Task Force (PTF) initiatives PTF 1 (to July 2013) and PTF2 (to September 2015). Further develop the Tower Hamlets Enforcement Officers via generic working to improve the effectiveness of Police deployment. (August 2013) Complete a review of joint Police / officer teams and their quarterly and end of year reports. (August 2013) Complete the strategic review of Crime and ASB. (December 2013) Review and update the Community Safety Plan for 2014/15. (March 2014)</p>
---	--	---

<p><b>Strategic Priority 3.2: Reduce fear of crime</b></p>		
<p><b>Strategic Action</b></p> <p>Improve the responsiveness of our ASB services</p>	<p><b>Lead Member Lead Officer Directorate</b></p> <p>Deputy Mayor, Cllr Ohid Ahmed Andy Bamber (CLC)</p>	<p><b>Milestones and Deadlines</b></p> <p>Implement the THH ASB response service following the success of the pilot project. (July 2013) Develop and implement the revised ASB Policy.(January 2014) Complete the redesign of the ASB call handling process for greater efficiency including a revised out of hours service and embedded triage arrangements (subject to funding). (March 2014)</p>

Strategic Priority 3.3: Foster greater community cohesion		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Support the delivery of a wide range of community events	Cllr Rania Khan Shazia Hussain (CLC)	Support the successful delivery of the 2013 Film Festival. (July 2013) Tender the events contract for commercial events in Victoria Park. (December 2013) Support the delivery of a programme of events which celebrate the contribution of diverse communities to building 'One Tower Hamlets' including disabled people, LGBT communities and older people. (March 2014)
Embed the learning from the 2012-13 Mayor's One Tower Hamlets fund into the 2013-14 scheme	Mayor Rahman Louise Russell (Chief Executive's)	Evaluation report submitted to Tower Hamlets Equalities Steering Group and Partnership Executive. (May 2013) Launch 2013/14 Mayor's One Tower Hamlets Fund. (June 2013) Review of project delivery submitted to Tower Hamlets Equalities Steering Group (March 2014)

# A Healthy and Supportive Community

Our aim is to support residents to live healthier, more independent lives and reduce the risk of harm and neglect to vulnerable children and adults.

Within this theme, a key emphasis is on promoting healthy lifestyles and ensuring fewer residents require long-term care for avoidable health needs. The Mayor is committed to protecting the interests of residents in the context of significant health reforms.

The council is working with partners to support the effective transfer of public health responsibilities to the council and maximise the opportunity its presents.

The Mayor is committed to ensuring that Tower Hamlets is one of the top performing councils in the country with responsibility for social services. The council will continue to support our most vulnerable residents including, for example, through the provision of free telecare alarms. In addition, Tower Hamlets is the only borough in England that still provides free homecare.

## Measuring our performance:

- All age, all-cause mortality rate\*
- Number of people who have stopped smoking\*
- Proportion of children in reception who are obese\*
- Under 18 conception rate\*
- Percentage of CAF reviews with an improved score
- Proportion of social care clients and carers in receipt of Self Directed Support\*
- Self-reported experience of social care users
- Average time between a child entering care and moving in with its adoptive family
- Percentage of ethnic minority background children adopted\*

*\*denotes SEF performance measure*

Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Deliver free school meals for all reception and year 1 pupils	Cllr Oliur Rahman Kate Bingham (ESW)	Assess catering staffing needs on school by school basis. (April 2013) Recruit additional staff through Skillsmatch. (July 2013) Publicise scheme to parents of Reception and Year 1 parents. (July 2013)
Support young people to live healthy lives	Cllr Oliur Rahman Anne Canning (ESW)	Provide healthy eating and physical activity support to 25 schools. (July 2013) Run healthy lives champions project in 12 primary schools to carry out targeted work with pupils identified as overweight or obese. (July 2013) Support 10 schools to achieve Advanced Healthy School Status. (July 2013) Develop a year 6 lesson plan; deliver to 150 pupils and model effective drug education for teachers. (October 2013) Develop a key stage 3 alcohol lesson plan and deliver to 150 pupils and model effective alcohol education to secondary school teachers. (October 13)
Ensure that integrated governance arrangements are in place to maximise health outcomes	Mayor Rahman and Cllr Asad  Louise Russell (CE), Deborah Cohen (ESW), Somen Banerjee (Public Health)	Agree the Health and Wellbeing joint implementation plan. (September 2013) Provide support to embed the newly commissioned Healthwatch. (September 2013) Identify via the Health and Well-being Board, 3 locally appropriate interventions to co-produce with residents in a locality. (June 2013)

Strategic Priority 4.1: Reduce health inequalities and promote healthy lifestyles		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Embed the Public Health function into the council	Mayor Lutfur Rahman and Cllr Asad	Align emerging Public Health Outcomes Framework indicators with JSNA and Health and Wellbeing Strategy. (March 2014)
	Louise Russell (CE) Somen Banerjee (Public Health)	Deliver the Public Health commissioning milestones as set out in the January 2013 Cabinet paper.(March 2014)
Invest in the borough's leisure centres and playing pitches	Cllr Rania Khan Shazia Hussain	Complete improvement works to multi-use facilities at St. George's Pool. (March 2014)
		Complete improvement works to cricket and football pitches at Victoria Park and Millwall Park. (March 2014)
		Install a replacement 3G sports surface at Stepney Green along with improved changing accommodation. (March 2014)
		Complete the procurement and associated legal and licence agreements to re-open Poplar Baths as a local leisure centre. (August 2012).
		Poplar Baths – Planning application approved. (September 2013)
	Mayor Lutfur Rahman Aman Dalvi (D&R) Stephen Halsey (CLC)	Poplar Baths – Preferred partner financial close. (October 2013)
		Start construction of the new Poplar Baths development, including to deliver 100 socially rented housing units. (December 2013).



Strategic Priority 4.1: Reduce health inequalities and promote healthy lifestyles		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Implement our Substance Misuse Strategy	Deputy Mayor, Cllr Ohid Ahmed Andy Bamber (CLC)	Facilitate the effective transfer of, and review on-going arrangements for, comprehensive contractual management of all substance misuse services as part of the Public Health transition process. (March 2014) Implement action plan for improving drug and alcohol treatment recovery rates across the borough, including for younger adults, Bangladeshi women, people with disabilities and LGBT residents. (March 2014) Deliver the dealer a day programme. (March 2014) Complete a programme of activities to encourage people to give up smoking. (March 2014)

Strategic Priority 4.2: Enable people to live independently		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Improve support to Carers	Cllr Abdul Asad John Rutherford / Katharine Marks / Deborah Cohen (ESW)	Introduce a new health check for carers project linked to the development of the carers three year plan (subject to evaluation). (November 2013) Introduce and expand carers' budgets to give carers control over the services they choose to receive. (November 2013)

Strategic Priority 4.2: Enable people to live independently		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
		Implement the commissioning actions within the Carers Three Year Plan.(March 2014)
		Launch the e-marketplace to enable people to purchase health and social care services over the internet.(June 2013)
		Implement the new 'Customer Journey' for the community learning disability service.(October 2013)
		Develop a Quality Standards Framework for non-regulated services.(December 2013)
		Refresh market position statement and approach to social care market locally in line with requirements in the Care and Support Bill with support from the Department of Health.(December 2013)
		Redesign and re-commission community services for older people and other adults to improve the ability of services to support people to live independently. (March 2014)
		Re-commission statutory mental health services to improve their ability to enable people to live safe, independent and fulfilled lives in the community.(March 2014)
		Support more people aged 18-69 with learning disabilities and mental health needs into employment.(March 2014)
		Present the Hostels Strategy to Cabinet.(June 2013)
		Create an equipment demonstration centre to support independence and wellbeing.(September 2013)
Improve the customer journey by embedding the principles of choice and control	Cllr Abdul Asad John Rutherford / Katharine Marks / Deborah Cohen (ESW)	
Improve Accommodation and Equipment	Cllr Abdul Asad John Rutherford / Katharine Marks and	

Strategic Priority 4.2: Enable people to live independently		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
	Deborah Cohen (ESW)	Develop a new range of accommodation for people with learning disabilities, and establish a pathway in the new customer journey for learning disability services.(March 2014) Develop new supported accommodation for people with mental health needs, requiring high end support in the borough.(March 2014)

Strategic Priority 4.3: Provide excellent primary and community care		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Ensure effective partnership working across health and social care	Cllr Abdul Asad Deborah Cohen and John Rutherford / Katharine Marks (ESW)	Work with health partners to establish the governance for the integrated care programme and agree the role of the local authority. (June 2013) Agree council policy on integrated care pathways.(September 2013) Develop and publish the Mental Health Strategy for Tower Hamlets with an implementation plan.(September 2013) Identify and implement further opportunities beyond the virtual ward for health and social care joint delivery. (March 2014)

Strategic Priority 4.4: Keep vulnerable children, adults and families safer, minimising harm and neglect		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Deliver the Adults Safeguarding work programme	Cllr Asad John Rutherford / Katharine Marks (ESW)	<p>Introduce an inter-agency approach to managing risk in relation to hard to reach groups.(September 2013)</p> <p>Ensure service user and community views are represented in the work of the Safeguarding Adults Board.(September 2013)</p> <p>Develop a public communications strategy to raise awareness of safeguarding and how to make a safeguarding referral. (December 2013)</p> <p>Develop a Tower Hamlets Multi-Agency Safeguarding Hub (MASH), in partnership with the police and NHS. (June 2013)</p> <p>Extend and develop the Family Wellbeing Model to ensure that children receive support commensurate to their level of need (early help, team around the child, social care intervention) and assess the impact of those services. (August 2013).</p> <p>Commission an independent, diagnostic review of the adoption process and implement any changes recommended.(June 2013)</p> <p>Improve the processes for the identification, introduction, assessment and approval of prospective adoptive families with a target of no more than 6 months from application to approval.(September 2013)</p> <p>Increase the proportion of looked after children from BME backgrounds that are placed for adoption to the same level as that for other children, through broadening engagement with community groups and targeted recruitment campaigns. (March 2014)</p>
Provide proportionate support to vulnerable children and families	Cllr Oliur Rahman Steve Liddicott (ESW)	
Introduce improvements to the adoption system	Cllr Oliur Rahman Steve Liddicott (ESW)	

## One Tower Hamlets

Underpinning the Community Plan vision is the aspiration to build One Tower Hamlets – a borough where everyone feels they have an equal stake and status. We are committed to reducing inequalities, fostering cohesion and supporting strong community leadership.

The over-arching aim of One Tower Hamlets takes on added importance given the backdrop of considerable budget reductions. This theme also reflects the key projects we are delivering to make our council more lean, flexible and citizen-centred. As part of this we intend to better use our assets, buy better and work smarter. The council is developing its partnership arrangements, including a new localised Partnership structure. In addition, the Mayor is keen to forge new progressive partnerships such as promoting fair-trade through our supply chains.

### Measuring our progress:

- Proportion of staff that are LP07 or above who have a disability\*
- Proportion of staff that are LP07 or above who are from an ethnic minority\*
- Proportion of staff that are LP07 or above that are women\*
- Working days lost due to sickness absence
- Customer access satisfaction
- Proportion of residents that agree the council involves residents when making decisions
- Proportion of residents that agree the council is doing a good job.

*\*denotes SEF performance measure*

Strategic Priority 5.1: Reduce inequalities

Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Employ a workforce that fully reflects the community it serves	Cllr Alibor Choudhury Simon Kilbey (Resources)	<p>Develop profiles of Navigate members to enable identification of learning and development needs and career pathways. (June 2013)</p> <p>Carry out a training needs analysis following the annual PDR process. (July 2013)</p> <p>People Board identify development opportunities for Navigate members as job opportunities arise. (October 2013)</p> <p>Quarterly reporting to People Board and DMTs on progression of Navigate members. (October 2013)</p> <p>25% progression or development of Navigate members. (March 2014)</p> <p>Business partners develop workforce plans with service managers, including approach to succession planning and establishment of local targets to improve BME representation in more senior roles. (March 2014)</p> <p>Support 50 Apprentices in vocational training by identifying apprenticeship placements across directorates. (March 2014)</p> <p>Implement the Tower Hamlets in-house temporary resourcing service by setting up a database of available staff. (April 2013)</p> <p>Work with local SMEs to increase the external supply of agency staff sourced from the community. (October 2013)</p> <p>Produce monitoring information on all temporary staffing including by equality strands, residency and proportion of business procured through local SMEs. (March 2014)</p>
Increase the number of temporary workers resourced from the local community	Cllr Alibor Choudhury Simon Kilbey (Resources)	

Strategic Priority 5.1: Reduce inequalities		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Coordinate and support the delivery of the Tower Hamlets Fairness Commission report and recommendations	Mayor Lutfur Rahman Louise Russell (Chief Executive's)	Commission evidence gathering completed. (June 2013) Final report and recommendations produced. (December 2013)
Launch a mechanism for engaging local disabled people in design, delivery and scrutiny of local services	Cllr Ohid Ahmed Louise Russell (Chief Executive's)	Response to report presented to Cabinet. (March 2014)  Review current arrangements for engaging disabled people in service design and delivery. (July 2013)

Strategic Priority 5.2: Work efficiently and effectively as One Council		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Work with managers to improve and reduce staff sickness absence	Cllr Alibor Choudhury Simon Kilbey (Resources)	Reduce staff sickness by ensuring that Directorate Absence Management Panels (DAMPs) meet monthly to effectively review absence data. (March 2014) Ensure managers review staff sickness absence statistics in conjunction with HR business partners and begin taking formal action under the policy. (March 2014) CAMP to identify actions to support managers in areas of high sickness absence to ensure best practice is shared. (March 2014) Initiate scoping work in the areas of procurement and transformation to support greater efficiency. (April 2013) Develop a pipeline of ICT improvement projects that reduce costs. (March 2014) Recruit 36 new apprentices and complete 36 new job starts within the year, with training provided at the Agilisys Institute within the borough. (March 2014) Assess the technical changes to council tax, as well as their impact on taxpayers affected and collection rates. (June and December 2013) Report the effect of the implementation of council tax support scheme on claims and collection rates. (June 2013 and December 2013) Assess the impact of Business Rates retention schemes compared to predictions on growth, appeals and income. (June 2013 and December 2013)
Develop the strategic ICT partnership	Cllr Alibor Choudhury Claire Symonds (Resources)	
Improve revenue collection	Cllr Alibor Choudhury Claire Symonds (Resources)	



Strategic Priority 5.2: Work efficiently and effectively as One Council

Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
Improve customer satisfaction and value for money	Cllr Alibor Choudhury Claire Symonds (Resources)	Appraise telephony self-service options with strategic partner. (April 2013) Implement the telephony self-service system. (June 2013) Relocate Cheviot House One Stop Shop to Watney Market. (March 2014)
Develop Progressive Partnerships to further the Mayor's social objectives	Cllr Alibor Choudhury Claire Symonds (Resources)	Promote ethical sourcing and sustainability including fair-trade products. (September 2013) Implement community benefit clauses in council contracts. (December 2013) Build a dynamic local supply chain to stimulate the local economy. (March 2014) Introduce smarter sourcing practices to deliver savings and increase compliance. (March 2014) Carry out self-assessment of all procurement categories and identify areas where partnerships with third parties could be strengthened to deliver improved equality outcomes for local people. (September 2013)
Tackle misuse of public assets	Cllr Alibor Choudhury Alan Finch (Resources)	Complete restructure of the anti-fraud service. (August 2013) Recover £50k from anti-fraud work. (March 2014) Recover 35 sub-let properties. (March 2014) Secure 50 benefit prosecutions. (March 2014)
Make better use of our buildings	Cllr Alibor Choudhury	Update the Asset Strategy to align with Mayoral Priorities.

Strategic Priority 5.2: Work efficiently and effectively as One Council		
Strategic Action	Lead Member Lead Officer Directorate	Milestones and Deadlines
	Ann Sutcliffe (D&R)	(October 2013)
		Develop a programme of disposals to achieve capital receipts. (December 2013)
		Implement the Corporate Landlord Model. (December 2013)
		Start on site at Watts Grove to deliver 149 socially rented housing units. (February 2014)

# Single Equality Framework: equality priorities

The Single Equality Framework is the council's corporate strategy for understanding diversity, tackling inequality and promoting cohesion. In 2013/14 we have integrated the equality objectives of the Framework into the Strategic Plan, ensuring that a focus on tackling inequality informs the strategic direction of the council and enabling us to better meet the financial, policy and social challenges that we face today. It also enables us to demonstrate how we are meeting the requirements of the Public Sector Equality Duty to prepare and publish objectives which demonstrate how the organisation will meet the aims of the Duty: to eliminate discrimination, advance equality of opportunity, and foster good relations between different people.

In many ways our cross-cutting principle of One Tower Hamlets prefigured the aspiration of the Duty. Since residents first articulated their desire for the principle in 2008 the council and partners have worked to create a cycle of action underpinning all that we do by tackling inequality, strengthening cohesion and building community leadership and personal responsibility. It is therefore both the principle and how it is brought to life in the Strategic Plan which demonstrates how we embrace and meet the Duty.

Set out below are our equality priorities for 2013/14.

## **A Great Place to Live**

- Provide good quality affordable housing
- Maintain and improve the quality of housing
- Provide effective local services and facilities
- Develop strong communities

This includes the following strategic actions:

- Increase availability of affordable family sized housing
- Mitigate homelessness and improve housing options
- Reduce the number of council homes that fall below a decent standard
- Implement Tower Hamlets Energy Community Power (Energy Cooperative)
- Provide support for the improvement of faith buildings in the borough
- Progress the Multi Faith Burial Ground proposals
- Design and implement the People's History Plaque Scheme

- Develop a citizen centred local governance structure
- Develop a framework for engagement of borough-wide equality forums in the Partnership

### **A Prosperous Community**

- Improve educational aspiration and attainment
- Support more people into work
- Manage the impact of welfare reform on local residents

This includes the following strategic actions:

- Expand free early education places of high quality for disadvantaged two year olds
- Raise attainment and narrow the gap between the lowest 20% and the median of all children at the end of the Early Years Foundation Stage (EYFS)
- Bring A Level results above the national average
- Continue to deliver the Mayor's Educational Allowance
- Deliver the Mayor's University Grant
- Maintain investment in Youth Services
- Provide effective support for parents and governors
- Work with mainstream providers to maximise employment
- Support residents into jobs through employment and skills programmes
- Increase the number of apprenticeships available to local residents
- Support English for Speakers of Other Languages (ESOL)
- Implement the Welfare Reform Temporary Accommodation Support Fund
- Develop a Partnership wide programme of information and awareness raising around welfare reform
- Optimise use of existing funding and maximise prospects for future funding

### **A Safe and Cohesive Community**

- Focus on crime and anti-social behaviour
- Reduce fear of crime
- Foster greater community cohesion

This includes the following strategic actions:

- Develop a partnership 'Violence Against Women & Girls' (VAWG) approach
- Support the delivery of a wide range of community events
- Embed the learning from the 2012-13 Mayor's One Tower Hamlets fund into the 2013-14 scheme

### **A Healthy and Supportive Community**

- Reduce health inequalities and promote healthy lifestyles
- Enable people to live independently
- Keep vulnerable children, adults and families safer, minimising harm and neglect

This includes the following strategic actions:

- Deliver free school meals for all reception and year 1 pupils
- Support young people to live healthy lives
- Implement our Substance Misuse Strategy
- Improve support to Carers
- Improve the customer journey by embedding the principles of choice and control
- Provide proportionate support to vulnerable children and families
- Introduce improvements to the adoption system

### **One Tower Hamlets**

- Reduce inequalities

This includes the following strategic actions:

- Employ a workforce that fully reflects the community it serves
- Increase the number of temporary workers resourced from the local community
- Coordinate and support the delivery of the Tower Hamlets Fairness Commission report and recommendations
- Launch a mechanism for engaging local disabled people in design, delivery and scrutiny of local services

To ensure that we are able to track performance against our equality objectives for 2013/14 we have identified a set of equality performance measures. These include existing performance measures that relate to equality (e.g.: representation of women in the senior workforce) as well as outcome measures which will be disaggregated by specific equality strands where we would like to narrow the gap in terms of outcomes for specific groups. These are denoted in the plan with an \*.

This page is intentionally left blank

## Strategic Plan, 2013-14: Equality Analysis

### Background

---

The Strategic Plan 2013-14 incorporates the Council's Single Equality Framework equality objectives ensuring that a focus on tackling inequality informs the strategic direction of the council and enables us to better meet the financial, policy and social challenges that we face today. These objectives have been developed through an assessment of the areas of persistent and enduring inequality experienced by people living and working in the borough as well as emerging issues which threaten to increase inequality for some sections of our community and threaten community relations.

This approach enables us to demonstrate how we are meeting the requirements of the Public Sector Equality Duty to prepare and publish objectives which demonstrate how the organisation will meet the aims of the Duty: to eliminate discrimination, advance equality of opportunity, and foster good relations between different people

### Methodology

---

Officers developing Strategic Plan priorities and activities drew on the analysis of priority areas of inequality (see Appendix A). This analysis was developed alongside the Council's six Equality Schemes ([http://www.towerhamlets.gov.uk/lgs/851-900/861\\_diversity\\_and\\_equalities.aspx](http://www.towerhamlets.gov.uk/lgs/851-900/861_diversity_and_equalities.aspx)) and identifies areas of persistent inequality in the borough<sup>1</sup>. In addressing these priorities we have worked with stakeholders across the borough to investigate the determinants of unequal outcomes beyond individual protected characteristics and understand the relationship between them and other circumstances that drive poor outcomes including socio-economic disadvantage. Through this process we have ensured that a significant proportion of the priority areas of inequality are directly addressed through the Strategic Plan 2013-14. Those not directly addressed in the Strategic Plan are being taken forward at an individual Directorate or Service level.

We recognise that the nature of inequality changes over time and new issues emerge. In 2012-13 a range of data from the 2011 Census has been made available which brings our understanding of inequality in a number of areas up to date. During the development of the Strategic Plan we therefore worked with officers in Directorates to identify Strategic Plan priorities where they have evidence of unequal outcomes between different groups and drew on these new data sets<sup>2</sup>. Where this was the case, officers were asked to demonstrate either through additional milestones or equality performance monitoring arrangements how they will ensure that delivery plans address these inequalities as well as improving overall outcomes.

---

<sup>1</sup> The Council's six Equality Schemes are currently being refreshed and a single Equality Analysis for the borough will be produced in 2013. The evidence gathered as part of this refresh, including consultation with a wide variety of local stakeholders, has informed the equality analysis of Strategic Plan and feedback to Directorates.

<sup>2</sup> As data from the Census is released it is being analysed and presented in a series of briefings designed to assist service planning and identify inequality of outcomes for specific groups in the borough: [http://www.towerhamlets.gov.uk/lgs/351-400/367\\_census\\_information/2011\\_census.aspx](http://www.towerhamlets.gov.uk/lgs/351-400/367_census_information/2011_census.aspx)

To ensure that we are able to track performance against our equality objectives for 2013/14 we have identified a set of equality performance measures. These include existing performance measures that relate to equality (eg: the child poverty rate) as well as outcome measures which will be disaggregated by specific equality strands where we would like to narrow the gap in terms of outcomes for specific groups (eg: the local employment rate where we will monitor outcomes for men and women, people from different ethnic backgrounds and for people with disabilities).





**Appendix A:** Priority areas of inequality identified in the Council's Equality Schemes

Priority area	Age	Disability	Gender	Race	Religion/Belief	Sexual Orientation
<b>A Prosperous Community:</b> Worklessness	Reduce number of 16-24 year olds not in education, employment or training	Increase number of disabled people in employment	Reduce rate of economic inactivity among working age women	Reduce levels of unemployment and worklessness amongst Bangladeshi and Somali residents	Reduce rate of economic inactivity among Muslim women	
<b>A Prosperous Community:</b> Educational			Improve under performance of boys relative to girls at GCSE	Narrow the achievement gaps between different ethnic groups and the national average		Tackle homophobia in schools
<b>A Great Place to Live:</b> Housing		Increase access to independent living opportunities for disabled people		Address shortage of suitable social housing which has a disproportionate impact on BME families	Address shortage of suitable social housing which has a disproportionate effect on Muslim families	
<b>One Tower Hamlets:</b> Community cohesion	Strengthen inter-generational cohesion	Give disabled people a voice in decision making		Increase the number of people of different backgrounds who feel that ethnic differences are respected	Increase the extent to which people of different faiths say they get on well together	Reduce homophobia and promote understanding and respect for LGB people

<b>A Healthy Community: Health</b>	Reduce childhood obesity		Improve life expectancy for men through effective health promotion services	Promote healthy lifestyles in an effective way to BME communities		Improve access to primary care health services for LGB people
------------------------------------	--------------------------	--	---	---	--	---

This page is intentionally left blank

# Agenda Item 12.1

<b>Committee:</b> Cabinet	<b>Date:</b> 8 <sup>th</sup> May 2013	<b>Classification:</b> Unrestricted	<b>Report No:</b> 12.1	<b>Agenda Item:</b> CAB 112/123
<b>Report of:</b> Corporate Director Resources  <b>Originating officer(s)</b> Oladapo Shonola Chief Financial Strategy Officer; Lisa Stone Finance Officer		<b>Title:</b> Exercise of Corporate Directors' Discretions  <b>Wards Affected: All</b>		

## 1. **SUMMARY**

- 1.1. This report sets out the exercise of Corporate Directors' discretions under Financial Regulation B8 which stipulates that such actions be the subject of a noting report to Cabinet if they involve expenditure between £0.100 million and £0.250 million.

## 2. **DECISIONS REQUIRED**

The Mayor in Cabinet is recommended to:-

- 2.1 Note the exercise of Corporate Directors' discretions as set out in Appendix 1.

## 3. **REASONS FOR DECISIONS**

- 3.1 Financial Regulations requires that regular reports be submitted to Council/Committee setting out financial decisions taken under Financial Regulation B8.
- 3.2 The regular reporting of Corporate Director's Discretions should assist in ensuring that Members are able to scrutinise officer decisions.

## 4. **ALTERNATIVE OPTIONS**

- 4.1 The Council is bound by its Financial Regulations (which have been approved by Council) to report to Council/Committee setting out financial decisions taken under Financial Regulation B8.

4.2 If the Council were to deviate from those requirements, there would need to be a good reason for doing so. It is not considered that there is any such reason, having regard to the need to ensure that Members are kept informed about decisions made under the delegated authority threshold and to ensure that these activities are in accordance with Financial Regulations.

## **5. BACKGROUND**

5.1 Regulation B8 sets out the Cabinet Reporting Thresholds for specific financial transactions.

## **6. FINANCIAL REGULATION B8**

6.1 Financial Regulation B8 sets out the reporting thresholds for the following financial transactions: -

Virements

Capital Estimates

Waiving Competition Requirements for Contracts and Orders (Subject to EU threshold)

Capital Overspends

Settlement Of Uninsured Claims

6.2 Under Financial Regulation B8, if the transaction involves a sum between £0.100 million and £0.250 million it can be authorised by the Corporate Director under the scheme of delegation but must also be the subject of a noting report to the next available Cabinet.

6.3 Appendix 1 sets out the exercises of Corporate Directors' discretions, under the stipulations in 4.2 above, that have taken place since the previous Cabinet

## **7. COMMENTS OF THE CHIEF FINANCIAL OFFICER**

7.1 The comments of the Chief Financial Officer have been incorporated into the report and Appendix.

**8. CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE (LEGAL SERVICES)**

- 8.1. The report sets out the individual exercises of Directors' Discretions as required by Financial Regulations.
- 8.2 The legal implications of each of the individual decisions would have been provided as part of the decision making process. These will be recorded on the "Record of Corporate Directors' Actions" maintained by Directorates
- 8.3 The procedure for recording and reporting Corporate Director's Actions has recently been revised and strengthened. All proposed actions where the value exceeds £100,000 are now required to be agreed with the Mayor prior to officer's sign off and approval. The revised procedure came into effect in December 2011.

**9. ONE TOWER HAMLETS CONSIDERATIONS**

- 9.1 This report is concerned with the notification of officers' discretions under Standing Orders and has no direct One Tower Hamlets implications. To the extent that there are One Tower Hamlets Considerations arising from the individual actions, these would have been addressed in the records of each action.

**10. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 10.1 There are no Sustainable Action for A Greener Environment implications arising from this report.

**11. RISK MANAGEMENT IMPLICATIONS**

- 11.1 The risks associated with each of the Corporate Directors' discretions as set out in Appendix 1 would have been identified and evaluated as an integral part of the process, which lead to the decision.

**12. CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 12.1 There are no Crime and Disorder Reduction Implications arising from this report.

**13. EFFICIENCY STATEMENT**

- 13.1 The works referred to in the report will be procured in line with established practices, taking account of best value.

## 14. **APPENDICES**

Appendix 1 – Exercise of Corporate Directors’ Discretions under Financial Regulation B8

---

### **Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2000**

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

Brief description of “background papers”	Name and telephone number of holder and address where open to inspection.
Record of Corporate Directors actions	Stephen Adams, Finance and Resources Manager, Communities, Localities and Culture Ext 5212 Paul Leeson, Finance Manager, Development & Renewal Ext 4995



**Appendix 1: Exercise of Corporate Directors Discretions under Financial Regulation B8**

Corporate Director	Amount	Description of Exercise of Discretion	Justification for Action	Contractor's Name and Address (including postcode)	Contact
CLC (Ref: 12 43)	£122,000	<b>Adoption of capital estimate</b> for Transport improvement in the vicinity of the Former Bishop Challoner. This approval is in excess of the noting report threshold of £100k	Allocation of Section 106 resources in accordance with the Planning agreement	J B Riney Ltd 455 Wick Lane London E3 2TB	Elise Boon, Transportation & Highways (x6832)
CLC (Ref: 12 43)	£120,982	<b>Adoption of capital estimate</b> for Marsh Wall junction works with Westferry Road. This approval is in excess of the noting report threshold of £100k	Allocation of Section 106 resources in accordance with the Planning agreement	J B Riney Ltd 455 Wick Lane London E3 2TB	Elise Boon, Transportation & Highways (x6832)
D & R (Ref: 125/2013)	£160,662	<b>Adoption of a Capital Estimate</b> to enable Section 106 resources to be passported to Transport for London to undertake improvements to the East India	Allocation of Section 106 resources in accordance with the Planning agreement	Docklands Light Railway Limited, PO Box 154, Castor Lane, London, E14 0D	Philip Waters, Major Project Development (x1666)

				Docklands Light Railway station		
--	--	--	--	------------------------------------	--	--