

TOWER HAMLETS HEALTH AND WELLBEING BOARD



Tuesday, 21 February 2017 at 5.30 p.m. MP702, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London E14 2BG.

This meeting is open to the public to attend.

Members:		Representing
Chair:	Councillor Amy Whitelock Gibbs	Cabinet Member for Health & Adult Services
Vice-Chair:	Dr Sam Everington	Chair, Tower Hamlets Clinical Commissioning Group
	Councillor Rachael Saunders	Cabinet Member for Education & Children's Services
	Councillor David Edgar	Cabinet Member for Resources
	Councillor Sirajul Islam	Statutory Deputy Mayor and Cabinet Member for Housing Management & Performance
	Councillor Danny Hassell	Non - Executive Group Councillor
	Dr Somen Banerjee	Director of Public Health, LBTH
	Dr Amjad Rahi	Healthwatch Tower Hamlets Representative
	Debbie Jones	Corporate Director, Children's Services
	Denise Radley	Director Health, Adults and Community Services
	Jane Ball	Tower Hamlets Housing Forum
	Aman Dalvi	Corporate Director, Development & Renewal
	Councillor Gulam Robbani	Independent Group - Largest Minority Group on the Council
	Simon Hall	Acting Chief Officer ,NHS Tower Hamlets Clinical Commissioning Group
Co-opted Members		
	Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
	DengYan San	Young Mayor
	Dr Navina Evans	Chief Executive East London NHS Foundation Trust
	Jackie Sullivan	Managing Director of Hospitals, Bart's Health Trust
	Sue Williams	Borough Commander - Chief Superintendent
	John Gillespie	Tower Hamlets Community Voluntary Sector, Health and Wellbeing Representative
<p>The quorum of the Board is a quarter of the membership including at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group.</p>		

Questions

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

Contact for further enquiries:

Democratic Services

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

Tel: 02073640842

E:mail: Farhana.Zia@towerhamlets.gov.uk

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

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Role of the Tower Hamlets Health and Wellbeing Board.

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

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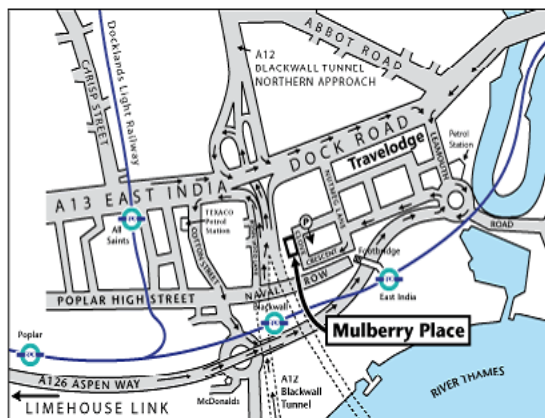
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1. STANDING ITEMS OF BUSINESS

1 .1 Welcome, Introductions and Apologies for Absence

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

1 .2 Minutes of the Previous Meeting and Matters Arising 1 - 8

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

1 .3 Declarations of Disclosable Pecuniary Interests 9 - 12

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

ITEMS FOR CONSIDERATION

**2. HEALTH & WELBEING STRATEGY 2017-20 - 13 - 44
CONSULTATION FINDINGS**

3. LOCAL ACCOUNT 45 - 76

4. AUTISM STRATEGY 77 - 106

5. ENGAGEMENT PAPER ON EMERGING STRATEGY

5 .1 Open Space Strategy 2017-27 107 - 114

5 .2 Indoor Sports Facilities Strategy 2017-27 115 - 122

6. BETTER CARE FUND 2017-18 (TO FOLLOW)

**7. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH 123 - 224
TRANSFORMATION PLAN**

8. ANY OTHER BUSINESS

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

9. DATE OF NEXT MEETING

Date of Next Meeting:

Tuesday, 18 April 2017 at 5.30 p.m. in Mulberry Place, 5 Clove Crescent, London E14 2BG

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 6.35 P.M. ON TUESDAY, 13 DECEMBER 2016

WHITECHAPEL IDEA STORE, 321 WHITECHAPEL ROAD, LONDON E1 1BU

Members Present:

Councillor Rachael Saunders (Member)

Councillor David Edgar (Member)

Councillor Danny Hassell (Member)

Dr Somen Banerjee (Member)

Dr Sam Everington (Vice-Chair, in the Chair)

Denise Radley (Member)

Jane Milligan (Member)

Deputy Mayor and Cabinet Member for
Education & Children's Services

Cabinet Member for Resources

Non-Executive Group Councillor

Director of Public Health

Chair, Tower Hamlets Clinical

Commissioning Group

Director Health, Adults and Community
Services

Chief Officer, Tower Hamlets Clinical
Commissioning Group

Co-opted Members Present:

Jackie Sullivan

John Gillespie

Barts Health NHS

Tower Hamlets Community Voluntary
Sector, Health and Wellbeing
Representative

Other Councillors Present:

Apologies:

Debbie Jones

Dr Ian Basnett

Dr Navina Evans

Sue Williams

Councillor Gulam Robbani

Simon Hall

Corporate Director, Children's Services

Public Health Director, Barts Health NHS
Trust

Chief Executive East London NHS
Foundation Trust

Borough Commander - Chief
Superintendent

Largest Minority Group on the Council

Acting Chief Officer, NHS Tower Hamlets
Clinical Commissioning Group

Others Present:

Dianne Barham

David Burbidge

Sue Hogarth

Director of Healthwatch Tower Hamlets

Healthwatch Tower Hamlets

Representative

Tower Hamlets Together

Hafsha Ali

Tower Hamlets Together, Head of
Transformation Programme

Members of the Public:

Richard Amm
Tim Oliver
Karen Bollan
Iain Macleod
Charlie Ladyman
Randal Smith
Nicholas Hicks

Ability Bow Gym
Tower Hamlets Healthwatch
Tower Hamlets Healthwatch
Tower Hamlets Healthwatch
Tower Hamlets Healthwatch
Tower Hamlets Healthwatch
COBIC

Officers in Attendance:

Chris Lovitt
Tim Madelin

Associate Director of Public Health
Senior Public Health Strategist, Adults'
Services
Strategy Policy & Performance Officer
Service Head Children's Social Care,
Children's Services – *representing*
Debbie Jones
Committee Services Officer

Jamal Uddin
Nasima Patel

Farhana Zia

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

The Vice-Chair, Dr Sam Everington welcomed everyone to the Health and Wellbeing Board. He conveyed the Board's congratulations to the Chair, Cllr Whitelock-Gibbs for the birth of her baby boy and wished Cllr Whitelock-Gibbs and her family well.

Dr Sam Everington asked everyone to introduce themselves and moved to the business of the meeting.

1.2 Minutes of the Previous Meeting and Matters Arising

The minutes from the Board meeting of 18th October 2016 were agreed and approved as an accurate record of the meeting subject to the following clarifications.

Page 3 – second bullet point. The Community Safety Partnership is seeking CCG representation.

Page 5 – concerning whistle-blowers, Denise Radley clarified she should be informed of any specific case details.

Page 10 – the delegation of Better Care Fund Returns sign off will be to Denise Radley, Corporate Director for Adult's and Simon Hall, Acting Chief Officer of Tower Hamlets, Clinical Commissioning Group.

1.3 Declarations of Disclosable Pecuniary Interests

Dr Sam Everington declared he was a local GP in Tower Hamlets.

2. HEALTH & WELLBEING STRATEGY 2017- 2020 - CONSULTATION FINDINGS

Dr Somen Banerjee, Director of Public Health stated the consultation on the Health and Wellbeing Strategy commenced on the 11th November and was on-going until the 21st December.

The consultation was progressing well with the Board conducting an online survey, engagement through stakeholders and a coordinated event by Healthwatch, which took place on the 26th November at the IDEA store in Whitechapel. He set out an overview of interim findings from the survey which indicated that most respondents so far considered the priorities set out as important or very important.

Dianne Barham, Director of Healthwatch provided the Board with feedback on the event held on the 26th November. She stated the event was well attended and the draft report presented at the meeting outlined the main findings. Key messages were listed on page 3 of the document. She highlighted that the cross-cutting issues running across all five priority areas were environmental factors, such as the ability to spend time outside in green spaces, exercising, socialising or relaxing and being able to breathe clean air.

Across generations, parks were seen as a place to come together as it was a neutral space. There was a strong identification with walking as a preferred method of exercising however intrinsically linked was clean air and the level of congestion on roads.

Furthermore, adults and children know what makes a good diet and health, but needed enablers to help apply this to everyday. Providing good links to social networks and volunteering opportunities in their neighbourhood is also key. Keeping active through social and community involvement is important as are raising career aspirations of young people.

Dr Somen Banerjee added the qualitative information from the survey that also showed people wanted the strategy to be as inclusive as possible and to incorporate the needs and involvement of groups including the frail, elderly and disabled.

Board Members made the following comments:

- The event held on the 26th November was well organised and attended. Board Members thanked everyone who was involved in organising the event.
- A final push should be made to encourage participation in the online survey.
- The strategy should support community engagement and those who lead and provide the spark for an idea. Support should be provided to the informal volunteers / group leaders.
- The Health and Wellbeing Board Strategy needs to be linked with the Community Engagement Strategy because involvement can be in many forms and can mean different things to people: For example, from shaping a strategy, providing feedback, influencing local communities, community and neighbourhood and self-care.
- The Board members agreed engagement needed to be a multi-layered approach and more work could be done with leaders on Estates.

Action:

To promote the online survey with a final push on residents completing the survey and feedback on the numbers who have participated - **Somen Banerjee**.

**3. DELIVERING THE HEALTH & WELLBEING STRATEGY 2017 - 2020
DISCUSSION PAPER**

Dr Somen Banerjee introduced the report stating that the purpose of the paper was to look ahead as to how the Board will oversee the delivery of the new Health and Wellbeing Strategy.

He set out proposals on

- A high level dashboard for overseeing the priority actions;
- The role of Board Champions;
- How priorities will come to the Board for discussion and action.

Dr Somen Banerjee explained the Board wanted to focus on a small number of high priority issues and wanted to think ahead as to how the Board will take forward the change as outlined in the Strategy document. He asked Members if the roles described for Board Champions sounded right and if the proposed reviewing of priorities at Board meetings – each priority reviewed three times a year was the correct way forward.

Board Members **AGREED** to the proposals made in the report plus made the following comments and suggestions:

- The Dashboard should include schools to enable them to see how they are performing.
- The role of Board Champions should be made clearer - they are the connecting strand for their priority but also the overall strategy.
- How will the success of the priorities be measured? Will champions be supported by officers?

Action:

The Board Champions should meet in the New Year, in order to discuss how they are going to take forward their priority.

Cllr Saunders agreed to be a Board Champion for 'Communities driving change; as well as the 'Children's weight and nutrition priority.

Jackie Sullivan agreed to be the Board Champion for 'Employment and Health' priority. She said the Maternity Partnership Board had looked at local employment and this priority tied in with the work the Partnership Board was doing.

Cllr Hassell agreed to be the Board Champion for 'Creating a Healthier Place' priority.

The members of the Board **NOTED** the report.

4. NHS TOWER HAMLETS CLINICAL COMMISSIONING GROUP (CCG) UPDATE

Jane Milligan, Chief Officer for Tower Hamlets Clinical Commissioning Group gave a verbal update on key issues including the sustainability and Transformation (NEL STP) plan and the CCG's commissioning plans for 17-18.

She said the CCG had developed commissioning intentions and plans and was aiming to complete these by the 23rd December. She said the timeframe to implement the commissioning plans needed to be quicker because of the pace of change in the NHS.

The CCG had delivered its Community Health Strategy and was working with Providers to manage the pressures on Acute services.

Jane said the NEL STP consultation was receiving positive feedback and the next stage was to tease out the main issues and ensure the CCG's and providers on the patch were clear on what was needed on a regional and local basis.

Board Members raised the following questions:

- What are the pressures on Acute services?
- Has there been an increase in admissions as well as the number of patients seen in A&E?
- What impact will the Ambulatory Care policy have on care?
- Is there statistical information relating to trolley waits?

Jackie Sullivan, Managing Director for Hospitals, Bart's Health Trust responded:

There has been a spike in the number of patients A&E departments are seeing. For example the Royal London usually sees about 450 patients per day but over the last three weeks this has been in excess of 550 patients. Patients are usually presenting at A&E in the twilight hours and at night. Statistical information is showing it's a younger population 18-24 year olds and young families. Therefore Barts Health intends to work with colleges and schools to deliver key messages as to when A&E should be used.

Jackie stated the spike had led to an increase in admission and there was a lot of pressure on hospitals. However discharge teams were working with partners/stakeholders to ensure patients were not in hospital longer than necessary.

The Ambulatory care policy will impact on the numbers of patients presenting at A&E. The results suggest single figures and need to increase the use of this and other patient pathways. It's better to deal with patients closer to home than at A&E.

The Trust had not experienced trolley waits over 12 hour however there have been occasions when the Royal London has been very close to this target.

Chis Lovitt, Associate Director of Public Health informed the Board the Health Overview and Scrutiny Sub-Committee was conducting a review looking at the night-time economy and wondered if the festive season, alcohol and violent disorder was impacting on the patient numbers at A&E. Jackie Sullivan agreed to share data looking at the causes for the spike in A&E admissions.

The Vice-Chair, Dr Sam Everington thanked Jane Milligan and Jackie Sullivan for providing the Board with an update on the current issues facing the CCG and Bart's Health Trust.

5. TOWER HAMLETS TOGETHER - VANGUARD PROGRAMME UPDATE

Hafsha Ali Head of Tower Hamlets Together Transformation Programme made a presentation outlining the purpose of the vanguard programme, what had been its achievements and how it intended to move forward.

Tower Hamlets Together is a partnership of local health and social care organisations with an ambition to improve the health and wellbeing of people living in Tower Hamlets. This means health and social care organisations working more closely together and providing services in a more coordinated way to reduce duplication and improve the overall experience and outcomes for the patients who need them.

Hafsha explained the overall priorities of the programme were to improve

- Services provided for children and Young People
- Services for adults particularly those with long-term health conditions or who are vulnerable to illness; and
- Prevention and support people to lead a healthy lifestyle

Board Members made the following comments:

- It would be useful for the Board Champions for the new Strategy to work with the Tower Hamlets Together Board, in order to ensure the priorities identified are streamlined and delivered through an integrated health and social care network.
- Board Members agreed this was particularly necessary with regards to the first priority 'Communities driving change'

The Vice-Chair, Dr Sam Everington thanked Hafsha for her presentation and the Board **NOTED** her report.

6. BETTER CARE FUND QUARTER 2 MONITORING RETURN 2016 - 17

Denise Radley, Corporate Director for Adults informed Board Members that the purpose of the report was to update members with a summary of the Quarter 2 monitoring return that had been submitted to NHS England for the Tower Hamlets Better Care Fund programme.

Board Members asked the following questions:

- Do we know what the future funding allocations are for Tower Hamlets under the BCF programme?

Denise responded stating the future allocation were known for the core BCF however there was a further flow of money, for which government guidance was awaited, which would be for the local authority and not the CCG.

The Board **NOTED** the progress made in the Quarter 2 monitoring report.

7. TOWER HAMLETS DRAFT LOCAL PLAN 2031

Tim Madelin, Senior Public Health Strategist updated Members of the Board about the Local Plan.

The Local Plan is the Borough's most important planning document. It sets out the vision, strategic priorities, and planning policy framework that guide all development in the borough. Its purpose is to help inform decisions on planning applications and to meet the Council's national and regional planning policy duties.

Tim informed Members the Local Plan was being consulted on and the deadline for submissions was the 2nd January 2017. He asked if the Board wanted to submit a formal response and stated the Public Health team had been involved in the drafting of the Local Plan. He said the Public Health team had requested hot food takeaways to be away from local schools and children's play spaces. They had also commented on the concentration of betting shops and had advised any future developments considered health lifestyle factors such as active walking, cycling and air quality.

Board Members asked the following questions:

- With regards to site allocation for new schools, has consideration been given to build these away from busy roads and air quality?

In response Tim said the footprint for a secondary school is large and whilst the priority would be to place schools away from busy roads, it might not always be possible.

Dr Somen Banerjee commented the Local Plan would make a real difference and Cllr Rachael Saunders asked that the 'Creating a Healthier Place' priority of the Health and Wellbeing was formally linked to the Local Plan.

8. ANY OTHER BUSINESS

Dr Sam Everington thanked everyone for their attendance and also conveyed the Health and Wellbeing Board's condolences to Robert Dolan's family, who had recently passed away.

9. DATE OF NEXT MEETING

Members of the Health and Wellbeing Board were asked to note the next meeting of the Board was on the 21st February 2017.

The meeting ended at 7.53 p.m.

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

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:-


Graham White, Acting Corporate Director, Governance and Interim Monitoring Officer,
Telephone Number: 020 7364 4800

APPENDIX A: Definition of a Disclosable Pecuniary Interest

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

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

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Health and Wellbeing Board Tuesday 21 February 2017	 Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
Consultation on Health and Wellbeing Strategy 2017- 2020 - summary of findings and implications	

Lead Officer	Denise Radley, Corporate Director of Adults Services
Contact Officers	Somen Banerjee, Director of Public Health
Executive Key Decision?	No

Summary

The consultation on the Health and Wellbeing Strategy was conducted between 11th November and 23rd December. This involved an:

- Online survey,
- An engagement event at the Ideas Store led by Health Watch
- Presentation at a range of stakeholder meetings.

This report summarises the findings and implications and sets out the proposed approach to delivery. It notes the strong support for the priorities and proposed outcomes as well as the value of the qualitative feedback in providing rich insights from residents and local organisation to shape the action plans.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note the findings of the consultation and the approach to delivering the strategy
2. Formally approve the Strategy

1. REASONS FOR THE DECISIONS

- 1.1 The purpose of the decision is to formally approve the Tower Hamlets Health and Wellbeing Strategy that has been developed by the Tower Hamlets Health and Wellbeing Board following a period of consultation between the 11th November and 23rd December

2. ALTERNATIVE OPTIONS

- 2.1 To proceed with the strategy without formal approval

3. DETAILS OF REPORT

- 3.1 Please see attached report setting out findings of consultation, approach to delivery of strategy and final strategy report

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 This report does not have any additional financial implications. The cost of implementing the Health and Wellbeing Strategy will be met from a combination of the Public Health Grant (£35.974m 2017/18) General Fund resources (£88.074m 2017/18) and resources from partner organisations such as the CCG.

5. LEGAL COMMENTS

- 5.1 The Health and Social Care Act 2012 (“the 2012 Act”) makes it a requirement for the Council to establish a Health and Wellbeing Board (“HWB”). Section 195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.
- 5.2 This duty is reflected in the Council’s constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety, and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.
- 5.3 Section 116A of the Local Government and Public Involvement in Health Act 2007 places a duty on the HWB to prepare and refresh a joint strategic health and wellbeing strategy in respect of the needs identified in the Joint Strategic Needs Assessment, so that future commissioning/policy decisions are based on evidence. The duty to prepare this plan falls on local authorities and the Clinical Commissioning Group, but must be discharged by the HWB.
- 5.4 In preparing this strategy, the HWB must have regard to whether these needs could better be met under section 75 of the National Health Service Act 2006. Section 75 enables health and local authority partners to work together,

through the use of formal arrangements by acting as a host for managing another's delegated functions on a day to day basis.

- 5.5 The Board must also have regard to the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies published on 26 March 2013, and can only depart from this with good reason.
- 5.6 Prior to approving the strategy, the Board must consider that the adequate time was given for consideration and response. Further, the Board must conscientiously take into account the product of the consultation.
- 5.7 When considering the recommendation above, and when finalising the strategy, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 The strategy is fundamentally about addressing health inequalities and ensuring that the health needs of those in greatest need are addressed. Ensuring that action is concerted and impactful will be essential and this is the issue addressed in the paper.

7. BEST VALUE (BV) IMPLICATIONS

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

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 Healthy Place is one of the five priorities of the strategy and there is a strong link between sustainability and health benefits.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 Consultation has been essential to mitigate the risk that that strategy priorities and actions are in line with public perspectives and expectations. It is also essential for ongoing engagement and involvement on delivery

The main risk of the strategy is creating expectation and not delivering. This paper seeks to mitigate this risk by agree a way forward to oversee delivery and establish ownership by the Board of its priorities

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 Although the implications are not direct, the strategy makes the link between feeling safe and mental and physical health.
-

Linked Reports, Appendices and Background Documents

Linked Report

- Consultation on Health and Wellbeing Strategy 2017-2020 - summary of findings and implications

Appendices

- Tower Hamlets Together - Tower Hamlets Health and Wellbeing Strategy 2017-20

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

- NONE

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Consultation on Health and Wellbeing Strategy 2017-2020 - summary of findings and implications

1. Background and purpose of report

The consultation on the Health and Wellbeing Strategy was conducted between 11th November and 23rd December. This involved an online survey, an engagement event at the Ideas Store coordinated by Health Watch and presentation at a range of stakeholder meetings. This report summarises the findings and implications.

2. Survey findings

The survey addressed each of the priority areas in the strategy:

1. Help communities lead change to improve health and wellbeing
2. Change the physical environment to make Tower Hamlets a healthier place
3. Improve the health of people who are unemployed and promote health at work
4. Help children have a healthy weight, eat healthily and do regular physical activity
5. Make sure services are joined up so they are easy to understand and access

For each priority it asked the following questions (rationale for priority and proposed outcomes were set out in text)

1. How important is this priority to you?
2. Do you agree these are the right outcomes to focus on?
3. What do you think we can do to deliver these outcomes?

Overall there were 112 responses to the survey - the detailed survey response is available on request. Overall, the majority of responses were from the public but there were also responses from health and social care and voluntary sector. There was a reasonable although not entirely representative spread of responses around age, geography, ethnicity, religion and sexual orientation. However, it should be noted that females were significantly overrepresented (61% of respondents).

The findings indicated strong agreement that the priorities were important or very important and that the outcomes set out in the document were the right ones.

Table 1 Summary of responses for priorities and outcomes

	Very important or important priority	Agree with all outcomes
Communities leading change	96%	79%
Healthy environments	99%	84%
Employment and health	95%	83%
Healthy weight in children	96%	90%
Integrated system	92%	78%

For all priorities, there was also a number of qualitative responses on the question around how we could deliver outcomes. Some of the main themes and ideas were as follows:

Communities leading change (109 comments)

- Be inclusive and involve people with disabilities or mental health issues
- Involve a wide range of partners eg housing, health sector, enterprise
- Develop peer to peer, resident led approaches
- Understand resident perspectives on stronger neighbourhoods
- Develop outcomes with residents
- Address fast food, affordable healthy food, cooking skills, exercise and health literacy

Healthier place (104 comments)

- Take more action on littering and antisocial behaviour
- Encourage healthier fast food options in the borough
- Make better use of school facilities out of hours
- Raise more awareness on air pollution
- Implement carbon capture approaches eg planting tall trees
- Involve residents in shaping green spaces
- Involve park rangers in promoting physical activity
- Develop more pedestrian only areas
- Improve traffic flow, reduce speed limits
- Encourage less car use and promote walking and cycling
- Involve local artists more in public art

Health and employment (45 comments)

- Support unemployed people to lead health activities in neighbourhood
- Provide incentives for unemployed people to join gyms
- Use peer support to help people with mental health issues be employed
- Promote health screening at work
- Encourage employees to provide work experience for people with disabilities
- Encourage employees to incorporate wellbeing incentives
- Train and support staff in job centres more to work with people with health issues

Healthy weight and nutrition in children (54 comments)

- Focus education programmes on parents - particularly health cooking skills
- Restrict licensing junk food/fast food outlets and deals targeted at children
- Use a range of approaches to promote healthy eating including story telling
- Promote walking and cycling to school
- Promote out of school activities encouraging healthy eating and physical activity
- Review cultural norms/barriers around healthy eating and physical activity
- Promote sports participation and use local role models
- Engage the Young Mayor in promoting health

Developing an integrated system (42 comments)

- Co-locate services and support and take a one stop shop approach
- Develop a person outcome approach breaking down staff group barriers
- Improve access to clear, understandable information and advice
- Share systems across organisations eg referral forms, IT
- Take a joined up approach to commissioning
- See the voluntary sector as part of an integrated offer

In addition, there was a question asking whether respondents thought that there are other priorities the board should focus on. 54 people responded to this question and

the main themes were health and housing, older people, mental health, substance misuse, domestic violence, alcohol, smoking and GP access.

Finally, respondents were asked if they would like to be involved and for each priority there were around 20-30 people who were interested.

3. Engagement event findings

An engagement event took place on Saturday 26 November 2016 at the Whitechapel Idea Store. Extensive event promotion was undertaken by a team of Healthwatch Tower Hamlets volunteers who went out to local community groups, schools, shopping areas, children's centres, GP Practices, faith groups and the markets. Stalls were based around the five priorities of the strategy. A total of 126 people registered at the event (108 adults and 18 children). Sixty seven people left their email contact details at the event so that they could stay involved and find out what impact that their involvement had.

Key messages were as follows:

1. The strong cross cutting issues running across all five priority areas were environmental factors such as the ability to spend time outside in green spaces exercising, socialising or relaxing and being able to breathe clean air. Parks are very highly valued community assets which cut across generations, ethnicities and culture. They present the potential to bring people together more frequently through providing more equipment, activities and events.
2. Another cross cutting theme was the strong identification of walking as the preferred method of exercising; linked to a desire to be outdoors, in green space, with friends, family, neighbours, other parents etc. There is potential to link people's desire to walk more to reducing car journeys, air pollution and reducing childhood obesity.
3. Both children and adults understand that a good diet and exercise are important to a healthy lifestyle. Education programmes need to move their focus to helping parents to develop the skills and tools to apply what they know e.g. sharing tips on getting children to eat vegetables or encouraging young people to make healthy food choices.
4. For people who not working need to keeping active physically, socially and through community involvement is important. Providing good links to social networks and volunteering opportunities in their neighbourhood is key.
5. People are aware that services change with the availability of funding and were keen to see that money is being spent in the best way to deliver local services. How we involve them in making sure this is happening may be a next step.

The detailed report is available on request

4. Stakeholder meetings

The strategy was presented by public health and SPP officers at a number of stakeholder meetings including Health Watch, Tower Hamlets Housing Forum, Older Peoples Reference Group, Linkage Plus, Parent and Care Council, LGBT Forum,

Local Voices, Children and Families Board, Tower Hamlets Together, Community Options, a range of voluntary sector organisations, Tower Hamlets Clinical Commissioning Group and all Council Directorate Management Teams. The interim findings were also discussed at the Health and Wellbeing Board on the 13th December.

Overall, the feedback from these meetings reflected those of the survey and stakeholder event with support for the priorities. There were similar themes around building leadership in the community, mitigating impacts of fast food outlets, ensuring access to safe open spaces, reducing car use, focusing on family and intergenerational approaches, strengthening links between health and the housing sector and ensuring focus is maintained on specific groups (young peoples with mental health issues, older people, people with disabilities, women and employment)

5. Conclusions

The findings of the consultation indicated strong support for the priorities identified in the draft strategy. The qualitative feedback provides a rich source of insights to help shape the action plans of the strategy and it is encouraging that for each priority there were at least twenty people (mainly local residents) who expressed an interest in being involved going forward. Based on these findings it is proposed that the strategy is formally endorsed in its current form.

6. Delivering the Strategy

The approach to delivering the strategy was discussed at the Health and Wellbeing Board on the 13th December (see Appendix One). At this meeting it was agreed that each priority would have a number of Board Champions who, supported by officers, would lead discussion on plans, provide senior level leadership and champion and promote the priority outside the board. The high level dashboard was also presented and the key actions from these have also been integrated into the Strategic Plan. More detail on the approach is set out in the Appendix.

7. Recommendation for CMT

CMT is asked to:

- Note the findings of the consultation
- Note the approach to delivering the strategy
- Approve the strategy to go to MAB and then Cabinet (in March)

Delivering the Health and Wellbeing Strategy **(discussion paper)**

'We face lots of challenges, but we can't tackle them all at once. We want to drive change but if we spread ourselves too thinly we will not have as big an impact. Our focus, therefore, will be on a small list of high priority issues - where we know we face particular health challenges and where only by working together will we achieve the change we need for local people' (p9 Tower Hamlets Together, Health and Wellbeing Strategy 2017 Consultation Draft)

1. Whilst the strategy consultation period is not quite complete, the purpose of this paper is to start thinking ahead to how we, as a Board, will take forward the change that we have outlined in the strategy.
2. The table overleaf sets out a simple dashboard covering the 15 actions of the strategy based on the 5 priorities (and the action around a shared outcomes framework). It is proposed that this is updated on an ongoing basis and is a standing agenda item at Board meetings. It would also be an option to put this on a public website (with hyperlinks to more detailed strategies)
3. The Board is asked to discuss the following issues:

Board champions

One of the core principles of the new strategy is ownership of the priorities by the board. For this reason, the role of Board members in shaping the priorities of the strategy has been vital. In continuing, this engagement through the delivery of strategy it is proposed that a small group of Board Champions are allocated to each priority (the table overleaf sets out those who have been involved so far in these priorities)

The proposed roles of the Board Champions include:

- Leading discussion on plans, progress and review of priorities at the Board
- Providing senior level leadership, guidance and support to officers/staff who have lead responsibility for development and implementation of the 15 actions
- Championing and promoting the priority outside Board meeting

Focussing on and reviewing priorities from the Strategy at Board Meetings

There are 6 board meetings a year. In order to provide adequate focus for the priorities, a possible approach could be to:

- Bring each priority to the Board three times through the year (covering a cycle of plans, mid year progress and review)
- Manage this by 2-3 priorities coming to each Board and the remaining priorities coming to the subsequent meetings
- Having an annual strategy review workshop to set actions and review priorities for the next year

Questions for Board

1. Does the described role for the Board Champions sound right?
2. Should there be a principle that each Board member is a champion for at least one priority?
3. Does the approach to reviewing priorities at Board meetings sound right?
4. What are Board views on putting strategy updates on a public website?

HEALTH AND WELLBEING STRATEGY - What will do in 2017?
Proposed High Level Dashboard

	PROGRAMME OF ACTIVITY	PROGRESS	RAG
COMMUNITIES DRIVING CHANGE			
Board Champions: Dianne Barham, John Gillespie, Cllr Rachael Saunders			
1	Implement a 'Health Creation' programme in communities		
2	Implement a 'Health creation' programme in organisations		
3	Connect the Board to residents through engagement events and social media		
CREATING A HEALTHIER PLACE			
Board Champions: Cllr David Edgar, Shazia Hussain			
4	Improving physical environment action areas		
5	Integrate health impact assessment into planning and policy		
6	Increase awareness of and take action on air pollution		
EMPLOYMENT AND HEALTH			
Board Champions: Cllr Whitelock Gibbs, Ian Basnett, Somen Banerjee			
7	Better integrate health and employment services		
8	Sign up to London Healthy Workplace Charter and identify priority actions		
CHILDRENS WEIGHT AND NUTRITION			
Board Champions: Cllr Rachael Saunders, Debbie Jones, Sam Everington			
9	Identify and support health representatives on school governing bodies		
10	Provide better information to parents on how school support health and wellbeing		
11	Implement the 'Healthy Mile' programme in schools		
12	Engage with communities on healthy weight and nutrition in children		
DEVELOPING AN INTEGRATED SYSTEM			
Board Champions: Cllr Whitelock Gibbs, Denise Radley, Simon Hall,			
13	Develop a shared vision for an integrated system		
14	Develop a plan for a fully integrated system by 2020		
AGREEING SHARED OUTCOMES			
Board Champions: Somen Banerjee			
15	Develop a shared health and wellbeing outcomes framework with partners		

TOWER HAMLETS TOGETHER

Tower Hamlets Health and Wellbeing Strategy 2017-2020

Draft for consultation



Tower Hamlets
**Health and
Wellbeing
Board**

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FROM THE MAYOR

I am delighted to support the Health and Wellbeing Board in taking this strategy forward.

In Tower Hamlets people start to develop poorer health ten years earlier than the rest of the country.

This is why this strategy is so vital for our borough. It is about partnership working to drive improvement, and how we can place local residents and communities at the centre of this change.

Only by working together can we start to tackle the inequalities we face and improve health and wellbeing for everyone in the borough.



John Biggs
Mayor of Tower
Hamlets

FOREWORD

As local residents, we know that Tower Hamlets is a fantastic place to live and work. But as a borough we also face many challenges – and poor health is one of the starkest. Compared to other places we have some of the highest levels of mental health problems and higher rates of many physical illnesses like diabetes, heart disease and stroke.

For us, this is a matter of fairness and social justice. It can't be right that children in our borough are at greater risk of health problems – and that older people are less likely to live as long – as others in more affluent parts of London. Of course, these persistent challenges remain at a time of drastically reduced budgets across all parts of the public sector.

As Chair and Vice Chair of the Health and Wellbeing Board, we are determined that the council and NHS, together with our partners, will prioritise action on some of the most significant challenges in the next three years. We can't do everything at once and hope to have an impact, so we have used evidence to focus on five key themes where through joint leadership we believe we can and must make progress. We will still work hard through our organisations to deliver services and support across the full range of health issues, but the priorities set out in this strategy are where we will particularly focus our leadership as a Board.

Empowering communities to lead their own positive change in health and wellbeing, creating a healthier place and environment, and joining up our local services are all areas where the power of the Health and Wellbeing Board partnership will be critical to success. Employment and health, and children's weight and nutrition are two issues where Tower Hamlets has persistently poor outcomes but through focused effort we can make a huge difference to the physical and mental health of local people.

We can't achieve these ambitious goals alone, so we look forward to working with the public and our partners to deliver positive change in Tower Hamlets.



**Cllr Amy Whitelock
Gibbs**
**Chair of Health and
Wellbeing Board**
**Cabinet Member for
Health and Adult
Services**



Dr Sam Everington
**Vice Chair of Health and
Wellbeing Board**
**Chair of NHS Tower
Hamlets Clinical
Commissioning Group**

HELLO & WELCOME

Welcome to the Tower Hamlets Health and Wellbeing Strategy – our aim is to make a difference to the physical and mental health and wellbeing of everyone who lives and works in Tower Hamlets.

To do this, we have brought together those who are in a position to help make that difference. They include local Councillors; the council (including social care, education, housing, environment, public health and employment services); the NHS; community groups; other key partners (including housing providers and the police); and, most importantly, organisations which represent the voice of local people, such as Healthwatch Tower Hamlets. Together we form the Tower Hamlets Health and Wellbeing Board.

We know we face some big health challenges in Tower Hamlets but also that by working together across services – and with our local communities – we can make a positive difference to everyone’s wellbeing in Tower Hamlets. Therefore, we have looked at the evidence and worked hard to find out what needs to be done and plan how we will do it.

This strategy will tell you:

- a. what we want to do**
- b. why we have chosen these areas to focus on**
- c. what we plan to achieve.**



WHAT MAKES FOR GOOD HEALTH?

Factors of good health

The quality of our lives is strongly dictated by the state of our health. We are all subject to a range of factors which can make the difference between feeling good and feeling poorly. These include our environment (how clean is our air and do we have parks nearby); where we live (the condition of our homes and do we have access to affordable healthy food); how safe we feel (in our home and on our streets); how happy we feel (are we supported emotionally and socially); and where we go when we need additional support or help (how good are local services).

There are also other factors which can affect us physically (genetics, ethnicity, gender), emotionally (early life and childhood experiences, family life, relationships) and mentally (income, employment, stress).

Lastly, our lifestyle choices and the habits we develop also form part of our health equation; they may have a positive impact (e.g. regular exercise, healthy diet, managing stress) or a negative one (e.g. smoking, problem drinking, being overweight).

Because of these factors, all 300,000 of us in Tower Hamlets will have our own unique story, which will include our past, present and (not yet written) future health.

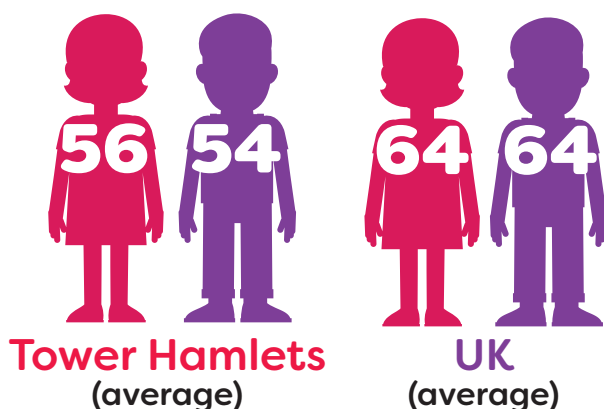
As individuals, we have the power to influence our own stories and to support others to improve their health. The council and its partners also play a key role in shaping the environment and services which help or hinder our health.



HEALTH IN TOWER HAMLETS

How we compare

In Tower Hamlets, people typically start to develop poorer health around ten years earlier than London and England. On average, a man living in the borough starts to develop health problems from the age of 54 compared to 64 in the rest of the country. For a woman, it is 56 compared to 64.



Reasons for poor health

The reasons for this are varied but include the health impacts of higher levels of poverty (low income, unemployment, insecure employment), poor housing quality, overcrowding, homelessness, social isolation, poor air quality, lack of access to affordable healthy food and lack of green spaces.

These factors are linked to low birth weight, dental decay in children, childhood obesity, smoking, unhealthy diet, alcohol consumption, high risk sexual behaviour and the use of illegal drugs.

The end result is reflected in our higher levels of physical and mental health conditions such as anxiety, depression, diabetes, heart disease, stroke, lung cancer, long-term lung diseases, liver disease, tuberculosis and HIV.

These are serious issues needing urgent solutions. The link between poverty and poor health is a social justice issue. That's why this strategy is so important.

WHAT WE INTEND TO DO

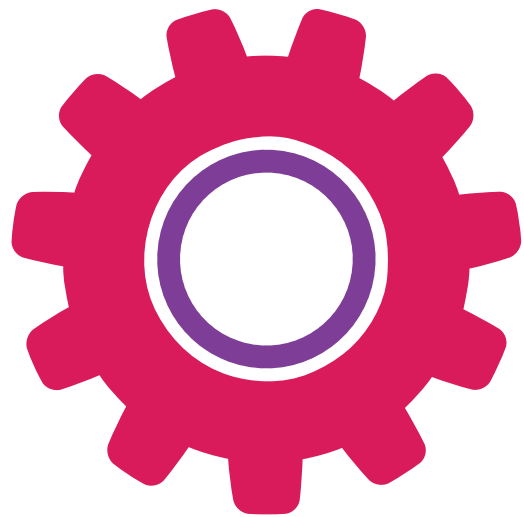
We need to take action now

The issues we face are urgent if we are going to be successful in combating the factors that will negatively impact the future health of people living in the borough.

However, we recognise that there are challenges – we will need to address issues such as rapid population growth, a transient population (high levels of people moving in and out of the borough), a diverse population with its individual needs, public expectations, scientific advances and welfare reform – all of this with less money available due to significantly reduced funding for local councils and lower levels of government spending on the NHS.

But we are prepared. Our Health and Wellbeing Board have the experience and expertise to approach these issues strategically; commission services that will have impact; and ensure that our residents are given the opportunities, guidance and support that will help them live healthier lives.

It is not right that people living in poverty do not live as long and face more unhealthy lives than those in wealthier areas. Together we can change this.



Our next steps

We face lots of challenges, but we can't tackle them all at once. We want to drive change but if we spread ourselves too thinly, we will not have as big an impact. Our focus, therefore, will be on a small list high priority issues - where we know we face particular health challenges and where only by working together will we achieve the change we need for local people.

We will still be overseeing all strategic health issues across the borough, but we will be concentrating on five themes in the next four years which will have the most significant impact on the health and wellbeing of our residents.

How we decide

Our list of priorities was decided upon using the following criteria:

1. **Change** - Is the scale of the problem significant in Tower Hamlets and is there evidence that action will have a positive impact?
2. **Feedback** - What are the concerns of local residents?
3. **Feasibility** - Can change be supported by the system within the next four years?
4. **Motivation** - Is there enough collective will to achieve the change?



THE FIVE PRIORITIES

These are our five priorities:

1. **Communities Driving Change** – changes led by and involving communities
2. **Creating a Healthier Place** – changes to our physical environment
3. **Employment and Health** – changes helping people with poor working conditions or who are unemployed
4. **Children's Weight and Nutrition** – changes helping children to have a healthy weight, encouraging healthy eating and promoting physical activity
5. **Developing an Integrated System** – changes which will join up services so they are easier to understand and access.

What is in this report?

For each of the priorities, we have asked:

- > **Why is this important?**
- > **What is being done already?**
- > **What is our focus for action?**
- > **First 12 months - what will we do?**
- > **What will have changed in 3 years?**
- > **How will we know if it's working?**

How will it be reviewed?

We will review these priorities every year looking at what is working; what needs to change; what lessons have been learnt; and how our approach may need to be altered.

We have outlined how we will be monitoring this progress over the next three years, including what we intend to achieve within the first year.

These actions will be reviewed annually so as to set out a plan for the following year.

Tower Hamlets Health and Wellbeing Strategy 2017-20



1. COMMUNITIES DRIVING CHANGE

Why is this important?

- Evidence suggests that supporting people to take action addressing factors influencing their health and that of their communities has long-term benefits.
- Listening to what residents are saying about what matters to them and the issues they face gives organisations valuable insight into how services can be changed to respond to residents' priorities.
- In areas with higher deprivation and diversity, such as Tower Hamlets, it is particularly important for the contribution of local residents to health improvement to be valued and encouraged.



What is being done?

- Numerous projects involving residents are currently being run by the voluntary sector, housing associations, Healthwatch, the NHS and the council.
- Organisations who have developed (or are in the process of developing) community engagement strategies include the Clinical Commissioning Group (CCG), the council, Tower Hamlets Together, Barts Health and the Council for Voluntary Service.

What is our focus for action?

- We want to shift the focus from 'engaging' and 'involving' residents towards supporting residents to take leadership roles in identifying and acting on health challenges and improving the system's capacity to respond.
- We want to embed a culture across partner organisations that focusses on empowering and enabling people to have a sense of control over their lives, which evidence suggests leads to improvements in individual and community health.

First 12 months - what will we do?

We aim to:

- implement a 'health creation' programme in which residents:
 - identify issues impacting on health and wellbeing that matter to local people
 - recruit other residents who have the energy and passion to make a difference
 - develop and lead new ways to improve health and wellbeing locally
- implement a programme across the partnership to promote a culture in their organisations that empowers people to be in control and informed about how to improve their health
- engage local residents with the work of the Board and to deliver this strategy by:
 - hosting an event in each area at least one month prior to our Health and Wellbeing Board meetings
 - following this up with a further meeting with the public to report back
 - using social media to communicate more regularly and creatively with a wider range of local people.

What will have changed in three years?

We would like more people to:

- **feel in control of their health and informed to make positive changes**
- **support each other around their health and wellbeing**
- **take joint action on issues that affect their health and wellbeing**
- **get involved in shaping local services.**

How will we know if it's working?

- improvements to health outcomes or services which can be attributed to what local people are doing
- an increase in the hours given by volunteers (relating to health and wellbeing), the range of their experiences and levels of satisfaction
- we will develop further measures based on work we are currently doing with communities on outcomes that matter to them .

CREATING A HEALTHIER

2. CREATING A HEALTHIER PLACE

Why is this important?

- Evidence strongly suggests that our environment (both in and outside) has an impact on our health and wellbeing. This includes the quality of our air; the condition of our homes; the safety and infrastructure of our localities (e.g. parks and roads); the promotion of everyday walking and cycling; the availability of affordable healthy food; and access to places where we can meet and socialise with other people.
- These issues are important in Tower Hamlets due to our higher levels of air pollution; lower standard of housing; overcrowding; high number of fast food outlets; and a high number of road traffic accidents. To compound this, not only do we have one of the highest levels of new development in London, but also one of the lowest expanse of green space.

What is being done?

- A new Local Plan is being developed which sets out spatial and development management policies. Evidence supporting the links between health and development are set out in this plan.
- Strategies have also been written for the following – open spaces, leisure facilities, green grid development (which links green spaces in the borough), transport, air quality and town centres.

What is our focus for action?

- We will gather evidence showing the link between health and development so that health and wellbeing is central to planning and development decisions.
- We will make health impact assessment core to policy decisions across the partnership (not just the council).
- We will ensure that a healthy place is a priority for policy decisions around the Community Infrastructure Levy.

First 12 months - what will we do?

We aim to:

- identify three areas in the borough where there is particular need to improve the physical environment (e.g. lack of green space, population growth) and engage with residents and local organisations on priorities for improvement to benefit health and wellbeing
- develop a process to ensure that the impacts on health and wellbeing made by major developments are routinely assessed and considered in planning decisions
- support the council's Air Quality Plan and implement an air quality communications campaign across the partnership targeted at residents and organisations to:
 - increase awareness of poor air quality, how to minimise exposure and adopt less polluting behaviours
 - introduce pledges from organisations to minimise their impact on air pollution



What will have changed in three years?

We would like:

- **better and more creative use of open spaces**
- **better connections between green spaces**
- **reduced exposure to air pollution**
- **more residents using public spaces for healthy activities.**

How will we know if it's working?

- increase in active travel (e.g. walking, cycling)
- increase in use, quality and satisfaction with open spaces
- better air quality.

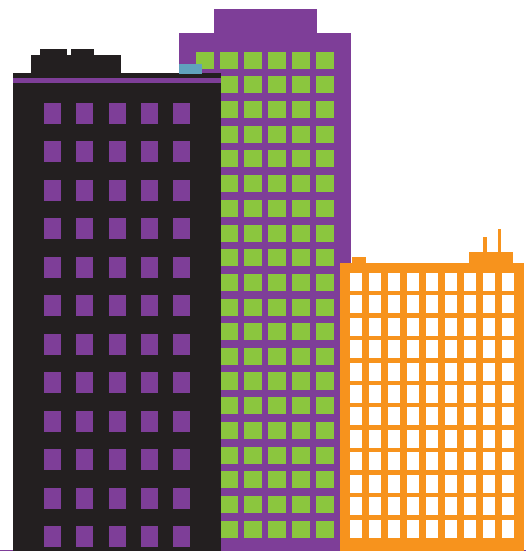
3. EMPLOYMENT AND HEALTH

Why is this important?

- Unemployment and poor working conditions (e.g. lack of control, low wages, job instability, physical hazards, poor or stressful culture and environment) affects people both psychologically and physically. Evidence shows that being unemployed or in poor employment can lead to:
 - increased levels of risk factors for poor health (e.g. smoking, problem drinking, poor diet, low physical activity)
 - mental health issues, and
 - higher rates of long-term health problems (e.g. heart disease, stroke and musculoskeletal conditions such as back pain and arthritis).
- These issues are particularly important in Tower Hamlets due to our high levels of:
 - unemployment
 - people on a low income or who are on health-related employment benefits
 - people for whom mental health or learning disabilities is a barrier to employment.

What is being done?

- Employment provision is currently being reviewed in order to shape the council's new employment strategy. The review states that 'close strategic and operational links between health and employment is critical to the way forward in Tower Hamlets; to prevent unemployment, to maximise work opportunities for those who experience health and mental health problems and to support the long term unemployed back to work.'
- The council, the NHS and voluntary organisations are working both individually and collectively on programmes to support this agenda including social prescribing, apprenticeships and volunteering schemes offering pathways into employment.



What is our focus for action?

- > We will take action that reduces unemployment and increases good or healthy employment.
- > We will strengthen the integration between health and employment services.
- > We will address health inequalities by developing the workplace as a setting for prevention and early help.

First 12 months - what will we do?

We aim to:

- > strengthen the integration between health and employment services by:
 - using social prescribing as a lever to strengthen links between health and employment services
 - reviewing best practice elsewhere
 - shaping and ensuring effective local delivery of the Department of Work and Pensions Work and Health programme
- > sign up our partner organisations to the London Healthy Workplace Charter and to:
 - undertake self-assessment
 - identify priorities for improvement and shared priorities for action to improve the level of healthy employment.

What will have changed in three years?

We would like:

- > **more unemployed people given the support they need to maintain or improve their health**
- > **an equal chance of good employment given to those with a physical or mental health condition**
- > **more local employers to actively support the health and wellbeing of their employees.**

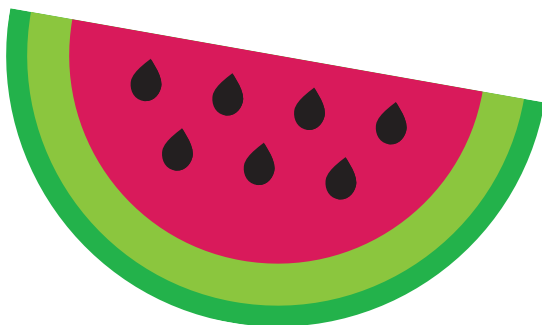
How will we know if it's working?

- > improvement in the health and wellbeing of those using employment services
- > improvement in the health and wellbeing of people who work in Tower Hamlets
- > increase in the rates of employment for those who have been unemployed due to a health barrier.

4. CHILDREN'S WEIGHT AND NUTRITION

Why is this important?

- A healthy weight and good nutrition in childhood sets you up for life. It is a key factor in our life-long general physical and mental wellbeing as well as preventing common long-term conditions such as diabetes, heart disease, stroke and some cancers.
- This issue is of particular importance in Tower Hamlets as childhood obesity levels of our 4-5 year olds and 10-11 year olds are significantly higher than national levels (although levels have been decreasing for those aged 4-5, but not 10-11).
- In addition, a very small proportion of children (around 2%) are underweight, which is also significantly higher than the national average.
- There is also evidence of widespread micronutrient deficiencies e.g. Vitamin D which is mainly due to lack of exposure to sunlight.



What is being done?

- Action is being taken to improve access to healthy food, parks and play areas.
- A range of programmes exist which promote healthy weight, good nutrition and physical activity for children. These include healthy start vitamins and food vouchers, breastfeeding support, health visiting, school nursing, active play, active travel, healthy schools, child and family weight management and healthy parenting programmes.
- New 'primary school neighbourhood pathfinders' to engage parents and communities in shaping local services and identifying new opportunities for their children to be more active and eat healthily.

What is our for action focus?

- We want to ensure that schools and early years providers are promoting child health and wellbeing, focusing on healthy weight and good nutrition.
- We want to find out the best way to communicate effectively with parents and communities.

HEALTHY WEIGHT NUTRITION

First 12 months - what will we do?

We aim to:

- strengthen existing school programmes by:
 - identifying and supporting a 'health representative' on the governing body of every school
 - telling parents what each school is doing for their child's health and wellbeing
 - promoting the 'Healthy Mile' in schools, which is a scheme ensuring that pupils run or walk for a mile a day
 - inviting a representative from the Tower Hamlets Education Partnership onto the Health and Wellbeing Board.
- develop and implement a community engagement and communications strategy around healthy weight and nutrition in children, with particular emphasis on high risk groups.

What will have changed in three years?

We would like:

- **more 10-11 year olds to be a healthy weight**
- **more schools and early years providers to promote child health and wellbeing**
- **more parents and communities to be involved with improving the healthy weight and nutrition of children.**

How will we know if it's working?

- increase in 4-5 year olds and 10-11 year olds who are a healthy weight
- improvement in healthy weight by age, ethnicity, gender and school
- improvement in physical activity and healthy eating (indicators to be developed).

5. DEVELOPING AN INTEGRATED SYSTEM

Why is this important?

- Many of our residents have multiple and complex needs and not everyone has the same access to services.
- A fragmented system is hard to understand therefore joined up services are needed to improve people's experiences (across health and social care, as well as other services).
- Even though our resources are diminishing, we still have a large and diverse range of community and voluntary organisations.
- We need to look at total investment so as to make best use of available resources.
- Nationally, the idea of integration is being promoted and all local areas have to have a plan for joined up services by 2020.



What is being done?

- 'Tower Hamlets Together' brings together partners across the council, NHS and voluntary sector to drive this change. Current actions include:
 - a new community model with GPs, local hospitals, social care and mental health providers working together
 - development of new models of integrated children's services across health, education, social care and community organisations
 - integrated personalised commissioning' pilot exploring how people can control their own budget for health and social care
 - extending the range of 'prescriptions' available to health and care providers to include wider council and voluntary sector services such as housing, employment and healthy living services ('social prescribing')
 - developing a single point of access for residents to easily access information and advice on healthy living, health and care services.

What is our focus for action?

- We will agree a shared vision.
- We will set out the system wide changes needed and prioritise these.
- We will ensure that the priorities are moving us towards achieving this vision.
- We will lead and inspire a campaign to support the cultural changes required across the system.

First 12 months - what will we do?

We aim to:

- create our shared vision and 'golden thread' developed through community engagement
- develop and agree our plan for a fully integrated health and care system by 2020
- campaign within our organisations to support the necessary culture change to join up services (see also Communities Driving Change).

What will have changed in three years?

We would like joined up health and social care for all (a vision which is based on community engagement and ownership) with more people saying:

- **'I have easy access to information, advice and guidance which helps me to find what I need.'**
- **'It's easy to get help from my GP practice and I can contact my Care Co-ordinator whenever I have any questions.'**
- **'There are different people involved in supporting me but everyone listens to what I want and helps me to achieve my goals.'**

How will we know if it's working?

- improvement in resident self-reported measures (to be developed) focussing on effectiveness of coordination
- increased number of staff in joint or multi-skilled roles
- measure of culture change (e.g. 'pulse check' for use across our joint workforce).

TOWER HAMLETS HEALTH AND WELLBEING BOARD

MEMBERS

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Cabinet Member for Health and Adult Services

Vice Chair

Dr Sam Everington

Chair, NHS Tower Hamlets Clinical Commissioning Group

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Tower Hamlets Housing Forum

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Corporate Director, Development and Renewal, London Borough of Tower Hamlets

Councillor Abdul Asad

Independent Group

Deng Yan San

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Public Health Director, Barts Health NHS Trust

Dr Navina Evans

Chief Executive, East London NHS Foundation Trust

Jackie Sullivan

Managing Director of Hospitals, Barts Health NHS Trust

John Gillespie

Tower Hamlets Council for Voluntary Service

Christabel Shawcross

Independent Chair, Safeguarding Adults Board


Stephen Ashley

Independent Chair, Safeguarding Children Board

The Tower Hamlets Health and Wellbeing Board want to hear your thoughts about this strategy, the priorities we have identified, what we plan to do and how you would like to be involved in the future.

To provide your feedback please visit our consultation page on:

www.towerhamlets.gov.uk/healthandwellbeing

<p align="center">Health and Wellbeing Board Tuesday 21st February 2017</p>	
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Local Account – Adult Social Care</p>	

Lead Officer	Denise Radley - Director Adult Services
Contact Officers	Layla Richards - Service Manager Policy, Programmes and Community Insight
Executive Key Decision?	No

Summary

- 1.1 The “How are we doing?” magazine represents the sixth annual Local Account on adult social care produced by Tower Hamlets local authority.
- 1.2 The primary purpose of the Local Account is inform residents, adult social care users and carers of the quality, performance and future priorities of adult social care, so that we are more transparent and accountable. It is an expectation that all councils with social care responsibilities produce a Local Account, although it is not a statutory requirement

Recommendations:

The Health & Wellbeing Board are asked to:

1. Comment on the “How are we doing?” Local Account magazine for publication in spring 2017.
2. Comment on the Local Account Communications Plan, setting out how the Local Account magazine will be communicated to residents, adult social care users and carers.

1. REASONS FOR THE DECISIONS

- 1.1 To provide Cabinet with an overview of Tower Hamlets Adult Social Care performance during 2014 – 2015.

2. ALTERNATIVE OPTIONS

- 2.1 No other options are presented

3. DETAILS OF REPORT

- 3.1 The 2017 “How are we doing?” Local Account magazine attempts to set out the quality and performance of adult social care services over the last year, and our priorities for the future. It is aimed at local residents, adult social care users and carers. The purpose of it is to better equip residents, adult social care users and carers to scrutinise and challenge what we do, ultimately with a view to driving up the quality of services as a result.
- 3.2 National context: In 2010, the Association of Directors of Adult Social Services (ADASS) recommended that all councils with social care responsibilities produce a ‘Local Account’ as a means of reporting back to people on the quality of services and performance in adult social care. Local Accounts were described in the Department of Health’s ‘Transparency in outcomes: a framework for adult social care’ consultation paper (November 2010, section 4) as a way of being more open and transparent about the care and support that is provided locally by the Council.
- 3.2 Format and narrative of the Local Account magazine: The Local Account magazine is mainly structured around the priorities in the 2016-17 Adult Services Directorate Plan, which in turn are broadly consistent with the Strategic Plan. The main ‘narrative’ that the Local Account magazine attempts to present is that adult social care is addressing the challenges it faces around increased demand and restricted resources by focusing on integration with health services, prevention and promoting independence.
- 3.3 Accessibility: As a document aimed at adult social care users and carers, the accessibility of the Local Account magazine is a key issue. The magazine should be engaging and easy to understand, given that a number of adult social care users have communication needs. Efforts have been made to keep the language used in the magazine in “plain English” with this in mind, although it should be noted that this can sometimes result in nuanced or highly complicated messages being lost. Once finalised, the intention is to produce an easy-read¹ version of the magazine to be aimed at readers who require information in this format.

¹ The easy read format was created to help people with learning disabilities understand information easily. Easy read uses pictures to support the meaning of text. Easy read is often also preferred by readers without learning disabilities, as it gives the essential information on a topic without a lot of background information. It can be especially helpful for people who are not fluent in English.

3.4 Coproduction: The Local Account magazine has been heavily informed by staff and stakeholder feedback, and we have moved closer to a co-production model with adult social care users and carers. The following activity was carried out with this in mind:

- We spoke to adult social care users at Local Voices (a group of residents with disabilities), the Older People's Reference Group and the Carer Forum in meetings across September, October and November 2016. We also spoke to residents attending an Accessibility Day. We gathered views on where people felt things are going well, and where they need to improve. This information has been incorporated into the Local Account. We presented the draft Local Account back to these groups over December 2016 to enable further feedback.
- Healthwatch Tower Hamlets was invited to be involved in the Local Account at an early stage. Their feedback has shaped the contents of the magazine, and a foreword will be provided.
- Wider feedback from adult social care users and carers is included throughout the Local Account. This includes survey results, feedback gathered through consultations, and case studies and quotes.
- Individual teams in adult services teams were asked to highlight successes over the previous year, challenges over the previous year and priorities for the future. This information has informed the Local Account.

3.5 Data and information on performance: It should be noted that much of the data and performance information in the Local Account is derived from 2015-16, as 2016-17 information will not be finalised and available to benchmark until August or September 2016.

3.6 Links to other documents: The Local Account magazine has been developed with an awareness of the following linked documents:

- The Adults Directorate Plan. As previously noted, the Local Account magazine is intended to be an outward-facing magazine whilst the Adults Directorate Plan is intended to be an internal strategic planning tool. We have ensured that the two documents are consistent with one another. The key difference between the two is the accessibility of the language.
- The Market Position Statement. This document is aimed at adult social care providers, but has parallels with the Local Account in terms of its purpose and content. The two documents are being developed with this in mind, and are due to progress through approval processes together.
- Quality Accounts. Both Barts Health NHS Trust and the East London NHS Foundation Trust produce annual quality accounts. These are reports rather than resident-facing magazines, and are available to view online. Each Quality Account aims to set out similar information to the Local Account. Collectively, they set out the quality and performance of health and social care services across Tower Hamlets.
- Public health Annual Report. Public health is intending to produce an Annual Report shortly. This will set out similar information to the Local Account and NHS Quality Accounts, and will enable information from public health to be explained in more detail.

- 3.7 Communicating and distributing the Local Account: Whilst a copy of the Local Account magazine will be available to view online, it is recognised that the majority of adult social care users are not actively accessing online information at the moment². For this reason, more traditional methods of communication need to be considered with the Local Account magazine. Posting the magazine out to all service users has not been considered to date due to the cost of doing this. Instead, it is proposed that copies of the Local Account be printed and posted to social care staff and providers so that these can be passed on to social care users. In addition, copies will be distributed in places such as GP surgeries and One-Stop Shops. More details are in the attached communication plan

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The cost of providing the magazine covers design and print which are calculated to be c£5k annually. An allocation for this amount has already been set up in the base budget. The delivery of the magazine will be made by staff therefore no extra costs to be incurred.

5. LEGAL COMMENTS

- 5.1 The report informs members about the publication of a Tower Hamlets Local Account. The local account is intended to be a source of information, developed locally, which may include quality and outcome priorities and how these have been progressed; a description of partnership working; and data relating to quality and performance. Local information and local outcome measures should be contained in a local account, supplementary to national outcomes measures so as to promote quality, transparency and accountability in adult social care.
- 5.2 The delivery by the Council of its statutory functions in respect of adult social care in a way that is high quality, transparent and accountable is consistent with good administration. The local account is a report and summary that ranges across the Council's adult social care functions. To the extent that the local account sets out priorities or actions, these are a reflection of the content of a number of Council plans and strategies. The Council will continue to have act within its statutory functions, including by complying with its many duties in respect of adult social care and its best value duty under section 3 of the Local Government Act 1999.
- 5.3 In developing the Local Account, the Council will need to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited 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.

² In the 2014-15 Service User Survey, 16% of respondents said they used email and the internet. 19% said they did not use email or the internet but found out information from people who did. 66% said they did not use email or the internet at all.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 One of the aims of the Local Account magazine is to raise awareness and understanding of adult social care amongst residents, adult social care users and carers. The magazine is therefore intended to result in readers having a better understanding of the issues facing vulnerable adults and how services can support them.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The Local Account magazine has been developed with best value implications in mind. The main costs relate to design and distribution. The Local Account magazine has been designed to be as accessible as possible in order to reach its target audience. The distribution of the Local Account magazine is set out in the attached Communications Plan: This Plan suggests that rather than posting out the Local Account magazine individually to residents which would be comparatively costly, the magazine be distributed in places we know are frequently attended by adult social care users and carers.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 Not applicable

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 Not applicable.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 Not applicable

Linked Reports, Appendices and Background Documents

Linked Report

- NONE.

Appendices

- Appendix I: The 2017 Local Account
- Appendix II: The 2017 Local Account Communications Plan

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

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

- NONE

Officer contact details for documents:

- [Or state N/A]

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Adult Social Care: How are we doing?

The “Local Account”
of Adult Social Care
in Tower Hamlets
SPRING 2017



Adult social care in Tower Hamlets helps and supports people who are disabled, ill, frail, elderly or vulnerable for another reason. This report tells you about adult social care over the last year and our plans for the future.



Forewords from Lead Member



Welcome to the sixth edition of our “local account” magazine for adult social care. In this issue, you can learn more about what we have been up to over the last year and our plans for the future.

We want to make sure that everybody who receives adult social care in Tower Hamlets is as happy as possible with the services they receive. One of the things we are most proud of is the consistently high satisfaction levels of people who use care and support in Tower Hamlets: Last year, 64 per cent of adult social care users said they were extremely or very satisfied with their care and support services - up three percentage points from the previous year, and higher than the average satisfaction level across London. This is a great achievement; in the future we would like to improve satisfaction rates even further.

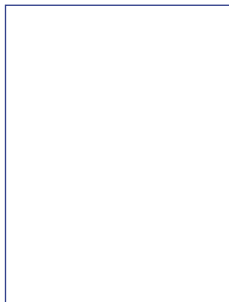
Our main challenge continues to be how to maintain the quality of care and support in a climate of less money. We try to meet this challenge by helping people to be as well as possible, and by working closely with the NHS.

This magazine sets out our recent activity and future plans in more detail, to give you a fuller picture of how we are doing and what we intend to do next. Many of these plans are long-term, and will take time to put into place. We look forward to working with you to do this.

?????????



Foreword from Healthwatch Tower Hamlets



Healthwatch Tower Hamlets (Di Barham to provide)

healthwatch
Tower Hamlets

Introduction

Adult social care supports adults who are disabled, ill, frail, elderly or vulnerable for another reason. Our aim is to help people to remain living independently in their own homes and to live the life they want. We also support the friends and family of those who care for them.

Being able to get good advice and information that is easy to access is important in care and support services. Preventative services are as important as long-term support services. We are committed to reducing the need for long-term care and one way of doing this is to support people to be as independent as possible for as long as possible. Many residents in the borough use services funded by adult social care. These include:



- Information and advice



- Activities such as Lunch Clubs and LinkAge Plus Centres



- Help to find work



- Equipment to help with day-to-day tasks

Around 3,500 adults in Tower Hamlets get support from social care at any one time



- **18%** purchase their own care and support services using a “direct payment”, paid to them by the Council.



- Around **81%** of people who receive support from us are living at home



- Around **51%** get help at home from a care worker, known as “home care”



- Around **19%** live in a care home

¹ 3563 adults received support as of 24.8.16

What we spent last year

- The budget for adult social care was £93 million in 2015-16. The table below shows how we spent this budget.
- Around 95 per cent of care and support from the Council is provided by other organisations on our behalf.
- Care homes are the biggest area of spend at £28 million. We think this is too high and are aiming to reduce it by providing even more community alternatives to help people live independently where possible

	Care homes	£28m
	Home care services (also known as “home help”)	£19m
	Staff to carry out social care assessments	£15m
	Direct payments for people to purchase their own support	£9m
	Day care (such as day centres)	£7m
	“Preventative” services to help keep people well	£3m
	Sheltered or supported housing	£2m
	Reablement (short-term support to help people get back on their feet)	£3m
	Occupational therapy and equipment costs	£2m
	Transport (e.g. to take people to a day centre)	£3m
	Extra care sheltered housing	£2m
	Management and other staffing costs	£1m

Changing Social Care Assessments

Adult social care staff carry out assessments to figure out if and how people might need to be supported.

A law introduced in 2014 (the “Care Act”) means that assessments now have to be carried out in a different way. Carers who appear to need help themselves now have a legal right to an assessment. People need to meet a new “threshold” set by the government in order to be legally eligible for support from us.

We have changed how we work in line with this, and have also put an emphasis on:

- Treating each person as an individual
- Supporting people to take action now, in order to prevent any issues getting worse in future
- Helping people to help themselves as much as possible, with support from their friends, families and communities.

Mr B cares for his partner who has recently been diagnosed with early on-set dementia. Mr B was worried about his partner getting lost when out and about, and was concerned that his partner didn't have anything meaningful to do with his time.

Support staff advised Mr B on the technology and services he could use to help his partner avoid getting lost. They let him know about a range of activities in his local area that his partner could get involved in.

Facts and Figures

1,300 vulnerable adults had an assessment in 2015-16.

180 carers had an assessment.

5 people made a complaint about their assessment. This equates to 14% of all complaints made.

- Self-assessments to give you the opportunity to assess your own care needs or enable someone to support you in doing the assessment. Self-assessment gives you the opportunity to carry out an assessment of your needs from the comfort of your own home as we believe that you and the people closest to you can best assess your care needs. We will use the information you give us to work out whether we are able to offer you services.

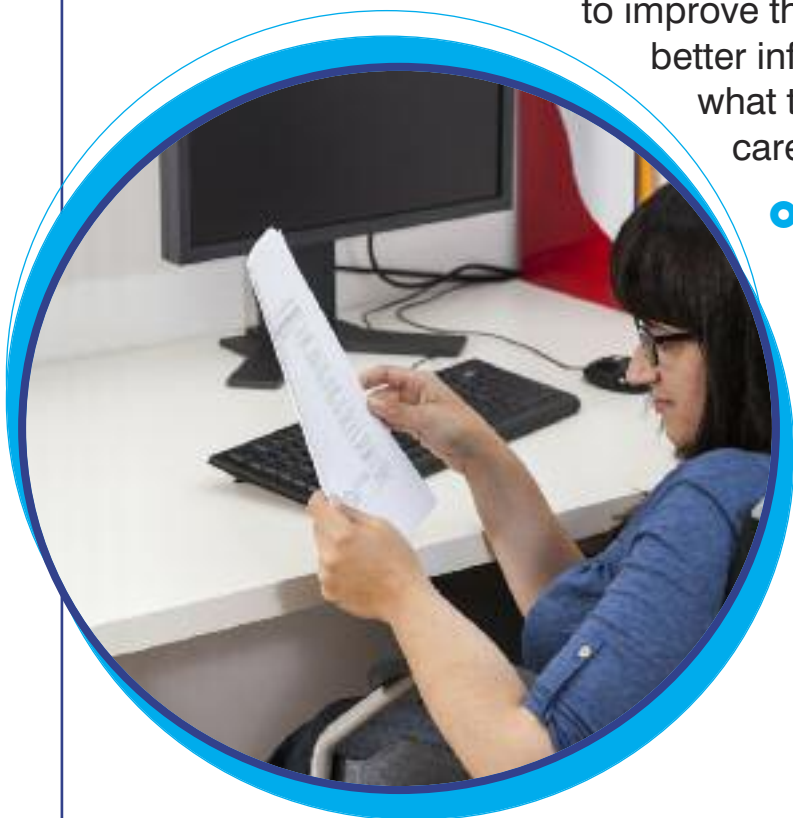
Our staff have been trained in these new ways of working, and we are pleased that in a recent survey, 82% of service users said they felt treated with respect by the people who assessed their needs for social care - up from 78% the year before. However, we also know there is still room for improvement:

- **Help from friends and family:**

Less than half (48%) of service users say that social care staff help them think about how friends and family could help them.

- **Inconsistencies:** Adult social care users have also told us that there can be inconsistencies in how staff carry out assessments, and that it can sometimes feel like a fight to

get support. We will provide more training to staff to improve this. We will also give people better information from the start on what to expect from adult social care.



Our future plans:

- We will further develop how assessments are carried out in adult social care
- We will give staff more training on this issue
- We will give people better information on what they can expect from adult social care
- We will review more people's care and support packages to make sure they are getting the support they need

- **Reviews:** If someone is getting ongoing care and support funded by the Council, they can typically expect to have this reviewed once a year. However, last year this only happened in 35 per cent of cases. We know we need to do better at this, and will make it a priority over the coming year.

² 2015-16 figures. 1093 reviews were carried out. 3065 were due to be carried out.

Working more closely with the NHS

“Tower Hamlets Together” is a group made up of ourselves and local NHS services. The group is working to transform and improve health and social care services for local residents. This has been one of our main areas of work over the last year.

So far as a result of this work, Social Workers are now available in hospitals at weekends. This means people who need support from social care to leave hospital and return home no longer have to wait. Our Community Equipment Service is also now open on weekends, so people can get the equipment (e.g. equipment to help with bathing or getting dressed) without having to wait over the weekend.

When residents come to the end of their lives, they are supported by staff across health and social care so that this journey is as comfortable as possible. In one recent case, a resident living in a care home was supported by a range of services, including staff in the care home and an end-of-life care team. A nutritionist worked to change the food the resident ate, as he had lost some of his sense of taste. Staff also supported the resident to continue to attend the Mosque every Friday, in line with his wishes.

Facts and Figures

- We have a budget of £21 million (the “Better Care Fund”) that we share with the NHS to enable us to work better together.
- For every 100,000 of the Tower Hamlets population, 3.5 people experienced a delayed transfer of care from hospital due to adult social care. This is better than the England average of 5.

Health and Wellbeing Board

The Health and Wellbeing Board is another place where senior health and social care professionals come together to try and improve the health and wellbeing of local residents.

Over the last year, the Health and Wellbeing Board have:

- Agreed how the Council and the NHS will jointly spend a budget of £21 million (known as the “Better Care Fund”)
- Raised concerns about air pollution levels in Tower Hamlets and the effect it has on people’s health

- Challenged health and social care services on how well they are doing. They have checked the progress of Barts Health NHS Trust (who run the Royal London Hospital) following a negative report from inspectors in 2015.

Over the next year, this work will continue.

The Health and Wellbeing Board have also been looking at what their priorities should be over the coming years. They have agreed to focus on the following five areas:

1	Communities driving change	This means empowering people to take action on health issues in their local area
2	Creating a healthier place	This means making housing and where we live a healthier place to be
3	Employment and health	This means helping more people into work in a healthy environment
4	Children's weight and nutrition	This means tackling childhood obesity and tooth decay
5	Developing an integrated system	This means health and social care working closely together

Our future plans:

- We will have a "single point of access" for people to go to with health and social care needs, as we know the health and social care system can be confusing
- We will have more health and social care services that are located in the same building
- Health and social care services will put more of their money together into a joint pot, and use this to jointly fund and run services

Doing more to prevent ill health

Working in partnership with the NHS, we are committed to helping people to stay as well as possible, for as long as possible. Over the last year, this has continued to be one of our main goals.

- **Improving information and advice:** Getting the right advice at an early stage can help people stay well. Over the last year, we have revamped our website and we have directed people to Local Link and the Carer Centre for any questions they have about social care (their contact details are on the back page of this magazine). We are pleased that in a recent survey, 74% of adult social care users said they found it easy to find information and advice - our best result yet. However, we know we have more work to do: Adult social care users have told us that our information is still not always easy to understand. We also know that many social care users do not use the internet, so we can't rely on this as a way of getting information out to people.
- **Linking people up to activities in their communities:** Both the Council and the NHS have been trying to link people up more with activities in their communities, knowing that this can improve their health and that people often don't know about the activities and services in their local area.

³ 2015-16 Adult Social Care Service User Survey. This figure is based on the number of survey respondents who looked for information and advice over the last year.

⁴ The Tower Hamlets Clinical Commissioning Group have been piloting "social prescribing" with this in mind.

Facts and Figures

- 3% of older people received short-term support to get back on their feet after a stay in hospital, similar to the England average.
- 70% of people who received short-term support went on to receive less or no ongoing support – lower than the England average of 76%.
- Men in Tower Hamlets have the lowest healthy life expectancy in the country at 54 years, compared to 63 nationally.
- Women are expected to have 57 years of good health compared with 64 nationally.

[Care Worker view on a volunteer coming to visit someone in a care home:]

“He is chatting with other people. He’s developing relationships with other residents... Previously, after lunch he looked tired and went to sleep. But since you guys started three months ago, he has been active... There is no cure for dementia but there are therapies and the kind of work that you do, that slows it down or gives them the opportunity to enjoy life. They can still have fun with familiar faces.”

[Volunteer view]

“I was told not to be upset because he would not remember me. And he does remember me...he asked me two weeks ago, ‘you came to see me the other day’. I knew it wasn’t something he just said, because he leaned forward, he looked at me, and it was almost like ‘you did come to see me last week’.... You see in front of your own eyes the difference you’re making to somebody’s life and you feel like you’re almost putting the minimum in but you’re getting the maximum out”

We launched our online “community catalogue” this year, which along with the online Idea Store directory, sets out a lot of different services and activities that are available to people. In addition, two GP surgeries (the Bromley-by-Bow Centre and Mission Practice) have recently put a real focus on giving patients more information on community activities: Feedback has been positive, and other GP surgeries are now looking to do the same.

- **Combatting loneliness and social isolation:** In a recent survey, 26 per cent of adult social care users in Tower Hamlets said they did not have enough social contact, compared to an England average of 22 per cent. Over the last year, we have continued work to combat loneliness and social isolation. We have started to support more volunteers to visit people in care homes, and have organised a number of events to bring people together.
- **Improving health:** Over the last year, the Council and the NHS have invested in support to help people live healthier lives. This has ranged from support to give up smoking to support to take up exercise.

Our future plans:

- We will continue to help people to stay as well as possible, for as long as possible. This is one of the main aims of health and social care services.

Helping people be as independent as possible

Helping people to be independent continues to be one of our main aims, as it has real benefits for people. We were pleased that in a recent survey, 78 per cent of adult social care users said that care and support helps them be as independent as possible – but we think we can do better. Some of the things we have been working on include:

Using technology: More people are using technology to help them stay safe and be independent (for example, personal alarms or sensors that react if someone falls at home). We have been offering a bigger range of technology to more people, and want to continue to do this in the year ahead.

Helping people to live at home: We have supported more people to live independently at home, rather than live in a care home, over the last year. We know we still have room for improvement in this area. For example, over the next year, we will continue with plans to support people with a learning disability who are willing and able to move from care homes outside the borough, back into the community.

Helping people have more control over their care and support: Over 20 per cent of adult social care users now receive a direct payment from the Council to purchase their own care and support, up three percentage points from the year before. Likewise, a number of carers receive this. We know that direct payments have the power to give people more choice and control over their care. In a recent survey, 91 per cent of people with a direct payment said they were satisfied with

Facts and Figures

- 93% of adults with a mental health issue who get social care live independently (i.e. not a care home), as do 69% of people with a learning disability. The England averages are 57% and 75% respectively.
- 4% of adults with a mental health issue and social care needs are in in work, as are 5% of adults with a learning disability. The England averages are 7% and 6% respectively.
- 21% of adult social care users received a direct payment. This is below the England average of 28%.
- 69% of adult social care users say they have control over their daily lives. This is below the England average of 76%.

their care and support – slightly higher than the average result of 90 per cent. We want to continue to encourage more people to take up the offer of direct payments. A number of people have also said they want to know more about direct payments, so we will provide more information on it in the coming year.

Helping carers: The help social care users get from friends and family (“carers”) is invaluable. This year, carers have told us that they are interested in getting training on things related to their role.

Many carers have highlighted that they need support to have a life outside caring. Carers who want to work have said there is not always the right support in place for them to do so. We also know that a large number of carers may not see themselves as such, so work is needed to identify and support them. We are going to address these issues over the next three years through a “Carer Strategy” we are writing.

Mr S has a learning disability and lives with his mother. When Mr S first started receiving care, he was interested in being more independent. Care workers helped Mr S to go to activities in his local area - particularly going to the library to use a computer, and going to the cinema. Staff supported Mr S to cross busy roads and communicate with library and cinema staff, with a view to Mr S eventually doing this without support. Mr S is now enjoying his increased independence.

Our future plans:

- We will help more people with a learning disability or mental health issue to find work
- We will support more people with a learning disability who live in care homes outside Tower Hamlets to move back in to the borough
- We will provide better information to people about direct payments
- We will offer a bigger range of technology to people to help them stay safe and well

⁵ Extremely, very or quite satisfied.

Using our resources in the best possible way

Resources for social care are an issue across the country, as the amount of money we have to spend as a council is going down whilst the demand for adult social care is likely to go up. Inevitably this leaves both the Council – in partnership with residents - with some tough decisions to make as to how we save money.

We have tried and will continue to try to save money in adult social care by:

- Helping people to be as well and independent as possible so that the demand for social care is not as high
- Working closely with the NHS so that our resources are put to the best possible use.

Much of what we have done to date in these areas is set out in this magazine.

In a climate of restricted resources, we have also had to look at whether to start charging people for social care. All but one other local authority in England charges people for home care and other social care services in the community using a means test. In 2016, we made the tough decision to do the same.

When we looked at how to charge people for social care, one of the ideas we committed to is making sure that people pay only what they can afford. We then asked for your views on what this meant in practice, and in summer 2016, received almost 700 responses on the issue. People on very low incomes will not need to pay anything towards the cost of care.

Facts and Figures

- Since the cuts started in 2010, the council has saved £138 million. We need to save another £58 million by 2020.
- The number of managers has gone down by 33% and the number of staff by 25% over the last five years.
- The budget for adult social care was £93 million in 2015-16. This was 3 per cent less than the year before as a result of government funding cuts.
- In autumn 2015, 150 residents gave their views on adult social care savings proposals for 2015-16.



We are due to start asking those who can afford it, to pay towards the cost of their care from Spring 2017 onwards. If you are receiving care funded by the council, a member of staff will contact you to discuss this in more detail.

They will explain what the charges mean to you, and will explain what (if anything) you will be asked to pay towards the cost of care.

For more information in the meantime, please contact 020 7364 5005 or adultcare@towerhamlets.gov.uk.

Our future plans:

- We plan to start charging people for adult social care services in the community from Spring 2017
- We will continue to try and save money by helping people to be as well and independent as possible, and by working closely with the NHS
- We will continue to consult with adult social care users, carers and residents before we make any significant changes to adult social care services

Protecting and improving the quality of care and support

Most social care users tell us they receive care that has a real and positive impact on their lives. Equally, we know that poor quality care can have devastating consequences. We are always looking to protect and improve the quality of adult social care. Here are some of the issues we have looked at over the last year:

Home care: While most people have a great experience of care workers, some people have reported problems in this area.

Mr G started to receive support from care workers at a time when he was dependent on alcohol, not taking his medication and not eating well. Staff devised a care plan with Mr G, and agreed it was essential that he had consistent care workers with whom he could build a good rapport. Staff reminded Mr G to take his medication, and put a “food and drink chart” in place to encourage Mr G to plan ahead and eat a healthier diet. As a result, Mr G now needs less support from staff and his quality of life has improved.

Facts and Figures

- 94% of social care users say care and support improves their quality of life
- 67% of social care users say that having help makes them feel better about themselves
- We received 35 complaints about adult social care last year. 12 of these were about service delays or failures
- As of November 2016, the Care Quality Commission had rated 12 social care services in Tower Hamlets as “good”, 12 as “requiring improvement” and 2 as “inadequate”. Improvements are now being put into place

People want consistent care workers who are flexible and are not rushed or late to appointments. We are committed to people getting a good quality service, so we are investing more money in home care and have recently signed up to Unison’s “Ethnical Care Charter”. This means that care workers can expect a decent wage and get the training and support they need to do a good job. We also regularly

check on people's experience of home care so that we can address any problems that arise. We are pleased that in a recent survey, 90 per cent of people getting home care said they were satisfied with the service they received.

Experience of other social care services: When we spoke to older people in October 2016 to get their views on adult social care, some people said they thought care and support in Tower Hamlets was excellent, whilst others raised concerns with the quality of nursing care homes and supported housing in the borough. We will work to improve people's experience over the coming year. We are also encouraging more and more organisations to sign up to the "Older People's Dignity Code", which sets out how older people should be treated. You can find a copy of the Code on the Age UK website.

Waiting times: We are currently meeting all urgent needs for care and support however in some areas, people are telling us that they have to wait for social care. For example, some people have been waiting over a month to access Reablement (a short-term programme of support designed to help people get back on their feet) due to a long waiting list. Next year, our aim is to do better so that unnecessary delays are avoided.

"Most of the time I find my caring role very stressful... Very much since joining the drop-in group, it has been changing how I feel enormously. It's the place where I find people understand what I have been through"

Our future plans:

- We will work on waiting times so that there are no unnecessary delays to getting care and support
- We will continue to monitor people's experience of homecare and other services, taking action where needed

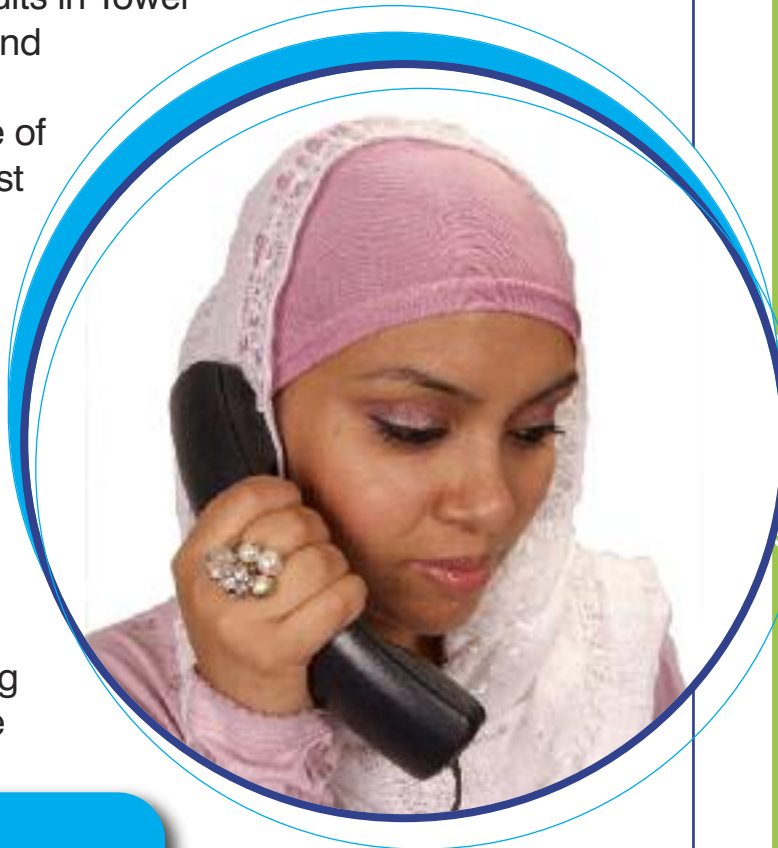
⁷ 2015-16 Adult Social Care Service User Survey. 90% of respondents in receipt of home care were extremely, very or quite satisfied with their care and support services.

⁸ Meeting with the Tower Hamlets Older People's Reference Group on 31st October 2016

Protecting vulnerable adults from abuse

We are committed to keeping adults in Tower Hamlets safe from harm, abuse and neglect. Working with other local services and organisations, some of our key achievements over the last year include:

- An independent review⁹ into how we deal with adult abuse found evidence of good working practice. A number of recommendations were also made, which are now being worked through.
- A huge number of staff and residents have received training and guidance on how to tackle



Facts and Figures

- 521 investigations into adult abuse were carried out in 2015-16 – slightly less than the year before
- 38% of investigations were about neglect, making this the largest single type of abuse - similar to the picture in England
- 16% of investigations were about abuse in a care home. Across England, the figure is higher

adult abuse. This has included training on new or emerging issues, such as radicalisation and hoarding.

- The “Safeguarding Adults Board” is made up of local organisations working together to combat adult abuse. The Board has set out new plans on how to combat adult abuse and has recruited a new independent Chair.

⁹ ADASS Peer Review into adult social care practice in relation to safeguarding – November 2015

We are pleased that adult social care users have told us we are on the right track: 63 per cent of adult social care users said in a recent survey that they feel “as safe as they want”, up three percentage points on the year before. 86 per cent said care and support helps them to feel safe, higher than both London and England averages. We are also pleased that the vast majority (90 per cent) of those going through a safeguarding investigation said they were satisfied with the process and outcome.



However, we know there is still work to do. Over the last year, we investigated the tragic deaths of two vulnerable adults where neglect or self-neglect played a part¹⁰. We carried out investigations to see if organisations should have done anything differently, and found a number of lessons to be learned. We are now working through these.

Concerns around adult abuse are proportionately more likely to be raised for “White British” residents compared to others, and are less likely to be raised in care homes compared to the national average. We have carried out some initial research to try to understand the reasons behind this and are now working through these.

Mr K, a man in his sixties, tragically died in late 2014 after suffering serious burns in a fire in his home. He had lived alone in sheltered accommodation since 2008, having previously been homeless. Before he died, Mr K appears to have experienced difficulties in managing his domestic affairs, and his health deteriorated rapidly. Mr K had no family and often refused attempts to help and support him. A range of health and social care services were in touch with Mr K before he died, and an investigation looked into whether M K’s death could have been avoided. The lessons learned from this investigation have been put into an action plan which is now being carried out.

Our future plans:

- We will continue to raise awareness of abuse
- We will improve training on adult abuse for those in voluntary or community groups
- We will improve how we involve those going through an abuse investigation
- We will prevent more adults with a learning disability from going into assessment and treatment units
- We will get a better understanding of abuse patterns by gathering better information

¹⁰ Safeguarding Adults Reviews 2015-16

Adult social care contact details:

- For general queries relating to adult social care: contact Local Link on **020 7001 2175** or visit **www.local-link.org.uk**
- If someone needs help from social care urgently: contact the Council on **020 7364 5005** or email us on **adultcare@towerhamlets.gov.uk**
- If you care for someone else and need support: contact the Carer Centre on **020 7790 1765** or visit **www.carerscentretowerhamlets.org.uk**
- If you have a complaint about a social care council service: contact the council on **0800 374 176** or email us on **complaints@towerhamlets.gov.uk**



Want to learn more about what activities are in your local area?

For details of social care services, visit
**[www.towerhamlets.gov.uk/
communitycatalogue](http://www.towerhamlets.gov.uk/communitycatalogue)**

For details of other local activities, visit
**[www.ideastoreonlinedirectory.
org.uk](http://www.ideastoreonlinedirectory.org.uk)**

This magazine has been produced in partnership with people who use adult social care services. We would like to thank the following groups for their help in putting this together: Healthwatch Tower Hamlets, the Older People's Reference Group, the Carer Forum at the Carer Centre and Local Voices. We would also like to thank the organisations we work with who contributed to this magazine.

We welcome any comments or suggestions on this magazine. Please email us on **ppci@towerhamlets.gov.uk** with any feedback, or to request any further information on the issues raised.





INVESTORS
IN PEOPLE | Silver



The 2017 “How are we doing?” Local Account magazine Adult Social Care – Communications Plan

1. Introduction

The 2017 “How are we doing?” Local Account magazine attempts to set out the quality and performance of adult social care services over the last year, and our priorities for the future. It is aimed at local residents, adult social care users and carers. The purpose of it is to better equip residents, adult social care users and carers to scrutinise and challenge what we do, ultimately with a view to driving up the quality of services as a result.

2. Communications Plan

2.1 When drawing up the Local Account magazine communications plan, it should be noted that the options have not been pursued:


- Option 1: Only uploading the Local Account magazine to the Tower Hamlets website, rather than printing copies. This option has not been pursued as the majority of adult social care users are not activity accessing online information at the moment¹. The Local Account will still be made available online in addition to printed copies.
- Option 2: Posting out the Local Account magazine to all residents, or to all adult social care users. This option has not been pursued due to the cost involved. Instead, the magazine will be distributed in places that we know are regularly frequented by adult social care users and carers.

2.2 The table below sets out how the Local Account magazine will be communicated to residents, adult social care users and carers over spring and summer 2017:

	Medium	Notes
1	Internet	The magazine will be uploaded on the local authority website and promoted via the front page
2	Via local authority staff	Frontline staff in the Adult Services Directorate will be encouraged to give out the Local Account magazine to the adult social care users and carers they come into contact with. The magazine will be promoted to staff via email, the intranet, Tower Hamlets Now and via team meeting briefings. Copies will be posted to individual teams, including: <ul style="list-style-type: none"> - In-house day care services

¹ In the 2014-15 Service User Survey, 16% of respondents said they used email and the internet. 19% said they did not use email or the internet but found out information from people who did. 66% said they did not use email or the internet at all.

		<ul style="list-style-type: none"> - The Sight and Hearing Service - Reablement - The Community Equipment Service - Practitioner teams.
3	Via social care staff	<p>Staff working for providers commissioned by the Adult Services Directorate will be asked to communicate and distribute the Local Account magazine to service users. The magazine will be promoted to providers via email and the Pan-Provider forum. Copies will be posted to key providers, including:</p> <ul style="list-style-type: none"> - Local care homes - Commissioned day care providers - Commissioned home care providers - Commissioned supported housing providers - Commissioned information and advice providers - Lunch Clubs
4	Via customer forums	<p>Customer forums will be provided with copies of the Local Account magazine. This will comprise of Healthwatch Tower Hamlets, the Older People's Reference Group, Local Voices, Have Your Say, the Tower Hamlets LGBT Forum and any other relevant groups.</p>
5	Via local services	<p>The Local Account magazine will be distributed to the following key locations in the borough:</p> <ul style="list-style-type: none"> - GP surgery waiting rooms - Royal London Hospital and Mile End Hospital waiting rooms - One-Stop Shops - Council office reception and waiting areas.
6	Social media	<p>Short video clip communicating key messages with an introduction from the Cabinet Member</p>

<p style="text-align: center;">Health and Wellbeing Board Tuesday 21 February 2017</p>	 <p style="text-align: right;">Tower Hamlets Health and Wellbeing Board</p>
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Autism Strategy for Adults 2017-22</p>	

Lead Officer	Denise Radley - Director Adult Services
Contact Officers	Layla Richards - Service Manager Policy, Programmes and Community Insight
Executive Key Decision?	No

Summary

- 1.1 Autistic Spectrum Disorder (ASD) is a lifelong developmental disorder, characterised by impairments in social interaction, social imagination and communication. Recent estimates suggest that approximately 1.1% of the population have Autistic Spectrum Disorder.
- 1.2 The attached “2017-22 Autism Strategy for Adults” represents the first strategy of its kind in Tower Hamlets. The strategy sets out how local services will support autistic adults¹ over the next five years, and how we will collectively meet national policy requirements in relation to adults with autism.
- 1.3 The strategy is primarily made up of eight priorities to be worked on over the next five years. These priorities are as follows:
- i. Help autistic people to feel like part of their community
 - ii. Help autistic people access good quality health and social care services
 - iii. Support young people with autism to transition into adulthood
 - iv. Raise people’s skills and knowledge in relation to autism
 - v. Help autistic people to find and keep work
 - vi. Help autistic people to live in good quality housing that meets their needs
 - vii. Reduce and improve autistic people’s interaction with the criminal justice system
 - viii. Help those who care for friends and family with autism
- 1.4 The strategy proposes that an Autism Partnership Board be established in Tower Hamlets to oversee the delivery of the strategy over the coming years.

¹ The phrase “autistic adults” or “autistic people” is being used in preference to “adults with autism” or “people with autism” in line with feedback from autistic people.

Recommendations:

The Health & Wellbeing Board are asked to:

1. Note and comment on the 2017- 22 Autism Strategy for Adults.
2. Endorse a full public consultation of this Strategy, this will be a joint consultation with the CCG.

1. REASONS FOR THE DECISIONS

1.1 Rationale for developing an Autism Strategy

- 2.1.1 National autism strategy: A local Autism Strategy will ensure we are meeting the requirements of the national Autism Strategy and accompanying statutory guidance. This strategy was first published in March 2010 following the Autism Act in 2009, and was most recently updated in January 2016. Statutory guidance was produced in March 2015.
- 2.1.2 Self-assessment: A local Autism Strategy will enable issues identified in our local self-assessment to be addressed. Tower Hamlets has taken part in a number of self-assessments to evaluate our progress on implementing the national autism strategy for adults. The last self-assessment that was completed in October 2016 highlighted a number of areas for improvement.
- 2.1.3 Legislation: A local Autism Strategy will help ensure we are meeting the requirements of the 2014 Care Act in relation to adults with autism. For example, duties around the provision of universal information and support to residents and the need for services to work cooperatively with one another are all applicable to people with autism.
- 2.1.4 Transforming Care Programme: A local Autism Strategy will ensure we are working in accordance with the Transforming Care Programme. This programme arose from the 2011 Winterbourne View scandal, and is focused on developing services and support for people with a learning disability and/or autism who display behaviour that challenges. It sets out an expectation that more community services be developed and with a view to reducing the number of adults with challenging behaviour in in-patient facilities.
- 2.1.5 Demand: A local Autism Strategy will help address the issue of an anticipated increase in demand for autism-related support. Staff feedback is that the number of children and young people with a diagnosis of autism has seen a 150% rise in recent years. The local authority and partner organisations need to anticipate and address a potential increase in demand for support as this cohort reaches adulthood.
- 2.1.6 Joint Strategic Needs Assessment: A local Autism Strategy will enable the needs of adult with autism as identified in the Joint Strategic Needs Assessment to be addressed. A JSNA Factsheet on “Autism Spectrum Disorder” is currently being finalised. Findings highlight a number of areas for improvement, which can be addressed through the strategy.
- 2.1.7 People with a learning disability: Having a separate Autism Strategy will ensure that the needs of autistic adults are not “lost” within learning disability support provision. People with autism can sometimes be categorised as having a “learning disability”, particular in terms of the services they come into contact with. A significant proportion of autistic adults will also have a learning disability, but this will not be true in all cases.

2. ALTERNATIVE OPTIONS

- 2.1 No other options have been considered as the Autism Act (2009) places a statutory requirement for Local Authorities and Health to put in place a local plan for Adults with Autism Spectrum Disorder. Statutory guidance was produced in March 2015
- 2.2 Although the statutory requirements relate to adults, it is beneficial for the local plan to include children and young people to ensure that there is a smooth transition and pathway from children to adult services.

3. DETAILS OF REPORT

- 3.1 The attached 2017-22 Autism Strategy for Adults aims to ensure that we are making strides towards the national vision of autistic adults. This is as follows:

“All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents².”

It is a partnership strategy that will primarily be held by the local authority and Clinical Commissioning Group.

3.2 Scope of the strategy

- 3.2.1 Whilst the “Autism Strategy for Adults” has been primarily developed by the Adult Services Directorate, it is presented as a partnership strategy as we recognise that the needs of autistic adults cut across services and are not exclusive to adult social care.
- 3.2.2 The strategy has a focus on adults but not autistic children. Evidence suggests that the number of children and young people diagnosed with autism has grown rapidly in recent years, and according to staff feedback, autism is now one of the three most common long-term conditions affecting children. The needs of this group will instead be addressed in a planned strategy for children and young people with Special Educational Needs or Disabilities (SEND). This will place a real focus on early intervention to help children and young people with Autism.
- 3.2.3 The lifespan of the strategy is five years rather than the originally proposed three, in recognition of the fact that many of the objectives are longer-term aims.

3.3 Methodology for developing the strategy

² 2010 Adult Autism Strategy *Fulfilling and Rewarding Lives – Vision statement*

3.3.1 The “Autism Strategy for Adults” was primarily developed over November and December 2016. The development of the strategy was overseen by representatives from adult social care, public health and the Clinical Commissioning Group. In developing the strategy, feedback and evidence has been gathered by a wide range of professionals including those in the health, employment and criminal justice sectors.

3.3.2 The aspiration was to fully co-produce the “Autism Strategy for Adults” with autistic people. This aspiration has not been fully realised, however the strategy has been driven by the views and experiences of autism adults as much as possible. There have been key barriers in relation to co-producing the strategy: Firstly, the current design of services means there is no easy way to get in contact with autistic adults³, and secondly, the timescales involved in developing the strategy have limited the opportunity for coproduction. However, meaningful engagement with and feedback from autistic adults has informed the strategy: A focus group with autistic adults and a focus group for carers was held in December 2016 and was attended by 10 people. An online survey was launched over November and December, and was completed by five people. The key messages heard from this engagement activity were that people broadly endorsed the strategy, and were particularly keen on the idea of staff training to raise awareness of autism. These messages have been incorporated into the Autism Strategy for Adults. More detail on feedback has been added at the end of the strategy as an Appendix.

3.4 Structure of the strategy

3.4.1 The “Autism Strategy for Adults” is made up of three main sections: The first section sets the scene, collectively setting out the needs of autistic adults, how we currently meet those needs, and the national policy context. The second section sets out our aims and objectives around supporting autistic adults over the next five years. The third and final section provides more detail on how the strategy in terms of how it will be carried out, how it was developed and how it links to other strategies.

3.4.2 Throughout the strategy, attempts have been made to produce information in “plain language” that is easy to understand and scrutinise. This has been done so that the strategy can be co-owned by autistic adults and their carers.

3.5 Communicating the strategy

Once approved, a Communications Plan will be drawn up to set out how the “Autism Strategy for Adults” will be communicated to staff, stakeholders, residents, service users and carers. This is with a view to ensuring that people who have an interest in autism are aware of and engaged with the strategy over the next five years.

³ For example, there is no one list of contact names and addresses for adults who have received an autism diagnosis, and no one service regularly attended by a cross-section of autistic adults.

3.6 Consultation

- 3.1 CMT have recommended that as this is the first strategy of this kind in Tower Hamlets it should go out for a full public consultation. CMT recommended that the consultation to be carried out jointly with the CCG.
- 3.2 CMT agreed that the strategy should be corporately owned and link in appropriately with the SEND Strategy, with consultations for both strategies acknowledging the links.

4 **COMMENTS OF THE CHIEF FINANCE OFFICER**

The Autism Strategy has been developed and will be delivered jointly by the Council and the Tower Hamlets Clinical Commissioning Group (CCG). The council will deliver those relevant elements of the strategy via its operational teams. The Council has budgeted £330k pa to cover the Autism Diagnostic and Intervention Service, which is supported by resources from the Better Care Fund. The CCG's similarly supports the strategy through its own base budget.

5. **LEGAL COMMENTS**

- 5.1. The Care Act 2014 places a strong emphasis on preventing and delaying needs for care and support, making sure that there is appropriate information and advice for people, support for carers, and promoting integration between social care and health care services. It also places a duty on local authorities to promote a person's well-being when carrying out any of their care and support functions in respect of that person.
- 5.2. The Council must also have regard to the Statutory Guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy dated March 2015 ("the Guidance"), which is issued by the Secretary of State pursuant to section 2 of the Autism Act 2009 and supports the Government's 2014 strategy "Think Autism". This Guidance is issued under s7 of the Local Government Social Services Act 1970, so must be followed unless there is good reason.
- 5.3. The requirements set out in the Guidance in respect of improving training around autism is consistent with the Care and Support (Assessment) Regulations 2014, which require local authorities to ensure that a person undertaking an assessment of an adult's care and support needs has suitable skills, knowledge and competence in the assessment they are undertaking, and is appropriately trained.
- 5.4. The Guidance also addresses the Council's further duties towards those on the autistic spectrum under the Care Act 2014 in respect of planning for transition from children's to adults' services and the requirements under the Children and Families Act 2014 in respect of assessments of the Education,

Health and Care needs of young people up to the age of 25, and providing them with a plan which meets their needs.

- 5.5. The Guidance also advises Councils and NHS organisations should consult with people with autism and their carers. The Council's plans to submit this to public consultation will meet this requirement. Prior to approving the strategy, the Board must consider that adequate time was given for consideration and response. Further, the Board must conscientiously take into account the product of the consultation.
- 5.6. When preparing the Council's Autism Strategy, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 The strategy notes that difficulties with social interaction and communication are some of the main characteristics of autism, which along with social stigma, can lead to social isolation⁴ for autistic adults. The strategy therefore includes an objective around social inclusion: "*Help autistic people to feel like part of their community*". This and the actions listed to achieve this objective are intended to promote social inclusion for autistic adults.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The strategy has financial implications for the local authority and Clinical Commissioning Group. These implications are centred around a proposal to remodel the Autism Diagnosis and Intervention Service in Tower Hamlets so that it offers interventions to adults who have a pre-existing autism diagnosis (not just newly-diagnosed autistic adults), and a proposal to commission autism awareness training to staff working in organisations across the borough. Best value is being proposed in the following ways in relation to this
- *Remodelling the Autism Diagnosis and Intervention Service*: The proposal to extend the service so that interventions can be provided to adults who have a pre-existing autism diagnosis is intended to ensure that autistic adults are provided with effective support that is focused on early intervention and crisis prevention. This, in turn, is intended to ensure that services avoid higher costs associated with crisis situations.

⁴ 56% of respondents in an Autism Together Survey said they were too scared to go out. 41% of respondents in a National Autistic Society Survey said they were socially isolated.

- *Commissioning autism awareness training*: In order to secure best value, it is proposed that Tower Hamlets seek to jointly commission autism training for staff. This training could be funded regionally – for example, by the seven boroughs that make up the Sustainability and Transformation area or the three boroughs that make up the Transforming Services Partnership.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 Not applicable

9. RISK MANAGEMENT IMPLICATIONS

9.1 Having an effective Autism Strategy will help mitigate any risks around the needs of autistic adults not being met.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 The strategy notes that a disproportionately high number of offenders⁵ and victims of crime⁶ have autism. The strategy therefore includes an objective around the criminal justice system: “*Reduce and improve autistic people’s interaction with the criminal justice system*”. This and the actions listed to achieve this objective are intended to reduce crime and disorder overall.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- Appendix I: The 2017-22 Autism Strategy for Adults

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

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

- NONE

Officer contact details for documents:

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Layla.Richards@towerhamlets.gov.uk

⁵ Some studies suggest that between two and four per cent of offenders have autism.

⁶ One report suggests autistic people are seven times more likely to be a victim of a crime.

Tower Hamlets Autism Strategy for Adults 2017-22

1. TOWER HAMLETS AUTISM STRATEGY FOR ADULTS 2017-22: SUMMARY

1.1 Background

It is estimated that around one per cent of the adult population have Autism Spectrum Disorder (ASD). It is a condition that is characterised by impairments in social interaction, social imagination and communication. Autistic adults can experience difficulties in life, and are more likely to experience problems related to things like health, housing and crime. This strategy sets out how the Council, health services and others will help autistic adults between 2017 and 2022.

1.2 Aims

Our vision locally is the same as the government's vision, which is as follows:

"All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents¹."

1.3 Objectives

The eight objectives we will work on in order to improve things for autistic adults are to:

- 1) Help autistic people to feel like part of their community
- 2) Help autistic people access good quality health and social care services
- 3) Support young people with autism to transition into adulthood
- 4) Raise people's skills and knowledge in relation to autism
- 5) Help autistic people to find and keep work
- 6) Help autistic people to live in good quality housing that meets their needs
- 7) Reduce and improve autistic people's interaction with the criminal justice system
- 8) Help those who care for friends and family with autism

1.4 How we will make this happen

We will set up an Autistic Adults Partnership Board to make sure that this strategy is put into place. We are really keen to make sure this Board includes autistic adults and their carers.

2. INTRODUCTION

2.1 Autistic Spectrum Disorder (ASD) is a lifelong developmental disorder, characterised by impairments in social interaction, social imagination and communication. Autism is a spectrum condition, which includes autism and Asperger's syndrome. Research and feedback indicates that autistic adults can have needs in a range of areas that relate to health, social care, housing, the criminal justice system and social inclusion. This strategy aims to address

¹ 2010 Adult Autism Strategy *Fulfilling and Rewarding Lives – Vision statement*

these needs, setting out how the Council, health services and others will help autistic adults between 2017 and 2022.

2.2 Throughout this strategy, the phrase “autistic adults” or “autistic people” is used in preference to “adults with autism” or “people with autism”. This is in line with feedback from autistic people.

2.3 This strategy is a partnership strategy. It is held by the Council and the Tower Hamlets Clinical Commissioning Group, and has implications for other services, such as the criminal justice system. As such, it sets out the collective vision for autistic adults in the borough.

3. BACKGROUND INFORMATION

3.1 The number of autistic adults

3.1.1 Autism in adults is often under-diagnosed, under-reported and misdiagnosed, largely due to the social and communication difficulties associated with the condition².

3.1.2 Recent estimates suggest that there are around 450,000 adults nationally living with autism. This equates to 1.1% of the population. The rate of autism among men (2.0 per cent) is higher than among women (0.3 per cent). The current evidence suggests that the prevalence of autism in adults who also have learning disabilities is between 7 per cent and 20 per cent.

3.1.3 In 2015 there were thought to be almost 2,300 adults with ASD in Tower Hamlets³. This equates to 0.8% of the population. However, this figure is an estimate and therefore needs to be approached with caution. It is estimated that around half of this group have a learning disability.

3.1.4 Evidence suggests that the number of children and young people diagnosed with autism has grown rapidly in recent years, and according to staff feedback, autism is now one of the three most common long-term conditions affecting children. Inevitably, as this group get older, we can expect the number of adults with autism to increase accordingly. In an environment of restricted public resources, one of the aims of this Strategy is to set out how we can address an increase in demand in a sustainable way. Moreover, early intervention for children and young people with Special Educational Needs or Disabilities (SEND), many of which will transition into Adult Services, is a priority in the SEND strategy.

² Tower Hamlets JSNA Factsheet – Adults with Autism Spectrum Disorder (2016) Peter Lamb

³ 2125 adults 18-64, 153 aged 65 or over. Source: Tower Hamlets JSNA Factsheet – Adults with Autism Spectrum Disorder (2016) Peter Lamb

3.2 The characteristics of autism spectrum disorder

- 3.2.1 One of the main characteristics of autism is difficulties with social interaction and communication. Another characteristic of autism relates to restricted and repetitive patterns of behavior, activities or interests. Some people with autism can display challenging behavior. This can include physically aggressive behaviour, but can also include other behaviours that have a negative impact on themselves or others.
- 3.2.2 It is recognised both nationally and locally that there is work to be done to improve public and professional understanding of autism. People with autism can experience social isolation, stigma or bullying.

3.3 The needs of autistic adults

3.3.1 A spectrum of needs

Autism is a spectrum condition, so whilst all autistic people share certain difficulties, being autistic will affect different people in different ways. For example, it is plausible (though it is not quantifiable) that only a small proportion of autistic adults will meet the eligibility threshold for support from adult social care. Feedback from staff is that high functioning people with autism can be at risk of falling “under the radar” of support services, which can then lead to preventable issues escalating unnecessarily.

3.3.2 Accessing and using care and support

Feedback at a national level suggests that people with autism do not always get the help they need from adult social care, and do not always have a positive experience. Locally, there are systems in place to help identify and support autistic people to get the support they need. There are two main ways that people are identified: Adults may have been diagnosed as children and be in contact with Children’s Social Care, in which case staff will work together to manage the transition to adult social care. Alternatively, the Tower Hamlets Autism Diagnosis and Intervention Service is there to help identify adults with autism who have not yet received a diagnosis. The total number of referrals (including self-referrals) for diagnosis since the start of the project to end of 2015-16 is 221⁴. Once identified, adults with autism are subject to the same eligibility criteria as everyone else in relation to receiving a care package. Despite this, records show that as of March 2016, less than one per cent of the people receiving a care package from adult social care had autism⁵, although there may be issues with the accuracy of this data.

⁴ Tower Hamlets JSNA Factsheet – Adults with Autism Spectrum Disorder (2016) Peter Lamb

⁵ The 2015-16 SALT return indicated that there were 15 adult social care users with autism as a reported health condition as of 31.3.16, out of approximately 3,500 adult social care users.

The 2014 Care Act introduced a legal duty on local authorities to provide preventative support in relation to adult social care. A range of services are funded with this in mind, including the post-diagnosis support offered to adults with autism by the Tower Hamlets Autism Diagnosis and Intervention Service. However, there is arguably less tailored preventative support available for adults with a pre-existing autism diagnosis.

3.3.3 Accessing and using health services

As well as having symptoms related to autism, people with the condition also suffer from the same general types of physical and mental health problems as everyone else in the community. However, because of their autism they are at an increased risk of ill health than the general population. For many people with autism, mainstream health services can be hard to access⁶. This can be due to a lack of understanding of autism among staff in those services but there are other contributory factors. Putting in place reasonable adjustments can ensure that adults with autism are able to benefit fully from mainstream health services to live independently and healthily.

The health community need to ensure that GPs, as the gatekeepers to diagnostic services and other referrers, such as mental health teams, have a good understanding of the whole autistic spectrum and the diagnostic pathway that has been developed in Tower Hamlets. This will enable adults with autism to be supported more effectively from the start of their assessment process.

3.3.4 Housing

Housing can play a vital role in supporting autistic people to maintain good health, independence and improve their quality of life.

A survey by the National Autistic Society showed that 49% of adults with autism still live with their parents⁷. This may reflect the fact that many autistic people require ongoing support into adulthood due to their needs or that support to help them live independently is limited. Secondly people with autism may also live in accommodation that is unsuitable for them e.g. in

It should be noted that there were approaching 3000 clients for whom no health condition was recorded. This may be an accurate reflection of the situation, but it is also possible that there are issues with staff recording this information on Framework-I (the client database used in adult social care)

⁶ Westminster Commission on Autism, Inquiry into Access to Healthcare for Autistic People 2016

⁷ Barnard, J. et al (2001). Ignored or ineligible? The reality for adults with autism spectrum disorders.

terms of environmental factors such as noise and space. Inappropriate housing can reduce their ability to live independently.

There is no supported housing, extra-care sheltered housing, residential care or nursing care provision in the borough that is targeted solely at autistic adults. There is no evidence available which indicates how many people need this now or are likely to need it in future. For this reason, an important first step is to build up a clearer picture of the housing-related support needs of autistic adults now and in future. This can then be used to decide what supported housing models might need to be developed in future.

Locally, the way that we meet the housing needs of autistic people in Tower Hamlets is currently undergoing change. The needs of autistic people living in the community in Tower Hamlets are addressed as part of the 2017-22 Tower Hamlets Housing Strategy. The new local Housing Strategy has specifically recognized the needs of people with learning difficulty and autism and contains a commitment to work to support the development of an Accommodation Plan for People with Learning Disabilities and autism.

3.3.5 Criminal Justice System

It is estimated that a disproportionately high number of prisoners have autism. Some studies suggest that between two and four per cent of offenders have autism⁸. Autistic people are also thought to be more likely to be a victim of crime, with one report suggesting that they are seven times more likely to experience this.

There are already a range of measures in place to help identify and support autistic people who are in contact with the criminal justice system. However feedback suggests there can be issues with these practices. There is also room for improvement in terms of how staff in the criminal justice system understand autism overall, and their knowledge of where to signpost or refer autistic people to in Tower Hamlets.

3.3.6 Employment

Autistic adults are significantly underrepresented in the workforce. Nationally, only 16% of autistic adults in the UK are in full-time paid employment⁹. 32% of autistic adults in the UK are in any kind of paid work, compared to 47% of disabled people and 80% of non-disabled adults¹⁰.

⁸ 'A Whistle-Stop Tour of ASD and vulnerability for involvement in criminality' (Richard Mills) September 2013

⁹ National Autistic Society (2016) *The Autism Employment Gap*

¹⁰ National Autistic Society (2016) *The Autism Employment Gap*

Only 10% of autistic adults receive employment support, but 53% say they want it¹¹.

Local employment levels for autistic people are not known¹². An employment support service is available for autistic people in the borough¹³. This support includes supporting autistic people to develop their CVs, support to search and apply for work, confidence-building, job coaching and training. The service also looks to build relationships with potential employers (for example, developing work placements) to expand work opportunities for people with autism. Between November 2015 and November 2016, the employment support service helped four adults with higher functioning autism into employment, helped six more to sustain their existing jobs, and helped three to go into higher education. The service helped 10 adults with lower functioning autism into employment¹⁴.

National and local feedback indicates that autistic people can experience a range of barriers in relation to employment. Recruitment processes can be daunting and difficult to get through and employers may not have a good understanding of how to make reasonable adjustments for autistic employees.

Carers of people with autism can also find it difficult to work. According to 'Ambitious about Autism', only 11% of carers of children with autism work full-time, whilst 70% say that the lack of appropriate care facilities stops them working.

3.4 Autism - National, local policy context

3.4.1 The 2009 Autism Act

The 2009 Autism Act was the first ever disability-specific law in England. The law said that the Government must produce an autism strategy, and must set out what health and social care have to do to put the strategy into place. The government did this in 2010, and more details are set out below.

¹¹ Bancroft et al (2012). *The Way We Are: Autism in 2012*. London: The National Autistic Society

¹² Employment levels for people with a mental health or mental health problem who are in contact with social care are recorded, but this does not specify if someone also has autism, and does not include employment rates for people who have autism only. In 2015-16, 4.9% of adults with a learning disability receiving long-term support were in paid employment, equating to 28 people. 4% of adults in contact with secondary mental health services are in paid employment, compared to 5% last year and an average of 7% across England. 93% are living independently, compared to 92% last year and an average of 59% across England.

¹³ The Tower Hamlets Jobs, Enterprise and Training service is commissioned by the Tower Hamlets Autism Diagnostic and Intervention Service to provide this service

¹⁴ Records are not kept as to how many adults with lower functioning autism have been supported into higher education, but the service estimates this to be about 10 people.

3.4.2 The national autism strategy

In the UK: The government first published an autism strategy in 2010, called 'Fulfilling and Rewarding Lives', in 2010. Since then:

- An updated autism strategy and a progress report has been published, most recently in 2016¹⁵.
- Government guidance setting out what local authorities and health services must do to meet the needs of people autism, most recently updated in in 2015.

The strategy sets out 15 priority challenges for action.

In Tower Hamlets: A self-assessment to assess progress in Tower Hamlets against the national strategy was last completed in October 2016. This self-assessment identified a number of areas of good practice, and a number of areas for improvement. This strategy aims to ensure that we are working in line with the national autism strategy in Tower Hamlets, and to work on those areas identified through the self-assessment as areas for improvement.

3.4.3 The 2014 Care Act

In the UK: The 2014 Care Act introduced a number of legal changes to adult social care. These legal duties apply to all adults, including those with autism, and have largely been welcomed. Amongst other things, they mean that autistic adults and their carers should find it easier to find information and advice related to adult social care and should have access to services that help them stay as well as possible for as long as possible. If an autistic person or their carer has a significant need of care and support (as defined in the Care Act), they should receive this.

In Tower Hamlets: We put in place a programme of work to make changes following the 2014 Care Act. The changes that have been made apply to all adults. However, feedback indicates that we could do more to address the specific needs of adults with autism within the work we do. We also know that we could do more to support young people who are not yet 18 years old. This Strategy includes actions to address these issues.

3.4.4 The Transforming Care Programme

In the UK: The 'Transforming Care Programme' seeks to improve services and support for people with a learning disability and/or autism who display behaviours that challenge. One of the main aims of the programme is to

¹⁵ <https://www.gov.uk/government/publications/progress-report-on-strategy-for-adults-with-autism>

replace more in-patient services with community-based services for this group, in the wake of things like the 2011 Winterbourne View scandal¹⁶. There are two main documents that describe the programme in more detail:

- 'Building the Right Support', which is the national plan setting out what needs to change¹⁷, and
- A 'Service Model'¹⁸, which sets out what good health and social care services look like.

Collectively, these documents want things to improve for people with autism who have challenging behaviour, so that there is:

- More choice for people and their families, and more say in their care;
- More care in the community, with personalised support provided by multi-disciplinary health and care teams;
- More innovative services to give people a range of care options, with personal budgets, so that care meets individual needs;
- More intensive, early support for those who need it, so that people can stay in the community, close to home;
- Things in place to make sure that people who need in-patient care only get this for as long as they need it.

In Tower Hamlets: The Tower Hamlets Clinical Commissioning Group – in partnership with others - is leading on the implementation of the Transforming Care Programme in Tower Hamlets, which is overseen by the regional Transforming Care Board. The intention is to continue to develop community-based services to prevent people with challenging behaviour being admitted to in-patient facilities, and to design these services so that they are person-centered in line with the Transforming Care Service Model.

3.4.5 Funding and resources

A number of public services are experiencing a restriction in resources in real terms. The local authority, for example, has been required to save £138 million between 2010 and 2016, and needs to save a further £58 million by 2020. This strategy has been written with an awareness that resources are restricted, and aims to put the resources available to public services to the best possible use.

4. **CURRENT SUPPORT FOR AUTISTIC ADULTS IN TOWER HAMLETS**

- 4.1 Tower Hamlets Autism Diagnosis and Intervention Service was established in May 2014 to diagnose autistic adults. It is part of the East London NHS

¹⁶ Winterbourne View was a private hospital. In 2011, a BBC Panorama programme uncovered abuse taking place in the hospital.

¹⁷ <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

¹⁸ <https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf>

Foundation Trust (ELFT) and is currently funded through the Better Care Fund¹⁹. The service offers a number of interventions to adults who have recently been diagnosed with autism. These can be psychological interventions, support with speech and language, or interventions from an Occupational Therapist or Social Worker. The service can also help with things like housing, benefits, social communication skills and independent travel training; and can refer people onto other services as appropriate. It should be noted that these interventions are available to adults after they have received a diagnosis: They are not available to adults with a pre-existing diagnosis.

Tower Hamlets Autism Diagnosis and Intervention Service commission the Tower Hamlets Jobs, Enterprise and Training (JET) service to provide employment-related support to people with autism in the borough.

- 4.2 Staff in a range of organisations in Tower Hamlets have been offered support and training in the past in relation to how they work with autistic people. The local authority has previously provided training, which has been targeted at Council staff. The Tower Hamlets Autism Diagnosis and Intervention Service has also provided training to staff at the East London NHS Foundation Trust and externally where requested. The service can also provide support to external professionals in relation to individual cases.

5. OUR AIMS AND OBJECTIVES

The aim of this strategy is to meet the ambition of national autism strategy for autistic adults in Tower Hamlets, so that:

All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents²⁰.

We have identified eight objectives in relation to this aim. We think these are the main areas we need to work on in order to improve things for autistic adults, based on research and feedback.

¹⁹ The Better Care Fund is an annual budget jointly held by the local authority and Clinical Commissioning Group.

²⁰ 2010 Adult Autism Strategy *Fulfilling and Rewarding Lives – Vision statement*

Objective 1: Help autistic to feel like part of their community

Main themes

- Autistic people may not feel like an accepted part of their local community and are more likely to feel socially isolated
- Staff who work for local organisations may not always understand autism, so may not always help people as much as they could.
- Many people with autism will not need specific support from health or social care, but they may still need others to understand how autism affects them
- Health and social care will tailor information for people with autism when we are asked to²¹, but general information provided by public services is not always easy for people with autism to understand.

What we will do

- We will use “World Autism Awareness Week” each year to raise awareness of autism. We will run a public awareness-raising campaign at this time to help combat stigma and discrimination around autism.
- We will encourage organisations to be “autism-friendly”, where quiet spaces with limited sensory distractions will be provided along with clear information. We will look to have these in GP surgeries, Idea Stores and One-Stop Shops to start with.
- We will offer training to staff who work for local organisations on autism. There are more details in Objective 4.
- We will provide good quality, online information and advice on autism that is available for everyone to read and make use of. We will develop this in partnership with those with autism.
- We will try harder to produce information and advice that is clear, useful and easy to understand for people with autism. We will do this with our partners where it is appropriate to do so.

²¹ In line with the NHS England Accessible Information Standard and our Accessible Information Policy

Objective 2: Help people with autism access good quality health and social care services

Main themes

- The Autism Diagnosis and Intervention Service in Tower Hamlets can diagnose autism and can help people following this diagnosis for a limited period of time.
- The Service is funded one year at a time through the Better Care Fund, which can make staff recruitment difficult.
- There may be a number of women and older people who have autism living in Tower Hamlets who have not yet been diagnosed as such.
- The number of people with autism who will need help from health and social care is likely to go up in future.
- Only a small number of people with autism are likely to need ongoing support from adult social care. However, many more may benefit from using the “preventative” services that adult social care funds.
- Social care services sometimes categorise people as having a “learning disability”, “physical disability” or “mental health issue”, and can struggle to know where to place people with autism
- Very few referrals to the Tower Hamlets Autism Diagnosis and Intervention Service come from adult social care at the local authority.

What we will do

- We will encourage more women, older people and people with English as a second language who suspect they have autism to come forward for an assessment. We will do this through awareness raising and training.
- We will support people with autism who have challenging behaviour through our ‘transforming care programme’. This includes offering support to people with challenging behaviour and their carers who are in a crisis²²
- We will aim to fund a Tower Hamlets Diagnosis and Intervention Service on a more longer-term basis
- We will change the role of the Tower Hamlets Diagnosis and Intervention Service so that interventions can be offered to someone with a pre-existing diagnosis of autism, and can be offered to them more than once
- We will offer person-centred social care and choice to those who are eligible for adult social care, including the offer of direct payments so that people can purchase their own care and support
- Through training, we will make sure that staff in *all* social care teams are able to support people with autism (not just the Community Learning Disability Service or Community Mental Health Teams)

- ²² This could mean the provision of specialist challenging behaviour support. One model could be a team of senior support workers supervised by a behavioural psychologist. Respite provision could also be looked at.

have autism themselves, and can help others by doing things like going with them for appointments.

- We will encourage adults with autism to set up user-led support groups
- We will add information on services for people with autism, including autism-friendly universal services to online service directories, including the Community Catalogue in adult social care
- We will strengthen the links between the Autism Service and the Council so that staff are working more closely together. We want to see more referrals from the Council and other agencies being made to the Autism Service.
- We will identify a health lead to make reasonable adjustments to reduce barriers for autistic people accessing mainstream healthcare services and encourage the use of “annual health checks” with GPs for autistic adults.
- We will modernise day service provision for people with autism who have social care needs, so that services help people to be part of their communities through an increased focus on a more personalised, community focused approach. We will improve the information we record about people with autism in the borough
- We will work towards codesigning and coproducing support services to ensure they are accessible for autistic adults and their carers

Objective 3: Support autistic young people to transition into adulthood

Main themes

- Some young autistic people and their families can feel that there is less support available to autistic adults
- The criteria for being eligible for a support package from adult social care is different to the criteria used in children’s social care. This can also result in some people experiencing an end to support once they reach adulthood
- For autistic young people who need ongoing support from adult social care, feedback is that adult social care staff do not always get involved at an early stage

What we will do

- Adult social care in the Council will work with children’s social care, in line with The Transition Policy.
- We will work with children’s services to ensure appropriate information on the transition pathway is clearly communicated to relevant stakeholders, including parent carers.
- We will work with the Children and Young People ASD Provider Network to strengthen the transition from childhood to adulthood and adult service.

Objective 4: To raise people's skills and knowledge in relation to autism

Main themes

- Across Tower Hamlets, professionals may not always understand autism. They may not always help people with autism as much as they could, and sometimes may accidentally make things worse.
- Change can be unsettling for people with autism, and they may need particular help and support when going through a big change in their lives.

What we will do

- We will design new online training for professionals on how to work with autistic adults and make reasonable adjustments. We will work closely with autistic adults on this project.
- We will make sure that professionals know that they can contact the Autism Diagnosis and Intervention service for advice on case work
- We will offer training on autism to staff at the Council, Housing Associations, the Police, the Probation Service, and other local organisations
- We will offer training on autism to advocates in adult social care
- We will offer social skills training for adults with autism who are interested in this
- We will offer other training to people with autism and their carers where this is needed – for example, training to help deal with challenging behaviour . We will offer this when a person is diagnosed with autism, and when they are going through a big change in their lives (e.g. going from being a child to an adult).

Objective 5: Help autistic people to find and keep work

Main themes

- People with autism are more likely to be out of work
- Some people with autism can find it difficult to get and keep a job
- Employers do not always understand autism, so do not always help people as much as they could.

What we will do

- We will try to make it easier for people with autism to apply for a local job. We will start by looking at how people apply for jobs in the Council and NHS.
- We will offer training to employers in the borough to help them understand what “reasonable adjustments” they can make. There are more details in Objective 4. We will also let employers know where they can go for more information²³.
- We will work to establish more opportunities for work experience for adults with autism in Tower Hamlets. This includes work experience in the Council and NHS.
- We will continue to support services to help people with autism in the borough find and sustain work, and will look at setting targets in relation to this.
- We will ensure Social Impact Bond (SIB) supported employment also works with autistic adults.

²³ For example: National Autistic Society resources or Trade Unions Congress (TUC) resources.

Objective 6: Help autistic people to live in good quality housing that meets their needs

Main themes

- The design of housing in Tower Hamlets will not always meet the needs of autistic people.
- Some people with autism may need to live in supported housing. At the moment, there is no supported housing in Tower Hamlets aimed at people with autism.
- Staff who work for housing associations may not always understand autism, so may not always help people as much as they could.

What we will do

- We will include autism in the Tower Hamlets Housing Strategy. This is to make sure that when new homes are designed and commissioned, the needs of those with autism are taken into account as much as possible. This will include supported housing and extra care sheltered housing (ECSH).
- We will offer training to staff who work for housing associations on autism. There are more details in Objective 4. Our aim is for each local housing office to have at least one member of staff who has received this training.
- We will work with colleagues to carry out the Accommodation Plan for People with Learning Disabilities (PWLD) and autism.

Objective 7: Reduce and improve autistic people's interaction with the criminal justice system

Main themes

- Autistic people are more likely to be offenders
- Autistic people are more likely to be the victim of a crime
- There are things in place to help identify and support people with autism who may have committed, witnessed or been the victim of a crime, but there is also room for improvement
- If an autistic person is suspected of a crime and needs an "appropriate adult" with them from social care, we are not always sending someone with the right knowledge of autism

What we will do

- We will develop Autism Alert cards. People with autism will be encouraged to carry these with them. They will set out the kinds of things that professionals need to be aware of when they are dealing with the person with autism.
- We will improve the provision of "appropriate adults" to the police for adults with autism. We will make sure that the police know to contact the Tower Hamlets Autism Diagnosis and Intervention Service if they need an appropriate adult for someone with autism
- We will offer training to staff in the criminal justice system on autism. There are more details in Objective 4.
- We will see if health and social care staff would benefit from being able to talk to a forensic psychologist if they are working with someone with autism who has committed an offence, as part of our work on the Transforming Care Programme.

Objective 8: Help those who care for friends and family with autism

Main themes

- It can be difficult for carers to balance caring with work, and a lot of carers do not work
- It can be difficult for carers to manage the challenging behaviour some people have as part of having autism
- Some carers of autistic people can find it hard to have a life of their own

What we will do

- We will give carers and people with autism advice and information about short breaks and respite care in the home.
- We will help employers think about what they can do to support employees who are caring for someone with autism. There are more details in Objective 5
- We will offer carers training on how to deal with challenging behaviour as part of the planned Carer Academy
- We will let carers of people with autism know about Carer Needs Assessments in social care

6. HOW WE WILL MAKE THIS HAPPEN

We will set up an 'Autistic Adults Partnership Board'. This group can be made up of staff, people with autism and their carers. The group can make sure that this strategy is put into place. The group will meet regularly from spring 2017 onwards, and can develop a work plan to set out what specific actions will be worked on each year.

7. HOW WE DEVELOPED THIS STRATEGY

7.1 Research

We carried out research on the needs of autistic adults. We looked at national research and information, and local information. A key document was the "Autism Joint Strategic Needs Assessment", which sets out the needs of autistic adults in Tower Hamlets. This strategy aims to meet the needs identified in research.

7.2 Input from autistic adults and carers

We were keen to have as much input as possible from autistic adults and carers in Tower Hamlets. We advertised a focus group for autistic adults and carers in December 2016. For people who were unable or preferred not to attend a focus group, we also advertised an online survey. The views and

experiences we heard have driven the contents of this strategy. We are now committed to making sure we continue to work in partnership with autistic people and carers to put the strategy into place.

7.3 Input from staff

We talked to staff in a range of settings to get their views on what works well for autistic adults in Tower Hamlets and where things need to improve. We talked to staff in social care, health services, the criminal justice system, employment support and in housing. Their views have informed this strategy, and we are keen to continue to work with a range of staff through the planned Autistic Adults Partnership Board.

8. **OTHER STRATEGIES AND PLANS THAT ARE LINKED TO THIS**

This Strategy has close ties to the following strategies and plans in Tower Hamlets:

- The 2017-18 Tower Hamlets Strategic Plan
- The 2017-20 Health and Wellbeing Strategy
- The 2017 Carer Strategy
- The 2017 Aging Well Strategy
- The 2017 Housing Strategy
- The 2016-19 Children and Families Plan
- The Community Safety Partnership Plan
- The Special Education Needs and Disabilities (SEND) strategy (currently being planned).

When putting this strategy into place, we will work with an awareness of these strategies. This is to make sure that resources are put to the best possible use, and that there is no duplication of resource.

Appendix I: Feedback from autistic people and carers

Gathered via an online survey (5 respondents) and focus groups (10 attendees) in December 2016

General

- People support the idea of staff training on autism and feel it is needed.
- Some people find the label “autism” useful. Others do not, and would actively seek to avoid it. As a result, there was a divide in opinion when it came to “Autism Alert” cards: Some people feel strongly that they would be useful. Others feel strongly that they do not want to use them. Those who like the idea of an Autism Alert card would also like to see IT systems “flag” the issue that a person has autism, so that they do not have to repeatedly explain themselves when contacting public services.
- Some autistic people may actively seek to avoid interaction with services (e.g. primary care). This could be due to previous negative experiences. This can cause problems in getting a diagnosis, and getting post-diagnostic support. Have to think through how to get support to these people.
- People would like to see form-filling that is brief and to the point

Health

- People suggested the idea of having annual Health Checks with GPs
- People suggested that autism awareness training be provided to health professionals, but also frontline staff (e.g. GP receptionists)
- People would like to see:
 - o The offer of home visits from GPs or community nurses for autistic people who cannot leave their homes
 - o Forms that are brief and to the point
 - o The offer of GP appointments that are longer than 10 minutes
 - o The offer of GP appointments at quieter times
 - o The offer of seeing a consistent GP
 - o A reduction in waiting times at the GPs
 - o GPs using visual diagrams (e.g. body diagrams, or a picture of the GP) to assist with communication
 - o Visitor parking permits for appointment times

Housing

- People like that they can reapply for housing on medical grounds
- People would like planning to consider:
 - o Access to space (e.g. gardens) for those who are housebound
 - o The risks posed by having an open-plan kitchen and living room (it can be easier for autistic people to access kitchen hazards)
 - o The risks posed by having balconies in high-rises
 - o The risks posed by having locks that are easy to unlock (it can lead to people wandering)
 - o Cluttered pavements that can be difficult to navigate through.
- Would be good for people to “make an effort” with their neighbours in order to get support from their communities.

Crime

- There was mention that the British Transport Police are good – people had good experience of them interacting with people with autism
- People would like to see:
 - o The system providing quiet and calm spaces for autistic people
 - o Criminal justice system staff using communication aids
- People raised the question as to when challenging behaviour becomes criminal behaviour
- People mentioned “mate crime” as an issue facing some autistic people.

Social Care


- A number of people recounted that they had received help whilst children, but that this had ended at the point of reaching adulthood. There was a feeling that resources are stretched and that little is available.
- People would like adult social care to consider:
 - o Providing people with a consistent Social Worker
 - o Staff sending a write-up of meetings after they take place
 - o The autism diagnostic service in Tower Hamlets providing support on a longer-term basis
 - o Providing support to combat social isolation for autistic people
 - o Supporting an occasional informal coffee morning in a safe, quiet space
 - o A drop-in service provided in a less formal way may be useful

Society

- It would be good to work with local shops so that staff are more aware of how to deal with autistic people and challenging behaviour.
- A peer-led group may be useful to establish.

Employment

- People would like to see:
 - o More work placements and employment opportunities for autistic people
 - o More CV preparation and interview training, more mentors
 - o Support for autistic adults on how to manage social situations at work
 - o Application forms that are as brief as possible
 - o Support with using public transport, recognising that people may struggle with employment if the travel there is stressful.
- One person mentioned a service in Camden, whereby employers with specific requirements are linked up with autistic people with specific skill-sets. People liked the idea of focusing on the special interests to autistic adults.

<p align="center">Health and Wellbeing Board Tuesday 21 February 2017</p>	
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Engagement Paper: emerging Open Space Strategy 2017 - 2027</p>	

Lead Officer	Debbie Jones, Corporate Director – Children’s
Contact Officers	Judith St John – Acting Divisional Director Sport, Leisure, Culture & Youth Thorsten Dreyer - Service Manager – Strategy, Performance & Resources
Executive Key Decision?	No

Summary

The emerging Open Space Strategy 2017 – 2027 is being developed in alignment with the Council’s vision to make the borough a great place to live with healthy and supportive communities. As the population of the borough increases it will become more challenging to meet the demands for new space. To ensure that there continues to be access to high quality open space for residents and visitors we will need creative ways of delivering and maintaining open spaces and robust evidence will be needed to secure provision wherever possible.

The strategy is being developed in alignment with national, regional and local guidance and local priorities and sets out the strategic direction in relation to provision, and projected demand, for parks and open spaces in the borough.

This engagement paper sets out the key findings informing the emerging strategy and seeks input from Health and Wellbeing Board to ensure the final strategy aligns fully with the Health and Wellbeing Strategy.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note the key findings informing the emerging strategy as set out in section 3.
2. Consider and comment on how the Health and Wellbeing Board can contribute to meeting the challenges presented by the key findings, especially in identifying:
 - How we can manage demand for parks and open spaces as the population increases;
 - How we can make more creative use of open space, and increase quality to also increase use by local people.

1. REASONS FOR THE DECISIONS

- 1.1 The purpose of this report is not to seek a specific decision. The report seeks to engage the Health and Wellbeing Board in the development of the emerging strategy.

2. ALTERNATIVE OPTIONS

- 2.1 No alternative options were considered as input from the Health and Wellbeing Board will ensure the strategy aligns more effectively.

3. DETAILS OF REPORT

- 3.1 Tower Hamlets parks and open spaces are popular with local residents and visitors to the borough with their broad appeal being reflected in high satisfaction ratings from residents, which have been steadily increasing for the past three years.
- 3.2 In the coming years the population of the borough is projected to grow and demand for existing open space will increase and competing demand from different user groups on these spaces will need to be managed. In the context of population growth and financial pressures the need for the emerging Open Space Strategy 2017 – 2027 is outlined as:
- To manage the impact of population growth on the provision of open spaces
 - To attract and guide investment in parks and open spaces to the best effect
 - To contribute to sustainable development
 - To address competing demands on parks and open spaces
- 3.3 The approach taken to development of the strategy comprises a range of activities including: research and review of best practice, consultation findings and strategic drivers. An independent quality and value audit and in-house analysis of all parks and open spaces and modelling of open space requirements in the borough were carried out. Consultation and engagement is also being undertaken with stakeholders through telephone market research, in-depth focus groups and workshops with external stakeholders to establish strategic priorities.
- 3.4 The strategy is one of a number of sport and open space related strategic documents that address separate but interrelated issues. The emerging Open Space Strategy focuses on ensuring that the network of open space and playing fields in the borough will be of sufficient quantity, quality, accessibility and suitability.
- 3.5 It sits alongside the emerging Indoor Sports Facilities Strategy and both of these documents are concerned specifically with physical assets. The

forthcoming Physical Activity and Sport Strategy will set out a vision for sports and physical activity and identify the outcomes we need to improve on, including participation and sports development.

3.6 The strategy is intended to align with and support the Health and Wellbeing Strategy, particularly the priority 'Creating a Healthier Place' which highlights the impact that our environment has on our health and wellbeing places and sets out our aims to ensure better and more creative use of open space, to see an increase in use and satisfaction with green spaces and increase in the quality and function of open space.

3.7 The key findings from the emerging strategy are set out below:

3.8 The need for an Open Space Strategy.

- The strategy will help to manage the impact of population growth on the provision of open spaces by robustly evidencing the need for provision. The evidence gathered will be used to affirm current principles for open space and inform planning policies and planning decisions through the Local Plan.
- Evidencing the need in the borough will also support attracting and guiding investment in parks and open spaces to the best effect whilst also contributing to sustainable development.

3.9 Open space demand in a changing and growing borough.

- The borough has a very high population density which is expected to increase by 25% during the lifespan of the strategy. It is reasonable to assume that demand for parks and open spaces in the borough will increase and the projected population increase will put further pressure on them.
- Younger age groups (16-24 year olds and 25-34 year olds) use parks and open spaces more, compared to older age groups and given the boroughs larger young adult population this can be expected to add pressures.
- Health indicators show there are still gaps between the health of the borough residents and the national average and it is also documented that households with the lowest income levels are also less likely to engage in physical activity.

3.10 Assessment of parks and open spaces.

- The assessment undertaken for the strategy is informed by national and regional guidance and focuses on publicly accessible open space as it offers all residents recreational opportunities.
- The overall provision of publicly accessible open space falls below the local standard. As of 2016/17 there was a total of 0.89ha per 1,000

residents in the borough which is less than the local open space standard of 1.2 ha per 1,000 residents.

- The quality and value of open space varies across the borough with 80 parks and open spaces scoring above the quality standard and 112 scoring below. This includes parks and open spaces both owned, and not owned by Tower Hamlets and the standards were based on Green Flag criteria, which set a very high standard. Therefore spaces below the threshold may still be of good quality or value but fall short of the high standards set for parks being awarded a Green Flag.

3.11 Stakeholder and resident consultation.

- Resident satisfaction with parks and open spaces is high and has been steadily increasing over recent years. Parks are frequently used by residents and 'spending time with family and friends' was the main reason given for visiting.
- Residents recognise that parks and open spaces have a valuable role for individuals and the broader community. Benefits that have been noted include opportunities to be physically active and bringing people of different backgrounds together, although there appears to be a gap between those who identify the opportunity to be active and those who use it.
- Some stakeholders would like more open space dedicated to organised sports, while a majority would prefer parks to be primarily a space for relaxation and socialising.
- Making parks safe and keeping them well maintained are viewed as important priorities for adult residents and other stakeholders, with some wanting to get involved in horticultural maintenance and support for wider community management arrangements.

3.12 Future demand for new open space.

- The increasing demand for land, especially for housing, in recent years has put pressure on the existing parks and open spaces in the borough, which cover a relatively small area.
- Population projections show that more wards will have open space deficiencies by 2013 and large parts of the borough, where significant population increase is expected, are beyond walking distance from parks above 2ha.
- There is limited scope to provide additional open space and it will be important to protect existing provision through effective Local Plan policies. The increasing demand on existing space also points to the need for more robust design and management approaches to ensure that higher levels of use can be sustained.

- Whilst outdoor physical activity is not the only factor that contributes to the improvement of wellbeing it is widely known that it improves people's physical and mental health. The provision of parks and open spaces in the borough can contribute to the improvement of the health of residents.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 There are no direct financial implications emanating from this report which seeks to engage with the Health and Wellbeing Board in the development of the emerging Open Space Strategy. The Strategy will provide a framework for future investment in Open Spaces within the borough and any additional investment decisions will need to be made in line with the Councils overall Capital Strategy.

5. LEGAL COMMENTS

- 5.1 There are no direct legal implications emanating from this report as it seeks to engage with the Health and Wellbeing Board in the development of the emerging Open Space Strategy and whilst there is no statutory requirement for the Council to have an Open Space Strategy, the Strategy is an important reference document guiding investment in the Borough's green spaces and development negotiations for new or enhanced open spaces. This is an essential role, because as the assessment makes clear, the Borough continues to have an open space deficiency and the substantial increase in population density projected for the next 10-15 years is likely to place even more pressure on land.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 The Open Space Strategy is about providing access to high quality open space within easy reach for all residents of the borough. The strategy identifies areas in the borough with the greatest open space deficiency, measured in terms of the quantity of open space and the limited accessibility to open space. These areas inform the areas of search for the purpose of the site allocation process, which will be contained in the new Local Plan. Securing new spaces will benefit the communities located in these areas of open space deficiency, helping to address the imbalance between those who live in areas with sufficient open space, and those who do not.
- 6.2 An equalities analysis is being prepared alongside the development of this strategy. Because this is a strategic document, any future individual site decisions will require separate Equality Impact Assessments, as appropriate.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The Open Space Strategy will explore how to make the network of parks and open spaces in Tower Hamlets financially sustainable and efficient.

- 7.2 In the process of securing new spaces through capital investment, revenue need must be considered and options drawn up to mitigate the financial impact for the council. For example, where possible, securing arrangements in which ongoing maintenance costs for parks and open spaces to be met by an external organisation.
- 7.3 In response to increasing demands on existing parks and open spaces, solutions to increase the sustainability of existing infrastructure should be considered as part of improvement projects and as part of the design process for new spaces.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 Open spaces are fundamental to the environmental and social health of the borough. By its very nature, this strategy supports council strategic aims in this area by evidencing the need for a continued focus on protecting, creating and enhancing open spaces in the borough, which will help to balance against rapid urban development in the next 10- 15 years. Specifically, open spaces help to mitigate the impact of climate change; tackle air pollution; contribute to flood mitigation; contribute to CO₂ reduction and, combat the 'heat island' effect.
- 8.2 Biodiversity was factored into the quality and value audit when assessing the current sites to establish areas for improvement. This audit can now act as an evidence base for the council when it considers individual site enhancements and improvements, to help establish whether sites would benefit from additional biodiversity. In addition, the council has recently refreshed its air quality plan, which identifies the role of greening projects in tackling pollution.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 Risk is considered in the context of individual projects regarding parks and open spaces and is not within scope of this high-level strategic document.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 The results of market research carried out to support the development of this strategy identifies that making parks feel safer is a priority for residents. Given this, the ASB review (which is currently underway) gives due consideration to ASB related to parks and open spaces in Tower Hamlets.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices


- None

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

- None

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<p align="center">Health and Wellbeing Board Tuesday 21 February 2017</p>	
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Engagement Paper: emerging Indoor Sports Facilities Strategy 2017 - 2027</p>	

Lead Officer	Debbie Jones, Corporate Director – Children’s
Contact Officers	Judith St John – Acting Divisional Director Sport, Leisure, Culture & Youth Thorsten Dreyer - Service Manager – Strategy, Performance & Resources
Executive Key Decision?	No

Summary

The emerging Tower Hamlets Indoor Sports Facilities Strategy 2017 – 2027 is being developed in alignment with the Council’s vision to make the borough a great place to live with healthy and supportive communities. The provision of high quality, accessible indoor sports facilities will contribute to the achievement of this vision, by supporting Tower Hamlets residents to live healthier lives in more cohesive and integrated communities.

The strategy is consistent with best practice guidance issued by the Mayor of London, Department of Communities and Local Government and Sport England and sets out the strategic direction in terms of how we might manage the impact of population growth on the provision of open spaces, contribute to sustainable development and address competing demands on parks and open spaces.

This engagement paper sets out the key findings informing the emerging strategy and seeks input from Health and Wellbeing Board to ensure the final strategy aligns full with the Health and Wellbeing Strategy.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note the key findings informing the emerging strategy as set out in section 3
2. Consider and comment on how the Health and Wellbeing Board can contribute to meeting the key challenges presented by the key findings, especially in identifying creative and innovative solutions to:
 - Increase, and address gaps in, provision of facilities both now and in the future.
 - Manage demand in the context of an increasing population
 - Make indoor sports facilities more accessible to local people, taking into account cultural, religious and physical inclusion needs as well as locations.

1. REASONS FOR THE DECISIONS

- 1.1 The purpose of this report is not to seek a specific decision. The report seeks to engage the Health and Wellbeing Board in the development of the emerging strategy.

2. ALTERNATIVE OPTIONS

- 2.1 No alternative options were considered as input from the Health and Wellbeing Board will ensure the strategy aligns more effectively.

3. DETAILS OF REPORT

- 3.1 In the coming decade the borough is projected to see some of the most intense and sustained population growth in London, which will present challenges in how we meet the forecast need for additional social and community infrastructure, including publicly accessible indoor sports facilities.
- 3.2 The emerging Indoor Sports Facilities Strategy 2017 - 2027 is informed by the findings of an assessment of the borough's current and projected needs, a condition and suitability survey of the council-owned network of indoor sports facilities, specifically commissioned market research, and feedback from community consultation.
- 3.3 The strategy takes into account all facilities in the borough, regardless of ownership, and also recognises facilities within a buffer zone (15 minute walk) from the borough boundary. Indoor sports facilities include sports halls, swimming pools and health and fitness gyms.
- 3.4 The strategy will provide an overall decision making framework for optimising facilities in the borough and has identified three draft strategic objectives which enable the council to explore options to work towards an ideal indoor sports facilities network:
- Objective One: Increase overall supply of publicly accessible sports halls and swimming pools in Tower Hamlets
 - Objective Two: Provide indoor sports facilities that are consistent with best practice design guidance
 - Objective Three: Improve economic efficiency and energy efficiency of indoor sports facilities in Tower Hamlets
- 3.1 Broadly speaking, an ideal indoor sports facilities network for Tower Hamlets should:
- a. use available capital to reconfigure and consolidate facilities with a view to revenue saving without loss of capacity

- b. address gaps in provision now and in the future, in particular for swimming pools and sports halls
 - c. have facilities located in locations where people will use them most and where they will support the ambitions set out in the Local Plan
 - d. provide dry (gym/sports hall) facilities alongside all swimming pools in order to reduce the subsidy requirement
 - e. focus additional sports hall capacity on school sites to maximise value for money, providing this is supported by the analysis and adequate community access can be secured through the development control process
 - f. offer state of the art indoor sports facilities that are fully accessible to all residents, taking into account cultural, religious and physical inclusion needs
 - g. ensure indoor sports facilities are designed to be operationally efficient (including energy efficiency and therefore carbon reducing)
- 3.5 The emerging strategy sits alongside the emerging Open Space Strategy with both of these strategies focusing on physical assets.
- 3.6 A forthcoming Physical Activity and Sport Strategy, which concentrates on the outcomes we want to improve on, including participation and sports development, will be brought to the Board for input.
- 3.7 National, regional and local policy and strategy has shaped and informed the emerging strategy, especially national and regional planning policies and guidance, and the evidence arising from the strategy will inform relevant sections of the emerging Local Plan.
- 3.8 The emerging strategy establishes evidence and guidance for future decisions and may lead to feasibility studies. However, it does not make recommendations about the management of council-owned facilities under the leisure management contract and pricing issues are also outside of the scope of the strategy.
- 3.9 Current ambitions for physical activity and sport at the national, regional and local level are:
- More people take up regular physical activity as a habit;
 - Sporting clubs and institutions have the right supply and mix of facilities to further develop their respective disciplines;
 - Resources allocated to indoor sports facilities provision are used in a more targeted, efficient and effective way;
 - Communities have facilities that enable their members to come together in a more inclusive way;
 - Access to facilities is improved for groups with historically low participation.

- 3.10 The strategy is intended to align with and support the Health and Wellbeing Strategy, particularly the priority 'Creating a Healthier Place' which highlights the impact that the environment, local infrastructure and access to open spaces have on health and wellbeing and the links with planning and development in the borough.

Residents in the borough have access to a range of indoor sports facilities operated by a number of organisations from the public, private and voluntary sectors. In some cases indoor sports facilities are offered as part of a wider service offer to residents, for example, within a community centre or school.

- 3.11 The demographic make-up of the local population and their sport and physical activity participation patterns have an impact on the nature of future indoor sports facilities provision. The borough underpinning the strategy highlights some key findings, including:

- Slightly higher rate of severe disability in the working age population in the borough (4.1%) compared to the average in London (3.4%) and England (3.6%), underlining the importance of accessibility in optimising and planning of facilities.
- Challenges around participation rates are noted, especially for women, ethnic minority groups and older people and the relationship between household income and levels of physical activity, highlighting the need to ensure that indoor sports facilities are accessible and suitable to increase participation.
- There are some pockets of significant social and economic deprivation within the borough which overlap with areas of low participation in sport and physical activity identified by Sport England.
- 25.3% of 10-11 year olds in the borough are obese (9th highest in the country) although levels have plateaued over the past three years.

- 3.12 The strategy provides the necessary evidence and guidance on current supply and condition of publicly accessible indoor sports facilities, how future demand might be addressed and suggests a process to prioritise potential investment.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 There are no direct financial implications emanating from this report. Input is sought from the Health and Wellbeing Board to ensure both strategies are aligned. As the emerging strategy is developed the financial implications of the areas identified both as individual proposals and in aggregate will need to be assessed and included as part of the Council's capital strategy to determine how the priorities for facilities improvements sits alongside the Council's other capital aspirations together with an associated financing strategy that considers the overall affordability of the Council's capital needs.

5. LEGAL COMMENTS

- 5.1 There are no direct legal implications emanating from this report as it seeks to engage with the Health and Wellbeing Board in the development of the emerging Indoor Sports Facilities Strategy 2017 - 2027.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 The main purpose of the Indoor Sports Facilities Strategy is to ensure continued access to high quality indoor sports facilities to all sections of the community in the context of a rapidly growing population and subsequent increased demand on existing indoor sports facilities. As such it is consistent with the Council's duties to promote equality in all protected characteristics.
- 6.2 Indoor sports facilities provide one of the main ways Tower Hamlets' residents can engage with healthier lifestyles and the impact of this service infrastructure on tackling health inequalities and community integration issues cannot be under estimated. Recognising the need to provide facilities in the most accessible locations for all residents, the Strategy focuses recommends on the provision of potential facilities in town centre locations and close to transport hubs.
- 6.3 The emerging strategy aims to address geographical deficiencies in the distribution of indoor sports facilities and recognises that gaps in the network correlate to some extent with areas of lower levels of participation in physical activity. It identifies such areas as key locations for potential facilities in order to positively impact on participation levels.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The Indoor Sports Facilities Strategy will contain an important investment prioritisation framework to help make the Council's network of indoor sports facilities more operationally efficient while continuing to meet the needs of residents. The strategy guides future decisions on indoor sports facilities to improve economic efficiency. This is directly supportive of the Council's best value responsibilities

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 Many indoor sports facilities by their very nature have high energy demands. The emerging Indoor Sports Facilities Strategy identifies the need to reduce the carbon footprint of the Council's indoor sports facilities where possible. Energy surveys are regularly undertaken to underpin the strategic objective to make Tower Hamlet's indoor sports facilities more operationally efficient and therefore carbon reducing.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 The emerging strategy will propose high level options to address the draft objectives. Risk assessments will need to be carried out at the point of progressing these options.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 Indoor sports facilities and other community infrastructure are recognised to have a positive effect in improving rates of crime and anti-social behaviour, particularly among youth. Sport England notes that when sporting participation is increased among targeted populations; youth offending can fall.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- None

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


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

- None

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<p style="text-align: center;">Health and Wellbeing Board Tuesday 21 February 2017</p>	
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Local Transformation Plan for Children and Young People's Mental Health</p>	

Lead Officer	Simon Hall, Acting Chief Officer, Tower Hamlets CCG
Contact Officers	Martin Bould, Senior Joint Commissioner Mental Health and Joint Commissioning Team 020 3688 2572 Martin.bould@towerhamletsccg.nhs.uk
Executive Key Decision?	No

Summary

Tower Hamlets has an existing priority to improve the mental health of children and young people, through its first Health and Wellbeing Strategy and its local mental health strategies. National guidance has been issued for all CCGs to refresh Local Transformation Plans, based on joint work with partners, and signed off by Health and Wellbeing Boards. The local Transformation Plan is an opportunity to set the strategic direction for the next five years, and provide transparency about spending and services.

The refreshed priorities for 2016 to 2021 include a comprehensive set of transformation goals, updated to reflect the targets in *Implementing the Mental Health Five Year Forward View* (Department of Health, 2016), and including an increase in the number children and young people receiving treatment to 35% of the diagnosable population, and greater integration of services. They are tied together by our overall vision and by our local joint project to improve the outcomes that children, young people and families have said are most important for them.

The report sets out details of planned NHS investment.

Approval of the plan will endorse the Plan's priorities and set the framework for future development.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Approve the Local Transformation Plan for Children and Young People's Mental Health.

1. REASONS FOR THE DECISIONS

- 1.1 The Plan provides the framework for transformative change to meet the mental health and wellbeing needs of children and young people in the borough in the coming years.
- 1.2 The plan is consistent with Tower Hamlets Joint Mental Health Strategy for people of all ages, with Children and Families Partnership Boards, Child Rights Approach and with other local strategic frameworks.
- 1.3 Approval of the Transformation Plan will improve mental health services for children and young people in 2017/18 and set the framework for future development.

2. ALTERNATIVE OPTIONS

- 2.1 Tower Hamlets CCG is required to submit and publish a plan, so the option not to approve will delay the publication and implementation.

3. DETAILS OF REPORT

3.1 Background

In February 2015, the Department of Health and NHS England published the policy document, ***Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing***. This set out an ambitious programme of change, and introduced the intention to require every area in England to develop a local Transformation Plan, led by CCGs but involving all partners. The scope included the full spectrum of service provision including education, and the needs of children and young people (up to age 18) who have particular vulnerability to mental health problems. The document stated that '*A whole system approach is needed focusing on prevention of mental ill health, early intervention and recovery*'.

Each area was tasked with producing its own plan to:

- Set out a comprehensive and transparent local offer, including a declaration of resources, to be updated annually.
- Demonstrate a multi-agency commitment to service transformation over the coming years.

The first plans in 2015 were linked to approval of NHS funds (£521k) for in-year spending on children and young people's mental health service, and recurrent investment in 2016/17. In 2016, CCGs and partners were asked to refresh local Transformation Plans, but no additional central funds were earmarked.

Once the Local Transformation Plan is approved, it is proposed that the full 2016 plan is once again published on CCG and Council websites, as advised

in NHS England guidance. In addition, a public-facing summary has been designed to make the key messages more accessible.

The Local Transformation Plan was submitted to NHS England for assurance on 31 October 2016, with the feedback that it was 'overall a strong and ambitious plan'. Additional information was submitted to NHS England on 11 January, and is included in this version.

3.2 Local need

Tower Hamlets Public Health Department produced a detailed description of local needs in the 2015 Transformation Plan, which remains valid. Headline issues are:

- There is a highly diverse, mobile, relatively young population, changing composition due to population growth and trends in migration (national and international);
- The health of the population tends to be worse than elsewhere due to high levels of socio-economic deprivation; Tower Hamlets remains the most deprived London authority;
- We have the highest levels of child poverty in the country with almost one in four children (39%) living in an income-deprived family. 54% of neighbourhoods in Tower Hamlets rank in the 10% most deprived nationally on this index.

The Public Health Assessment includes the expected number of children and young people with the main mental health conditions (3,911 in 2015, and 4,028 in 2016).

3.3 Key issues to address in current services

The Transformation Plan builds on the existing local service development work which is being undertaken in partnership with the CCG, LA, Schools and third sector providers.

The plan includes a list of CAMHS services in the borough and others that contribute to the delivery of improved mental health outcomes. Tower Hamlets has a tradition of integrated commissioning of CAMHS through a joint agreement between the CCG and the Council. We also have high quality CAMHS clinical practice delivered by integrated services in East London Foundation Trust. There is also a strong record of partnership, including the Children and Families Plan (currently being updated) and, specifically for mental health, the CYP Improving Access to Psychological Therapies (IAPT) Partnership, and the ELFT paediatric liaison service at the Royal London Hospital. Co-location of specialist CAMHS workers with the Looked After Children team in the Council has now been established, leading to closer operational working.

However, the following concerns were reported in 2015:

- **Multiple commissioners working to different contracts and different outcomes.** These include the CCG, NHS England, Local Authority

Children's and Adult Services (including services for parents with a mental illness), individual schools which buy-in counselling, and other services to support the emotional health and wellbeing of pupils. There are also a number of directly delivered Council services such as Education Psychology. (Note: this is being addressed through our outcomes-based commissioning project.)

- **A fragmented pattern of provision**, with many different providers across age ranges and the so-called tiers of provision, but relative weakness in targeted mental health interventions (formerly tier 2) – those which offer earlier intervention, meeting young people where they are, on their own terms (Note: this is being addressed through a new young people's mental health services delivered by Step Forward.)
- **Variable relationships between school and specialist CAMHS**, including poor join up of services (Note: being addressed by training for school staff)
- **Inefficiencies in the current arrangements for specialist CAMHS: including high levels of DNAs** (i.e. those not attending) for first appointment (16.7%), high levels of referrals not accepted (22.4%) in the first three months of 2015/16. (Note: being addressed by the iThrive project)
- **Specialist CAMHS report that up to 30% of those referred are seen only one or twice** (Note: being addressed by the iThrive project)
- **Although the school population is approximately 60% Bangladeshi ethnic origin, only about 36% of those seen in specialist CAMHS are of Bangladeshi ethnic origin** (Note: to be addressed by an action plan.)
- **The need for closer working relationships and better outcomes for vulnerable groups**, including young offenders and Looked After Children (Local work includes research studies and a planned increase in liaison and diversion capacity)
- **Local services wish to strengthen eating disorder pathways to meet national ambitions** and commissioners wish to see treatment offered as early as possible. (A new service started in 2016.)

As noted, a start has been made to improve all of these areas. Waits for specialist CAMHS have continued to improve. By the end of 2015/16, 95% of children and young people were seen in less than 5 weeks, thanks to additional investment by the CCG from 2013.

3.4 Our vision for the local service offer

We have refreshed our vision from the 2015 plan, changing it from a statement of how services should run, to an overarching vision setting out our aspirations for how children, young people and families (CYP) should

experience services, and how staff should work with them, as well as our aims for integration. The key headlines across all service areas are:

- **A prevention approach**, building on the research which demonstrates the influence of risk and protection factors in early years in line with the new Tower Hamlets Health and Wellbeing Strategy.
- **A better experience of services for young people and families**, with a welcoming and appropriate response regardless of worker or agency.
- **A trained workforce who work in collaborative ways**, including peer and parent support.
- **Integrated service**, so that interventions from different agencies are seamless and coordinated around the needs of the individual child or family.

At all stages, our services should work with children, young people and families and social networks in a personalised way, and ensure cultural sensitivity. Services should align to the principles in the Child Rights Approach. Full details are given in the full Transformation Plan.

3.5 Expenditure

The Transformation Plan is required to make a declaration of resources and activity from all agencies, updated every year.

In December 2015, additional funds of £521k linked to the approval of the transformation plan were transferred to the CCG, for spending in 2015/16, with this sum to recur in the CCG's increased baseline for 2016/17. Investment is tracked by NHSE assurance mechanisms. The main areas of spend were eating disorders, and time limited projects CAMHS research, and partnership / feedback projects, digital mental health, an awareness campaign, and outcomes measures.

The total core expenditure on CYP mental health services by all agencies in 2015/16 is shown in the following table.

Source	Total £
Tower Hamlets CCG	4,079,637
NHS England (inpatients)	1,079,657
Tower Hamlets Council: Children's Services	1,085,000
Tower Hamlets Council: FIS & Family Action	363,000
Tower Hamlets Council: Public Health including FNP	750,000
Tower Hamlets Council: mainstream grants	87,400
Total	7,444,694

Note: It has not been possible to include mental health spending by Barts Health or by individual schools.

The recurrent transformation plan funding for 2016/17 is reported as follows in the Transformation Plan:

Service	£k 2015 plan for 2016/17	£k budget
Community eating disorders contracts to ensure a compliant service meeting access standards	150	150 allocated 2016/17
Continue priority for vulnerable children and young people, including contribution to Health and Justice Team's North and East London-wide resettlement consortia and Child House services (business cases to be developed – in progress).	90	Allocated to outcome based commissioning for vulnerable cohort and out of borough services
Increased staffing for (1) perinatal and (2) neurodevelopmental mental health (business cases to be developed as part of contract round for 2016/17	100 Contract variation	220 allocated (1) Compass WB and (2) ELFT
Networked service for young people with severe and persistent conduct problems – make pilot permanent. This reflects costs of 1 WTE Band 8a Psychologist/Mental Health Practitioner, £70k 1 WTE Band 6 Assistant Psychologist, £60k	130 Mainstreamed	150 allocated
Increase funds for targeted mental health and early intervention (young people's mental health service) – third sector partnership. The CCG has undertaken a procurement exercise using planned investment increased by £50k as market development showed the project was under scoped.	50 Step Forward contract	50 allocated
Total	£520k	£570k

This shows that all the budgeted funding was allocated to CYP MH priorities - in fact, more. Slippage in some priority areas was spent in others.

In addition, in 2016/17 the CCG has invested the balance of the cost of the young people's mental health service in a contract with Step Forward, beginning delivery in a pilot phase from January 2017.

3.6 Local priorities and proposed investment

The 16 transformation areas can be summarised as follows

3.6.1 Meeting the target of 35% of diagnosable population receiving treatment

- **Better access and more Children and Young People seen:** We aim to see 40% more children and young people by 2021 for evidence-based treatments, compared to 2015 - by more staff and accredited training, better links with schools and new training, a digital offer, stronger engagement with young people and reaching all Tower Hamlets ethnic groups. The CCG will invest

£245k in 2017/18 recurrently, including funds for engagement with young people.

- **Shorter waits:** We will continue to reduce waiting times for specialist mental health appointments. Additional funds were received during 2016/17 to reduce average waits from referral to second appointment.
- **New young people's mental health service:** Step Forward will fully implement their innovative service for 14 to 21 year olds, provisionally to be called Stepping Stones (£280k per year).
- **CYP mental health crisis response:** Plan and deliver a more joined up response to young people who experience a mental health crisis. The CCG will invest £47k non-recurrently for CAMHS to develop transformation plans with children's social care.
- **New service model for inpatient CAMHS:** Commission a new service model for Tower Hamlets children who require acute treatment, within the North East London Sustainability and Transformation Plan footprint. The first step will be a collaborative commissioning plan with NHS England, who commission inpatient CAMHS services.

3.6.2 Integrated services

- **Joint vision for integration:** All young people should access youth work, early help and mental wellbeing together as a matter of course, whilst those with specific needs receive joined-up help
- **Vulnerable Children and Young People:** Improve services and outcomes for vulnerable children, including those who are Looked After and those in the criminal justice system. The CCG will invest £40k in mental health services for children placed out of the borough, and co-commission improvements in youth mental health liaison and diversion with NHS England in Tower Hamlets (74k per year recurrently).
- **Attachment and help in early years:** Support parent/child attachment by strengthening help in early years.

3.6.3 Focus on specific improvements

- **Mental health for new mothers:** Improve our offer for pregnant women and new mothers, and increase specialist support for those who need it.
- **Transition to adult services:** Take further measurable steps to improve continuity and outcomes for up to the age of 25.
- **Improved pathway - CYP autistic spectrum:** Join up services for children and young people on the autistic spectrum and their families, offering more support and shorter waits for mental health assessment.

- **Reduction in suicide:** Our Tower Hamlets suicide prevention plan will include children and young people, contributing to a 10 per cent reduction for all ages by 2021.

3.6.4 Whole system enablers

- **Commissioning for outcomes:** We will work in partnership to show measurable improvement in mental health outcomes both for those who experience problems, and for longer term prevention. A pilot of a digital outcome measurement tool is under way and due to report shortly.
- **Workforce Planning:** We will publish plans to recruit, retain and train the staff we need over the next five years
- **iThrive:** Tower Hamlets CAMHS will pilot this new model based around shared decision-making and partnership with parents
- **Integrated Personal Commissioning:** As part of a national demonstrator project, we will pilot Integrated Personal Commissioning for children and young people with Education Health and Social Care Plans

Details of each transformation area are included in the plan, and this outline is reproduced in a short public-facing document. The overall increased CCG recurrent investment in 2017/18 (excluding NHSE and investment in Step Forward committed in 2016/17) referred to above breaks down as follows.

Development	£k
Additional CAMHS staff to see more CYP	128
Part-time CAMHS worker for Bowden House (TH school in West Sussex)	31
Schools training programme	20
CYP IAPT backfill to make up NHSE shortfall	42
CYP MH joint crisis transformation project (CAMHS leadership – non recurrent)	47
CYP engagement	25
Digital offer	50
Out of area LAC contingency	9
Total	352

Of note, the investment plans include £25k to continue the partnership between the CCG for engagement work with children and young people, delivered and coordinated by the Parent and Family Support Service, within a renewed partnership agreement.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The February 2015 policy document, 'Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing' was published with the key requirement, that every area in England to develop a local Transformation Plan, led by CCGs but involving all partners.

- 4.2 The local authority's children's services directorate would form part of this Transformation Plan. For the 2016/17 financial year, there is general fund allocation of £1.085m for Children's Mental Health. It is expected to remain at this level for the 2017/18 financial year.

5. LEGAL COMMENTS

- 5.1 The Health and Social Care Act 2012 ("the 2012 Act") makes it a requirement for the Council to establish a Health and Wellbeing Board ("HWB"). Section 195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.
- 5.2 This duty is reflected in the Council's constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health. The approval of the Local Transformation Plan is therefore a function of the HWB.
- 5.3 Section 10 of the Children Act 2004 places a duty on the Council to make arrangements to promote co-operation between relevant partners with a view to improving the wellbeing of children in the area. The concept of wellbeing includes in relation to physical and mental health and emotional wellbeing.
- 5.4 The Council also has statutory functions to assess and provide support to eligible children and young people with mental health conditions under the Children Act 1989 and the Mental Health Act 1983. The Council has further statutory duties to assess and meet eligible needs to young people in transition, parent carers and young carers under the Care Act 2014 and Children and Families Act 2014. They also have obligations to provide services to meet the needs of children with special educational needs under Education Act 1996.
- 5.5 The Council has a duty under 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 referred to as the Council's best value duty.
- 5.6 One of the ways in which the Council achieves best value is by subjecting its purchases to competition in accordance with its procurement procedures. Therefore the Council is required to tender for services in order to meet its best value obligations. The winning bidder should be chosen when measured against the evaluation criteria as being the one providing the most economically advantageous tender having had a regard for a blend of quality and price.

- 5.7 The Public Contracts Regulations 2006 have now been replaced by the Public Contracts Regulations 2015. The new regulations have abolished the old idea of “part B services” and a new regime has been introduced.
- 5.8 Services of the nature included in this report are now referred to in Schedule 3 of the new regulations. Schedule 3 lists a range of services (similar in scope to those that were covered by the old Part B services) to which a new threshold of £625,050 applies. This means that where the estimated value of a procurement is above this threshold then the new regulations apply.
- 5.9 Where such a procurement is subject to the regulations the Council is required by the new regulations to:
- Place an advert requesting bids for the services in the Official Journal of the European Union
 - Award a contract following a fair reasonable and transparent process
 - Place an award notice in OJEU
- 5.10 However, the actual requirements of the tender process itself are intended to be “a light touch” regime. In practice this means that the Council can determine all aspects of the procurement procedure to be followed provided that it always abides by the general European principles of openness fairness and transparency.
- 5.11 The position with this arrangement is complicated by the fact that in some areas the CCG may be procuring the services which meet our requirements. Where the Council elects simply to pay its contribution to the CCG for the services that are provided by a third party contractor this has the effect of being a single provider supply to the Council and would mean that the Council would have failed in its obligation to tender. This is because in effect the Council would be seen to have just purchased the services directly from the CCG.
- 5.12 This would be the case notwithstanding the completion of some sort of other agreement between the CCG and the Council for example an agreement pursuant to Section 75 National Health Service Act 2006. Section 75 enables health and local authority partners to work together, through the use of formal arrangements by acting as a host for managing another’s delegated functions on a day to day basis.
- 5.13 However, the position is assisted by the fact that the CCG is also a Contracting Authority as defined by the Public Contracts Regulations. However, it is to be noted that the implementation of the 2015 update of the Public Contracts Regulations has a delayed implementation in respect of some health related bodies and services. However, the same new regulations may apply to the Council in respect of the same services.
- 5.14 In order to satisfy the Council’s obligations to tender it is necessary to ensure that in any tender it is clear that the CCG is also contracting on behalf of the Council. Therefore, it is possible for the Council to suggest that had they

tendered by themselves for the same services at that time they would have achieved the same result. The Council must also comply with its own internal procedures for tendering and therefore it would be advisable to ensure that:

- All the potential funders and beneficiaries of any tendered services reach agreement on a single process for a procurement undertaken by one lead member on behalf of the others and
- Any advert placed by the Lead member on a particular procurement includes the statement that they are purchasing on behalf of the other funders / beneficiaries of the services

5.15 In any event the Council must abide by its best value duty and therefore, tenders should be run and evaluated on the basis of criteria that determine the Most Economically Advantageous Tender.

5.16 When considering this report and during any procurement exercise itself, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

5.17 A further significant factor which must be considered is the duty now placed on the Council to, in respect of its health functions, have regard to the NHS Constitution (see from para.173 of Schedule 5 to the 2012 Act, amending section 2 of the Health Act 2009). The Council is reminded to add the NHS Constitution (together with any statutory guidance issued by the Secretary of State under section 73B of the 2012 Act) to the list of matters requiring consideration when exercising the functions proposed.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 Improving the mental health and wellbeing of children and young people will be a significant step towards reducing health inequalities in the borough. This is fully explained in the Transformation Plan and is a priority for the future.

6.2 The plan notes that take-up of specialist CAMHS services is disproportionately lower by children and young people of Bangladeshi ethnic origin. The plan aims to address this through an action plan, transformation across the board, and improved engagement with schools and directly with young people in the borough.

7. BEST VALUE (BV) IMPLICATIONS

There are no proposals for local authority spending in this paper, and therefore no Best Value considerations.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 There are no environmental implications for the report.

9. RISK MANAGEMENT IMPLICATIONS

9.1 As this is a CCG lead, there are no risks arising for the Council

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 The strategic priorities include improved mental health pathways for children and young people in the criminal justice system. Since the submission of the Transformation Plan, the CCG has signed a Memorandum of Understanding with NHS England to co-commission improved mental health screening, diversion and liaison capacity, and is developing a partnership agreement with the Council and TH CAMHS.

Linked Reports, Appendices and Background Documents

- The Tower Hamlets Joint Mental Health Strategy was considered and approved by the Health and Wellbeing Board in February 2014. Papers are on the CCG website.

Linked Report

- Mental Health Strategy 2014 (February 2014)
- Mental Health Crisis Care Concordat (July 2015)

Appendices

- Local Transformation Plan for Children and Young People's Mental Health (HWB) – full plan
- Tower Hamlets Transformation Road Map for Children and Young People's Mental Health and Wellbeing - leaflet

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

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

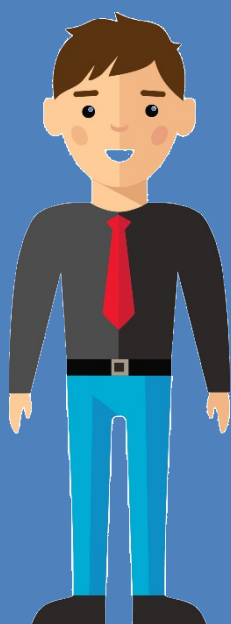
- NONE

Officer contact details for documents:

- N/A

Tower Hamlets Transformation Plan for Children & Young People's Mental Health and Wellbeing

2016 - 2021



Revised for NHSE January 2017

Note: Changes to October 2016 version are highlighted in red

Transformation Road Map

Overview and Timeline

New young people's mental health service	2017 to 2020
Shorter waits	2016 to 2017
Attachment and help in early years	2016 to 2018
Better access and more CYP seen	2016 to 2021
Vulnerable CYP	2017 to 2019
Mental health for new mothers	2017 to 2021
CYP mental health crisis response	2017 to 2018
Improved pathway: CYP autistic spectrum	2016 to 2018
Vision for integrated services	2017 to 2020
Integrated Personal Commissioning	2016 to 2018
Reduction in suicide	2017 to 2021
Transition to adult services	2017 to 2021
Commissioning for outcomes	2016 to 2019
New service model for inpatient CAMHS	2016 to 2021
Workforce Planning	2017 to 2021
iThrive	2016 to 2019

Glossary

We realise that some highly-technical language and abbreviations may be used in this document to describe the transformation plan.

We want to make the terminology in this document as simple as possible and to do this. It is hoped that an explanation of the words below can support your understanding:

Autism (<i>noun</i>)	Also referred to as Autistic Spectrum Disorder (ASD) or Autistic Spectrum Condition (ASC). Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them.
CYP (<i>noun</i>)	Where this abbreviation is used in this document, it refers to 'children and young people'.
Commissioning (<i>adj.</i>)	The process of planning, agreeing and monitoring services.
Co-commissioning (<i>adj.</i>)	Where commissioning (see above) is completed jointly between two or more statutory organisations. Statutory services are required by the law and there are legislations in place that the government set for them to be in place.
IPC (<i>noun</i>)	Where this abbreviation is used in this document, this refers to Integrated Personal Commissioning .
MHFYFV (<i>noun</i>)	Where this abbreviation is used in this document, it refers to the Mental Health Five Year Forward View
Pathway (<i>noun</i>)	A tool that is used to manage the quality of healthcare service/s, which describes the
Service model (<i>noun</i>)	When this term is used in this document, this refers to an agreed approach and core principles for the service.
Transformation (<i>adj.</i>)	A transformation process is any activity or group of activities that takes one or more inputs, transforms and adds value to them, and provides outputs for the target service users.

Detailed Road Map

Increase to 35% of diagnosable population seen by services	
Better access and more CYP seen	2016 to 2021
Shorter waits	2016 to 2017
New young people's mental health service	2017 to 2020
CYP mental health crisis response	2017 to 2018
New service model for inpatient CAMHS	2016 to 2021
Integrated services	
Joint vision for integration	2017 to 2020
Vulnerable CYP	2017 to 2019
Attachment and help in early years	2016 to 2018
Focus on specific improvements	
Mental health for new mothers	2017 to 2021
Transition to adult services	2017 to 2021
Improved pathway: CYP autistic spectrum	2016 to 2018
Reduction in suicide	2017 to 2021
Whole system enablers	
Commissioning for outcomes	2016 to 2019
Workforce Planning	2017 to 2021
iThrive	2016 to 2019
Integrated Personal Commissioning	2016 to 2018

Increase to 35% of diagnosable population seen by services	
Better access and more CYP seen	2016 to 2021
Milestones: <ul style="list-style-type: none"> Tender and implement local digital offer to increase awareness and self-management Mental health training for schools Commission additional staff to deliver evidence-based treatment to reach more children and young people Increase the proportion of CYP from the Bangladeshi community in Tower Hamlets who are referred to NHS-funded community mental health services Make further partnership agreements to increase engagement by CYP Commission projects to increase awareness of eating disorders in CYP Pick up costs for backfill for staff undertaking CYP IAPT training 	
Shorter waits	2016 to 2017
Milestones: Reduction of average waiting times from referral to second appointment	
New young people's mental health service	2017 to 2020
Milestones: Implementation of new contract with Step Forward	

CYP mental health crisis response	2017 to 2018
Milestones: <ul style="list-style-type: none"> Consider findings of local review of CYP MH crisis response Closer working between Children's social care emergency response, CAMHS duty and ELFT mental health liaison and paediatric services at RLH. 	
New service model for inpatient CAMHS	2016 to 2021
Milestones: <ul style="list-style-type: none"> Develop collaborative commissioning plans with NHSE and STP 	
Integrated services	
Joint vision for integration	2017 to 2020
Milestones: <ul style="list-style-type: none"> Alignment of infrastructure Design of integrated services with youth work and social care Implementation of integrated services 	
Vulnerable CYP	2017 to 2019
Milestones: <ul style="list-style-type: none"> Commission specialist CAMHS input for TH children placed out of borough, starting with Bowden House school in Sussex Design and implement pilot intervention for socially withdrawn children receiving home tuition via the Pupil Referral Unit Map and strengthen referral routes for emotional support following assessment at a new NEL STP hub for Child Sexual Abuse Co-commission stronger assessment and support for CYP in contact with the criminal justice system Plan new partnerships for vulnerable children and young people receiving Children's Social Care services, in line with findings of the Troubled Lives report 	
Attachment and help in early years	2016 to 2018
Milestones: <ul style="list-style-type: none"> Roll out Health education England funded-training Implement developments agreed through Tower Hamlets Together Strengthen interventions to promote attachment and positive mental health in early years Assess how current measures can demonstrate achievement of outcomes in 'prevention outcomes framework' 	
Focus on specific improvements	
Mental health for new mothers	2017 to 2021
Milestones: <ul style="list-style-type: none"> Review and develop transformation proposals for universal children's health and social care early help services Plan STP-wide approach for service and workforce transformation in line with MHFYFV targets for specialist perinatal mental health services 	
Transition to adult services	2017 to 2021
Milestones: <ul style="list-style-type: none"> Implementation of NHS CQUIN for transition from CAMHS to adult services Commence Step Forward Young People's mental health services for ages up to 21 Implement relevant priority commitments from TH Children and Families Plan 	

Improved pathway: CYP autistic spectrum	2016 2018
Milestones: <ul style="list-style-type: none"> • Monitor increased support commissioned in 2016/17 • Submit workforce development bid for 2017/18 • Develop multi-agency strategy 	
Reduction in suicide	2017 to 2021
Milestones: <ul style="list-style-type: none"> • Develop and deliver multi-agency suicide prevention plan • MHFYFV: the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels 	
Whole system enablers	
Commissioning for outcomes	2016 to 2019
Milestones: <ul style="list-style-type: none"> • Report on initial pilot of shared outcomes digital collection of measures 	
Workforce Planning	2017 to 2021
Milestones: <ul style="list-style-type: none"> • Collate interagency workforce plans • Design and implement new workforce development initiatives • Continue local implementation of CYP IAPT training 	
iThrive	2016 to 2019
Milestones: <ul style="list-style-type: none"> • Implementation and evaluation of iThrive principles in Tower Hamlets 	
Integrated Personal Commissioning	2016 to 2018
Milestones: Pilot Integrated Personal Commissioning for CYP with Education Health and Social Care Plans	

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- 2 Our vision for transformation
- 3 Our understanding of local need
- 4 Our services and our achievements
- 5 Our spending and the numbers seen by CAMHS in 2015/16
- 6 Our priorities for change in Tower Hamlets
- 7 Our local plans for action and how we will measure achievement
- 8 Our joint discussions about implementing the *Mental Health Five Year Forward View* (MHFYFV) with NHS England, other CCGs and councils in North East London
- 9 The workforce we need
- 10 Our engagement
- 11 The outcomes we are working towards
- 12 Our governance
- 13 Our reporting and transparency
- 14 Risks

Appendices to full Transformation plan

1. Our transformation projects and spending in 2015 and 2016 to date
2. How we have used our transformation resources in 2016/17 to date
3. Young People's Mental Health Consultation Report: Parent champions meeting 21 October 2016
4. Summary of priorities from *Tower Hamlets Children & Families Plan 2016-19*
5. Mental health pathways and support for young people in contact with the criminal justice system in Tower Hamlets: summary of issues: August 2016



Summary

1 Introduction

CCGs are required to submit this Local Transformation Plan for Children and Young People's Mental Health and Wellbeing (CYP MH) by 31 October 2106. It updates last year's plan and forms part of the overall Sustainability and Transformation Planning (STP) for North East London. The plan is a public document which reflects our commitment to transparency. This summary sets out our current foundations and our plans for the next five years, as developed with local partners, including an overview and timeline for implementation.

Appendices cover our previous CYP MH Transformation Plan spending, the views of young people and parents, and detailed information. Our core needs assessment from 2015, with a population update, is a separate electronic document, to be uploaded separately on the CCG website when the plan is published.

2 Our vision for transformation

We have refreshed our vision from the 2015 plan, changing it from a statement of how services should run, to an overarching vision setting out our aspirations for how children, young people and families (CYP) should experience services, and how staff should work with them, as well as our aims for integration. It includes prevention and health initiatives driven by local communities, in line with the refreshed Tower Hamlets Health and Wellbeing Strategy.

We have set out the high-level steps to put our vision into practice, as included in our 'transformation overview and timeline'. These will be developed into action proposals and business cases in the coming year.

3 Our understanding of local need

Our 2015 Transformation Plan included a full assessment of the mental health and wellbeing needs of children and young people in Tower Hamlets (reproduced in summary in the plan and as a separate document on the CCG website). This section does not require a full refresh, although the approach to calculating the number of CYP with a diagnosable mental illness is reviewed, since this helps quantify the required increase in the proportion of the population seen.

At this stage we have taken the GLA population projections for the age group 5-17 years, and used a baseline population for 2015 of 40,731 children and young people. To that figure, we have applied the overall rate for any disorder (9.6%) taken from the 2004 psychiatric morbidity survey. This gives a figure of 3,911 children and young people with a diagnosable mental health disorder. By 2021, this will increase to 4,656 because of the expected population growth in Tower Hamlets.

Our plan also notes scheduled updates to JSNAs in November 2016 and next year, and highlights the needs of young carers based on local surveys. It proposes work to gather community intelligence on how housing difficulties and homelessness impact on the mental health needs of young people in Tower Hamlets, and on the local needs of Somali and other minority ethnic groups. In addition, the Children and Families Plan includes an action to carry out further analysis on the needs and experiences of newly arrived families. Better understanding of these needs will help us plan services.

4 Our services and our achievements

Children and young people's mental health services are provided in Tower Hamlets by:

- **CAMHS**, which is the short name for East London Foundation Trust's integrated child and adolescent mental health service (ELFT was rated outstanding by the Care Quality Commission in 2016, across its range of services).
- **LBTH Children's Social Care** – services with a specific focus on CYP mental health and wellbeing include:
 - Youth Justice and Family Intervention Services
 - Looked After Children and Leaving Care
 - Disabled Children's Outreach Service
- **A new service** for 14-21 year olds with mild and moderate mental health problems is due to start in January 2017 delivered by Step Forward.

Tower Hamlets Council also commissions a range of services for:

- Substance misuse services for children and young people
- Mental health family support
- Support for young carers
- Public health services for children and young people's mental health and wellbeing.

In addition to education and youth services, several third sector services are funded through Council mainstream grants.

The **overlap between CYP and adult mental health services** is especially important in three separate areas:

- Perinatal mental health - specialist mental health support for parents who experience mental health problems in the year before and after birth
- Early detection and intervention for people who experience a first episode of psychosis
- Transitions for vulnerable cohorts - Looked After Children /Youth Offending Service/ Children with disabilities.

Our achievements, the benefits from established partnerships between services, and new initiatives are described in this section of the plan. These initiatives include some areas where we have begun our journey to transformation, including short waiting times and investment in a young people's mental health service in Tower Hamlets.

5 Our spending and the numbers seen in 2015/16

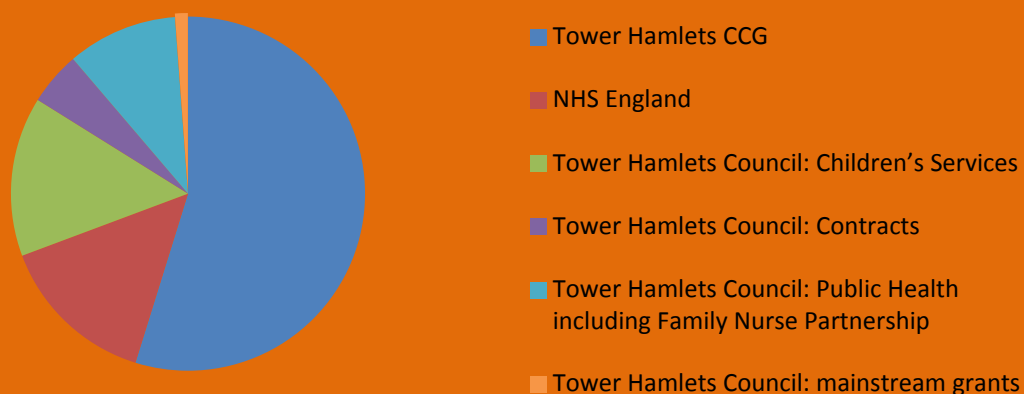


Figure 1: Expenditure on children and young people's mental health services in 2015/16.

The following table shows the actual expenditure on children and young people's mental health services in 2015/16:

Source	Total (£)
Tower Hamlets CCG	4,079,637
NHS England	1,079,657
Tower Hamlets Council: Children's Services	1,085,000
Tower Hamlets Council: FIS and Family Action	363,000
Tower Hamlets Council: Public Health including Family Nurse Partnership	750,000
Tower Hamlets Council: mainstream grants	87,400
Total	7,444,694

Staffing: ELFT

- TH CAMHS : 34.8 wte Clinical Staff and 6 wte Social Workers
- Psychiatric Liaison Team: 8.6 wte and 1 wte Social Worker

Activity ELFT

- In 2015/16 specialist CAMHS received 1,755 referrals and accepted 1,401 referrals. This is shown by team and by quarter in the following tables.
- There were 1,096 first attendances at CAMHS (i.e. the number of CYP who 'did not attend' (DNA) are excluded from this figure.

Activity NHS England

- There were 30 admissions to the Coborn Centre (in Newham) and three admissions to Brookside (in Redbridge) and only two outside London, according to NHS England data.

Activity CYP IAPT

- The FIS caseload is estimated at 50
- National reporting arrangements have changed in year so that the number of CYP for whom clinical outcomes were reported is not available.

Our early intervention in psychosis and eating disorder services are compliant with the access and waiting time standards published by NHS England.

6 Our priorities for change in Tower Hamlets

We are working within the resource framework for investment and workforce set out in the *Mental Health Five Year Forward View* and the NHS strategy on parity of esteem, as determined locally within the North East London Sustainability and Transformation Plan.

Through joint discussion with partners, six priorities have been agreed for investment in 2017/18, if funds are available. These are areas where we have agreed that transformation is needed – this means changing the way we use current resources to achieve better outcomes, and better experience for children young people and families.

Subject to business cases, they are areas where investment will be considered to increase capacity and front-load transformation:

- A stronger foundation – integrated help for parents in early years with a focus on early attachment and mental wellbeing
- Improving the way children, young people, families and organisations find out about the help that is available, and increasing the number of young people with mental health problems who receive help
- Continuing joint initiatives to improve mental health and wellbeing for vulnerable young people
- Perinatal mental health services and parent/infant mental health
- Strengthening the response of services to mental health needs of young people on the autistic spectrum
- Strengthening the crisis response to young people with mental health problems.

These priorities align with those set out in last year's CYP MH Transformation Plan, and continue work started by investment received in 2015/16.

More details on our plans are given in the next section below.

7 Our plans for action and how we will measure achievement

Our transformation planning reflects the resource framework published in the mental health five year forward view.

Our specific plans have been developed in partnership and are set out in the table below, as proposed business cases for investment, which will include a full statement of performance indicators.

Priority area	Key transformations	Outcomes
Attachment and help in early years	<ul style="list-style-type: none"> • Integrated services • Evidence based interventions for mental wellbeing 	TH prevention outcomes
Improving access and increasing numbers seen	<ul style="list-style-type: none"> • Digital offer • Participation and engagement • Schools • Waiting times • Additional staff to deliver evidence based interventions • Psychological wellbeing pilot • Health equalities • Eating disorders 	MHFYFV target to see 35% of diagnosable population by 20121 Digital activity, service user satisfaction, TH outcomes measures, improved take up from Bangladeshi and BME groups, eating disorder metric
Vulnerable children and young people	<ul style="list-style-type: none"> • Out of borough • Pupil referral unit • Criminal justice • Virtual CSA hub • Clinical input into new joint initiatives 	TH MH outcome measures STP CSA activity and quality measures
Perinatal	<ul style="list-style-type: none"> • Integrated local pathways • Join-up with STP-wide transformation 	MHFV FV targets, improvements in parental anxiety and depression after treatment
Crisis and acute	<ul style="list-style-type: none"> • Earlier interventions 	TH MH outcome measures, no CYP

pathways	<ul style="list-style-type: none"> • Improved access and integration out of hours via children's social care and ELFT • Join-up with STP-wide acute inpatient CAMHS transformation 	admitted outside STP, improved crisis response Co-commissioning plan with NHSE
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Note: CSA: Child Sexual Abuse. CAMHS – Child and Adolescent Mental Health Service. MHFYFV. Implementing the Mental Health Five Year Forward View.

The full report also describes areas of ongoing transformation where plans are not yet at a sufficiently developed stage to propose business cases for investment. These will be included in next year's refresh:

- Integrated Personal Care
- Transition at age 18
- Suicide.

8 Our joint discussions about implementing the Mental Health Five Year Forward View (MHFYFV) with NHS England, other CCGs and councils in North East London

The Mental Health Five Year Forward View includes some key targets for Children and Young People's Mental Health services by 2021:

- Co-commissioning acute CAMHS inpatient services
- Treating 30,000 more mothers who need perinatal mental health services nationally
- Treating 70,000 more children and young people with diagnosable mental health problems
- Reduction of suicide rate by 10% nationally (all ages)
- All age mental health liaison services in acute general hospitals (50% target).

The NHS-led Sustainability and Transformation planning (STP) work has been conducted with partner CCGs and NHS Trusts, in consultation with local authorities across the North East London STP area, i.e. from Hackney to Havering. Significant progress has been made in CYP mental health transformation. However, variation in performance (e.g. bed usage, placements) still exists across North East London and sustainably meeting the NHS *Five Year Forward View* objectives requires transformation across the system.

This refreshed transformation plan is now also aligned with the North East London sustainability and transformation plan (STP).

Work streams relating to perinatal mental health, collaborative commissioning models for children and young people inpatient (tier 4) services, 24/7 crisis care for children and young people, improvement of mental health support for young people in the criminal justice system, and management of child sex abuse are currently being planned at STP level as follows:

- **Co-commissioning CYP MH inpatient services, with links to crisis pathways.** CCGs have identified the requirement for an STP-wide response, and discussed a common approach and shared understanding of risks, involving providers in discussions.
- **Health and Justice:** there is potential scope for future work to strengthen the mental health pathway for CYP in the criminal justice system across the STP area, and the possibility of a joint approach to review data on local children and young people in contact with the criminal justice system across the STP area.
- **Perinatal mental health:** this is not a required item in the CYP MH Key Lines of Inquiry (KLOIs), but CCGs have discussed a possible common framework for integrated local pathways, and reviewed possible STP-wide tasks when the outcome of the bid to NHS England is known

- **Child Sexual Abuse (CSA):** inclusion in CYP MH Transformation Plans is implied in the NHSE Key Lines of Inquiry (KLOIs) but is not explicitly required. CCGs have exchanged information on local input the NHSE planning, and have agreed to ensure that colleagues leading on children's health commissioning are updated on the medical quality risk implied by the small number of cases seen by community paediatricians in some boroughs, and the consequent clinical support for an STP wide hub or hubs. They will also consider follow up emotional support.

We have liaised with NHS England specialised commissioning in all these areas.

Our STP will seek further alignment of the local transformation plans for children's mental health services to deliver the system transformation required and ensure that mental health and emotional wellbeing is a key component of all STP plans and not a stand-alone programme of work.

The Tower Hamlets' detailed response to these STP-wide issues is included in the local action plans in section 7.

9 The workforce we need

There is great awareness of workforce challenges and a range of initiatives across organisations, including commitment to CYP IAPT training.

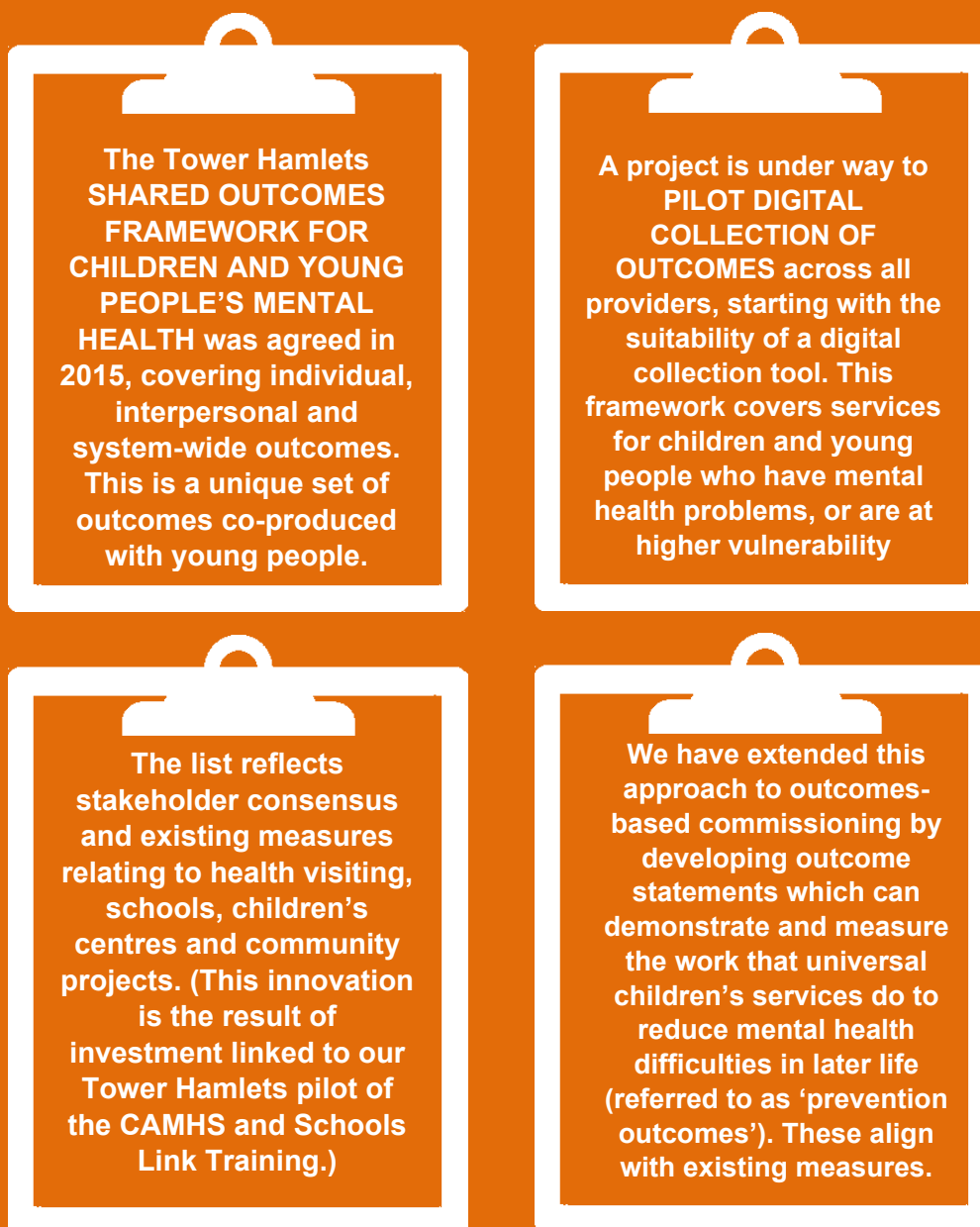
The next stage is to develop a full, joint plan to ensure that issues of recruitment, retention, new job roles, extended hours working, and availability of specialist skills are addressed in a systematic way. This will therefore be an early target for our Transformation Plan in 2016/17, covering the period to 2021.

10 Our engagement

The Transformation Plan has been developed by an interagency process including:

- Initial briefing and requests for information to partner organisations
- Meetings with partner organisations including third sector to discuss this plan
- Meeting with young people and parent champions (see Appendices 3 and 4)
- Workshop with schools and local organisations to follow up the CAMHS and Schools Link pilot (which took place in 2015 and earlier in 2016)
- Co-commissioning discussions with NHS England Health and Justice Team
- Meetings with CCGs in NEL STP footprint to harmonise input into CYPH MH Transformation Plans
- NHS England workshops on inpatient CAMHS services and Child Sexual Abuse (CSA)
- A range of engagement activities around specific projects.

In addition, a LBTH Health Scrutiny review of children and young people's mental health services focused on engagement and prevention



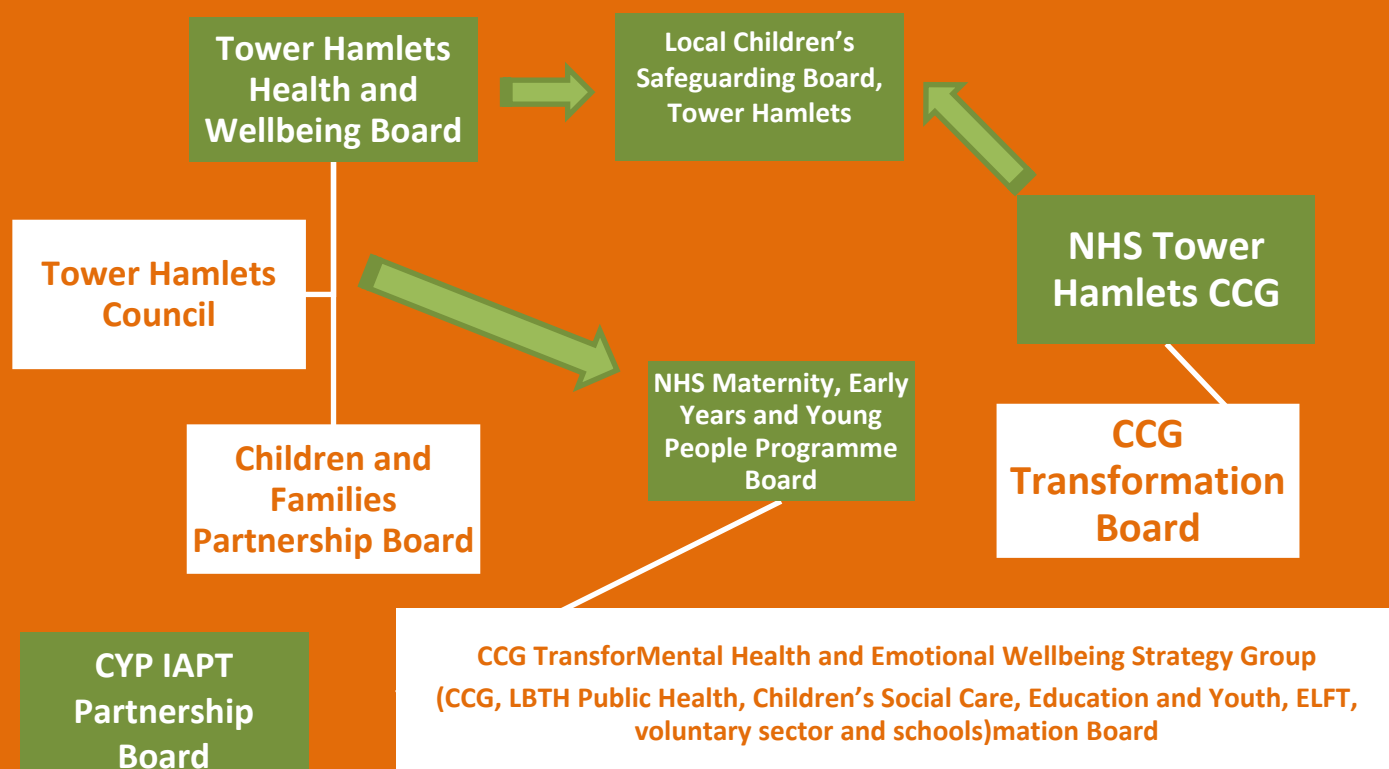
The full outcomes statements are in section 11.

Service-level outcomes will be included in business plans for new investment.

12 Governance

Our governance arrangements are in transition as new structures are implemented in the CCG and by a Joint Commissioning Executive within the CCG and Council.

The following diagram shows the current arrangements for implementation of the CYP MH Transformation Plan:



The Mental Health and Emotional Wellbeing Strategy Group is the group specifically dedicated to joint discussion and implementation of CYP MH transformation.

13 Our reporting and transparency

This report will be edited and formatted as a public-facing document, incorporating any comments from NHS England.

We will use the measures set out in the MHFYFV and undertake submit required reports to NHS England.

The progress in implementation of Tower Hamlets Transformation Plan will be reported to:

- CCG Maternity Early Years and Young People Working Group

- Children and Families Partnership Board
- Health and Wellbeing Board (on 21 February 2017).

The final Transformation Plan (incorporating comments from NHS England) will be published on the CCG and Council websites, and as part of the Health and Wellbeing Board committee papers.

14 Risks

The following risks have been identified specifically to CYP mental health implementation:

- Reduction in school budgets will affect school's ability to support pupils with mental health difficulties, and lead to more referrals
- Co-commissioning processes for acute CAMHS inpatient services are delayed and/or allocate NEL resources away from NEL residents
- Recognised barriers to integrated working by organisations will jeopardise success
- Workforce, including recruitment for waiting time initiative posts.

More details of risks and mitigations are given in the full plan.

TOWER HAMLETS TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

1 Introduction

CCGs are required to submit this Local Transformation Plan for Children and Young People's Mental Health and Wellbeing (CYP MH) by 31 October 2106. It updates last year's plan and forms part of the overall Sustainability and Transformation Planning (STP) for North East London. The plan is a public document which reflects our commitment to transparency. This summary sets out our current foundations and our plans for the next five years, as developed with local partners.

2 Our vision for transformation

The following vision has been developed by the Mental Health and Emotional Wellbeing Strategy Group at special meetings in October 2016, with invitations to an expanded membership. It is consistent with the priority for improvements given to children and young people in the Joint Mental Health Strategy for all ages, 2014 to 2019.

2.1 A prevention approach

The key points of our approach to prevention from birth through early years, primary and secondary school are:

- A substantial body of research describes risk and protective factors for mental disorders and poor emotional health and wellbeing in children and young people and demonstrates the influence of these across the whole of a child's life course from pregnancy through to the transition to adulthood.
- There is strong evidence that investment in the protection and promotion of mental wellbeing, including early intervention and prevention, improves quality of life, life expectancy, educational achievement, productivity and economic outcomes, and reduces violence, antisocial behaviour and crime.
- In addition to the impact on the individual child and family, mental health problems in children and young people result in increased costs of between £11,030 and £59,130 annually per child.¹
- For conduct disorder, lifetime costs of a one-year cohort of children with conduct disorder (6% of the child population) have been estimated at £5.2 billion, with each affected individual being associated with costs around 10 times that of children without the disorder.²
- Strong evidence of the poor outcomes related to having a mental health problem and the cost-effectiveness and return on investment argument make it imperative that prevention and early intervention be prioritised to 'develop an inclusive life course approach to mental health and emotional wellbeing from the earliest years, through the school-age years and transition to adulthood'.

¹ Suhrcke M, Puillas D, Selai C: Economic aspects of mental health in children and adolescents. In Social cohesion for mental wellbeing among adolescents. Copenhagen: WHO Regional Office for Europe, 2008:43-64.

² Friedli L, Parsonage M: Mental health promotion: building an economic case. Belfast: Northern Ireland Association for Mental Health, 2007.

2.2 How children, young people and families will experience services:

- In five years' time, any child or young person who appears to themselves, their family, friends or services to be experiencing problems connected to mental health will receive a positive and proactive response from staff in our services, who will know where to go for further help or advice if difficulties continue
- All CYP will get an appropriate response regardless of the worker or agency
- There will be drop-in hubs offering a place to go for all types of mental health related support, open until 8.00 pm in the evening and weekend afternoons
- The first point of contact will welcome the young person and family, listen to their needs, and signpost them to appropriate support
- At a time of crisis, a child or young person's key worker will be involved, directly or indirectly, and support will be provided quickly to help them through a difficult patch, or bring in more experienced help
- Young people will feel safe, and their cultural and religious needs will be met
- Families have a good experience of services



2.3 How staff will work with children, young people and families

- A range of interventions will be available to all staff who are in contact with children and young people, based on:
 - Their own role and training
 - Enhanced training in mental wellbeing,
 - Access to experienced and specialist mental health staff for support and consultation
- A mental health-informed youth work model will be adopted in local youth services
- Staff will recognise families' strengths
- Services will provide support for a responsive workforce to use and develop their skills
- Staff training and listening skills will make sure everyone is equipped and confident to have good conversations about emotional wellbeing and mental health
- Experienced back-up and access to psychological and therapeutic skills will be available to front line staff, building their capabilities to 'call it right' when children and young people present for help
- Services will be children/young people/family- led, and continually refreshed through a programme of participation and engagement
- Each organisation will think in terms of positive engagement, and not only rely on a 'deficit narrative'
- All staff will have a collaborative approach, ethically sharing information, and contacting the service best placed to meet a child or young person's needs in a timely way
- Opportunities will be created for organisations to share training and learning, e.g. through external placements and mutual attendance at specific courses
- Schools will be supported to give better information to parents about sources of help with mental wellbeing
- Other sectors will be engaged e.g. sports and leisure in an emotional wellbeing 'offer' and included in skills development opportunities
- Teachers and other school staff including governors will be supported to respond to mental health needs in schools
- A stronger parent offer will include:
 - Parent and families offer in Education, Health and Care plans
 - Parent support groups in secondary schools
 - Parents group for parents of CYP with mental health problems
 - Test the feasibility of telephone counselling/advice to offer support (or on-line)
- Staff will help children, young people and families build resilience and avoid crises
- Physical health needs will be considered alongside mental health needs
- Health visitors and school nurses will be responsive to early signs of difficulties with emotional wellbeing
- Staff will work to achieve the mental health outcomes set out in the Tower Hamlets Shared Outcomes Framework for Children and Young People.

2.4 Integrated services

We want services to work in an integrated, so that interventions from different agencies are seamless and coordinated around the needs of the individual child or family.

We want to prioritise early intervention, but also - when needs are complex - to ensure joint working through mechanisms which bring together partners in effective ways to coordinate care.

We would like to consider:

- Triage and information services which allocate children and families to the right service to meet their needs

- Shared outcomes
- Partnership with children and families, including shared decision-making
- Co-location

We recognise that this depends on a culture change not only for front line staff but also about how services work together.

Our vision for integration and coordination of services has begun to take shape. There are a number of examples, especially those services are being developed for vulnerable children, in part responding to the findings of the LSCB report *Troubled Lives*:

- For the most troubled young people, a service intervention is needed which will pre-empt a shift into offending, violence, gang culture, sexually harmful behaviour.
- The aspiration is that these initiatives will also benefit from specialist CAMHS input, so that families experience integrated services with access to all the services, delivering better experiences and better outcomes.

Organisations will work in partnership and build relationships across the whole system, for example:

- Parents and communities will lead a social movement for health, empowering local communities and mobilising assets in line with the draft Health and Wellbeing Strategy aim of 'communities driving health'
- All agencies will maximise access and opportunities to know what each other are doing, and prioritise time to ensure this is successful
- There will be a basic offer that schools can choose to put in place for mental health support and emotional wellbeing
- Youth workers and front-line staff will be trained in brief generic interventions, e.g. motivational interviewing, basic stage risk assessment.

2.5 Transformation work to put our vision for integrated services into practice

The following time line is proposed for the development of integrated services

Year one: 2017/18 – alignment of infrastructure

- Publish a core offer addressed to residents/clients for transparency referring to leaflets and referral systems in place
- Give clearer local guidance and training about information-sharing between services will be developed
- Engagement with children young people and families will focus on the design of
 - Support for schools' work with mental health by continuation of networks established by the CAMHS and schools link training
 - Piloting of outcomes measures
 - Local digital offer

Year Two 2018/19 – design of integrated services with youth work and social care

- Violence reduction strategy, including needs assessment and consideration of services for families where abuse and violence is a feature (including honour-based)
- Clinical input into the services for families where abuse and violence is a feature, and Safer Lives/Edge of Care service
- Working towards integrated services with youth services
- Initiatives for families and communities: public health approach based on 'communities driving health' with CYP and parents leading a social movement for health
- Introducing local outcomes measures into standard reporting and clinical work

Year three: 2019/20 – implementation of integrated services

- New pattern of integrated services

Cross-reference to our transformation overview, timeline and milestones:

Vision for integrated services	2017 to 2020
Milestones: <ul style="list-style-type: none">• Alignment of infrastructure• Design of integrated services with youth work and social care• Implementation of integrated services	

3 Our understanding of local need

3.1 Introduction: Joint Strategic Needs Assessment

The Tower Hamlets approach to Joint Strategic Needs Assessment is set out in the overarching JSNA summary document that will be accessed via the CCG website.

A number of Tower Hamlets Joint Strategic Needs Assessment Factsheets address aspects of emotional wellbeing/mental health or mental illness in children.

Title	Content	Plan
Maternal health in pregnancy	Health of women during pregnancy, childbirth and the postpartum period together with the impact on the foetus and new-born child.	Refresh November 2016
Children with disabilities	Covers the health and wellbeing of children with physical and learning disabilities.	Refresh 2016/17
Mental health (child and adolescent mental health)	Covers mental illness along a continuum from conduct and emotional disorders to conditions including schizophrenia and psychosis; mental health and emotional wellbeing in children and young people 19 years and under.	Review 2016/17
Autistic Spectrum Disorder (all ages)	Autistic spectrum disorder, cross-cutting adults and children	New ASD adult factsheet to be published November 2016, ASD child focus to be published 2016/17.

3.2 Strategies/Plans

Suicide Prevention Plan: multiagency steering group to produce this has been convened and will meet to deliver this plan in 2016 and 2017.

Young carers. An update of the carers JSNA indicates the high levels of young carers in Tower Hamlets compared to London and England (although there is a caveat that the age for a young carer is generally taken to be up to 18 years:

Numbers of young carers up to age 24yrs in Tower Hamlets and the hours of care provided compared to London and England (2011)

	0-15	%	16-24	%	0-15	%	16-24	%	0-15	%	16-24	%
Tower H	446	4.1	1,910	17.5	55	1.6	508	14.5	66	1.3	377	7.7
London	13,737	3.2	39,236	9.0	1,841	1.7	9,075	8.6	1,803	1.2	6,266	4.2
England	90,171	2.6	219,853	6.4	11,142	1.5	47,962	6.7	10,110	0.8	34,541	2.7

Source: 2011 Census (LC3301EW)

A local survey showed 294 young carers who were caring for a person with a mental illness. This level of identification reflects the work of the local CHAMP project over the years in Tower Hamlets (the project provides support on children's social work issues to adult CMHTs.)

Finally, the Children and Families Plan (Priority 8 – see Appendix 5) includes an action to carry out further analysis on the needs and experiences of newly arrived families, and taking appropriate action to ensure they receive appropriate support.

3.3 The number of children with a diagnosable mental health condition.

The number of CYP with a diagnosable mental illness is part of the calculation to quantify the required increase in the proportion of the population seen.

At this stage we have taken the GLA population projections for the age group 5-17 years, and used a baseline for 2015 of 40,731 children and young people. To that figure, we have applied the overall rate for any disorder (9.6%) taken from the 2004 psychiatric morbidity survey. (Please see table 2 and references in section 3.4)

This gives a figure of 3,911 children and young people with a diagnosable mental health disorder. By 2021, this will increase to 4,656 because of the expected population growth in Tower Hamlets.

	2015	2016	2017	2018	2019	2020	2021
Total	3911	4028	4162	4314	4438	4551	4656

Implementing the Mental Health Five Year Forward View sets a target that at least 35% of CYP with a diagnosable mental health condition receive treatment from an NHS funded community mental health service. This appears to be based on the broad national estimate that 25% of CYP with a diagnosable mental health condition were receiving treatment in 2014/15.

There are some challenges in calculating local need. As mentioned above the last national psychiatric morbidity survey for children and adolescents took place in 2004 and the next survey will not begin until 2017. For some conditions, such as eating disorders, there is evidence that the prevalence has increased in recent years. However, no reliable evidence will be available until 2018. In addition, the age covered by the survey was 5 to 16, whereas CAMHS services see children and young people aged 0 to 17 years.

The most significant consideration is that Tower Hamlets could expect to have more than the national average levels of mental health need, given the characteristics of the local poverty, housing and poor physical health (risk factors described in the next section). Some local studies, for example of numbers on the autistic spectrum or the Attention Deficit Hyperactivity Disorder (ADHD) indicate local levels which are higher than national.

A reliable estimate of local need will therefore require analysis of the next national survey in three or four years' time, together with an understanding of local pattern of need.

3.4 Report on children and young people's mental health needs and their determinants in Tower Hamlets: summary

3.4.1 Introduction

This section summarises the findings of an assessment of the mental health needs of children and young people resident in Tower Hamlets and the determinant factors that will shape their emotional health and well-being and mental health experiences as they grow from conception into adulthood. The full assessment can be accessed through the CCG website.

3.4.2 People and place – context for health and wellbeing for children and young people

The Tower Hamlets Joint Strategic Needs Assessment Summary (available [here](#)) sets out the often adverse socio-economic circumstances that impact negatively on the development and health and well-being of children and young people such as poverty, poor housing, overcrowding and family homelessness.

Headlines:

- A highly diverse, mobile, relatively young population, changing composition due to population growth and trends in migration (national and international);
- At aggregate level, the health of the population tends to be worse than elsewhere. This is linked primarily to the levels of socioeconomic deprivation experienced by a significant segment of the population;
- Remains most deprived London local authority, nationally ranks between 3rd and 24th most deprived Local Authority in England;
- A highest level of child poverty in the country with 34 per cent of under 16's living in a low income family. 54% of neighbourhoods in Tower Hamlets rank in the 10% most deprived nationally;
- Significant inequalities in health both between Tower Hamlets and other areas and within Tower Hamlets. Gap in healthy life expectancy between the least and most deprived areas within Tower Hamlets is 11.7 years for men and 9.5 years for women (2009-13);
- Ethnic breakdown of 0-15 and 16-24 population is significantly different from that of the population as a whole. For the 0-15 age band those of Bangladeshi origin account for approximately 60% % of the population, 'white British' for 16% and 'African' for 5%. In the 16-24 age band the breakdown is 32%, 35% and 4% respectively;
- In the 2011 Census the percentage of 0-15 year olds for whom "bad or very bad health" was reported was twice as high as that for England;
- An increasing but low 61.6% of children achieve a good level of development of school readiness at the end of reception compared to averages of 68.1% for London and 66.3% for England but the percentage for children on low incomes eligible for free school meals (55.8%) is similar to the average for London (58.6%) and better than that for England (51.2%) (2014/15).

3.4.3 Key issues for emotional health and wellbeing and mental disorder by life course stage

Socio-economic status and parenting are constant key protective/harmful determinants throughout a child's lifecourse with deficits in either clearly associated with poorer outcomes for children. Children and young people in the poorest households are 3 x more likely to have a mental health problem than those in better-off homes. Parenting practice is a significant predictor of infant attachment security, child antisocial behaviour, high child self-esteem and social and academic competence, and is protective against later disruptive behaviour and substance misuse. Severe mental illness, substance dependency and domestic violence all have a significant impact on parenting.

Pre-conception and pregnancy

- Foetal programming – the effect of a mother's mental health on the subsequent health of her child is as important as her physical health. Impact of 'maternal mental illness'/'maternal stress' are key, as is the complex impact of being brought up in poverty; all are associated with biological changes which can be transmitted to the foetus and can adversely affect future child health and development;
- Adverse pregnancy outcomes including preterm birth (responsible for a high proportion of later neurodisability) are linked to lower socio-economic status;
- Substance misuse/drug/alcohol abuse - associated with problems in child development, through toxic effect of the substance upon the foetus, through frequently chaotic life circumstances of a drug-using mother/partner and by mother's often poor physical and mental health;
- Mental illness - adverse impact of maternal depression during pregnancy on birth outcomes, on continuing depression in the postnatal period and on infant development and later child outcomes.

Early Years

- Pre-school years are a key period for a child's social and emotional development (e.g. establishing a capacity for self-regulation via their attachment relationship to the primary caregiver);
- Attachment is a key significant bio-behavioural mechanism that plays a key role in the development of emotional regulation both during the early years and across the life span, with disorganised attachment having been found to be a strong predictor of later psychopathology;
- Toxic stress, i.e. infant or toddler's prolonged exposure to severe stress that is not modulated by the primary caregiver has been identified as having a significant impact on the young child's development and health and wellbeing across the life span and leads to atypical parent-child interaction, which can represent a significant form of early emotional abuse and neglect;
- A parent's own attachment status predicts the infant's likelihood of being securely attached, and the parent's ability in relation to affect regulation (i.e. manage stress, anger, anxiety and depression) has a significant impact in terms of the development of mental health problems and psychopathology in the early years.

Childhood and adolescence

- Stability and a sense of belonging within a family have been linked with youth life satisfaction. Poverty and parental mental health status have been identified as key factors that interact with family structure to produce poorer outcomes for children;
- Rapid changes in the brain and across all organ systems in adolescence result in a host of new mental and physical health disorders appearing at this time (75% of lifetime mental health disorders have their onset before 18 years, peak onset of most conditions is from 8 - 15 years);
- Approximately 10% of adolescents suffer from a mental health problem at any one time;
- It is likely that latent determinants such as puberty and brain development recapitulate the biological embedding of social determinants seen in very early life;
- Parental mental illness is associated with increased rates of mental health problems in children and young people, with an estimated one-third to two-thirds of children and young people whose parents have a mental health problem experiencing difficulties themselves.

3.4.4 Addendum for 2016/17

To estimate prevalence of diagnosable mental disorders, current projected population for the year and age groups in question were applied to the most relevant epidemiological studies providing an age specific estimate of expected prevalence for specific conditions, if the rates of disorder found in these national surveys were applicable to Tower Hamlets in 2015/16.

These figures are intended only to give an indicative sense of scale of the local burden of childhood and adolescent mental disorder/ill health. Re-calculations have not been repeated for 2016/17. Tables 1 and 2 below set out 2015 - 2021 population projections for Tower Hamlets (table 1) and apply the accepted 9.6% prevalence figure for mental disorder for all children (5-16) found by Green *et al* (table 2).

The changes to the estimated 'expected' number of children between the 2015 baseline and 2021 are significant (+16%) and are driven in this calculation solely by the projected population increase. Changes in the prevalence of mental illness/disorder in young people over this period continue to be unclear.

From Table 4 onwards in this report population estimates are based on 2015 population and bottom lines will not align to those figures in tables 1-3.

Table 1: *Population projections for Tower Hamlets 2015-2021³*

	2015	2016	2017	2018	2019	2020	2021
0-4	21503	21693	21797	22105	22763	23529	24093
5-10	21236	22038	22786	23628	24126	24570	24850
11-16	16823	17235	17891	18542	19205	19830	20574
17	2672	2679	2664	2767	2894	3000	3072
Total	62234	63646	65138	67043	68988	70928	72588

Table 2: *'Expected' number of children in Tower Hamlets with any mental disorder 5-17 years*

	2015	2016	2017	2018	2019	2020	2021
0-4	/	/	/	/	/	/	/
5-10	2039	2116	2188	2268	2316	2359	2386
11-16	1615	1655	1718	1780	1844	1904	1975
17	257	257	256	266	278	288	295
Total	3911	4028	4162	4314	4438	4551	4656
% +/- 2015	/	3.0	6.2	9.7	12.2	14.4	16.4

3.4.5 Prevalence of diagnosable mental disorders

See full report for data and research/evidence sources in this section. In this section local population numbers for children with diagnosable mental disorders (or behaviours) are calculated, derived from sample percentages which have then been applied to the estimated Tower Hamlets 2015 age specific population (see 2016 addendum above). Figures are intended only to give an indicative sense of the local burden of childhood and adolescent mental disorder/ill health and should be interpreted with caution.

³ <https://data.london.gov.uk/dataset/2015-round-population-projections> (GLA 2015 round SHLAA-based population projections: Capped Household Size Model, May 2016)

Pre-conception and pregnancy

Table 3: Rates of perinatal psychiatric disorder + 'expected' levels of psychiatric morbidity in Tower Hamlets (conceptions 2014)

Perinatal psychiatric disorder	Rate per 1000 maternities	'Expected' Tower Hamlets cases (4,514 conceptions in 2014)
Postpartum psychosis	2/1000	9
Chronic serious mental illness	2/1000	9
Severe depressive illness	30/1000	135
Mild-moderate depressive illness and anxiety states	100-150/1000	451-677
Post-traumatic stress disorder	30/1000	135
Adjustment disorders and distress	150-300/1000	677-1354

Childhood & Early Adolescence

Table 4: 'Expected' number of children in Tower Hamlets by type of mental disorder, age and gender (2015 population)

	5-10 year olds			11-16 year olds			All children		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Emotional disorders	238	260	509	340	500	840	598	800	1406
Conduct disorders	745	291	1039	689	418	1109	1448	725	2204
Hyperkinetic disorder	292	42	339	204	33	235	502	74	570
Less common disorders	238	42	276	136	90	235	367	149	494
Any disorder	1102	530	1632	1071	845	1932	2200	1451	3648
Total population	10,800	10,400	21,200	8,500	8,200	16,800	19,300	18,600	38,000

Late adolescence

Table 5: 16-24 year old 'expected' levels of mental disorder morbidity in Tower Hamlets (2015 population)

	Male		Female	
	APMS 2007 %	TH nos.	APMS 2007 %	TH nos.
Mental disorder + screen – post traumatic stress disorder	5.1	1076	4.2	924
Anxiety disorder	1.9	401	5.3	1166
Depressive episode	1.5	317	2.9	638
Psychotic illness	0	0	0.4	88
Self-harmed in lifetime	6.3	1329	11.7	2574
Suicide attempt lifetime (self-completed questionnaire)	4.7	992	10	2200
Screen positive for ADHD; ASRS score - all 6	1.3	274	0.8	176

Table 6: Prevalence of self-harm by age and 'expected' number of children in Tower Hamlets by category (2015 population)

Self-harm in children/young people:	5-10 year olds		11-16 year olds	
	All %	TH no.	All %	TH no.
With no other disorder	.8	157	1.2	178
With anxiety disorder	6.2	29	9.4	69
With hyperkinetic, conduct or 'less common' disorder	7.5	124	/	/
With depression	/	/	18.8	92

Table 7: Expected number of children presenting with conduct disorders, Tower Hamlets 5-16 population (2015 population)

	5 to 10 year olds			11 to 16 year olds		
	Boys	Girls	All	Boys	Girls	All
Conduct Disorders	745	291	1039	689	418	1109
Oppositional defiant disorder	486	250	742	298	139	437
Unsocialised conduct disorder	97	31	127	102	66	168
Socialised conduct disorder	65		64	221	156	370
Other conduct disorder	97	10	106	60	66	134

Table 8: Prevalence of Autistic Spectrum Disorders by age and gender and expected Tower Hamlets numbers (2015 population)

	5-10 year olds						11-16 year olds						All children					
	Boys		Girls		All		Boys		Girls		All		Boys		Girls		All	
	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No
	1.9	205	0.1	10	1.0	212	1.0	85	0.5	41	0.8	134	1.4	270	0.3	56	0.9	342

3.4.6 Attention deficit hyperactivity disorder (ADHD)

1–2% of children and young people are estimated to be affected, if the narrower criteria of International Classification of Diseases-10 are used. This would represent between **406** and **812** 5-17 year olds in Tower Hamlets. Using the broader criteria (DSM-IV, ADHD), 3–9% of school-age children and young people, or between **1,218** and **3,654** 5-17 year olds in Tower Hamlets might be expected to experience ADHD.

3.4.7 Eating disorders

If sample incidence rates are applied to the Tower Hamlets 10-19 year old population (2015) then we might expect to see **4** new cases of Anorexia nervosa, **2** new cases of Bulimia nervosa and **7** new cases of Eating Disorders (not specified) within Tower Hamlets in 2015. Research suggests a statistically significant increase in the number of eating disorders diagnosed in primary care between 2000 and 2010 for both males and females.

3.4.8 Vulnerable groups and risk factors

Parental education and employment

- Higher proportion of residents with no qualifications than London and the UK, and correspondingly lower levels of qualifications at each level;
- 7,290 lone parent households in Tower Hamlets (2011), highest levels of unemployment in lone parent families of all London boroughs at 62% (47.8% across London, 40.5% across England).

Looked After Children (LAC)

- Relatively low rates of children looked after (44/10,000 under 18 population in 2015), ranking 17th highest of 33 London boroughs;
- 275 children looked after (2015); prevalence of mental disorders amongst LAC is 44.8% and we might expect to see approximately 123 looked after children in Tower Hamlets with some form of mental disorder.

Children with disabilities (including learning disabilities)

- Estimates of between 1,600 and 2,000 children and young people with a disability in Tower Hamlets (in 2013);
- Some studies suggest learning disabilities (LD) more common among boys, children from poorer families and among some minority ethnic groups and profound multiple LDs more common among Pakistani and Bangladeshi children (62.5% of the 0-17 year old population in Tower Hamlets);
- Well-established link between socioeconomic deprivation and the prevalence of mild/moderate LDs and some evidence of a link between severe LDs and poverty.

BME groups

- Differences in rates of mental disorder across ethnic groups have been identified. CYP in Pakistani/Bangladeshi group had a rate of just under 8%, in the black group a rate of around 9% and highest rate of 10% in the white group;
- Cultural factors are likely to influence levels of local identified need - Asian British families have been found to be significantly more likely to want care to be provided by a relative than the white British families, and were significantly less likely to know the name of their child's condition (LD) with over 50% not knowing cause.

Bullying

- Nearly a quarter of pupils (24 per cent) said that they have experienced bullying in school in the past year. Primary pupils saw a significant rise in reported bullying (from 26 per cent in 2013 to 31 per cent in 2015); 23 per cent of pupils said that they were bullied 'most days' or 'every day' (LBTH Pupil Attitude Survey 2015)
- More than half of lesbian, gay and bisexual young people (national survey) still report experiencing homophobic bullying with over two in five gay pupils attempting or thinking about taking their own life as a direct consequence.

4 Our services

This section begins with a summary of achievements and progress in working together, then provides information on some key services we have been developing over the past year. The aim is to demonstrate that the key requirements of NHS England are being met.

4.1 Achievements

Tower Hamlets has adopted a Child Rights approach following the United Nations Convention on the Rights of the Child which contains 54 articles that cover all aspects of a child's life, and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. Overall, the United Nations Convention on the Rights of the Child acts as a set of internationally agreed legal standards which lay out a vision of childhood underpinned by dignity, equality, safety and participation.

On several services, we have made significant progress in Tower Hamlets:

- An operational CYP **community eating disorder** service, as part of an East London wide model
- A unique set of **outcome measures** with agreed instruments to collect data from every CYP/family using every service (see section 11)
- **Digitisation pilot** for outcomes collection tool
- **A young people's mental health service** based on partnership delivery and earlier intervention for ages 14 to 21
- Remodelled mental health services for **Children Looked After** and Leaving Care
- The Council has adopted a **refreshed strategy** for Children Looked After
- Agreed outcome statements for **the prevention of mental health difficulties** by universal children services (see section 11)
- **CAMHS and schools link training** pilot, and public health/education psychology initiatives in schools
- Network approach for YP with persistent and severe **conduct problems**
- Resources to strengthen group support for **children on the autistic spectrum** and their families
- **Better Beginnings** pilot funded by public health
- **Awareness campaign** and pilot on-line offer.

More details are given below.

4.2 Steps we have already taken to transform services.

In three specific areas, our initiatives have begun the longer-term process of transformation:

- **A Young People's Mental Health Service** has been commissioned from Step Forward, following CCG investment and a competitive procurement process. Innovative features of delivery include:
 - Partnership model, working from more than one location in order to maximise access
 - Three related service strands: additional youth mental wellbeing, evince based group and individual therapies, and partnership working with other specialised CYP mental health services
 - Age range which spans the traditional divide at 18th birthday
 - The main part of delivery will be outside the school day, up to 9.00pm

- This innovative service will help implement our overall vision and support targets for greater access. The contract runs until November 2019 with an option to extend for a further two years.
- **Improved waiting times by specialist CAMHS**
 - Following investment by the CCG and service improvement by specialist CAMHS, waits have been reduced from 8 to 5 weeks for first appointment in 2015/16.
 - In addition a triage service has been introduced which offers shorter interventions to support family and system residence to address presenting issue without the need for longer term intervention
 - Further waiting time improvements to meet the new definition of waits to the second appointment (seen as the beginning of treatment in national performance) monitoring) are proposed
- Tower Hamlets CAMHS is a **THRIVE implementation site** (sometimes also referred to as iThrive).
 - The iThrive model has been developed by the Tavistock and Anna Freud Centre as a radical shift in the way that services are conceptualised and delivered. iThrive focuses on clarity around need as defined through a process of shared decision making between service and service user.
 - A number of initiatives to improve and evidence Shared Decision Making (SDM) are taking place at TH CAMHS until March 2017 at both a client and service level. These include the collaborative setting and evidencing of Goal Based Outcomes and Care Plans as well as establishing a parent/carers feedback forum and establishing a process whereby both the parent/carers and young person forum feed back into service level decision making structures.

Cross-reference to our transformation overview, timeline and milestones

New young people's mental health	2017 to 2020
Milestones:	
<ul style="list-style-type: none"> ● Implementation of new contract with Step Forward 	
Shorter waits	2016 to 2017
Milestones:	
<ul style="list-style-type: none"> ● Reduction of average waiting times from referral to second appointment 	
iThrive	2016 to 2019
Milestones:	
<ul style="list-style-type: none"> ● Implementation and evaluation of iThrive principles in Tower Hamlets 	

Key performance indicators are included in the waiting times proposals to the NHS England and in the Step Forward contract.

4.3 Steps towards the vision for more integrated services

Examples of moves towards integrated working have already taken place in Tower hamlets, as follows.

- A dedicated CAMHS team is embedded within Children's Social Care. This provides easy access to consultation, initial assessment, and joint interventions, promoting workforce development

- A targeted and specialist sexual health and substance misuse service will be operational from October 2017 providing the educational and first-line interventions in the pathway, including for emotional wellbeing, but supported by satellite sessions by specialist CAMHS
- Step Forward already provide sexual health services in a partnership with Barts Health from their base in Bethnal Green
- Docklands Outreach have been working with Family Intervention Service to provide CYP IAPT interventions to young people accessing A&E
- The Conduct Disorder service works in partnership with three schools and the YOT
- Youth Offending and the Family intervention service are now being integrated so that a clinical response can be embedded in services via CYP IAPT practitioners
- The Children Looked After Strategy 2015 to 2018 states that the CAMHS service within Children Looked After will have a key relationship with the Disabled Children's Outreach Service, DCOS, which is an established integrated team funded by Children's Social Care. .
- The Healthy Youth Centre programme will incorporate health within the core delivery of youth service provision and within the development of Healthy Schools type programme to be adapted for use in youth centres. This work will be audited and awarded with status in the same way as the current Healthy Schools programme. This will ensure that quality standards of health and wellbeing promotion to young people are maintained both in schools and in Youth Hubs throughout the borough.

4.4 Information on specific services

4.4.1 Eating disorders

April to June 2016 was the first period of operation for the newly established CEDS-CYP, which is now established as hub-and-spoke service, commissioned by the East London commissioning Consortium comprising Tower Hamlets, City and Hackney and Newham CCGs. This quarter was a transitional period for delivery of Eating Disorder care within ELFT CAMHS, with care gradually moving from the generic CAMHS teams in Newham, City & Hackney and Tower Hamlets to the specialist CEDS-CYP. The service became fully operational on 1 July 2016 when newly recruited staff started in post. Additional clinical activity of the band 7 and band 8a Tower Hamlets CEDS clinicians includes consultation to Tower Hamlets CAMHS clinicians in cases where there is concern about possible eating disorder.

The CEDS clinicians based in Tower Hamlets are a 0.4wte x band 8a Specialist Eating Disorder Systemic Therapist and a 1.0wte x band 7 Eating Disorder Therapist. In addition there is access to the 'core team' staff namely: Service coordinator (1.0wte), Assistant Psychologist (1.0wte), Dietician (8 hours per week), and Paediatrician (0.2wte since Oct 2016). Consultant Psychiatrist support is currently via an interim arrangement with Tower Hamlets CAMHS, but a permanent 0.6wte x Consultant Psychiatrist has been successfully recruited, who will start in post in January 2017. A 1.0wte band 6 Dietician has also been recruited, expected to start in January 2017.

At the inception of the CEDS team cases were transferred from generic CAMHS to CEDS when it was considered in the best interest of the young person receive care from the newly formed specialist team. In collaboration with the leadership in Tower Hamlets CAMHS, all cases with moderate to severe eating disorders were reviewed, and seven cases were

transferred to CEDS, predominantly with diagnoses of anorexia nervosa. Two have subsequently completed treatment and been discharged.

There have been 11 new referrals to the CEDS–CYP of whom 8 have been offered assessment (two cases declined further input after a triage telephone call because things had improved, and a third case was an inappropriate referral that was redirected to generic CAMHS). Of the eight assessment cases, six have been accepted as treatment cases and two await their initial appointment.

The National Access and Waiting Times Standards for Eating Disorders state that all routine cases presenting with suspected eating disorder should be assessed within 15 days and urgent cases within 5 days. The waiting time to assessment for urgent presentations in Tower Hamlets (n= 1) was 5 days. The mean waiting time to assessment for routine cases in Tower Hamlets (n= 5) was 15 days. Within this group, only one case was seen outside of the 15-day waiting time (28 days after referral) which was due to multiple DNAs and cancellations by the family.

The service is also working to raise awareness of our new service among GPs, referrers, and the wider community, and are in the process of developing our microsite, which will contain written and video service information, as well as an online self-referral form. A fixed team 1.0wte Eating Disorder Therapist has recently joined the CEDS team with the remit of supporting early detection and management of eating disorders in the community.

The CCG also commissioning eating disorder training for BEAT (eight training sessions) and an on-line offer from The Mix to improve awareness. Final reports are due in November 2016.

4.4.2 Early intervention in psychosis

The key points are:

- Tower Hamlets has developed strong pathways for young people with first onset of psychosis, in line with national guidance over the last 15 years.
- CAMHS has a dedicated team for psychosis, with specific attention to transitions (as below).
- Tower Hamlets is one of the few boroughs which has a dedicated Early Detection Service to assess and monitor young people who experience psychotic-like symptoms, and provide early identification of first episode psychosis.
- The CCG has invested in the Tower Hamlets Early Intervention Service to ensure that new access standards are met. The service is achieving over 95% compliance with waiting targets (as reported in the CCG Better Services indicators published on 28 October 2016.)

Specialist CAMHS accept young people with florid psychotic symptoms, who are prodromal and at risk, or who are ultras-high risk, with functional issues or a family history of psychosis. All are seen within two weeks, and they receive psychoeducation, psychological therapies, and family intervention. Carers' assessments are available via the local authority. Psychological interventions are tailored to individual needs and within a CBT framework. A staff member is being trained in psychosis specific CBT in line with NICE guidance.

Tower Hamlets Early Detection Service (THEDS) takes referrals including self-referrals from ages 16 years and above, and work with the prodromal and at risk groups.

The policy for transition to adult services covers the period six months prior to 18th birthday, and includes joint meetings, joint visits and where appropriate CAMHS remain involved up to

six months after 18th birthday. Further information will be gathered as part of the proposed transition national CQUIN in 2017/18, and the CCG will seek updates about. (CQUIN is the name of the provision for quality and innovation in services in NHS contracts.)

4.4.3 Conduct disorder

New investment by the CCG was provided in 2015/16 as pilot to strengthen the conduct disorder pathway. Review of the pilot demonstrated the service had delivered the following:

- Partnership with PRU, City Gateway, Children Social care and Ian Mikardo School (expanding to YOT and Lifeline (young people's substance misuse))
- Pilot of Non Violent Resistance (NVR) groups for parents
- Pilot of Regulate group for adolescents
- Joint agency working with partners to improve engagement and improve coordination and provide psychoeducation
- Assertive outreach casework
- CAMHS Casework
- CORC outcome measures
- Consultation to partners (PRU) and training
- Restructuring of Emotional and Behavioural Disorder (EBD) teams, resulting in one team with a focus on externalising problems, with a core conduct group including the two staff in this pilot.

The overall benefits are:

- Gatekeeping of referrals and improved engagement
- No cases closed unilaterally
- Joint risk management
- Internal CAMHS review by conduct team.

Based on positive progress reports, the CCG took the decision to embed this service within specialist CAMHS. This service also supports the local vision of partnership working and integration for vulnerable CYP.

4.4.4 Neuro development – support for children on the autistic spectrum and their families

An agreement has been reached with specialist CAMHS to strengthen the support it offers, as the first step in moving towards an integrated pathway. Additional groups will run:

- Social skills group for young people-currently x1 year - to increase to x1 term. Average attendance is 6 young people.
- Triple P parenting group currently x1 only - to increase to x1 term, and to run as an additional group a Bengali group for Triple P parenting to broaden access. Average attendance is 8 families
- Sleep workshop (new) to run x 2 yearly - Estimate attendance 8 families
- Behaviour management groups currently x1 year to run x2 yearly. Estimate attendance 10 families

The service will also have increased capacity to undertake home assessments, and to develop an autism network. As a result specialist staff will be freed up to undertake assessment, thus reducing waits.

4.4.5 Community engagement: Tower Hamlets Health Scrutiny recommendations

In 2016 a Health scrutiny panel made a series of recommendations to improve mental health promotions and engagement of staff and young people in the borough, including several recommendations for CAMHS or interagency action.

- Work with the voluntary and community sector to strengthen early intervention services
- Raise awareness of mental health issues, before children and young people reach specialist services, by promoting patient stories and examples of what mental health issues can turn into, with particular focus on BME communities.
- Ensure all frontline professionals who come into contact with children regularly or/and in a professional capacity (not just mental health professionals) are able to identify children with mental health issues and know what to do once they have identified a vulnerable child
- Consider how services can be improved for children and young people who are in contact with criminal justice services, and who have a higher vulnerability to mental health problems
- Strengthen engagement and training for CAMHS service users to empower them with the skills and knowledge to effectively contribute to service development
- Review GP training in children and young people's mental health, including raising awareness of referral pathways for service users
- Work with community leaders to improve cultural understanding of mental health and raise awareness of the services in place to support residents with a mental health need.
- That CAMHS consider ways to make the service more accessible through reviewing their workforce to ensure it is reflective of the community
- Improve engagement with children and families in order to increase awareness of mental health in all communities in the borough
- Raise awareness about mental health and support services amongst non-MH staff working with young people to improve accessibility to appropriate support.

These recommendations have shaped the approach to transformation within the borough and are the subject of a separate action plan.

4.4.6 Awareness campaign

An awareness campaign included:

- Planning meetings with local young people
- Mark your Mind Campaign pack
- Outreach work with hard to reach young people
- Outreach workshops with Bangladeshi parents
- Eating disorder awareness
- Tower Hamlets page on TheMix website
- Video commissioned by HealthWatch Youth Panel and made by young people
- Photography, arts, film and music projects by Young Minds
- Local small grants for campaign activities
- Awareness training for schools and governors
- Peer evaluation

The campaign is still running through TheMix, small grants, peer evaluation and dissemination of film and video material.

4.4.7 Mental Health screening tool for Looked After children

A research project reviewed the use of the Strengths and Difficulties Questionnaire (SDQ). This involved:

- Describing the characteristics of the target population
- Creating a brief research overview of the available measures for looked after children
- Assessing the capacity of the SDQ parent version for children aged 4-17 to capture mental health problems in looked after children in comparison to non-disadvantaged children
- Recommend alternative ways of providing services and care to Looked After Children placed out of borough
- Developing a shared understanding of different professional roles as well as a shared language of care
- Mapping the implementation of outcome measures across agencies involved in the delivery of services and care to Looked After Children
- Making recommendations as to a wider range of outcome measures can be used to aid in the identification of looked after children's mental health needs
- Outlining and describing the existing mental health services available to children and young people in care in Tower Hamlets
- Training specialist CAMHS, Social Workers, staff, service users to using outcomes and feedback tools with looked after children, foster carers and other professionals.

The project findings will be used to strengthen the pathways to mental health support for Looked After Children.

4.4.8 Developing service provision for CYP receiving individual tuition via the Pupil Referral unit

A social withdrawal project of YP enrolled on Individual Tuition at PRU has been completed by a mixed methods research project, involving the review of pathways and screening. Findings have been presented at Emotional Health & Wellbeing Group and there will be a stakeholder event in early December 2016 hosted at TH CAMHS.

The research found that these YP were a mixed group with very different presentations and pathways leading them to enrol on IT. There is limited international research in the area. However this research project suggests there is a need for a more intensive, holistic, and multi-layered intervention to help these YP.

4.4.9 Schools

Mental health support for schools is being developed in a number of ways:

- A two-academic-year pilot programme of mindfulness delivered first to teachers/teaching assistants, followed by train the trainer sessions, in order for teachers to be equipped to deliver sessions to students. The programme is being delivered by LBTH Educational Psychology team. The aim was to test what evidence suggested may be a promising approach for 'tier 1' (a universal, primary prevention) intervention in schools. The programme seeks to complement our current whole schools approach to mental health promotion.
- While the ultimate aim of the training is to deliver mindfulness sessions in schools to students, we would also expect there to be mental wellbeing benefits to the teachers, including support for their teaching practices, as well as increased awareness of mindfulness and mental wellbeing amongst more school staff.

- Tower Hamlets was one of 22 CCGs selected for the national pilot of CAMHS and Schools link training. In all, 24 schools took part in the programme. One of the key benefits was better understanding and use of referral systems. A local evaluation report has been produced by Education psychology, and a national evaluation of the pilot is due next year
- Compass Wellbeing are rolling out training in emotional wellbeing for school nurses, following a pilot project
- Individual schools have been involved in the Mark Your Mind Campaign, in engagement work, and in a young carers project with Family Action.

4.4.10 CYP IAPT

As reported last year, Tower Hamlets is a second wave CYP IAPT Partnership and CYP IAPT is fully established in the borough. The partners are the Family Intervention Service (LBTH), ELFT and Docklands Outreach, who are working according to the principles of CYP IAPT and are incorporating them in their own delivery. Important lessons have been learned about services can work to the same outcomes and use evidence-based interventions and IT support.

4.4.11 Data

ELFT submits the full CAMHS minimum dataset data on a regular basis to NHS Digital (previously HSCIC).

Quarterly monitoring and activity data are submitted to the CYP IAPT programme via the Anna Freud Centre by LBTH and third sector CYP IAPT Partners.

4.4.12 On-line/digital

A pilot digital offer for children and young people has been running in September and October, in the form of a localised Tower Hamlets landing page for the national site, TheMix. This includes:

- Local service finder
- Events calendar
- Digital promotion through Google Ads, Facebook, tweets and smart merchandise
- Geo-filters with snapchat
- Engagement with children and young people to test the site and to encourage locally created content
- Embedding of eating disorders information offer within general young people's content

A report on the pilot is due in December 2016.

In addition, East London Foundation Trust has been developing a micro-site, and investigating the creation and piloting of apps.

4.4.13 Public mental health commissioning for promotion of emotional wellbeing and prevention of mental ill health

Public Health London Borough of Tower Hamlets commissions and works through a number of interventions, services and providers to deliver its Public Mental Health goals.

These programmes are directed at either:

- Universal level (i.e. are for everyone; targeting the whole population, groups or settings where there is an opportunity to improve mental health such as schools or workplaces) or
- Selective (i.e. are for people in groups, demographics or communities with higher prevalence of mental health problems; targeting individuals or subgroups of the population based on vulnerability and exposure to adversity such as those living with challenges that are known to be corrosive to mental health).

London Borough of Tower Hamlets Public Health is piloting several approaches to promoting emotional wellbeing across the early years and children's lifecourse.

In addition, the promotion of mental wellbeing and/or prevention of mental ill health may be the core function of the programme/service/provider (as in table 1 below) or may form a component of a wider service offer (table 2).

Table 1: Promotion of emotional health and well-being is core/major function

Service name	Aim	Provider
Better Beginnings (pilot to March 2017) 1) Peer support programme 2) Peer supporter training programme	Parent and infant wellbeing coordinator and volunteer peer supporter programme to promote maternal and infant wellbeing during pregnancy and first year of baby's life	Peer supporter programmes hosted by 3 local VCS organisations – Island House, Toyhouse and Social Action for Health and LBTH Parent & Family Support team. Training programme delivered by Island House.
Family Nurse Partnership	Optional targeted programme of support for first time mothers (and fathers) aged 19 and under	Barts Health NHS Trust (until 31/03/2016 then Compass Wellbeing CIC)
Mindfulness training in schools (pilot to March 2017) Phase 1 – mindfulness for school based staff; Phase 2 – support roll out to pupils	Teachers and professionals receive mindfulness training and are supported to roll out sessions to students	LBTH Educational Psychology
Educational psychology projects	Decommissioned 2014/15	

Table 2: Promotion of emotional health and well-being is significant but part of wider offer

Service name	Aim	Provider	Annual spend by Public Health 2015/16	
Tower Hamlets Health Visiting Service	Deliver Healthy Child Programme 0-5 through 4-5-6 service delivery model (high impact areas inc maternal mental health and preparing for parenthood)	Barts Health NHS Trust (until 31/03/2016 then Tower Hamlets GP Care Group)	Not possible to identify % spend of whole.	4263 new birth visits; 3874 infants having 6-8 week review; 3139 infants having 12 month review; 2894 children having 2-2.5 year review
UNICEF baby friendly initiative	Accreditation programme of Unicef and WHO. Supports breastfeeding and parent infant relationships by working with public services to improve standards of care.	Barts Health NHS Trust	£143,000	Both Barts Health Maternity Services and LBTH Early Years/community have full accreditation
Tower Hamlets School Health Service	Deliver Healthy Child Programme 5-19, previous "Mental Health Training & Transformational Change" programme mainstreamed.	Compass Wellbeing CIC	Not possible to identify % spend of whole.	Q3 & 4 2015/16 873 children on caseload at 'Universal plus'- additional health needs (inc. emotional and mental health problems) 563 children on caseload at 'Universal Partnership Plus' – multi disciplinary team work inc. those with mental health or substance misuse problems)
Tower Hamlets Healthy Schools Programme	Deliver 'whole school' approaches in line with WHO 'healthy settings' model, including emotional health and wellbeing.	LBTH Healthy Lives team	Not possible to identify % spend of whole.	84% of primary schools and 86% of secondary schools Healthy Schools London Bronze Award; 33% of primary and 13% of secondary schools have HSL Silver award; 4.3% primary schools have HSL Gold award.

5 Our spending and the numbers seen

Finance: CCG £

- 3,544,214 – CAMHS
- 329,048 – perinatal
- £56,375 – CHAMP
- £100,000 CAMHS and school link training pilot (including £50,000 from NHS England)
- £50,000 - CYP IAPT.

NHSE

- £1,079,657 (inpatient and specialist day CAMHS) made up of
- £8,973 non-London providers (relating to one admission to Ardenleigh medium secure unit in Birmingham; a second admission to St Andrews was reported as zero cost)
- £1,070,684 London providers.

Finance: LBTH

- Public health - £750,000 (Mindfulness FNP, Better Beginnings – see below)
- Children's social care: ELFT contribution is £425 and social workers £660k.
- Family Intervention Service (FIS) is £253k (last year's total included Docklands Outreach total) and Family Action was £110k
- Mainstream Grants as last year (£87,400).

The breakdown of public health spending is as follows.

Service name	Provider	Annual spend by Public Health 2015/16
Better Beginnings (pilot to March 2017) 1) Peer support programme 2) Peer supporter training programme	Peer supporter programmes hosted by 3 local VCS organisations – Island House, Toyhouse and Social Action for Health and LBTH Parent & Family Support team. Training programme delivered by Island House.	£160,000
Family Nurse Partnership	Barts Health NHS Trust (until 31/03/2016 then Compass Wellbeing CIC)	£550,000
Mindfulness training in schools (pilot to March 2017) Phase 1 – mindfulness for school based staff; Phase 2 – support roll out to pupils	LBTH Educational Psychology	£40,000

Total LBTH spend from all sources was £2,285,400.

ELFT CAMHS Activity

In 2015/16 specialist CAMHS received 1,755 referrals and accepted 1,401 referrals. This is shown by team and by quarter in the following tables.

Number of Referrals Received by QTR

Team Name	Qtr1 2015-16	Qtr2 2015-16	Qtr3 2015-16	Qtr4 2015-16
Adolescent Mental Health Team (AMHT)	1	1	3	1
Emotional & Behavioural 1	129	80	107	122
Emotional & Behavioural 2	142	114	120	86
LBTH/Looked after Children.	27	27	17	16
Neurodevelopmental	20	33	23	16
Paediatric liaison team	90	82	92	92
Single point entry	42	46	84	142
Tower Hamlet teams total	451	383	446	475

Number of Referrals accepted by QTR

Team Name	Qtr1 2015-16	Qtr2 2015-16	Qtr3 2015-16	(Qtr4 2015-16
Adolescent Mental Health Team (AMHT)	1	1	3	1
Emotional & Behavioural 1	127	80	107	106
Emotional & Behavioural 2	104	104	112	78
LBTH/Looked after Children.	26	27	17	10
Neurodevelopmental	20	32	23	13
Paediatric liaison team	71	70	69	78
Single point entry	1	9	47	64
Tower Hamlet teams total	350	323	378	350

NHS England spending and activity 2015/16

Non London providers: £8973.3

London providers (all NS): £1,070,684

Spend is activity costed at their unit prices (where agreed unit prices exist) and does not take into account contract structures or mechanisms such as block contracts, marginal rates or tolerances.

This cost was incurred by one inpatient stay at Ardenleigh Medium Secure Unit in the West Midlands. A second placement at St Andrews does not show a cost against it.

London Providers

Category	Cost	Activity
Medium Secure Male MI	353,415	366
Acute - Adolescent Inpatient	400,265	729
PICU	155,558	128
Day Care - Adolescent MI	161,446	563
Total	1,070,684	1,785

Nearly all the acute London activity is at the Coburn Centre in Newham, operated by ELFT. (NELFT has 2 day patient units and 60 days inpatients recorded against it.)

There were 30 Tower Hamlets inpatient admissions in the year, with 14 patients admitted only for a single episode. Other admissions were for patients with multiple admissions.

LBTH activity

The case load of FIS is about 50 cases.

The number of families seen by Family Action is 20-25 in any one year.

The activity of Public Health-commissioned projects is shown in the table below.

Service name	Provider	Capacity/reach
Better Beginnings (pilot to March 2017) 1) Peer support programme 2) Peer supporter training programme	Peer supporter programmes hosted by 3 local VCS organisations – Island House, Toyhouse and Social Action for Health and LBTH Parent & Family Support team. Training programme delivered by Island House.	31 volunteer peer supporters trained; 58 families receiving intervention from services (supported by peer supporters)
Family Nurse Partnership	Barts Health NHS Trust (until 31/03/2016 then Compass Wellbeing CIC)	Oct 2015-Sept 2016: Active clients at beginning of period – 94; Number of clients completing programme during period – 34; number of active clients at end of period - 84
Mindfulness training in schools (pilot to March 2017) Phase 1 – mindfulness for school based staff; Phase 2 – support roll out to pupils	LBTH Educational Psychology	34 school based participants took part in Phase 1; 16 will participate in phase 2.

6 Our priorities for change in Tower Hamlets

We are working within the resource framework for investment and workforce set out in the Mental Health Five Year Forward View and the NHS strategy on parity of esteem, as determined locally within the North East London Sustainability and Transformation Plan.

Through joint discussion with partners, six priorities have been agreed for investment in 2017/18, if funds are available. These are areas where we have agreed that transformation is needed – this means changing the way we use current resources to achieve better outcomes, and better experience for children young people and families. Subject to business cases, they are areas where investment will be considered to increase capacity and front-load transformation:

- A stronger foundation – integrated help for parents in early years with a focus on early attachment and mental wellbeing
- Improving the way children, young people, families and organisations find out about the help that is available, and increasing the number of young people with mental health problems who receive help
- Continuing joint initiatives to improve mental health and wellbeing for vulnerable young people
- Perinatal mental health services and parent/infant mental health
- Strengthening the response of services to mental health needs of young people on the autistic spectrum
- Strengthening the crisis response to young people with mental health problems.

These priorities align with those set out in last year's CYP MH Transformation Plan, and continue work started by investment received in 2015/16. In 2015 our priorities were:

- Tower Hamlets shared outcomes framework and service model - to bring forward the next stage of this project
- Tackling health inequalities - as a core priority and including increase engagement with schools and CYP
- Stronger offer for prevention - including early support from pre-conception through our existing programmes to strengthen local mental health and wellbeing offer for pregnant women, mothers and infants
- Better links between CAMHS and schools – for example, through the CAMHS and Schools Link pilot areas for the national training programme
- Access, engagement and early intervention for young people who do not want to engage with current services - for those young people engaged with youth organisations outside school that would not normally approach CAMHS, nor indeed know that what is troubling them may benefit from a mental health intervention
- Strengthening pathways for the most vulnerable children including , children in - or on the edge of the criminal justice system, those who are the victims of child sex exploitation, and young people with a diagnosis of severe and persistent conduct disorder
- Improving specialist CAMHS pathways including neuro-development and perinatal mental health.

This Transformation Plan can report both progress in these areas and consistency of approach to further transformation in 2017/18.

7 Our plans for action and how we will measure achievement

This section sets out in greater detail current plans for improvement and transformation in Tower Hamlets. After an initial summary of the overall resource picture in the CCG, each section describes the plans, and closes with a table linking to our major transformation themes in our roadmap, and summarising specific milestones.

7.1 Resources

Tower Hamlets CCG has fully and recurrently invested in CYP mental health services the additional funds for 2016/17 associated with Transformation Plan, per agreed local priorities. (This is in addition to increases agreed through its commissioning intentions for 2015/16 recurrently.)

The CCG expects to receive an annual uplift in funds and to abide by NHS requirements relating to parity of esteem. The Mental Health Five Year Forward View includes announcements of additional funds for mental health services, including CYP MH services.

For expenditure proposals relating to 2017/18 and beyond, the CCG has established a new internal process based on the approval of outline and full business cases by its Transformation Board. CYP mental health investment will be determined according to the benefits put forward in business cases, within the overall commissioning strategy of the CCG and the funds available.

The CCG in discussion with its partners is currently developing outline business cases to reflect the priorities described in this Transformation Plan.

7.2 Attachment and help in early years

Children with special educational needs and disabilities get good support to achieve their potential, but we want to improve this further to ensure the right support is provided at an earlier stage.

A programme of work is already underway to improve how care services work together:

- The 'Vanguard' programme in Tower Hamlets (now called Tower Hamlets Together) aims to develop a new integrated model of care for children, with a focus on prevention, early help and access to high quality 'joined up' services
- LBTH is introducing an early help hub, which will benefit early years, although it is proposed for children and young people of all ages - to help children and families prevent and deal with issues as early as possible, by offering targeted and timely help with voluntary consent
- Supporting mothers' emotional wellbeing during the perinatal period is now recognised to be as important as the traditional focus on the physical health of the mother and child (see section 7.5)

For early years, a two year pilot programme, Better Beginnings, builds on the evidence and recognition that a baby's social, emotional and cognitive development is affected by the quality of their attachment to their parents and that a range of interacting factors, such as parental wellbeing and parent child relationships, impact on the child's resilience, ability to regulate their emotions and long term risk of mental illness. There is also growing recognition of the benefits of peer support and volunteering in complementing the role of health professionals. Locality Parent and Infant Wellbeing Coordinators recruit and supervise a team of trained peer supporters/ volunteers to provide support for local parents and carers during pregnancy and the first year of the baby's life (in partnership with a training provider commissioned separately).

The programme is delivered by 3 local VCS organisations (Island House, Social Action for Health and Toyhouse) and LBTH Parent & Family Support team.

In 2016, Health Education England/Tower Hamlets CEPN funding obtained to develop “Multi-disciplinary parent and infant emotional health and wellbeing” training. Training will be delivered over the 4 Tower Hamlets localities and will be designed and delivered by local voluntary, health and Council children’s services experts. It builds upon the opportunities provided both by universal screening/provision from midwives and health visitors, and on local work strengthening the outreach/engagement work of Children’s Centres and the delivery of a number of Tower Hamlets VCS programmes such as Community Parents, ‘Maternity Mates’ and ‘Better Beginnings’.

The training programme will deliver training to support frontline staff to promote healthy parent child relationships and good infant emotional development for all the families with which they work. It will provide frontline staff with an overview of the evidence on the importance of sensitive attuned parenting for the development of the baby’s brain and in promoting secure attachment and bonding and will ensure that they are confident in providing the support that new parents need. It will ensure that frontline staff across a range of services and sectors will be supported to deliver (or work within multi-disciplinary teams to deliver) the assessments and early intervention to strengthen bonding and attachment, to build resilience and promote positive wellbeing.

Finally, the integrated children’s services programme in Tower Hamlets (part of the Multispecialty Community provider Vanguard known as Tower Hamlets Together) is reviewing available training programmes such Five to Thrive and a local models such as Life Needs. The ambition is to develop consistent approaches across organisations so that staff are offering evidence-based interventions, including where there are issues connected with emotional wellbeing. This can be promoted through local training programmes and through agreement on local outcomes measures, guided by the ‘prevention outcomes’ statements in section 11 below.

Cross-reference to our transformation overview, timeline and milestones

Attachment and help in early years

2016 to 2018

Milestones:

- Roll out Health Education England funded-training
- Implement developments agreed through Tower Hamlets Together
- Strengthen interventions to promote attachment and positive mental health in early years
- Assess how current measures can demonstrate achievement of outcomes in ‘prevention outcomes framework’

7.3 Improving the way children, young people, families and organisations find out about the help that is available, and increasing the number of young people with mental health problems who receive help

The key requirement is to increase the access rate for children with a diagnosable mental health condition from 25% in 2014/15 to 35% in 2020/21 (known as ‘the access target’).

- As shown in section 3, the number with a diagnosable condition in 2015 was 3911, increasing to 4,656 in 2021, an increase of over 14% due to the rise in population

- In headline terms, it is assumed nationally the current service is meeting the 25% target, so additional resources will be needed to deliver the capacity to meet the increase.

	Population with diagnosable condition	25%	35%	Increase
Based on 2015 population	3,911	978	1,369	391
Based on 2021 population	4,656	n/a	1,630	466

In 2014/15, the baseline year for the calculation of 25%, the number of people seen by specialist CAMHS was 1,006 (based on first appointments attended, and adjusting for the overall proportion of children aged 0 to 4 (since this population is not included in the overall estimate of those with a diagnosable condition). The national assumption that the current service was meeting the 25% target in 2014/15 therefore appears to be borne out in Tower Hamlets.

Additional staff capacity will be required to see more children and young people, and this will be quantified in business cases, in line with the trajectory set out in *Implementing the Mental Health Five Year Forward View*, as applied at local level. This is shown in the table below, using the [most conservative assumptions, pending final confirmation of trajectory definitions](#).

Workforce Type	16/17	17/18	18/19	19/20	20/21	TOTAL
Therapists (WTE)	1	2	2	1	0.3	6.3
Supervisors (WTE)	0.3	0.6	0.6	0.4	0	1.9
TOTAL (WTE)	1.3	2.6	2.6	1.4	0.3	8.2

Part of this increase is covered by the new contract with Step Forward from January 2017 (equivalent to two therapists for this age group), so that for ELFT specialist CAMHS a further two staff are proposed from 2017/18: 0.8 WTE Band 8A (£62k) and 1.0 WTE band 7 post (£66K) commencing in 2017/18, (with total costs of £128k, excluding employer costs and overheads. These will be recruited by ELFT from 1 April 2017.

The local plan to deliver improved access has six strands, of which additional capacity is one, as described below:

- ***A local digital offer to increase awareness and self-management.***
 - The outcome of this work will be greater awareness and less stigma, so that young people with mental health difficulties are more willing to approach services (so contributing to the overall access target). The offer will also promote self-management and wellbeing for the wider population of young people, to be measured by user feedback and website hits, as well as overall access.
- ***Continued development of participation and engagement***, so that local services are constantly driven by the views of local young people and their families. Priority

10 of the Children and Families Plan is to make sure the views of children and families are considered and taken seriously. The engagement steps required to deliver our vision includes:

- Stronger parents offer
- Core list of wellbeing questions to ask/points to raise for services dealing with CYP, and accompanying map of pathways and actions
- Self-assessment by services (or assessment by CYP) of youth friendly attributes
- *You're Welcome* standards
- School nurses can support schools to engage parents
- Specific health and wellbeing offer for vulnerable children
- All services will have a generic wellbeing offer

The outcomes would be measured by service user satisfaction metrics and system-wide outcomes in the Tower Hamlets shared outcomes framework.

- **Pilot Psychological Wellbeing Project.** The local CYP IAPT Partnership have submitted an expression of interest to the London and South East learning Collaborative for a psychological wellbeing practitioner pilot. This fits closely with Tower Hamlets CYP Mental Health Transformation Plan 2016 which seeks to improve accessibility, CYP IAPT, partnership and whole system working, and workforce planning.
- **Facilitating mental health support in schools.** Schools have the potential to undertake a great deal of work to promote mental health and early identification, through their ethos, their equalities work, anti-bullying, targeted and whole school approaches, and provision of counselling, learning mentors or play therapists. Whilst it is not the CCG's role cannot fund this provision, and schools are independent organisations, the pilot work has identified the need for a rolling programme of short training sessions, linked to the needs of schools staff
 - The outcome would be improved mental wellbeing (measured by prevention outcomes for universal children's services and existing school surveys) as well as reaching contributing referrals to NHS services towards the 35% access target.
- **Additional staff to deliver evidence-based treatment to reach more children and young people.** An estimated 6 more therapists would be needed in order to meet the access target shown above. Step Forward's new young people's mental health service is estimated to provide two of these from 2017/18 (the balance being for those aged over 18 and mental wellbeing interventions), and it is proposed that up to two mental health workers in specialist CAMHS are phased in 2017/18 and the remaining two in 2019/20.
- NHS England have transferred the responsibility for CYP IAPT without continuing the funds to backfill posts while staff are block-released on approved training, with £42k required to fill the gap. This will be an additional cost to the CCG.
 - This would be measured by increased activity – more people with a diagnosable mental health condition receiving NHS services.

Waiting times initiative. In October 2016, additional funds were announced for CCGs with a focus on improving waiting times. Our strategic approach is to invest in two additional staff to provide an improved triage service (this service corresponds to Quadrant 1 of the iThrive model). Overall, this will:

- Provide greater capacity at the CAMHS front door
- Reduce waits

- Advance the implementation of the iThrive model.

This new project will create a face to face brief intervention option (up to 3 sessions), within iThrive Quadrant 1. It complements the six session offer based on Goal Based Outcomes which is a feature of iThrive Quadrant 2. The impact will be to bring down waits between referral and 1st appointment, 1st appointment and 2nd appointment, and therefore referral and 2nd appointment (the measure to be adopted for this funding).

The project will include closer tracking, capacity modelling and capacity management to better understand waiting in times and how they are recorded and tracked by information management systems.

Health equalities: increasing the proportion of CYP from the Bangladeshi community in Tower Hamlets who are referred to NHS-funded community mental health services. This must be achieved by a joint programme aimed to develop peer support (in line with young people's engagement), involvement of parents, bilingual workers, third sector partners and engagement with community leaders. A commensurate improvement of say 10% could and should be achieved within current resources, measured by activity reports. Future updates of needs assessments will consider the scope for a better understanding of take-up by Somali and other minority ethnic groups.

Eating disorder awareness: the CCG has a small resource in its existing allocation to improve awareness and will use the results of its pilots in 2016 to develop a specification for awareness, training and psychoeducational interventions for referrals who are assessed as not having an eating disorder, but nevertheless can benefit from assistance. (There are specific reporting requirements for eating disorder services.) Monitoring will be by service access targets, benchmarking, and activity contacts for prevention and psycho-education. For the core CTP CEDS service, the MHFYFV has a dedicated indicator: 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine cases.

Cross-reference to our transformation overview, timeline and milestones

Better access and more	2016 to 2021
<p>Milestones:</p> <ul style="list-style-type: none"> • Tender and implement local digital offer to increase awareness and self-management • Mental health training for schools • Commission additional staff to deliver evidence-based treatment to reach more children and young people • Increase the proportion of CYP from the Bangladeshi community in Tower Hamlets who are referred to NHS-funded community mental health services • Make further partnership agreements to increase engagement by CYP • Commission projects to increase awareness of eating disorders in CYP • Pick up costs for backfill for staff undertaking CYP IAPT training 	

The key performance indicator will be the achievement of the trajectory set out in MHFYFV: an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

7.4 Vulnerable children and young people

A business case will be developed to strengthen mental health services for vulnerable children and young people in Tower Hamlets, in partnership with LBTH children's social

care. This is an explicit priority area within MHFYFV, as this group of CYP have a much greater vulnerability to mental health problems, and can incur high lifetime costs through use of mental health and social care services and the criminal justice system. Existing transformation work has identified priority areas, building on the co-location of CAMHS workers with local authority teams. These are:

- **Additional CAMHS services for out of borough services** where looked after children are placed out of borough, more than 20 miles from Tower Hamlets and cannot access CAMHS local to them in a timely way.
- **Transformation work with PRU:** a local research project has identified a cohort of about 35 CYP who are receiving educational support from the Pupil Referral Unit (in this case via Home Tuition), and are mostly known and open to CAMHS and social care. Yet this socially withdrawn group are not benefitting from the triple input of resources. A transformation project is proposed, to make better use of resources for this cohort and also the wider pupil base in the PRU.
- **Strengthening the mental health pathway for young people in contact with the criminal justice system:** the CCG has been invited to co-commission an NHS England project to improve vulnerability screening and onward support, working with local partners (see Appendix 6)
- **Virtual CSA hub** across NEL. NHS England are working with commissioners and providers in NEL to merge existing non-complaint services for community pediatric examinations (more than one week after the abuse) into compliant clinic provision. Across NEL, local CYP MH services will map and strengthen referral routes for emotional support, and keep under review the need for a 'Child house' model, with single video interview, as piloted in other areas of London.
- **New partnerships with LBTH initiatives for vulnerable children and young people:** as set out in the refreshed 'vision' (section 2 above) new service models are being developed by Children's Social Care following the *Troubled Lives* report, currently the Safer Lives/Edge of care initiatives (including a Social Impact Bond bid), and but in the future likely to include families experiencing the consequences of violence and abuse. These services would benefit from clinical input, and the transformation plan will propose joint work within existing resources.

Experienced CAMHS staff will be needed to provide inputs for these initiatives, sometimes through consultation as well as direct client contact; the planned resources to increase system capacity in CAMHS and elsewhere will allow the service flexibility to do this.

Services for vulnerable children will also benefit from the participation and engagement work proposed above, since access and attendance are key challenges for these services.

Cross-reference to our transformation overview and timeline

Vulnerable CYP	2017 to 2019
Milestones: <ul style="list-style-type: none"> • Commission specialist CAMHS input for TH children placed out of borough, starting with Bowden House school in Sussex • Design and implement pilot intervention for socially withdrawn children receiving home tuition via the Pupil Referral Unit • Map and strengthen referral routes for emotional support following assessment at a new NEL STP hub for Child Sexual Abuse • Co-commission stronger assessment and support for CYP in contact with 	

- the criminal justice system
- Plan new partnerships for vulnerable children and young people receiving Children's Social Care services, as in findings of the *Troubled Lives* report

The key performance indicator will be the improvement in outcomes measured by the TH framework.

7.5 Perinatal and early years mental health support

MHFYFV assumes that CCG allocation for CYP Mental Health will increase annually to 2021. The increase for perinatal mental health is profiled for 2019/20 in MHFYFV, but an NEL STP application was submitted for development fund assistance from 2016 in order to build capacity and bring forward benefits and system-wide learning. This application was not successful.

The following framework was outlined in the perinatal bid covering NEL STP, showing the component of both specialist perinatal mental health care and integrated community services.

NHS perinatal mental health service (increased staffing proposed in bid)

Perinatal clinical network

inpatient mother and baby unit

Specialist perinatal mental health team

Interfaces with inpatient care, maternity departments in hospitals

CAMHS services providing parent infant psychotherapy

Community mental health services

Community, universal and primary care mental health support (local development)

Psychology therapy for parents provided as part of IAPT services including parent/infant psychological therapy (PIP) in primary care

Specialist health visitors

Specialist midwives

Early help social care teams

Family Nurse Partnership

Third sector organisations offering flexible, accessible support and harnesses the strengths of local communities

Universal health and social care services including health visiting, children's centres

GPs and primary care services (see also NICE guidance)

Partnership governance

As noted above, local work in Tower Hamlets also needs to take place to improve and integrate pathways for parents who experience anxiety and depression in the perinatal period, but who do not require treatment by a specialist perinatal mental health team.

A transformation programme is therefore proposed in universal children's health and social care early help services in **order to strengthen and integrate pathways** as follows;

- Offer earlier intervention
- Improve outcomes
- 'Design in' specialist skills and roles in universal services
- Phase increase of capacity and access
- Work with voluntary and community sector resources to strengthen outreach and engagement.

Parts of this work are currently beginning through the Tower Hamlets Together integrated children's programme, and resource allocation is considered within that programme for training, data collection and pilots. Specific pathway improvements may include:

- Psychology therapy for parents in the perinatal period explicitly provided as part of IAPT services
- Upskilled staff and capped waits in local perinatal and early mental health support pathway
- Standard offer for maternal wellbeing in ante- and post-natal groups, DIY healthcare, and a standard information offer for all pregnant women and new parents
- Integration specialist health visitors, specialist midwives and Family Nurse Partnership into local pathways
- Flexible, accessible support from third sector organisations, harnessing the strengths of local communities
- Agreed role for universal services including health visiting, midwifery, children's centres, and primary care

Outcomes will be measured by existing metrics brought together for a report of prevention outcomes in universal children's services (including measures of attachment) prepared by a public health specialist, and a reduction in ante- and post-natal depression and anxiety (see section 11 below).

Cross-reference to our transformation overview, timeline and milestones

Mental health for new mothers	2017 to 2021
<p>Milestones:</p> <ul style="list-style-type: none"> • Review and develop transformation proposals for universal children's health and social care early help services • Plan STP-wide approach for service and workforce transformation in line with MHFYFV targets for specialist perinatal mental health services 	

The key performance indicator in MHFYFV is that an additional 30,000 women each year nationally receive evidence- based treatment, closer to home, when they need it.

7.6 Crisis response

Improved crisis response for CYP is mandated by NHS England in the MHFV and related assurance targets:

- Reduction in admissions and length of stay for inpatient CAMHS services, to be agreed with NHS England as part of a co-commissioning strategy (by December 2016)
- Provision of 24/7 mental health liaison with Emergency Departments (A&E) – MHFV target is
- Compliance with the Mental Health Crisis Care Concordat (2014)
- Suicide reduction.

The key issues at STP level are:

- Place-based commissioning so that the need for acute inpatient care is met by local services in North East London, driven by MHFYFV commitments and the CYP MH acute case for change in London (which means that all STP areas in London

cooperate to deliver required capacity, rectifying current inappropriate flows to and from other regions, and general CYP MH acute services are provided locally)

- Models of service resourcing are likely to need to be designed over a larger footprint so that resources are likely to be used effectively and no service feel too small to be safe be sustainable, as described in Healthy London Partnership document (and in line with the specialised commissioning case for change described above).
- In particular, specific resources such as a child house (for child sexual abuse) and a crisis house for young people should be considered at STP level.
- Greater consistency and better patient experiences across STP areas. This is the key approach of the HLP recommendations, which state that 'the care provided to CYP in London presenting in mental health crisis is often fragmented, delayed [and] does not address their needs'.

In Tower Hamlets, a review of the CYP mental health response was commissioned as part of the 2015 CYP MH Transformation Plan, and a first draft report has been received, recommending that a single agency leads the process of transformation.

The longer term vision for CYP mental health services proposed by partners for the CYP MH Transformation Plan includes a common approach to training for staff, better information, evening and weekend working, and a range of locations. These cultural and system-wide changes are required to underpin improved crisis response.

The following first steps are proposed for immediate improvement and to meet the above requirements:

- **Earlier interventions and coordinated response to pre-empt escalation** into crisis. Stakeholders and young people report that current crisis services are fragmented and poorly understood, with the only option out of hours being A&E. Opportunities for upstream intervention include better support for schools (and specialist schools in particular), earlier follow-up after contact with the criminal justice system, reduced stigma and increased young people's engagement in all services. The proposed improvements in related CYP transformation business cases (as described above) all contribute to earlier, pre-emptive intervention.
- **Improved access at times of crisis.** Current services are mainly focused on week-days and 9 to 5. Improvements such as Step Forward's new young people's mental health service are commissioned to offer youth-friendly services in several locations (including outreach) outside the school day, so that opportunities to enhance these will be reviewed. However the immediate changes will be those planned for all ages at RLH: improved telephone access out of hours, better links to 111, and a better directory of services. These are addressed in other business cases, due for complex adult mental health and urgent care.
- **Closer working between Children's social care emergency response, CAMHS duty and ELFT mental health liaison services and paediatric services at RLH.** The draft review of TH crisis response reports local discussions about closer working between CAMHS and RLH. Details are not available at this stage. However, the key problems are known to be inability to respond to peak demand, when both CAMHS and RLH experience high traffic at the same time. Protocols are in place but are being reviewed. In addition, there is the potential to join up crisis response for the most vulnerable young people known to social care. Finally, other CAMHS services nationally designate capacity to respond to urgent calls, and this will undoubtedly be part of the improvements in Tower Hamlets.

- **Strengthened crisis teams which reduce inpatient admissions and lengths of stay.** Co-commissioning plans to quantify proposals (including for eating disorders) are due to be agreed by December 2016. This will demonstrate how capacity and resources can be shifted from inpatient care to community teams. In practice, this can only be delivered through increased treatment intensity and out of hours response, including liaison and coordinated response with adult Home Treatment Teams. The aim is that this should be resource-neutral overall.

The following milestones are proposed for co-commissioning of acute pathways, to harmonise with the local improvement of crisis services.

October 2016

- Initial conversations with NHS England and overview of activity data, including eating disorders
- Initial conversations with NEL CCGs and acute inpatient providers in STP area (ELFT and NELFT) – these have taken place with ELFT but only STP-wide with NELFT in NHSE workshops
- Submission of CYP MH&W Transformation Plans, with shared principles (as above) and local NEL timetable - 31 October (this document)
- Inclusion in STP and UEC – 31 October 2016 (indicated by STP lead)
- Decision on whether co-commissioning of perinatal beds, health and justice liaison, diversion and resettlement services and/or child sexual abuse (CSA) should be included in the co-commissioning plan.

November and December 2016

- Project management resources agreed between CCGs and NHS England
- Interface with criminal justice liaison and diversion reviewed
- Training needs analysis by providers
- Clinical and CYP feedback on written safety and coping plan
- Exchange of information on clinical models for more intensive input at times of crisis
- Protocols for managing delays for specialist beds and escalation for paediatric beds and Mental health based Place of Safety
- Arrangements agreed for specific requirements for LAC and LD (and perinatal, health and justice, and CSA as above).

End of December

- Planned number of in-patient beds required by NEL in 2020/21
- Finalisation of co-commissioning plan for NEL

These changes will require better procedures and joint working, but as suggested in the draft TH review, must be driven by system leadership. New staff resources for front-line capacity are likely to be available through a recent announcement (27 September 2016) of additional funds for CCGs.

Cross-reference to our transformation overview, timeline and milestones

CYP mental health crisis response	2017
Milestones:	
<ul style="list-style-type: none"> • Consider findings of local review of CYP MH crisis response • Closer working between Children's social care emergency response, CAMHS duty and ELFT mental health liaison and paediatric services at RLH. 	

New service model for inpatient CAMHS	2016 to 2021
Develop collaborative commissioning plans with NHSE and STP	

Key performance indicators are described at the start of section 7.6.

7.7 Education Health and Care Plans and neurodevelopment pathway – services for CYP on autistic spectrum

Autism is the third most commonly diagnosed long term condition for children and young people in Tower Hamlets (after asthma and eczema). The population and diagnosis rate is increasing as more babies are born and recognition is improving across services. However, this increase in recognition and referral means that for a complete assessment and diagnosis, children can wait for periods in excess of eight months. The two services that offer diagnostic pathways in Tower Hamlets - Community Paediatrics Service (part of the CHS contract) and CAMHS (provided by ELFT) - are not joined up or consistent. Further work is required locally to fully meet the requirements of NICE guidance: *Autism spectrum disorder in under 19s: recognition, referral and diagnosis* [CG128] (September 2011).

The following is a summary of the issues identified:

Community Paediatric Service:

- Focus on pre-school aged children
- Diagnosis with consultant paediatrician includes a physical assessment
- Wait times for diagnosis following referral exceeds NICE guidelines (within 3 months)
- Original service design in 2009 was for 60 pre-school children per year. CPS currently receiving 140 referrals per year with 120 positive diagnosis
- No follow up appointment offered after diagnosis
- Workshops, support, advice available for families in the community but uncoordinated and confusing for parents/ carers/ partner organisations.

CAMHS:

- Focus is school aged children and young people - referrals often from schools
- Later diagnosis often attributed to the fact the child/ young person does not have a learning disability or comorbidities
- Physical assessment/ examination not included
- If a mental health need is not identified, then CAMHS will refer to the Disability Counselling Outreach Service (long wait list) for challenging behaviour
- ADHD cannot be diagnosed under the age of 5, resulting in much later intervention via the CAMHS diagnostic pathway.

In line with the NICE guidance, it is proposed to work with LBTH to establish a local multi agency strategy group to take responsibility for the autism pathway for recognition, referral and diagnosis for children and young people. This group will develop an autism strategy, and review and redesign the pathway and associated contracts for autism diagnosis and support in line with the strategy. The proposed benefits are:

- Earlier recognition of autism by raising awareness of signs and symptoms
- Relevant professionals aware of the local autism pathway
- Smooth transition into adult services
- One diagnostic pathway for children and young people with a consistent service from referral to post diagnostic support
- First assessment in line with NICE guidelines
- Families receive post diagnostic follow up sessions in line with NICE guidelines
- Embedded process to record patient experience of pathway to further improve

services

- Earlier referral, diagnosis and development of an Education Health and Care plans for children on the autistic spectrum
- Improved management and support of children & young people with autism
- Reduced waiting times for assessment and diagnosis.

A start has been made in 2016 to improve the current pathway by investing in support groups for parents and children and a network approach. This will have the benefit of freeing up capacity to reduce waits, and better information about services. Engagement work has also highlighted the relevance of better crisis support for this group (see section 7.6).

Cross-reference to our transformation overview, timeline and milestones

Improved pathway: CYP autistic spectrum	2016 to 2018
Milestones:	
<ul style="list-style-type: none"> • Monitor increased support commissioned in 2016/17 • Submit workforce development bid for 2017/18 • Develop multi-agency strategy 	

Key performance indicators are set out in the agreed contract with ELFT for increased support, and the bid for HEE.

7.8 Other transformation initiatives:

Tower Hamlets is demonstrator site for **Integrated Personal Commissioning** with an 'early adopter' programme for Children Looked After and care leaver, aiming to develop a model for the use of integrated personal budgets to improve mental health and wellbeing outcomes. This programme is due to end in 2018.

Both people with serious mental illness and children with Education Health and Care Plans are selected cohorts for the demonstrator site, and work is continuing to identify individuals who may benefit from integrated personal commissioning plans.

Transition at age 18 is highlighted as an area of overlap for vulnerable children, even where integrated personal commissioning plans are not in place. Local feedback indicates that there is concern amongst CAMHS services about those young people who are vulnerable and do not meet the threshold for adult mental health services. In addition, the work on the special educational needs cohort and Education health and Care Plans relates to this group, as does the Children Looked After Strategy for those leaving care.

In addition, a national CQUIN will be included in mental health contracts to improve transitions out of Children and Young People's Mental Health Services. (CQUIN is the abbreviation for the NHS Commissioning for Quality and Innovation Scheme.)

Mental Health Five Year Forward View requires all CCGs to contribute to the development and delivery of local multi-agency **suicide plans**. As noted in section 3.2, local discussion have begun. These will link across the STP area. The national target for all ages is to reduce the number of people taking their own lives by 10% compared to 2016/17 levels.

Cross-reference to our transformation overview, timeline and milestones

Integrated Personal Commissioning	2016 to 2018
Milestone	
<ul style="list-style-type: none"> • Pilot Integrated Personal Commissioning for CYP with Education Health and Social Care Plans 	
Reduction in suicide	2016 to 2021
Milestones	

<ul style="list-style-type: none"> • Develop and deliver multi-agency suicide prevention plan • MHFYFV: the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels 	
Transition to adult services	2017 to 2021
Milestones: <ul style="list-style-type: none"> • Implementation of NHS CQUIN for transition from CAMHS to adult services • Commence Step Forward young people's mental health service for ages up to 21 • Implement relevant priority commitments from TH Children and Families Plan 	

8 Our joint discussions about implementing the Mental Health Five Year Forward View (MHFYFV) with NHS England, other CCGs and councils in North East London

The Mental Health Five Year Forward View includes some key targets for Children and Young People's Mental Health services by 2021:

- Co-commissioning acute CAMHS inpatient services
- Treating 30,000 more mothers who need perinatal mental health services nationally
- Treating 70,000 more children and young people with diagnosable mental health problems
- Reduction of suicide by 10% (all ages)
- All age mental health liaison services (50% target).

The NHS-led Sustainability and Transformation planning (STP) work has been conducted with partners CCGs and NHS Trusts, in consultation with local authorities across the North East London STP area, i.e. from Hackney to Havering. Significant progress has been made in CYP mental health transformation. However, variation in performance (e.g. bed usage, placements) still exists across North East London and sustainably meeting the NHS *Five Year Forward View* objectives requires transformation across the system.

This refreshed transformation plan is now also aligned with the North East London sustainability and transformation plan (STP).

CCGs have discussed STP-wide issues as follows:

- **Co-commissioning CYP MH inpatient services.** CCGs have identified the requirement for an STP-wide response, and discussed a common approach and shared understanding of risks, involving providers in discussions. Key milestones in a shared plan have been identified (see section 7.6). There remain significant unresolved issues. NEL CCGs would value input from NHS England as commissioner at NEL in the project management to deliver these milestones.
- **Waiting times:** ELC and BHR&WF commissioners are investigating scope for shared response in their Trust footprint, and have discussed links with crisis services in STP-wide meetings
- **Health and Justice:** there is potential scope for future work, and the possibility of a joint approach to review data on local children and young people in contact with the criminal justice system across the STP area.
- **Perinatal mental health:** this is not a required item in the CYP MH Transformation Plan Key Lines of Inquiry (KLOIs), but CCGs have discussed a possible common framework for integrated local pathways, and reviewed possible STP-wide tasks when the outcome of the STP-wide bid to NHS England is known

- **Shared basis for calculation of the number of people in touch with NHS funded community mental health services for children and young people.** CCGs have exchanged information and whilst they recognise that a more nuanced approach will be developed over time, based on a greater understanding of population needs, have compared approaches with a view to adopting compatible approaches.
- **Child Sexual Abuse (CSA):** inclusion in CYP MH Transformation Plans is implied in the NHSE Key Lines of Inquiry (KLOIs) but is not explicitly required. CCGs have exchanged information on local input the NHSE planning, and have agreed to ensure that colleagues leading on children's health commissioning are updated on the medical quality risk implied by the small number of cases seen by community paediatricians in some boroughs, and the consequent clinical support for an STP wide hub or hubs.

The detailed of the ways local improvements will link with service-wide improvements plans are included in section 7.

9 Workforce

The section on workforce shows that there is great awareness of the challenges and a range of initiatives, including commitment to CYP IAPT training.

The next stage is to develop a full, joint plan to ensure that issues of recruitment, retention, new job roles, extended hours working, and availability of specialist skills are addressed in a systematic way.

ELFT

- Tower Hamlets CAMHS maintains a regular review process for the number of staff, the disciplines and the caseloads. This is to ensure an appropriate balance, grade mix and consistency with Royal College and CAPA guidelines and approaches. This allows the service to plan recruitment according to known personnel vacancies.
- The Trust's CAMHS DMT has identified the need for forward planning in relation to workforce strategy and a strategy is being planned. In TH CAMHS there is an initiative to increase the number of Band 6's & Band 7's and to re-evaluate the role and function of Bilingual Co—Workers.
- There are developed links with all the colleges in to the mainstream psychological therapies. Capacity modelling is on-going including the spread of available disciplines in relation to demand and how therapies including CYP IAPT can sustain the delivery of high quality services at lower cost
- More widely, evening and weekend working are likely to be necessary to engage children and families. This is already part of the youth work culture and well established in the third sector. Extending hours of availability is also part of the IAPT approach

LBTH

- Children's social care has identified the need for skills to work with challenging families, such as those with violent fathers, where adult social work skills and psychological perspectives are necessary.
- Over the next five years, LBTH as commissioners wishes to see ELFT build skills to ensure staff have competencies and support to deal with Child Sexual Abuse and Child Sexual exploitation, and working with children and families affected by violence. This includes work with vulnerable girls.

- Children's Social Care would like to see specialist CAMHS staff integrated with, or acting as assertive outreach/single points of contact, in other services to support access
- Tower Hamlets will lead a bid by the Inner North East London Transforming Care Partnership for Health Education England Workforce Development funds for a project in 2017/18 to improve training and service integration for children and young people with learning disabilities and/or autism, and behaviour that challenges.

CYP IAPT

- The local partnership has put forward – as in previous years – applications for supervisors and trainees, subject to local discussions about the availability of backfill
- The CYP IAPT partnership has submitted a successful application for a psychological wellbeing pilot, involving four trainees who will engage with young people with mild mental health needs.

Workforce planning for health and justice

- According the Mental Health Five Year Forward view, a number of innovative recruitment and training models will be necessary in order to deliver the planned expansion, with up to a 45% increase in the relevant workforce, including liaison and diversion practitioners, specialist workers, support, time and recovery (STR) workers, strategic and team managers and administrators
- YOT have implemented training to improve staff understanding of the impact of trauma on the young people they deal with. This will also be part of the co-commissioning plan with NHS England, with a pilot for police.
- Training is embedded across health and social care

Schools

- Schools at the mental health and schools workshop convened by the CCG on 18 October 2016 (following the pilot of CAMHS and Schools Link training) supported the need for training for staff to identify signs of mental distress, respond appropriately, know how to refer and work in partnership.

Whole system

- Our vision includes improved staff training and listening skills in order to make sure that everyone is equipped and confident to have good conversations about the mental health and emotional wellbeing needs of children and young people
- More widely, evening and weekend working are likely to be necessary to engage children and families. This is already part of the youth work culture and well established in the third sector. Extending hours of availability is also part of the IAPT approach

Public health and partners

- Health Education England/Tower Hamlets CEPN funding obtained to develop training in multi-disciplinary parent and infant emotional health and wellbeing
- Mindfulness: a training programme has been developed for schools to 'train the trainers' to cascade mindfulness within schools.

In 2015, specialist CAMHS identified the following issues:

- Staff in CAMHS must have cultural competencies for working with Tower Hamlets divers young population, a majority of whom are of Bangladeshi ethnic origin
- Increased requirement for specialist CAMHS skills, including eating disorders, perinatal services and severe and persistent conduct disorder
- Developing long-term cognitive behavioural and psychotherapy interventions generates a skill gap in the existing workforce
- Diversification of skill base for new ways of working in CAMHS: front door triage, engagement and participation, delivering and integrating digital interventions, occupational therapy skills for those with severe needs, and partnership working across agency boundaries, including project management
- Engagement of CYP and families in co-design of services
- Working from diverse locations, including partnership arrangements
- Challenges in maintaining a structured flow of trainees into employment
- Succession planning to enable staff to gain learning about management and access management delegation and other opportunities.
- Future in Mind stated that 'Professionals who work with children and young people [should be] trained in child development and mental health, and understand what can be done to provide help and support for those who need it'. This is an area of development with workforce planning colleagues.

As identified in last year's CYP MH Transformation Plan, positive strategies for workforce development in Tower Hamlets include:

- The success of the CYP IAPT partnership in training for new skills, notwithstanding backfill difficulties
- ELFT's record as the best NHS Employer
- An active culture in specialist CAMHS of supporting student placements for all disciplines, including nurses, doctors and social workers and there are strong links with University College London
- A training needs analysis will be carried out as part of the CYP IAPT partnership
- Procurement strategies on social value emphasise the importance of securing economic benefits including training and jobs for local people.

Developing a full, joint plan to ensure that issues of recruitment, retention, new job roles, extended hours working, and availability of specialist skills are addressed in a systematic ways will therefore be an early target for our Transformation Plan in 2016/17, covering the period to 2021.

Cross-reference to our transformation overview, timeline and milestones

Workforce Planning	2017 to 2021
Milestones:	
<ul style="list-style-type: none"> • Collate interagency workforce plans • Design and implement new workforce development initiatives • Continue local implementation of CYP IAPT training 	

10 Our engagement

The Transformation Plan has been developed by an interagency process including:

- Initial briefing and requests for information to partner organisations
- Meetings of partner organisations including third sector on 3 October and 19 October 2016

- Meeting with young people on 5 October 2016 (see notes)
- Workshop with schools and local organisations to follow up the CAMHS and Schools Link pilot
- Meeting with Parent and Carer champions on 21 October 2016 (see notes)
- Co-commissioning pilot with NHS England Health and Justice Team on 18 July and 25 July 2015
- Meetings with CCGs in NEL STYP footprint on 13 October and 20 October
- NHS England workshops on inpatient CAMHS services and CSA

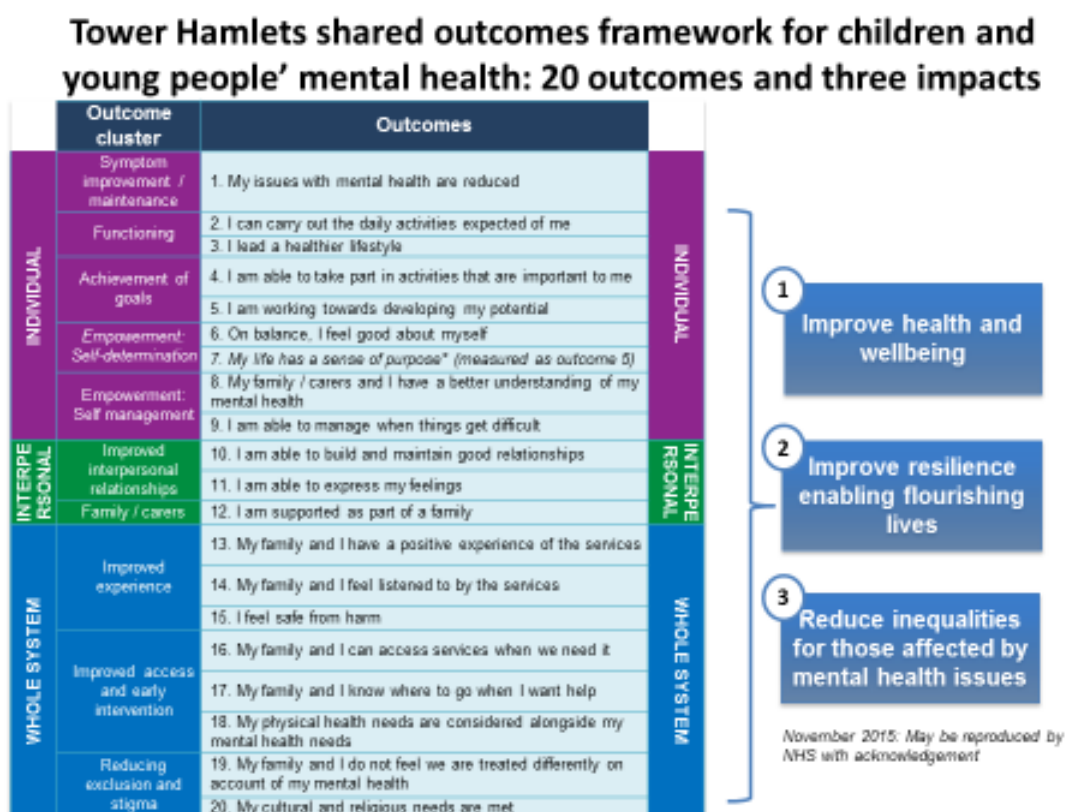
In addition local organisations gave evidence to a LBTH Health Scrutiny review of children and young people's mental health services, focussing on engagement and prevention. Almost 100 children, young people and adults contributed to the process to develop the Tower Hamlets Children and Families Plan 2016 to 2019.

Specific local projects included engagement of young people:

- Planning the awareness campaign
- Peer evaluators
- Film-making, music and photography projects to improve awareness
- Review of mental health response to crisis
- Mark Your Mind young people's champions
- The Mix digital offer
- CAMHS feedback projects and shared decision making project.

11 The outcomes we are working towards

The shared outcomes framework was agreed in 2015. A project is underway to pilot digital collection. This covers services for children and young people who have mental health problems, or are at higher vulnerability.



In 2016, as part of the CAMHS and Schools Training Pilot, Tower Hamlets Public Health and CCG identified a series of outcomes which would demonstrate and measure the work universal children's services do in order to reduce mental health difficulties in later life. The following list reflects stakeholder consensus and existing measures relating to health visiting, schools, children's centres and community projects.

Table 1: Outcomes best supported by research evidence and current practice in Tower Hamlets

Child and Young Person Wellbeing

1. Younger children have age appropriate self-management and regulation
2. Younger children increase the level to which they pay attention during activities and to the people around them
3. Younger children engage in age appropriate interaction/play
4. Children and young people engage in accessible and appropriate social activities they enjoy*
5. Children and young people are able to interact appropriately with peers and others*
6. Children and young people are able to develop and sustain relationships with others*
7. Children and young people have positive social networks*
8. Children and young people are active learners according to their age and stage of development
9. Children and young people have healthy eating, weight and positive body image

Primary caregiver/infant child attachment

10. Children experience strong early attachment to their primary caregiver (usually the mother)

Maternal Wellbeing

11. More mothers-to-be report high levels of knowledge about pregnancy nutrition, breastfeeding and mental health

Parenting and Family Wellbeing

12. More parents are experiencing lower levels of stress in their home and in their lives

13. More parents experience good mental wellbeing

14. More parents are increasing their knowledge and application of good parenting

Home learning

15. More parents are supporting their child's learning

Early Years provision, including schools, birth to 5

16. More children with identified vulnerabilities access high quality early years services

17. More children are being assessed as school ready

18. More children in all early years settings experience regular professional assessments of their emotional and social development at routine intervals from birth to 5

Schools

19. More children and young people receive school-based support to help build their resilience and life skills

20. More schools are demonstrating progress in adopting an organization-wide approach to social and emotional wellbeing

21. More children and young people report feeling safe at school

** Data is only currently available for children up to the end of reception year in Tower Hamlets. Further work is required to collect data for older children.*

These outcomes and the associated measures are being tested in discussion with providers during 2016. Further measures have been proposed where the evidence or the measures are less well established, and it is intended that these form a second phase of the 'prevention' project.

Together these outcomes give Tower Hamlets a unique focus. We are now working with Tower Hamlets together to extend the outcomes-based commissioning principles more widely to other services for Tower Hamlets residents of all ages.

Depending on the results of the pilot projects, outcomes can be included in contracts in 2019.

Cross-reference to our transformation overview, timeline and milestones

Commissioning for outcomes

2016 to 2019

Milestones:

- Report on initial pilot of shared outcomes digital collection of measures
- Assess how current measures can demonstrate achievement of outcomes in 'prevention outcomes framework' (see also 7.2 above)

12 Governance

We will ensure that all partners are involved in governance and that we ensure effective delivery.

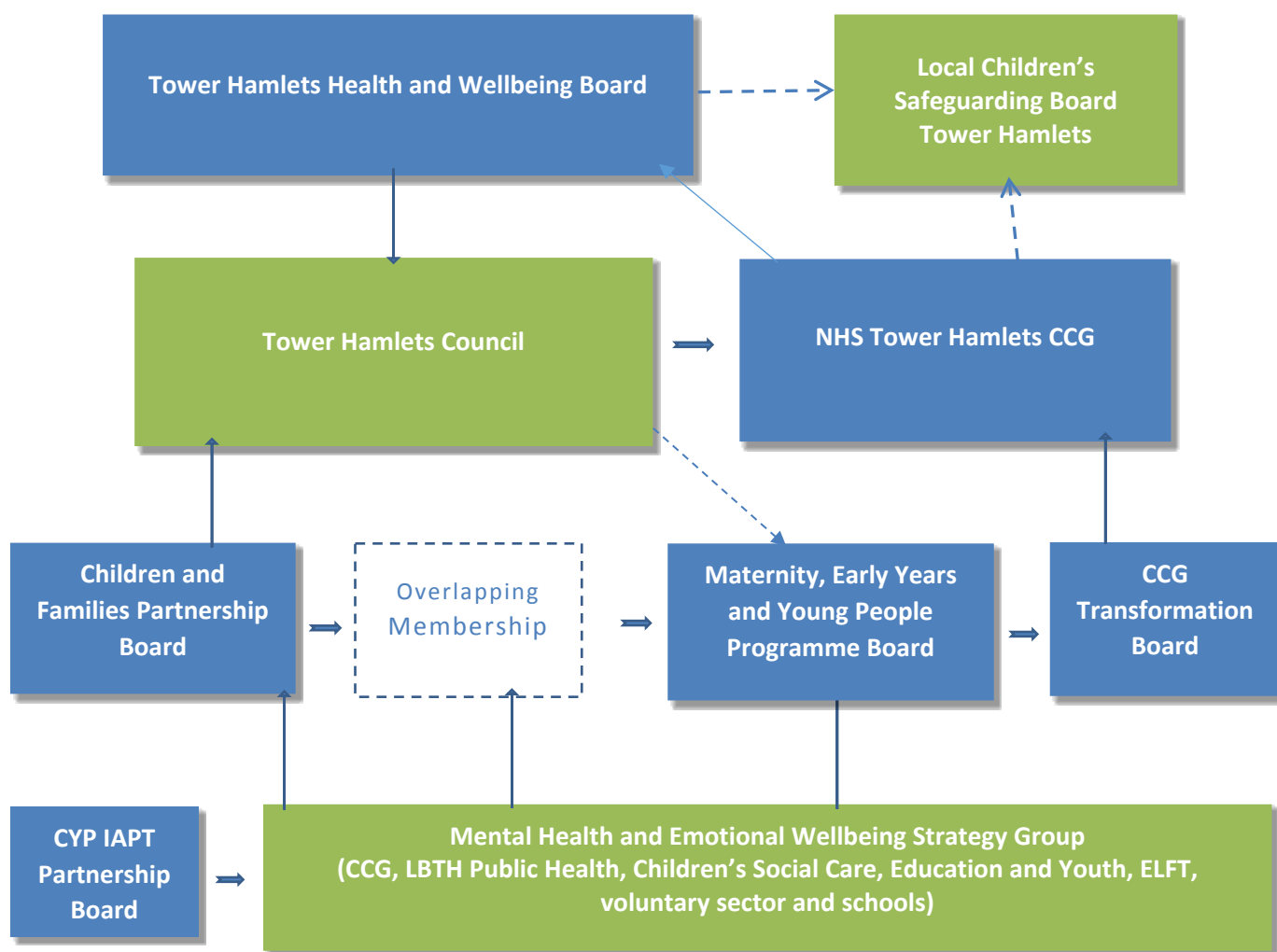
Changed structures since 2015 reflect:

- Approval of the plan by Tower Hamlets Health and Wellbeing Board
- New joint commissioning executive to be established between TH CCG and LBTH

- Re-structure of the CCG internal governance, with separate mental health and young people's programme boards combined into a new working group (with a dedicated CCG clinical lead for children and young people's mental health) reporting to a new CCG Transformation Board, which oversees all community health services.

The CCG working group includes senior representatives from the CCG, LBTH, public health and child's services, as well as third sector. At present, the MH and EW Strategy Group brings together the same bodies in a dedicated joint forum to address CYP mental health and emotional wellbeing. It reports to the Children and Families Board to ensure good communication coordination, and it is envisaged that this joint reporting will continue pending further roll-out of joint commissioning structures.

This is shown in the diagram below. (NB the dotted line box indicates overlapping membership.)



Tower Hamlets CCG is part of the interagency planning for NEL STP area, and reports will be fed into STP governance systems.

Tower Hamlets Together (the name for the community multispecialty provider Vanguard in Tower Hamlets) is a separate partnership, bringing together ELFT, LBTH, Barts Health, Tower Hamlets GP Care Group and the CCG. This group does not have accountability for

the delivery for the CYP Transformation plan, although it has a workstream on integration of children's services.

13 Our reporting and transparency

The Tower Hamlets Transformation Plan will be reported to the organisations shown in the governance diagram:

- CCG maternity, early years and young people programme board
- Children and Families Partnership Board
- Health and Wellbeing Board (on 13 December 2016).

In addition, the plan will be reported to the Directorate Management team for LBTH Tower Hamlets Children's Services.

Following approval, the report will be published on the Council and CCG websites (as well as in Health and Wellbeing Board papers, which are public documents). Our core needs assessment from 2015, with a population update, will be a separate electronic document uploaded separately on the CCG website when the plan is published.

A meeting has been arranged with the Parent and Carer Council on 3 December 2016 to review the final priorities and plans, and discuss engagement in implementation. Similar feedback will be given to the Youth Council and All Ability Forum.

Business cases, spending and progress will be reported to the Tower Hamlets CCG maternity early years and young people working group throughout the year, following discussion at the Mental Health and Emotional Wellbeing Strategy Group.

We will use the measures set out in the MHFYFV and submit required reports to NHS England.

Finally, CYP MH services in Tower Hamlets are subject to inspection by regulatory bodies including Ofsted and the Care Quality Commission (CQC). As stated in section 3, East London Foundation Trust was rated outstanding across the range of its services by the CQC in 2016.

14 Risks

The following system-wide risks have been identified specifically to the successful implementation of the CYP Mental Health Transformation Plan.

14.1 Strategic risks

Risk: Reduction in school budgets will reduce school's support for pupils with mental health difficulties, and lead to more referrals

Mitigation: Partner organisations will seek to strengthen and continue networks, relationships and procedures built up by the CAMHS and Schools Link Training pilot - which involved 24

schools – and consider ways of offering mental health training to school staff, subject to resources.

Risk: Co-commissioning processes for acute CAMHS inpatient services are delayed and/or allocate NEL resources away from NEL residents

We will work closely with NHS England and local providers on collaborative commissioning, through the STP, developing a shared approach with CCGs through STP forums if NHS England timetables are delayed. NHS England have published a case for change which sets out the reasons why London-wide changes have to be coordinated with change in other English regions. We will work to ensure that plans meet the specific circumstances of North East London, and that planning formulae do not disadvantage or de-stabilise local services, which have performed amongst the best in London, in terms of containing local demand with the available local bed base.

Risk: Workforce risk, including recruitment for waiting time initiative posts

Mitigation: This plan commits to systematic development of workforce planning, and new proposals always have contingency plans to address recruitment delays.

Risks to the move to integrated working by organisations

Five barriers that repeatedly get in the way of more joint working between organisations have been identified by the institute for Government in their paper *joining Up Public Services Around Local, Citizen Needs (2015)*:

- **Risk:** Short-term policy and funding cycles can restrict the ability of those delivering local services to invest in the long-term partnerships needed to meet local, citizen needs. **Mitigation:** joint vision for transformation and aligning funding
- **Risk:** Inconsistent commissioning, funding and regulatory processes can make it difficult for local services to be designed around a 'whole person', as opposed to simply catering for individual needs or specific 'life events'. **Mitigation:** continued development of Tower Hamlets shared outcomes framework for children and young people's mental health
- **Risk:** Cultural differences between different professions and organisations can discourage collaboration on the ground. **Mitigation:** engagement of young people and families, sign up to shared outcomes, and workface development
- **Risk:** Barriers to data sharing can make joint working between distinct teams or organisations practically difficult. **Mitigation:** shared commitment to use of data and specific agreement on information sharing protocols.
- **Risk:** Limited sharing of 'what works' in different circumstances can mean that lessons from effective models and practices are rarely built upon. **Mitigation:** commissioners are members of the National CYPH commissioning development programme, and actively link with other commissioners in the STP area, and with public health colleagues.

Tower Hamlets is keen to draw on learning from other areas and other programmes for public sector transformation. The interagency delivery structures will actively consider their progress in overcoming these barriers, and develop plans for improvement. The current plan proposes to learn from what works in mental health crisis care, to develop information-sharing protocols, and to use individual and whole system outcomes as a way of orienting services toward delivery of what matters most to children, young people and families.

14.2 Programme delivery risks

We have adapted the templated used by our STP neighbours in City and Hackney CCG:

Risk	Impact	Likelihood	Risk rating	Mitigation	Residual risk
Stakeholder disagreement causes delay	3	3	9	<ul style="list-style-type: none"> • Stakeholder consultation undertaken • New Joint Commissioning Executive in place) 	4
Additional investment does not deliver system-wide efficiencies	4	3	12	<ul style="list-style-type: none"> • Stakeholder and service user engagement in transformation • Partnership working between agencies • Contract monitoring • Outcomes-based commissioning 	8
Time taken to recruit causes delay	3	4	12	New proposals have contingency plans to address recruitment delays	6
Poor planning causes delay	3	3	9	<ul style="list-style-type: none"> • Sufficient project management capacity has been included • Project planning has already started. 	6
Inaccuracies in cost estimates causes underspend or overspend	3	3	9	A degree of flexibility has been built into the cost estimates allowing money to be transferred to manage the budget.	6
Investment fails to deliver value for money	4	3	12	<ul style="list-style-type: none"> • Investment in regular reporting of clear KPIs • Periodic investment line reviews against VFM. • Disinvestment/re-investment considered. 	6
Planned interventions have a detrimental impact on patient care	3	3	9	<ul style="list-style-type: none"> • Pre-Clinical Project Start-up Phase including NICE compliance • Clinical sign off before operational implementation • Robust clinical governance processes 	6

14.3 Risk management

Each organisation will manage its own risks for specific projects. Overall, risks will be reviewed by the CCG CYP MH transformation lead, and reported through the governance structure described in sections 12 and 13 above.

Appendices

1. Our transformation projects and spending in 2015 and 2016 to date
2. How we have used our transformation resources in 2016/17 to date
3. Young People's Mental Health Consultation Report:
4. Parent champions meeting 21 October 2016
5. Summary of priorities from *Tower Hamlets Children and Families Plan 2016-19*
6. Mental health pathways and support for young people in contact with the criminal justice system in Tower Hamlets: summary of issues: August 2016

Appendix 1 How we have used our transformation resources in 2016/17 to date

Recurrent funds were given to all CCGs. The following table shows how they were spent.

Service	£k 2015 plan for 2016/17	£k actual
Community eating disorders contracts to ensure a compliant service meeting access standards Continue priority for vulnerable children and young people, including contribution to Health and Justice Team's North and East London-wide resettlement consortia and Child House services (business cases to be developed). Increased staffing for perinatal and neurodevelopmental mental health (business cases to be developed as part of contract round for 2016/17) Networked service for young people with severe and persistent conduct problems – make pilot permanent. This reflects costs of 1 WTE Band 8a Psychologist/Mental Health Practitioner, £70k 1 WTE Band 6 Assistant Psychologist, £60k Increase funds for targeted mental health and early intervention – third sector partnership. The CCG has undertaken a procurement exercise using planned investment increased by £50k as market development showed the project was under scoped. Total	150	150 allocated 2016/17
	90	Allocated to outcome based commissioning for vulnerable cohort and out of borough services - tbc
	100 Contract variation	220 allocated
	130 Mainstreamed	150 allocated
	50 Step Forward contract	50 allocated
	£520k	£570k

This shows that the CCG has spent more than the full allocation recurrently, and also allows for some expenditure not yet finalised in the current year (2016/17).

Appendix 2 Our transformation in 2015 and 2016 to date

The following table shows the transformation projects undertaken in Tower hamlets, with a rag-rated summary and the amount of Transformation funds invested

Update on Transformation Plan for refresh 2016	Investment £ or source	Status
Designing new services for children and young people's mental health in Tower Hamlets		
Specialist CAMHS are now co-located with Council teams for Children's Social Care	Existing	This has happened.
A new ELFT community eating disorders service started in April 2016, delivering assessment and treatment	59,933	This has happened.
Eating disorders awareness training and capacity building (BEAT)	26,367	This has happened.
Digital awareness pilot (The Mix)	22,800	This has happened.
A Young People's Mental Health Service is currently in procurement (May 2016) to start in the new year	CCG	Contract awarded to Step Forward
Increased support is being commissioned for children and young people in the neurodevelopmental pathway : Group support, network development, shorter waits	16/17 mainstream	Contract variation agreed
Better Beginnings (Public Health funded pilot to promote parent and child attachment, started in 2014)	Existing	This has happened.
Conduct disorder pathway (pilot since 2015)	16/17 mainstream	This has happened.
Raising Happy Babies	22,000	
Developing innovative ways of commissioning children and young people's mental health services		
Outcome measures – digital collection and plans to include in contract agreements	43,140	Outcome data collection pilot Dec 2016 - Jan 2017
Piloting of on-line access and Tower Hamlets page, for co-commissioning of mental health information with young people (The Mix)	34,680	Reported
Primary prevention outcomes for universal children's services – a research project with Public Health	21,800	Reported

Visible improvements in service performance

Shorter waits (no more than five weeks)

All requests 'triaged' to the most appropriate team

Tower Hamlets CAMHS is an accelerator site for the Thrive model

New initiatives to improve CAMHS service user feedback and use data to plan improvements

Taking steps to improve services for the most vulnerable children

Children Looked After (CLA): a review of pathways and measures

Pupil Referral Unit (PRU) and children at risk of social isolation

Criminal Justice – proposed co-commissioning pilot with NHS England to improve pathways for mental health in East London

Child House model or CSA hub (for children who experience abuse) – NHS England project

Review of crisis response - reports in August 2016

Strengthen neurodevelopmental pathway

Working with schools to help them meet the mental health needs of pupils

Mindfulness pilot (Public Health and Educational Psychology)

CAMHS and schools link - national pilot to develop training, procedures, and named links

Training for school governors on mental health awareness

Training for schools on eating disorders

Working with and encouraging young people and families to get involved

LBTH PFSS, young people's engagement worker is recruiting champions, linking up with Young Minds' local campaign

CYP mental health champions will work with the Youth Council - alongside All Ability, In Care, YOT sub groups – and the Parent and Carer Council

Mark Your Mind campaign - 5 national and 8 local organisations

contract	This has happened
contract	This has happened
contract	In progress
77,008	Continuing

40,742	This has happened
	Report completed
NHS England	NHS England agreed in principle
Mainstream	CSA hub proposed
37,600	Draft report received
16/17 mainstream	Network approach agreed - CCG outline business case

LBTH	This has happened.
31,600	This has happened.
3,500	This has happened
see BEAT above	Complete; draft report received

22,600	Champions identified, events held
see above	Parent and Carer Council meeting 21 October
79,377	Transformation plan event 5 October

ELFT specialist CAMHS are working with their People Participation Team and the local CYP IAPT Partnership to involve children and young people

Young people have been involved in the procurement of the new Young People's Mental Health Service

Project management

contract	Report to CCG CQRM
n/a/	This has happened
36,480	This has happened

The total expenditure is £533,260.

Appendix 3

Young People's Mental Health Consultation Report: Tower Hamlets Children and Young People's Transformation Plan

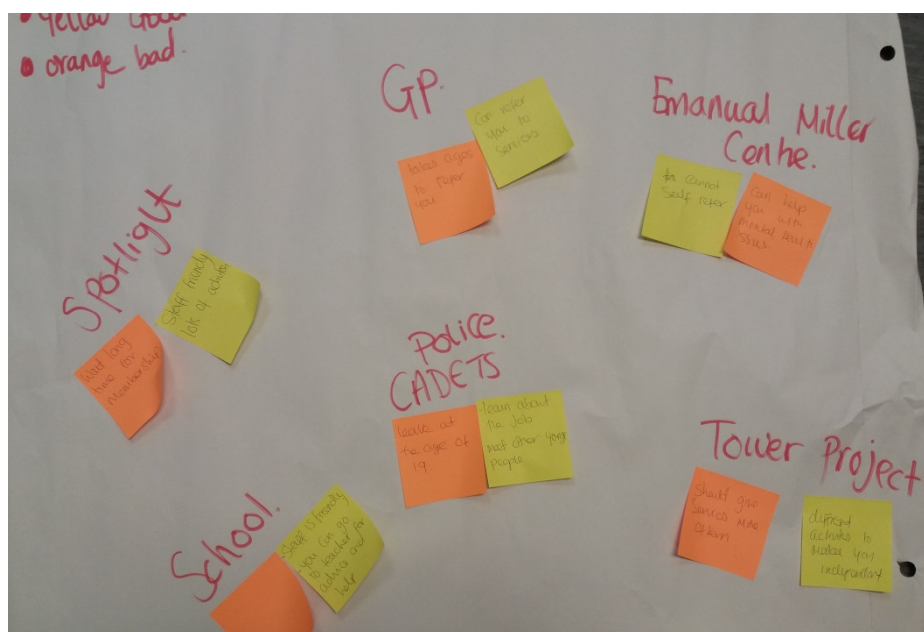
Charlotte Latimer 12.10.16

Date of Consultation: 5th October 2016

Number of young people: 14 (4 male, 9 female, 1 parent who came to represent a young person's views)

Age Range: 12 – 25 years

Activity One: How can services be more youth friendly?



(Example of group work)

The first activity asked young people (in small groups) to map services that they use and then list on different coloured post its what was good and bad about the services (notes typed up below).

In discussion the themes that came up around the activity were:

Quality of staff

The groups stressed the importance of the relationship with staff. They wanted to be able to see the same worker each time and emphasized the importance of being able to develop trust.

They wanted staff to be friendly, understanding, professional, experienced and knowledgeable.

Availability

The groups wanted waiting times to be reduced and didn't want to have appointments delayed or be kept waiting a long time when they attended appointments. They also felt some services were not available in the right locations, for the right age groups (cut off for many services is 18), or regularly enough. The young people who had a 24 hour plan with CAMHS thought that was a real benefit that they could contact someone anytime they needed help. Young people who were not on a plan wanted to be able to self-refer to services if they need support.

Lack of knowledge

The groups did not like it when services had a lack of knowledge, awareness, or understanding, and as a result they felt judged. They also felt services could do more to help them, and other young people, understand mental health better. They also wanted more information about mental health and how services work.

The services the groups named were:

General Practice	
Good	Bad
Can refer you to services	Takes ages to refer you
	Takes time before you get an appointment
Well-presented and safe	Appointments get delayed frequently
Staff are experienced and professional	It's difficult to book appointments

Police Cadets	
Good	Bad
Leave at the age of 19	Learn about the job
	Meet other people

Emmanuel Miller Centre	
Good	Bad
Can help you with mental health issues	Cannot self-refer

Spotlight	
Good	Bad
Staff friendly	Wait long time for membership
Lots of activities	

School	
Good	Bad
You can go to teacher for advice and help	Not fitting in
Teaching	Bad food
Learn new skills and help you to get a job	Waking up early and being tired all day
Aware of your problems	Bad food
	Bullying
	Homophobia, racism, close mindedness
	Not always available (school closes)
	People being rude
	Segregation. One size fits all kind of education. Doesn't account for differences in students. Standardised testing. Bad for mental health
	Bad for queer, autistic, nonconforming people. Authoritarian, hierarchical, conformist, indoctrination, compulsory, state run, bullying, racism, discrimination, abuse, draining on mental health. No anarchism/ democracy
	More support and advice/ mental health awareness

Tower Project	
Good	Bad
Different activities to make you independent	Should give services more often

CAMHS	
Good	Bad
Develop a trust with therapist	Impersonal
24 hour assistance	Misunderstanding
Nice therapist	People judge
Sometimes can be maybe a goodish environment	Systematic ageism

Hospital	
Good	Bad
Medical help	No good warm food
Supportive environment	The hospital programme isn't always explained

Youth groups (LGBTQ+, Scouts explorer)	
Good	Bad
Informative	Long wait
Inclusive	
Being accepting and making people more open	

Gendered intelligence	
Good	Bad
Daily political satire and debate	Age segregated
A lotta comrades	Scary adults sometimes
Cool politics	Only few in the country (far away)
You make the rules	
Nice staff	
Cute guys	
Cool kids	
Rule are lax	
Safe, cool, politics	

Young Minds	
Good	Bad
It helped me learn and discover mental health more and they supported me	More projects

Tower Hamlets Careers Service	
Good	Bad
They helped me to improve my CV	They took time to contact me
Supportive environment	Appointment times should be more flexible
Good advisors	They should offer one careers advisor

	for each person through out
They helped me with my career path and they helped me find the right place to learn and to do for my career	
The staff are well educated. Calm and supportive environment. Excellent careers service and advice	

Activity Two: What could schools do to be more supportive?



(Example of group work, activity 2)

The groups were asked to draw their dream school (and put on pink post its all the things they did not want to have in the school). The themes that came out of this activity were:

Choice

Young people wanted to have more choice over the activities/ services that they accessed.

There was a big emphasis on positive activities, mainly sports (football, gym, boxing, swimming) and the arts (drama, media, art). However, young people did also acknowledge the importance of core subjects (Maths, English, Science, Geography, History).

Staff

The groups wanted staff to be friendly and supportive. They also felt that younger staff would be able to relate to them better.

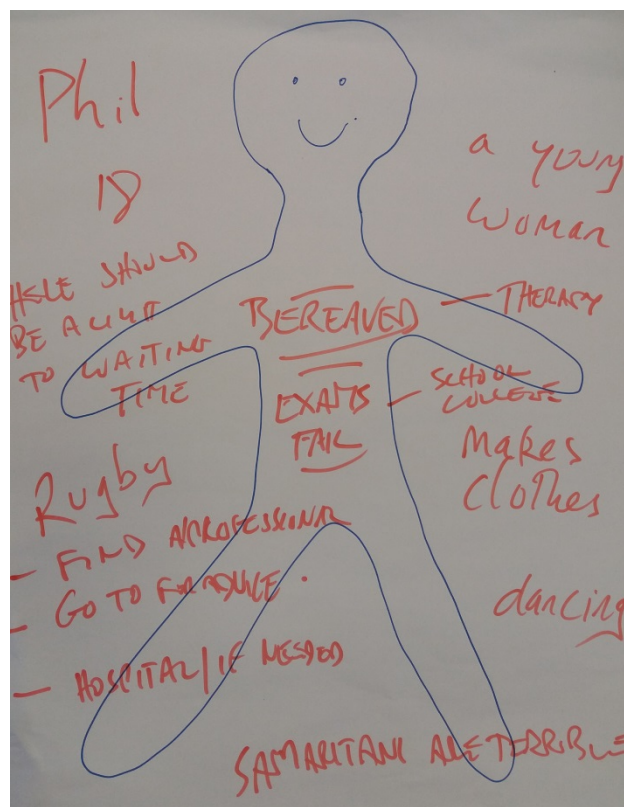
Wellbeing

The groups wanted the whole school environment to be open and accepting with specialist services you could go if you need help.

Some of the ideas they came up with were:

- Quiet room
- Blue room (to relax)
- A gym to de-stress
- CAMHS support group
- Health department
- Social department
- Stress room (where you could listen to music to relax)

Activity Three: How should services respond in times of Crisis?



(Example of group work, activity 3)

The group drew some imaginary characters who they gave an age, name and characteristics too. They then imagined different crises that the character might go through and what support they would need.

The main theme that came out of this piece of work was that young people did not know where to go or who to call in a crisis (unless they were on a CAMHS plan). There was also an issue around age and young people having to access adult services/ hospital wards after they turned 18.

Young people said they did not want to have to go to the hospital if they were in a crisis and wanted there to be somewhere else locally they could go, or at least someone they could call, to get support if they needed it.

Appendix 4

Parent champions meeting 21 October 2016 at the Professional Development Centre

Parents were consulted to ask:

- Their views of what needs to change
- Feedback on the current priorities in the plan
- Ideas on the question: what can we do to make sure services help parents to help their children?

1 What are the most important things to change in our services for children and young people's mental health – post-it note exercise.

- School involvement
- Parent involvement
- Transition from primary to secondary
- Services all working together in the borough
- Need more after school activities
- More youth groups and forums
- Not stigma – you can talk about it
- Pressure for exams
- School should run regular fortnightly or monthly workshops with pupils and if possible with their parents also
- Parent need to be educated themselves to improve their children's mental health
- CAMHS and schools should work together
- CAMHS should speed up their assessment
- More information in school and support for parents
- School nurses should do more
- Advice and information at the point of [school] admission
- Better information from CAMHS to work more closely with schools and events
- Early information
- Early intervention
- Earlier identification
- Why is it different between schools - It should be consistent across all schools?
- They [children and young people] should be able to say or tell any kinds of change they may experience
- Can do self-referral if required – now they cannot
- Schools should be able to support children and have counsellors on site for everyday concerns
- Separate ward for children and young people in hospital
- Mental health specialist in school or with a cluster of schools
- Help with exam pressure.

In discussion:

- The words we use about mental health
- Mental health input into Education Health and Care Plans
- More mental health input at transition to adult services
- Support for vulnerable children should include LGBTQ
- GPs do not have the information about sources of mental health help so they cannot help parents.

Martin Bould undertook to find out about re-admission rates, as some parent champions were concerned that reducing the number of mental health inpatient beds for CYP would lead to CYP being discharged too early and having to be re-admitted. [Post meeting note: this figure looks as though 16 admissions out of 30 may have been re-admissions – this needs to be checked].

2 Current priorities in the Transformation Plan

The following were discussed and explained.

- A stronger foundation – integrated help for parents in early years
- Improving the way children, young people, families and organisations find out about the help that is available, and increasing the number of young people with mental health problems who receive help
- Continuing joint initiatives to improve mental health and wellbeing for vulnerable young people
- Strengthening the response of services to mental health crisis
- Creating a joint pathway for integrated services for young people on the autistic spectrum.

Parents gave their views on what constitutes a crisis for young person (to bring on mental health distress or make it worse)

- Bullying
- Failing an exam
- Bereavement
- Sexual abuse – genital mutilation
- Parent leaves the family
- Homelessness or housing problem
- Unemployment
- Arrest.

3 Commissioners question: what can we do to make sure services help parents to help their children?

- Start giving information from the time of pregnancy
- Give information on where to get help with housing and money
- Some parent assessments are not using information or resources because they are fearful of mental illness
- Professionals should listen to parents and give more weight to their knowledge about their own child
- There is too much form filling
- Parents would have preferred a single meeting with services to gather information about their child's needs and the best ways to meet them
- Recognise and engage the resources that parents bring
- Parents are reluctant to talk about mental illness in organisations - there should be more home visits - like mental health visitors
- The CAF can be a very good way of ensuring that all services have the information they need about a child's needs – especially if the child has several types of need and if parents are willing to push for completion for a CAF.

Appendix 5: Summary of Priorities - Tower Hamlets Children and Families Plan 2016-19

The Children and Families Plan states our collective vision for children and families in the borough.

The title of each section has been drawn from “The Charter of Child Rights in Tower Hamlets”, reflecting our commitment to the rights of children and young people:

- The first section is “reaching potential”. This focuses on education and employment.
- The second section is called “living well”. This focuses on life, survival and development.
- The third section is called “playing a part and freedoms”. This section focuses on civic rights and responsibilities.
- The fourth section is called “free from harm”. This section focuses on protection from abuse and harm.

The priorities within each section are listed below

Reaching potential

- Priority 1: Give children the best opportunity to reach their potential
- Priority 2: Help more young people reach their full potential
- Priority 3: Strengthen partnership working in education
- Priority 4: Ensure that children with special educational needs and disabilities get the support they need

Living Well

- Priority 5: Supporting families to be in the best possible position to access stable, affordable and good quality housing
- Priority 6: Minimise the negative impact of welfare reform and poverty
- Priority 7: Improve the diet, nutrition and physical activity of children and young people
- Priority 8: Promote emotional health and wellbeing
- Priority 9: Reduce preventable illness and injury

Playing a part and freedoms

- Priority 10: Make sure the views of children and families are considered and taken seriously
- Priority 11: Improve access to reliable information that is easy to understand
- Priority 12: Support children and families of different backgrounds getting along well together

Free from harm

- Priority 13: Protect children and families from harm and exploitation
- Priority 14: Protect children from radicalisation and extremism
- Priority 15: Address the causes and impact of violent crime for both victims and perpetrators
- Priority 16: Protect children and families from the experience of and exposure to domestic abuse and gender-based violence
- Priority 17: Protect children and young people from drug and alcohol abuse
- Priority 18: Ensure looked after children get the support they need.

Appendix 6

Mental health pathways and support for young people in contact with the criminal justice system in Tower Hamlets: summary of issues: August 2016

1 Introduction

This paper outlines the main issues to be addressed in Tower Hamlets to strengthen the mental health pathways for young people who come into contact with the criminal justice system. It is based on interagency discussion and is intended to form the basis of further work, leading to agreed investment for improvement.

The exercise in Tower Hamlets is linked to similar initiatives in City and Hackney and Newham, through a steering group, convened in partnership with NHS England (Health and Justice Team) based in London.

2 Organisations contributing to strategic discussion on current pathways

The following Tower Hamlets organisations have (jointly with NHS England Health and Justice Team) reviewed the pathways for mental health support for young people (aged up to 17, i.e. until 18th birthday) who come into contact with the criminal justice system (meaning police and courts):

- CCG
- CAMHS
- Children's Social Care (Youth Offending Team and Family Intervention Service)
- Docklands Outreach
- Public Health
- ELFT Liaison and Diversion team
- Metropolitan Police
- Gangs and youth violence strategy coordinator
- LBTH Youth Service
- Barts Health (Speech and Language Therapy)
- Pupil Referral Unit

Two meetings were held on 18 and 25 July 2016. Information on work with schools has also been provided by the Educational Psychology Service. Young people's engagement in the Youth Offending Service is provided by User Voice: young people's views will be sought when partner agencies have concluded this initial scoping stage.

Note: a review of the response to mental health crisis in Tower Hamlets (overseen by CCG, Children's Social Care and CAMHS) is due to report in August 2016. A copy of this paper will be shared with the review team, and the crisis report will be shared with the partners in the current exercise.

3 Key areas identified

This section summarises key areas of further work arising from two interagency meetings. They are put forward as an invitation to partners to sign up to them in principle, and to commit to develop a local programme of work. The four key areas are:

- 1) A measurable move in Tower Hamlets towards the NHS England target of all CYP in contact with police receiving a vulnerability screen which includes mental health needs

- 2) Determining pathways and capacity for screening to meet the anticipated volume of CYP entering the system
- 3) Enhancing the ability of local services to respond to individuals whose screening indicates higher mental health vulnerability
- 4) Coordinating changes in screening, pathways and interventions within the 'whole system' of young people's mental health and emotional wellbeing, including sharing expertise and good practice.

Together, these steps can contribute to a sustainable transformation across the whole system.

4 Measurable move towards the NHS England target of all CYP in contact with police receiving a vulnerability screen

This strand of work involves looking at our current screening to clarify:

- Overall efficacy – are the screens we use the best ones, with the most efficacy in identifying the vulnerabilities we are concerned with?
- Specific consideration to screening for CYP with learning difficulty, sexual vulnerability, speech and language difficulty, substance misuse, whole family needs, knife carrying
- Significant numbers of young people within custody that decline screening or assessments
- Who carries currently out these screens, at which location, at which point in the pathway
- What is the current pathway after screening?
- Numbers - current activity and staffing
- Pathways for CYP who enter the service in a different borough to their home borough (i.e. TH CYP in custody in Waltham Forest, Newham resident treated at Royal London Hospital)

One area of improvement identified was screening those who were invited to attend the police station for interview, who would not currently receive a screen. Another issue was those CYP who were NFA (no further action).

Covering this group of CYP will have a significant impact on resources, balancing CYP assessments with adults with established and acute needs within time and staff availability.

5 Determining pathways and capacity for screening to meet the anticipated volume of CYP

This will involve:

- Assessing efficiency of current systems in terms of use of resources
- Sharing information and agency perspectives on the use of the various criminal justice interventions (i.e. cautioning) and orders available (e.g. Criminal Behaviour Orders), including reference to best practice elsewhere
- System effectiveness – how well the screening process allocates identified need amongst young people to available services and resources.

This step will review data and consider working practices, interagency coordination and best use of capacity.

6 Enhancing the ability of local services to respond to individuals whose screening indicates higher mental health vulnerability

Interagency partners agreed that simply improving the numbers screened for mental health vulnerability is not sufficient: it is also essential to consider how young people get a service if the screen indicates they need one. Three issues important to Tower Hamlets were identified in discussions: a standard offer, more intensive interventions for complex needs, and response following physical trauma.

Standard offer

Current reconfigurations in Tower Hamlets Council have the potential to assist young people with higher vulnerability: a small team of trained staff will work with young people below the threshold for the Youth Offending Team, and the Targeted Youth Support service is currently being reorganised and refocused as part of the review of the Council Youth Service. At this level, it is desirable to align clinical skills with youth work skills through training, co-working or supervision – there are already examples in the borough through the work of the CYP IAPT partnership.

Other potential sources of interventions include mentoring (some voluntary organisations and schools) and support at times of bereavement and loss is also an important issue to address. Early intervention for siblings was felt to be a gap. An example of where pathways and referral to service needs streamlining is the system whereby the YOT police officer can refer second NFA (no further action) to the Family Intervention Service. There are opportunities to harness the resources ('assets' in some terminology) of communities, neighbourhoods and families, as well as those of the CYP themselves.

Complex needs

Further work needs to be done to confirm where the current system is not working well to meet more complex needs of young people in contact with the criminal justice system. Stakeholders are especially concerned about CYP with communication difficulties (speech and language), learning disabilities, autism, more complex mental health presentations, sexual abuse and substance misuse. Provisionally, stakeholders felt that communication needs and learning disabilities should be areas of priority consideration for any new resource.

There are also particular concerns around gang members (at 15 years with a younger age in TH than in other London boroughs) and younger children affected by or drawn into gangs, again including siblings.

Trauma

Tower Hamlets has a particular issue in terms of pathways because the Royal London Hospital is one of four trauma centres in London, and those CYP treated with as a result of physical trauma (e.g. road accidents, stabbings, abuse) may require referral for support for associated mental health vulnerability.

The required pathway issues affect inpatient wards (provided by St Giles with funding from MOPAC), A &E, on-site liaison with families and friends, and follow up post discharge (the latter provided by a pilot by Docklands Outreach and Family Intervention Service, with insecure funding and a current notice of closure).

Local stakeholders are concerned about insecure funding of both these services.

7 Coordinating changes in screening, pathways and interventions within the 'whole system' of young people's mental health and emotional wellbeing, including sharing expertise and good practice

The potential for transformation can be seen at three levels: changes amongst key organisation (system-wide change); opportunities for innovation and good practice; and review of resettlement pathways. These are described below.

Wider system change

Key organisations in Tower Hamlets are separately adapting their services to improve the response to children and young people with greater vulnerability, including mental health need.

- Children's social care within the Council is bringing together youth offending and family interventions service, in order to develop a more coherent pathway with appropriate clinical input and fewer changes of key worker. A CAMHS team is integrated and co-located with Looked After Children and leaving care services.
- The Metropolitan Police have brought together a team including youth offending, schools and gangs under a Detective Chief Inspector
- The reorganisation of the Youth Service, as mentioned above
- Specialist CAMHS are developing a network approach to ensure that young people are not lost between agencies. This is exemplified in a new conduct team which works closely with specialist schools, third sector and the Family Intervention Service, whilst delivering specialist interventions such as Non-Violent Resistance (NVR for parents) and Regulate groups for young people with severe and consistent conduct problems.
- Barts Health is reviewing its model for children's therapies (including speech and language) as part of the new contract for community health services in Tower Hamlets
- The CCG has a role in contributing to whole system leadership through its commissioning, co-commissioning with NHS England, and the Local Transformation Plan for Children and young people's mental health and wellbeing. It is currently bringing together its commissioning for maternity, children and mental health services to promote integration and parity of esteem.

These developments attest to the commitment in the system and its potential for transformation. Examples of working together would be our common approach towards safeguarding, a joint recognition of the needs for changes following the publication of *Troubled Lives* (a report into five homicides by young people) and the priority for child sexual exploitation and abuse.

Developing specialist services for children with complex needs in the justice system is one of the programmes identified in implementing the *Mental Health Five Year Forward View* (MHFYFV p10, possibly implementing recommendation 24 in MHFYFV, integrating health and justice interventions.)

Specific opportunities for mental health and young people in contact with the criminal justice system

Stakeholders have put forward the following examples of current and potential innovations:

- Liaison with the chair of the Youth Bench at Thames Magistrates Court
- Review of number and use of Merlins

- Coordination with schools, including the role of school nurses and the development of restorative approaches
- Building on the success of the PRU in engagement of young people, in order to continue the same principles out of school
- Initiatives to work with young people who are NEET, including City Gateway and the Prince's Trust
- Improved training opportunities, including training in recognition of trauma
- Mental health liaison and diversion teams have limited knowledge and experience of working with people that have autism, learning difficulties and related conditions.
- Initiatives as part of the Tower Hamlets Ending Groups, Gangs and Serious Youth Violence Strategy
- Improvements to the arrangements for appropriate adults for juveniles in police custody (under the Police and Criminal Evidence Act) and monitoring performance
- One-year report of the conduct disorder pilot led by CAMHS
- Development of a network approach to the autistic spectrum disorder pathway
- Network approach to development of improved pathways for CYP on the autistic spectrum

Resettlement pathway from secure estate

The need to improve the support for young people discharged from the secure estate is acknowledged in the 2015 Local Transformation Plan. The numbers are very small (less than 20 per year) and partner agencies wish to address improvements through better case management of individual cases, with agencies working together to meet individual needs.

8 Developing further work

The four proposed areas of interagency cooperation (described in sections 4 to 7) can form the basis of transformational work to address the priority areas put forward by stakeholders in the first workshop.

- Strengthening the ability of local services to respond was a key concern, and remains the main objective. There are particular issues about the response of services out of hours and to 'cluster offences', and poor response to needs of those with communication/learning difficulties/autism. The gap in Appropriate Adult provision has been a recurring issue raised by the Liaison and Diversion team recently.
- The need for coordination, information and ownership of the pathway following liaison and diversion was also a priority, and can be addressed by a more detailed mapping of screening tools and pathways – interestingly, this can also include the actions partner agencies take when a young person is found carrying a knife
- Finally, the issue of engagement and early intervention (including families) was seen as an area for improvement, and this can be achieved by fostering innovations and promoting effective approaches (including community-based initiatives), as well as evidence based approaches or examples of emerging practice elsewhere.

Agencies in Tower Hamlets wish to work in partnership with NHS England to carry forward these strands of work, and to learn from neighbouring boroughs. Both **short-term funds** (for data review, mapping of screening tools and pathways, and/or training interventions) and **recurrent funding** (to strengthen the interagency offer and work with the grain of transformation and change in the borough) would be welcomed.

A steering group will be formed (comprising CCG, Children's Social Care, ELFT, third sector and Metropolitan Police) to review the feedback on this summary, and to develop

plans for co-commissioning with NHS England, including project plans for short-term projects and longer term investment and system transformation.

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