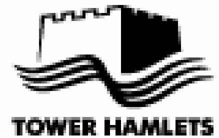

TOWER HAMLETS HEALTH AND WELLBEING BOARD

Wednesday, 20 December 2017 at 5.30 p.m.
Town Hall, Mulberry Place, 5 Clove Crescent, E14 2BG
(MP701)
This meeting is open to the public to attend.

Members:	**Representing**
Chair: Councillor Denise Jones	(Cabinet Member for Health & Adult Services)
Vice-Chair: Dr Sam Everington	(Chair, Tower Hamlets Clinical Commissioning Group)
Councillor David Edgar	(Cabinet Member for Resources)
Councillor Danny Hassell	(Non - Executive Group Councillor)
Councillor Sirajul Islam	(Statutory Deputy Mayor and Cabinet Member for Housing Management & Performance)
Councillor Amy Whitelock Gibbs	(Cabinet Member for Education and Children's Services)
Simon Hall	(Acting Chief Officer, NHS Tower Hamlets Clinical Commissioning Group)
Dr Somen Banerjee	(Director of Public Health, LBTH)
Debbie Jones	(Corporate Director, Children's Services)
Denise Radley	(Director Health, Adults and Community Services)
Charlotte Ladyman	(Chair of Healthwatch Tower Hamlets)
Co-opted Members	
Dr Ian Basnett	(Public Health Director, Barts Health NHS Trust)
Dr Navina Evans	(Chief Executive East London NHS Foundation Trust)
Fahimul Islam	(Young Mayor)
Simon Walton	(Representative of Tower Hamlets Housing Forum)
Chris Banks	(Chief Executive, Tower Hamlets GP Care Group CIC)
Stephen Dudney	(London Fire Brigade)
Asmat Hussain	(Corporate Director, Governance and Monitoring Officer)
Alison Robert	(Partnership Manager, Tower Hamlets CVS)
Ann Sutcliffe	(Acting Corporate Director, Place)
Jackie Sullivan	(Managing Director, Royal London and Mile End Hospitals -Barts Health NHS Trust)
Sue Williams	(Borough Commander - Chief Superintendent)
Stakeholders (non-voting)	
Stephen Ashley	(Independent Chair of the Local Safeguarding Children’s Board)
Councillor Clare Harrisson	(Chair of the Health Scrutiny Sub-Committee)
Councillor Gulam Robbani	(Councillor Nominated by Council from the largest

	opposition group)
Christabel Shawcross	(Chair of the Local Safeguarding Adults' Board)
Sarah Williams	(Social Work Team Leader, Legal Services)
Vacant	(Representative - NHS England/Public Health England)

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

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

Contact for further enquiries
Committee Services Officer, Rushena Miah
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG
Tel: 020 7364 5553
E:mail:
Rushena.miah@towerhamlets.gov.ukrushena.miah@towerhamlets.gov.uk
Web: http://www.towerhamlets.gov.uk/committee

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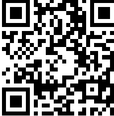

Role of the Tower Hamlets Health and Wellbeing Board.

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

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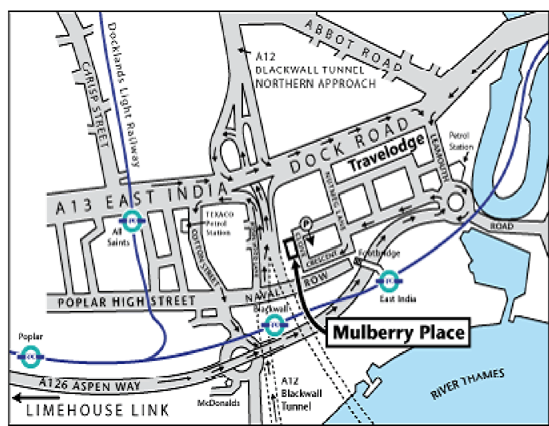

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QR code for smart phone users.

		PAGE NUMBER(S)
1.	**STANDING ITEMS OF BUSINESS**	
1 .1	**WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE**	
	To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.	
1 .2	**DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS**	**7 - 10**
	To note any declarations of interest made by members of the Board. (See attached note of Monitoring Officer).	
1 .3	**PUBLIC QUESTIONS AND PETITIONS**	
1 .4	**MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING**	**11 - 20**
	To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on 7 November 2017. Also to consider matters arising.	
1 .5	**FORWARD PLAN**	**21 - 22**
	ITEMS FOR CONSIDERATION	
2.	**HEALTH AND WELLBEING BOARD STRATEGY 2017-2020: DELIVERING THE BOARDS PRIORITIES - PROGRESS UPDATE**	
2 .1	**COMMUNITIES DRIVING CHANGE**	**23 - 28**
2 .2	**EMPLOYMENT AND HEALTH**	**29 - 68**
2 .3	**CHILDREN'S WEIGHT AND NUTRITION**	**69 - 76**
3.	**SUICIDE PREVENTION STRATEGY - FINAL**	**77 - 112**
4.	**ANY OTHER BUSINESS**	
5.	**DATE OF NEXT MEETING** 20 February 2017, 5.30pm, venue tbc.	
6.	**BOARD DEVELOPMENT SESSION - FOR BOARD MEMBERS AND INVITEES ONLY**	
	Board Development Session – Tower Hamlets Health and Social Care Landscape, (6.30-7.45pm).	
	Facilitated by Denise Radley, Corporate Director of Health, Adults & Community and Simon Hall, Acting Chief Officer of Tower Hamlets Clinical Commissioning Group.	

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

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

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

Interests and Disclosable Pecuniary Interests (DPIs)

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

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

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

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

Effect of a Disclosable Pecuniary Interest on participation at meetings

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

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

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

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

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

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

Further advice

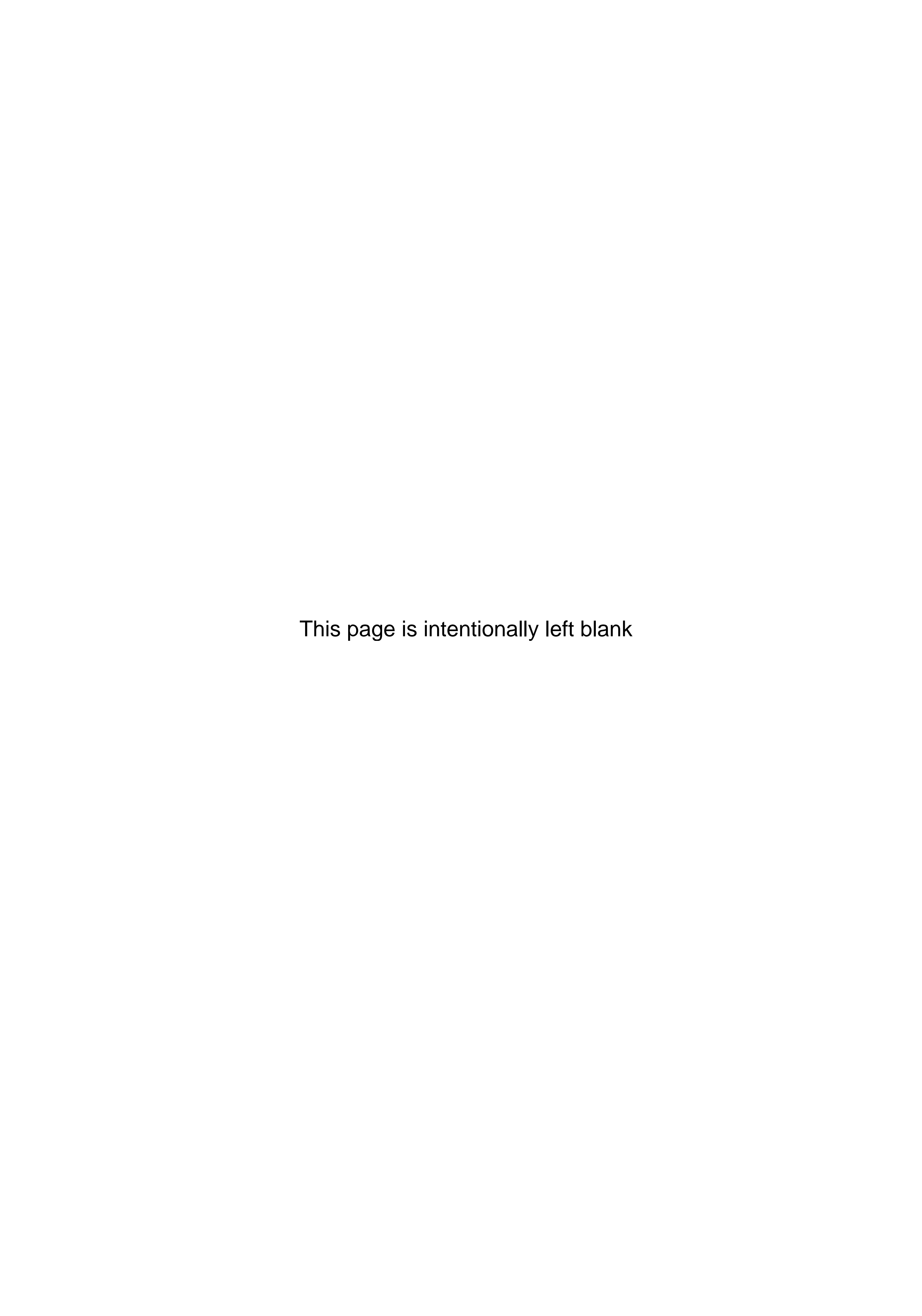
For further advice please contact:-

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

APPENDIX A: Definition of a Disclosable Pecuniary Interest

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

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	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. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	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— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
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	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (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.



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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.35 P.M. ON TUESDAY, 7 NOVEMBER 2017

TEVIOT CENTRE, WYVIS STREET, E14 6QD

Members Present:

Councillor Denise Jones (Chair)	Chair of HWBB, Cabinet Member for Health and Adults, LBTH
Dr Sam Everington (Vice-Chair)	Chair of Tower Hamlets CCG
Councillor David Edgar	Cabinet Member for Resources, LBTH
Councillor Danny Hassell	Non-executive majority group councillor (Labour), LBTH
Debbie Jones	Corporate Director, Children's Services, LBTH
Denise Radley	Corporate Director, Health, Adults & Community, LBTH
Dr Somen Banerjee	Director of Public Health, LBTH
Charlotte Ladyman	Chair of Healthwatch

Co-opted Members Present:

Dr Ian Basnett	Public Health Director, Bart's Health NHS Trust
Stephen Dudeney	Borough Commander, London Fire Brigade
Dr Navina Evans	East London and the Foundation Trust
Fahimul Islam	Young Mayor
Alison Robert	Partnership Manager, TH CVS
Sue Williams	Borough Commander for Met Police
Claire Burden	Bart's Health Trust (substitute)

Stakeholders:

Stephen Ashley	Independent Chair, Local Children's Safeguarding Board
Christabel Shawcross	Independent Chair, Safeguarding Adults Board

Officers in Attendance:

Seema Agha	Legal Services, Tower Hamlets Council
Carrie Kilpatrick	Deputy Director Mental Health and Joint Commissioning
Elizabeth Lynch	Culture and Events, Tower Hamlets Council
Matthew Mannion	Committee Services Manager
Rushena Miah	Committee Services Officer
Jamal Uddin	Strategy, Policy & Performance Officer

Other delegates

Dianne Barham	Chief Officer, Tower Hamlets Healthwatch
Amanda Coyle	Greater London Authority (GLA)
Chris Holmes	Managing Director, Fast Food Venture, Shift Foundation
Hanif Osmani	Poplar HARCA, Programme Manager
Karen Steadman	Greater London Authority (GLA)

Apologies:

Chris Banks	Chief Executive, Tower Hamlets GP Care Group CIC
Councillor Amy Whitelock Gibbs	Cabinet Member for Education and Children's Services
Simon Hall	Acting Chief Officer, NHS Tower Hamlets Clinical Commissioning Group
Asmat Hussain	Corporate Director, Governance and Monitoring Officer
Councillor Sirajul Islam	Statutory Deputy Mayor and Cabinet Member for Housing
Jackie Sullivan - sent a substitute	Managing Director of Hospitals, Bart's Health Trust

STANDING ITEMS OF BUSINESS

1. WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Chair welcomed Members, officers and members of the public to the meeting.

2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of pecuniary interests.

3. PUBLIC QUESTIONS / PETITIONS

There were no public questions in relation to this meeting's agenda.

4. Minutes of the Previous Meeting and Matters Arising

The minutes of the meeting on 5 September 2017 were agreed as an accurate record and signed by the Chair, with the amendment that Charlotte Ladyman and Alison Robert were present at the last meeting.

5. FORWARD PLAN

The Board noted the Forward Plan.

6. HOST PRESENTATION - WELL ONE PROJECT

The Board heard a presentation from Hanif Osmani, Programme Manager at Poplar HARCA. The presentation informed the group of the work Poplar HARCA is doing on improving health and wellbeing for their residents, including a newly established partnership called the Well One Project.

Several partners are linked to the project including the Bromley by Bow Centre, Queen Mary University, St Pauls Way Medical Centre, Morgan Stanley, the Play Association Tower Hamlets, Tower Hamlets Council and other local providers. The project has conducted research on the wider determinants of health and has devised an innovative programme to tackle health issues including the use of social prescribing. The Well One project aspires to affect change at a strategic level by leading by example.

Mr Osmani noted key findings form their resident's survey and explained that Queen Mary University has agreed to support with further analysis of the data collated. Mr Osmani informed the Board that the report and data will be made available online.

Dr Sam Everington, Chair of the Tower Hamlets Clinical Commissioning Group, thanked Mr Osmani for his presentation and praised the Well One Project as a strong and unique partnership in the borough which is leading by example. He encouraged this approach to other housing providers.

It was suggested that the Poplar HARCA initiative be raised at the Housing Hub Association meeting on 8 November 2017. The Chair said actions could be taken to the Tower Hamlets Partnership Board.

Dr Somen Banerjee, Director of Public Health, reminded the Board that Jane Ball, the Boards housing representative has left and the Board will soon need to identify another representative.

The Chair thanked Mr Osmani for his presentation.

RESOLVED

(a) For Mr Osmani to send the report and data which surveyed residents health to Jamal Uddin, Board Co-ordinator, for circulation.

(a) To appoint a new housing representative on the Board.

7. LOCAL SAFEGUARDING CHILDREN'S BOARD - ANNUAL REPORT 2016-17

The report was presented by Stephen Ashley, Independent Chair of the Local Safeguarding Children's Board (LSCB). Mr Ashley informed the Board that this was a condensed annual report due to the 'inadequate' Ofsted rating in

February 2017. Particular areas of concern included monitoring and accuracy of performance datasets. He said the priorities were on improving performance and learning for next year. As the report was included in the agenda and reports pack circulated in advance of the meeting, Mr Ashley took questions from the board.

Dr Everington asked if GP networks were being used to best effect. Mr Ashley responded that there is a multi-agency board in place and the LSCB has a representative on the performance health forum set up by Tower Hamlets CCG.

Christabel Shawcross, Chair of the Safeguarding Adults Board (SAB) informed the Board that tackling domestic abuse was a new requirement in the Care Act as part of the 'Think Family' approach.

Dr Navina Evans said that the report recognises many obstacles to overcome but also highlights a lot of good work going on under difficult circumstances. She reminded the Board of the importance of celebrating and showcasing successes.

Charlotte Ladyman, Chair of Healthwatch Tower Hamlets, expressed an interest in incorporating safeguarding young people into the Healthwatch work plan. She suggested making a film on the topic. Mr Ashley agreed to discuss this with Ms Ladyman outside of this meeting.

Fahimul Islam, Young Mayor of Tower Hamlets, agreed that a film would be a good method of reaching young people and invited Mr Ashley to attend the Youth Council to discuss the idea.

The Chair thanked Mr Ashley for his presentation.

RESOLVED

(a) To note the report.

(b) To consider the LSCB priorities and any implications arising from the LSCB Annual Report in the Health and Wellbeing Board Work Programme.

ACTION:
For Mr Ashley to liaise with Healthwatch and the Youth Council in order to better engage with young people on safeguarding

8. SAFEGUARDING ADULTS BOARD - ANNUAL REPORT 2016-17

Christabel Shawcross, presented the Annual Report. To summarise, the four main areas which required development were identified as performance data- introduction of a dashboard, modern day slavery, an integrated approach,

learning from safeguarding reviews and embedding this learning into frontline staff.

Dr Everington asked if the people on the safeguarding list are discussed at the integrated care multi-disciplinary meeting and if adults with safeguarding concerns are flagged on the GP computers. Denise Radley, Corporate Director of Health, Adults and Community, responded to Dr Everington's questions. She said that it is unlikely that all of the adults on the safeguarding list would be discussed at the multi-disciplinary meeting. There was a query raised about GP systems flagging adults with safeguarding concerns.

The Chair thanked Ms Shawcross for her report.

RESOLVED

(a) To note the report.

(b) To consider any implications arising from this report for the HWBB and its work programme.

9. MENTAL HEALTH STRATEGY

The update was presented by Carrie Kilpatrick, Deputy Director for Mental Health and Joint Commissioning. Ms Kilpatrick asked the Board for contributions to develop the 2017-2019 plan with an aim to finalise the document by December 2017. An outcomes based approach will be applied to the plan and a dashboard is being developed for the delivery of the plan.

Ms Shawcross said she was pleased to see suicide prevention, housing and homelessness being addressed.

Dr Evans raised concerns on behalf of the East London Foundation Trust on the issue of people with mental health issues not being supported by employers. The Trust has begun work with a group of employers on how to support employees with mental health issues but there has been little traction. Dr Banerjee pointed out that the Time for Change Forum would be a good place to raise this issue as they bring employers into the discussion.

Dianne Barham, Manager for Healthwatch Tower Hamlets, added that this issue is also linked to community cohesion and the stigma associated with people who have mental health issues.

Debbie Jones, Corporate Director for Children's Services, said that a lot more joined up work is required to support people with eating disorders and conduct disorder. Ms Kilpatrick noted the Boards concerns and said she can be contacted if Board Members would like to have further input into the strategy.

RESOLVED

(a) To note the progress on delivery of the Strategy to date and the refreshed delivery plan as attached at appendix 1 of the agenda and reports pack.

HEALTH AND WELLBEING BOARD STRATEGY 2017-2020:

10. Health And Wellbeing Strategy 6 Month Update:

Dr Banerjee presented the update. He explained that the champion groups for each of the Health and Wellbeing priorities are working towards delivering its objectives as set out in the annual delivery plan. There is ongoing work with Healthwatch to address further opportunities to collaborate with communities to support continuous improvement. The Health and Wellbeing Board has held its meeting in a community setting to support this objective.

Somen also noted that the Board should now begin to consider actions for 2018/19 Strategy and review the current membership of Board Champion Groups in the context of changes in membership of the Board.

Ms Radley mentioned that the Tower Hamlets Together Partnership is looking at streamlining governance and membership to increase the effectiveness of partnership working. She also informed the Board that a Director for Joint Commissioning will be appointed and the Better Care Funding has been approved by NHS England as of November 2017.

The Board agreed that a planning session should be organised to work on the 2018/19 strategy and discuss integration. Dr Banerjee will organise the session and circulate an email on Board Champion areas of work.

RESOLVED

(a) To note the strategy

(b) Review the composition of Board Champion Groups.

(c) To organise a Health and Wellbeing Board planning session.

11. A HEALTHY PLACE: TACKLING FAST FOOD - A WICKED ISSUE

The meeting heard a presentation from Chris Holmes, Director of Shift. Public Health had commissioned Shift to conduct a food feasibility study to consider the opportunities available to the Council and its partners to intervene in the fast food environment. Shift designs products and builds social businesses to help solve social problems. Some key recommendations/findings from their research included:

- Building fast food ventures with reduced calorie intake

- Food is linked to identity - 'healthy' food versus 'normal people' food.
- Food should be from the community for the community.
- Include the supply chain – raw ingredients in healthier initiatives.

Dr Everington asked if it would be possible for the Council to introduce measures to ensure every transport station has a fruit stall outside of it. Mr Holmes explained that although this suggestion may be a preferred option the Council does not have powers to enforce this kind of a business throughout the borough.

Dr Banerjee raised the issue of numerous fast food outlets next to secondary schools and suggested engaging with the Mayor of London to tackle this concern collectively. He said that if there was a social aspect to fast food, is there another kind of social space the borough could offer young people?

Another area of concern was air quality and the boroughs reliance on a car as the preferred mode of transport. In order to have more time to discuss these issues, the Chair proposed these topics be revisited at the Board away day planning session.

RESOLVED

(a) To note the presentation

(b) To explore the issue of fast food at a future board meeting.

12. 'BETTER HEALTH FOR ALL LONDONERS' - MAYOR OF LONDON'S HEALTH INEQUALITIES STRATEGY CONSULTATION

Dr Banerjee, introduced colleagues, Amanda Coyle and Karen Steadman from the Greater London Authority (GLA) to present on a consultation for a London wide health inequalities strategy. Dr Banerjee invited the GLA to present at the Health and Wellbeing Board because there are synergies between the London wide strategy and the Tower Hamlets Health and Wellbeing Strategy which presents opportunities for the borough.

Ms Coyle said that improving health was one of seven key strategies that the Mayor of London was prioritising. She informed the Board that she was interested in hearing how the local strategy could tie into the London strategy. A consultation has been launched on the London strategy which has five overarching aims. These include: Healthy Children, Healthy Minds, Healthy Places, Healthy Communities, and Healthy Habits. The consultation was launched in September and will close on 30 November 2017.

Dr Banerjee informed the group that he plans to draft a response to the consultation on behalf of the Health and Wellbeing Board and members will have further opportunities to provide feedback on the consultation document. The draft response will be circulated a week before the deadline for comment.

Dr Everington identified ways in which Tower Hamlets could contribute to the London strategy. He said Tower Hamlets is at the forefront of social prescribing and the boroughs healthy schools programme is exceptional. As an idea to develop, he suggested a pupil health dashboard for every school which is a priority in the Tower Hamlets Health and Wellbeing Strategy. In addition to this he suggested that there should be a health specialist on every school governing board.

He also recommended utilising the Mayor of London's networks to strengthen the voice for health and promoted the concept of a CCG spokesperson for London.

Dr Evans highlighted the importance of ensuring that systems linked to the strategy have measurable outcomes.

Dr Ian Basnett said that from a provider perspective he looks forward to the implementation of the plan with a range of providers and hopes the Mayor draws on examples of best practice.

Dr Banerjee concluded the discussion by stating that it is important the London strategy has ambitious actions in order to galvanise people into taking action.

RESOLVED

(a) Highlight areas of the consultation the Board is in support of and discuss how to support the Mayor of London in implementing them.

(b) Highlight areas of need in the Health Inequalities Strategy.

(c) Highlight local priorities that could be incorporated into the London Mayor's Health Inequalities Strategy.

(d) Identify measurable outcomes for success in the aims of the London wide Strategy.

(e) To submit a response to the London Health Inequalities Consultation with Dr Banerjee taking the lead in drafting the response on behalf of the Board.

13. COMMUNITY PLAN REFRESH - EMERGING THEMES

Due to time constraints the Chair asked if Members had any urgent points to raise with regards to this item. None were raised and the report was noted. It was agreed that the tabled presentation would be circulated to Members via email. Members were advised to contact Shahanaz Begum, Senior Strategy, Policy and Performance Officer, if they had any feedback or questions.

RESOLVED

(a) To note the report.

(b) For Members to be emailed the Community Plan Refresh presentation.

(c) For Members to discuss comments or concerns with regard to the item with Shahanaz Begum, Senior Strategy, Policy and Performance Officer at Tower Hamlets Council.

14. ANY OTHER BUSINESS:

THE LONDON CULTURE BID

Elizabeth Lynch from the Arts and Events Team in Tower Hamlets Council, spoke about the London Culture Bid. £1.1 million will be awarded to the winning borough. There are sixteen boroughs competing in total. Ms Lynch has been tasked with developing the bid for Tower Hamlets. The theme for Tower Hamlets is 'Community Cohesion' with a health aspect. One idea included health walks to both improve health and explore the cultural heritage of the borough. The deadline for the bid submission is 1 December 2017. Members and officers were asked to 'back the bid' and pledge their support to Tower Hamlets online.

The Board expressed strong support for the bid and requested that social prescribing be incorporated into the bid as well as themes of inclusion, mental health, and food as part of social cohesion such as community gardening.

RESOLVED

(a) To discuss further ideas for input into the bid with Elizabeth Lynch, Arts and Culture Team, Tower Hamlets Council.

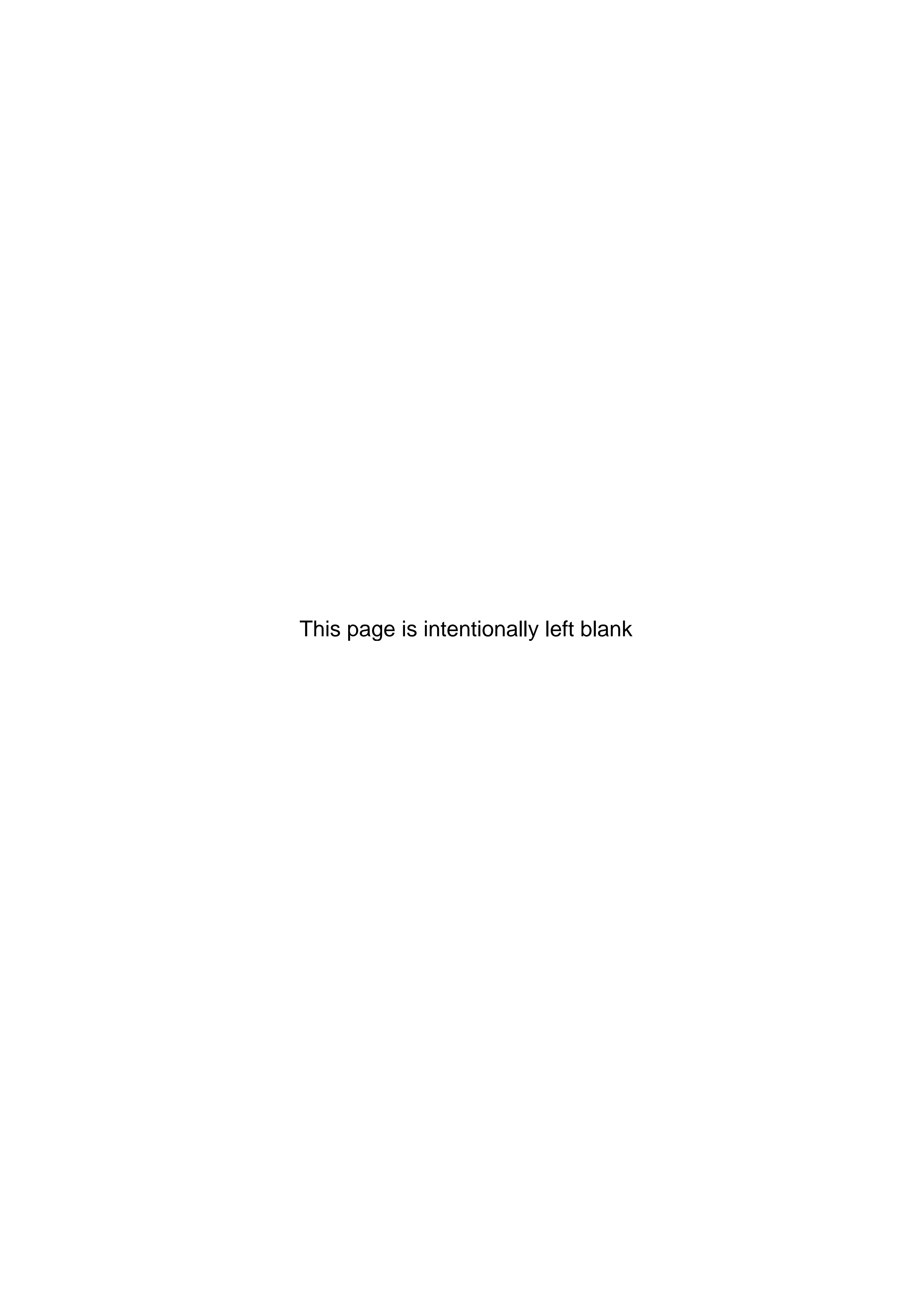
(b) To back the bid online.

The Chair bought the meeting to a close at 7.47 pm.

Councillor Denise Jones
Chair of the Tower Hamlets Health and Wellbeing Board

15. DATE OF NEXT MEETING

Wednesday 20 December 2017, 5.30pm in Mulberry Place, Town Hall, 7th floor - MP701, 5 Clove Crescent, E14 2BG.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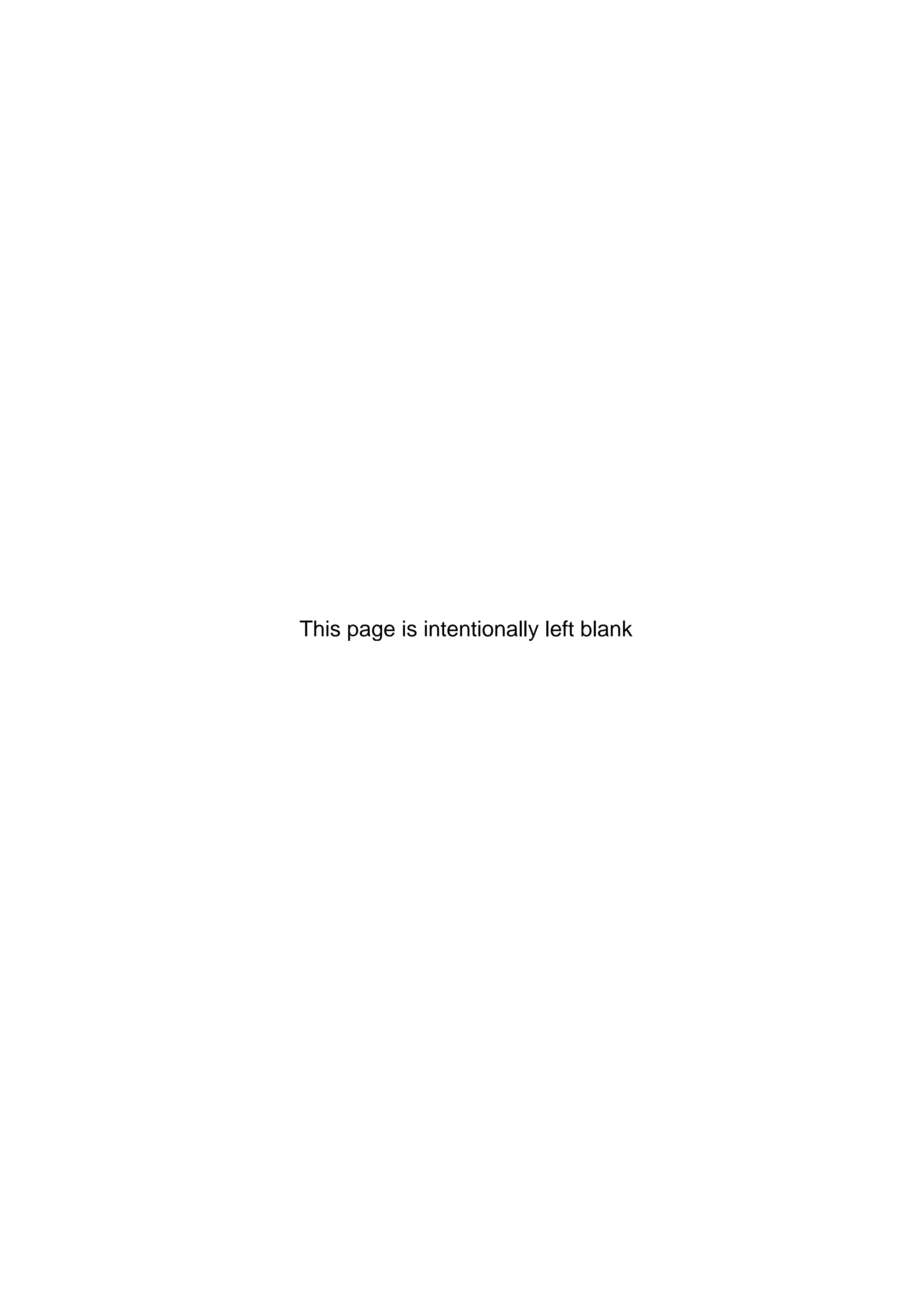
Health and Wellbeing Board Forward Plan				
Date: 21 February 2017				
Date: 18 April 2017				
Date: 26 July 2017 (cancelled date - 4 July)				
Date: 5 September 2017				
Date: 7 November 2017				
Date: 20 December 2017				
Date: 20 February 2018				
	Report Title	**Lead Officer**	**Reason for submission**	**Time**
Public Questions	Public Questions			
Standing Items	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		10 mins
Health and Wellbeing Strategy - priorities (Initial assesment/ evaluation)	Developing Integrated System - update	Denise Radley	Progress update	10-15 mins
	A Healthier Place - update	Somen Banerjee	Progress update	10-15 mins
	Outcomes Framework - update	Somen Banerjee / Jamal Uddin	Progress update	10-15 mins
Discussion Items	Physical Activity and Sports Strategy	Thorsten Dreyer		15-20 mins
	Transformation Plan for Children and Young People's Mental Health and Wellbeing	Carrie Kilptarick / Martin Bould		15-20 mins
	Pharmaceutical Needs Assessment	Danielle Solomon		10-15 mins
Any Other Information				5 mins
Date: 20 March 2018 - clashes with Cabinet (new date tbc)				
	Report Title	**Lead Officer**	**Reason for submission**	**Time**
Public Questions	Public Questions			
Standing Items	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		10 mins
Health and Wellbeing Strategy - priorities (Annual Review)	Health and Wellbeing Strategy - annual review of delivery plans: - Communities Driving Change; - Employment and Health; - Children's healthy weight and nutrition - Developing an integrated system; - A healthier place; - Outcomes Framework		End of year reflections from each of the delivery work streams.	45-60 mins
Discussion Items	Pharmaceutical Needs Assessment - sign off	Danielle Solomon		10 mins
Any Other Information				5 mins



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Health and Wellbeing Board Wednesday 20th December 2017	
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Health and Wellbeing Strategy – Communities Driving Change	

Lead Officer	Somen Banerjee, Director of Public Health
Contact Officers	Abigail Knight, Associate Director of Public Health
Executive Key Decision?	No

Executive Summary

This report provides an update on three partnership work programmes designed to ensure communities drive change and are central to our health and care system.

The Healthy Communities tender has been awarded, and the programme went live on 1st October 2017. In its initial phase, the programme will work with local people in each of the four localities to identify natural neighbourhoods where local action can positively impact on health and wellbeing.

The Community Insight Network was launched on 31st October 2017. The network provides a coordinating and support function to local people trained in participatory research approaches. This enables them to develop and make best use of their skills. It also provides a platform to enable coproduced approaches to service delivery and commissioning across Tower Hamlets Together.

Healthwatch has developed a proposal for a joint repository of patient experience and community feedback on health and social care services and support. This builds on the existing repository of Healthwatch reports and national reports, websites and other intelligence sources. The repository incorporates a coding matrix, monitors dignity, equality and safety, and flags any potential safeguarding risks.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Review the Communities Driving Change priority update

1. REASONS FOR THE DECISIONS

1.1 The updates on three projects in this paper all relate to the Health and Wellbeing Strategy priority, Communities Driving Change, objective:

Develop and implement a 'Health Creation' programme with residents to identify issues impacting on health and wellbeing, and develop and lead new ways to improve health and wellbeing locally.

2. ALTERNATIVE OPTIONS

2.1 Without progressing these critical projects, the Health and Wellbeing Board, its members and networks would fail to realise the ambition within the Health and Wellbeing Strategy for Communities Driving Change.

3. DETAILS OF REPORT

3.1 The Healthy Communities tender has been awarded to the following organisations:

- North West Locality – the Young Foundation
- South West Locality – MyTime Active
- North East Locality – Bromley by Bow Centre
- South East Locality – Poplar and Limehouse Network

3.2 In consultation with providers, the programme has been rebranded to better reflect the aspirations of the Health and Wellbeing Strategy:

3.3 The Community Insight Network launched its knowledge sharing forum on 31st October 2017. The event was well attended by stakeholders across the Tower Hamlets Together partnership and featured external presenters to talk about participatory appraisal research. Critically it brought together local people with an interest and experience in community research.

3.4 It is envisaged that this forum will provide opportunities for skills development and maintenance. It is also a platform to better inform each other of community research activity within the borough, consider how to adopt a quality assurance tool, engage in the evaluation of community research within the borough, and link with the Healthwatch Community Insight Repository.

3.5 The Healthwatch Community Insight System involves local residents gathering feedback, that feedback is reviewed by local residents who agree priorities for more in-depth projects and research, they undertake the research, review it and make recommendations for improvement. Where possible they then present the findings and recommendations to commissioners and providers.

3.6.1 The existing Healthwatch Community Insight Repository provides a single, simple to use, community managed system that:

- Enables the processing of vast quantities of information, qualitative and quantitative, resulting in a large, robust evidence base of user and resident views (Healthwatch Tower Hamlets has processed some 15,000 items during 2017 using this system. Our aspiration for a joint system would be to process in excess of 50,000 separate pieces of information.)
- Features a coding matrix that contains broad categories (limiting selection ambiguity) and is based on the care pathway, enabling identification of service and support gaps. This allows us to identify more effectively the points in the care pathway where patients or users are experiencing problems.
- Produces automated trends analysis reports on date, source, origin, service name or type, condition, commissioner, locality, cluster/hub, demography, keywords, or any combination of criteria. Runs 'league table' style reports to identify best practice.
- Monitors dignity, equality and safety/risk and flags potential safeguarding incidents;
- Helps to build a repository of reports, websites and other intelligence resources through a simple tagging system ensuring that we learn from and build upon existing intelligence;
- Is comprehensive, covering stakeholder management and participation, mapping and signposting, case management, activities and events, volunteer recruitment and supervision, service user experience, impact measurement and 360 degree feedback;
- Includes a comprehensive CRM (used by Healthwatch nationwide) facilitating stakeholder management and participation, mapping and signposting, advocacy case management, activities and events, volunteer recruitment and supervision, impact measurement and stakeholder feedback.
- Can be accessed remotely by multiple users simultaneously through a virtual desk top; and
- May be locally customised to meet specific requirements.

3.7 Health and Wellbeing Board partners are asked to consider creating a joint repository of patient experience and community feedback on health and social care services and support. Key benefits would be:

- To enable local people to be involved in the design, gathering, coding, reporting and presentation of community intelligence;
- To build and share intelligence that can be accessed and interrogated quickly for a wide range of purposes and that can measure progress towards THT integrated care outcomes;
- To avoid duplication and learn and build from existing community intelligence before making a decision to invest in gathering more;
- To ensure greater evenness of quality of information gathered;
- To report back to the local community the difference that their involvement has made to the health and wellbeing of Tower Hamlets residents improving their understanding of the health system and giving them a greater sense of responsibility for managing limited resources.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1. The Communities Driving Change programme is fully funded from the Public Health Grant. The programme is expected to cost £800K per year plus a £50K support cost in year 1.

4.2. The ongoing support costs after year 1 is yet to be ascertained but it is expected that this would be managed/monitored in line with LBTH's financial management policy.

5. LEGAL COMMENTS

5.1. Section 116A of the Local Government and Public Involvement in Health Act 2007 places a duty on the Health and Wellbeing Board ('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. It is therefore consistent with this duty that the HWB receives this report on the action plan so that it can review how this part of the Strategy is being discharged.

5.2. With regard to Action 1.1 this involves engagement with residents. If this engagement is considered to be consultation then any such should comply with the following criteria: (1) it should be at a time when proposals are still at a formative stage; (2) the Council must give sufficient reasons for any proposal to permit intelligent consideration and response; (3) adequate time must be given for consideration and response; and (4) the product of consultation must be conscientiously taken into account. The duty to act fairly applies and this may require a greater deal of specificity when consulting people who are economically disadvantaged. It may require inviting and considering views about possible alternatives.

5.3. In carrying out its functions, the Council must comply with the public sector equality duty set out in section 149 Equality Act 2010, namely it must have

due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and to foster good relations between persons who share a protected characteristic and those who do not.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1. The Communities Driving Change priority aims to target action to improve health and reduce health inequalities where the need is greatest by using coproduction and participatory appraisal techniques to better understand and respond to the needs of the local population.

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

7.1 Coproducing local action for better health and wellbeing, considers improving the health-related aspects of place, including access to open spaces, improving air quality and other environmental considerations.

8. RISK MANAGEMENT IMPLICATIONS

8.1. Actions proposed will be carried out within existing budgets and no specific risks are identified

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

9.1 Coproduction and community research may have an impact on both health and crime and disorder.

10. EFFICIENCY STATEMENT

10.1 Not applicable

Linked Documents, Appendices and Background Documents

Linked Documents

- Tower Hamlets Together: Tower Hamlets Health and Wellbeing Strategy, 2017-2020.

Appendices

- None

Background Documents

- None

Officer contact details for background documents:

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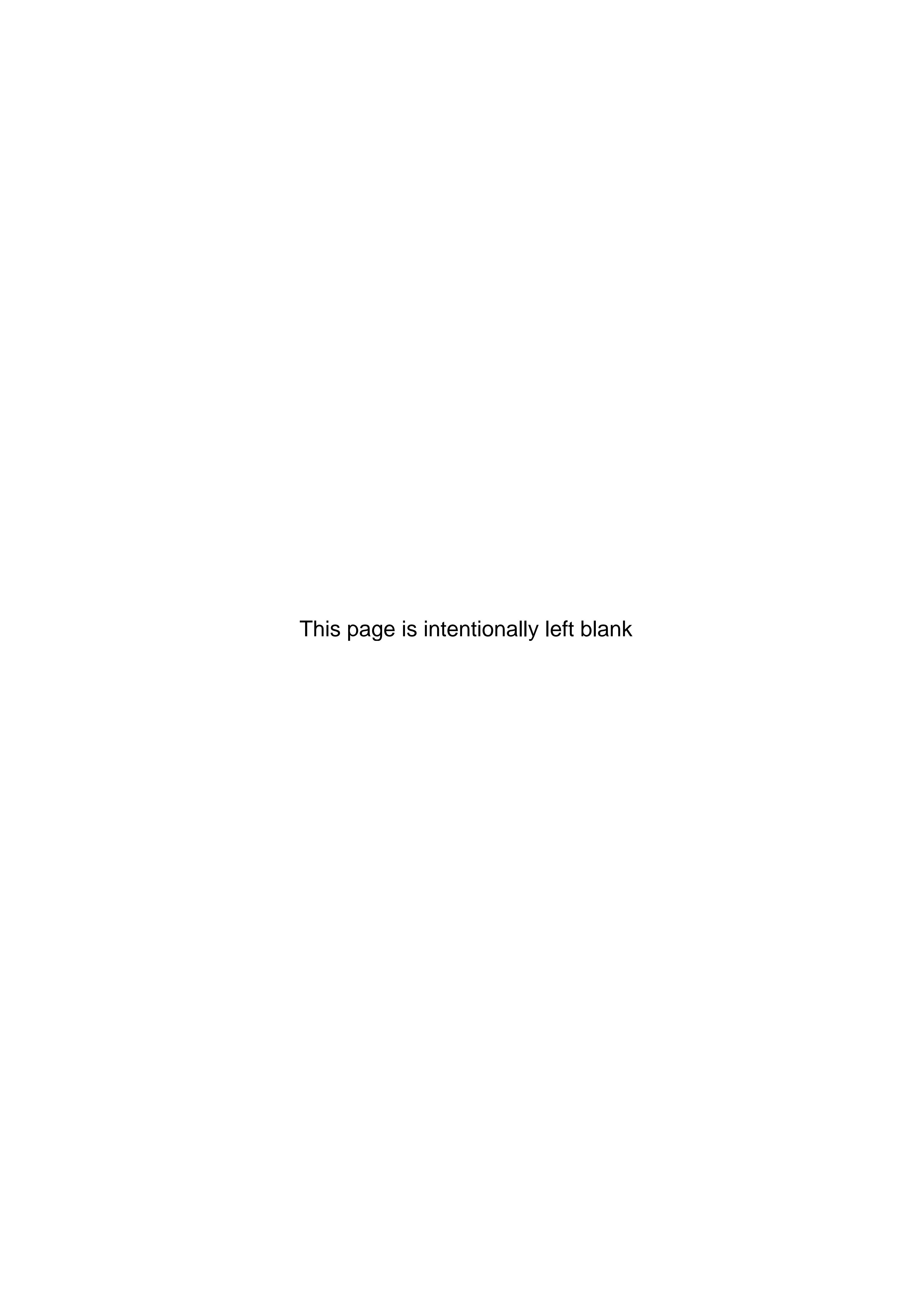
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Health and Wellbeing Board Wednesday 20th December 2017	
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Health and Wellbeing Strategy – Employment and Health	

Lead Officer	Somen Banerjee, Director of Public Health
Contact Officers	Abigail Knight, Associate Director of Public Health
Executive Key Decision?	No

Executive Summary

Within Tower Hamlets, the Greater London Authority has now awarded Achievement status for the London Healthy Workplace Charter to:

- BartsHealth
- Crossrail
- London Borough of Tower Hamlets.

There are a number of other organisations within the borough who have also signed up to the Charter. The local authority is now targeting Excellence, and is considering ways to encourage other organisations within the borough to do the same.

The Tower Hamlets Health and Wellbeing Board has taken the Time to Change pledge, and many of its constituent organisations have taken the pledge also. A Time to Change Employers forum ran from January 2016, with good partnership commitment. This paper proposes re-establishing the Employers Forum with a broader remit of encouraging employers within Tower Hamlets to sign up to the London Healthy Workplace Charter and work towards accreditation.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Consider the application of the London Healthy Workplace Charter within their own organisations
2. Consider the proposal to re-establish the Tower Hamlets' Employers Forum with a broader healthy workplace remit

1. REASONS FOR THE DECISIONS

1.1 The proposals set out in this paper aim to address the following Health and Wellbeing Strategy objectives:

1.2 Deliver on a set of project actions to achieve London Healthy Workplace Charter ‘achievement’ status that will have positive health and work benefits for staff.

1.3 Tackle mental health stigma by increasing the number of employers taking up the Time to Change pledge

2. ALTERNATIVE OPTIONS

2.1 An alternative option would be to share information on the London Healthy Workplace Charter and the Time to Change pledge with Health and Wellbeing Board members and encourage them to champion these within their own organisations, without structured forums to support this process.

2.2 A ‘do nothing’ alternative would not allow the Health and Wellbeing Board, its members and networks to realise the ambition within the Health and Wellbeing Strategy

3. DETAILS OF REPORT

3.1 Within Tower Hamlets, the Greater London Authority has now awarded Achievement status for the London Healthy Workplace Charter to:

- BartsHealth
- Crossrail
- London Borough of Tower Hamlets.

3.2 There are a number of other organisations within the borough who have also signed up to the Charter. The local authority is now targeting Excellence, and is considering ways to encourage other organisations within the borough to do the same.

3.3 The self-assessment framework for the London Healthy Workplace Charter is appended to this paper.

3.4 The Tower Hamlets Health and Wellbeing Board has taken the Time to Change pledge, and many of its constituent organisations have taken the pledge also. A Time to Change Employers forum ran from January 2016, with good partnership commitment. It is proposed that we reestablish the Employers Forum with a broader remit of encouraging employers within Tower Hamlets to sign up to the London Healthy Workplace Charter and work towards accreditation. This includes consideration of mental health in the workplace.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1. The Employment and Health Programme has no unplanned financial implications to LBTH. The programme for Central London (of which LBTH is a partner) is funded by the DWP (£29m) with match funding of £24m from European Social Fund. The programme will run for 5 years with an option to extend for two years.

4.2. The financial contributions required from LBTH are: £20K membership fee for Central London Forward Strategic Partnership and a potential £12K for additional Management and Admin support. These costs will be covered from budgets within Growth & Economic Development (G&ED).

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"). S.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. The proposals for HWB partners to consider applying the London Healthy Workplace Charter within their own organisations and re-establish the Employers Forum with a broader remit of encouraging employers within Tower Hamlets to sign up to the London Healthy Workplace Charter are consistent with the functions of HWB. Additionally, this will support partners to comply with the Public Health Outcomes Framework 2016-19, which aims to increase healthy life expectancy, and reduce differences in life expectancy and healthy life expectancy between communities.

5.4. When considering 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 Employment and Health priority aims to target action to improve health and reduce health inequalities where the need is greatest through universal and targeted action to improve health and wellbeing within the workplace. The role of an Employers Forum helps to support smaller organisations within the borough through sharing best practice.

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

7.1 The London Healthy Workplace Charter includes consideration of health and safety in the workplace and minimising environmental hazards. There is opportunity for organisation to use this as a lever for adopting sustainable practice as part of their self-assessment.

8. RISK MANAGEMENT IMPLICATIONS

8.1. Actions proposed will be carried out within existing budgets and no specific risks are identified

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

9.1 Improving the workplace environment may have an impact on both health and crime and disorder.

10. EFFICIENCY STATEMENT

10.1 Not applicable

Linked Documents, Appendices and Background Documents

Linked Documents
- Tower Hamlets Together: Tower Hamlets Health and Wellbeing Strategy, 2017-2020.

Appendices
- Appendix 1 - Self-assessment of the London Healthy Workplace Charter

Background Documents
- None

Officer contact details for background documents:

- Somen Banerjee, Director of Public Health, LBTH
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MAYOR OF LONDON

LONDON HEALTHY WORKPLACE CHARTER SELF-ASSESSMENT FRAMEWORK

AUGUST 2015

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August 2015

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LONDON HEALTHY WORKPLACE CHARTER SELF-ASSESSMENT FRAMEWORK

AUGUST 2015

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CHAPTER 1

INTRODUCTION

The London Healthy Workplace Charter provides a framework for action to help employers build good practice in health and work in their organisation. The charter supports all types of employers, large and small, from the public, private and voluntary sectors. Using this self-assessment framework your organisation can find out what it is already doing that fits into the ethos of the charter as well as where it might need to improve. The framework reflects best practice and is endorsed nationally by Public Health England.

The business benefits of having a healthy, fit and committed workforce are now clearly recognised. These include lower absence rates, fewer accidents, improved productivity, staff who are engaged and committed to the organisation and fitter employees as they grow older. Organisations that commit to wellbeing can expect improved business outcomes.

By using the charter organisations can benefit from:

- the ability to audit and benchmark against an established and independent set of standards – identifying what the organisation already has in place and what gaps there may be in the health, safety and wellbeing of employees.
- developing strategies and plans – the charter provides a clear structure that organisations can use to develop health, safety and wellbeing strategies and plans.
- recognition - the award helps to strengthen the organisation's brand and reputation and supports sales and marketing activities. Accredited organisations will receive a logo helping them to stand out as employers. Representatives will also be invited to an exclusive awards ceremony at City Hall.

Please see the 'Accreditation Guidance for Employers' at www.london.gov.uk/healthyworkplace for more information.

The Charter award levels:

Commitment	The entry level – for organisations that have recently started the process
Achievement	The intermediate level – for organisations that have a more advanced and comprehensive approach to employee wellbeing
Excellence	The advanced level – for organisations that demonstrate that health and wellbeing are embedded in their corporate culture and values

The Charter standards:

- *Corporate support for wellbeing* – the ways in which the organisation uses its policies and practices to create a working environment that is conducive to health. The section includes leadership for health, planning for health, equality guidance and the engagement and ownership shown by senior managers.
- *Attendance management* – the ways in which information is used to help managers reduce sickness absence, inform management practice and support attendance.
- *Health and safety requirements* – the systems the organisation uses to monitor and improve health and safety.
- *Mental health and wellbeing* – the ways in which the organisation protects and promotes the mental wellbeing of its staff, including appropriate policies, management training and support mechanisms.
- *Tobacco* and smoking – the ways in which the organisation goes beyond the minimum legal requirements.
- *Physical activity* – the ways in which the organisation actively promotes the importance and benefits of regular physical activity and creates opportunities for employees to become involved.
- *Healthy eating* – the ways in which the organisation actively encourages and enables staff to eat healthily.
- *Problematic use of alcohol and other substances* – the ways in which the organisation responds to problematic use of alcohol and other substances and promotes the safe and sensible use of alcohol.

The tables in the following pages provide information on what meeting the requirements might look like in addition to suggested tools and links for further support. Please note that these are examples and it is important to reflect what is most appropriate for your organisation.

CHAPTER 2

COMMITMENT LEVEL

Commitment level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
Section 1: Corporate support	✓		
1.1 The organisation has assessed its needs and priorities around health and work and developed an action plan		For small businesses this may take the form of focus groups or informal discussions with staff, or the inclusion of health and wellbeing in team meetings. For medium or large employers a staff survey may be more appropriate. Other organisational records can also be used, such as regular sickness absence reports from occupational health providers. Evidence will refer to the reports/ notes on which the needs assessment is based, together with some kind of action plan to show that it is developing activities/ actions based on what its staff need. It is also helpful to know how the findings of surveys/ meetings etc are communicated to staff.	**Happy People Ltd** A free staff survey tool to find out how happy your staff are. Happy People Ltd will also summarise the results for you. http://bit.ly/17gLXO2 **Acas – information for employers on the Equality Act 2010** A leaflet providing detailed information on equality and discrimination within the workplace. http://bit.ly/1FSvPhL Also see the following: http://bit.ly/1E09HSv http://bit.ly/1MbZRin **Equality Act 2010** This sets out the different ways in which it is unlawful to treat someone. Find out who is protected from discrimination and the action that can be taken. http://bit.ly/1fj9TwMA **Employee satisfaction feedback templates** Find out how to keep your employees happy and productive. http://svy.mk/1D21bSN **Evidence based guidance from NICE on workplace policy and management practices** Designed to improve the health and wellbeing of employees focuses on the organizational culture and the role of line managers http://www.nice.org.uk/guidance/ng13 **The NICE Local Government briefing on workplace health** Provides a summary of the evidence based guidance http://www.nice.org.uk/advice/lgb2/chapter/Introduction
1.2 Your management can demonstrate the process for ongoing consultation and communication with employees on relevant workplace health issues		Methods of communicating with staff are appropriate and the organisation attempts to reach as many people as possible. Evidence might include photos of staff noticeboards, screenshots from the intranet to show what kind of information is provided there, copies of staff newsletters.	

Commitment level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
1.3 Senior management encourages a consistent and positive approach to employee well-being throughout the organisation		Senior management has oversight of the work that is being done and this work is reported back to a senior level. Evidence might include notes from senior management meetings and strategic documents e.g. business plans etc which publicly state the organisation's commitment to improving staff health and wellbeing.	
1.4 The organisation is aware of its responsibilities under the Equality Act 2010 and other equality legislation is known and adhered to		The organisation can describe its responsibilities under the Equality Act 2010 and how these are fulfilled for example in recruitment processes, working hours and flexible working etc. There is an equality and diversity policy/ statement and information on this is available to all employees.	
1.5 There is an effective policy/ process in place for communication with staff		The organisation participates in regular meetings with all staff. Eevidence might show that communication is conducted through a number of different channels (e.g. face to face, e-mail, verbal, written).	
Section 2: Attendance management			
2.1 A clear attendance management policy/guidance is in place and procedures are known to employees		There is an up to date absence management policy/guidance. Employees are aware of the absence management policy, for example through induction processes, management training, etc.	**Standard forms and guidance are available from the Health and Safety Executive** http://bit.ly/1L4zHza **HSE managing sickness absence and return to work in small businesses** Short fact sheet for small employers, giving advice on what employers should do at regular intervals of an employee's absence from 3 to 28 days. http://bit.ly/1DYd7X5 **Standard forms and guidance – Acas** Provides a useful advisory booklet on managing attendance and employee turnover . http://bit.ly/1zZlqjH.
2.2 Contact is maintained with absent employees to provide support and aid return to work		The absence management policy/ guidance makes it clear how important it is to maintain contact with absent employees.	
2.3 Return to work interviews are conducted and recorded with concerns/ appropriate support recorded and provided		Absence management policy/ guidance includes return to work procedures. Examples of return to work interventions are available, such as an anonymous case study.	

Commitment level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
2.4 Specific risk assessments for individuals are conducted and take into account a person's health status		Evidence might include descriptive examples of individual risk assessments for those people with disabilities or additional needs, and of the reasonable adjustments that have been implemented.	**Fit for Work service** This Government funded initiative is designed to support people in work with health conditions and help with sickness absence. Its website includes an advice hub for employers. http://bit.ly/14d7Nk6 **Fit note: guidance for employers and line managers** Explains what to do if an employee gives you a fit note and how you can use it most effectively to help your organisation. http://bit.ly/1zijDCA **Evidence based guidance on managing long-term sickness and incapacity for work** from NICE http://www.nice.org.uk/guidance/ph19 Including tools and resources to support building a business case, a guide to resources and a checklist for managing absence Resources from NICE
2.5 Reasonable adjustments are available to employees in line with recommendations made in a Statement of Fitness for Work		The absence management policy/ guidance explains that reasonable adjustments are available. Evidence might include examples of how managers understand the term 'reasonable adjustments' (for example, when giving return to work interviews).	
Section 3: Health and safety			
3.1 The organisation is aware of legal obligations in relation to health and safety that are relevant to the organisation		An up to date health and safety law poster is in place. A nominated and sufficiently competent person is responsible for health and safety.	**The Scottish Healthy Working Lives website** gives details of some of the health and safety legislation that apply to all employers and workplaces, and those extra duties that applies to workplaces with more than five employees. http://bit.ly/1rxHLfo **Health and Safety Executive guidance** can also be found at: http://bit.ly/1DhbZid
3.2 Relevant health and safety policies and procedures are in place to demonstrate compliance with health and safety legislation		Evidence should include the organisation's health and safety policies that reflect greatest risk as well as information on procedures for staff to report incidents and accidents.	
3.3 A risk assessment programme has been implemented and all employees are informed of the workplace risks that affect them and the controls in place		Risk assessments are available to all employees they have an impact on. Employees are aware of the risk assessments and know where they are. Examples of risk assessments conducted in the workplace might be included as evidence.	

Commitment level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
3.4 The workplace environment is conducive to health and employee welfare, including drinking water, washing facilities, clean toilets, eating facilities, etc		The organisation complies with the workplace (health and safety and welfare) regulations. Evidence could include staff satisfaction surveys, cleaning rotas, etc.	
3.5 Health and safety training has been given to all employees		Health and safety is detailed in the employee induction package and possibly included in induction training.	
Section 4: Mental health			
4.1 Information is provided to employees that helps reduce the stigma around mental ill-health		Examples might include describing how the organisation talks about mental health to its employees (reassuring employees that mental health problems are common and not a sign of weakness). Also how the organisation actively looks to remove barriers that would prevent employees raising mental health issues, such as signing up to the Time to Change campaign.	Tools for employers **Time to Change** This is England's biggest programme to challenge mental health stigma and discrimination. Time to Change work with organisations from all sectors to improve policy and practice around mental health discrimination. http://bit.ly/1cds063 **HSE management standards** Identifies six management standards that cover the primary sources of stress at work. http://bit.ly/1Jmvt8K Evidence based guidance from NICE on promoting mental wellbeing at work http://bit.ly/18AIAlx Including tools and resources such as building a business case, costing tool for employers, a guide to resources, and advice for small and medium sized businesses. http://www.nice.org.uk/guidance/ph22/resources
4.2 Information is provided to employees about mental health and wellbeing, including work-related stress		Employees have been given information about mental health and stress at work. Evidence might include information on the intranet, training courses, leaflets, posters promoting well-being, etc.	
4.3 Employees are made aware of their legal entitlements regarding working conditions		Evidence might include an induction checklist indicating that employees are made aware of their legal entitlements regarding working conditions. Also a contract of employment stating working conditions.	
4.4 The organisation is aware of risks relating to work-related stress (for example, as set out in the Health and Safety Executive's Management Standards) and action is taken to prevent it being a problem for employees		Evidence might include a mental wellbeing statement/policy that states the HSE management standards for factors that influence stress. The mental wellbeing statement/policy is available to all employees.	

Commitment level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
4.5 Employees are aware that mental health and wellbeing issues are valid and people seeking to address these issues are fully supported by the organisation at all levels		Supportive guidance is provided to aid employees with mental health issues. Evidence needs to show how the employer has supported or has the capability to support individuals who have issues that affect their mental health.	**Acas** Factors to consider if a worker shows signs of stress. http://bit.ly/1G3EyBd Provides information on the important correlation between the workplace and mental health. http://bit.ly/1IMQ0za Tools for employees **New Economics Foundation five ways to well-being** The five ways to wellbeing is a set of evidence-based actions which promote people's wellbeing. http://bit.ly/1cHWdOT **Mental Health Foundation** Ten practical ways on how to take care of yourself and get the most from life. http://bit.ly/1akp22X
Section 5: Smoking and tobacco			
5.1 The organisation's management team is aware of its duties under smoke-free legislation and is in compliance		Evidence should include how management is made aware of these duties, for example through briefings, training, induction, etc.	Tools for employers **Guidance on a smoke free policy template:** Provides a free downloadable smoke free policy template. http://bit.ly/1zZrGYR Employers who are considering whether to allow use of nicotine vapourisers in their policy can consider the five questions set out by Action on Smoking and Health in their paper, 'Will you permit or prohibit electronic cigarette use on your premises?' This can be accessed here: http://bit.ly/1CAdl4K **Acas also provide further information which can be found here**: http://bit.ly/1bNb4Lg
5.2 All staff are aware of the smoke-free and tobacco control laws and how they are applied in their workplace		Evidence should include information on where 'No smoking' signs are displayed in the organisation (for example in vehicles or the front entrance). Evidence might also include information in staff code of conduct, induction, on the staff intranet or in a relevant policy.	
5.3 Sources of further information and support to quit smoking are regularly available		Employees have been given information about the effects of smoking. Evidence might include leaflets with information promoting no smoking and availability of support to quit. This could be provided on a staff noticeboard.	

Commitment level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
5.4 A smoke-free policy is in place and all staff are aware of it and kept informed of any changes		Evidence should include the smoke-free policy and an account of how it was developed and communicated to staff.	**Evidence based guidance from NICE on workplace interventions** Designed to promote smoking cessation http://www.nice.org.uk/guidance/ph5 including tools and resources such as costing templates for building a business case, and a return on investment tool for local government. http://www.nice.org.uk/guidance/ph5/resources Tools for employees • **NHS Smokefree** http://bit.ly/19mAdEN • **Go Smoke Free** http://bit.ly/1zHNR0M • **Smokefree National** Helpline on 0300 123 1044 • **Action on Smoking and Health (ASH)** http://bit.ly/1FSSjzq
Section 6: Physical activity			
6.1 Information is made available on the benefits of physical activity		Evidence might include posters/ newsletters/bulletins promoting workplace activities or sports clubs which include the benefits of physical activity.	Tools for employers **British Heart Foundation** Free ideas and challenges on how employees can remain active at work. http://bit.ly/17bdrF3 **NICE guidelines on promoting physical activity in the workplace** http://bit.ly/1Dhh368 **Promoting Physical Activity in the Workplace, Business Case Tool** Allows organisations to calculate savings attributed to physical activity in their workplace http://bit.ly/19oeFy6 **Information on Working Time Directive** http://www.hse.gov.uk/contact/faqs/workingtimedirective.htm
6.2 The minimum legally required breaks are taken by all employees and employees are encouraged to take regular breaks		Employees are allowed and actively encouraged to take breaks in compliance with the Working Time Directive. Evidence might include work schedules including details of an individual's breaks. It might also include information given at induction, staff training, and training for managers.	

Commitment level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
			TfL Cycle Safety Seminar Book a free TfL Cycle Safety Seminar to promote the free TfL one to one cycle training sessions to staff. To book, email cyclingworkplaces@tfl.gov.uk with the subject line 'Healthy Workplace Charter'. Tools for employers **NHS Choices** Livewell pages: Health and wellbeing information http://bit.ly/1hb3Npr
Section 7: Healthy eating			
7.1 Appropriate, acceptable and accessible information on healthy eating is provided		Evidence might include leaflets, posters and other campaign materials. Suggestions for promoting healthy eating include offering healthy snacks in staff social activities or starting a staff fruit bowl.	Tools for employers **British Heart Foundation Health at Work** A range of resources available, including a free Think Fit pack and ideas on promoting healthy eating and well-being in the workplace. http://bit.ly/1FST0sx **Change 4 Life employer pack** A campaign pack for employers to help encourage healthier workspaces, including posters, challenge guides and tray liners. Register at the link below: http://bit.ly/1v5ss6f **Food Standards Agency – toolkit** Guidance notes for business on safety and hygiene legislation including the 2006 food hygiene legislation http://bit.ly/1L4PSfX and http://bit.ly/1CAIORP **Healthier and more sustainable catering guidance** – this includes a toolkit to help caterers cook and serve healthier more sustainable food and drinks: http://bit.ly/1fYI28q **Localising the Public Health Responsibility Deal: Toolkit for Local Authorities** Sets out actions which small and medium sized businesses can take to support their customers and
7.2 Any kitchen facilities or beverage areas are in good condition and conform to the highest possible standards and requirements of food hygiene		Where kitchen facilities are provided by the employer they are in good condition. If the organisation provides a canteen, food hygiene certificates are in place and there is evidence of kitchen inspections.	
7.3 Wherever possible, eating facilities that are clean and user friendly are provided away from work areas. Use of these facilities is promoted to enable regular breaks away from the work area		Evidence might include a description of tea/coffee/eating areas, cleaning rotas and feedback from staff.	

Commitment level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
7.4 All workplaces have access to fresh drinking water		Evidence of this could include photos/numbers of drinking water taps and the schedule of maintenance for them.	employees to make healthier choices: http://bit.ly/18c88FP Tools for employees • **Eatwell plate** http://www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx • **Eight tips for healthy eating** http://bit.ly/1ms3lQO • **NHS Choices Livewell** Evidence-based information and tips about healthy eating. http://bit.ly/1qf6OoD
Section 8: Alcohol and substance misuse			
8.1 A working alcohol and substance misuse policy/statement is in place regarding the use of alcohol and other substances in the workplace that is clear and consistent		Evidence might include a statement on alcohol and substance misuse in the staff code of conduct or a relevant policy.	Tools for employers **Tackling alcohol and drugs in the workplace: a toolkit for businesses** Produced to help businesses face issues around alcohol and drug misuse, with guidance on developing a workplace alcohol policy. http://tinyurl.com/nqep2me **Health and Safety Executive** Guidance on how to deal with workplace alcohol and drugs issues: http://bit.ly/1CAdGEo Tools for employees • **Department of Health – 'Your drinking and you' leaflets:** http://bit.ly/1Av1rLS • **Change4Life swap materials** http://bit.ly/1CAdPHW
8.2 Employees are provided with information about the effects of alcohol and substance misuse that is appropriate, acceptable and accessible		This might include information in employee induction packs, in staff briefings/weekly meetings or through a health promotion event. It could be through posters or leaflets promoting safe drinking and availability of support.	
8.3 Alcohol policy/ statement includes guidelines on the use of alcohol at business functions if relevant to the organisation		Evidence might include a description of where this information exists and how it is communicated to staff.	
8.4 Employees are supported in seeking help to treat alcohol or substance misuse issues. This includes providing sources of further information and support that are readily available		Evidence might include case studies to show how employees have been supported in the past and signposted to local treatment services.	

CHAPTER 3

ACHIEVEMENT LEVEL

Achievement level

<table>
<tr><th>Charter standard area</th><th>Is this met?</th><th>What this might look like…</th><th>Supporting tools/ links</th></tr>
<tr><td>Section 1: Corporate support</td><td>✓</td><td></td><td></td></tr>
<tr><td>1.1 A process is in place that recognises and rewards good work</td><td></td><td>This might include staff appraisals, staff reward schemes and managers regularly thanking their employees via e-mail, verbally or at team meetings.

Evidence might include information to show that appraisals are conducted regularly for all staff, information describing staff awards certificates for staff, and emails to staff recognising good performance.</td><td rowspan="5">Acas – Managing staff
Provides a range of free documents and templates to assist with managing staff.
http://bit.ly/1EZ3rIL

HSE Line manager competency indicator tool
Tools to help line managers reflect on their own behaviour and management style. http://www.hse.gov.uk/stress/mcit.htm

Workplace bullying and harassment
Bullying and harassment at work advice for employers.
https://www.gov.uk/workplace-bullying-and-harassment

Acas – bullying and harassment at work guidance for employees
Further advice on bullying and harassment at work.

Acas – The right to request flexible working
Includes a guide to responding to requests, the right to request and a homeworking guide.
http://www.acas.org.uk/flexibleworking

Whistle Blowing
The government's guide to whistle blowing.
https://www.gov.uk/whistleblowing/overview

Acas – Discipline and grievances at work
A guide for dealing with discipline and grievances at work.
http://www.acas.org.uk/index.aspx?articleid=2179</td></tr>
<tr><td>1.2 Managers understand the main issues that impact on the health and well-being of their team</td><td></td><td>Managers meet with their staff on a regular basis and ask about their wellbeing.

Evidence might include a description of staff consultations on key health issues and agendas/ minutes of training and away days that include staff health issues.</td></tr>
<tr><td>1.3 Line managers have appropriate training for example on carrying out appraisals, attendance management, giving performance feedback, etc</td><td></td><td>A management training programme is in place. Guidance is provided for line managers. Different types of learning such as coaching and mentoring are offered.</td></tr>
<tr><td>1.4 An effective policy and procedure to tackle bullying and harassment has been implemented</td><td></td><td>Evidence might include a copy of the organisation's bullying and harassment policy and a description of how this has been communicated to all staff.</td></tr>
<tr><td>1.5 Flexible working practices and family friendly policies are in place</td><td></td><td>Relevant policies are in place and employees are aware of them.

Evidence should include copies of policies/guidance e.g. flexible working, parental leave, maternity leave, bereavement policy, dependent leave, breastfeeding etc and a description of how they are communicated to staff, e.g. screen shot of intranet, staff handbook.</td></tr>
</table>

Achievement level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
1.6 An effective policy is in place for whistle-blowing		All employees are able to raise concerns at appropriate levels and are aware of the process to do so. The policy is supported by senior management.	
1.7 Effective policies are in place to manage disciplinary and grievance procedures		A disciplinary and grievance policy is in place and is known by all staff.	
Section 2: Attendance management			
2.1 Absence rates and causes are collected and monitored		Senior managers are aware of absence rates and the main causes. Evidence might include completed absence reports over a period of time with an analysis showing the main causes.	**HSE return to work questionnaire** Questionnaire related to work life and work life balance created by HSE. http://www.hse.gov.uk/stress/pdfs/returntowork.pdf **Acas – A good practice guide for managing bereavement in the workplace** Guidance which helps employers manage this difficult situation through appropriate and sensitive discussions with their employees http://bit.ly/1BQjq7E **Cruse bereavement care**: Information, support and training on responding to bereavement in the workplace: http://bit.ly/1BYkTwi http://bit.ly/1MHLuUM
2.2 Interventions are undertaken where patterns indicate trends of absence		Management acts when patterns of absences are identified. Employees are informed of the identified patterns where anonymity can be preserved.	
2.3 Managers have participated in Attendance Management training		Evidence might include copies of training programmes, training attendance records and case studies showing how training has had a positive impact.	
Section 3: Health and safety			
3.1 Systems are in place for staff to raise and resolve health and safety issues		Evidence might include team meeting minutes with health and safety on the agenda, an accident/ incident book, regular meetings between managers and staff on health and safety issues, a suggestions box, appraisal/keeping in touch meetings with staff.	**HSE Risk Assessment** Example of risk assessments for businesses to follow http://www.hse.gov.uk/Risk/casestudies/index.htm **TUC guide Health and Safety Inspection** A guidance from TUC on carrying out inspections for Health and Safety reasons using a checklist . https://www.tuc.org.uk/sites/default/files/extras/insbooklet30auglowres.pdf
3.2 All health and safety policies and workplace activities are regularly monitored for new hazards and improvements are made		Evidence might include details of health and safety inspections, a health and safety policy with a completion and review date, a risk assessment with a date and a review date (which should not have expired), a completed health and safety checklist and/or housekeeping checklist.	

Achievement level

<table>
<tr><th>Charter standard area</th><th>Is this met?</th><th>What this might look like…</th><th>Supporting tools/ links</th></tr>
<tr><td>4.1 Mental health management training is available to help managers identify employees with potential issues</td><td></td><td>A good proportion of managers have attended mental health awareness training. Mental health awareness is available to all managers for example through training courses, EAP service, promoted at induction, etc.</td><td rowspan="4">Mental Health First Aid line manager’s resource
A resource that provides helpful guidance and advice to employers who would like to improve the way they support employees experiencing mental health issues and how they can improve mental health within the workplace
http://mhfaengland.org/workplace/line-managers-resource/

CIPD factsheets
Includes guidance on performance appraisal and how individuals and line managers should engage in a dialogue about their performance and development and the support they need in their role.
http://www.cipd.co.uk/hr-resources/factsheets/performance-appraisal.aspx

Management standard for work related stress – HSE
Includes the Management Standards from HSE that cover six key areas of work design that if properly managed improves Health and Well-being of staff
http://www.hse.gov.uk/stress/standards/

How to tackle work related stress – HSE
A guide from HSE for employers on making the Management Standards work to tackle work related stress
http://www.hse.gov.uk/pubns/indg430.pdf</td></tr>
<tr><td>4.2 The organisation has an individual performance review system in place. This allows employees to comment on work related and personal issues that affect their performance and enables training needs to be identified</td><td></td><td>Evidence might include an appraisal template with a section for feedback on wellbeing issues, Aa completed (anonymized) appraisal, a completed action plan derived from the appraisal and evidence that appraisals take place annually.</td></tr>
<tr><td>4.3 The organisation has a protocol in place for the use of risk assessments to prevent stress. This is conducted on an individual and organisational level and is regularly reviewed</td><td></td><td>A suitable and sufficient workplace stress risk assessment has been carried out. Stress risk assessments follow the HSE management standards for factors associated with stress. Organisational stress risk assessments have been completed identifying the main risks to stress in a particular department.

Evidence might include copies of the risk assessments described above, both for individuals and the organisation.</td></tr>
<tr><td>4.4 Education and development opportunities are routinely available to managers and staff to enhance their skills and knowledge around workplace mental health issues</td><td></td><td>The organisation has a training plan in place tohelp develop employees’ potential. Training is identified through appraisals. Employees have attended training in the last year.

Evidence might include details of internal training attendance records, sample staff appraisals, etc.</td></tr>
</table>

Achievement level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
4.5 The organisation provides appropriate avenues of communication to keep staff at all levels informed of changes		The organisation provides information to all employees within a reasonable timeframe. Employees acknowledge that when change has occurred it has been communicated appropriately. Evidence might include staff newsletters, employee engagement initiatives and agendas/notes of consultation forums.	
Section 5: Smoking and tobacco			
5.1 Building managers, reception staff, ground staff and those operating in communal areas are aware of how to report breaches of the smoke-free policy		A written smoke-free policy is in place detailing how to report breaches of the policy to assist managers/the employer. Employees are aware of the policy. Evidence might include a copy of the policy and a summary of breaches reported.	**Template of a smoke free policy** An example policy developed to protect all employees, service users, customers and visitors from exposure to secondhand smoke and to assist compliance with the Health Act 2006. http://www.smokefreeengland.co.uk/files/smokefree_policy.pdf
Section 6: Physical activity			
6.1 Physical activity in the workplace is actively encouraged and supported by the physical environment		Evidence might include promotional material for internal classes, photo evidence of the stairwells/lifts/doorways where use of stairs is promoted, and of any bike racks and shower facilities.	**Register with TfL Cycling Workplaces** Order at least one of the free cycling products and services e.g. cycle parking, a cycle safety seminar, 1-2-1 cycle training sessions or bike checks. To register, visit www.tfl.gov.uk/cyclingworkplaces and use invite code HWC.
6.2 Physical activity opportunities in the local area are actively promoted to staff and supported by the organisation		Employees are encouraged to organise activities for exercise and employer promotes physical activity events in the local area. Evidence might include showing how this is promoted throughout the organisation via posters, emails, etc.	
Section 7: Healthy eating			
7.1 Any on-site catering facilities provide healthier options that are actively promoted		The organisation provides, labels and promotes healthy options in its canteen and any other catering provided for staff. Employees are aware that healthy options are available. Any on-site vending machines include healthier options. Evidence might include menus, photographs, staff feedback.	**Healthier Catering Commitment** Healthier and more sustainable catering: a toolkit for serving food to adults. https://www.gov.uk/government/publications/healthier-and-more-sustainable-catering-a-toolkit-for-serving-food-to-adults

Achievement level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
Section 8: Alcohol and substance misuse			
8.1 Organisational code of conduct and behavior in relation to alcohol and substances has been well established and well publicised		An employee code of conduct exists explaining how employees should conduct themselves. Evidence might include a copy of the code and copies of any induction material and other staff communiques where this is highlighted.	**Drugs and Alcohol at Work** Includes information on the effects of drugs and alcohol misuse at work. http://www.hse.gov.uk/alcoholdrugs/index.htm
8.2 New employees are made aware of how to access relevant policies, information and support services		All alcohol and drug misuse policies and procedures are promoted at the point of induction. Induction checklist includes a section on alcohol and substance misuse. There is regular promotion of local services.	

CHAPTER 4

EXCELLENCE LEVEL

Excellence level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
Section 1: Corporate support	✓		
1.1 Line managers demonstrate regular joint working and shared decision making with employees and empower employees to work in an independent way		Regular meetings take place between line managers and their staff. Employees are encouraged to participate in team meetings. Employees are able to suggest improvements through appropriate forums.	**A factsheet from CIPD on Employee engagement** Designed to ensure that employees are committed to their organisation's goals and values, motivated to contribute to organisational success, and are able at the same time to enhance their own sense of well-being. http://www.cipd.co.uk/hr-resources/factsheets/employee-engagement.aspx **A factsheet from CIPD on Employee Communication** This resource explains employee communication and its importance. http://www.cipd.co.uk/hr-resources/factsheets/employee-communication.aspx **A toolkit from Union Learn on health, work and wellbeing** To help raise awareness among workers of what they can do to improve their health and well-being https://www.unionlearn.org.uk/sites/default/files/Health,%20work%20and%20well-being%20toolkit.pdf **London Living Wage Foundation** Information on the London Living Wage and how to become an accredited employer. http://www.livingwage.org.uk/
1.2 Line managers have training in how to have difficult conversations, developing people skills and resolving disputes		Managers have participated in management training, specifically leadership, conflict resolution, mediation in the workplace, etc.	
1.3 Employees are offered learning and development opportunities to maximize their potential		Evidence might include copies of staff reviews, the corporate training plan and examples of individuals' skills assessments and training plans.	
1.4 Organisational development and change are managed appropriately		Staff are consulted at all levels on organisational changes. Evidence might include examples of staff engagement events/training days, minutes of meetings with union representatives and staff engagement initiatives.	
1.5 The organisation has a health, work and well-being strategy in place with a detailed action plan		Copy of the health, work and wellbeing strategy with action plan.	
1.6 Specific consideration is given to the health and well-being of lower paid employees		The organisation pays the London Living Wage. Communication and health promoting activities are specifically targeted at lower paid staff, including shift workers, with examples of take up and impact.	

Excellence level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
Section 2: Attendance management			
2.1 Absence trends are monitored across the organisation and specific programmes are designed and implemented to address the issues identified to prevent further absence		Evidence might include sickness absence monitoring information showing causes and that the interventions that have taken place, possibly including campaigns, to address these issues.	**Attendance management tool and user guide from Healthy Working Lives** This resource is aimed at employers wanting to record and manage their employees' attendance http://www.healthyworkinglives.com/document?PublicationID=5559 **Information on reasonable adjustments for disabled workers** Requirements for employers. https://www.gov.uk/reasonable-adjustments-for-disabled-workers **HSE guidance on adjustments to working arrangements** Guidance to help employers and managers manage sickness absence and return to work http://www.hse.gov.uk/sicknessabsence/reasonableadjustments.htm **Fit for Work guidance from the Government** To support people in work with health conditions and help with sickness absence. https://www.gov.uk/government/collections/fit-for-work-guidance **Macmillan employer tool** Provides information to employers about supporting employees deal with cancer in the workplace. www.macmillan.org.uk/employertool
2.2 The organisation's return to work policies are designed to support sustainable rehabilitation and early return to work, with adjustments made to accommodate this when necessary		The return to work procedure states the support available to help staff to return to work at the earliest opportunity. This may include workplace adjustments, a phased return or the redeployment of an individual to a different role.	
2.3 The organisation has a proactive system in place to support staff on long term sick to return to work and will support staff with long term conditions		The absence management policy takes into account employees with long term health conditions. Management promotes the support available for long term illnesses. Evidence might include the absence management policy, copies of anonymised return to work interview forms with evidence of adjustments, etc, and information from employees, that they felt supported to return.	
Section 3: Health and safety			
3.1 There are identified trained health and safety representatives (trade union and/ or company representatives)		Nominated employees are given duties regarding health and safety. Evidence might include names and contact details of the staff representatives (union and non-unionised) and how these are communicated to staff.	**What your H & S committee will do** Guidance on health and safety committees. http://www.hse.gov.uk/involvement/whatwillhsdo.htm

Excellence level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
3.2 Staff representatives have been involved in the development and/or evaluation of health and safety policies		Health and safety inspections are conducted and recorded and involve employees. Staff groups have been involved in the development of policies, procedures and work instructions. Staff groups have the opportunity to suggest improvements to existing procedures. Evidence might include completed health and safety inspections with names and job titles of those involved, and communications inviting staff to take part in policy review.	
3.3 There is a clear emphasis on prevention of ill health across all health and safety policies		Health and safety policies include strategies and tools to combat ill health. Health and safety policies signpost employees to available avenues of support.	
3.4 All managers have received health and safety management training		Appropriate health and safety training is accessible to all managers and has been taken up. Health and safety certificates are available. Training course materials are available.	
3.5 Regular health and safety meetings are held and recorded		Health and safety is an important part of the organisation's team meetings. Team meeting minutes with health and safety as a specific item are available. Evidence might include minutes of health and safety meetings with evidence of when the next meeting is scheduled for.	
Section 4: Mental health			
4.1 A mental health and well-being strategy/stress prevention strategy is in place and followed. This should highlight the promotion of mental wellbeing to the organisation and address investment in the mental wellbeing of the workforce		The organisation has a mental health and well being strategy or the wellbeing strategy has a specific section on mental health. This strategy has been signed off by a senior person within the organisation. Managers and staff are aware of, and follow, the policy. The organisation has invested in the mental health of the workforce, through campaigns, training, etc.	**Mind resources** A series of free resources to help improve mental wellbeing in the workplace. http://www.mind.org.uk/for-business/mental-health-at-work/taking-care-of-your-staff/useful-resources/

Excellence level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
4.2 Mental health awareness training is available for all employees and it has been delivered to the majority of employees		Evidence might include training content, details of courses taking place in the past year and monitoring information to show that the majority of employees have attended.	**Guidance for managers – Mental Health First Aid England** The resource provides helpful guidance and advice to employers who would like to improve the way they support employees experiencing mental health issues and create mentally healthy workplaces within their organisations. http://mhfaengland.org/workplace/line-managers-resource/ **Volunteering schemes – Team London** Team London makes it quick and easy for Londoners to give their time and find volunteering opportunities. https://www.london.gov.uk/priorities/volunteering **Recourse** An independent charity which aims to improve the wellbeing of staff in further and higher education. Providing a free and confidential Support Line which is open 24/7, 365 days-a-year. Confidential Support Line: 0808 802 03 04 http://recourse.org.uk/
4.3 Staff consultations/ surveys take place that seek information on the mental wellbeing of staff and also covers working conditions, communication, work life balance, cost of living wage, staff support and work related or other causes of stress, with action plans drawn up to address major issues		Evidence might include a copy of any surveys, details of when they were conducted, response rates, findings, recommendations and action plan.	
4.4 The organisation provides a confidential support service in-house or externally to individuals who come forward with a problem		Employees can be referred to counselling or other types of support when identified. An employee assistance programme is in place. If the organisation does not have an EAP, it has access to an external occupational health service which it can use.	
4.5 Ensure organisational and individual change is accompanied by support, information or targeted intervention programmes e.g. retirement, redundancy planning		During organisational change the organisation offers support to employees to alleviate associated pressures. Evidence might include invitations to staff consultation and support meetings and details of targeted intervention programmes such as CV writing, redundancy planning, retraining.	
4.6 Social support groups, volunteering and out-of-work activities are actively encouraged and supported by the organisation		The organisation has a special leave policy in place. Employees are aware of the policy. Evidence might include examples of the policy in operation and photo evidence that social support groups, volunteering and activities outside work are promoted throughout the organisation.	

Excellence level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
Section 5: Smoking and tobacco			
5.1 All open areas (outdoor) are clearly signposted as smoke-free and steps are taken to prevent smoking in these areas		The smoke free policy states that smoking is allowed only in designated areas. There are no reports of employees smoking in non-designated areas. Employees know where the designated areas are.	**Change to no-smoking signs regulations** Supplementary guidance for businesses and local authority regulatory officers about the new rules that have been issued. https://www.gov.uk/government/news/change-to-no-smoking-signs-regulations **NHS Quit Now scheme Guidance and information for smokers to stop using tobacco and smoking in the UK.** https://quitnow.smokefree.nhs.uk/ http://www.nhs.uk/smokefree https://nosmokingday.org.uk/
5.2 There is active promotion of stop-smoking services and staff are given time to attend		Evidence that employees have been given information about the effects of smoking. Photos of posters/leaflets/information promoting no smoking and availability of support to quit. Employees are allowed time off work to attend stop-smoking services.	
Section 6: Physical activity			
6.1 Opportunities for physical activity linked to the workplace have been investigated and implemented. These activities are sustainable and embedded in the organisational culture		A cycle to work scheme is in place. Workplace walking clubs are in place and promoted to staff. Subsidised gym membership is offered to those who do not have a gym.	**TfL Cycling Workplaces** Register with TfL Cycling Workplaces, run regular cycle safety seminars and/or cycle training sessions throughout the year and complete the one year follow-up survey. To register, visit tfl.gov.uk/cyclingworkplaces and use invite code HWPC. **Walking Works** Living Streets' Walking Works offers free resources to employers who would like to encourage their employees to walk more. www.walkingworks.org.uk
6.2 The organisation has a travel plan that promotes physically active ways of getting to and from work and travelling between meetings		Evidence might include the the organisation's travel plan, details of any cycle purchase schemes offered to staff, and information on any schemes to pay walking or cycling miles for in-work travel.	

Excellence level

<table>
<tr><th>Charter standard area</th><th>Is this met?</th><th>What this might look like…</th><th>Supporting tools/ links</th></tr>
<tr><td colspan="4">Section 7: Healthy eating</td></tr>
<tr><td>7.1 A corporate healthy eating food plan, guidelines or similar has been produced in consultation with staff that covers:
• Corporate hospitality
• Catering provision
• Local sourcing of food using local providers where appropriate
• Vending/ in-house catering pricing strategy to promote healthy options</td><td></td><td>Evidence might include a copy of the plan and details of staff consultation in its design and delivery.</td><td rowspan="3">Good food on the public plate – Sustain
Tips from a project to improve food in the public sector, including advice on how to write a sustainable food policy.
http://www.sustainweb.org/goodfoodpublicplate/

Healthier and more sustainable catering guidance
Catering guidance that offers practical advice on how to make catering affordable, healthier and more sustainable.
https://www.gov.uk/government/publications/healthier-and-more-sustainable-catering-a-toolkit-for-serving-food-to-adults

NHS healthy eating pages
Guidance includes weight loss support.
http://www.nhs.uk/Livewell/healthy-eating/Pages/Healthyeating.aspx</td></tr>
<tr><td>7.2 Internal or external support is on offer for those who wish to lose weight</td><td></td><td>The organisation provides support to those who wish to lose weight through weight management programmes. This support is promoted on site to all employees. Employees are aware of this support.</td></tr>
<tr><td>7.3 There is a rolling schedule of planned events to promote the importance of healthy eating</td><td></td><td>The organisation has implemented campaigns to promote the importance of healthy eating. Employees have participated in campaign activities.</td></tr>
</table>

Excellence level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
Section 8: Alcohol and substance misuse			
8.1 Managers at all levels are aware of the link between alcohol, substance misuse and mental health in the workplace and aware of why staff may be reluctant to come forward with related problems. Managers actively promote the use of external help and rehabilitation when approached. Employees are aware of link between alcohol, substance misuse and mental health in the workplace		Managers have been trained in how to identify and support staff who may have issues with alcohol. Referral pathways are available to managers for these members of staff.	**HSE – don't mix it** A guide for employers on alcohol at work. http://www.hse.gov.uk/pubns/indg240.htm **Alcohol health network** A social enterprise which aims to improve alcohol-related health in the workplace and in communities. Includes a free starter pack to help employers raise awareness of alcohol issues in the workplace and a two hour free consultation for employers working towards charter accreditation. http://www.alcoholhealthnetwork.org.uk/
8.2 Staff representatives from various levels of the organisation are involved in the development or review of the policy which addresses alcohol and other substances		Evidence might include copies of agendas or action plans used to develop the alcohol policy, procedures and work instructions.	

Excellence level

Charter standard area	Is this met?	What this might look like…	Supporting tools/ links
8.3 Managers have access to information on how to identify the signs of alcohol/ substance misuse and are aware of where to obtain support or signpost employees with a problem		Evidence might include course content of alcohol management training for managers, attendance certificates, intranet pages.	
8.4 Employees have access to alcohol awareness training and it has been delivered to the majority of employees		Evidence might include training content, details of training taking place in the past year and monitoring information to demonstrate that the majority of employees have attended.	
8.5 Employees are aware of the link between alcohol, substance misuse and mental health in the workplace		The alcohol and substance misuse policy details the link between alcohol and substance misuse and mental health. Line manager training content includes reference to alcohol misuse and mental wellbeing.	

GREATER LONDON AUTHORITY

<table>
<tr><td>Health and Wellbeing Board
Wednesday 20th December 2017</td><td>
</td></tr>
<tr><td>Report of the London Borough of Tower Hamlets</td><td>Classification:
Unrestricted</td></tr>
<tr><td colspan="2">Health and Wellbeing Strategy, delivering the boards priorities: Children: Healthy Weight and Nutrition – progress report</td></tr>
</table>

Lead Officer	Debbie Jones, Corporate Director, Children's Services
Contact Officers	Somen Banerjee, Director of Public Health Jane Wells, Interim Associate Director of Public Health
Executive Key Decision?	No

Summary

Oversight of delivery against this action plan is undertaken by the Board Champions for the Children: Healthy Weight and Nutrition priority:

- Cllr Amy Whitelock Gibbs, Lead Member for Children
- Dr Sir Sam Everington, Chair Tower Hamlets CCG
- Debbie Jones, Director of Children's Services

Supported by Jane Wells, Interim Associate Director of Public Health

It was approved at the Health and Wellbeing Board on 18th April 2017.

Action 4. 1

We aim to strengthen existing school programmes by:

- identifying and supporting a 'health representative' on the governing body of every school
- Providing better information for parents on how schools support their children's health and wellbeing
- promoting the 'Healthy Mile' in schools, which is a scheme that ensures pupils run or walk for a mile a day
- inviting a representative from the Tower Hamlets Education Partnership into the Health and Wellbeing Board

Action 4.2

- Develop and implement a community engagement and communications strategy around healthy weight and nutrition, with particular emphasis on high risk groups

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Comment on the attached update of progress against the Action Plan for Priority Area Four: Children: Healthy Weight and Nutrition.

1. REASONS FOR THE DECISIONS

1.1 This paper updates on progress against the action plan to address the Children's Healthy Weight and Nutrition priority within the Health and Wellbeing Strategy. The action plan has been developed based on knowledge of existing work and additional activity that is realistically achievable within the timescale and existing budgets.

2. ALTERNATIVE OPTIONS

2.1 If the Health and Wellbeing Board did not have oversight of progress against the agreed Action Plan for Priority Area Four: Children: Healthy Weight and Nutrition it would not be able to fulfil its governance role, and would not enable the ambition within the Health and Wellbeing Strategy to be realised.

3. DETAILS OF REPORT

The priority actions agreed by the Health and Wellbeing Board are:

Action 4.1
We aim to strengthen existing school programmes by:

- identifying and supporting a 'health representative' on the governing body of every school
- Providing better information for parents on how schools support their children's health and wellbeing
- promoting the 'Healthy Mile' in schools, which is a scheme that ensures pupils run or walk for a mile a day
- inviting a representative from the Tower Hamlets Education Partnership into the Health and Wellbeing Board

Action 4.2

- Develop and implement a community engagement and communications strategy around healthy weight and nutrition, with particular emphasis on high risk groups

3.1 What will we have achieved by the end of March 2018?

- More schools will have a governor who acts as 'health representative' and evidence of increased engagement of schools in the health of their children
- Agreement on possible content, presentation of and audience for a schools dashboard presenting information on health activities and outcomes
- Increase in numbers of schools achieving Healthy Schools status at Silver and Gold levels, with sharing of good practice examples of projects undertaken to achieve gold status

- Increase in numbers of schools implementing the ‘Healthy Mile’ and other initiatives to build regular physical activity into the school day
- Improvements in the quality of school meals and wider school food policies
- Agreed communications and engagement plan and positive feedback from parents and schools on communications regarding children’s health and wellbeing

3.2 What is progress to date?

3.2.1 Identifying and supporting a 'health representative' on the governing body of every school

- Initial discussions have taken place with Governors who have a health role with their schools or a health background
- It is planned to discuss this role and potential benefits with a wider group of Governors at their next termly meeting
- This will provide an opportunity to recruit a pool of Governors who have a health background or an interest in a health lead role
- Further work will then be planned with this group to develop and define the role and share expertise
- Further steps will be taken to recruit more people with health backgrounds interested in becoming a school governor, for example through local health organisations and through local businesses as part of their corporate social responsibility role.

3.2.2 Providing better information for parents on how schools support their children’s health and wellbeing

- Following the proposal for development of a school dashboard, a draft set of indicators has been developed. This draws on information from a number of sources and partner organisations about activities and outcomes at school level in a range of health-related areas.
- This will be tested with potential audiences including school governors and parents, partner organisations and schools
- Various options for presentation and for providing easy access to the dashboard are being considered.
- This also links with other work already underway by services such as the School Health Service (Compass Wellbeing) which has developed a website with a range of health-related information and resources, and which provides parents with feedback on results from the National Child measurement Programme (NCMP), and the Healthy Lives service which provides information on school achievements in the Healthy Schools Programme.

3.2.3 Increase in numbers of schools achieving Healthy Schools status at Silver and Gold levels, with sharing of good practice examples of projects undertaken to achieve gold status

3.2.4 Promoting the 'Healthy Mile' in schools, which is a scheme ensure that pupils run or work for a mile a day

- This work is underway led by the Healthy Lives team who support schools with implementation of the Healthy Schools Programme and the Healthy Mile, as well as training and support around healthy eating and physical activity and other health-related areas.

3.2.5 Invite a representative from the Tower Hamlets Education Partnership onto the Health and Wellbeing Board

- This action is in progress

3.2.6 Develop and implement a community engagement and communications strategy around healthy weight and nutrition, with particular emphasis on high risk groups

- Work is ongoing with Communications Team to define key messages, content and delivery of the strategy
- Options for delivering a 'Health Summit' with schools are being explored

3.3 How will we measure success?

- NCMP trend data on the BMI of children aged 4-5 and 10-11 years
- Feedback from parents and schools on communications regarding child health and healthy weight
- Numbers of schools achieving Healthy Schools status at Silver and Gold levels, with sharing of good practice examples of projects undertaken to achieve Gold status
- Numbers of schools implementing 'Healthy Mile' and other initiatives to build regular physical activity into the school day

3.4 Are there any further issues to share with the Board at this point?

- Further work will take place over the next few months to assess the nutritional quality of school meals and identify any changes needed, and deliver relevant staff training.
- The re-procurement process for the school health and wellbeing service will start in January 2018 and the new service specification includes a child and family weight management component. This defines responsibilities including developing whole school approaches to healthy eating and healthy weight, providing training to staff across front line services, and supporting children

identified through the NCMP as having excess weight to make lifestyle changes.

- A contract variation is also being made to the Health Visiting service to add specialist dietetic expertise to focus on training for health visiting staff on early years' healthy weight and nutrition, and provision of healthy weaning support to parents. The impact will be evaluated and will inform the re-procurement of the service in 2019.

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4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 This report provides an update on the Children's Healthy Weight and Nutrition programme. This programme will be fully funded from existing LBTH resources (Public Health Grant and Children Services budget). This programme ensures that resources are redirected to deliver some of the priorities of the Health and Wellbeing Board strategy.

5. LEGAL COMMENTS

5.1 This report updates the Health and Wellbeing Board on the progress against the action plan to address the Children's Healthy Weight and Nutrition priority within the Health and Wellbeing Strategy.

5.2 Section 11 of the Children Act 2004 ('the 2004 Act') places duties on a range of organisations, including local authorities, and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

5.3 Safeguarding is a term which is broader than 'child protection' and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone's responsibility. Safeguarding is defined in Working together to safeguard children 2013 as:

- protecting children from maltreatment
- preventing impairment of children's health and development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care and
- taking action to enable all children to have the best outcomes

5.4 Actions around safeguarding therefore include ensuring healthy weight and nutrition for children and therefore having an action plan to address such is meeting the Council's statutory duty under section 11 of the 2004 Act.

5.5 Further the general duty contained in section 1(a) of the Childcare Act 2006 ('the 2006 Act') is to improve the well-being of young children in their area. Well-being includes physical and mental health and emotional well-being, protection from harm and neglect, education, training and recreation, the contribution made by them to society and social and economic well-being.

5.6 Having an action plan to ensure healthy weight and nutrition for children is therefore also meeting the statutory duty under section 1 of the 2006 Act.

5.7 Section 2B of the National Health Act 2006 ('the NHS Act 2006') also places a duty on the Council to improve the health of people in its area. Section 6C of the 2006 Act empowers the Secretary of State to issue regulations proscribing the Council's public health functions. These are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, and include duties in respect of the weighing and measuring of children and health visiting functions.

5.8 Having actions to ensure healthy weight and nutrition for children is therefore also meeting the statutory duty under section 2B of the NHS Act 2006.

5.9 The Council is obliged as a best value authority under section 3 of the Local Government Act 1999 to "make arrangements to secure continuous improvement in the way in which its functions are exercised having regard to a combination of economy, efficiency and effectiveness'. Best value is in part a financial consideration in terms of value for money but best value can also include consideration of community or social value.

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

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 Children living in the most deprived communities in England are twice as likely to be obese or overweight as those in the least deprived communities. Children from Black and Minority ethnic groups and boys are also more likely to be obese or overweight. We see similar patterns within Tower Hamlets. Childhood obesity increases the longer term risk of diabetes, heart disease and some cancers and all of these conditions are also associated with deprivation.

7. BEST VALUE (BV) IMPLICATIONS

7.1 The proposals are mainly focussed on engagement with schools and parents but any procurement that is subsequently undertaken would be carried out in line with the Council's BV Action Plan.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 While there are no direct implications arising from these proposals, it should be noted that a broader strategy to promote healthy weight would have a number of co-benefits for sustainable action for a greener environment, e.g.

promoting active travel (walking and cycling), reducing car use and the procurement of healthier, and sustainably produced food.

9. RISK MANAGEMENT IMPLICATIONS

9.1 Once the draft action plan is finalised it will be important to identify the risk management implications.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 There are no direct crime and disorder reduction implications arising from these proposals.

Linked Reports, Appendices and Background Documents

Linked Report

- Tower Hamlets Together: Tower Hamlets Health and Wellbeing Strategy, 2017-2020.

Appendices

- NONE

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- NONE.

Officer contact details for documents:

- Jane Wells, Interim Associate Director of Public Health, LBTH
  Jane.wells@towerhamlets.gov.uk

Health and Wellbeing Board Wednesday 20th December 2017	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Suicide Prevention Strategy – draft for consultation	

Lead Officer	Somen Banerjee, Director of Public Health
Contact Officers	Chris Lovitt, Associate Director of Public Health; Sukhjit Sanghera, Programme lead for Young Adults and Nicola Donnelly, Programme Manager for Young Adults
Executive Key Decision?	No

Summary

The national Five Year Forward View for Mental Health[1] requires that all local authorities should have a multi-agency suicide prevention strategy in place by 2017 and reviewed annually thereafter.

The Tower Hamlets Suicide Prevention Strategy was developed by the Public Health department, with input from the multi-agency suicide prevention steering group. The draft strategy was presented to the Health and Well Being Board (HWB) in July 2017 and authorised to go out for a six week public consultation.

The consultation on the Suicide Prevention Strategy was conducted between the 10th September 2017 to 22nd October 2017and involved an online survey and engagement with a Healthwatch forum - the Mental Health Task Group.

The survey questions were in relation to each of the five priority areas for action in the Suicide Prevention Strategy:

1. Early intervention and prevention
2. Improving help for those in crisis
3. Identifying the needs of vulnerable people
4. Addressing training needs
5. Communications and awareness

For each priority areas the following questions were asked:

- How important is this priority to you?
- Do you agree with the aims?
- What do you think we can do to deliver on these aims?

[1] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

The survey also asked questions regarding the overall approach of the strategy to understand whether; people agreed with the approach, if it should consider other priority areas and to identify any risk groups that we should be focusing on.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Consider the key areas of feedback given in the consultation of the Suicide Prevention Strategy
2. Review the proposed changes to the Suicide Prevention Strategy and, as appropriate, consider adopting the strategy.

1. REASONS FOR THE DECISIONS

1.1 All areas are recommended to have a suicide prevention strategy by 2017.
1.2 The suicide rate in Tower Hamlets is higher than that of London as a whole.
1.3 Every suicide has a wide-ranging impact on those involved.
1.4 We have an opportunity to reduce suicide risk in the borough and to reduce the number of people who die by suicide.

2. ALTERNATIVE OPTIONS

2.1 To not adopt the strategy.

3. DETAILS OF REPORT

What is the issue?

3.1 The national Five Year Forward View for Mental Health[2] recommends that all local areas should have multi-agency suicide prevention strategy in place by 2017 and that these should be reviewed annually thereafter.

3.2 Although there is a wealth of work on suicide prevention in Tower Hamlets, this has not been formalised into a suicide prevention strategy.

3.3 National guidelines recommend six key areas of action:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

Why is this important?

3.4 Although the number of deaths is relatively small, the effect on family and friends can be devastating, with many others involved in providing support and care also feeling the impact. The rate of suicide in Tower Hamlets is 9.5/100,000 population (2013-2015), higher than the London average (8.6) for the same time period.

3.5 We have also been made aware of a number of recent suicides in vulnerable individuals known to statutory services; there is therefore a drive from service providers to ensure a suicide prevention strategy is developed and implemented.

What are we already doing?

3.6 The council, NHS and voluntary sector partners currently have a number of initiatives in place to improve and support good mental health and wellbeing, including:

- Mental Health Strategy 2014-2019

[2] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

- Support of: Local Authority Mental Health Challenge; Time to Change Employers' Pledge; London Healthy Workplace Charter
- Provision of Mental Health First Aid (MHFA) training
- Commissioning a range of interventions that support mental wellbeing in children and their families
- Commissioned 'Flourishing Minds' programme to address Mental Health (MH) stigma in groups of Somali women, young people not in education or training and male offenders
- Commissioned research and volunteering programme to address loneliness
- Recently hosted public and internal staff events to raise awareness of suicide
- Recovery and Wellbeing Service will operate from January 2017, including Recovery College courses for those who have used mental health services, their carers and families, and staff working in the borough from the NHS and voluntary sector

3.7 There is a wide range of statutory and voluntary sector services provided in Tower Hamlets for people experiencing suicidal thoughts and mental ill-health. Their providers are represented in the multi-agency suicide prevention steering group.

3.8 The steering group has identified key local concerns on themes of information sharing, crisis services, vulnerable people, referral pathways, and training needs.

Development of the strategy

3.9 With input from the steering group, a strategy has been written with five priority areas of action:

- Early intervention and prevention
- Improving help for those in crisis
- Identifying the needs of vulnerable people
- Addressing training needs
- Communications and awareness

3.10 An action plan has been developed detailing what multi-agency work will be carried out in the next 12 months to address the priority areas of action. Following annual review of the strategy further actions plans will developed for the next period.

3.11 Monitoring and implementation of the action plan will be via a multi- agency steering group on a quarterly basis. Progress will be reviewed by the Public Health senior management team. Overall oversight sits with the Health and Wellbeing Board.

3.12 The strategy has been discussed at Mental Health Partnership Board and the council's Health, Adults, and Community, Children's Services, and Place Directorate Management Team (DMTs). Recommendations include using safeguarding reports as an 'early' data set for monitoring purposes, engaging with the probation service, including more evidence around effective interventions for children and young people, including more actions specific to children and young people, involving the council's Human Resources in training sessions, and identifying high-risk sites in the borough for physical intervention e.g. placing Samaritan signs on high rise buildings or barriers to prevent access.

3.13 The public-facing strategy, the background document, and the action strategy are attached.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 The national Five Year Forward View for Mental Health requires LBTH to have a multi-agency suicide prevention strategy in place by 2017 and for it to be reviewed annually thereafter.

4.2 LBTH has rightly adopted a multi-agency approach in its suicide prevention strategy and action plan with the delivery costs of the strategy to be met by LBTH and its partner organisations. All the work to be led by LBTH within the action plan in 2017 will be covered by existing staff within the department so no addition resource(s) is anticipated in the delivery of this strategy in 2017/18.

5. LEGAL COMMENTS

5.1 S.195 of the Health and Social Care Act 2012 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. 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 strategy falls on local authorities and the Clinical Commissioning Group, but must be discharged by the HWB. The Suicide Prevention Strategy should be devised to address needs identified within the local area and linked to related strategies, such as the community strategy and Health and Wellbeing Strategy.

5.2 The Prevention Strategy outlined above reflects the priorities and matters identified within the National Strategy for Suicide Prevention.

5.3 Section 6(1) Human Rights Act prohibits any public body from acting in a way that breaches rights protected under the European Convention on Human Rights. In line with these duties the Local Authority and statutory partners have positive obligations to act to protect life, including where the risk to life is through the actions of the individual where the risk of self-harm or suicide was known or ought to have been known[3]. Section 42 Care Act requires the Local Authority to make enquiries where they believe that an individual in need of care and support is at risk of abuse or neglect and unable to protect themselves. This statutory duties requires that the local authority act as lead agency in such enquiries and that they determine what needs to be done and by whom to protect the individual. Section 44 Care Act requires the Safeguarding Adult Board also conducts reviews to learn lessons and monitor the implementation and impact of the recommendations from those reviews.

5.4 The strategy seeks to meet these obligations by ensuring staff within the local authority and across statutory partners and third sector providers identify risks appropriately and have access to information to signpost and support individuals to access specialist mental health support.

5.5 The Health and Well Being Board should ensure they are satisfied that the strategy adequately recognises the risk factors pertinent to the local area, as identified within the JSNA. It should also ensure that systems are in place to robustly record and report data, specifically in respect of attempted suicides as this will not be routinely

[3] *Osman v United Kingdom* [2000] 29 EHRR 245 and *Rabone & Anor v Pennine Care NHS Trust* [2012] UKSC 2

collected by the Coroner. They should also ensure that identified measures of success accord with operational service delivery plans and that mechanisms are in place to effectively monitor the implementation of the strategy's impact.

5.6 The Health and Well Being Board may want to give consideration as to whether there is scope for developing systems or utilising existing mechanisms set up by the Safeguarding Adults Board to meet their statutory duties under s44 Care Act duties and related guidance for monitoring the effectiveness of multi-agency systems in meeting needs of those at risk of harm.

5.7 When considering the recommendation above, and when finalising the suicide prevention strategy, regard must also 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 Health and Well Being Board, 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 There is national evidence that some people from groups with protected characteristics may have higher rates of suicide. Reducing suicide rates and addressing risk factors will help meet the objectives of One Tower Hamlets and reduce health inequalities.

6.2 Data on suicides has been analysed in terms of the nine protected characteristics where possible.

7. BEST VALUE (BV) IMPLICATIONS

7.1 The strategy addresses the issue of suicide in Tower Hamlets by taking an evidence based approach to improve the mental wellbeing of its residents. Improving mental wellbeing and reducing suicide will reduce the significant cost to society of suicides and in doing so meet the public sector duty of best value.

7.2 The strategy has been developed with input from service providers, the voluntary sector, and patient representatives via People Participation at East London NHS Foundation Trust. It will also go out for public consultation.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 Promoting physical activity, active transport and improving open spaces are known to help improve mental wellbeing. The wider objectives of the suicide prevention strategy of promoting mental wellbeing will have a positive effect on air quality, sustainability and availability of green spaces.

8.2 No negative environmental implications have been identified.

9. RISK MANAGEMENT IMPLICATIONS

9.1 There is a risk that the strategy's priorities do not adequately address the issue of suicide. However, this is being addressed through multi agency input into the development of the strategy, public consultation and ongoing robust review and monitoring on a quarterly basis.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 The strategy references contact with the criminal justice system as a risk factor for suicide, and the Criminal Justice Mental Health Liaison Service have been involved in the development of the strategy.

Linked Reports, Appendices and Background Documents

Linked Report

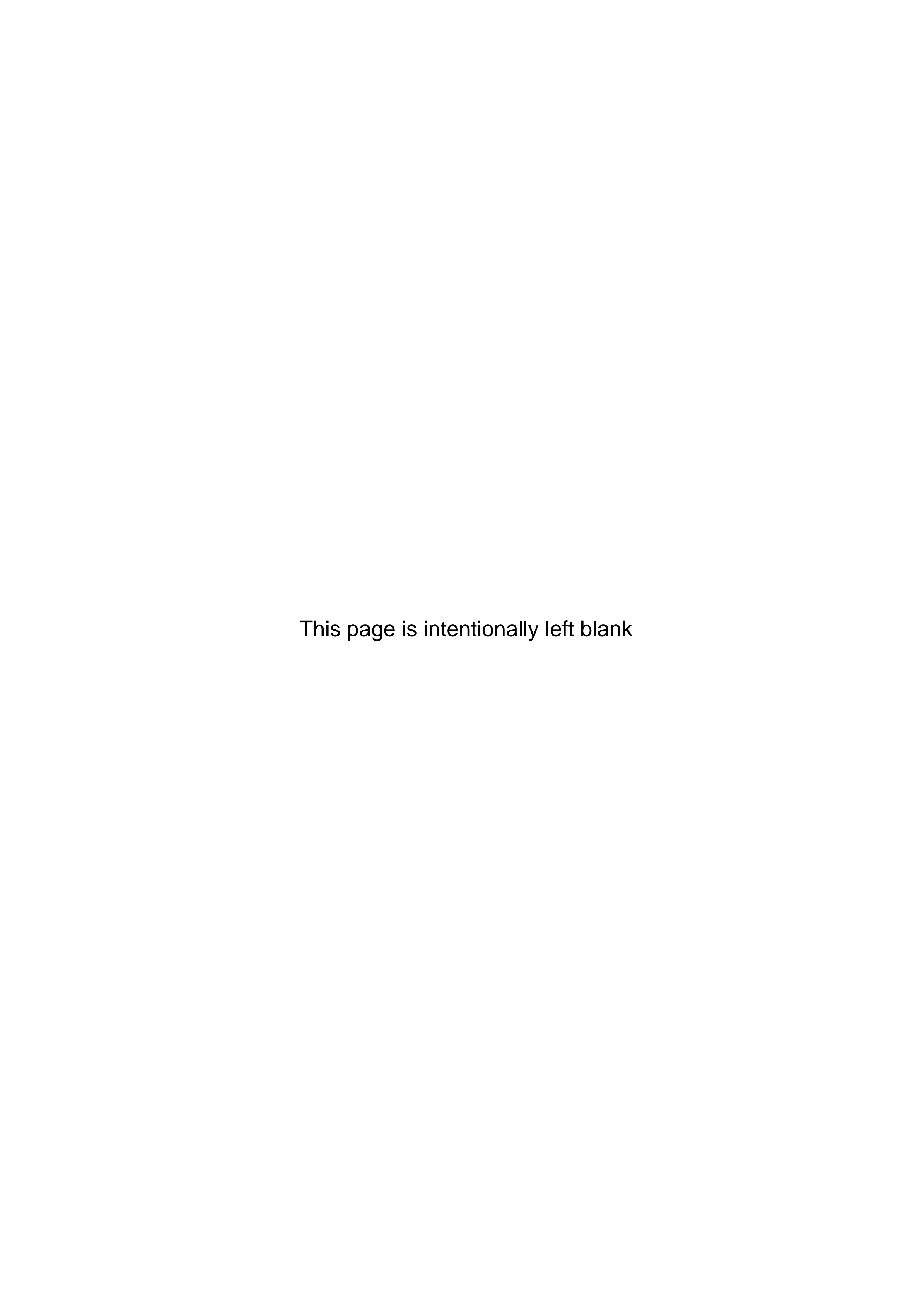
- Tower Hamlets Together: Tower Hamlets Health and Wellbeing Strategy, 2017-2020.

Appendices

1. Consultation on the Suicide Prevention Strategy 2018 - 2021 summary of findings and implications
2. Suicide Prevention Strategy for consultation

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

- None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Consultation on the Suicide Prevention Strategy 2018 - 2021 -summary of findings and implications

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1. Background and purpose of report

The consultation on the Suicide Prevention Strategy was conducted between the 10 September World Suicide Prevention Day and 22 October. This involved an online survey, and engagement with a key Healthwatch forum the Mental Health Task Group. This report summarises the findings and implications.

2. Survey Structure

The survey was undertaken in survey monkey using a similar format to the consultation used for the Health and Well Being strategy. Questions were asked in relation each of the five priority areas for action in the strategy;

1. Early intervention and prevention
2. Improving help for those in crisis
3. Identifying the needs of vulnerable people
4. Addressing training needs
5. Communications and awareness

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

- How important is this priority to you?
- Do you agree with the aims?
- What do you think we can do to deliver on these aims?

We also asked further questions regarding the overall approach of the strategy to understand

- Did they agree with the approach?
- What other priorities did they consider we should focus on?

– To identify any risk groups that we should be focusing on.

3. Survey Results

54 of the 87 respondents agreed to provide monitoring data. The majority 67% were people living in Tower Hamlets.

52 persons provided information on where they worked, 43% were responding on behalf of an organisation, most frequently the Health and Voluntary Sector. 26% were not responding on behalf of an organisation. The age range of respondents was 16-64 with the most frequent age of 45-54 – 65% of respondents were aged over 45. 56% identified as white British or white Irish, with 17% being white other, and 13% Bangladeshi.

The findings indicated strong agreement that the priorities were important or very important and largely agreed that the aims set out in the document were the right ones albeit with some slight adjustments proposed.

Table 1 Summary of responses for importance of priority

How important is this priority?	Response rate	Very important	Important	Response rate	Very important	Important
	(n)	(n)	(n)	%	%	%
1. Early intervention and prevention	87	73	13	100	75	20
2. Improving help for those in crisis	78	66	12	64	73	22
3. Identifying the needs of vulnerable people	73	62	9	63	75	18
4. Addressing training needs	72	57	14	62	87	11
5. Communications and awareness	70	52	17	61	80	17

Table 2: Summary of responses for agreement with aims

Do you agree with these aims?	Response rate	Agree with all	Agree with some	Disagree with all	Response rate	Agree with all	Agree with some	Disagree with all
	(n)	(n)	(n)	(n)	%	%	%	%
1. Early intervention and prevention	87	65	17	5	100	75	20	6
2. Improving help for those in crisis	77	56	17	4	64	73	22	5
3. Identifying the needs of vulnerable people	72	54	13	5	63	75	18	7
4. Addressing training needs	71	62	8	1	62	87	11	1
5. Communications and awareness	70	56	12	2	61	80	17	3

Agreement with the aims was high with between 73-87% agreeing with all of the aims. Those that agreed with some/or disagreed with all the aims ranged from between 13-27%. There were extensive comments supplied by many respondents, including those that agreed fully with the aims suggested changes to the strategy wording. The comments have been reviewed and the following changes are proposed and set out in the table below.

3.1. Summary of Qualitative Feedback on Strategy

For all priorities, there were also a number of qualitative responses on the question around how we could deliver outcomes. This is elicited a very detailed responses and offered useful information that should assist with informing the approaches of the Suicide Prevention Steering Group and action plan moving forward. Prevailing themes were:

Table 3: Summary of qualitative feedback

Theme	Current Action/Gap
Improved mental health and crisis intervention services – Need to protect funding, to improve access, availability and patient experience of crisis intervention and mental health services.	– Comments are relevant to the actions and priorities of the Mental Health Programme Board and Mental Health Strategy Action Plan. For example, many of the issues highlighted are being addressed in the current review of crisis services led by the CCG.
Schools/Children's Centres/Youth – Need to build resilience and challenge stereotypes with a focus on children and young people, particularly in terms of prevention.	– Strategy recognised that children and young people as a priority vulnerable group.
Awareness raising/tackling stigma – Need to raise awareness about suicide and mental health, and to tackle stigma, particularly in religious communities and amongst high risk groups such as men.	– Tackling stigma is recognised in priority 5 alongside a need to support local and national awareness campaigns. Other strategies such as the Health and Wellbeing Strategy and the Mental Health Strategy recognise a need to address the broader issue of mental ill health stigma.
Alternative/preventative approaches – Need to focus on prevention by providing access to a range of holistic services such as for massage, coaching, peer support, exercise, mindfulness etc.	– Whilst the strategy identifies a need to build resilience at an early age, there are no specific actions to increase access to holistic services specified. However, these are addressed more appropriately through other strategies, including the Health and Wellbeing Strategy which recognises and encourages asset based community development approaches to health.
Service information and promotion – Need to provide clear signposting and information of services available and to promote widely.	– There are specific actions in priorities 1 &2 of the strategy to improve signposting of existing services. People knowing where to access help is also a key measure of success in the strategy.
Training – Need to provide suicide prevention and awareness training to frontline staff as well as training for wider issues such as drugs, alcohol and mental health and that training should be	– This priority is clearly recognised in the strategy alongside the roll out of other training such as for Making Every Contact Count. These comments can help to shape the delivery of the training offer to frontline clinical and non-clinical staff

Theme	Current Action/Gap
delivered by people with lived experience.	going forward.
Primary Care – Primary care was identified as a good location for alternative place to A&E, to provide drop in and walk in clinics, and that primary care should include preventative services such as support groups, access to psychology and debt and housing advice. The need for more funding and training of staff was also often mentioned.	– Training for GPs? – The roll out of the borough wide social prescribing programme – Specialist clinics/access to psychological therapy
Organisational approaches – Need to invest in the mental health of the wider workforce, suggestions included centralised telephone support number, buddying and support arrangements, access to psychology as well as regular training, supervision and support.	– Support for the mental health and wellbeing of staff is recognised both in the Health and Wellbeing Strategy and the Mental Health Strategy by encouraging and supporting employers to adopt the Healthy Workplace Charter which incorporates the Time to Change Pledge.
Wider determinants – Need to provide access to non-clinical support such as for debt, benefits, housing, job advice, volunteering and addressing drug and alcohol issues – preferably within a single service.	– These are recognised and addressed through other strategies including the Health and Wellbeing Strategy and the Substance Misuse Strategy.

3.2. Proposed Changes to the strategy

Table 4: Summary of proposed changes to the strategy

Priority 1 - Wording in prevention strategy [Page9]	Proposed changes and reason
– **access appropriate services in the early stages of mental illness**	Feedback in the consultation – *To include reference to 'awareness of services'* – *Respondents commented on the importance of services being non-judgement.* – *To add emotional distress to reflect the broader definition of suicide risk not being wholly attributable to mental ill health – as the aims currently suggest.* Proposed change – **To be aware of and have access to appropriate services in the early stages of mental health need or emotional distress**
– **be assessed for my mental illness at the stages of their life when they are most at risk of suicide**	Feedback in the consultation – *Further to the comments above, recommend that the word 'mental illness' be removed so aim is not limited to mental ill health* Proposed change – **be assessed for mental health at the stages of life when people are most at risk of suicide**

Priority 2 – Wording in strategy [Page 10]	Proposed changes and reason
– **Know how to access help when they need it**	Feedback in the consultation – *Respondents commented on the importance of an ability to be able to recognise that there is a need to seek help, particularly when in crisis.* Proposed change – **Are able to recognise when in need of support and how to access help when they need it**
– **Be able to access mental health services in an appropriate setting**	Feedback in the consultation – *Propose to remove the reference to 'mental health services' and replace with 'crisis service'* Proposed change – **Be able to access support in a crisis in an appropriate setting**

Priority 3 – Wording in strategy [Page 11]	Proposed changes and reason
– **Frontline staff to feel confident in supporting service users and to recognise signs of mental illness**	Feedback in the consultation – *To replace the word 'illness' with 'distress' to reflect the broader definition of suicide risk as not wholly attributable to mental ill health* Proposed change – **Frontline staff feel confident in recognising signs of emotional distress and are able to provide appropriate support**
– **Frontline staff to have a range of referral options for service users**	Feedback in the consultation – *Proposed add 'and are clear on what these are' in response to comments that being clear on what was available was as important as having a range of options* Proposed change – **Frontline staff to have a range of referral options for residents** – **Frontline staff have the right information to make an effective referral**

Priority 4 - Wording in strategy [Page 12]	Proposed changes and reason
– **Ensure that suicide prevention is embedded in the wider community.** – **Ensure non-clinical frontline staff who are confident in recognising and assisting those in mental health crisis are retained.** – **Ensure that training needs for clinical and non-clinical staff are met.** – **Ensure that frontline staff have appropriate support in the workplace to protect their personal wellbeing and mental health**	Feedback in the consultation – *Proposed to change the wording in the strategy to reflect that training is prioritised alongside other organisational approaches to support staff mental health and wellbeing such as the implementation of the Healthy Workplace Charter –* Proposed change – **Ensure that frontline staff have provisions available in the workplace to support their personal wellbeing and mental health**

3.3. Proposed changes to the 'Zero Suicide' approach

The consultation explored views on a zero suicide approach whereby, it is understood that all suicides are preventable. Instead of setting a target for reduction, every suspected suicide or suicide attempt is treated as a preventable death or injury. Lessons will be learnt from every unexplained death or suspected suicide attempt to prevent future deaths.

All suicides are preventable	Response rate	Agree with this approach	agree to some extent	Disagree with all
Do you agree with this approach?	69	50	17	2

Table 5: Zero Suicide Approach - proposed changes

Zero Suicide Approach (page 8)	The approach all suicides are preventable
– **In Tower Hamlets we take the view that every suicide is a preventable death** – *of those that disagreed with this approach to some extent or to all, tended to disagree that all suicides are preventable and provided a range of reasons for this including; that suicide may happen despite the best efforts of professionals and family, that we risk creating a culture of blame with this approach, and that we should respect and acknowledge people's right to die.* –	Feedback in the consultation – *Proposed that the strategy wording be changed to reflect that the intention is to prevent every suicide without suggesting that all suicides are preventable* Proposed change – *Propose to change the strategy wording* **(page 3) ' to take out 'we believe that suicide is avoidable, and this is at the core of our prevention strategy.** *Propose to change the strategy wording* **(page 8) '** – **from : In Tower Hamlets we take the view that every suicide is preventable** – **in Tower Hamlets we are committed to preventing every suicide and suicide attempt**

At-risk/priority groups

Respondents were invited to comment on any particular 'at risk' groups that they considered to be a priority of focus. These are presented in the table below according to the frequency of citation. It is important that the action plans for the steering group include actions for those groups frequently cited on this list.

Table 6: At risk priority Groups

(n)	Priority Groups	Summary
11	Homeless	People that are homeless or have insecure living arrangements
9	Financial distress	People in financial distress
8	People living with MH illness	People living with mental ill health or who have experienced trauma.
8	Young adults	Young adults such as parents, young men. Vulnerable young people and women experiencing cultural conflict.
8	Substance misuse and addiction	People with drug and alcohol addiction. Young people addicted to gambling and/or substances and those that care for them.
5	LGBT	Lesbian, gay, bisexual and trans people
4	Men	Men, single men and middle aged
4	Asylum seekers	Asylum seekers including victims of trafficking
3	Elderly people	Elderly and bereaved
3	Students	GCSE and Uni
2	Survivors of suicide	Survivors of suicide[1]
2	Learning disabled	Autistic adults, learning disabled
2	Ex-prisoners	Ex-prisoners and recently released
1	Other	Domestic Violence, Veterans, lonely people, early years

4. Stakeholder meetings

The Mental Health Task Group a sub group of Healthwatch were consulted on the 21st of September. The feedback from the task group was reflective of the themes that emerged in the wider consultation. Comments included a need to focus on children and young people, the needs of those most vulnerable such as those affected by welfare reforms. They provided insight into issues and experiences with crisis intervention and mental health services that have been reflected in the wider consultation. They also commented on training, training needs and identified specific groups to target for training such as the community pharmacists. The task group also provided feedback on the media, and useful ideas such as how to imbed suicide prevention training such as including it in Health and Safety advice for construction workers, or interventions with citizen's advice. Similarly to respondents in the consultation there was agreement with the approach but contention with the term zero suicide.

[1] Those bereaved by suicide

5. Conclusion

The results of the consultation demonstrate high levels of agreement with the priorities and aims set out in the strategy. People provided a lot of feedback and comments throughout the consultation and whilst these have been summarised for the purposes of presentation [Appendix 1], they provide very rich insight that can and should inform the approaches of the multiagency suicide prevention steering group. Further work in the steering group is required to determine if the identified themes are indeed addressed, or whether there are gaps that require further action.

Where people have provided feedback on the aims, these have been summarised and reflected where feasible in the proposed changes to the strategy wording in table's 3 & 4 for consideration. The changes tend to reflect comments on suicide being relevant to people with and without mental ill health, to recognise that some people may need support in identifying when they need to access help. That it is important that frontline staff have a range of options available for referral but that they also have the right information to make an effective referral. The changes also incorporate comments that whilst training is important, that it needs to be provided alongside organisational approaches that support the mental and emotional needs of frontline staff.

Finally, whilst there were high levels of agreement with the approach to treat every suicide or suicide attempt as a preventable death or injury, of those that commented, most had difficulty for a with the term 'zero suicide'. It is proposed that the wording be changed to reflect that the intention is to prevent every suicide without suggesting that all suicides are preventable.

6. Appendix 1

For each of the priorities the main themes and ideas have been heavily summarised and are set out in the order of the most often cited.

Priority 1: Early intervention and prevention (64 Comments)

Improved service provision for mental health	– To improve service provision for mental health by ensuring that services are well funded, offer longer term support, and are available and accessible at an early point and following a single assessment
Schools/Children's Centres	– To work in schools to build resilience, raise awareness and tackle stereotypes
	– To provide support for children families, and improve the linkage between mental health and schools/children's centres
Youth	– To provide more youth group activities for young people and whole systems approaches to addressing self-harming
Awareness raising/ addressing stigma	– To raise awareness in the community on mental ill health and suicide and address the stigma of accessing help by promoting national and local campaigns – Work with professionals and the community to address stigma to improve support for people in mental and emotional distress and enable them to access help
Accessible crisis intervention services	– For people at risk of suicide to be aware of the services available, who to contact in a crisis and to access them in a suitable environment
Alternative/preventatives	– For people to have access to a range of holistic preventative services such as for: massage, coaching, peer support, exercise, mindfulness or social clubs that include targeted interventions for high risk groups
Organisational approaches	– To work with multi agency partners wider than health to implement evidenced based approaches whilst also considering the mental health needs of staff
Primary Care	– Primary care services to include access to support groups and specialist clinics for CMD alongside training for practice staff and access to debt, housing and benefit advice
Service information and promotion	– Better promotion and signposting of available services and access points for help
Staff training	– Organisational approaches to train frontline staff to assess risk, listen, signpost and have conversation about mental health and/or drugs and alcohol
Wider determinants	– To provide access to non-clinical support i.e. for debt, addiction, benefits, housing, job advice and opportunities preferably in one service
Psychological services	– To provide brief psycho education facilities and better access to talking therapies
Personalised approach	– A personalised approach based on what people identify as their need

Priority 2: Improving help for those in crisis (43 Comments)

Improved service provision for mental health	– To improve the environment and services in A&E by consulting patients, increase and ensure long term funding for services. – Lower the threshold for access and tailor access to suit different needs/preferences i.e. online or group vs individual therapy. – Focus on prevention by improving support for people with stress and depression and providing non-clinical intervention for people in mental distress.
Accessible crisis intervention services	– Improved and accessible crisis intervention services that are community based and available 24 hours, provided in a better environment such as a crisis café with a crisis support and all services accessible to those to those in mental distress.
Alternative/preventatives	– To provide alternative and preventative therapies for mind, body and spirit that includes work with families and addressing trauma.
Awareness raising/ addressing stigma	– Raise the profile and awareness of suicide, normalise the issue and work in the community particularly with faith groups and anti-stigma work aimed at men
Primary care	– Primary care walk-in/drop in clinics as an alternative to A&E and in an emergency

Staff training	–	Training for frontline staff and community services in understanding mental ill health, signposting and how to talk about suicide
Service information and promotion	–	Clear signposting and information of where to access help
Outreach	–	increased outreach for homeliness and vulnerably housed
Psychological services	–	Psycho education/life skills services in crisis intervention services

Priority 3: Identifying the needs of vulnerable people (45 Comments)

Staff training	–	People commented a lot on the need to provide ongoing suicide prevention and awareness training for frontline staff delivered by people with lived experience. Make use of technology and services open out of hours such as Idea Stores.
Improved service provision for mental health	–	A centralised screening and referral to services such as CMHTs and Home Treatment Team that is well-funded, carefully commissioned and streamlined. That also provide home assessments for the most vulnerable
Organisational approaches	–	Invest in the mental health of the workforce i.e. centralised telephone number for support, facilitated staff groups with therapist, buddying and support arrangements, address knowledge and skills gap.
Accessible crisis intervention services	–	better staffed A&E & easier CMHT access
Alternative/preventatives	–	To promote peer support and create spaces for parents to meet and talk and promote the needs of carers
Service information and promotion	–	provide information on services and publicise widely through a range of mediums – encourage the public to access
Staff training	–	Help people to promote their life chances through volunteering, education and employment and campaign against cuts/benefits changes.
Improved service provision for mental health	–	Raise awareness across all services
Organisational approaches	–	identify vulnerable hidden groups such as children living with parental substance misuse
Accessible crisis intervention services	–	Increase spending for mental health in primary care

Priority 4: Addressing training needs (25 Comments)

Staff training	–	To make suicide prevention training compulsory for frontline staff
Organisational approaches	–	To provide training to people in housing, insecure housing, multidisciplinary groups and delivered by people with lived experience.
Alternative/preventatives	–	To take a whole organisation approaches for suicide prevention through regular training, supervision, support i.e. support line for staff.
Improved service provision for mental health	–	Whole person approaches mind/body/spirit medication as a last resort
Accessible crisis intervention services	–	non clinical staff unable to refer into clinical services
Stigma	–	A CALM Tower Hamlets Facility
Staff training	–	to address the stigma regarding suicide

Priority 5: Communications and awareness (21 Comments)

Media	–	People felt that social media was an important factor for young people in terms of impact on suicide risk but also in reaching them. – There was agreement for a need to have responsible reporting; that some communications would need to be tailored for hard to reach groups and that the councils' website needed improvement.
Awareness raising/ addressing stigma	–	That there is a need to improve education and awareness, to campaign in different communities to address stigma re: suicide and in workplaces

Staff training	–	To provide suicide awareness training that is informed by people with lived experience
Improved service provision for mental health	–	To improve the communication systems in health care and better co-ordination of services including adequate staffing
Learning lessons	–	To share lessons learned and details of improvements made
Primary Care	–	Improve communication between GP/Support Workers and Families
Service information and promotion	–	accessible information available offline

Any other priority areas of focus (34 Comments)

Survey respondents were also asked of any other priorities they considered important;

Improved service provision for mental health	–	An improved patient experience where patients feel heard when in crisis and received in a suitable environment where issues are tackled at an early point
	–	To receive services without judgement particularly for those with high needs .e. substance misuse with a smooth transition between services (including clinical/non-clinical)
	–	To improve the support provided to staff when investigating suicide and to apply a whole systems approach to suicide prevention which includes support for families and carers, including support after trauma.
Schools and Children's Centres	–	To build resilience in children from an early age by training teachers to discuss suicide and raise awareness in schools, to address suicide risk among parents through children's hubs such as nurseries.
Youth	–	To build self-resilience among young people by giving access to youth activities such as scouting. Supporting them through a difficult transition to adulthood in the face of cuts to services.
Alternative/preventative	–	To take a community development approach that focuses on connection, self-love and access to mental health promoting therapies i.e. mindfulness, yoga etc.
Wider determinants	–	Prevention by improving quality of life by providing social support and access to opportunities for work, education, housing for those with mental ill health and to address issues of alcohol abuse.
Stigma	–	Tackle the stigma associated with suicide and improve social cohesion and reduce religious intolerance
Psychological services	–	Provide access to counselling for survivors and reduce the waiting times for CAMHS
Targeted approach	–	Take a targeted approach for high risk groups

Tower Hamlets Suicide Prevention Strategy 2018-2021

Draft for consultation

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Foreword

I am pleased to introduce this Suicide Prevention Strategy which sets out how we will work together across the Tower Hamlets Partnership to prevent suicides.

Every suicide has a profound and wide-ranging impact; it is a personal tragedy and a loss for family, friends and wider society. We will treat every suicide as a death that could have been prevented; each demanding that we learn lessons and work to implement findings in order to prevent future tragedies.

It is a shocking fact that suicide is the leading cause of death for men and women aged 20-34 across the country. We know that around 20 people die from suicide every year in Tower Hamlets, though the reality is that the number is likely to be higher.

Preventing suicide is a huge task. We have used national and local evidence, as well as a team of experts from across Tower Hamlets, to identify five priority areas of action. These will help us focus our efforts into improving mental wellbeing, ensuring people receive the right help at the right time, and making the borough a supportive place to live. It is important to note that excellent work is already happening across the borough, which is why much of our strategy is about strengthening this work and making sure knowledge of services and best practice is shared.

This strategy will only be successful by working together with residents, communities and partners across education, social care, businesses, and faith communities, along with health and wellbeing providers in Tower Hamlets. By working together we are committed to reducing the risk of suicide, and helping everyone in the borough to enjoy fulfilling lives.

Yours sincerely

Mayor John Biggs

Introduction

The Tower Hamlets Suicide Prevention Strategy takes a broad approach to improving the mental health and wellbeing of people living in the borough, and to tackling the social factors that increase suicide risk.

We believe that suicide is preventable and we want Tower Hamlets to be a resilient community where people can access help when they need it.

Why do we need a strategy?

Every death by suicide is a tragic loss. The impact is devastating and widespread. Suicide is often the culmination of a complex array of risk factors, mental ill-health, and distressing life events; however, it is not inevitable.

The government recently published their Five Year Forward View for Mental Health. It outlines a number of recommendations which are relevant to suicide prevention, including the development of a local plan. Although there is already work on suicide prevention in Tower Hamlets, we need to formalise this into a strategy.

In writing this strategy, we have taken into consideration national aims, guidelines, and evidence, including those set out in the National Suicide Prevention Strategy.

The national target is a reduction in the suicide rate by 10%, over the period 2016 to 2021.

How have we written the strategy?

We have conducted a review of national evidence and local data, which can be found in the Background Document.

Experts from across the borough have been working collaboratively to reduce the risk of suicide, including:

- Tower Hamlets Council: public health, adults' and children's social care, safeguarding, housing, and the drugs and alcohol team
- NHS: Tower Hamlets Clinical Commissioning Group, East London NHS Foundation Trust and Barts NHS Trust
- Metropolitan Police and British Transport Police
- Queen Mary University of London
- Transport for London
- the voluntary sector: Mind in Tower Hamlets and Newham, Samaritans, Step Forward, and others
- patient representatives

This strategy answers the following questions:

- Why do we need to address suicide?
- What are our aims?
- Why have we chosen these priorities?
- What is our immediate work?
- How will we know if our work is successful?

Understanding suicide

Suicide is the act of deliberately ending one's own life.
In reality, it is difficult to fully understand a victim's intentions after the event, and we know that the reported suicide numbers cannot reflect the true extent of the issue.

Suicide is the leading cause of death in people aged 20-34 in the UK[1].

There are well-recognised factors that contribute to suicide risk, which are outlined in the National Suicide Prevention Strategy and in guidance from Public Health England[2]. These may be long term circumstances or acute life events. There are also risk factors which are specific to children and young people.

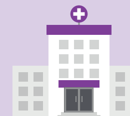
Risk factors – long-term circumstances

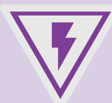
Male, young to middle-aged adults

History of drug or alcohol abuse

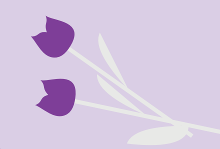
Chronic mental or physical illness

History of self-harm


Inpatients under the care of mental health services


Access to means of suicide

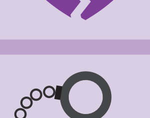
Risk factors – acute life events (stressors)


Bereavement

Relationship breakdown

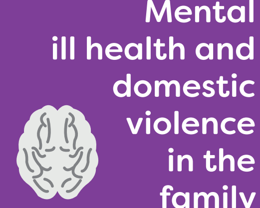
Debt

Loss of employment

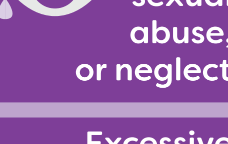

Imprisonment or contact with the criminal justice system

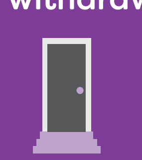
Loss of housing

Risk factors – children and young people[3]


Mental ill health and domestic violence in the family

Academic and exam pressures


Physical, emotional or sexual abuse, or neglect


Social isolation or withdrawal

Bereavement in a family member or friend

Physical health conditions that have a social impact

Bullying, either in person or online impact

Excessive alcohol use or illicit drug use

Suicide-related internet use

Mental ill health, suicidal ideation, self-harm

Understanding suicide

Multiple risk factors build up over time. This means that events and circumstances from a young age can affect a person when they are older.

It can also mean that, even if each factor does not seem significant, collectively they can cause someone to feel hugely distressed. This has been shown to be particularly true in children and young people, who may not express ideas of suicide the days and weeks before their death, but often have a history of multiple risk factors. This is known as a cumulative risk:

Early life experience can make young people vulnerable e.g. family mental illness

As they get older other issues may arise e.g. alcohol use

One event may act as the 'final straw' e.g. exam stress

Preventing suicide

We know that preventative measures can work. The national suicide rate had been declining from 1980 onwards thanks to prevention campaigns and a reduction in access to methods of suicide. However, there has been a worrying increase since 2008.

National evidence and guidance suggests targeting prevention work around six key areas for action:

- **Reduce the risk of suicide in key high-risk groups**
- **Reduce access to the means of suicide**
- **Support the media in delivering sensitive approaches to suicide and suicidal behaviour**
- **Tailor approaches to improve mental health in specific groups**
- **Provide better information and support to those bereaved or affected by suicide**
- **Support research, data collection and monitoring**

We know that a society with the lowest risk of suicide is one with less deprivation, less physical and mental illness, better managed long-term conditions, and individuals who are emotionally resilient.

The local picture

The suicide rate in Tower Hamlets is currently lower than that of England, but higher than the London average.

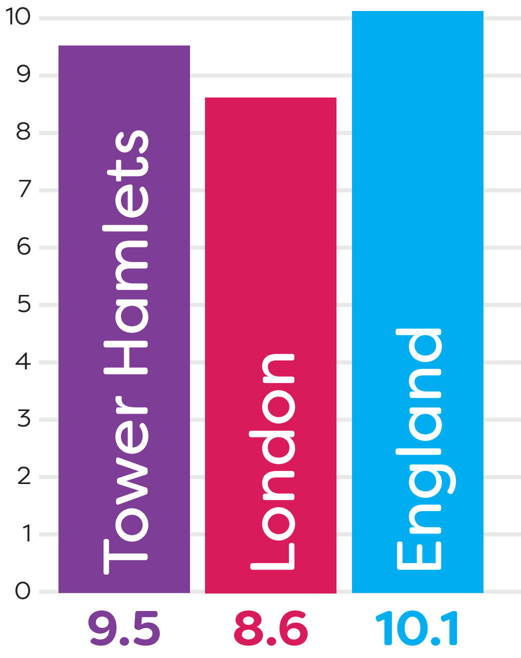
In the borough, there have been on average 20 deaths by suicide per year over the past decade. Four in five suicide victims are men, and over half of all suicides are in men and women aged 20-39. A number of deaths have been in the student population, and a significant number have been people not registered with a GP surgery.

We know that these figures do not tell the complete story. More people attempt suicide than die from it, and some deaths are not classified as suicide but are nonetheless a result of the same risk factors. We consider all these circumstances to be avoidable deaths or injuries, and will work to prevent them.

Tower Hamlets is a relatively young borough; nearly three quarters of our residents are aged under 40. We need to ensure our suicide prevention work takes the needs of children and young people into account.

Public Health England has identified a number of indicators to measure suicide risk[6]. Of these, Tower Hamlets has higher estimated drug use, more alcohol-related hospital admissions, more homelessness, more children in the criminal justice system, and higher unemployment than the England average.

Our aim is to prevent people from being exposed to these risk factors where possible, and to provide support to help them cope when they are.



Work on suicide prevention is already happening in Tower Hamlets, including:

- specialist services targeting high risk groups provided by the NHS and voluntary sector.
- training delivered by the council.
- preventative work and data collection by the police and transport services.
- counselling services, including for the bereaved.

What we intend to do

Although the number of suicides is small compared to other causes of death, every suicide has a wide-ranging impact on the families, friends, colleagues and healthcare workers associated with the victim. It is both a personal tragedy and a loss for society. Suicide is not inevitable. Over the past 30 years, national measures have dramatically reduced suicide occurences, but more can always be done.

In Tower Hamlets we are committed to preventing every suicide and suicide attempt.

We have conducted a review of national guidelines and local evidence, which is outlined in the Background Document.

Based on this, the multi-agency steering group has identified five priority areas of action:

- **Early intervention and prevention**
- **Improving help for those in crisis**
- **Identifying the needs of vulnerable people**
- **Addressing training needs**
- **Communications and awareness**

For each of these priority areas we describe why it is important, what we aim to do, and what our immediate work will be.

Priority 1

Early intervention and prevention

Why is this important?

Suicide is often the culmination of a complex array of risk factors, mental ill-health, and distressing life events.

Working to prevent people from being exposed to these risk factors, and helping them to cope when they are, is vital in reducing suicide risk.

Nationally, only one in four victims of suicide are known to mental health services prior to their death[7]. It is crucial that more at-risk individuals access these services early. We need to take advantage of the fact that many people are in touch with non-clinical statutory services, as covered in Priority 3.

We know that building resilience into our population from an early age will help them to cope with any stressors they may experience later on.

What are we already doing?

- Plans are being developed by the CCG to improve the early care of specific high-risk groups, such as children and young people, and women during and after pregnancy.
- The Tower Hamlets Early Detection Service provides mental health assessments and helps build emotional resilience in young people.

What will we do in the next year?

- We will work to improve specialist mental health services for targeted groups, in line with the Mental Health Five Year Forward View, with a view to improving mental health and wellbeing in children and young people.
- The signposting of our existing preventative work will also be improved.

What are our long-term aims?

We would like more people in Tower Hamlets to:

- be aware of and have access to appropriate services in the early stages of mental health need or emotional distress.
- be assessed for mental health at the stages of life when people are most at risk of suicide.
- have the personal tools to help them cope with social stressors and traumatic life events.

How will we know if it's working?

- There will be an increased uptake to the Improving Access to Psychological Therapies (IAPT) service.
- An increased number of children and young people will be diagnosed with a mental health condition and be under the care of mental health services.
- An increased number of perinatal women will receive specialist mental health care.
- The number of suicide attempts will decrease.

Priority 2

Improving help for those in crisis

Why is this important?

Many people experiencing a mental health crisis will seek emergency clinical help.

Service providers have raised concerns that there are too few options for referral in these circumstances. Patients are regularly taken or referred to A&E, a busy environment not well suited to those in distress and which may also make them feel worse.

Nationally, 68% of patients who die by suicide have a history of self-harm[8]. However, only half of patients who attend A&E through self-harm receive a psychosocial assessment[9].

What are we already doing?

- A number of specialist NHS services are looking after people in mental health crisis, from emergency presentation in hospital to follow up care in the community.
- Work is underway to make A&E a more suitable environment for people experiencing mental distress.
- Samaritans are providing a freephone helpline to those in distress and a walk-in branch office in central London.

What will we do in the next year?

- We will examine the specific needs of people attending A&E who have attempted suicide, self-harmed, or who are in mental health crisis.
- We will map the current crisis referral pathway, address any gaps, and make the results available to all relevant bodies.
- We will work with schools to ensure students receive appropriate support following traumatic events.

What are our long-term aims?

We would like more people in Tower Hamlets to:

- feel more in control of their mental health.
- are able to recognise when in need of support and how to access help when they need it.
- be able to access support in a crisis in an appropriate setting.

How will we know if it's working?

- There will be improved feedback from those attending A&E in crisis, and fewer patients leaving before assessment.
- More prominent signposting will be provided on a range of services for people in crisis.

Priority 3

Identifying the needs of vulnerable people

Why is this important?

Frontline staff in services such as the housing team and job centres often see service users experiencing multiple social stressors, but may not be trained to recognise or manage signs of mental illness or suicidal behaviour.

There have been issues around reporting or escalating people with suicidal ideas due to a fear of breaching confidentiality.

Children and young people face unique social pressures. In particular, concerns have been raised about the risk of exam stress, and self-harming behaviours promoted via online content.

A number of safeguarding issues have been identified in young adults who have been housed in temporary accommodation. It is not always clear where the health and social care responsibilities lie for people who move across borough boundaries.

People who are bereaved through suicide are known to be at a higher risk of suicide themselves. Effective bereavement support is vital following a suicide.

What are we already doing?

- The local authority safeguarding team carries out safeguarding assessments and interventions for vulnerable and temporarily vulnerable adults.
- The Child Death Overview Panel investigates all child deaths and makes safeguarding recommendations accordingly.
- Job Centre staff follow a six point plan for managing service users in crisis, and are equipped with a brief guide to available mental health services.

What will we do in the next year?

- Lessons learnt from safeguarding reviews will be collated and widely shared amongst service providers, so we can improve services.
- Improve practice in non-clinical statutory services, and provide increased support for frontline staff.
- Follow up arrangements and responsibility for service users housed in temporary accommodation or outside the borough will be clear amongst service providers.

What are our long-term aims?

We would like:

- frontline staff feel confident in recognising signs of emotional distress and are able to provide appropriate support.
- frontline staff to have a range of referral options for residents.
- frontline staff have the right information to make an effective referral.
- Vulnerable groups, such as children and young people, to have support specific to their needs.
- People bereaved through suicide to feel well supported.

How will we know if it's working?

- Fewer deaths and self-harm incidents will occur in temporary housing.
- Fewer vulnerable people will be sent to A&E.

Priority 4

Addressing training needs

Why is this important?

Effective training helps ensure we support staff and provide the best service to residents.

Non-clinical frontline staff have felt unequipped to manage service users expressing suicidal ideas.

Many patients leave hospital before being seen by specialist staff, therefore it is vital that all clinical staff are capable of performing mental health assessments.

What are we already doing?

- 200 members of staff have been trained in Mental Health First Aid and a further 12 have been trained to train others.
- Funding has been secured to provide evidence-based suicide prevention training through the ASIST model.
- Informal inter-departmental training and skills-sharing already takes place across statutory and third sector services.
- Making Every Contact Count training is provided to frontline staff.

What will we do in the next year?

- We will provide the first phase of suicide prevention training to frontline staff in the housing office.
- We will address general mental health training needs.

What are our long-term aims?

We will:

- ensure that suicide prevention is embedded in the wider community.
- ensure non-clinical frontline staff who are confident in recognising and assisting those in mental health crisis are retained.
- ensure that training needs for clinical and non-clinical staff are met
- ensure that frontline staff have appropriate support in the workplace to protect their personal wellbeing and mental health.

How will we know if it's working?

- We will have a network of staff and residents trained in suicide prevention.
- Staff will be able to recognise people at risk of suicide, and apply the four-step suicide alertness model TALK – tell, ask, listen, keep safe.
- Staff will formulate a suicide prevention plan in collaboration with the at-risk person.

Priority 5

Communications and awareness

Why is this important?

There is evidence that the effective use of media can combat the stigma around people feeling suicidal and may help prevent 'copycat' behaviour.

Although there are national guidelines for the media on responsible reporting of suicide, a recent study has shown that almost 9 in 10 online news stories relating to suicide fails to meet at least one of these standards[10].

There are services and projects in the borough which could be better publicised to residents.

What are we already doing?

- We are promoting the Five Ways to Wellbeing, a set of simple actions people can take to maintain good wellbeing.
- The Tower Hamlets' website provides information on a wide range of local mental health and wellbeing services.
- The council is signed up to the Local Authority Mental Health Challenge and to the Time to Change pledge.

What will we do in the next year?

- We will identify sites where suicides occur and install signs for crisis services.
- Social media will be used to foster publicly visible links between statutory and third sector services.
- We will support national and regional suicide prevention campaigns.
- We will look into working with the police and the fire brigade to respond quickly to suspected suicides or suicide attempts, and if this would help ensure lessons are learnt and victims and the bereaved are better supported.

What are our long-term aims?

We will:

- put in place a communications strategy that promotes local work and supports relevant national campaigns.
- support responsible reporting of suicide in the media

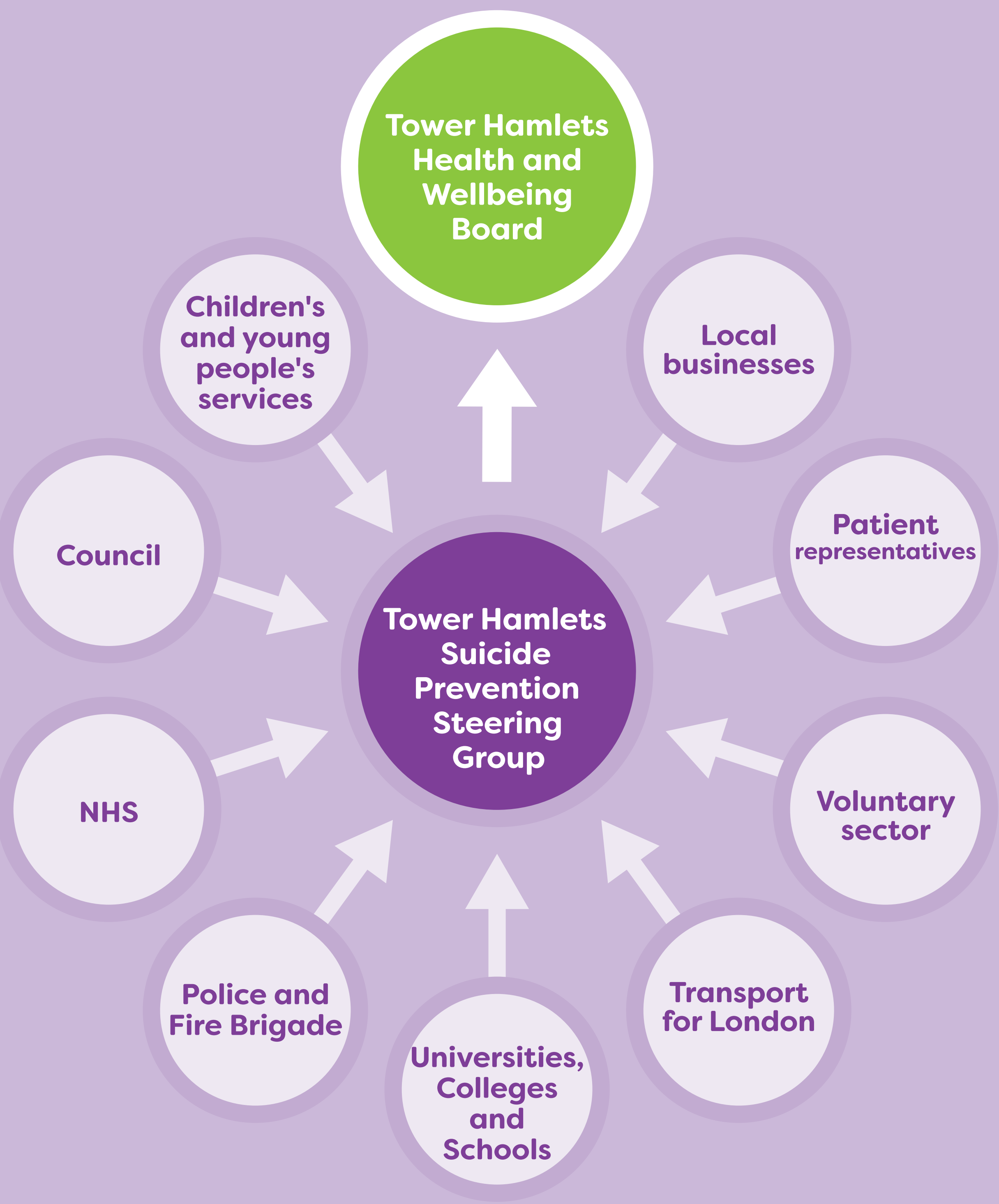
How will we know if it's working?

- Local reporting of suicide will be in a sensitive manner and meet national guidelines.
- Local services will be publicised effectively.
- There will be an increase in self-referrals to relevant services.

Implementation and monitoring arrangements

The Tower Hamlets Suicide Prevention Strategy has a three year timeframe.

Actions will be monitored quarterly and priorities reviewed annually by the Suicide Prevention Steering Group, which reports to the Tower Hamlets Health and Wellbeing Board.



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