


<p align="center"><b>Health and Wellbeing Board – (7th July 2015)</b></p>	 <p>Tower Hamlets <b>Health and Wellbeing Board</b></p>
<p><b>Report of the London Borough of Tower Hamlets</b></p>	<p><b>Classification:</b> [Unrestricted]</p>
<p><b>Health and Wellbeing Strategy Final Monitoring Report of 2013/14 Delivery Plans</b></p>	

<b>Lead Officer</b>	Louise Russell, Service Head Corporate Strategy and Equality
<b>Contact Officers</b>	Vicky Allen, Strategy, Policy and Performance Officer
<b>Executive Key Decision?</b>	No

### **Executive Summary**

The Health and Wellbeing Board agreed that it would review progress against the Health and Wellbeing strategy delivery plans on a six monthly basis. This paper provides a final update of the 2013/14 delivery plans which were rolled forward to 2014/15. Detailed performance information is set out in part 3 of the report.

### **Recommendations:**

The Health and Wellbeing Board is recommended to:

1. Note the update on performance set out in part 3 of the report and detailed in Appendices 1- 5;
2. Comment on the usefulness of the information and format, which we can revise for future reports;
3. Indicate any areas of poor performance or delays where more information is requested;
4. Consider the merit of adopting a standardised approach to performance monitoring set out below; and
5. Note that six monthly monitoring of the new Delivery Plans 2015/16 will be provided to the Health and Wellbeing Board in the Autumn.

## **1. REASONS FOR THE DECISIONS**

- 1.1 Good practice requires that regular reports be submitted to the Health and Wellbeing Board setting out the performance of the NHS and the Council, both commissioners and providers, against targets.
- 1.2 The regular reporting of the Health and Wellbeing Strategy monitoring should assist in ensuring that Members are able to scrutinise decisions of officers and health partners.

## **2. ALTERNATIVE OPTIONS**

- 2.1 The Council reports performance against the actions in the Health and Wellbeing Strategy delivery plans and the outcome measures. Significant areas of success and underperformance, with corrective action taken, are reported in the body of the report and the appendices attached. No alternative options are proposed, and this report is produced to ensure that Members are kept informed about actions taken within the remit of the Strategy.

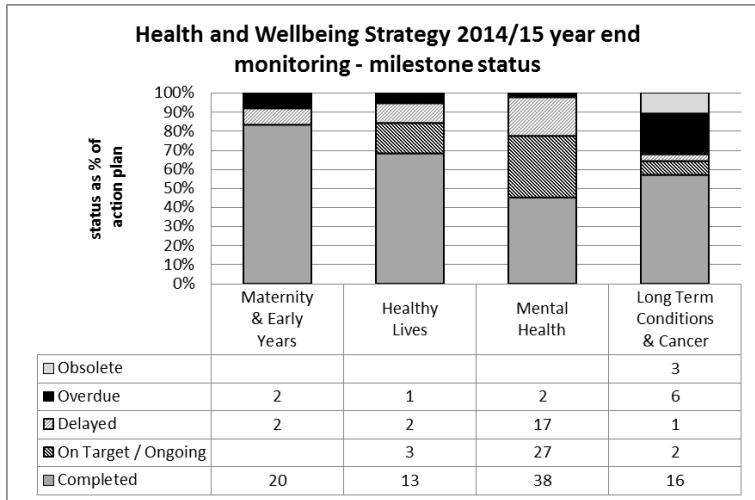
## **3. DETAILS OF REPORT**

- 3.1 The Health and Wellbeing Strategy drives the collective actions of the NHS and local government, both commissioners and providers, and engages communities in the improvement of their own health and wellbeing.
- 3.2 The Health and Wellbeing Strategy is split into four Delivery Plans areas:
  - Maternity and Early Years
  - Healthy lives
  - Mental Health
  - Long term conditions and cancer

### ***Delivery Plan monitoring***

- 3.3 During the course of 2014/15, the Delivery Plans were refreshed to be operational in the 2015/16 financial year and beyond. The refreshed Delivery Plans will be monitored for the first time at the six monthly stage (September). The monitoring provided below is an update on progress made against the 2013/14 Delivery Plans, rolled forward to 2014/15, to date.
- 3.4 The majority of actions/milestones across the four Health and Wellbeing Action Plans have either been completed or are ongoing/on target. Whilst the Mental Health action plan has less than half of its actions/milestones complete, the plan also includes actions relating to the current financial year.

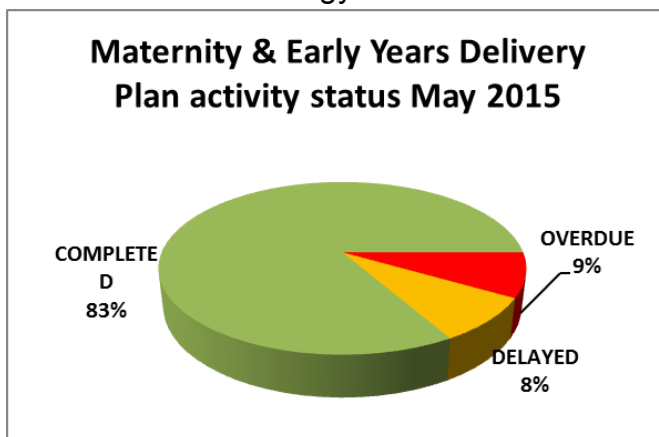
Delayed, ongoing and overdue actions from the four 2013/14 Delivery Plans have been incorporated in to the 15/16 Delivery Plan refresh where they are still deemed to be a priority. An overview of action/milestone status over the four Delivery Plans is provided below:



- 3.5 Where possible, managers have provided comments for all delayed and overdue activities to explain why the deadline was missed; what is being done to rectify the situation; and when the activity will be completed.

Maternity and Early Years

- 3.6 The 2013/14 Delivery Plan is attached at Appendix 1 and the key points are summarised below. There are 24 milestones in the 2013/14 delivery plan. Of those, 20 milestones are completed, 2 milestones delayed, and 2 milestones are described as overdue. The delayed and overdue milestones have been included in this year’s action plan and will also be incorporated into the refreshed HWB Strategy.



- 3.7 Two milestones are marked as **Delayed**:

Health priority two: Two year development review

- **Secure access to key health outcome data from 2/2.5 year healthy child development review** – A memorandum of understanding has been signed off between NHSE and THCCG that will give access to health visiting performance data. A request for new EMIS templates (for child growth) has gone to Barts Health.

We are now receiving health visiting performance data. First report received October 2014, following some delays we have recently received the first of what will be monthly reports. This will be picked up under the new service specification for health visiting (in the H&WB strategy 2015/16 delivery plan – MEY section) and subsequent performance management. Child growth data still not available, but will be incorporated into performance management of health visiting service in 2016 (It's unlikely to be available prior to this date).

Health priority three: Child obesity

- Strengthen the parent and community involvement and increase opportunities for children: **Improve the food offer in leisure centres and other food outlets used by children and their families** – Proposals for a pilot 'healthy vending machines' in the new Poplar Baths has been discussed but has not yet been implemented.

This specific milestone is obsolete – contractual arrangements make this site not suitable for an early pilot. However, work is underway to progress the (delayed) healthy food standards that will provide a framework for taking forward this type of work in the future. This has been included in the Community Plan action plan and could be added to the H&WBS delivery plan – under H&WB strategy 2015/16 delivery plan (Healthy Lives Delivery Plan – under Healthy Place (To enhance partnership work on the food environment in the borough - increasing access to affordable and healthy food)).

3.8 Two milestones are **Overdue** relating to the child obesity health priority:

- Improve the effectiveness of targeted programmes to promote healthy weight in primary school aged children: **Review and update child obesity care pathways** – This work has been delayed due to a five month delay in the award for the Child and Family Weight Management and School Health Services contract. An initial planning meeting was held in April 2015 and the roll out of new training programme will commence from October 2015.

This milestone is now subsumed under 'Mobilisation of new child and family weight management programme' in the H&WB strategy 2015/16 delivery plan (Healthy Lives Delivery Plan – under 'More children who are healthy and have the foundations for lifelong health').

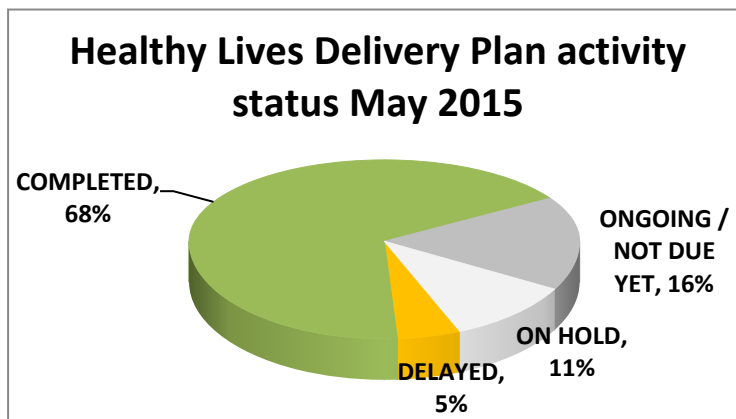
- Strengthen parent and community involvement and increase opportunities for children: **Pilot new approaches to improving nutritional quality of ‘fast food’ available to school children** – The specification for a 12 month pilot for Healthy Fast Food has been agreed and is about to be advertised. The element of this milestone which is overdue relates to the piloting of mobile healthy street food schemes; Stepney Ward Forum and St Paul’s School did propose funding for the pilot but in the end this was not taken forward.

This milestone is included the H&WB strategy 2015/16 delivery plan (Healthy Lives Delivery Plan – under Healthy Place (To enhance partnership work on the food environment in the borough - increasing access to affordable and healthy food)) and it is also in the Community Plan Action Plan.

### Healthy lives

3.9 All activities within the Healthy Lives delivery plan have been monitored and are included in Appendix 2 with the exception of one milestone relating to the Local Development Framework.

3.10 There are 18 activities in the Healthy Lives delivery plan. 3 activities are in progress/ongoing; 1 activity is ‘delayed’ and one is ‘on hold’. Thirteen activities have been fully completed; one activity is complete bar one milestone which is ‘ongoing’. All delayed, on hold and in progress/ongoing activities will be included in the refreshed Health and Wellbeing Strategy.



3.11 Three whole activities and one milestone are marked as ‘in progress / ongoing’:

- Build on and extend community engagement in the development and implementation of the new (Healthy Lives) strategy** – work undertaken to date have informed actions for the 2015/16 Health and Wellbeing Plan.

- **The monitoring of the Local Development Framework and impact –** Milestones relating to local food growing, urban agriculture, and restrictions on new hot food takeaways near schools and leisure centre have been completed. The Core Strategy and Managing Development document which contains a new policy approach to managing the overconcentration of A5 uses was approved by full Council in April 2014. There is ongoing delivery of TfL LIP and cycle schemes; and discussions to secure funding streams relation to access to open spaces.
- **Embed screening and brief intervention around drugs and alcohol into front-line services (beyond A&E) –** Already embedded for GPs, NIS, A&E and Barts, going forward there are plans to embed sign up to screening more widely (eg. inpatient services, CHS, and the voluntary sector).
- **Develop a lifecourse sexual health promotion plan (including SRE in school) and promote access to sexual health services and contraception choices by all front line staff –** Whilst the Lifecourse promotion and access plan has been developed and adopted, the monitoring of the uptake of the plan is an ongoing process.

3.12 One activity is marked as '**delayed**':

- **Agree and implement evidence based health food standards across partner agencies as exemplars of good practice –** standards have been drafted and discussions with GLL and CLC regarding the Poplar Baths programme and implementation of health vending machines and healthy options for the Community Café. The Poplar Baths leisure facilities are not due to be completed until June 2016.

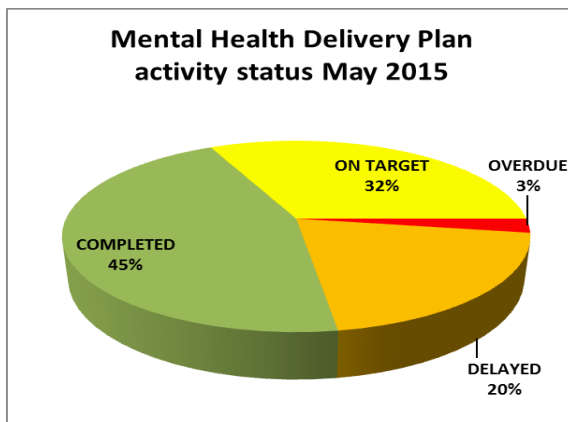
3.13 One milestone has been placed '**on hold**', (shaded grey in the appendix).

- Relating to stakeholder engagement and reporting within the '**Refresh of the Healthy Weight, Healthy Lives strategy to becoming the Healthy Food, Active Lives Strategy activity**'. The workstream will now be incorporated into the 2015/16 Health and Wellbeing Strategy Action Plan and future actions will be integrated into the new Health and Wellbeing Strategy from 2016/17.

### Mental Health

3.14 There are 84 'commitments' in the delivery plan. 38 are '**Completed**', 28 are '**On Target**', 2 are '**Overdue**', and 16 are '**Delayed**'. Year-end monitoring for

this action plan is included as Appendix 3. The On target, overdue and delayed commitments are being carried forward into the refreshed Health and Wellbeing Strategy.



3.15 The mental health delivery plan runs until March 2016. The activities within are also incorporated into the Tower Hamlets joint Mental Health Strategy (Council and CCG) which runs until 2019. A number of commitments are not yet due for completion and they include the following:

- Working with the reducing re-offending workstream of the Community Safety Partnership to ensure that mental health support is included within plans for Integrated Offender Management;
- Implementing the Hostels Strategy;
- Configuration of adult community mental health services in light of work to develop CAMHS services and review of older adult's mental health services;
- Preparatory work for payment by results and monitoring them by protected characteristics to inform future commissioning;
- Reviewing perinatal service and dual diagnosis service model;
- Reviewing extent to which recovery service users feel they have control over care planning processes;
- Personal health budgets in mental health pilots;
- Reviewing the older adults CMHT;
- Developing refreshed commissioning plan for people with a learning disability and mental health problem.

3.16 The high number of delayed and overdue actions in the Mental Health Delivery Plan can be explained by two factors. There has been a recent lack of capacity in the service; however this has now been resolved. In addition, in some instances there has been a miss-alignment of activity deadlines between the Mental Health Delivery Plan and the Mental Health Strategy (all actions in the Mental Health Delivery Plan are also incorporated into the Mental Health Strategy).

3.17 11 objectives under the leadership of the Mental Health and Joint Commissioning Team and other parts of LBTH Commissioning and Health have slipped and are either overdue or delayed. With regard to the major strategic priority; 'the re-commissioning of recovery and wellbeing services', it is now anticipated that this will go to the July Cabinet for decision. The remaining slippages have occurred as a result of commissioners responding to new developments since the publication of the strategy, leading to changed priorities and/or timescales, or a lower priority has been allocated than was envisaged at the time of the strategy's original development.

3.18 There are seventeen commitments which have been flagged as delayed, and the HWB are asked to approve deadline extensions to them. All the overdue and delayed activities are being carried forward into the final year of the Mental Health Delivery Plan:

- Building resilience: mental health and wellbeing for all:
  - **Develop an anti-stigma campaign specific to children and young people** – work will be commissioned by July 2015 and run as a pilot over 3-4 months. Request for deadline date to be extended to July 2016. Going forward, the service are procuring a mental health wellbeing intervention, tackling mental ill-health stigma in four disproportionately affected populations: young people, BME, LGBT, men. These will be delivered by March 2016, with an evaluation to inform longer term commissioning programmes.
  - **Work with Ideas Stores to capitalise on opportunities for improving access to self-help support and bibliotherapy** – this will be addressed through the mental health and wellbeing project being commissioned through Public Health, additionally the set of Health and Wellbeing Outreach workers are in the process of being recruited, a request is made to amend the deadline to March 2016.
  - **Review the Forensic Mental Health Practitioner and Link Worker scheme** – Public Health currently working on needs assessment to scope service needs and gaps, following changes to probation services from April 2015. This will determine whether an FMHP or other service is needed in the borough on an ongoing basis. Request for deadline change to March 2016. The JSNA has now been completed and is due to be considered by the Mental Health Programme Board on Tuesday 16<sup>th</sup> June.
  - **Prospective audit of people who are admitted to hospital who were recorded as not previously known to mental health services in the borough** – This will be undertaken by the end of March 2016.
  
- High quality treatment and support



- **Consider the case for developing a primary care depression service, including support for employment** - Initial report showed Tower Hamlets rate is high compared to London but low compared to national; further work to be decided.
- Living well with a mental health problem:
  - **Purchase the ImROC support pack to self-assess our recovery orientation across the partnership** – Initial discussions took place to ascertain the suitability of using the IMROC support pack and consultancy. It was determined that alternative approaches would be better suited to recovery orientation across the partnership. This has not delayed progress in areas of transformation relating to recovery orientation, i.e. Primary Mental Health Service
  - **Improving mental health and dementia awareness in home care and day care** – procurement of domiciliary care delayed. Request for deadline to be moved to March 2016.
  - **Develop a range of respite options appropriate for people with dementia, for carers to choose from** – The Tower Hamlets Plan for Carers 2015/16 includes a commitment to review access to residential respite by June 2015, with the aim of improving the availability of residential respite places in Tower Hamlets and the surrounding area, including to people with dementia.
  - **Develop a refreshed commissioning plan for people with a learning disability and mental health problem** – MH and LD is within the scope of the redesign/tender of Community Learning Disability Services. Revised deadline for this is now April 2016.
  - **Develop an outcomes dashboard to track the delivery of the Strategy which will be published on the CCG website** – This will be delivered by December 2015, as part of the Mental Health Strategy Summit
  - **Develop a public mental health and well-being programme to tackle stigma and discrimination in mental health** – local statutory organisations have signed Time to Change Pledge and developed action plans, and will consider steps to become mindful employers. Going forward, the service is procuring a mental wellbeing intervention, as highlighted in the anti-stigma campaign activity above. In addition a second stage Time to Change pledge programme is being developed within ESCW. There will be a request for the Time to Change Pledge to be adopted by other employers in the borough to be taken forward by the relevant Partnership Board.
  - **Work with housing providers to improve mental health awareness with staff who work in and around housing** – A bid has been submitted to Health Education North Central and East London Locality-Based Workforce Development funding scheme 2015/16 for

mental health first aid training. This includes a bid for funding of a 3 hour training course for 100 people. This bid has been coordinated by Tower Hamlets Community Education Provider Networks (CEPN). If successful, we will offer places on the programme to housing providers and, following the evaluation and learning from this, will look to role this programme out to more housing providers in 2016/17 via further partnership arrangements and capitalising on other funding opportunities.

- **Target health promotion interventions at all ages in the public mental health programme** – A stocktake of services to improve physical health for people with SMI due for consideration by Mental Health Programme Board in May 2015. The service provided the following update: the Public Health component of this was discussed at the May Board, a working group is being convened to take forward actions. Health Care component will be discussed at the July Board.
- **Use the Time to change pledge to encourage our suppliers to adopt an Emotional First Aid programme for their employees** – implementation currently being discussed between Public Health and ESCW. Service update as above.
- **Develop a specific plan for young carers of parents with a mental health problem** – We have an existing work programme for young carers which are delivered through the Young Carers Strategy Group. The Council and CCG also commission services to support young carers including services that work specifically with children and young people affected by parental mental illness.
- We will be developing our plan for young carers over the coming year to ensure that we continue to meet the needs of this group of children and young people..
- **Develop a methodology to understand prescribing activity and undertake a review** – New national documents have provided increased understanding in this area, including the NICE Guideline on Schizophrenia and Nuffield Trust, which will be incorporated into our work on this in 2015/16.

3.18 Two commitments are ragged as **Red/Overdue**:

- Building resilience: mental health and wellbeing for all:
  - **Develop a refreshed model for the delivery of day opportunity and support services, with an accompanying procurement plan** – Pending Cabinet decision, strategy remains to procure the new service delivery model pooling LBTH and CCG voluntary sector funding. If a decision is not forthcoming an alternative strategy may be implemented.
  - **Develop a referral and diagnostic pathway for people with ASD who are not eligible for mental health services, with clear**

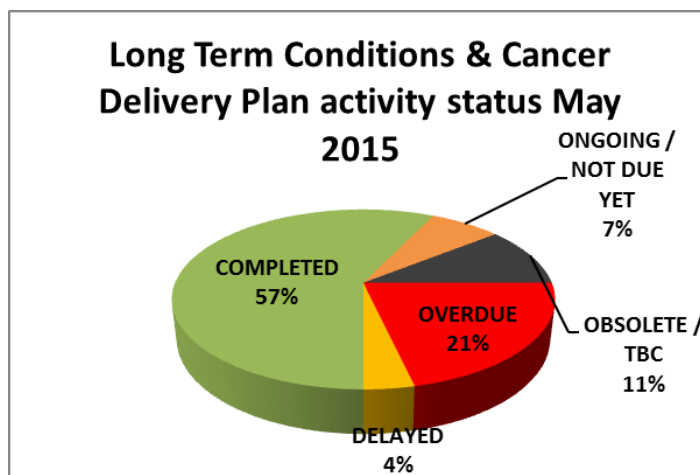
### **thresholds for where people may require mental health services**

– This is currently being addressed by the CCG and the Council.

#### Long Term Conditions and Cancer

3.19 All activities within the Long Term Conditions and Cancer delivery plan have been monitored and are included in Appendix 4 with the exception of two activities: **'Improve availability and access to information on healthy dying by embedding in single health and social care information resource system for professionals and residents'** and **'Lead a cultural change programme for professionals and staff about self-care'**.

3.20 There are 29 activities in the delivery plan. 16 activities have been marked as 'completed'; 1 activity is 'ongoing'; 6 activities are overdue; 1 activity is 'delayed'; 1 is 'obsolete'; 1 is not due yet. One activity which is marked as complete has one milestone marked as overdue. 2 activities are 'TBC' as they are still to be set by the Health and Wellbeing Strategy Sub-Group and therefore no information is available.



3.21 There are six activities which have been assessed as being **Overdue**:

- Outcome Objective 2: Improved patient experience and co-ordination of health, housing and social care for those with single or multiple long term conditions
  - **Develop an integrated community health and social care contact point (Referral hub in health and First Response) (50% complete)** – Concept built into CHS specification currently in live procurement process. NHS 111 re-procurement decision across WELC will also need to be taken into account
  - **Implement an integrated advanced care plan and record for patients that sit across health and social care (50% complete)** - An Integrated Care information sharing agreement is being

developed. The Orion portal will provide a shared care record, but social care information is still outstanding.

- **Develop and provide continence service in care homes (0% complete)** - no proposals have been put in place. Care homes being independent organisations will have their own arrangements in place. A review of H&WB Action Plan needs to consider the original rationale for this proposal as it did not exist in any CCG, LBTH or provider work stream.
- **Engender a cultural shift that “normalises” death in the community and supports advanced care planning (20% complete)** – To be reviewed by the CCG.
- **Improve support given to those dying and their carers** – a checklist which is triggered when a GP issues DS1500 to patients has not been implemented.
- **Review current programmes that support preferred place of death and produce analysis of what works and what doesn't work (75% complete)** - There are significant issues with how this information is recorded and is variable across providers. Place of death is often recorded, but not if this was "preferred". Anticipatory Care Planning (under Integrated Care Programme) will mean in future this is recorded.

3.22 One activity is marked as '**ongoing**', relating to **cancer waiting times, improvement against the 62 day wait standard**. Although not technically overdue, it is not producing the target outcomes and further work is needed next year.

3.23 One activity is marked as '**delayed**', relating to **Improving housing options for people with learning disabilities in Tower Hamlets**. This is due to the readjustment of two milestones following a review by the Learning Disabilities Partnership Board.

3.24 One activity is now '**obsolete**' (shaded grey in the appendix). The activities marked as obsolete relate to the establishment of a forum, jointly chaired with health and social care, to **develop an integrated approach to commissioning the older persons pathway**. However, given developments with the Integrated Community Health Team and Integration Transformation Fund, these activities are now considered obsolete.

### Measures

3.25 The outcome measures for the 2013/14 Health and Wellbeing Strategy Action Plans were drawn from national outcome frameworks and have been used to monitor progress and report on an annual basis. The current position is

attached at Appendix 5. A refreshed set of performance measures have been chosen for the 2015/16 Action Plans going forward.

- 3.26 Performance against target is measured as either 'Red', Amber, or 'Green' (RAG). Performance which has fallen more than 10% below the 2013/14 target is marked as Red. Performance which is less than 10% of the 2013/14 target is marked as Amber. Performance which has exceeded the 2013/14 target is marked as Green. Direction of travel has been provided where possible. London comparisons are also provided where available.

### Next Steps

- 3.27 Each of the four Delivery Plans have been monitored in a slightly different way. Not all of the Delivery Plans have a percentage complete column. The status of activities, actions, commitments and milestones (RAG) do not appear to use standardised terminology, nor is the definition for the status standardised.
- 3.28 The Health and Wellbeing Board should consider the merit of adopting a more standardised approach to monitoring the refreshed Delivery Plans. This might include a percentage completed column and an agreed approach to RAG status e.g.
- **Completed** – the activity and all related milestones are completed
  - **Delayed** – the activity is completed with the exception of one milestone which does not contribute significantly to the success of the overall activity, and/or all but one milestone is overdue but almost completed (90% or more), and/or the overdue milestone is due to be completed by the end of the following quarter.
  - **Overdue** – one or more milestones contributing to the activity is has not been completed by 90% or more, and/or is not due to be completed by the end of the following quarter.
  - **On Target** – where activities and milestones are due to complete by the deadline provided.
- In addition, where an activity is off target, delayed or overdue; comments should be provided on progress, which include the following:
- why the target was missed;
  - what action is being taken to address this; and
  - when the action will be completed.

## **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1. This report provides an update on the progress against the Health and Wellbeing Strategy delivery plans for the six months to 31<sup>st</sup> March 2015, there are no direct financial implications as a result of this report.

## **5. LEGAL COMMENTS**

- 5.1. 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.
- 5.2. Further, it is a function of the HWB to identify the 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.
- 5.3. In collecting the data regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equalities Act 2010. The duty is set out at Section 149 of the Equality Act 2010. 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 Health and Wellbeing Strategy delivery plan and indicators are focussed on meeting the health needs of the diverse communities living in Tower Hamlets and supporting the delivery of One Tower Hamlets, in particular reducing health inequality in the Borough.

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

- 7.1 There are no specific environmental implications.

## **8. RISK MANAGEMENT IMPLICATIONS**

- 8.1. In line with the Council's risk management strategy, the information contained within the delivery plans and outcome measures will assist the Health and Wellbeing Board and relevant service managers in delivering the ambitious targets set out in the Health and Wellbeing Strategy. Regular biannual monitoring reports will enable Members, officers and Health partners to keep progress under review.

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

- 9.1 There are no specific crime and disorder implications.

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## **Appendices and Background Documents**

Appendix 1 – Maternity and Early Years Delivery Plan Delivery Plan

Appendix 2 – Healthy Lives Delivery Plan

Appendix 3 – Mental Health Strategy Delivery Plan

Appendix 4 – Long Term Conditions and Cancer Delivery Plan

Appendix 5 – Health and Wellbeing Strategy Outcome Measures

Appendix 6 – Refresh of the Joint Health and Wellbeing Strategy

## **Background Documents**

- NONE