

## Maternal, Early Years and Child Health Update for the Health and Wellbeing Board, 8<sup>th</sup> July 2014

### 1. Introduction

The purpose of this report is to provide an overview of maternal, early years and child health across Tower Hamlets. Local performance against relevant indicators from the Public Health Outcomes Framework is presented, and compared to data from London and England, to highlight areas of need and also local strengths and achievements. The key multi-agency groups that have responsibility for addressing maternal, early years and child health are listed with a summary of their responsibilities and priorities.

### 2. Public Health Outcomes Framework

Early years and childhood, including 'pre-birth', is a critical period for the child's longer term health and well-being. The Marmot Strategic Review of Health Inequalities in England highlighted that social and biological influences on development start at or before conception and accumulate during pregnancy to influence the health of the child at birth. It presents evidence that the accumulation of social, economic, psychological and environmental influences during the early years and childhood 'cast a long shadow' over the subsequent social development, behaviour and health and wellbeing of the individual.

The following key indicators from the PHOF demonstrate the high level of need in Tower Hamlets, but also local strengths and achievements.

#### Key:

|                  |   |        |                   |
|------------------|---|--------|-------------------|
| Diff<br>TH<br>E* | Difference between Tower Hamlets and England    | ↑<br>↓ | Recent trend      |
|                  | Tower Hamlets significantly worse than England  | ↑      | Increase / worse  |
|                  | Tower Hamlets significantly better than England | ↓      | Decrease / worse  |
|                  | Difference not significant                      | ↑      | Increase / better |
|                  | Significance not tested                         | ↓      | Decrease / better |

#### 2.1 Wider Determinants

| Indicator                                | England<br>% | London<br>% | Tower<br>Hamlets<br>% | Diff<br>TH<br>E* | ↑<br>↓ | Comments  |
|--|--------------|-------------|-----------------------|------------------|--------|---|
| Children under 16 years in Poverty, 2011 | 20.6         | 26.5        | <b>43.6</b>           |                  | ↓      | While levels of child poverty have been decreasing there is a risk that the impact of welfare reform could reverse this trend and the level of child poverty in Tower Hamlets remains the |

|   |       |       |              |  |   |   |
|---|-------|-------|--------------|--|---|---|
|   |       |       |              |  |   | highest in the country.   |
| School readiness (Reception), 2012/13   | 51.7  |       | <b>45.9</b>  |  | ↑ | While the proportion of children achieving a good level of school readiness at the end of reception in Tower Hamlets is significantly worse than the national average, this reflects the high levels of child poverty. When the comparison is with children entitled to free school meals Tower Hamlets children do significantly better than average. Improving school readiness in Tower Hamlets remains a priority |
| School readiness, pupils entitled to free school meals (Reception) 2012/13        | 36.2  |       | <b>42.6</b>  |  | ↑ |   |
| School readiness: phonics (Year 1), 2012/13                                       | 69.1  |       | <b>70.6</b>  |  | ↑ | By the end of year 1 the proportion of Tower Hamlets children achieving a good level of school readiness (phonics) is slightly better than average but the difference is not significant. Again comparing children entitled to free school meals Tower Hamlets children do significantly better than average.   |
| School readiness: phonics, pupils entitled to free school meals (Year 1), 2012/13 | 37.2  |       | <b>64.6</b>  |  | ↑ |   |
| Pupil Absence, 2011/12  | 5.11  | 4.82  | <b>4.66</b>  |  | ↓ | Levels of pupil absence in Tower Hamlets are significantly lower than average. Role of Health Visitors and School Nurses in the Health Education Action Partnership is being strengthened.  |
| Statutory homelessness/ households in temporary accommodation, 2011/12            | 2.32  | 11.33 | <b>19.31</b> |  | ↓ | Homelessness has a major impact on child health and development. While the level of homelessness in Tower Hamlets has been decreasing it remains significantly higher than average.   |
| Utilisation of outdoor space for exercise / health reasons                        | 15.33 | 10.5  | <b>9.42</b>  |  | ↑ | Utilisation of outdoor space for exercise / health reasons is significantly lower in Tower Hamlets than average. There is a range of work aiming to improve access to and perceived safety of outdoor space for children and families   |

## 2.2 Health Improvement

| Indicator   | England % | London % | Tower Hamlets % | Diff TH E* | ↑<br>↓ | Comments  |
|---|-----------|----------|-----------------|------------|--------|---|
| Under 18 conceptions, 2011                                | 30.7      | 28.74    | <b>28.5</b>     |            | ↑      | Latest figures show a slight increase but longer term trend is of decreasing rates. Family Nurse Partnership provides intensive support for first time teenage parents that will significantly improve life chances of the children.  |
| Smoking status at time of delivery, 2012/13               | 12.7      | 5.0      | <b>3.0</b>      |            | ↓      | Risk that smoking rates in pregnancy rates could increase as consequence of demographic changes.  |
| Low birth weight of term babies, 2011                     | 2.8       | 3.2      | <b>4.1</b>      |            | ↓      | Highest for Bangladeshi mothers and linked to small maternal body size. May increase risk of child obesity and diabetes and cardiovascular disease later in life.   |
| Breastfeeding initiation, 2012/13                         | 73.8      |          | <b>86.8</b>     |            | ↑      | Barts Health maternity service recently re-assessed for UNICEF BFI reaccreditation and had improved in a number of areas but decision still under review due to evidence that infant formula is sometimes given without valid medical grounds or evidence of informed maternal choice.  |
| Breastfeeding at 6-8 weeks, 2011/12                       | 47.2      |          | <b>71.1</b>     |            |        | Community services (Health Visitors and Children's Centres) successfully achieved BFI re-accreditation and the Breastfeeding Support service was commended. Despite high total breastfeeding rates we have low exclusive breastfeeding rates and recent local research has highlighted the role of the extended family: grandmothers and mothers in law in influencing infant feeding practices. The recommendations are being discussed with services. |
| Excess weight in 4-5 year olds, 2012/13 (Academic year)   | 22.2      | 23.3     | <b>23.6</b>     |            | ↓      | Levels of obesity have been decreasing since 2006/07 although for the last 3 years this seems to have plateaued.  |
| Excess weight in 10-11 year olds, 2012/13 (Academic year) | 33.3      | 37.5     | <b>41.4</b>     |            | ↑      | After a halt in the increase in rates of obesity in Tower Hamlets from 2008/09-2011/12  |

|  |       |      |             |  |   |   |
|--|-------|------|-------------|--|---|---|
|  |       |      |             |  |   | there was a further increase in 2012/13 This is particularly marked in Bangladeshi and Somali boys which are the focus of a new community engagement /action research project.  |
| Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years), 2012/13 | 103.8 |      | <b>81.5</b> |  | ↓ | Prevention strategy will be developed as part of 'Healthy Lives' strategy.  |
| Emotional wellbeing of looked after children, 2011/12  | 13.8  | 13.5 | <b>13.2</b> |  | ↓ | The need to strengthen tier 1 and 2 mental health services has come up in several reviews. New specification for School Health includes a pilot of school nurses carrying out the annual reviews of LAC in their school and also strengthens their role in promoting and supporting emotional wellbeing for all children. |

### 2.3 Health Protection

| Indicator   | England % | London % | Tower Hamlets % | Diff TH E* | ↑<br>↓ | Comments  |
|---|-----------|----------|-----------------|------------|--------|---|
| Fraction of mortality attributable to particulate air pollution, 2011 | 5.4       |          | <b>8.1</b>      |            |        | Higher than average in Tower Hamlets (significance not tested) Recent research in Tower Hamlets schools shows that exposure to particulate air pollution is having a measurable impact on lung development                                      |
| Dtap/IPV/Hib (1 year old), 2012/13                                    | 94.7      | 91.3     | <b>96.8</b>     |            | ↑      | Coverage of the child immunisation programme remains high, it is important to maintain a focus on this programme to ensure that coverage does not drop.   |
| MMR one dose (2 years old), 2012/13                                   | 92.3      | 86.1     | <b>93.8</b>     |            |        |   |
| MMR two doses (5 years old), 2012/13                                  | 87.7      | 81.0     | <b>93.4</b>     |            | ↑      |   |
| HPV (12-13 years), 2012/13  | 86.1      |          | <b>72.0</b>     |            | ↓      | Coverage of HPV dropped from 83.9% in 2011/12. This appears to be due to low uptake of the 3 <sup>rd</sup> vaccination. This has been raised with the School Health service and NHSE, the new commissioners of the school vaccinations service. |

## 2.4 Healthcare and Premature Mortality

| Indicator                                   | England % | London % | Tower Hamlets % | Diff TH E* | ↑<br>↓ | Comments  |
|---|-----------|----------|-----------------|------------|--------|---|
| Infant mortality (2009-11)                  | 4.29      | 4.34     | <b>4.98</b>     |            | ↑      | Infant mortality in TH was previously lower than average for London and England. There has been a recent increase but small numbers mean that it is hard to interpret. This is being monitored to see if it is becoming a trend.  |
| Children with dental decay (5 years), 2012  | 27.9      | 32.9     | <b>27.9</b>     |            | ↑      | Following improvements and a narrowing of the gap between Tower Hamlets and London & England from 2002-2008, there has been a deterioration in Tower Hamlets. More needs to be done both to improve children's access to dental care and also preventative work including raising awareness of impact of dietary sugar and oral hygiene. This will be linked to work on healthy weaning |
| Average number of teeth with decay, 2011/12 | 0.94      | 1.23     | <b>1.78</b>     |            |        |   |

## 3. Key Partnership Groups

There is no single partnership group with a strategic overview of the full range of work on maternal, early years and child health.

Key multi-agency groups<sup>1</sup> with responsibility for different aspects of maternal, early years and child health include:

- Maternity, Early Years and Childhood Commissioning and Delivery Group (of the Children and Families Partnership Board)
- CCG Children and Young People Programme Board
- Maternity and Early Years Health Improvement Group
- School Health and Wellbeing Forum
- UCL Partners child health research projects

### 3.1 Children and Family Partnership Board

This board has responsibility for the Tower Hamlets Children and Families Plan and is supported by two 'Commissioning and Delivery Groups' each responsible for two life course segments as follows:

- Maternity & Early Years and Childhood (MEYC), 0-11 years
- Young People and Preparing for Adulthood (YPPA), 12-19 years

<sup>1</sup> Not including groups convened to address specific issues e.g. CAMHS, Children with Disabilities, Safeguarding Children and other defined areas

The MEYC C&D group is also responsible for the Maternity and Early Years priority of the Health and Wellbeing Strategy.

The Child and Families Plan aims to support children to be:

- Safe
- Healthy
- Achieve their full potential
- Active and responsible citizens
- Emotionally and economically resilient for their future

There are a large number of outcomes and indicators in the plan for each of the above themes. In order to reduce duplication of work that is already in service work plans or is being taken forward by other operational partnership groups it was agreed to identify one or two priority areas per life course segment and theme.

Criteria for selecting these priority actions were that they should be strategic, with potential to impact on a number of the priority outcomes in the Children and Families Plan both within and across themes and there should be significant added value from wider partnership action.

The health priorities agreed by the MEYC C&D group are:

- Maternal (parent/carer) and infant emotional health and wellbeing
- Strengthening partnership working around the 2 year development review
- Child obesity (with a particular focus on 5-11 years)

See appendix for action plans.

The longer M&EY action plan, originally developed by this group has been delegated to the Maternity and Early Years Health Improvement Group (see below).

### ***3.2 CCG Children and Young People Programme Board (CYPP Board)<sup>2</sup>***

The main focus of this board is on specialist children's services commissioned by the CCG. During 2013/14 there was a stock take of CCG commissioned services and projects on the paediatric continence service, best practice tariff for diabetes, continuing care, gastroenterology, asthma, A&E attendances and transitions.

Partnership working includes integrated working with LBTH on speech and language therapy, disabilities and SEN reforms, follow up of recommendations from Child Death Overview Panel, links to the mental health strategy and coordination with public health on child public health services (e.g. child weight management and school health) and agreement of joint governance arrangements between the CCG, NHSE and LBTH (public health) for Health Visiting.

---

<sup>2</sup> The CCG Maternity Quality Group is responsible overseeing the maternity service transformation programme to make services safer, higher quality and a good experience (see separate presentation to the Health and Wellbeing Board)

### ***3.3 Maternity and Early Years Health Improvement Group***

This multi-agency operational group brings together and coordinates work including: antenatal parenting support, smoking in pregnancy, maternal nutrition and obesity, promoting breastfeeding, healthy weaning, oral health promotion, obesity prevention, injury prevention, management of minor ailments

The more detailed Maternity & Early Years health action plan, originally developed by Maternity & Early Years and Childhood Commissioning and Delivery Group has been delegated to this group.

This group reports to the MEYC C&D group and also to the CCG CYPP Board and Maternity Quality Group, as appropriate.

### ***3.4 School Health and Wellbeing Forum***

This newly established operational group aims to promote and support the health and wellbeing of school aged children and young people in Tower Hamlets by strengthening and improving the coordination of health promotion and healthcare input to schools.

It has a wide membership of agencies from schools, NHS, local authority and voluntary sector. This group reports to both the MEYC and YPPA C&D groups.

### ***3.5 UCL Partners/CLAHRC research projects on Child Health***

The following research projects are being developed with a focus on Tower Hamlets:

- Pilot of a woman / community led intervention to improve early nutrition (6-24 months) in the Bangladeshi community. This will look at weaning practices, oral health, developments of overweight / obesity and also under nutrition. The pilot will form the basis for a bid for a larger RCT (that will be wider than Tower Hamlets)
- Development of quality outcome indicators for Health Visitors on maternal emotional health and wellbeing and maternal/infant attachment
- Also putting together a funding bid for a project on physical activity (barriers, perceptions and fears) for children and young people with long term conditions (epilepsy, asthma, diabetes).

## Appendix

### Action Plans for key priorities agreed by the Maternity, Early Years and Childhood Commissioning and Delivery Group of the Children and Families Partnership Board

#### Maternity & Early Years (pre-birth – 5 years)

Maternity and Early Years is one of the four strategic priorities of the Health and Wellbeing Strategy and it was agreed that this piece of work would be taken forward by the Maternity, Early Years and Childhood commissioning and delivery group of the Children and Families Partnership Board.

The key health outcomes in the Children and Families Plan for Maternity and Early Years are:

1. Good and improving maternal health (including mental and physical health)
2. Reduction in under 18 conceptions and support teenage parents
3. Early detection and treatment of disability and illness, and ensure that children achieve positive physical, emotional and cognitive developmental outcomes
4. Maintain low infant mortality rates and promote good health in infancy and early years
5. Decrease levels of overweight and obesity in 4-5 year olds and provide more opportunities for active play and healthy eating
6. Reduce dental decay in 5 year olds

The agreed priority areas for partnership action on Maternity and Early Years in the 'Health' theme are as follows:

#### Health Priority 1:

***Maternal and infant mental health: develop partnerships across health, children's centres and community organisations to support maternal mental health and wellbeing and secure attachment with the baby during the first year of life***

This priority contributes to health outcomes 1, 2, 3 and 4 above and also to outcomes under the 'achieving potential', 'emotional and economic resilience' and 'safe' themes.

| Milestones   | Progress   | RAG |
|--|--|-----|
| Map the ante and post natal depression pathway and identify gaps and opportunities by January 2014                             | Multi-agency steering group convened and has met twice (October 2013, March 2014)<br>Mapping complete, using framework from 1001 Critical Days (Cross Party Manifesto, Wave Trust and NSPCC) |     |
| Convene wider multi-agency meeting/workshop to scope work across children's centres, voluntary sector and health by March 2014 | Multi-agency workshop held on 15th January 2014  |     |



|  |   |  |
|--|---|--|
| Develop proposal to strengthen 'Universal' elements of support for maternal and infant emotional health and wellbeing plus pilot support package for pregnant women and parents/carers of infants identified to be 'at risk' by May 2014 | Outline proposal has been agreed (training for community organisations/volunteers and health professionals plus supervision and support networks).  |  |
| Secure funding / commission pilot intervention by June 2014  | Funding for 2014/15 has been identified from the public health grant. Ongoing funding (initially for 2015-17) still to be confirmed.<br><br>Exploring opportunities to bid for external / match funding |  |
| Agree and implement action plan for strengthening 'Universal' elements of support for maternal and infant emotional health and wellbeing by June 2014  | Action Plan agreed at steering group meeting 3rd June   |  |
| Hold second multiagency workshop to consult on commissioning proposals by July 2014  |   |  |
| Commission training and parent volunteer support network by September 2014   |   |  |

#### Health Priority 2:

***Two year development review: building on the 2/2.5 year healthy child development review (health visiting) develop and strengthen partnerships across health, children's centres, nurseries and community organisations to promote children's physical, social, emotional and cognitive development***

This priority contributes to health outcomes 3, 4 and 5 above and also contributes to outcomes for the 'achieving potential' theme, including improving the proportion of children achieving a good level of school readiness at the end of reception.

| Milestones  | Progress  | RAG |
|---|---|-----|
| Workshop reviewing current referral pathways and partnerships supporting the 2/2.5 year healthy child development review in December 2014                               | Workshop held December 2013   |     |
| Identify opportunities for wider join up to ensure that children at risk of impaired physical, social, emotional and cognitive development are identified and supported | Public health strategist now attending integrated 2 year review steering group (includes representatives from health, learning and achievement and children's centres. Next meeting 3 <sup>rd</sup> June 2014 |     |
| Secure access to key health outcome data from 2/2.5 year healthy child development review.  | MOU has been signed off between NHSE and THCCG that will give access to Health Visiting performance data. Request for new EMIS templates (child growth) has gone to Barts Health                              |     |

## Childhood (5-11 years)

The key health outcomes in the Children and Families Plan for Childhood are:

1. Decreasing levels of obesity and overweight
2. Looked After Children receive their annual health assessment, are fully immunised and have had their appropriate screening checks e.g. vision and dentist within the previous 12 months
3. Looked After Children have good emotional wellbeing
4. Children with disabilities and their families are supported following diagnosis
5. Reduction in emergency admissions for children with asthma.

The agreed priority for partnership action on Childhood (5-11 years) in the 'Health' theme is as follows:

### Health Priority 3

***Child obesity: create wider opportunities for children to engage in physical activity and healthy eating in community, leisure, school, faith and home settings in order to reduce the prevalence of overweight and obesity in 10-11 year olds***

This work is targeted at primary school aged children because of the ongoing increase in levels of overweight and obesity in 10-11 year olds. Ongoing prevention work targeting pre-school aged children is still underway and links to work on reducing sugar consumption / improving oral health.

| Activity 1 Review and strengthen support for schools to create environments that support healthy eating and physical activity  |  |     |
|--|--|-----|
| Milestones   | Progress   | RAG |
| Increase the number of schools achieving the Enhanced Healthy Schools Award and GLA 'Bronze' and 'Silver' awards<br>September 2014, 3 new schools signed up for 'Enhanced' and 4 for 'GLA Silver'  | 20 schools have already achieved Enhanced Healthy Schools status (which includes targeted work on child obesity)<br><br>92% of school have achieved GLA 'Bronze' Award (highest in London)<br><br>4 schools have achieved GLA Silver Award (highest in London) |     |
| Introduction of school based family cookery clubs:<br>- Training for new schools to run September / October 2014<br>- 5 new schools to have signed up to run family cookery clubs by December 2014 | Pilot family cookery clubs (involving parents, carers and children and focus improving cooking skills and awareness of healthy eating and portion size) have run in 5 schools with very positive feedback from schools and parents                             |     |
| Additional training and support from School Sports Foundation for schools meeting Enhanced Healthy Schools Status, <i>September 2014</i>   | School Sports Foundation runs after school sports and physical activity sessions in majority of primary schools  |     |

|  |   |            |
|--|---|------------|
|  | Negotiations underway to increase input   |            |
| <b>Activity 2 Improve the uptake and quality of school meals in primary schools</b>  |   |            |
| <b>Milestones</b>  | <b>Progress</b>   | <b>RAG</b> |
| <p>Implement free school meals commitments</p> <ul style="list-style-type: none"> <li>- Review of uptake of first year of scheme August 2014</li> <li>- Roll out of national scheme (reception, years 1 and 2) September 2014</li> <li>- Roll out of free school meals for all primary school pupils September 2015</li> </ul>   | <p>Free school meals have been made available for all reception year 1 pupils from September 2013</p> <p>Commitment to makes free school meals available to all primary school pupils from September 2015</p> <p>School meals meet the School Food Trust standards</p>                                  |            |
| <p>Identify and share examples of good practice in improving the dining environment</p> <ul style="list-style-type: none"> <li>- 5 case studies of best practice identified - August 2014</li> <li>- Dissemination (e.g. school visits, healthy schools newsletter) Sept – Dec 2014</li> </ul>   | <p>Local research shows that an important factor in low uptake of school meals is a poor quality dining environment. Roll out of good practice / improved dining experience is likely to lead to better uptake of school meals.</p> <p>3 case studies of best practice have already been identified</p> |            |
| <p>Submit application to be a London Flagship Food Borough, 2 May 2014</p>   | <p>Application submitted but not successful. Consultation with Head Teachers produced useful ideas for improving quality / attractiveness of school meals through training Dinner Ladies and will be exploring how this could be funded</p>   |            |
| <b>Activity 3 Improve the effectiveness of targeted programmes to promote healthy weight in primary school aged children</b>   |   |            |
| <b>Milestones</b>  | <b>Progress</b>   | <b>RAG</b> |
| <p>Commission evaluation of Healthy Lives Champions (to Identify the impact of the Healthy Lives Champions on levels of obesity in year 6 and any learning on what increases their effectiveness)</p> <ul style="list-style-type: none"> <li>- <i>Specification agreed April 2014</i></li> <li>- <i>Advertise contract May 2014</i></li> <li>- <i>Contract starts June 2014</i></li> </ul> | <p>Healthy Lives Champions are active in 13 primary Schools. In 2013 350 children (mainly year 5) participated with an average 37% reduction of BMI</p> <p>Contract for evaluation agreed and will be completed November 2014, interim report July 2014</p>   |            |
| <p>Re-commission Child and Family Weight Management and School Health services</p> <ul style="list-style-type: none"> <li>- New specifications agreed February 2014</li> <li>- Advert March 2014</li> <li>- New contracts 1st October 2014</li> </ul>  | <p>Procurement process completed to schedule and now awaiting sign off of recommendations.</p> <p>New specification strengthens the coordination and linkages across these services with respect to:</p>  |            |

|   |   |            |
|---|---|------------|
|   | <ul style="list-style-type: none"> <li>- identification of overweight and obese children (new funding for NCMP coordinator based on School Health)</li> <li>- parental and family engagement</li> </ul>   |            |
| <p>Review and update child obesity care pathway (to improve identification and referral of children who would benefit from support in weight management, involving wider range of frontline services in identification of overweight and obesity children, brief advice and referral)</p> <ul style="list-style-type: none"> <li>- <i>Initial planning meetings May/June 2014</i></li> <li>- <i>Roll out of new training programme from October 2014</i></li> </ul> | <p>Initial discussions have been held with CCG Board lead for Children, GP Child Health lead and Consultant Paediatrician.</p> <p>Requirements for supporting new care pathway have been strengthened in new contract for Child and Family Weight Management</p>      |            |
| <p><b>Activity 4 Strengthen parent and community involvement and increase opportunities for children to be active and eat healthily in the wider community</b></p>  |   |            |
| <b>Milestones</b>   | <b>Progress</b>   | <b>RAG</b> |
| <p>Consult with community, parent and faith groups regarding issue of high obesity in Bangladeshi and Somali boys and agree community based interventions to address the issue</p> <p>Initial consultation – October 2014</p> <p>Agree action plan – November 2014</p>  | Collating list of key groups to consult and preparing topic guides  |            |
| Strengthen role of the 'Healthy Family Parent Ambassadors' in prevention of child obesity   | More fathers now involved in programme  |            |
| Improve the food offer in leisure centres and other food outlets used by children and their families  | Proposal for pilot 'healthy vending machines' in the new Poplar Baths   |            |
| <p>Pilot new approaches to improving nutritional quality of 'fast food' available to school children</p> <ul style="list-style-type: none"> <li>- Pilot mobile healthy street food schemes to commence from September 2014</li> <li>- Fast food outlet to trial range of modifications to improve food offer (start date TBC)</li> </ul>  | <p>Stepney Ward forum and St Pauls School have each decided to fund a pilot mobile healthy street food project, but process no longer clear</p> <p>Specification for 12 month pilot Healthy Fast Food pilot in an existing outlet complete and awaiting sign off.</p> |            |
| <p>Increase availability of and access to open spaces</p> <ul style="list-style-type: none"> <li>- Exploring feasibility of use of section 106 funding to create new open spaces</li> <li>- Project to improve accessibility for disabled children</li> </ul>   | <ul style="list-style-type: none"> <li>- Evidence review completed and awaiting planning approval</li> <li>- Steering group established</li> </ul>  |            |