


Health and Wellbeing Board 9 September 2014	
Report of the London Borough of Tower Hamlets	Classification: [Unrestricted]
Health and Wellbeing Strategy 2013/14 Year End Monitoring Report	

Lead Officer	Louise Russell, Service Head Corporate Strategy and Equality
Contact Officers	Louise Fleming, Strategy, Policy and Performance Officer
Executive Key Decision?	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 an update on delivery for the six month period ending 31st March 2014. 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, as this is the first report of this type, which we can revise for future reports;
3. Indicate any areas of poor performance or delays where more information is requested.
4. Note that the next six monthly monitoring report will be considered by the Health and Wellbeing Board in January 2015.

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

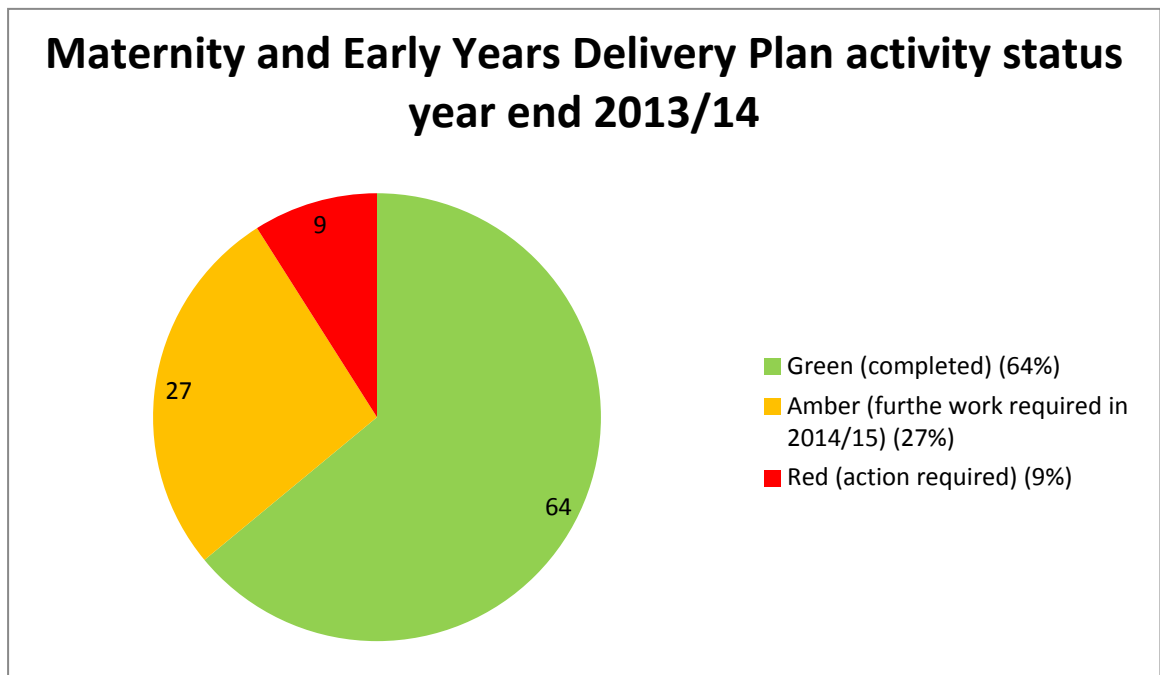
- 2.1 The Council reports performance against the actions in the Health and Wellbeing Strategy delivery plans and the outcome measures. Significant areas of success and underperformance, with corrective action taken, are reported in the body of the report and the appendices attached. No alternative options 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, agreed by the Board at its first full meeting in February 2014, 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 Following the production of the strategy, agreed by the shadow Health & Wellbeing Board in June 2013, a delivery plan was developed to work towards the objectives of the strategy. This delivery plan also identified outcome measures that, in conjunction with the associated baseline data and targets, will enable progress against the aims of the strategy to be measured.
- 3.3 There are current delivery plans for all four priorities:
 - Maternity and Early Years (although this is due for review)
 - Healthy lives
 - Mental Health (this was developed mid-year with the Strategy, therefore there is less monitoring information available at this year end point)
 - Long term conditions and cancer

Maternity and Early Years

- 3.4 The delivery plan for Maternity & Early Years has been rationalised following a decision by the delivery groups for the Children and Families Plan to shorten and rationalise their draft plans and ensure they focused on areas that added value in relation to the wider partnership. Although the Maternity and Early Years delivery plan is being revised, it was agreed at the meeting of the Health and Wellbeing Strategy Sub-Group on 16th July that the activities in the current version of the delivery plan would be monitored. The delivery plan is attached at Appendix 1 and the key points are summarised below. It should be noted that the 13/14 outturn column has been amended to read 12/13 as this is the most recent data available from Public Health England.
- 3.5 There are 11 milestones in the current version of the delivery plan. Of those, 7 are rated Green (completed) (64%), 3 are rated Amber (completed in part but work still ongoing into 2014/15) (27%). One milestone is rated Red (action required) (9%).



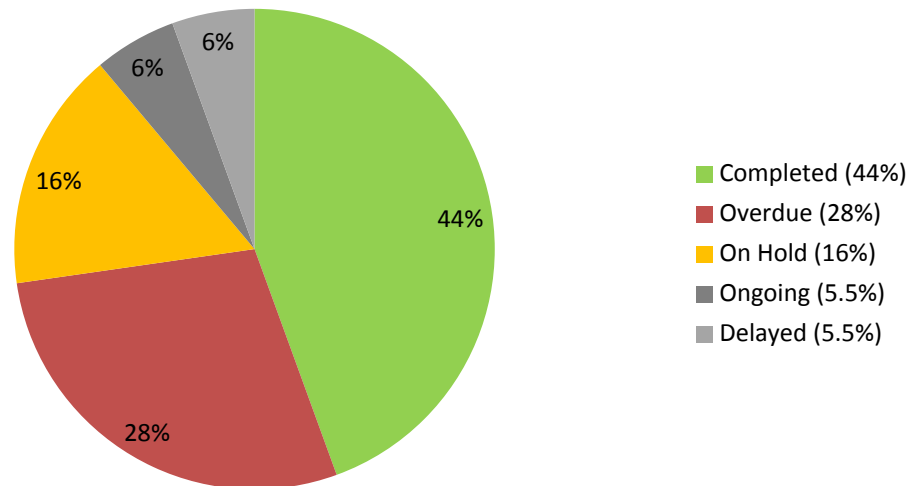
- 3.6 The milestone rated **Red** (further action required) relates to the Child Injury Prevention action:
- **Review data on main causes of child injury presenting at A&E** – Data has not been made available from A&E. Officers will continue to try and obtain up to date figures to review.
- 3.7 A report on performance of Maternity and Early Years was presented to the Health and Wellbeing Board in July and the key points are set out below:

- 3.8 The proportion of children achieving a good level of school readiness at the end of reception is significantly lower in Tower Hamlets compared to England although when the comparison is between children in Tower Hamlets and England eligible for free school meals, our children do significantly better.
- 3.9 Other public health outcome indicators where Tower Hamlets is significantly worse than London and England are:
- Low birth weight of term babies – this may increase the risk of child obesity and diabetes and cardiovascular disease later in life
 - Dental decay (5 year olds) – this has been highlighted as an area that requires more attention
 - Excess weight in 10-11 year olds – this is one of the current priorities for action
 - HPV vaccination (12-13 year olds) – this will be monitored to ensure that performance improves
- 3.10 The Maternity, Early Years and Childhood Commissioning and Delivery Group of the Children and Families Partnership Board is currently responsible for taking forward the Maternity and Early Years priority of the Health and Wellbeing Strategy and is currently focussing on the following health priorities:
- Maternal and Infant Emotional Health and Wellbeing,
 - Two Year Development Review
 - Child Obesity

Healthy lives

- 3.11 All activities within the Healthy Lives delivery plan have been monitored and are included in Appendix 2. The following criteria are used to report on the status of activities at year end:
- Completed (Green)
 - Overdue (Red) - where an activity has not completed in the 2013/14 financial year, or at the time of reporting. Where possible, managers have provided comments for all overdue activities to explain why the deadline was missed; what is being done to rectify the situation; and when the activity will be completed.
- This section provides a monitoring update at year-end for the 2013/14 Plan.
- 3.12 There are 18 activities in the delivery plan. At year-end, just under half - 8 activities (44%) have been completed; and 5 (28%) are overdue, with most of these due to complete in 2014/15. 3 activities are On Hold (17%), 1 activity is Ongoing (5.5%) and 1 activity is delayed.

Healthy Lives Activity Status Year End 2013/14



3.13 When the performance was monitored in Q2, there had been good progress and a number of activities/milestones were completed ahead of their deadline:

- A restriction on new hot food takeaways near schools and leisure centres which is now operating successfully;
- The development and implementation of a clear action plan for the borough in order to reduce the amount of illicit tobacco (counterfeit and contraband) available to young people, including regular meetings with trading standards and supporting pan-London /national campaigns and initiatives;
- Updating the Health & Wellbeing Board (via DAAT Board) on the Substance Misuse Action Plan;
- Considering the DAAT communications plan at the DAAT Board/HWB/CSP for agreement and to ensure that the proposal is championed;
- Integrating health impact into the Council licensing policy resulting in a pilot running in the Brick Lane area;
- Delivering a sexual health needs assessment and implementation plan for vulnerable groups.

3.14 In addition to the above, at year end:

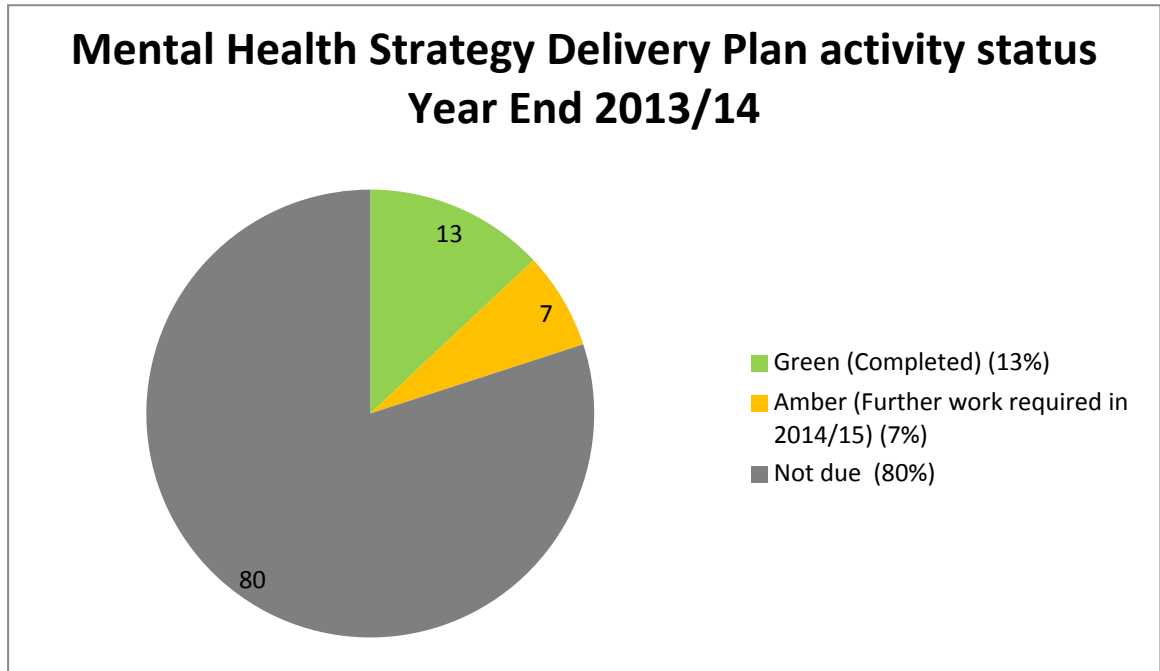
- There has been good progress with reducing the use of smokeless tobacco through a programme of activity with Trading Standards.
- Cabinet agreement is currently being sought to extend the current Substance Misuse Strategy Action Plan.
- There is a consistent approach across the Partnership to the messages around harms caused by misuse of drugs and alcohol.

- An integrated approach to lifecourse treatment, recovery and reintegration in substance misuse has been championed.
 - The Sexual Health workstream of the Healthy Lives Strategy has been implemented.
- 3.15 Of the 5 activities assessed as being **Overdue**, only 2 of these are less than 75% complete and are as follows:
- Outcome Objective 2: Reduce prevalence of tobacco use in Tower Hamlets
 - **Review and refresh approach to reducing tobacco uptake in adolescents and young people (63% complete)** – To be completed by the end of August as part of the Service Challenge.
 - Outcome Objective 3 and 4: Reduced levels of harmful or hazardous drinking/reduced rates of drug use (PH framework)
 - **Embed screening and brief intervention around drugs and alcohol into front-line services (beyond A&E) (66% complete)** – This is to be carried over into 2014/15.
- 3.16 Three activities have been placed '**on hold**', (shaded grey in the appendix). These relate to
- The **refresh of the Healthy Weight, Healthy Lives workstream** and related **engagement**.
 - The **refresh and implement the Tobacco Control workstream of the Healthy Lives Strategy**.
- This is due to the workstreams needing to be integrated into the wider Healthy Lives Strategy, which is due to be launched in November 2014.
- 3.17 One activity is **ongoing**, relating to **the monitoring of the Local Development Framework and impact**. 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.

Mental Health

- 3.18 The delivery plan for Mental Health has been developed as part of the wider Mental Health Strategy which was agreed by the Shadow Health and Wellbeing Board in February 2014. It was agreed that the Mental Health Strategy would be subject to separate, but linked, monitoring. The delivery plan is attached at Appendix 3.

3.19 There are 68 actions in the delivery plan. Of those, 54 (80%) are not reportable due to them not being due for completion yet. Of the 14 which are reportable, 9 are rated Green (complete) (13%) and 5 are rated as Amber (further work required in 2014/15) (7%).



3.20 Some good progress has been made as follows:

- A review of talking therapy pathways is underway.
- A review of rehabilitation pathways is underway.
- A review of demand, capacity and quality in residential, nursing and continuing care for people with dementia is underway, and will report in August
- Suppliers have been selected to develop a new information portal on mental health for the borough
- Work is about to commence to refresh the service model for Tier 2 and Tier 3 CAMHS
- The school nursing service has been re-specified with a much greater emphasis on their role in supporting mental health and wellbeing.
- The procurement of tobacco cessation services specified the need for access for people with mental health conditions.
- Two additional dementia cafes have been commissioned, bringing the total to 4, operating once a month for people with dementia and their carers.
- The Police and London Ambulance Service attended a concordat event and an action plan will be presented to the Health and Wellbeing Board in the Autumn to ensure there is a strategic overview of mental health crises in the Borough.
- GP training has been delivered on dementia, the Mental Capacity Act and learning disability.

3.21 Action rated as **Amber**, therefore requiring further work in 2014/15 include:

- Continuing to remodel rehabilitation and resettlement pathways.
- Continuing to develop primary care mental health services following additional capacity resources by the CCG.
- The development of a refreshed commissioning plan for people with a learning disability and mental health problems has been subsumed in the respecification of the Learning Disability Service.

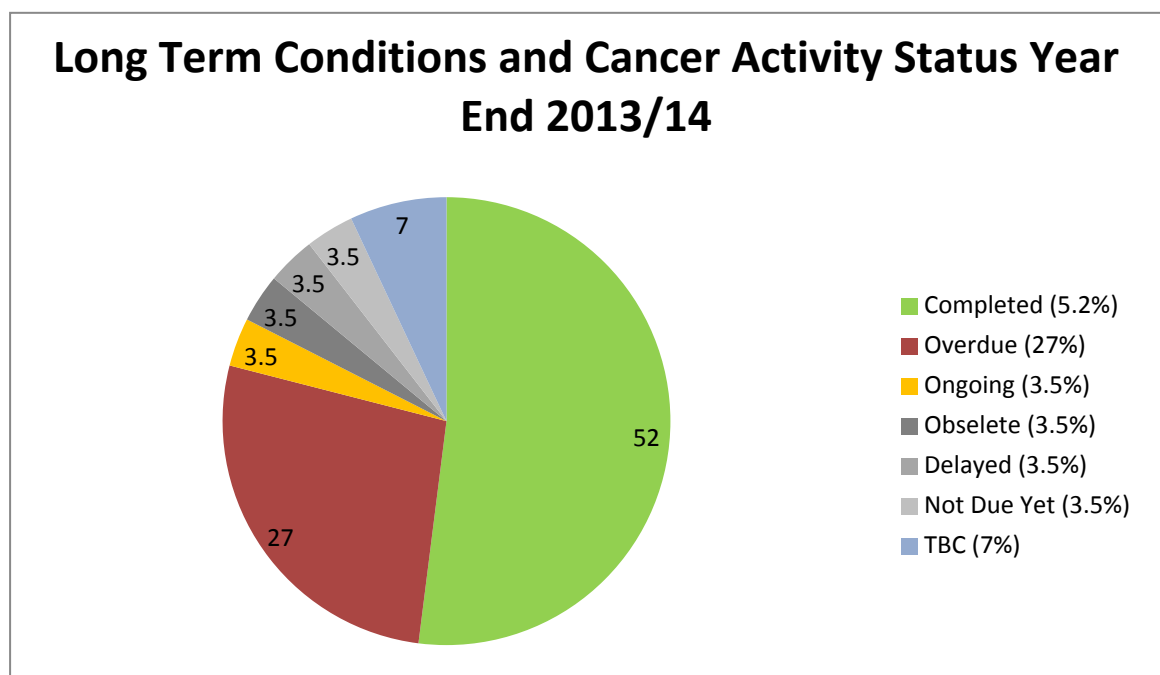
Long Term Conditions and Cancer

3.22 All activities within the Long Term Conditions and Cancer delivery plan have been monitored and are included in Appendix 4. The following criteria are used to report on the status of activities at year end:

- Completed (Green)
- Overdue (Red) - where an activity has not completed in the 2013/14 financial year, or at the time of reporting. Where possible, managers have provided comments for all overdue activities to explain why the deadline was missed; what is being done to rectify the situation; and when the activity will be completed.

This section provides a monitoring update at year-end for the 2013/14 Plan.

3.23 There are 29 activities in the delivery plan. At year-end, just over half - 15 activities (52%) have been completed; and 8 (27%) are overdue, with most of these due to complete in 2014/15. 1 activity is Delayed (3.5%), 1 activity is Not Due Yet, 1 activity is Ongoing and 1 activity is now obsolete. 2 activities are TBC (7%), as they are still to be set by the Health and Wellbeing Strategy Sub-Group and therefore no data is available.



3.24 When the performance was monitored in Q2 the following milestones were completed ahead of their deadline:

- Completing reviews of hypertension and COPD care packages;
- Review of whole system care pathways for childhood asthma and current provision and needs for adults' asthma; and
- Commissioning community organisations to engage directly with at least 2,800 local people in target groups to increase awareness cancer.

3.25 In addition to the above, at year end

- NHS Health Checks are being carried out to detect onset of cardiovascular diseases to appropriately refer onto care packages.
- Diabetes care planning is being reviewed on an ongoing basis as part of a continuous commissioning cycle.
- The Integrated Community Health Team went live in November 2013 and there has been an improvement in the coordination and consistency between reablement and rehabilitation; greater integration of social workers into the locality based clinics; and the development of robust community based Geriatric provision.
- A plan for autism services and improvement has been developed and implemented, with a diagnostic and Intervention Team in place.
- "Small c campaign" performing well. More people with early stage lung cancer had life-saving surgery at the Royal London Hospital, and there has been a reduction in the proportion of women in Tower Hamlets with late stage breast cancer.

3.26 Of the 9 activities assessed as being **Overdue**, 5 of these are less than 75% complete and are as follows:

- Outcome Objective 1: Reduced prevalence of the major 'killers' and increased life expectancy
 - **Early Identification through:**
 - **increasing the uptake of breast, bowel and cervical screening using targeted outreach, primary care endorsement, improved practice systems**
 - **increasing public awareness of cancer and the need to report symptoms without delay through the small c campaign (73% complete)** - The first part of this is an NHS England responsibility; Public Health has an assurance role. The small c campaign continuing, four contracts in place to deliver messages with local communities. These are all performing well to date. Evidence shows more people with early stage lung cancer had life-saving surgery at the Royal London Hospital, from 52 per

cent of early stage lung cancers in 2010 up to 68 per cent in 2012. The campaign also contributed to a reduction in the proportion of women in Tower Hamlets with late stage breast cancer, dropping from 13 per cent of all breast cancer cases to 9 per cent in 2012. Progress is being monitored on an ongoing basis by Public Health.

- 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)** - Single point of access (SPA) started on 1st November for health related queries. Year two will look more at a move towards integrating health and social care SPA.
 - **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.
 - **Engender a cultural shift that “normalises” death in the community and supports advanced care planning (20% complete)** – To be reviewed in 2014/15 by the CCG.
 - **Review current programmes that support preferred place of death and produce analysis of what works and what doesn’t work (50% 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. Should be in place by April 2015.

3.27 One activity is **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 in 2014/15.

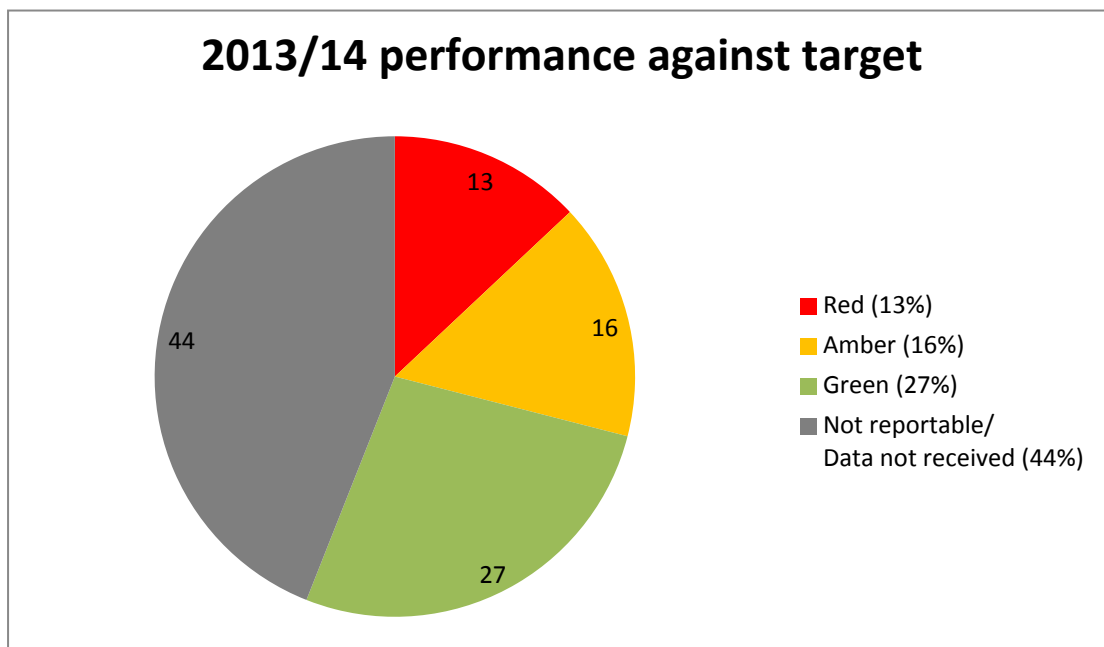
3.28 One activity is **delayed**, relating to **Improving housing options for people with learning disabilities in Tower Hamlets**. This is due to the readjustment of two milestones following a review by the Learning Disabilities Partnership Board.

3.29 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

- 3.30 The outcome measures which are drawn from national outcome frameworks are used to monitor progress and report on an annual basis. The current position is attached at Appendix 4. Performance against target is measured as either 'Red', 'Amber' or 'Green' (RAG). Performance which has fallen more than 10% below the target is marked as Red. Performance which is less than 10% of the target is marked as Amber. Performance which has exceeded the target is marked as Green. As this is the first year of monitoring it is not possible to provide a direction of travel, however this will be provided in the next round of performance monitoring. London and national comparisons will be reported at a later date as information becomes available.
- 3.31 Of the 48 measures in the Health and Wellbeing Plan, only 27 are reportable due to either data being awaited from Public Health England; or some data not being available until later in 2014. 13 measures (27%) exceeded their target (Green); 8 (16%) were less than 10% below the target (Amber); and 6 were more than 10% below the target (13%) (Red).



A summary of the key points is as follows.

- 3.32 The Borough has performed well against the 2013/14 targets in respect of the **percentage of women who smoke during pregnancy** (3% against a target of 3.5%).
- 3.33 Tower Hamlets **rate for teenage pregnancy** is now lower than both London and England (24.3 per 1000 15-17 year olds, compared to 25.9/1000 and 27.7/1000 respectively).
- 3.34 The Public Health Outcomes Framework (PHOF) data relating to the **Proportion of babies born with low birth weight (<2.5kg)** indicated that the proportion is well below the target figure, so this target needs to be revised for 2014/15 (4.1% compared to a target of 9%).
- 3.35 The indicator relating to **Rate of deaths from causes considered preventable of persons under 75** is now **obsolete**. It should now read **Potential Years of Life Lost**. THCCG performance is 2848.2, with an operating plan target for 2018/19 of 2381.2.
- 3.36 There are three indicators which have been marked as Red. Although the most up to date data has been provided, it is data from 2012. It reads as if the 2013/14 targets have been missed, when there will not be a conclusive answer to this until 2015 at the earliest. They are as follows:
- **Rate of deaths from causes considered preventable of persons under 75** – 107.5 against a target of 81.4
 - **Rate of deaths from all cardiovascular diseases (including heart disease and stroke) of persons under 75** – 150.2 against a target of 124
 - **Rate of deaths from respiratory disease of persons under 75** – 40.6 against a target of 32.2.

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 31st March 2014, there are no direct financial implications as a result of this report.

5. LEGAL COMMENTS

- 5.1. This report provides an update on the progress against the Health and Wellbeing Strategy delivery plans for the six months to 31st March 2014. There are no immediate legal implications arising from this report. The recommendations for the HWB are consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and wellbeing strategies and the joint strategic needs assessment, and fall within the functions of the HWB as set out in its Terms of Reference.

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.
-

Appendices and Background Documents

Appendices

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

Background Documents

- NONE