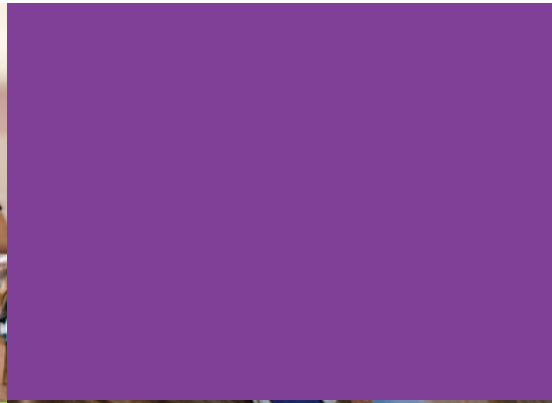


HEALTH AND WELLBEING STRATEGY 2013-16

Towards a Healthier Tower Hamlets



Contents

Foreword from the Mayor	2
Introduction	4
Tower Hamlets Context	5
Tower Hamlets: The Place	5
Tower Hamlets: The People	5
Tower Hamlets: The Partnership	6
Tower Hamlets: Health Needs	6
Being Born in Tower Hamlets	7
Growing up in Tower Hamlets	6
Being an adult in Tower Hamlets	7
Growing old in Tower Hamlets	7
Challenges Ahead	8
Tower Hamlets: The Potential	10
Vision and Principles	11
Framework and Priorities	14
Priorities	16
Priority 1: Maternity and Early Years	16
Outcome objectives	17
Key activities	17
Priority 2: Healthy Lives	21
Outcome objectives	20
Key activities	20
Priority 3: Mental Health and Wellbeing	22
Priority 4: Long Term Conditions and Cancer	27
Outcome objectives	30
Influencing wider social and environmental factors	31
Housing	31
Education	33
Poverty and income	34
Employment	35
Community engagement and development	36
Environment and Planning	37
Community Safety	38
How we will deliver: accountability and working in partnership	41
Enablers	42
Conclusion	50
Appendix 1	51

Foreword from the Mayor



Welcome to *Towards a Healthier Tower Hamlets*, Tower Hamlets' Health and Wellbeing Strategy. This document seeks to provide a framework for improving the health and wellbeing of the local population.

The aims of the strategy are to improve the health and wellbeing of local residents while reducing health inequalities and promote choice, control and independence.

It was developed following wide-ranging discussions and consultation with local residents, patient groups, carers, and health and care professionals. The extensive dialogue identified four main priorities for the strategy: maternity and early years; healthy lives; mental health; and long-term conditions and cancer.

The squeeze on public sector expenditure, coupled with the poverty and deprivation in Tower Hamlets, means that there are major challenges ahead if we are to deliver on the strategy's aims. However, I'm confident that the strategy and associated delivery plan present a solid framework for delivering on those aims.

Progress will be evaluated against the strategy's delivery plan: by tracking the outcome measures and monitoring progress against the key activities. These will be reported to the Health and Wellbeing Board on a regular basis where board members will hold service providers and commissioners to account and ensure they are playing their part in improving the health and wellbeing of the residents of Tower Hamlets. This will also allow local residents to see for themselves how the partners who make up the Health and Wellbeing Board have performed against the delivery plan.

These are challenging times for the public sector; health in particular. The scale of the change and the rapid pace has caused some, myself included, to be concerned about the impact they will have on our health services and on local people. However, the Health and Social Care Act requirement for Health and Wellbeing Boards and joint Health and Wellbeing Strategies provides an opportunity for a strategic response to some of the problems that our residents face in the health and care domain.



The Act also ushers in a welcome mechanism for democratic oversight of our health services. My role, as chair of the Health and Wellbeing Board, provides me with a unique opportunity to facilitate the accountability of our health services on behalf of local people.

I know that health and wellbeing is an important issue for local people. Good health and wellbeing enables residents to live long, healthy and fulfilling lives. The priorities for my administration all impact on the health and wellbeing of residents; these include housing, employment, community safety and education. The strategy recognises this in the section looking at the wider determinants of health.

I sincerely believe that the strong partnership between the members of the Health and Wellbeing Board and the solid framework for our work, provided by the Health and Wellbeing Strategy, will allow us to make transformational changes in the health and wellbeing of local people. I hope you will join me in welcoming this strategy.

Lutfur Rahman

Executive Mayor, London Borough of Tower Hamlets

Chair, Tower Hamlets Health & Wellbeing Board

Introduction

This document, *Towards a Healthier Tower Hamlets*, is the new Health and Wellbeing Strategy for Tower Hamlets. The Health and Social Care Act 2012 introduced the requirement for Health and Wellbeing Boards to prepare joint Health and Wellbeing Strategies for their local areas. The joint Health and Wellbeing Strategy should provide an over-arching framework to ensuring a strategic response to the health and social care needs of the local population.

Tower Hamlets has had a partnership-wide Health and Wellbeing Strategy since 2006.

Significant progress has been made in delivering the key priorities of the strategy. There is a strong foundation on which to develop the new Health and Wellbeing Strategy.

The expectations for the new strategy are high – taking account of the health and social care needs of the entire population, it will provide a framework for the commissioning of health and social care in the local area. It will also be the means by which the statutory Health and Wellbeing Board seeks to hold health commissioners and providers to account and ensure improvements in key priority areas are identified. In addition it will provide a means for working with a range of local agencies to embed consideration of the health impact within wider policy decisions. The strategy will also act as a bridge to all those living in the borough, identifying how we can all take more responsibility for our health and how we can support community groups and local people to play a central role in addressing identified needs.

The strategy has been informed by review of the key evidence in our local Joint Strategic Needs Assessment (JSNA), review of our existing intelligence from users, carers and ‘less heard’ groups plus engagement activity with key groups and a publically available online survey providing feedback on our draft key principles and priorities. The strategy has identified four key themes for action: maternity and early years; healthy lives; mental health; and long term conditions and cancer. It includes a set of key outcome measures, an outline of key activities planned, and a delivery plan which will be used to track and monitor progress.

Towards a Healthier Tower Hamlets will set the framework for health and wellbeing in Tower Hamlets for the next three years. The board will oversee its progress and continue to review the evidence and engage with local people to ensure the priorities and programme of activity remain relevant and timely. The Health and Wellbeing Board alone cannot bring about the changes in local health outcomes which this strategy aspires to. As a result, the board will work closely with local partners – and build on the strengths, skills and commitment of local organisations, communities and individuals so that we work together to ensure on-going improvements in health and wellbeing in Tower Hamlets.

Tower Hamlets Context

Tower Hamlets: The Place

Tower Hamlets is unique; unparalleled in its history of diversity and growth.

In recent times Tower Hamlets has experienced the largest growth in the country and has been the focal point of regeneration in London. Significant development activities include the 2012 Olympic and Paralympic Games, continued development within the Thames Gateway and the expansion of Canary Wharf. This presents immense opportunities for the borough. There has also been significant residential development, with the borough experiencing the country's highest housing growth over the last few years.

The richness of Tower Hamlets is also evident in its physical and cultural assets. Tower Hamlets boasts extensive waterways, Victoria and Mile End Park, an assortment of museums and markets, and the Tower of London from which it derives its name. All of these contribute to the borough's unmatched sense of place and identity.

Deprivation is widespread in Tower Hamlets and the majority (72%) of areas in Tower Hamlets are amongst the 20% most deprived areas in the country. A significantly higher percentage of residents live in social housing (54%) compared to the rest of London (37%) and despite the substantial housing growth, high levels of overcrowding persist. The borough also has less green space than the national average with 1.1 hectares per 1000 people compared to 2.4 nationally.

Tower Hamlets: The People

Diversity has always been a key strength of the borough. Tower Hamlets has historically been home to a mix of communities. It now has the fastest growing population in London, estimated to be 254,100 and projected to increase to 339,280 by 2026. This growing population is ethnically diverse, with just over half of the borough's population comprising of Black and minority ethnic groups, with the largest of these (32%) being the Bangladeshi community. Religion continues to play a prominent role in the lives of many of the borough's population, with 65.5% of residents claiming a religious belief. The borough also has a relatively young population with 40.9% of people aged 20-34, compared to 20.3% across England. High population churn sees 29% of the borough's population move in to, out of, or around, the borough per year.

44% of households and 48.6% of children in the borough are in poverty – the highest rate in the country. At the same time the average earnings of those who work in the borough, but don't necessarily live in it, is £60,000 a year. Unemployment remains an issue with 13% of the working age population unemployed, compared to 9% across London.

3.3% of the borough's population provide more than 20 hours of unpaid care per week and more than half of them provide more than 50 hours of unpaid care.

While there have been improvements, life expectancy remains lower than the rest of the country: male life expectancy is 76.0 years compared to 78.3 nationally and female life expectancy is 80.9 years, compared to 82.3 nationally. Life expectancy varies by 12.0 years in males and 5.4 years in females between the most affluent and most deprived areas.

Tower Hamlets: The Partnership

Tower Hamlets has a long-standing and successful local strategic partnership, the Tower Hamlets Partnership, which brings together the council, key public sector partners including health and the police, fire service, representatives from the business, voluntary and community sectors and local people. Since 2001 the Partnership has developed a joint Community Plan – the most recent was refreshed in 2010/11 with a vision taking us up to 2020 “to improve the quality of life of everyone living in Tower Hamlets”. One of its four key priorities is to work towards a Healthy and Supportive Community. The Health and Wellbeing Strategy is fundamental to taking forward this priority.

Tower Hamlets: Health Needs

Tower Hamlets, like all authorities, undertakes a Joint Strategic Needs Assessment (JSNA) to understand the health and social care needs of the local population. This wealth of evidence and analysis has been used to inform a range of local strategies and programmes, and is the basis from which our Health and Wellbeing Strategy stems. Some of the key evidence from the JSNA is summarised below.

Being Born in Tower Hamlets

4,545 children were born in Tower Hamlets in 2011.

While infant mortality is not significantly different to the rest of London, a higher percentage of babies are born with low birth weight (9%) when compared to London as a whole (7.5%). Given the correlation between high deprivation and low birth weight, this is not surprising. There are other behavioural risk factors that impact the health of a new born baby such as substance misuse, problem drinking, poor diet and smoking on the part of the mother. 4% of expectant mothers smoke during pregnancy; however, this increases to 16% amongst white mothers. There has been a steady reduction in the teenage pregnancy rate since 1998 and it is now slightly below the London average.



Growing up in Tower Hamlets

There are around 18,700 infants aged under-5 in Tower Hamlets. There are also around 28,700 children and adolescents aged 5-14 and 14,600 aged 16-19. Overall, around 60% of under-20s are Bangladeshi.

48.6% of children in Tower Hamlets live in poverty. By the age of 5, only 46% of infants in Tower Hamlets have achieved a good level of cognitive development compared to 56% nationally. However, when looking at educational attainment, our pupils are performing at or above the national average at Key Stages 1, 2 and 4.

13.1% of children in Reception year are obese – the 6th highest rate in the country– and by Year 6 (10-11 year olds) this increases to 25.1% and is the fourth highest rate in the country. However, it is encouraging that 88% of mothers initiate breast feeding at birth (compared to 73.7% across England) and 71% are still breast feeding at 6-8 weeks (compared to 45.2% across England). In addition, immunisation uptake in under-5s is amongst the highest in the country with 96.6% of children receiving the second dose of the MMR vaccine.

Being an adult in Tower Hamlets

There are around 125,500 people aged 20-39, 45,000 aged 40-59 and 21,400 over 60 living in Tower Hamlets.

Tower Hamlets has amongst the highest premature death rates from the major killers in London. The levels of long term illness/disability are also 34% higher than the national average. The borough has the 4th highest cancer premature mortality rate in London, the second highest cardiovascular disease (heart disease) premature mortality rate and the fifth highest mortality rate for chronic obstructive pulmonary disease (chronic bronchitis or emphysema). Rates of HIV, TB and sexually transmitted infections are amongst the highest in London and nationally.

When looking at some of the factors that lead to or contribute to the major killers, 21.5% of adults in the borough smoke, compared to 20% nationally. This gap has narrowed in recent years due to our smoking cessation programme delivering the best performance in London. Of the 50% of the adult population who are drinkers, 43% have alcohol consumption patterns that are either hazardous or harmful to their health; around twice the national average. Although levels of physical activity are around the national average, fewer people in Tower Hamlets consume the recommended level of fruit and vegetables (12%) compared to the rest of the country (30%). In addition, the rate of problem drug users (2.3%) is almost double that of the London rate (1.2%).

Growing old in Tower Hamlets

There are around 15,500 people who are 65 or over living in Tower Hamlets. 4,200 of these are 80 or over. 65% are white and 22% of Bangladeshi ethnic origin and, because women live longer, a higher proportion are female (60%). Although not projected to see such a growth in the older population as elsewhere, the numbers of people over 80 in Tower Hamlets is expected to increase by 23% over the next 10 years.

80% of them have at least one chronic condition of which 35% have at least 3 'comorbid' conditions. There are indications of significant under-diagnosis of dementia and the second highest stroke mortality rate in London. In addition, most people in Tower Hamlets do not die in their place of choice – 64% die in hospitals although national surveys suggest that most people would like to die at home.

In line with the general deprivation in the borough, 50% of older people live below the poverty line and a higher proportion live alone (47%) when compared nationally (33%). In addition, only 10% of older people consume the recommended level of fruit and vegetable and only 20% meet recommended physical activity levels.

Last years of life

There are around 1,000 deaths annually with life expectancy at age 65 significantly lower than average for both males and females in Tower Hamlets.

A higher than average proportion of deaths (from all causes) occur in hospital in Tower Hamlets with significant numbers who die in hospital being admitted as emergencies. There are frequent admissions in the last year of life and with longer episodes in hospital. This suggests poor anticipatory care especially as over two thirds of people say they wish to die at home.

Although rare at other stages in the life course, there will be people with needs around death and dying. In early years, for example, there will be premature and neonatal deaths, stillbirths, life limiting childhood conditions, childhood cancers and bereavement needs of parents and children who have lost parents.

Challenges Ahead

The next few years will be challenging for Tower Hamlets. The improved outcomes for local people over the past decade have, in part, been as a result of action to effectively invest public sector resources. We are now experiencing challenging financial times, with the public sector having far less money to spend on services than before. This is happening alongside growing demand for services including a rapidly growing and ageing population.

Tower Hamlets is changing and changing rapidly. The 2011 Census confirmed that the population growth in Tower Hamlets was the highest in the country – a 29.6% increase on the 2001



Census result from 196,000 to 254,100, more than double the rate of population increase (14%) across London as a whole and more than four times the increase in the population of England and Wales. Population turnover and churn remains high with 28.9% of the borough's population either moving into the borough, out of the borough, or to a new address within the borough. The latest population projections from the Greater London Authority, suggest that the Tower Hamlets population will grow from 254,100 in 2011, to 326,000 in 2026; a rise of 72,000 and a percentage increase of 28 per cent. London's population is expected to grow by 11% in the same period.

The new national policy context is also important for Tower Hamlets. Policy developments, which include changes to social housing provision, the welfare reform programme, changes to education funding and reform of the health service, pose challenges and opportunities for the borough.

The reform of the welfare system, including changes to benefits, tax credits and support for families, will in particular have a considerable impact on many residents in the borough. The combined effect for many residents will be a drop in household income both immediately and over time. Given the already high levels of poverty and deprivation in the borough, these changes will make it even harder for many households to get by; potentially affecting educational attainment, crime, health and wellbeing in the borough.

In addition, there are significant changes to the health service, both locally and nationally. The introduction of the Health and Social Care Act 2012 has seen a radical change in the way in which health services are commissioned and delivered. The changes will see the abolition of Primary Care Trusts (PCTs) and Strategic Health Authorities (SHA) and the introduction of Clinical Commissioning Groups (CCGs) whose role it will be to commission hospital and community health care services for their local populations. The CCGs will be clinically led with their membership consisting of mainly healthcare clinicians and local GPs. A CCG Board and Accountable Officer will take over the statutory responsibility from the current PCT. The CCGs will be supported and held to account by a new national body called the NHS Commissioning Board (NHS CB) which will also commission primary care services and some specialist services itself such as screening and immunisation.

The new CCGs will require support to commission effectively and new organisations providing commissioning support services (CSS) are currently being developed to provide commissioning expertise to the newly formed CCGs alongside public health expertise from the council. Clinical leadership will also be provided through Clinical Senates that are expected to bring together clinical leaders across broad areas of the country to give clinical leadership and expert advice for commissioning.

Responsibility for public health transferred from the abolished PCTs to local authorities in April 2013. Currently the Tower Hamlets Public Health team and the local authority are implementing transition plans to shape the future organisation of the public health function in the council.

In terms of ensuring health scrutiny by patients and users of health services, a local HealthWatch has been commissioned. They can visit health and social care services and report on concerns about services. They will also be represented on the local Health and Wellbeing Board.

Our strategy is developed against the backdrop of these new opportunities and challenges, seeking to ensure that we continue our journey of improvement in these changed and changing circumstances.

Tower Hamlets: The Potential

Despite the very real health needs and challenges within the borough, Tower Hamlets has some key assets which we can build on and draw on to improve local health and wellbeing outcomes.

There is an existing strong primary care framework with an integrated network of providers with the 36 Tower Hamlets GP practices organised in a federated network model, ensuring planning across local areas, providing opportunities for specialisation and sharing of resources and skills within networks and aligning with local structures of service delivery within the council and other providers.

Social capital and the capacity and skills embedded within our local community are key to this. We have a long and proud history of self-help and a thriving voluntary and community sector with strong community leadership and engagement. Our diversity is also a key strength, and the fact that despite this diversity, there is a strong sense of community cohesion with the vast majority of local people feeling that people from different communities get on well within Tower Hamlets. As a result, innovative solutions to some of the worst social problems have arisen from within local communities, interest and faith groups, often working closely with statutory providers. The borough has also relatively recently established a directly elected Mayor, ensuring direct representation of, and accountability to, the local community. The Mayor chairs the Health and Wellbeing Board which will oversee delivery of this strategy.

In addition, the people of Tower Hamlets have a strong sense of neighbourhood identity to which local providers have responded, establishing local networks for the delivery of services, giving people a closer relationship to services and ensuring support is better targeted to those who need it.

Regeneration and development in the borough also provides considerable potential – it brings in new money, new ideas and new communities. The borough's housing stock is expected to increase by 46,000 between 2011 and 2026. This represents a projected increase of over 3,000 homes per year. In addition, it is forecast that Tower Hamlets will experience a 44.6% increase in the number of jobs between 2010 and 2031. This is over three times the projected growth for London as a whole. With Canary Wharf and the City fringe, Tower Hamlets is home to one of the most desirable office locations in London. A further increase in office stock between 2012 and 2020 of 26% is predicted, more than double the projected growth in the City of London (9.6%) and five times that of Westminster (5.2%).

Although it also brings challenges which need to be managed, the fact that the borough's physical environment changes much quicker than elsewhere provides opportunities to make changes which can improve the health and wellbeing of local people. Our challenge is to realise this potential.

Vision and Principles

The evidence in Tower Hamlets demonstrates that we still have a major task ahead of us to maximise health outcomes and reduce the health inequalities associated with poverty and deprivation in Tower Hamlets, particularly given the challenges ahead. Local engagement and feedback also tells us how important choice and control are in supporting independence and enabling people to play a full role in taking responsibility for their own health, in the context of good quality support and services.

Consequently, the vision for this Health and Wellbeing Strategy is:

To improve health and wellbeing through all stages of life to:

- **Reduce health inequalities**
- **Promote choice, control and independence**

Within the context of this broad vision, the board and those engaged to date have also identified some key principles which should inform the new strategy. These are:

- **Focussing on prevention, early identification and early intervention** – intervening as early as possible within the life-course to maximise life chances and prevent the development of long term conditions, mental health problems and other illnesses.

Focussing on prevention, early identification and early intervention is all about making sure people get the right support at the right time.

- **Putting patients first** – our focus is on ensuring quality of care and dignity across the health and social care system ensuring that patient voice and experience informs all we do and there is a patient-centred approach to health and social care, with particular emphasis on improving this for older people and those with more than one health problem.

In our recent survey to residents, one question asked what people thought stopped them from staying healthy. One resident responded:

“The constant focus of health care professionals on one long term condition to the detriment of any other injury/condition.”¹

By integrating care and working better in partnership our aim is to reduce the number of people that have this type of experience. Carers, service user and patients have all, through a variety of forums, raised frustration with the lack of joined up working between health and social care staff.

- **Looking across the life course** – a focus on health inequalities demonstrates the importance of considering what actions individuals and health and social care professionals need to take at each stage of the life course, from pregnancy and birth through youth, adulthood to old age and into the last years, months and days, to maximise life chances

¹ LBTH, 2012, Residents Health and Wellbeing Survey

and health outcomes. In planning how to achieve our priority outcomes, we will take a life course approach to identifying necessary action at each stage.

- **Taking a family centred approach** – ensuring that where appropriate we consider patients and individuals as part of a family and consider how we can support the health and wellbeing of families jointly, including the key role of parents and other carers, including friends and non-family social networks, particularly recognising the high level of informal care within the family and community in Tower Hamlets.

“I have had a hospital appointment and my son has had one as well...the trouble is the doctors only see you as a patient and don't take into account that you still have your caring role. I'm not an individual I always have to take my son into account.” (White Female, Discovery Interview)²

- **Ensuring 'health in all policies'** – there is a wealth of evidence, most recently compiled and presented within the Marmot review of health inequalities, identifying the considerable impact on health of wider social, economic and environmental impact on health, in particular housing, educational attainment, employment and the physical environment. The Tower Hamlets Partnership already has a strong focus on these areas through its Community Plan and these areas are also among the key priorities for the borough's directly elected Mayor. The strategy will consider how the HWB Board should work with the relevant Community Plan delivery groups to ensure the health impact of all policies is considered.



² THINK, 2011, A report on the barriers to self-management for people in Tower Hamlets with a long-term condition(s) p16).

When asked about what helps people to stay healthy residents responded with answers ranging from: family and friends, fresh air, healthy food, exercise to housing, education, and employment, illustrating that a focus on health and wellbeing really should be embedded into all of our policies. Restricting the availability of fast food in the borough was also raised by people.

- **Understanding and addressing diversity** – Tower Hamlets is a diverse borough and health issues affect different equality groups in different ways. Partners work together to create our Community Plan vision of One Tower Hamlets – reducing inequality and fostering community cohesion. To deliver this, our analysis has sought to understand the differential health issues for different groups and we have consulted with a range of organisations representing those more disadvantaged groups. In turning our priorities into actions, we will ensure that particular areas of disadvantage or need are addressed. This will include the impact on mental health experienced by certain groups, for example due to the stress and anxiety from the experience or fear of discrimination or prejudice.
- **Building on community potential and capacity** – whilst Tower Hamlets has significant health issues to address, it also has significant advantages in the strength and vibrancy of the voluntary and community sectors and the capacity, skills, knowledge of local communities. There is considerable potential for the strategy to build on this, supporting and facilitating citizens and communities to become the co-producers of health and wellbeing rather than the recipients of services and promoting community networks, relationships and friendships that can provide caring, mutual help and empowerment. Existing work around mentors and health champions can be further developed and linked with the wider Partnership’s work on promoting community champions, neighbourhood forums and neighbourhood agreements.

The residents that responded to our survey thought that having a strong sense of community and peer support are all important for good health and wellbeing.

“Currently, I am a health champion offering a service to my community so I hope that this is helping.”³

³ LBTH, 2012, Residents Health and Wellbeing Survey

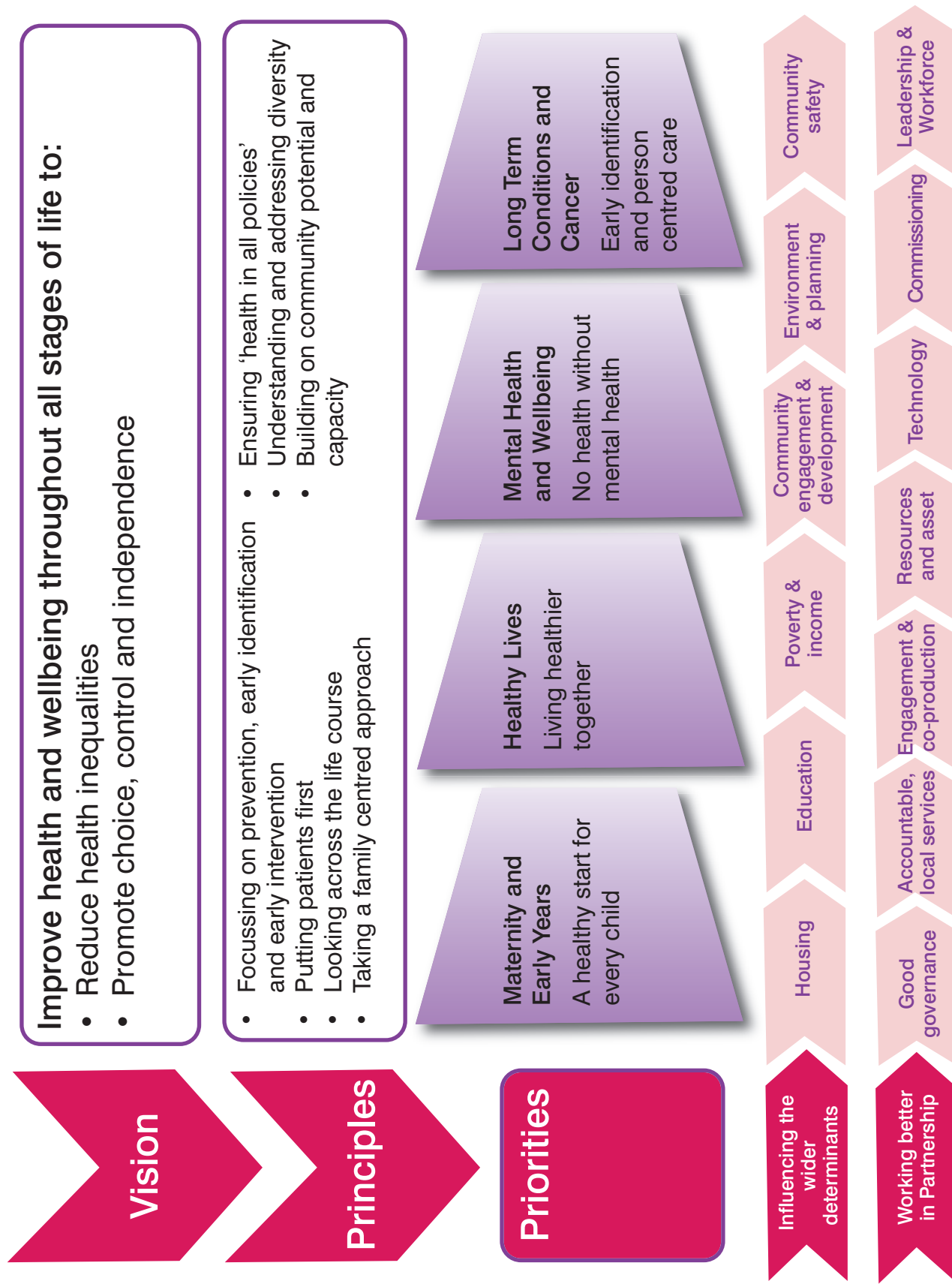
Framework and Priorities

Within the context of this vision and principles, a broad framework for the strategy has been developed, identifying:

- some key priority areas for the board to work on;
- broader social and environmental issues which the board will want to work with partners to influence; and
- Partnership and accountability issues ensuring we maximise our effectiveness to deliver.

The framework for the strategy is set out overleaf.





Priorities

Priority 1: Maternity and Early Years

A healthy start for every child

Maternal health, before, during and after pregnancy, and the first few years of a child's life are a critical period for a 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 'cast a long shadow' over the subsequent social development, behaviour and health and wellbeing of the individual.

Given the level of health inequalities within the borough, a focus on maternity and early years within this strategy, is consequently vital to ensure that we improve the health and wellbeing outcomes in the future. We have made real progress in some key areas:

- Teenage pregnancy and births to teenage parents are decreasing and now lower than average for London and England
- 95% of pregnant women in Tower Hamlets had booked for antenatal care by 12 weeks and 6 days (2011/12)
- Over 95% of infants have received the full range of childhood immunisations for that age
- Obesity in 4-5 year olds has declined year on year since 2006, though still high compared to London and England

Some key areas where the evidence indicates that our levels of need are high and we particularly need to focus are as follows:

- Smoking during pregnancy – our rates are lower than the London and England averages but there are certain groups where rates are higher and rates could increase as the population demographic changes
- High levels of diabetes in pregnancy
- Alcohol use in pregnancy and foetal alcohol syndrome
- Increasing levels of overweight and obesity among pregnant women, increasing risks to mother and child
- High levels of Vitamin D deficiency in pregnant women
- Women at increased risk of domestic violence during pregnancy
- High proportion of low birth weight babies (which may contribute to increased risk for diabetes and cardiovascular disease in later life)
- Despite relatively high overall breastfeeding rates, exclusive breastfeeding rates are still low (i.e. a large proportion of mothers also bottle feed their babies)
- Evidence of poor weaning practices by some parents (likely to be contributing to high levels of obesity and dental decay in 4-5 year olds)

- Despite improvements over the last few years, patient surveys show there are still further improvements needed in patient experience of maternity services
- Female genital mutilation in some communities presents risks in childbirth
- School readiness assessed at the Early Years Foundation Stage, despite recent improvement, is still significantly below the national average

In addition, there are a range of wider factors which impact on early years development. There are already a number of programmes and strategies to address these issues and as a result our community health services and children's centres have achieved the WHO/UNICEF Baby Friendly Accreditation demonstrating that they have policies and practices in place to support mothers in breastfeeding. Work is also in hand to review and refocus activity where appropriate. The the borough's Children and Families Plan also identifies early years as a key focus and its priorities include ensuring all children are healthy.

Outcome objectives

The proposed outcome objectives for maternity and early years are:

- Good and improving maternal health – including maternal nutrition, good mental health, decreasing maternal obesity and decreasing numbers smoking at time of delivery
- Maintain reduction in under 18 conceptions and support teenage parents
- Early detection and treatment of disability and illness and ensure that children achieve positive physical, cognitive and emotional development milestones
- Maintain low infant mortality rates and promote good health in infancy and early years
- Decreasing levels of obese and overweight children in reception year, provide more opportunities for active play and healthy eating
- Reduce dental decay in 5 year olds

Key activities

- **Promoting maternal health and people's experiences of maternity services** – a major activity within this area will be the refresh of the Health Improvement Strategy for Maternity Services, including enabling and empowering local women to have greater involvement in shaping services. Consideration of the



needs of women before, during and after birth will also be reflected in the refresh of other related strategies such as the new Healthy Food and Healthy Lives Strategy and Tobacco Control Strategy. Enhancing health education for young people and women of child bearing age is another key feature in promoting maternal health. Partners will work together to better inform women of factors affecting maternal health and the outcome of pregnancy such as nutrition, weight and lifestyle. Alongside improving services for all pregnant women, the strategy will focus on providing intensive and timely parenting support for pregnant women with complex needs, including teenage parents, through initiatives such as the Family Nurse Partnership and the maternity mates programme.

- **Reducing infant mortality and promoting infant health** – a number of activities have been identified to help ensure a healthy start for every child. The quality of antenatal and new born screening programmes will be improved to ensure the early detection of preventable conditions. Although rare, premature and neonatal deaths as well as life limiting childhood conditions occur in Tower Hamlets. This creates bereavement needs for families. Health services will also look to analyse the impact of consanguinity on the prevalence of disability and infant mortality in affected communities and use this to agree appropriate actions. The benefits of breastfeeding, particularly exclusive breastfeeding, to infant health will be promoted by exploring the factors influencing partial breastfeeding rates and improving access to advice and support for appropriate weaning practices through Children’s Centres and other services.
- **Ensuring that all children are physically, emotionally, behaviourally and cognitively ready for school** – in order to improve school readiness in the borough, partners will incorporate an Emotional Development and Attachment Relationship Screening tool within the development assessment of all one and two year olds. There will continue to be a focus on reducing childhood obesity by early identifying families at risk of obesity, improving the physical activity opportunities available for the under-fives and working with health visitors to improve the recording and reporting of body-mass-index during reviews of two and three year olds.
- Implementing the nationwide ‘A Call for Action’ improvement programme for health visiting which aims to increase the number of practising health visitors in Tower Hamlets and improve the service model.

From our engagement we have also heard that people would still like to see further improvements in maternity services, this was particularly voiced by the Community and Voluntary sector but has also been raised as part of our wider engagement activity:

Maternity services are better, but, still need improving:

- Staff attitudes especially post natal
 - Widening access to the Barkantine Birth Centre (Bangladeshi/Somali)
 - Community based post natal care – Health Visitors / Community midwives
 - Lack of interpretation services⁴
-

⁴ CVS, 2012, Health and Wellbeing Forum

Priority 2: Healthy Lives

Living healthier together

Living a healthy life prevents illness and enhances wellbeing. We know that people who do not smoke, take adequate physical activity, eat a healthy diet and drink alcohol in moderation have less risk of dying early. That risk is around four times less than those who do not adopt these behaviours. We also know that they tend to have better mental health.

Local authorities, health services and others can do much to support and promote healthy lives. This will require a comprehensive approach to promoting healthy weight, increasing physical activity, stopping smoking or oral tobacco use, promoting sexual health and tackling problem drug and alcohol use. This involves working towards an environment that supports healthy lives. This could mean increasing green spaces, increasing availability of affordable healthy food, reducing availability of illicit or counterfeit tobacco, alcohol or drugs, widening access to sexual health services as well as ensuring that people are informed and empowered to lead healthy lives throughout life. It also means working alongside and within local communities, individuals, families and institutions to develop locally led approaches to support and promote healthy lives.

Although there have been improvements in recent years, we know that there are higher levels of lifestyle risk factors in Tower Hamlets compared to elsewhere. Comparison of national and local intelligence tells us that within the Tower Hamlets population there are higher levels of tobacco use, unhealthy diet, physical inactivity, problem drinking in those who drink alcohol, risky sexual behaviour and drug use.

Some of the key evidence shows that in the Tower Hamlets population:

- 13% of children aged 4-5 are obese (7th highest in the country) and 1 in 4 children aged 10-11 are obese, amongst the highest in the country
- 39% have experience of tooth decay (compared to 31% nationally)
- 40% of under 16s are estimated to have a vitamin D deficiency
- There are 42 junk food outlets per secondary school (the second highest in London)
- 21.5% local people smoke (compared to 20% nationally)
- 88% of local people do not consume the recommended 5 fruit and veg a day (compared to 70% nationally)
- 68% do not meet recommended levels of physical activity (compared to 66% nationally) with significantly lower levels in more deprived parts of the borough and in older people



- 8th highest levels of sexually transmitted infections
- 43% of drinkers have hazardous or harmful patterns of consumption (21% nationally)
- Amongst the highest rates of known drug use in London

There have been a number of programmes and strategies put in place to address these issues including the Healthy Borough Programme, Healthy Weight Healthy Lives, Tobacco Control, Substance Misuse, Sexual Health strategies as well as the LinkAge Plus programme aimed at older people. Key successes include:

- Levels of childhood obesity are stabilising
- In 2011/12, 3600 smokers in Tower Hamlets were helped to quit through local cessation services, the best performance in London

We asked residents what they thought helped them to stay healthy. Healthy food, exercise and environment were the top 3 responses. However, residents have also told us that time, money and knowledge can be barriers to living a healthy lifestyle. Respondents acknowledged the facilities that exist in the borough like the outdoor gyms and the leisure centres and recognised attempts to make these affordable. There is a sense though that more needs to be done to encourage people to “Get Active” given some of the barriers. For older people, isolation and not knowing anyone can prevent people from being active.

When we asked about the main health concern for local people is obesity came out top. We also asked about what local people could do to improve their health and wellbeing:

“The council to enable and empower local communities to take action in ways that work for them rather than being told what to do and developing enabling environments so that people can be more active, grow their own veg, learn riding bicycles as Bangladeshi women etc., - all really good examples already happening, need more support and use as best practice example to be replicated”⁵

From feedback collected by THINK, patients have also said that they would like more support from their GP on weight loss and exercise programmes and more signposting to local programmes and services

Outcome objectives

The proposed outcome objectives for healthy lives are:

- Stop the increase in levels of obesity and overweight children
- Reduced prevalence of tobacco use in Tower Hamlets
- Higher rates of physical activity
- Reduced prevalence of sexually transmitted infections and promote sexual health
- Reduced levels of harmful or hazardous drinking
- Reduced rates of drug use

⁵ LBTH, 2012, Staff Health and Wellbeing Survey

Key activities

- **Tackling obesity and promoting physical activity** – the development of the new Healthy Food and Active Lives Strategy, and engaging local people in its implementation, is a pivotal activity for this priority. It will provide the multi-agency framework for promoting healthy eating and physical activity to support local people to lead healthier lives. Evidence based health food standards to share good practice across partner agencies will also be implemented. Council and health services will work together to ensure that local infrastructure supports and enables healthy living. This includes monitoring the impacts of the implementation of the Local Development Framework on healthy food and active lives; such as the cycling and walking infrastructure and restrictions of new hot food takeaways near schools and leisure centres.
- **Reducing the prevalence of tobacco use and substance misuse** – refreshing and implementing the Tobacco Control Strategy will ensure a co-ordinated approach to smoking prevention, oral tobacco use and smoking cessation in the borough. As part of this, there will be a particular focus on reducing tobacco uptake in adolescents and young people by reviewing and updating the borough’s tobacco control plan for young people, including reducing the amount of counterfeit and contraband tobacco available to young people. Problematic alcohol consumption and drug use in the borough will be addressed through the implementation of the Substance Misuse Strategy. Partners will champion an integrated life-course approach to treatment, recovery and re-integration in substance misuse care pathways. This holistic approach to substance misuse will also be reflected in the development of the Integrated Offender Management plan.
- **Promote good sexual health** – in order to reduce sexually transmitted infections, increase access to contraception and encourage better sexual health, partners will develop and implement a three-year sexual health strategy for the borough. As part of the implementation of the strategy, a sexual health needs assessment for high need, vulnerable groups, including looked after children and adults with learning disabilities, will also be delivered. A life-course sexual health promotion plan (including sex and relationship education in schools) will be developed and access to sexual health services and contraception choices promoted among all frontline services.



Priority 3: Mental Health and Wellbeing

No health without mental health

Good mental health and wellbeing is fundamental to quality of life: it impacts on physical health and life expectancy, on family life and relationships, on educational achievement and employment, and on social interaction and participation. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time. In addition, the incidence of mental health problems can increase in times of economic and employment uncertainty.

With a high prevalence of risk factors for poor mental health in Tower Hamlets, including deprivation, inequality, low levels of employment and less access to green space, the actual rate of people with mental health conditions is thought to be higher than the national prevalence rates.

There are some key areas where the evidence indicates that our levels of need are high and where we particularly need to focus:

- The increasing number of children and young people in the borough, and the clear evidence of the impact of laying the foundations for good mental health in later life
- Higher hospital admission rates for adults with a mental illness
- The number of people with dementia is projected to increase significantly in the coming years, in line with an ageing population.



- There is insufficient accurate intelligence on unexpressed need and expressed but unmet need
- There is a need to tackle wider determinants of mental health: poor mental health is associated with other health risk factors including obesity, smoking, problem drinking and problem drug use, all of which have a high prevalence in the borough
- There is a clear link between long term conditions and poor mental health, and a consequent need for improved integration of physical and mental health pathways and from primary, secondary and social care
- There is potential for a greater focus on mental wellbeing as well as mental ill health, including tackling stigma and discrimination

In discussions with community groups, residents and staff, mental health and emotional health are seen as a priority. The Carers Forum, The Tower Hamlets Housing Forum, The Tower Hamlets Inter Faith Forum, The Older People's Partnership Board, The Great Place to Live Community Plan Delivery Group and the Community Voluntary Sector Health and Wellbeing Forum all raised mental health as a priority.

Our engagement highlights different areas of focus for different parts of the lifecourse/circumstances:

Carers: impact of caring roles on people's mental and emotional health

Young People: transitions from young people's services to adults' services, emotional health and wellbeing and its impact on educational attainment, relationships with parents, substance misuse and bullying.

Being an Adult: GP patients have reported to THINK that they want to feel like they are being treated as a whole person and that their emotional and mental wellbeing is being looked after as well as their physical wellbeing.

Older People: ranging from the impact of social isolation on mental wellbeing to dementia.

There are already a number of programmes and strategies to address these issues, overseen by the Mental Health Partnership Board, which involves key statutory bodies plus the third sector, service users and carers. The Mayor has made a high profile commitment to ending mental health discrimination, signing the 'Time to Change' pledge, committing the Council to tackling the discrimination and stigma associated with mental illness.

The Partnership Board has also overseen the development of an over-arching Mental Health strategy within the context of the Health and Wellbeing Strategy and reporting to the Health and Wellbeing Board.

The Mental Health Strategy sets out our vision for improving outcomes for people with mental health problems in Tower Hamlets. It sets out how, over the next five years, we will work together to promote mental health and well-being in our communities, prevent Tower Hamlets residents from developing more significant mental health problems, and ensure that when people do need them, mental health services are of the highest possible quality, proactively supporting people to recover. It demonstrates our ambition to deliver against the National Outcomes Framework for Mental Health contained in No Health Without Mental Health.

“Our vision is to deliver substantially improved outcomes for people with mental health problems in Tower Hamlets through integrated mental health services that are safe and effective, with friendly staff that inspire confidence in the people and families using them, and which help people to take control of their own lives and recovery”

Our vision is built around the three pillars, of building resilience in our population, ensuring high quality treatment and support, and supporting people to live well with a mental health problem. The foundations of the Strategy lie in the shared values that underpin a whole person approach and the principle that mental health is everybody’s business. The overarching principle that governs the Strategy is that it takes a lifecourse approach, actively considering how the whole population can be supported to be mentally healthy from cradle to grave. We believe that in delivering the commitments that we will detail in this Strategy, we will measurably improve outcomes for people with mental health problems and their carers.

The strategy’s objectives are laid out in the diagram below:

A life course approach to mental health and well-being			
Building resilience: mental health and wellbeing for all	High Quality Treatment & Support	Living well with a mental health problem	Improved outcomes
Fewer people will experience stigma and discrimination	People in general settings like schools and hospitals will have access to mental health support	People will feel that mental health services treat them with dignity and respect, and inspire hope and confidence	
People will have access to improved information on what services are available	People will have access to high quality mental health support in primary care, including GP practices and primary care psychology	People will have access to support from peers and service user led services	
Mental health awareness across our communities, schools and employers and in the health, social care and education workforce will improve	People will receive a diagnosis and appropriate support as early as possible	People will be able to make choices about their care, including through personal budgets	
People will have access to a range of preventative and health promotion services	People will have timely access to specialist mental health services	People will feel supported to develop relationships and connections to mainstream community support	

Families and carers will feel more supported--	People will be able to access timely crisis resolution, close to home	People will have access to support to find employment, training or education	Improved outcomes
People will experience smooth transitions between services	When they need to access multiple services, people will feel that they are joined up	People will have access to accommodation that meets their needs, in the borough	
At risk communities will have access to targeted preventative support	People with a mental health problem will have high quality support with their physical health		
Shared values: a whole person approach			
Mental health is everybody's business			
Focus on quality improvement			
Commissioning with commitment			

It is the intention that this is a live strategy, which will adapt, within the context of the principles and commitments outlined within this document, over the next five years. In line with the requirements of the 2014/15 NHS England planning guidance, the action plan details actions we will take to deliver the strategy's commitments in years one and two of the strategy, 2014-16. We will review the action plan at the annual mental health summit in the Autumn of each year in order to refresh it for the year ahead.

Key actions for the delivery of the Strategy over the 2014-15 year include:

- We will develop a public mental health and well-being programme which will include a portfolio of evidence based public mental health interventions, which will identify how we will deliver this, alongside other public mental health commitments over 2014/16
- We will map current services available to support maternal and infant mental health in order to identify gaps, improve access for groups at higher risk, improve coordination across services and develop proposals to strengthen the universal tier of the service (including Maternity services, Health Visiting and services delivered from Children's Centres, primary care and by voluntary and community organisations)

- We will ensure that the roles of school nurses in relation to emotional health and well-being are clearly articulated in specifications for the re-procurement of the School Health service
- We will develop a refreshed service model for child and adolescent mental health services. A project board will be set up across all stakeholders to oversee this work including the development of a set of service specifications to deliver the refreshed service model. This will include consideration of the impact of potential changes to the CAMHS service model to services for adults of working age. We will develop a refreshed model for the delivery of day opportunity and support services, with an accompanying procurement plan
- We will continue the work to remodel and re-commission resettlement and rehabilitation team pathways
- We will review talking therapies providers, and develop a commissioning plan for future talking therapies pathways
- We will develop a refreshed service and activity model for the primary care mental health service (including social care)
- We will re-procure tobacco cessation and obesity services to explicitly include access for people with a serious mental illness
- We will review the model for in-patient care of older adults with a functional mental health problem
- We will develop a specification for mental health support in the community health service locality teams (within the Integrated Care Programme)
- We will review community mental health services for older adults in the context of our work to develop integrated care
- We will commission more dementia cafes
- We will develop a new web resource summarising information on mental health services in the borough for service users and professionals
- We will develop a rolling programme of training for GP's and other primary care staff

Priority 4: Long Term Conditions and Cancer

Early identification and person centred care

Long term health conditions and cancer, have a significant impact on quality of life; reducing the ability of those experiencing them to participate in employment, social and family life, contributing to the development of disability, reducing life expectancy and affecting mental wellbeing. Tower Hamlets has some of the highest premature death rates from three of the most life threatening conditions; cancer, cardiovascular (heart) disease, and lung disease. Furthermore, at least 50% of the Tower Hamlets population aged over 65 has two or more long term conditions.

People with long term conditions and cancer often report that there is a need for health and social care services to be more joined up and integrated in their approach to delivering care and support. They also identify the need for health and social care professionals to take a holistic and person centred approach to supporting them, especially in cases where individuals are living with more than one long term condition.

There is more to do to improve survival rates, particularly from cancer and a real need to further increase screening, public awareness and early diagnosis to improve survival. Prevalence of diabetes is also high and increasing, linked to high levels of obesity in the population. Early identification of risk and encouragement of healthier lifestyles are key to addressing diabetes. This strategy also seeks to improve rehabilitation for those with long term conditions and ensure proactive planning for deteriorations and management of the last years of life.

Typically for an inner city area with high levels of deprivation, there are high levels of infectious diseases with high and increasing levels of tuberculosis (TB), Hepatitis B/C, and HIV. These are conditions that should also be considered as part of the range of long term conditions, especially in the context of the substantial improvements in survival from HIV.

There are also a significant number of people who are living with disability, and significant numbers of people report mobility difficulties. Poor mobility appears to be related to social deprivation, with higher proportions of the Tower Hamlets population reporting mobility difficulties living in social housing or poor quality housing, unemployed, with poor levels of education, literacy or English language. Poor mobility is also strongly correlated to poorer self-reported mental wellbeing.

There is also a higher than average number of people in Tower Hamlets who have a learning disability. Analysis of GP data reveals that if you have a learning disability you are more likely to be affected by other health conditions such as diabetes, asthma, or epilepsy. Similarly there is a 10 times higher recorded prevalence of serious mental illness in the population with learning disabilities compared to the general population.

Not surprisingly, given higher levels of long term conditions and disability, Tower Hamlets has a high numbers of carers – an estimated 9,000 people locally providing 20 or more hours of unpaid care per week. Carers' needs have been recognised in a strategy which seeks to ensure that carers receive the support they require to continue to fulfil this vital role.

Members of the Carers Forum highlighted a particular concern that GPs and other health services often do not always recognise the role and needs of carers. One carer, highlighting his own experience, felt that for himself and others in similar situations, there should be more proactive work by health care services to reach out more to carers⁶.

Through the Transformation of Adult Social Care Programme, the Education, Social Care and Wellbeing directorate in the council is focusing on promoting choice and control for the people who use adult social care services. Personal budgets for children are also being developed. This programme has grown in momentum, as changes have been delivered to enable people to have more choice and control over the support and care they receive such as the introduction of personal budgets. The use of personal budgets increases the amount of choice and control that people have over their own support, and allows much more creativity in how their needs are met.

The Partnership has already made strides in tackling long term conditions and reducing premature mortality. The Tower Hamlets Cancer Strategy 2011-2015 set out a clear vision and set of actions for reducing premature mortality and addressing the inequality between Tower Hamlets and England in terms of survival rates.

The Primary Care Investment Programme (PCIP) which focused on improving primary care provision for vascular and respiratory conditions, as well as immunisations and vaccinations has demonstrated some significant improvements in health outcomes for the residents of Tower Hamlets. These include:

- The highest childhood immunisation rate in London with 95% of the population immunised (compared with just 80% in 2009)
- A 5.4% reduction in emergency hospital admission for those with COPD over the period April 2011 to December 2011
- More people being diagnosed with COPD and managed in a primary and community care setting
- An increase from 92.53% (April 2010) to 96.40% (March 2012) of patients screened for key diabetes indicators such as Hba1c, BP and cholesterol resulting in better managed care and identification of those at risk

In addition, care package programmes have been introduced to drive improvement in the management and treatment of long term conditions through a standardised approach which places the patient at the centre of care. Where these have been introduced, for example in relation to diabetes and for those at high risk of heart disease, they are already showing improvement.

The roll out of the Community Virtual Ward (CVW) across Tower Hamlets supports this patient centred approach by recognising that the frailest of patients need new ways of delivering services, with an emphasis on developing a new way of working. One which puts them, their families and carers at the heart of the decision making process, keeping them at home when possible, better integration between service providers across health and social care and the

⁶ Tower Hamlets Equalities Steering Group Minutes, May 2012

community and voluntary sector. Initial developments have included a focus on people living in care homes and those receiving continuing care. Plans include a care planning approach which will provide a framework to deliver personalisation, the development of locality based teams integrating the work of general practice, community virtual ward and district nursing and hopefully social care at a generalist level and building strong supportive links from specialist services.

Users of health and social care services have raised a number of ways in which their experience as patients could be improved:

-
- People with Long Term Conditions have told us that they want to be more involved in their care and that services need to work better together.
 - We've had some feedback to suggest that people find the social care and health systems confusing, particularly related to the number of staff and departments involved, as illustrated by the following quote: *"For normal, ordinary people, you don't really sort of understand who to ask for what and I don't always get the difference. So I think it would be quite helpful to have one particular person that you can contact."*⁷
 - A focus on care in the community rather than acute settings: *"Home environment is always better than hospital environment, when you are in a hospital it makes you feel more ill being around others who are ill; it makes you a bit miserable. In your home environment you get to be with your own family, and it is just much more comfortable than being in a hospital. One person said that a lot of people get anxious when they go to hospitals; always start thinking of the worst. With the idea of the Virtual Ward it would eliminate the anxiety of going into the hospital."*⁸
-

Existing work will be sustained and stepped up with an on-going focus for the Health and Wellbeing Strategy on prevention, early identification and effective treatment for these long term and life threatening conditions.

Some of the key areas for the strategy going forward are:

- Identification of people at high risk of cardiovascular disease (CVD) and intervention to reduce risk through the Health Check Programme
- Improving outcomes of people with existing cardiovascular disease (CVD) through early identification and management of risk factors through the CVD care package
- Improving the number of people with controlled hypertension through the hypertension care package
- Improving outcomes of people with diabetes through early identification and management of risk factors through diabetes care package
- Improving outcomes for people with Chronic Obstructive Pulmonary Disease (COPD) through the COPD care package.
- Ensuring that promotion of healthy lives is embedded into clinical and social care pathways

⁷ BLT Discovery Interview, June 2012

⁸ Older People's Reference Group, May 2011

through development of the 'Every Contact Counts' programme

- Continuing improvement in cancer screening programmes through close collaborative working with Public Health England (the new commissioners of the service)
- Continuing local work to increase early awareness of the symptoms of cancer, early presentation and early diagnosis
- Continuing to reduce delays in cancer pathways to ensure that all patients access diagnostic and treatment services as early as possible
- A further and accelerated push towards integrated health and social care, working together across providers to enable a better quality of life and care for patients and service users minimising avoidable hospital admissions and the use of residential care
- Appropriate support for those with long term conditions and cancer survivors, including support to live at home and facilities close to their homes
- Appropriate advanced care planning for end of life care and place of death
- Improve rates for cardiac rehabilitation and reduce emergency admissions and re-admission to hospital
- Increase identification, diagnosis of learning disability and ensure robust and integrated care and support, including a focus on improved housing options and support for young people
- Address gaps in services for adults with autism including a new diagnostic service and a Multi-Disciplinary Teams care pathway
- Improve engagement and understanding of carers by primary care services including improved recognition of specific needs of carers, increased use of carers' registers, and greater provision of health checks

Outcome objectives

The proposed outcome objectives for long term conditions and cancer are:

- Improved patient experience and co-ordination of health, housing and social care for those with single or multiple long term conditions
- Reduced prevalence of the major 'killers' and increased life expectancy
- More people with long term conditions or cancer diagnosed earlier and surviving for longer
- More people with learning disabilities receiving high quality care and support
- More carers having good physical and mental health and feel fully supported

Influencing wider social and environmental factors

The national review of health inequalities conducted in 2010 restated that health is tightly linked to socioeconomic status. The 'wider determinants' such as income, education, poverty, quality of housing, physical environment and community cohesion are profoundly linked to people's health.

Our residents have also told us that things that affect their health and wellbeing are broader than those traditionally "health related". Over 50% of respondents to our survey when asked about what stops them from staying healthy included a reference to wider social and environmental factors.

Tower Hamlets has a strong Community Plan, overseen by the Tower Hamlets Partnership, which is seeking to address a range of these issues through shared targets and delivery arrangements. The Health and Wellbeing Board is committed to working with the other Community Plan Delivery Groups to develop joint areas of work to ensure the health impacts of these areas are addressed. Work is underway to agree joint priorities with the relevant CPDGs. Some of the key areas where we will look to work together are set out in this section of the strategy.

Housing

There are clear links between the housing conditions people live in and their health. Overcrowding, poor quality housing and fuel poverty can all impact on physical and mental health. Access to green/open space within housing developments is also key to both emotional and physical health.

The council has a range of housing policies and initiatives to improve housing conditions. There is a Decent Homes programme which will see all current or former council homes in the borough reach decent homes standards by 2015 and there are major regeneration programmes for larger estates. There have been considerable successes in re-housing overcrowded households through building new homes and re-targeting the Lettings Policy. There are still problems and the council is working with social housing



providers and developers to maximise affordable housing provision. The Tower Hamlets Housing Forum, representing all social housing providers in the borough, is also considering a plan to tackle under-occupation to ensure that the best use is being made of all social housing stock.

The private rented sector in Tower Hamlets is also growing fast. Some of the worst housing conditions are found within this sector. We have commissioned an analysis to quantify the health costs of the main hazards found in dwellings in this sector together with identifying those areas in the borough most affected, identifying properties that are likely to be houses in multiple occupation or properties which may have vulnerable occupants such as children or the elderly. A range of interventions are being considered in the private sector for the improvement of conditions and options for private rented sector accreditation and regulation are being explored.

Those with specific needs because of disabilities often rely on special adaptations to enable them to live independently. The council has refreshed its Tenancy Strategy which includes specific provisions to ensure that adapted properties are made available to those who need them most. In addition, the council is developing a new housing statement which considers how best to maximise financial support for adaptations through disabled facilities grants and other grant funding. This work will be developed in conjunction with health and social care providers.

For those in social housing, housing providers and staff can play a key role in promoting more healthy lifestyles. Many social housing landlords in Tower Hamlets already engage in projects such as:

- promoting and enabling employment, volunteering training and social enterprise;
- small scale local projects such as community gardens/allotments;
- facilitation and support for estate based community projects promoting healthy lifestyles or building capacity and awareness around health and wellbeing; and
- targeting frailer older residents and engaging them in estate based activity to make links between residents and reduce isolation.

The Tower Hamlets Housing Forum will work with the Health and Wellbeing Board to further develop these projects, share learning between providers and ensure greater co-ordination between local housing and health related projects.

Homelessness is the most extreme form of housing need impacting on people's health. Tower Hamlets Council and partners have made considerable progress reducing homelessness and improving services for homeless households since the Homelessness Strategy was launched in 2008. This includes preventing over 3,700 households from being homeless; reducing the number of people in temporary accommodation; providing a dedicated service for single homeless people – one of only a handful in London; and making significant progress towards ending rough sleeping in the borough.

There are now significant challenges in building on these achievements to continue to prevent homelessness. These include major changes to the benefit system, social housing reform,

prolonged economic uncertainties, and reduced resources for services – likely to continue in the coming years. The council has developed a new Homelessness Statement which aims to meet local needs in light of unprecedented challenges. Key principles underpinning this are multi-agency working; early intervention; and building resilience. Specific initiatives include a whole systems approach to supporting homeless people designed to address their wider support needs including employment and training, money management and income maximisation, parenting, substance misuse, mental health and domestic violence.

One resident when asked, “What do you think stops you from staying healthy?” responded “Worrying about money, housing and benefits being cut”.

For people with long term conditions the accessibility of their home can impact on the health and wellbeing of the individual and their family. This quote illustrates some of the issues:

“I have a shower attached to the wall but I have to climb over the bath and have fallen a few times. The shower broke and I had to have a bath which was a nightmare. I’ve been in the house 35 years ... They told me they won’t give me a walk in shower because they will have to change it again when I leave because the house will go to a family. I can’t blame them really.”⁹

Education

We are keen to continue our work in promoting understanding of healthy lifestyles in schools and other education settings, particularly given the evidence about the impact on learning and attainment of proper nutrition and physical activity, and supporting schools and colleges to enable this.

The current Healthy Schools Programme aims to increase understanding and awareness leading to positive choices around four key areas in schools:

- Healthy Eating
- Physical Activity
- Emotional Health and Well Being
- Drug Education and Sex Education

The Healthy Lives Team delivers training to schools in all of these areas, and currently 89% of community schools have been assessed as having achieved Healthy Schools status. Schools are also able to apply for Advanced Healthy Schools status and the team is working to enable more schools to achieve this status whereby they:

- create long term, sustainable change in areas where visible and measurable improvement can be seen and quantified;
- commit to two focused projects (LA/NHS priority and school priority); and
- commit to a fixed priority of reducing obesity.

⁹ LBTH, 2012, Modernising LD Day Opportunities in LBTH: BME Communities – March 2012

In addition, Healthy Lives Champions are identified within local schools to carry out targeted work with pupils identified as overweight or obese.

Work is currently being explored around extending some of the training offered to schools to youth centres in order to provide a more holistic approach to education around healthy lives. A new project to raise awareness of health and wellbeing with school governors is also underway.

“The biggest impact is the shift in attitude and understanding towards living a healthy lifestyle by the children. The children are talking about healthy choices and show that they want to make those choices.” (Staff member, Lawdale Junior School)

“There is evidence of more children cycling to school now - there is not enough space in the cycle shed for all the bikes and our site manager has commented on ‘needing a bigger shed for all these bikes!’”
(Staff member, Holy Family Primary)

Poverty and income

There is a strong association between income and health inequalities. Rates of poverty and child poverty are high within the borough and the links with poor health outcomes are clear. There are particular concerns about the way in which welfare reform changes may exacerbate this. Because of large family sizes and high rent levels, the area will be particularly affected by the benefits cap from April 2013. We currently estimate up to 1600 households, including nearly 5000 children, will be affected by the benefit cap. This is likely to lead to forced moves, with the potential to increase overcrowding and with a clear impact on stress, mental wellbeing and a resultant impact on health and social care services. There is a borough-wide Welfare Reform Task Group, involving the council, health and voluntary sector partners which is working together to raise awareness of the changes and provide mechanisms for getting support to those who need it. A specific current project is considering the impact of welfare reform on disabled people and encouraging take up of disability benefits by those who are entitled to them. Alongside this is a partnership Financial Inclusion Strategy which focuses on addressing poverty through improving financial literacy and capability, access to financial products and services, and provision of debt and money advice.

The council is committed to supporting small and medium enterprises, for example through its procurement policies, and to paying the London Living Wage. Barts Health NHS Trust and Tower Hamlets Council have signed a memorandum of understanding through which they agree to work together to support economic development, support for local businesses and employment opportunities for local people.

The council has also set up an independent Fairness Commission which will hear views from experts and local people and make recommendations about improving fairness in the local area, particularly in the area of housing, employment, and income and welfare policy.

Employment

Employment rates in the borough are low with only 60% of those of working age in employment and high rates of sickness/disability benefit claimants. This identifies two key issues for the strategy – promoting the health benefits of employment, especially in relation to mental health, and the role of GPs and other health services in supporting people back into work.

A number of neighbourhood based programmes in the local area are engaging with GPs in this way. This includes the Raising Aspirations project in East India and Lansbury Ward which is targeting the long term unemployed, most of whom are on disability benefits. Through an invest to save programme, the project seeks to demonstrate that there are financial as well as social and health benefits in getting people back into work.

The role of key health partners as significant employers is also a focus for the strategy, in terms of the role they can play in improving employment opportunities particularly for those with lower skills and promoting employment for those with disabilities and mental health problems. The council has an active local employment and Workforce to Reflect the Community strategy, with a strong focus on apprenticeships and graduate training opportunities for local people. Barts Health manages the Community Works for Health programme promoting health through employment, enabling local people to secure and sustain work within the NHS. The adverse effects of worklessness on health are well recognised, and the programme also supports the Trust in recruiting successfully front-line posts, and in providing further in-work development for a proportion of these staff. The success of this work has led to it being shortlisted for a Health Service Journal Award in the Workforce category this year. This programme is being further developed and as part of its joint memorandum with the council, Barts Health is exploring areas such as extending employment opportunities for local people, particularly for non-clinical staff, apprenticeships and how it develops stronger links into local schools, colleges and the community to enable more young people locally to move into health careers in medicine and nursing.

There is evidence that mental health is a significant blockage to employment – 75% of those targeted in the current ‘Raising Aspirations’ pilot identified some form of mental ill health as a barrier. There is a need to improve employment opportunities for people with Learning Disabilities and the Council is commissioning a Supported Employment Service for people with support needs and their carers.

There is more to do with developing the board’s relationship with Jobcentre Plus and the DWP Work Programme which is working with those on sickness benefits to help them into work. The Partnership has an Employment Strategy which seeks to ensure a co-ordinated multi-agency approach to getting people into work. This includes the work of Jobcentre Plus, its Work Programme contractors, the council’s Skillsmatch job brokerage service, local third sector providers targeting particular communities and the local business community. The Partnership is establishing a new Employment and Enterprise Board to provide renewed high level vigour to addressing employment issues in the borough. A particular issue is extending employment opportunities to those with physical and learning disabilities and mental health problems. The Health and Wellbeing Board has a commitment to encouraging all partners to

sign up to the Time for Change mental health pledge. The council has already done so and other partners have made a commitment to working towards this. Once the Employment and Enterprise Board is fully established, it would be useful to develop an area for a joint practically focused project with the Health and Wellbeing Board focusing on health and employment issues.

Unemployment can have a negative effect on Health and Wellbeing but poor quality employment can have a negative effect too. A few respondents to the Health and Wellbeing survey referenced “stress” impacting on their health and wellbeing, this included references to stress at work and work pressure.

Community engagement and development

Engagement in social networks and community can have a positive impact on both physical and mental health and well-being. On top of this, local networks and communities are key assets, providing opportunities for engaging people in health promotion activities, spreading health messages and motivating changes in lifestyle, particularly peer to peer. Tower Hamlets has a strong track record of local communities engaged in neighbourhood activity to take more control of their lives and environment. As part of our Healthy Borough programme, ‘Can Do’ grants were awarded to community led projects to improve the health and wellbeing of their local community. They supported a wide range of activity including areas such as food growing, developing social networks, promoting physical activity. This community development approach was found to be highly successful in tackling barriers to participation, particularly among groups less engaged with statutory agencies such as black and minority ethnic women.

Currently, there are a number of neighbourhood and community initiatives which are focusing on working with local people to develop solutions to local issues and grow their capacity. Many have a specific health focus – others are focused on improving other aspects of local quality of life likely to have knock on effects for health. Examples include the Well London initiative on the Aberfeldy estate which will recruit and train local community champions and develop specific projects around such themes as healthy eating, physical activities, mental wellbeing, arts and culture, skills to work and healthy spaces and others that emerge from the community engagement. The Well London approach has been used elsewhere in London and has demonstrated significant improvements, including 72% increase in healthy eating, 83% increase in physical activity and 86% improvement in positive feelings amongst participants.

Another example is a pilot of a Community Budget approach in the Bromley-by-Bow and Mile End East area of the borough where a number of agencies, including GPs, schools, local community centre and housing association, are pooling budgets to tackle priorities identified in consultation with the local community. Volunteer Health Makers are being recruited to work with GP practices to tackle issues which impact on health and in particular to support diabetes care packages by addressing wider determinant such as employment, education, language and housing.

The Partnership is also working with local communities to develop a number of Neighbourhood Agreements which provide an opportunity for local communities to come together, identify their priority issues impacting on local quality of life, develop local solutions to these in conjunction with key local stakeholders and enter into an agreement with these stakeholders about how they will work together to deliver the solutions. Projects include the refurbishment for

community use of a local community building by local volunteers working with public sector providers. The projects have benefits in their own right but also, by engaging local people and creating a sense of community, are likely to contribute to better health and wellbeing. The potential of a number of community engagement projects operating in small neighbourhood areas provides the opportunity to review, evaluate and share lessons over the coming months and beyond. The Board has set up a sub-group focusing on Co-Production and the potential is explored further in the next section of this strategy.

The council has commissioned Healthwatch Tower Hamlets, and it came into existence on 1 April 2013. They have a responsibility to work across health and social care with a particular brief to developing innovative and creative ways of engaging the community to get more involved in the improvement of local health and social care services. This community engagement role of the new Healthwatch function is one we are keen to progress and develop.

Environment and Planning

The quality and nature of the built environment can have a significant impact on health outcomes. This has been recognised for some time in Tower Hamlets. The Core Strategy which provides the spatial vision for the development of Tower Hamlets to 2025 was developed in conjunction with health partners and includes strategic objectives around promoting healthy neighbourhoods that promote active and healthy lifestyles.

One specific initiative is the ‘Green Grid’ which seeks to sustain and create across the borough a network of high quality well-connected open spaces to promote bio-diversity and healthy, active lifestyles. In addition, the Tower Hamlets Partnership encourages walking and cycling through a range of projects and programmes delivering training in schools to encourage students to cycle by equipping them with the necessary confidence, skills and safety training and free adult cycle confidence training for anyone who lives, works or studies in the borough. Schemes are also in place to promote cycling amongst disabled people and traditionally harder to reach groups such as BME women.

The borough-wide expansion of the Barclays Cycle Hire scheme provides a significant opportunity for increasing cycling in Tower Hamlets and Tower Hamlets has also benefited from the provision of two Cycle Superhighways running through the borough. In addition, more cycle parking has been installed throughout the borough, especially in the vicinity of the new Cycle Superhighways.

Healthy walking programmes take place in the borough, with weekly walks from health centres and community centres led by health trainers and local volunteers. These walks provide residents with the chance to improve their health and socialise, whilst learning about the local cultural and historical features of the area.

Planning policy also contributes to food environments by limiting the numbers of hot food takeaways which are associated with poor diets. The council’s planning policy seeks to limit new hot food takeaways both to appropriate locations such as town centres and to limit their numbers so as not to cause an overconcentration of this type of use. The proximity of any schools is also taken into account in the planning process.

There is a clear objective in the Core Strategy to create healthy sustainable places in the borough and much progress has already been made with for example health impacts being considered as part of environmental impact assessments for larger developments. The spatial planners and public health colleagues will continue to work together to examine available tools and techniques which could help enable the ambition for healthy sustainable places, looking to adopt those which can have a positive impact on this ambition.

Air quality is also a key issue for an inner city borough with major transport routes running through it. Tower Hamlets was declared an Air Quality Management Area under the UK Air Quality Strategy and is exceeding objectives for two health based pollutants: Nitrogen Dioxide and Particulate Matter.

According to the World Health Organisation, air pollution is a major environmental risk to health. Air pollution increases the risk of respiratory and heart disease in the population. Both short and long term exposure to air pollutants have been associated with health impacts. These impacts are more pronounced in people who are already ill. Children, the elderly and people on low income are more likely to be exposed to air pollution. It is currently estimated that air pollution reduces the life expectancy of every person in the UK by an average of 6–8 months, with associated costs of up to £20 billion each year.

The council monitors air pollution concentrations using different monitoring methods. Pollution levels in Tower Hamlets have declined since it was declared an Air Quality Management Area, however in recent years, the levels have stabilised. This trend is evident throughout the Greater London area.

Tower Hamlets has an Air Quality Action Plan which details measures on how the council intends to work towards achieving the stated air quality objectives. This will be through a range of measures including:

- Promoting sustainable modes of transport
- Reducing emissions from domestic sources
- Raising education and awareness on pollution and health impacts

Environmental issues were raised by residents as having a negative impact on their health and wellbeing. These included busy roads, pollution and noise.

Community Safety

Health issues, in particular in relation to mental health, alcohol and drugs misuse have a significant impact on crime and disorder. There is an existing Partnership Substance Misuse Strategy with a plan of action for tackling alcohol and other drug misuse, including the harms related to misuse. The strategy combines behaviour change, prevention, treatment, enforcement and regulation approaches. Achieving a decrease in the serious acquisitive crime rate is identified as a priority action in the Substance Misuse Strategy as analysis indicates that this is strongly associated with drug related offending.

Community safety policy has been linked to this work – for example, a whole borough drinking control zone has been established and we are currently consulting on establishing a cumulative impact ('saturation') policy to limit the number of licensed premises in the Brick Lane area, where the concentration of licensed premises has the potential to lead to public disorder and anti-social behaviour in the area. Health has also been named as a responsible authority for licensing decisions and therefore integrating health impacts into the council's licensing policy is something that is currently being worked on. The licensing and enforcement approach is supported by more widespread identification of individuals experiencing problems with alcohol and this is a key area of work moving forward.

Effective treatment for individuals addicted to drugs is strongly associated with reduced levels of crime and helps to limit the poor health outcomes of long term addiction. Our treatment levels are currently amongst the highest in the country. To ensure maximum benefits from treatment interventions, we have developed an action plan to increase the numbers of individuals successfully completing treatment and leaving treatment services drug free.

Domestic violence is a further area where our community safety and health objectives overlap. There is a multi-agency approach to tackling this, including a new Violence against Women and Girls Strategy and a policy aimed specifically at safeguarding children at risk from domestic violence. Key areas for development include the need to increase reporting and referring where domestic violence is suspected, from a range of front line health settings including Accident and Emergency, GPs and dentists. The board might seek to sponsor a partnership protocol around this issue to capture and spread best practice and build trust to overcome residual concerns about confidentiality.

It would also be useful to consider the potential for more independent advocates with domestic violence specialisms to be attached to health settings such as maternity services. Timely and professional support to those suffering domestic violence can provide them with more confidence to take action to end the situation.

Perceptions of safety and freedom from anti-social behaviour emerged as key issues generally from consultation with local people. The borough's Community Safety Plan, developed by the multi-agency Community Safety Partnership led by the Deputy Mayor and Borough Commander, demonstrates the commitment of all partners to continue to reduce anti-social behaviour and tackle hate crime. The Community Safety Plan incorporates many of the actions within the Substance Misuse Strategy and ensures the continued delivery of the Dealer a Day programme as well as on-going test purchases from licensed premises.

Possible delivery actions

There are opportunities to do more to link up health and crime enforcement agencies in tackling drug misuse and other joint issues. Opportunities include:

- Developing data sharing agreements around drug and alcohol related injury and offending and utilise this more routinely for service planning purposes
- Making best use of information on hotspots and emerging trends in alcohol related antisocial behaviour and crime to achieve further reductions.

- Increasing the effective use of screening for drugs and alcohol when offenders are arrested
- Developing the use of the Drug Related Deaths Panel
- Driving forward work on Integrated Offender Management and in particular considering drug treatment needs of offenders, as well the physical and mental health needs of offenders
- Working in partnership to address the ongoing health needs of sex workers

Perceptions of safety in the borough affect people's decisions and life choices. When people at the THINK AGM were asked about what needed to change to improve health and wellbeing of people growing older in Tower Hamlets, perception of safety was a key concern: *"Older people live in fear and all of these factors affect their health."*

Perceptions of safety is a similar concern for adult social care users with a learning disability in relation to independence:

*"Fears were discussed around discrimination, people pointing and making remarks directed at them."*¹⁰

Respondents to the Health and Wellbeing survey also raised concerns about safe play spaces for children:

*"Anti-social behaviour - young people hanging out in the children's play areas - is sometimes off putting when I want to take my son there."*¹¹



¹⁰ LBTH, 2012, Modernising LD Day Opportunities in LBTH: BME Communities – March 2012

¹¹ LBTH, 2012, Residents Health and Wellbeing Survey

Delivering the Strategy

Governance

The Health and Wellbeing Board is responsible for the delivery of this strategy. It will do this through a number of subgroups and boards and through the feedback from Healthwatch Tower Hamlets, a statutory member of the board.

The remit of Healthwatch Tower Hamlets includes a requirement to work with the members of the HWBB and to support the subgroups in ensuring public and patient/service user engagement in the different workstreams of the board. Full engagement and involvement of our residents is critical to the delivery of the strategy.

The board, in signing off this strategy, is very conscious that pieces of work of this nature can be very “top-down” and is clear in its expectations that this must be met by “bottom-up” initiatives generated within the communities of Tower Hamlets. This builds on well-established community assets in Tower Hamlets including a strong voluntary and community sector with its own Health and Wellbeing Forum, Neighbourhood Agreements and emerging Neighbourhood Forums.

Accountability for the quality of local services

We need to ensure that there are robust mechanisms in place to ensure health and social care outcomes are achieved and that health and social care services are accountable for the quality of service they provide to local people. This is particularly pertinent at a time when the provider and commissioning framework is changing fast.

Commissioners, including the local authority and the Clinical Commissioning Group, will develop robust performance frameworks to ensure that service quality and responsiveness to patients is monitored and, where necessary, improved. The Mayor and Health and Wellbeing Board will implement an outcome based performance framework setting targets for the key outcomes outlined in this strategy and monitor progress regularly. The leadership of the Mayor and involvement of Cabinet members will strengthen democratic oversight and scrutiny of health provision in the borough. The performance framework will also ensure we monitor progress for different equality groups where our equality analysis has indicated there are currently differential outcomes in particular areas.

In this context, accountability to service users is also key. From April 2013, Healthwatch Tower Hamlets came into existence and provides a mechanism to give people greater influence over their local health and social care services. It will also lead on supporting the local commitment to ensure health and social care services are accountable to local people and the standard of care is improved or maintained. Healthwatch will be represented on the board and ensure patient views are shared and considered in the decision making process of the board. The board will also want to develop a relationship directly with local residents, reporting to them on progress with the key outcomes in this strategy.

Enablers

Supporting delivery of the programme are a number of “enablers” – these are the ways of working and things we need to do to implement the contents of this strategy. These have been identified through a review of current structures and engagement feedback. These are as follows:

- **Community engagement and co-production** – a local “out in the community” approach to identifying priorities to improve health and wellbeing and to designing interventions (described above)
- **Integrated care** – bringing different providers together to deliver joined up holistic packages of care
- **Ensuring best use of resources** – aligning the funding with new models of service delivery through joint commissioning of services
- **Using technology to improve outcomes**
- **Commissioning with commitment** – developing a plurality of provision of health, social care, and wellbeing services through the development of local providers and services
- **Leadership and workforce development** to make this borough one of the best places to work and to support the changes in service delivery required to achieve a step change in health outcomes



Community Engagement and Co-production

Delivery of this strategy is not just about statutory partners and major projects, but also about working in partnership with local residents to co-design and co-produce solutions.

The Health and Wellbeing Board is committed to an approach to community engagement based on a model of the Healthy Community Panel – an existing borough-wide panel of 1000 individuals (consisting of those people who were members of THINK – the predecessor of Healthwatch) who have said they are interested in improving local health and social care services. The Health and Wellbeing Board aims to work with Healthwatch and the Clinical Commissioning Groups Engagement Groups to build the membership of the Healthy Community Panel to 3,000 over the course of the next three years to reflect the population of the borough. The diagram below illustrates the model which builds on and uses existing structures for engaging and involving members of the community.



The core of the Healthy Community Panels will be the **Community Engagement Groups (CEGs)**. There will be four of these across the borough, each based on two Clinical Commissioning Group (CCG) Network areas, with at least one hundred people in each Network. They will be engaged in:

- Identifying community needs and aspirations
- Promoting and incentivising healthy behaviour
- Tackling Health and Wellbeing strategy priority areas
- Feeding into GP Practices and other health and social care providers on their experience and supporting the practice to improve patient experience
- Tackling local Network priority areas
- Speaking to groups in the community about their experience of services and feeding these into quality performance and monitoring processes
- Collecting people's comments, ideas and aspirations and passing them to relevant health and social care professionals so they impact on service improvement
- Supporting groups in the community to develop healthy initiatives such as a walking club, a carers support group or a time banking initiative
- Supporting better self-management and behaviour change, including encouraging people to pass on key health and social care information to their communities to change behaviour and improve the way they access services.

The remit of the CCG Networks will be explored to incorporate greater focus on community engagement and working with the community and voluntary sector.

In parallel with this, the local authority is developing a network of local **Neighbourhood Forums**, these will be facilitated by local Community Champions drawn from the local community who will engage local people in action around specific areas which make a difference to their lives. They will engage with local service providers to tackle these issues and draw up Neighbourhood Agreements, setting out a contract for future action by the community and partners.

A key principle of the Health and Wellbeing Strategy is to build on these developments and further enhance local community capacity and skills to enable communities to play a key role in the delivery of the strategy. The board is committed to achieving this through accelerating 'co-production'. Co-production means delivering services and solutions in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. In doing this, we can both improve the health outcomes for those engaged – activism is in itself a contributor to better health – and improve the design of projects and services ensuring they reflect what is important to local communities not just what professionals think is important to them.

The Health and Wellbeing Board will explore areas such as:

- Community budget approach to tackling specific health issues in particular local areas;
- Neighbourhood Agreements which focus on health services and health related issues;
- Making available small sums of money in grant form to local community groups to develop and test their own solutions to key health issues and wider social factors;
- Co-design with residents in commissioning or re-commissioning new services, for example the planned review of Local Networks.

To explore these initiatives and to facilitate them the board will have a subgroup with a particular focus on 'Engagement and Co-production'.

Integrated Care

Integrated care can help us address local challenges, by empowering patients and service users, improving outcomes and by providing the best quality of care at the minimum possible cost. We aspire to build an integrated care system in Tower Hamlets that empowers patients, provides more coordinated, proactive and responsive care, and ensures the system operates in an efficient and consistent manner.

Across the borough, several recently established elements of integrated care have already demonstrated impact on quality and outcomes. However, these only target a small section of the population – working with our partners across the east London region we are now committed to developing further integration to improve outcomes for local people. Initially, this will focus on the areas of discharge support for mental health patients from secondary to primary care, rapid response and short-term reablement, discharge support from acute to community and mental health liaison team intervention in acute wards.

Some of the key areas for driving forward integrated care include:

- Greater empowerment of patients to manage their own health and conditions
- Better co-ordinated joint health and care assessment, planning and case management
- Rapid response providing care packages to support patients at home at time of crisis as an alternative to unnecessary hospital and care home admissions
- Improved liaison between hospitals and mental health services to ensure appropriate diagnosis and referral around areas such as alcohol, substance misuse and dementia
- Better understanding of, and provision to meet, patients' preferences in their last years of life

As well as formal integration of services, there are real opportunities to maximise the value of every contact with health and social care services. This could include ensuring that all frontline health workers, from GPs to home carers, regularly provide advice about healthy diet and activity. Improving access to, and responsiveness of, primary and community health services will be critical to ensuring the success of integrated care.

A key driver of this work will be the Better Care Fund (formerly known as the Integrated Transformation Fund). This was announced in June 2013 and brings together nationally £3.8bn of different funding streams largely but not totally from the NHS, with the express purpose of the funding being re-directed locally on health and social care to drive closer integration and improve outcomes for patients and service users and carers.

The Health and Wellbeing Board will have responsibility for setting the direction of travel and priorities for the programme and oversight of progress through its subgroup the Integrated Care Board. The planning for the use of this funding will be expected to show a golden thread to this Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.

Ensuring best use of resources

Since 2010, public services have seen reductions in funding and a requirement to deliver significant efficiency savings. The state of the economy and the government's commitment to reduce the public sector deficit, means that there is no indication that the funding position will improve and every likelihood it will worsen. This is at a time when demands on health and social care are growing due, in the most part, to an ageing population.

The public sector in Tower Hamlets is facing a significant financial challenge over the years to come as a result.

Tower Hamlets Council will need to absorb its share of the 27% cuts to local government introduced by the government in the 2010 Spending Review. This equates to £90m in savings by the end of 2014/15. At the same time, since 2009, the number of new Social Care assessments has increased by 35% and the number of residents over the age of 85 has increased by 13.5%. The government has recently indicated that there could then follow a further three years of savings on the same downward trajectory.

From 1 April 2013, Tower Hamlets CCG, with a budget of £336m, has a funding shortfall of £30m over the period 2013/14 to 2015/16. This shortfall is evenly split over the 3 year period. To narrow this gap, the CCG has used various quality, innovation, productivity and prevention initiatives. Specific disciplines such as Planned Care, Urgent Care and CHS have proved to have the capacity for such measures.

The East London Foundation Trust (ELFT) provides mental health services in Tower Hamlets. The Trust has to make 4%, approximately £10m, of efficiency savings in 2012/13, in line with national operating guidance, Tower Hamlets share of this is £450,000. In addition, the East London CCGs made a disinvestment of £3.2m over two years and Tower Hamlets' share of this was £550k.

Barts Health NHS Trust is the NHS Trust that serves Tower Hamlets. With 15,000 staff and a turnover of £1.2 billion, it is the largest NHS Trust in the country. Like all public sector bodies, Barts Health will face similar financial challenges to those faced by the council, CCG and ELFT.

These reductions in funding and increases in demand are unlikely to be reversed in the years to come. The challenge for the partners on the Health and Wellbeing Board is how to manage those reductions in funding while ensuring the services that local people rely on are protected as much as possible.

Locally, we will continue to make the case about the need for adequate resources to meet local health and care needs. At the same time, we will also continue to manage services as efficiently as possible to ensure that the increasingly squeezed resources deliver real benefits for local people. In particular, the board will need to work with commissioners and providers to consider how best shared resources can be allocated to priorities to deliver shared outcomes.

This links closely to the development of integrated care (see above) and the need to develop ways to move resources between partner organisations to ensure that funding streams follow the patient/service user.

At the same time, we need to think about the most effective use of physical assets within the health and social care sector, how we manage these most efficiently and ensure that in doing so we are providing modern local venues. There is a continuing need to provide fit for purpose accommodation for services to meet the needs of a growing population and to enable delivery in the most appropriate setting. The potential for strategic use of the Community Infrastructure Levy through feeding into borough-wide infrastructure planning is key. Defining the need for new health infrastructure and providing baseline evidence will be important first steps. A key requirement will be additional space for new or modernised primary care facilities to meet the growing population in the borough in terms of additional GPs and other primary care health professionals.

Using technology to improve outcomes

There are 3 ways that we think technology can help improve health and wellbeing services, the questions we will ask ourselves are:

How can technology improve the lives of individuals?

There is a growing body of evidence that supports the use of technology in health and social care settings and the impact this has on utilisation of health services. Health and social care providers face a considerable challenge to provide comprehensive care and support to an increasing number of people with complex care needs. Assistive Technology can be seen as a solution to this challenge, enabling people to live as independently as possible, preventing or reducing the escalation of support needs through providing a service package and choice of technology tailored to meet their individual needs. Technology also means a lot of things can be done locally – ranging from mobile units to telemedicine.

How can technology drive forward partnerships?

A consistent theme of user feedback is frustration at having to continually supply the same information to different parts of the health and social care system. We need to think about how we can develop a common record system across health and social care so that from a user perspective, time is not wasted in collecting the same data more than once and from a service provider perspective, resources are not wasted in duplicating activities (e.g. repeating investigations as the findings are not communicated). In addition, we need to plan in a much more integrated way across the health and social care system - underpinning this is a need to

share intelligence across the system and we need to think about how we can establish data sharing agreements that allow this information to be shared more freely between key partners. We need to do this cautiously to ensure that we protect sensitive and personal data appropriately.

How can technology support people taking greater responsibility for their own health?

Increasingly, local people, particularly but not exclusively younger generations, are using new technology to access information and support them organising and living their lives. Smartphone applications (apps), social media sites, Twitter and electronic messaging all provide opportunities to provide information to support healthy living and healthy choices in a host of new ways. In one example, the council has developed an e-market solution to enable those in need of care and support to use web technology to purchase their own services. In addition, technology can support people in feeding back to providers about services. Tower Hamlets residents are increasingly using the internet as a method of communication; 15% of residents contacted the Council online over the last year, and 25 per cent say they would prefer to use this method in the future.¹²

Tower Hamlets had a higher level of online returns to the 2011 Census than any other local authority area in the country at just under 30%.

Commissioning with commitment

Tower Hamlets Health and Wellbeing Board includes both the local statutory providers of health services, representation from the community and voluntary sector, and housing providers in recognition of our desire to work across all sectors locally to achieve the best health and wellbeing outcomes. We will work to develop a plurality of provision of health, social care, and wellbeing services through the development of local providers and services.

When we commission services jointly we will follow the following principles:

-
- All services must be culturally sensitive
 - We will seek to work with our providers to achieve a balance of value for money and risk that is sustainable for the provider as well as the commissioner
 - We will seek to use our purchasing power to stimulate the local economy and maximise employment opportunities for local people, taking into account the provisions of the Public Services (Social Value) Act 2012.
 - Wherever possible we will encourage local, smaller providers
 - We will fund independent support for smaller potential providers in complex procurements to ensure that they are not disadvantaged.
 - For all joint procurements, including arrangements where one party is commissioning on behalf of the others (lead commissioning), we would always ask that, all contractors should pay the London Living Wage*. Unless an exception is made contracts will be let with this stipulation.
-

*Unless there are good market reasons not to do so

¹² Annual Residents Survey, 2011-12

All members of the Health and Wellbeing Board, where they don't already do so, commit to moving towards paying the London Living Wage to all of their own staff and to making this a requirement for their contracts where possible.

Leadership and workforce development

Finally, and possibly the most important, is to ensure that we have the workforce and leadership to deliver this strategy. Many of our workforce are also our local residents who use local services – Tower Hamlets own “family and friends test”.

All partners on the Health and Wellbeing Board have a commitment to workforce development to enable the required changes in working practices to deliver services in ways that are different from the past and to make this borough one of the best places to work and to support the changes in service delivery required to achieve a step change in health outcomes.



Conclusion

This Health and Wellbeing Strategy has been informed by widespread local consultation and includes input from a wide range of partners and stakeholders in the borough. The delivery plan will now form the basis of a work programme for key partners over the coming 1-3 years which will be monitored by the board and refreshed on an annual basis. The board remains keen to hear from local residents about issues affecting health and wellbeing in the local area and will work closely with Healthwatch and other partners to ensure that its work is informed by experiences on the ground as it continues to develop its role.



Appendix 1: Measuring Progress

One of the key ways we will measure the success of the Health and Wellbeing Strategy is to monitor Tower Hamlets' performance across a range of outcome measures relating to each of the priority areas of the strategy. For each measure, the board has set targets and will receive regular reports about progress towards these targets.

Targets have been set to be stretching and ambitious. Where possible, targets have been set to achieve a year-on-year improvement, aiming to be one of the top performing London boroughs within three years. However, for some measures this is not the case – this is usually due to things we know about how the rest of the country is performing on the measure or changes to the Tower Hamlets demography. For example, we know that the numbers of children who are overweight or obese is going to continue to increase throughout the rest of the country. So our local target is to stem that increase and maintain current rates.

The table overleaf sets out the measures that we will use to measure our performance and the success of the Health and Wellbeing Strategy¹. The detail about these measures, and the range of activities that we will be undertaking to achieve them, is available to view on the Health and Wellbeing Board page on the council's website. The measures, and targets, will be kept under review by the Health and Wellbeing Board to ensure they remain appropriate, ambitious and stretching.

¹ Measures relating to Mental Health are being developed within the Mental Health strategy

Health and Wellbeing Strategy: outcome measures

Indicator	Latest performance	Target 2013/14
Maternity and Early Years		
Proportion of women who smoke during pregnancy	3.9%	3.5%
Proportion of women who are obese during pregnancy (BMI > 30)	12.3%	12%
Teenage pregnancy rate	28.5 conceptions per 1,000 women aged 15-17 years (2011)	27.5 conceptions per 1,000 women aged 15-17 years
Good coverage for antenatal and newborn screening:	–	–
Proportion of pregnant women who have an antenatal screening for HIV	(Data quality currently not adequate)	Achieve adequate data quality
Proportion of pregnant women who have an antenatal screening for Down's Syndrome (Completion of lab request forms)	97.4%	97% ²
Proportion of pregnant women who have antenatal screenings for sickle cell and thalassemia	(Data quality currently not adequate)	Achieve adequate data quality
Proportion of new born babies given a blood spot screening	76.2%	95%
Proportion of new born babies given a hearing screening	91.0%	95%
Child development at 2-2.5 years (Indicator to be confirmed)	TBC	TBC
Rate of infant mortality (children who die before reaching their first birthday)	5.3/1000 live births (2009-11)	5.0/1000 live births (2010-12)
Proportion of babies born with low birth weight (<2.5kg)	9.2% (2011)	9%
Proportion of women who smoke during pregnancy	3.9%	3.5%
Proportion of mothers who breastfeed at birth	88.35%	88.5%
Proportion of mothers who are breastfeeding at 6-8 weeks	71.1%	71.5%
Maintain good child immunisation rates ³		
Proportion of babies who receive the BCG vaccination when they are a year old	95%	95%

² This is a national quality standard that we are trying to maintain

³ 95% is the recognised rate of immunity needed in a population to prevent an outbreak if isolated cases occur. This is known as herd or community immunity; the vaccinated 95% of the population provide a measure of protection for those who have not been immunised by acting as a buffer and disrupting the chain of infection

BCG vaccination when they are a year old		
Proportion of babies who receive the DTap/IPV/Hib vaccination when they are a year old	97.3%	95%
Proportion of babies who receive the MMR vaccination when they are two years old	93.9%	95%
Proportion of babies who receive the DTap/IPV/Hib vaccination when they are five years old	94.2%	95%
Proportion of babies who receive two doses of the MMR vaccination when they are five years old	96.6%	95%
Proportion of children in Reception who are overweight ⁴	10.8% (2012)	10.8%
Proportion of children in Reception who are obese ⁵	13.1% (2012)	13.1%
Proportion of children under 5 with tooth decay	39.1% (2007/08) ⁶	30.0% (2011/12)
Proportion of children accessing dental services	53.4%	62.9%
Healthy Lives		
Proportion of children in Reception who are obese ⁷	13.1%	13.1%
Proportion of children in Year 6 who are obese ⁸	25.1%	25.1%
Proportion of women who smoke during pregnancy	3.9% (2011/12)	3.5%
Proportion of adults (18+) who smoke	21.5% (2011/12)	21%
Rate of admissions to hospital that are alcohol-related per 100,000 population ⁹	2213 (2011/12)	2,424
Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months (opiates)	9.97% (2012/13)	11%%
Successful completions of treatment for children and young people (Targets based on a contracted minimum target of 70%)	74% (2012/13)	11%
Successful completion of alcohol treatment	51% (2012/13)	55%

⁴ Given the national trend of increasing proportion of overweight and obese children, the goal is to prevent any further increase as a first step to reducing levels of overweight and obese children locally.

⁵ As above

⁶ This indicator is based on a survey carried out every two years.

⁷ Given the increasing numbers of obese children, maintaining the current rate is a challenging target.

⁸ As above

⁹ The numbers of alcohol related admissions are expected to go up. The trajectory of the target has been set so as not to exceed the projected London rates.

People arrested and identified as having substance misuse issues who are previously not known to the Drug Intervention Programme ¹⁰	15 per month (Q1 2013/14)	20 per month
Number of binge drinking callouts (Incidents where London Ambulance Service have attended someone suffering from an alcohol related illness) ¹¹	964 (2011/12)	1,273
Numbers of screenings completed in primary care ¹²	30,843	25,000
Rate of people aged 15-24 testing positive for chlamydia ¹³	1637 per 100,000 (2011)	1800 per 100,000
Proportion of HIV infections diagnosed late	35%	33%
Teenage pregnancy rate	28.5 per 1,000 females aged 15-17 (2011)	27.5 per 1,000 females aged 15-17 (2011)
Long Term Conditions and Cancer		
Rate of deaths from causes considered preventable of persons under 75	130.1%	107.4%
Rate of deaths from all cardiovascular diseases (including heart disease and stroke) of persons under 75	106.1%	81.4%
Rate of deaths from cancer of persons under 75	135.1	124.0
Rate of deaths from respiratory disease of persons under 75	37.7	32.2
Percentage of people who are eligible for cancer screening who are screened	Breast 65.9% Cervical 72% Bowel 32.5%	Targets to be agreed with Public Health England
Proportion of people who are eligible, who take up the NHS Health Check Programme ¹⁴	20%	+12%
Proportion of people feeling supported to manage their condition	89% (2012/13)	91%

¹⁰ This indicator is on an upward trajectory as the aim is to increase the level of detection and identification

¹¹ The numbers of binge drinking callouts are expected to go up. The trajectory of the target has been set so as not to exceed the projected London rates.

¹² 25,000 has been the annual target for this scheme since its inception. It is anticipated that during a transition stage, there may be some fluctuation in the coverage of the service.

¹³ Public Health England recommends that local authorities should be working towards achieving a diagnosis rate of 2,300 per 100,000 population. The trajectory of the targets will mean the target will be met by Q2 2016/17. The purpose of this indicator is to measure the success of sexual health services in diagnosing chlamydia. Increasing the diagnostic rate will reduce complications of infection and reduce the spread of infection.

¹⁴ The NHS Health Check Programme is a multi-year programme of health checks. The targets have been set to ensure the eligible population is covered over the course of the programme.

Proportion of people who use services and carers who find it easy to find information about services	73% (2012/13))	75%
Overall satisfaction of people who use services with their care and support	64% (2012/13)	66%
Overall satisfaction of people with learning disabilities who use services with their care and support	91% (2012/13)	93%
Proportion of adults with learning disabilities in paid employment	7.9% (2012/13))	9%
Proportion of adults with learning disabilities who live in their own home or with their family	60%	65%
Quality of life as reported by carers	33% (reported feelings of stress, depression and physical strain 2010)	TBC
Proportion of carers who report that they have been included or consulted in discussions about the person they care for	25% (Carers Survey 2012)	30%
Health-related quality of life for carers	41% (TH Carers Survey 2010 reported their general health to be good)	45%



