

Tower Hamlets Health and Wellbeing Board

# Tower Hamlets Health and Wellbeing Strategy: An outline

Draft for consultation – August 2012



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## Introduction

This Priorities Paper has been developed as a key stage in the development of a new Health and Wellbeing Strategy for Tower Hamlets. The Health and Social Care Act introduced the requirement for Health and Wellbeing Boards to prepare joint Health and Wellbeing Strategies (HWS) 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 and 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 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 community groups and local people to contribute to achieving identified needs.

The shadow Health and Wellbeing Board has initiated the development of a new Health and Wellbeing Strategy, building on the strengths and successes of the existing strategy, but more wide-reaching and ambitious in its scope. A sub-group of the Board, with representation from within the local authority, public health and other parts of the NHS, has been set up to steer this process.

Through review of the key evidence in our local 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, we have identified a set of draft key principles and priorities for the Health and Wellbeing Strategy. The Health and Wellbeing Board is committed to seeking widespread feedback on these priority areas before we finalise the strategy. Consequently, we have prepared this Priorities Paper for consultation with local stakeholders, voluntary and community groups and residents. This feedback will be used to inform the final development of the strategy which will also incorporate a set of key outcome measures and a Delivery Plan which will identify the key priorities for the Health and Wellbeing Board and local partners to meet identified needs and respond to feedback.

## **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 nearly half of the borough's population comprising of Black and minority ethnic groups, with the largest of these (30%) being the Bangladeshi community.

Religion continues to play a prominent role in the lives of many of the borough's population, with 80% of residents claiming a religious belief and Tower Hamlets being home to the largest Muslim population in the country. 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 53% 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 £64,000 a year. Unemployment remains an issue with 13% of the working age population unemployed, compared to 9% across London.

3.7% of the borough's population provide more than 20 hours of unpaid care per week and 50% 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, 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 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**

4,565 children were born in Tower Hamlets in 2010. 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. However, 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. 3.3% 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 on par with 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.

53% 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.

12.7% of children in Reception year are obese – the 6<sup>th</sup> highest rate in the country – and by Year 6 (10-11 year olds) this increases to 25.6% and is the fourth highest rate in the country. However, it is encouraging that 88.9% of mothers initiate breast feeding at birth (compared to 73.7% across England) and 73.5% 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 93.7% of children received 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 4<sup>th</sup> 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.

When looking at some of the factors that lead to or contribute to the major killers, 27% of people in the borough smoke, compared to 21% nationally. However, in recent years our smoking cessation programme has delivered 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% Bangladeshi and because women live longer a higher proportion are female (60%).

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.

## 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 on 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 254,000, 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<sup>16</sup>, suggest that the Tower Hamlets population will grow from 254,000 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 all 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 cancer screening.

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. 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 will transfer from the abolished PCTs to local authorities from April 2013. Currently the Tower Hamlets Public Health team and the local authority are drawing up transition plans to shape what the new structures will look like in the future.

In terms of ensuring health scrutiny by patients and users of health services, local involvement networks known as THINK in Tower Hamlets, are being replaced by local HealthWatch organisations, who can visit health and social care services and report on concerns about services. HealthWatch 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.

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.

There is a strong interplay between being active and being independent:

*“And I can understand, when you’ve got somebody doing it for you, you let them do it. And then you stop being able to do it yourself. So I think sometimes too much is done for people. They don’t have the incentive to do it themselves. I know it is a hard road, if you have to do everything for yourself, but it should be. But that’s just the way I feel. I suppose other people don’t feel the same way”<sup>1</sup>*

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.

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

- **Integrating care** - ensuring 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.”<sup>2</sup>*

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

<sup>1</sup> BLT, 2012, Discovery Interview

<sup>2</sup> LBTH, 2012, Residents Health and Wellbeing Survey

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, to maximise life chances 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.
- **Family centred approach** – ensuring that we also 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, particularly recognising the high level of informal care delivered within the family 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)<sup>3</sup>*

- **Ensuring ‘health in all policies’** – there is a wealth of evidence, most compellingly and 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.

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. 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

<sup>3</sup> THINK, 2011, A report on the barriers to self-management for people in Tower Hamlets with a long-term condition(s) p 16)

actions, we will ensure that particular areas of disadvantage or need are addressed.

- **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 citizens and communities to become the co-producers of health and well-being 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 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.”<sup>4</sup>*

Our consultation survey asks you several questions about this part of the document, we would like to know if you agree with the vision and principles that we’ve outlined. In the survey you can answer questions like:

- Do you agree with the vision?
- Do you agree with the principles?

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<sup>4</sup> 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:

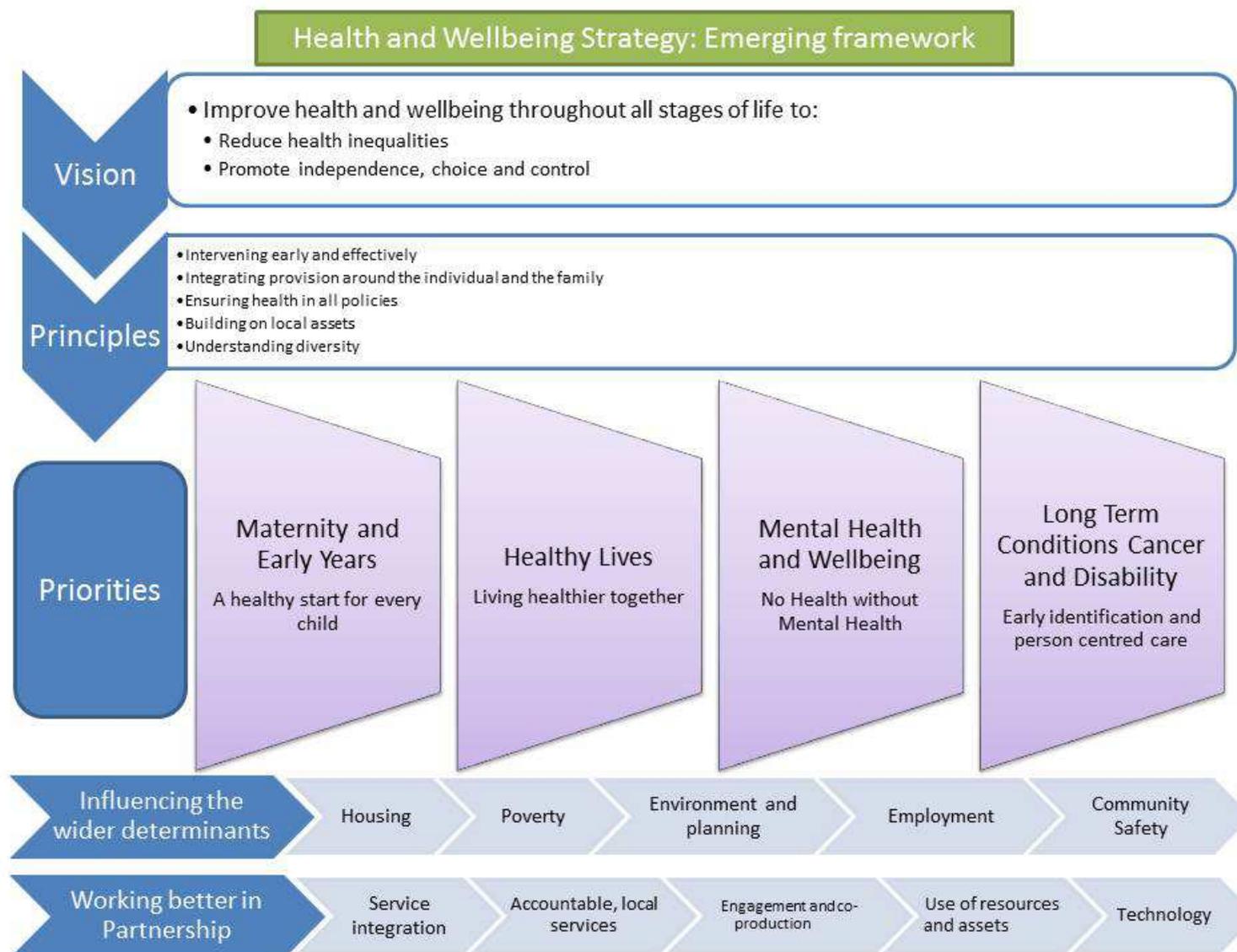
- some key priority areas for the Board to work on;
- broader social and environmental issues which the Board will want to work with partners to influence; and
- Partnership and accountability issues ensuring we maximise our effectiveness to deliver.

The framework for the strategy is set out diagrammatically overleaf.

Our consultation survey asks you several questions about the priorities, we'd like to know if you think we've got the priorities right. In the survey you can answer questions like:

- Do you agree with the priorities?
- If we were to have a 5th priority what do you think it should be?
- Why should this be a priority for Health and Wellbeing in Tower Hamlets?

## Framework



## 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. They present 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
- Increasing levels of overweight and obesity among pregnant women, increasing risks to mother and child
- High levels of Vitamin D deficiency in pregnant women, linked to insufficient exposure to sunlight and poor diet

- Women at increased risk of domestic violence during pregnancy
- High proportion of low birth weight babies (which may contribute to increase 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 is 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 Children and Families Plan also identifies early years as a key focus and its priorities include ensuring all children are healthy.

Key work strands for the HWB strategy include:

- Refresh of Health Improvement Strategy for Maternity Services, including enabling and empowering local women to have greater involvement in shaping these. Consideration of needs relating to women before during and after birth in refresh of Healthy Weight, Healthy Lives strategy and Tobacco Control strategy
- 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.
- Increasing resilience in families and their children by health proactively working in partnership with other services such as the Local Authority early years' service, education, housing and employment
- Intensive parenting support for pregnant women with complex needs including teenage parents (e.g. through the Family Nurse Partnership)

- More education directed at women of child bearing age on childcare and nutrition including folic acid, reducing overweight and obesity, vitamin D requirements.

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 services<sup>5</sup>

### Outcome objectives

The proposed outcome objectives for maternity and early years are:

- Healthier mothers pre and post conception and birth, with lower smoking and diabetes rates
- Improved experiences of maternity care
- Reduction in low birth weight babies
- Healthier and better nourished infants
- Reduction in obesity and dental decay in 4-5 year olds

Our consultation survey asks you several questions about the “Maternity and Early Years” priority. We’d like to know in a bit more detail about your thoughts on this. In the survey you can answer questions like:

- How strongly do you agree that it should be a priority?
- How important are the outcomes to you.
- If you think we’ve missed an outcome you can tell us.
- What do you think we should do to achieve these outcomes?
- What do you think you/your organisation can do to help achieving these outcomes?
- How can the HWB Board support you to do this?

<sup>5</sup> 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 a risk of dying early that is around four times less than those who do not adopt these behaviours. We also know that they have better mental health.

Local authorities, health services and others can do much to support and promote healthy lives. This involves taking a comprehensive approach to promoting healthy weight, increasing physical activity, stopping smoking or oral tobacco use and tackling problem drug and alcohol use. This involves working towards an environment that supports healthy lives, for example increasing green spaces, increasing availability of affordable healthy food, reducing availability of illicit or counterfeit tobacco, alcohol or drugs, as well as ensuring that people are informed and empowered to lead healthy lives throughout life. It also involves working alongside local communities, and the individuals, families and institutions, within them, 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 (7<sup>th</sup> 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 fast food outlets per secondary school (the second highest in London)
- 27% local people smoke (compared to 21% 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
- 8<sup>th</sup> 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; and
- 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 asked about what local people could do to improve their health and wellbeing examples:

*“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”<sup>6</sup>*

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

In reviewing the evidence, there are some key areas where it is proposed the HWB strategy should develop further activity. These include:

#### *An environment that supports healthy lives*

- Improving the food environment – retail, fast food, workplace, NHS
- Promote active travel

<sup>6</sup> LBTH, 2012, Staff Health and Wellbeing Survey

- Work with local communities building on existing assets to develop locally led initiatives to promote healthy lives

#### *Early years, children and adolescence*

- Reduce smoking in pregnancy
- Promote active play
- Further embed healthy lives and health promotion into education and school reflecting the clear link between nutrition and attainment
- Further develop targeted childhood weight management programmes for obese children

#### *Adulthood*

- More focussed activity to address the accumulation of risk factors (diet, activity, smoking, alcohol/drug use) in 20-40 year age group
- Increased participation in sports and recreation
- Further promote healthy lives in the workplace
- Further embed healthy lives into clinical and social care pathways, increasing the role of hospitals and acute care
- Further develop targeted adult weight management programmes
- Improve knowledge and access to sexual health services, particularly among groups with specific needs including gay men and African communities
- Promotion of responsible drinking and awareness of harms of drug use
- Screening for alcohol/drug misuse in health and other settings
- Promotion of healthy lives with older people

#### **Outcome objectives**

The proposed outcome objectives for healthy lives are:

- Reduced levels of obesity and overweight
- Reduced prevalence of smoking
- Higher rates of physical activity
- Reduced prevalence of sexually transmitted infections
- Reduced levels of harmful or hazardous drinking

- Reduced rates of drug use

Our consultation survey asks you several questions about the “Healthy Lives” priority. We’d like to know in a bit more detail about your thoughts on this. In the survey you can answer questions like:

- How strongly do you agree that it should be a priority?
- How important are the outcomes to you.
- If you think we’ve missed an outcome you can tell us.
- What do you think we should do to achieve these outcomes?
- What do you think you/your organisation can do to help achieving these outcomes?
- How can the HWB Board support you to do this?

### 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 has 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, including deprivation, inequality, low levels of employment and less access to green space, in Tower Hamlets, actual numbers of people mental health conditions are likely 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 as follows:

- Higher hospital admission rates for mental illness;
- Insufficient accurate intelligence on unexpressed need and expressed but unmet need
- Poor mental health is associated with other health risk factors including obesity, smoking, drinking and problem drug use
- Link between long term conditions and reduced mental health and a consequent need for improved integration of physical and mental health pathways and from primary/secondary and wider social care.
- There is potential for a greater focus on mental wellbeing as well as mental ill health
- Dementia is thought to be significantly under-recorded in the Borough. Significant numbers of people with dementia never receive a diagnosis. The numbers of people with dementia are projected to increase significantly in the coming years, in line with an ageing population.

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 lifecycle/circumstances:

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

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

**Being and 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 is overseeing 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. Some of the key areas to be addressed are:

- Developing services oriented towards prevention and wellbeing, building community and individual capacity and resilience;
- Effective mental health promotion initiatives
- Opportunities for older people to enhance and strengthen positive mental health and wellbeing
- Early detection and treatment of mental illness
- Collaborative commissioning and greater focus on co-production of commissioning including the involvement of service users and carers as well as front line health workers
- Personalisation of budgets building more choice and control for service users
- Integration of services to make a reality of the 'No Health without mental health' aspiration
- Take forward work to address stigma and discrimination through further activity to promote and embed the Time for Change campaign, including working with non-health related organisations, for example places of worship and community organisations

## Outcome objectives

The proposed outcome objectives for mental health and wellbeing are based on the recent Department of Health National Framework to improve mental health and wellbeing and will be revised further to reflect local issues as we develop our Mental Health Strategy, in particular to ensure an appropriate reflection of the needs of older people and children:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will experience stigma and discrimination

Our consultation survey asks you several questions about the “Mental Health and Wellbeing” priority. We’d like to know in a bit more detail about your thoughts on this. In the survey you can answer questions like:

- How strongly do you agree that it should be a priority?
- How important are the outcomes to you.
- If you think we’ve missed an outcome you can tell us.
- What do you think we should do to achieve these outcomes?
- What do you think you/your organisation can do to help achieving these outcomes?
- How can the HWB Board support you to do this?

## Priority 4: Long Term Conditions, Cancer and Disability

### *Early identification and person centred care*

Long term health conditions, cancer and disability, which are often linked, have a significant impact on quality of life; reducing the ability of those experiencing them to participate in employment, social and family life, 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 have two or more long term conditions.

People with long term conditions, cancer and disabilities 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 are also poor 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 to healthier lifestyles are key to addressing diabetes.

Typically for an inner city area with high levels of deprivation, there are also high levels of infectious diseases with high and increasing levels of tuberculosis (TB), HIV and other sexually transmitted infections.

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 disabilities, Tower Hamlets has a high level 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 carers.<sup>7</sup>

Through the Transformation of Adult Social Care Programme, Adults Health and Wellbeing in the Council is focusing on promoting choice and control for the people who use adult social care services. 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 budget. 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.

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<sup>7</sup> Tower Hamlets Equalities Steering Group Minutes, May 2012.

The roll out of the Community Virtual Ward (CVW) across Tower Hamlets supports this patient centred approach by caring for vulnerable people at high risk of hospitalisation such as the elderly or those with long term conditions. The CVW identifies those most likely to be at risk and co-ordinates their care so they can live independently.

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"*<sup>8</sup>
- 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"*<sup>9</sup>

Existing work will be sustained and stepped up with an ongoing 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:

- Improvements in integrated and person centred health, housing and social care for those with complex needs or experiencing more than one long term condition
- Timely advanced care planning and appropriate end of life care and place of death
- Improve rates for cardiac rehab and reduce emergency admissions and re-admission to hospital
- Earlier diagnosis of lung disease and cancer through greater public awareness and screening uptake

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<sup>8</sup> BLT Discovery Interview, June 2012.

<sup>9</sup> Older People's Reference Group, May 2011

- Awareness raising and increased uptake of HIV testing
- 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, cancer and disability are:

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

Our consultation survey asks you several questions about the "Long Term Conditions, Cancer and Disability" priority. We'd like to know in a bit more detail about your thoughts on this. In the survey you can answer questions like:

- How strongly do you agree that it should be a priority?
- How important are the outcomes to you.
- If you think we've missed an outcome you can tell us.
- What do you think we should do to achieve these outcomes?
- What do you think you/your organisation can do to help achieving these outcomes?
- How can the HWB Board support you to do this?

## Influencing wider social and environmental factors

There is considerable evidence that wider social and environmental factors, including housing, employment, education and the local environment, have significant impact on health outcomes.

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, and with shared targets and delivery arrangements, which is seeking to address a range of these issues. 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.

### Housing

- Overcrowding, poor quality housing, fuel poverty and the impacts on physical and mental health
- Access to green/open space and ensuring this is factored in to new development including small scale local projects such as community gardens/allotments
- Role of housing providers and estate based community projects/neighbourhood forums in building capacity and awareness around health and wellbeing
- Engaging housing officers as key frontline workers identifying issues/promoting key messages
- Mental health and support needs of housing tenants
- Adaptations to enable people to live independently in their own homes

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"<sup>10</sup>*

## Employment

- Low levels of employment and high rates of sickness/disability claimants
- Health benefits of employment, especially in relation to mental health, and the role of GPs in supporting people back into work through use of the new 'fit note'
- Role of Board members as key employers – e.g. entry level schemes, employment of those with disabilities and mental health problems, Time for Change and the role in tackling mental health stigma

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.

## Poverty

- High levels of child poverty
- Poverty significantly associated with worklessness – but also high levels of in work poverty in Tower Hamlets. Include consideration of how to promote London Living Wage among providers and commissioned services
- Welfare reform and the potential to worsen poverty and reduce safety nets for those dependent on benefits including disabled claimants. There is a need to better understand the impact and prepare providers to respond.
- Access to affordable sports and leisure

## Environment and Planning

- Impact of land use planning on access to open space and promotion of physical activity, outdoor play, walking/cycling – further expansion of schemes such as the Green Grid and car free zones
- Significant opportunities to develop commitments in Local Development Framework and Core Strategy and use strategic planning process to address the above
- Health impact assessments for new developments/re-developments
- Using planning powers to manage the number and location of fast food outlets

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<sup>10</sup> THINK, 2011, Patient Quotes specifically regarding Tower Hamlets Local Authority taken from the Long-Term Conditions Project

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

- Safety from injury and harm – role of frontline health workers in identifying and notifying risks
- Understanding high level of accidental and non-accidental injuries
- Links with Violence Against Women and Girls strategy – particularly at high risk months such as pregnancy and childbirth and the role of health workers to identify/support
- Hate crime associated with disability/mental health
- Road safety, prevention of accidents and perceived safety for walking/cycling
- Perceptions of safety and freedom from anti-social behaviour emerges as a key issue from consultation

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, safety was a key concern: *"Older people live in fear and all of these factors affect their health."*

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"*<sup>11</sup>

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."*<sup>12</sup>

Our consultation survey asks you several questions about other factors that affect your health. In the survey you can answer questions like:

- Have we got the list of other things that affect your health right?
- Which factors have the biggest impact on your health?

<sup>11</sup> LBTH, 2012, Modernising LD Day Opportunities in LBTH: BME Communities – March 2012

<sup>12</sup> LBTH, 2012, Residents Health and Wellbeing Survey

## How we will deliver: accountability and working in partners

Once the key priorities and outcome objectives have been finalised, the Health and Wellbeing Board will work with partners and local communities to identify key actions needed to deliver the objectives. We have already, through review of current structures and engagement feedback, identified that there are a number of key **enablers** which will support the achievement of health and wellbeing aims.

These are grouped around the theme of ‘**Accountability and Working in partnership**’ and include:

- **Integrating services** – including taking forward work around the integration of health and social care and the interfaces between social, primary and acute care. This needs to be supported through organisational development activity which ensures that collaboration and integration permeates all levels throughout organisations. As well as formal integration of services, there are real opportunities to maximise the value of every contact with health and social care services, ensuring, for example, that all frontline health workers, from GPs to home carers, regularly provide advice about healthy diet and activity.
- **Accountability for the quality of local services** – the Board needs to be sure 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, need to have robust performance frameworks in place which ensure that service quality and responsiveness to patients is monitored and, where necessary, improved. The Health and Wellbeing Board will do this by implementing a robust performance framework that reflects the key outcomes outlined in this strategy and monitor progress regularly. The leadership of the Mayor and involvement of Cabinet members in the new Board will also strengthen democratic oversight and scrutiny of health provision in the borough.

In this context, accountability to service users is also key. From April 2013, the borough will have a new statutory body, Healthwatch, in place to give people greater influence over their local health and social care services. Healthwatch will be represented on the Board and ensure patient views are shared and heard. But 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, and where necessary holding services to account for poor quality service issues identified by local people.

- **Engagement and co-production** - A key principle of the strategy is to build on local community capacity and skills to enable communities to play a key role in the delivery of the strategy. By building on and linking existing assets within local communities such as schools, GP practices, faith and community groups, neighbourhood forums, housing and tenants associations and grass roots networks we will build health and wellbeing community engagement groups. These groups will be supported by our partners to identify, design and develop their own solutions to local health and wellbeing needs. Community leaders or 'HealthWatchers' will ensure the community voice is heard in strategic planning and that the community is able to identify and implement their own mechanisms to enable the system to work more effectively and efficiently.
- **Making effective use of resources and assets** - 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. 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 as much as possible of increasingly squeezed resources delivers 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.

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.

- **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.

*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.

*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.

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<sup>13</sup>.

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

In the survey you can tell us if you think we've identified the right things we need to do to make sure we're working better together, both across statutory organisations (the Council, NHS, and GPs), the voluntary and community sector and residents.

<sup>13</sup> Annual Residents Survey, 2011-12

## Conclusion

This paper provides an outline of the key priorities identified for the Tower Hamlets joint Health and Wellbeing Strategy. It is a consultation draft and we are seeking your views to ensure that the final strategy fully reflects the range of issues important to Tower Hamlets.

The consultation is also important in identifying to the Board which are the key most important priorities where it can begin to have real impact, maximising the benefit of working in partnership across traditional organisational and sector boundaries, and engaging closely with the potential and capacity within the local community.

We are seeking formal responses to this consultation by **31<sup>st</sup> August 2012** – however engagement with stakeholders and the local community is an on-going process and we welcome views, through our website or to any of the officers named below over the coming weeks as we finalise the strategy. We are aiming to seek views on the final strategy early in 2013.

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