

Appendix 1 Action Plan Template – Healthy Lives Priority

Overview

The action plan below covers the actions for the Healthy Lives Priority of the Health and Wellbeing Strategy for 2015/16.

Approach:

Tackling health inequalities requires a whole system approach recognising the importance of wider determinants of health (eg income, employment, education), healthy environments, (eg housing, physical environment), strong communities and integrated services promoting prevention and early intervention. This approach also recognises that health behaviours impacting on health such as diet, physical activity, smoking are strongly influenced by the environments the people live in. This approach requires us to put health and wellbeing at the heart of everything we do across the partnership.

Framework:

The action plan is structured around aspirations for change that contribute to an overarching aim to improve health and wellbeing and reduce health inequalities in the borough.

It sets out actions around the following sections

- 1. More people living healthy fulfilling lives (cross cutting actions around developing new HWBS Strategy in 16/17)***
- 2. Healthy People (supporting mental wellbeing, physical health, healthy habits and protecting from health harms)***
 - a. More 0-5 have a health start (see Early Years Priority)***
 - b. Healthy families, children and adolescents***
 - c. Healthy adults***
- 3. Healthy place***
 - a. Healthy environments***
 - b. Healthy communities***
 - c. High quality integrated services supporting prevention and early intervention***

Outcome Objective (Cross Cutting)**More people living healthy, fulfilling lives through a whole system approach to improving health and reducing health inequalities in Tower Hamlets****Proposed outcome measures**

Measure	Outcome 2013/14		2015/16
Healthy life expectancy – males	52.5		Track indicator
Healthy life expectancy – females	57.2		Track indicator
Self-reported happiness – (happy or very happy)	71.7%		Track indicator
Action/strategy/programme to deliver	Lead	Milestones	Timescale
Develop and implement a residents Health and Wellbeing Survey	Somen Banerjee/ Louise Russell	<ul style="list-style-type: none"> • Provider for survey identified • Survey content and delivery agreed • Survey implemented • Results analysed 	By July 2015 By September 2015 By January 2015 By March 2016
Develop and implement a programme of community based participatory research to engage with residents on priorities around healthy lives	Somen Banerjee	<ul style="list-style-type: none"> • Network of researchers from community identified and trained and research questions agreed • Data gathered 	By July 2015 July to November 2015

		<ul style="list-style-type: none"> • Summary report of findings written 	By January 2015
Develop and implement a programme of stakeholder engagement events around aspirations for healthy lives	Somen Banerjee	<ul style="list-style-type: none"> • Healthy environments • Health communities • Healthy children • Healthy adults 	By July 2015 By September 2015 By November 2015 By January 2015

Priority: Healthy Lives

Outcome Objective

More children who are healthy and have the foundations for lifelong health

More children:

- With good emotional health and foundations for lifelong mental wellbeing
- Who are eating healthily at home, in school and outside school
- Who are enjoying regular physical activity
- With excellent oral health
- Growing up in environments free from the health harms of alcohol, tobacco and drugs
- With life skills for fulfilling social and emotional relationships

Proposed outcome measures

Measure	Outcome 2013/14	Target 2014/15	Target 2015/16
Excess weight in 10-11 year olds	42.3%		41.8%
Smoking prevalence age 15 – regular smokers	Tbc		Track indicator (synthetic data so target cannot be set)
Under 18 conceptions	24.3/1,000		24.0/1,000

Under 18 conceptions in those aged under 16	5.4/1,000		5.2/1,000
Chlamydia detection rate (15-24)	1451/100,000		1600/100,000
<i>More children with good health and foundations for future health (Cross Cutting)</i>			
Action/strategy/programme to deliver	Lead	Milestones	Timescale
Mobilising School Health (nursing) Contract	Esther Trenchard-Mabere	Transition to new provider completed Contractual monitoring	By May 2015 Quarterly
Develop new specification for Healthy Lives Team	Esther Trenchard- Mabere/ Chris Lovitt	Specifications for services contract through public health grant integrated Inhouse monitoring	By April 2015 Quarterly
Continue to implement and develop Healthy Schools Programme	Esther Trenchard-Mabere/ Kate Smith	Ongoing programme of monitoring and support to schools delivered	Ongoing
Continue to develop School Health Forum (bringing together stakeholders around school health issues)	Esther Trenchard-Mabere	Quarterly meetings continued	Quarterly
Support implementation of Healthy Youth Service	Chris Lovitt/ Andy Bamber	Review of existing provision and set out proposal for developing health offer of youth services completed Implement recommendations	By June 2015 June 2015 to March 2016
<i>More children with good emotional health and foundations for lifelong mental wellbeing</i>			

Proposed outcome measures			
Action/strategy/programme to deliver	Lead	Milestones	Timescale
Mobilising school health contract – emotional	Esther Trenchard-Mabere	As above (see Mobilising school health contract)	
Implement ‘Young Minds Empowerment’ project (training school nurses to support emotional wellbeing)	Esther Trenchard-Mabere	Contractual monitoring	Quarterly
Commissioning mindfulness training for teachers	Esther Trenchard-Mabere	Tender for provider of training completed	By May 2015
		Contractual monitoring	Quarterly
<i>More children who are eating healthily at home, in school and outside school</i>			
<i>More children who are enjoying regular physical activity</i>			
Action/strategy/programme to deliver	Lead	Milestones	Timescale
Implementing Healthy Schools Programme – health eating and physical activity components	Esther Trenchard-Mabere/ Kate Smith	Ongoing monitoring	Quarterly
Mobilisation of new child and family weight management programme	Esther Trenchard-Mabere	Contractual monitoring	Quarterly
Expansion of the Cook and Eat programme	Esther Trenchard-Mabere	Contractual monitoring	Quarterly
Take forward action research project on promoting healthy weight in Bangladeshi boys	Esther Trenchard-Mabere	Research completed	By July 2015
		Review and implement recommendations	August 2015 to March 16
Strengthen community based	Esther Trenchard-Mabere	Contractual monitoring	Quarterly

physical activity programme (Bike It, Active Play)			
Monitoring uptake of free school meals	Esther Trenchard-Mabere	Uptake review Impact reviewed	Quarterly By March 16
<i>More children with excellent oral health</i>			
Action/strategy/programme to deliver	Lead	Milestones	Timescale
Identify training needs of primary care dental teams in providing preventive care and deliver training	Esther Trenchard-Mabere/ Desmond Wright	Report on training needs of primary care dental teams completed Training programme developed	By September 2015 By November 2015
Complete work on dental paediatric care pathway and implement recommendations	Esther Trenchard-Mabere/ Desmond Wright	Paediatric Pathway Developed Commence implementation of pathway	By December 2015 March 2016
<i>More children growing up in environments free from the health harms of alcohol, tobacco and drugs, violence</i>			
Action/strategy/programme to deliver	Lead	Milestones	Timescale
Implement Healthy Schools – alcohol, tobacco and drugs components	Esther Trenchard-Mabere/ Kate Smith	As above	Ongoing
Continue to develop peer education programme to reduce uptake of smoking in children	Esther Trenchard-Mabere	Monitoring of inhouse provision Evaluation of programme	Quarterly By December 2015
Continue enforcement of under age sales of tobacco and alcohol	Chris Lovitt/ Dave Tolley	Quarterly monitoring of progress through Tobacco Control Alliance meetings	Quarterly
Expand scope of young people	Chris Lovitt	Training of providers	By June 2015

substance misuse services to include tobacco cessation		Monitoring of quit referrals	Quarterly
Conduct audit of referrals to specialist substance misuse services	Chris Lovitt	Audit completed Recommendations implemented	By September 2015 October 2015-March 2015
<i>More children with life skills for fulfilling social and emotional relationships</i>			
Action/strategy/programme to deliver	Lead	Milestones	Timescale
Implement Healthy Schools – Sex and Relationship Education	Esther Trenchard-Mabere/ Chris Lovitt	Monitoring of in house provision	Quarterly
Continue to implement Aspire programme	Chris Lovitt	Monitoring of in house provision	Quarterly

Priority: Healthy Lives**Outcome Objective****More adults who are healthy and have the foundations for lifelong health**

- With good mental wellbeing
- Introducing or continuing healthy habits and reducing harmful health behaviours eg tobacco, alcohol and drug misuse, risky sex and poor oral hygiene
- Aware of their risk of physical and mental health conditions and taking action to reduce risk
- Aware of symptoms and signs of physical and mental health conditions and seeking help as early as possible
- Supported to choose where they are cared for in their last years of life and their place of death

Proposed outcome measures – relating to above objective

Measure	Outcome 2013/14	Target 2014/15	Target 2015/16
Mortality rate from causes considered preventable	241.7/100,000		Track indicator
Excess weight in adults	47.2%		Track indicator (synthetic data so cannot use for targets)
Physical activity in adults – active adults	53.4%		Track indicator (synthetic data so cannot use for targets)
Smoking prevalence	19.3%		19%
Smoking prevalence – routine and manual	21.6%		21%
Alcohol related admissions – male	924/100,000		910/100,000

Successful completion of drug treatment – opiate users	4.2%		tbc
Successful completion of drug treatment – non-opiate users	35.3%		tbc
Uptake of LARC in primary care (20% increase)	555 women		660 women
Cumulative % eligible population aged 45-74 offered health check	17.2%		17.5%
Cumulative % eligible population aged 45-74 offered health check who received a health check	70.5%		72%
Uptake of HIV testing in primary care	5276 screens		6331 screens
People presenting with HIV at a late stage of infection	29.9%		28.0%
Cancer screening coverage – Breast cancer	61.5%		Tbc (agree targets with PHE)
Cancer screening coverage – Cervical cancer	69.0%		Tbc (agree targets with PHE)
Cancer diagnosed at an early stage (experimental data)	35.7%		Tbc (agree targets with PHE)
Action/strategy/programme to deliver	Lead	Milestones	Timescale
<i>More adults with good emotional health and foundations for lifelong mental wellbeing (need to align with mental health strategy)</i>			

Commission and deliver a community led programme to raise awareness, address stigma, encourage early identification and access support around mental health issues.	Abigail Knight	<ul style="list-style-type: none"> • Specification & procurement process complete with contract(s) in place • Project delivery phase • Evaluation report 	<p>By May 2015</p> <p>June 2015 – April 2016</p> <p>May 2016</p>
Evaluation of provision of physical health services for people with Severe Mental Illness	Abigail Knight	<ul style="list-style-type: none"> • Initial assessment of current provision of services including service user perspectives • Next steps to be agreed and recommendations implemented 	<p>May 2015</p> <p>June 2015 – March 2016</p>
<i>More adults living healthier lives; embedding positive health habits – healthy eating, regular physical activity, good sexual health</i>			
Action/strategy/programme to deliver	Lead	Milestones	Timescale
Continue to implement and conduct an evaluation of the health trainers programme	Esther Trenchard-Mabere	<ul style="list-style-type: none"> • Contractual monitoring conducted • Evaluation completed 	<p>Quarterly</p> <p>By December 2015</p>
Implement redesigned adult weight management programme	Abigail Knight	<ul style="list-style-type: none"> • Tender process completed • Programme implemented and monitored 	<p>March 2015</p> <p>Quarterly monitoring</p>

Continue promotion of positive health habits in older people through Linkage Plus	Abigail Knight	<ul style="list-style-type: none"> • Health promotion activities in Linkage Plus contract monitored • Health promotion activity in contract evaluated 	<p>Quarterly</p> <p>By March 2016</p>
Continue to promote contraceptive choice and positive sexual relationships	Chris Lovitt	<ul style="list-style-type: none"> • Ongoing monitoring of sexual health contracts around prevention, primary care, community health and acute (see section below on STIs) 	
Continue to deliver an oral health promotion programme for older people (Still Smiling Project)	Esther Trenchard-Mabere/ Desmond Wright	<ul style="list-style-type: none"> • Develop work plan • Implement and monitor 	<p>May 2015</p> <p>Quarterly monitoring</p>
<i>More adults free from harmful health behaviours – tobacco, alcohol, drug misuse and risky sex</i>			
Action/strategy/programme to deliver	Lead	Milestones	Timescale
Continue to provide universal and targeted tobacco cessation with focus on high prevalence groups	Chris Lovitt	<ul style="list-style-type: none"> • Implementation of primary care enhanced service monitored • Implementation of pharmacy enhanced service monitored • Implementation of targeted services (specialist, BME services) monitored • Review of tobacco programme 	<p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p> <p>By July 2015</p>

Improved treatment pathway for drugs and alcohol abuse through re-commissioning of services	Andy Bamber	<ul style="list-style-type: none"> • Reprocure services for drug and alcohol abuse (pending Cabinet approval) • Complete procurement process 	<p>By July 2015</p> <p>By April 2016</p>
Refresh drugs and alcohol strategy	Andy Bamber	<ul style="list-style-type: none"> • Implement process for refresh of strategy (including review of existing strategy, stakeholder engagement and consultation, taking through council process for strategies) 	By March 2016
Improve role of acute health trusts in promoting smoking cessation and sensible drinking through a 'healthy lives CQUIN'	Chris Lovitt	<ul style="list-style-type: none"> • Implement 'Healthy Lives CQUIN' with Barts Health (covering alcohol and tobacco) • Review options for CQUIN 16/17 	<p>Quarterly monitoring</p> <p>By January 2016</p>
Increase screening for STIs, HIV uptake of contraception, and continue to develop integrated sexual health pathway	Chris Lovitt	<ul style="list-style-type: none"> • Implementation of high risk prevention programmes monitored • Implementation of primary care sexual health network enhanced service monitored • Implementation of pharmacy enhanced service monitored 	<p>Quarterly monitoring</p> <p>Quarterly monitoring</p> <p>Quarterly monitoring</p>

		<ul style="list-style-type: none"> • Implementation of community sexual health service contract monitored • Provision of acute GUM services monitored • Sexual health programme evaluated 	<p>Quarterly monitoring</p> <p>Quarterly monitoring</p> <p>By January 2016</p>
<p>More adults</p> <ul style="list-style-type: none"> • <i>Aware of their risk of physical and mental health conditions and taking action to reduce risk</i> • <i>Aware of symptoms and signs of physical and mental health conditions and seeking help as early as possible</i> 			
Action/strategy/programme to deliver	Lead	Milestones	Timescale
Continue to deliver the NHS Health Checks programme with particular focus on monitoring equity and responding to inequalities in access	Abigail Knight	<ul style="list-style-type: none"> • Implementation of primary care enhanced service to deliver health checks monitored • Health checks programme evaluated 	<p>Quarterly</p> <p>By December 2015</p>
Develop a diabetes risk programme identifying and supporting people identified as high risk	Abigail Knight	<ul style="list-style-type: none"> • Specification developed for piloting projects to identify and support people at high risk of diabetes • Implementation of programme • Evaluation of diabetes risk programme (interim) 	<p>By July 2015</p> <p>July 2015 – March 2016</p> <p>December 2015</p>
Monitor coverage of main screening programmes (cancer)	Abigail Knight	<ul style="list-style-type: none"> • Quarterly uptake and coverage reports 	Quarterly monitoring

and diabetic eye screening) and work with Public Health England in improving uptake		received and discussed with Public Health England	
Scope work to introduce early identification of COPD through smoking cessation services	Chris Lovitt/Abigail Knight	<ul style="list-style-type: none"> Review case for developing smoking cessation services as setting for early identification COPD 	By December 2015
Continue to implement programmes to increase public awareness and understanding of long term conditions (encouraging early awareness and diagnosis)	Abigail Knight	<ul style="list-style-type: none"> Contractual monitoring of community led public awareness of cancer contract Contractual monitoring of health literacy through ESOL programmes Evaluate health literacy through ESOL programmes 	Quarterly monitoring By December 2015
Reduce undiagnosed hepatitis B and C through awareness and case finding	Chris Lovitt	<ul style="list-style-type: none"> Develop a specification for a social marketing campaign to promote public awareness of hepatitis B and C and promote testing and identify provider(s) to deliver Implement campaign 	By July 2015 August 2015 to March 2016
Continue to monitor uptake of flu immunisation in vulnerable groups and over 65s working with PHE to improve uptake	Chris Lovitt/Abigail Knight	<ul style="list-style-type: none"> Receive evaluation report of 14/15 campaign from PHE on lessons learn from this 	By May 2015

		<p>year's campaign</p> <ul style="list-style-type: none">• Monitor uptake through seasonal flu immunisation period• Work with Public Health England to ensure effective uptake	August 2015 to March 2016
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Outcome Objective

A healthier place

More people:

- Leading healthier lives supported by sufficient income, good lifelong education, good housing, decent employment and freedom from the fear of crime
- Living in environments that are safe, health enhancing, sustainable and provide opportunities for physical activity and healthy eating
- Supported by community and family networks to be resilient and lead healthier lives
- Free from mental and physical abuse or neglect (put this across life course)
- With access to the range of high quality services they need to support healthier lives

More people living in environments that are safe, health enhancing, sustainable and provide opportunities for physical activity and healthy eating

Proposed outcome measures – relating to above objective

Measure	Outcome 2013/14	Target 2014/15	Target 2015/16
Fraction of mortality attributable to particulate air pollution	7.4%		Track indicator
Utilisation of outdoor space for exercise/health reasons	4.4%		Tbc (review data reliability)
Physical activity in adults – active adults	53.4%		54%
Excess weight in adults	47.2%		Track indicator (synthetic data – not suitable for targets)
Comprehensive, agreed interagency plans for responding to health protection incidents and emergencies	Yes		Yes

(PHOF indicator)			
Treatment completion for TB	90.7%		Maintain (exceeding national goal of 85%)
Domestic abuse	18.6%		Tbc – for further discussion
Social isolation: % of adult social care users who have as much social contact as they would like	38.9%		40%
Action/strategy/programme to deliver	Lead	Milestones	Timescale
To continue work around Local Plan to ensure development maximises potential for health gain		<ul style="list-style-type: none"> Revised options for Local Plan have been systematically reviewed for health impacts 	By December 2015
To enhance partnership work on the food environment in the borough - increasing access to affordable and healthy food	Esther Trenchard-Mabere	<ul style="list-style-type: none"> Contractual targets for Food 4 Health and Buywell achieved Food growing programme (Gardens for Life) commissioned A5 restrictions (hot food takeaways) in new Local Plan maintained Feasibility study to improve healthiness of fast food outlets commissioned 	<p>Quarterly targets</p> <p>By July 2015</p> <p>By December 2015</p> <p>By July 2015</p>
To enhance partnership work to improve the urban environment to support increased physical activity, including activity travel	Owen Whalley	<ul style="list-style-type: none"> Green Grid Strategy implementation continued (ensuring easy access to green route to everyday 	Quarterly oversight by Green Grid Steering Group – quarterly oversight

	Jamie Blake	<ul style="list-style-type: none"> destinations) Continued implementation of safer cycles scheme Continue to offer free cycling to all adults in the borough and all school children Introduce 'Play Streets' 	Ongoing Ongoing
To implement local initiatives to mitigate the impact air pollution as a significant hazard to the health of residents – in particular children	Andy Bamber	<ul style="list-style-type: none"> Continue to implement air quality management strategy 'No Idling Zone' implemented Safe routes to school incorporating air quality developed 	Ongoing Ongoing
To reduce people killed/seriously injured on the road	Jamie Blake	<ul style="list-style-type: none"> Introduction of 20 mph zone across Tower Hamlets implemented 	
To continue to develop and implement plans around Healthy High Streets	Andy Scott	<ul style="list-style-type: none"> Officer group to scope plans for implementation established 	By July 2015
To develop and implement plans to increase smoke free homes in the borough	Chris Lovitt	<ul style="list-style-type: none"> Develop plan to increase smoke free homes Implement plans 	By September 2015 September 2015 to March 2015
Continue to implement plans to	Chris Lovitt	<ul style="list-style-type: none"> Monitor inhouse delivery 	Quarterly

reduce availability of illegal tobacco and alcohol		through Tobacco Control Alliance	
To work with partners across NHS/PHE/emergency services/council to ensure health protection actions are in place around TB, pandemic responsiveness, immunisation and other health protection issues	Chris Lovitt	<ul style="list-style-type: none"> Monitoring and collaborative working through health protection forum 	Quarterly
<i>More people supported by community and family networks to be resilient and lead healthier lives</i>			
Action/strategy/programme to deliver	Lead	Milestones	Timescale
To continue to implement the WELL London programme (coproduce initiatives to improve wellbeing, cohesion and resilience within local communities)	Esther Trenchard-Mabere	<ul style="list-style-type: none"> Old Bethnal Green programme fully implemented Further sites as part of WELL London implementation Phase 3 bid for 	<p>By July 2015</p> <p>By December 2015</p>
To develop and implement a community led pilot programme to identify and tackle isolation and loneliness in the borough	Abigail Knight	<ul style="list-style-type: none"> Produce specification to develop a network of local people in three neighbourhoods who are actively engaged in understanding and taking action to tackle loneliness locally. Implement programme Interim evaluation report to inform future development of 	<p>By May 2015</p> <p>June – March 2016</p> <p>By December 2015</p>

		programme	
<i>More people with access to the range of high quality services they need to support healthier lives (this refers to services in general but also prevention being embedded into services)</i>			
Action/strategy/programme to deliver	Lead	Milestones	Timescale
To continue to work with local NHS partners to deliver new and expanded primary care premises funded in part by monies secured through the planning process (section 106 and Community Infrastructure Levy)	Owen Whalley	<ul style="list-style-type: none"> Capital estates group (LBTH, CCG, NHSE, NHSPS, HUDU) meeting 6 weekly to maintain programme for monitoring and expanding primary care estate Once estate capacity needs identified to ensure timely submission of project initiation document to the Planning Contributions Overview Panel for approval 	Ongoing Ongoing
To implement the Health Outreach Worker programme to help residents to support their own health, make the best use of local services and provide insights on how services could be improved	Esther Trenchard-Mabere	<ul style="list-style-type: none"> Recruit and train 12 health outreach workers to be based in Ideas stores Monitor, train and support workers in their new roles Evaluation of programme (interim) 	By June 2015 June 2015-March 2016 By January 2016
Implement Making Every	Team 3 AD (tbc)	<ul style="list-style-type: none"> Incorporate MECC 	By June 2016

<p>Contact Count Programme embedding healthy lives into health and social care services</p>		<p>training into corporate training programme of council</p> <ul style="list-style-type: none">• Hold partnership stakeholder event including NHS, Council, Housing and Voluntary Sector exploring common approach across health and social care economy	<p>By November 2016</p>
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