Priority: Long Term Conditions and Cancer			
Outcome Objective – Reduced prevalence of the major 'killers' and increased life expectancy			
Measure	**Baseline 2011/12**	**Target 2013/14**	**2014/15**
Rate of deaths from causes considered preventable of persons under 75	130.1	107.4	96.1
Rate of deaths from all cardiovascular diseases (including heart disease and stroke) of persons under 75	106.1	81.4	71.5
Rate of deaths from cancer of persons under 75	135.1	124.0	117.9
Rate of deaths from respiratory disease of persons under 75	37.7	32.2	29.4
Percentage of people who are eligible for cancer screening who are screened	Breast 65.9% Cervical 72% Bowel 32.5%	Targets to be agreed with Public Health England	Targets to be agreed with Public Health England
Proportion of people who are eligible, who take up the NHS Health Check Programme[1]	20%	+12%	+12%
CARDIOVASCULAR			
Action/strategy/programme to deliver	**Lead**	**Milestones**	**Timescale**
NHS Health Checks to detect onset of cardiovascular disease to appropriately refer onto care packages	Public Health	Quarterly reports to monitor the uptake of the NHS health check.	June/September/December 2013 /March2014
		To evaluate the current programme in relation who is accessing the NHS Health checks.	September 2013
		Identify developments and Implement changes required to ensure the checks are	September – March 2014

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

		accessed on an equitable basis.	
Finalise review of diagnostics provision including ECG survey and echo. Explore the feasibility of setting up a pilot provision with Barts Health for open access echo and 24hr ECG service at BLT.	TH CCG	Complete exploratory work	July 2013
Review of CVD care package	TH CCG	Review reports and recommendations included in commissioning intentions	October 2013
DIABETES			
Action/strategy/programme to deliver	**Lead**	**Milestones**	**Timescale**
Review diabetes care planning, including the use of high cost insulin	TH CCG	Work with prescribing team in cross-sector prescribing initiative to reduce spend on high cost insulin use	April 2013 and reviewed on a monthly basis
		Seek qualitative feedback from patients on their experience of their care planning consultation within the diabetes care package	September 2013
		Review the diabetes care package to support individual general practices in tighter control of diabetes within their patient population in the first 10 years after diagnosis	October 2013
		Introduce changes	April 2014
HYPERTENSION			
Action/strategy/programme to deliver	**Lead**	**Milestones**	**Timescale**

Review of hypertension care package	TH CCG	Carry out review	April 2013-Sept 2013
		Changes built into commissioning intentions	October 2013
		Changes to care package introduced	April 2014
RESPIRATORY			
Action/strategy/programme to deliver	**Lead**	**Milestones**	**Timescale**
Review of COPD Care Package		Results fed into commissioning intentions	March 2014
Review of whole system care pathways for Childhood Asthma		Findings will be used to inform the future work plans of the CCG and commissioning intentions for 2014/15 and beyond	March 2014
Current provision and needs for AdultsAsthma		Examine JSNA data on asthma admissions, in particular differentiating between adult and children.	August 2013
		Results fed into commissioning intentions	October 2013
Appoint a *Home Oxygen* Specialist to undertake cost benefit analysis of developing a HOSAR, with support from the CSU.		Appointment of specialist	August 2013
		Recommendations to be included in contract negotiations	January 2014
CANCER			
Action/strategy/programme to deliver	**Lead**	**Milestones**	**Timescale**
Early Identification through: • increasing the uptake of breast, bowel and cervical screening using targeted outreach,	Public Health	Link with Public Health England to agree screening targets agree assurance process	July 2013

primary care endorsement, improved practice systems • increasing public awareness of cancer and the need to report symptoms without delay through the small c campaign		Commissioned community organisations will engage directly with at least 2,800 local people in target groups to increase awareness cancer	March 2014
Cancer waiting times, improvement against the 62 day wait standard	CCG	Set local priority for monitoring of 62 day wait	April 2013
		Develop 'flag' when patients reach day 42	September 2013
		Monthly review of performance	April 2013 onwards
MAKING EVERY CONTACT COUNT			
Action/strategy/programme to deliver	**Lead**	**Milestones**	**Timescale**
To develop a public health approach in the health and social care consultations which take place as part of the long-term conditions care packages consultations to "make every contact count".	Public Health	To identify the how public health issues are currently integrated specific long-term conditions consultations. To develop initiatives and implement changes to start to improve content of the consultations with patients within the long-term care packages	October 2013 March 2014

Outcome Objective – Improved patient experience and co-ordination of health, housing and social care for those with single or multiple long term conditions			
Measure	**Baseline 2011/12**	**Target 2013/14**	**2014/15**
Proportion of people feeling supported to manage their condition	89% (2012/13)	91%	93%
Proportion of people who use services and carers who find it easy to find information about services	73% (2012/13)	75%	77%
Overall satisfaction of people who use services with their care and support	64% (2012/13)	66%	69%
Action/strategy/programme to deliver	**Lead**	**Milestones**	**Timescale**
Lead a cultural change programme for professionals and staff about self-care	Health and Wellbeing Board	To be advised	To be advised
Develop an integrated community health and social care contact point (Referral hub in health and First Response)	Integrated Care Board	Sign of of integrated care delivery plan	June 2013
		Design group for integrated community health team commences	June 2013
Improve coordination and consistency between re-ablement and rehabilitation.	Integrated Care Board	Go live of new specification	September 2013
Review evidence of self-care programmes	Public Health	Complete literature review of evidence of cost effective self care programmes, aligned to patient groups targeted by integrated care	September 2013
		Make recommendations for the CCG Board to consider	October 2013
Implement an integrated advanced care plan and record for patients that sit across health and social care	Integrated Care Board	Roll out of ORION pilot	September 2013
		Finalise info sharing agreements	September 2013
		Develop joint care assessment	July 2013

18 month pilot to integrate social workers in the Multi-Disciplinary team meetings for the community virtual ward and co-locate with community matrons	Integrated Care Board	Recruitment and appointment process underway	February 2013
		Co-locate social workers into the locality based clinics	July 2013
Develop and provide robust community-based Geriatric provision focus on admission avoidance, early discharge and effective community-based management of complex and/or vulnerable cases including last years of life.	Integrated Care Board	Recruitment and appointment locum cover	April 2013
		Establish working arrangement to co-locate in the locality based clinics	May 2013
Develop and provide continence service in care homes	Integrated Care Board	Provision of continence equipment	March 2014
Establish jointly chaired forum with health and social care to develop an integrated approach to commissioning the older persons pathway that takes a whole system person centred approach.	Integrated Care Board	Develop workplan for older persons pathway	September 2013
Formalise and make clearer the communication about patient prognosis to patients and between secondary and primary care.	TH CCG	OD with BH	April 2015
		Early adapter groups	
		Shared language re: prognosis	
Engender a cultural shift that 'normalises' death in the community and supports advanced care planning	TH CCG	Use engagement to test where advance care planning could be accessed e.g. when registering with GP / benefit advice etc	April 2014
		Collecting data and qualitative feedback to develop a baseline position to inform developments of advance care planning	April 2104
Improve availability and access to information on healthy dying by embedding in single health and social care information resource system for professionals and residents	Health and Wellbeing Board	Collate directory of support available	TBC

Improve support given to those dying and their carers	TH CCG	Create a checklist of things to consider and where to get support for patients / carers.	April 2014
		Checklist triggered when GP issues DS1500 to patients	April 2014
Review current programmes that support preferred place of death and produce analysis of what works and what doesn't work	TH CCG	Commission research/needs assessment with public health	April 2014

Outcome Objective – More people with learning disabilities receiving high quality care and support			
Measure	**Baseline 2011/12**	**Target 2013/14**	**2014/15**
Overall satisfaction of people with learning disabilities who use services with their care and support	91% (2012/13)	93%	95%
Proportion of adults with learning disabilities in paid employment	7.9% (2012/13)	9%	10%
Proportion of adults with learning disabilities who live in their own home or with their family	60%	65%	70%
Action/strategy/programme to deliver	**Lead**	**Milestones**	**Timescale**
Implement the recommendations from the Learning Disability Self Assessment Framework	Learning Disability Partnership Board and the Clinical Commissioning Group	Oversee implementation of the aims of Valuing People Now and other local objectives to improve the lives of people with learning disabilities in Tower Hamlets, namely:	March 2014
Develop and implement plan for autism services and improvement	Autism Strategy Implementation Group	Autism plan developed and agreed	*March 2014*
		Diagnostic and Intervention Team in place	*March 2014*
Improve housing options for people with learning disabilities in Tower Hamlets	Learning Disability Partnership Board	Commissioning plan for accommodation options agreed	June 2013
		Existing learning disabilities accommodation remodelled where appropriate	April 2014
		Delivery of commissioning plan outcomes within identified timescales in the Commissioning Plan, with the exception of those that are	April 2014

		reliant on decommissioning or procuring buildings	
		New services as identified in the plan in place	March 2016

Outcome Objective – More carers having good physical and mental health and feel fully supported			
Proposed outcome measures Carer-reported quality of life The proportion of carers who report that they have been included or consulted in discussions about the person they care for Health-related quality of life for carers			
Measure	**Baseline 2011/12**	**Target 2013/14**	**2014/15**
Quality of life as reported by carers	33 % (reported feelings of stress,depression and physical strain 2010)	TBC	TBC
Proportion of carers who report that they have been included or consulted in discussions about the person they care for	25% (Carers Survey 2012)	30%	40%
Health-related quality of life for carers	41%(TH Carers Survey 2010 reported their general health to be good)	45%	49%
Action/strategy/programme to deliver	**Lead**	**Milestones**	**Timescale**
Deliver the Carers Plan 2012/15through the following workstreams: Pathways to support for Carers; Information Advice and Prevention; Health support and understanding health conditions; Personalising support and personal budgets and Transforming respite Health Checks for Carers	Carers Programme Board (chair: Service Head – Adult Social Care)	Carers awareness training programme for the Out of Hours Service developed	April 2014
		Carers awareness training programme to include: • GPs • Pharmacists	November 2013