

<b>Priority: Healthy Lives</b>			
<b>Outcome Objective – Stop the increase in levels of obesity and overweight children</b>			
<b>Proposed outcome measures</b>			
<b>Measure</b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>
Proportion of children in Reception who are obese <sup>1</sup>	13.1%	13.1%	13.1%
Proportion of children in Year 6 who are obese <sup>2</sup>	25.1%	25.1%	25.1%
<b>Action/strategy/programme to deliver</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>
Refresh Tower Hamlets 'Healthy Weight, Healthy Lives' strategy to become Tower Hamlets 'Healthy Food, Active Lives' workstream of Healthy Lives Strategy	<b>Public Health</b> (Esther Trenchard-Mabere)	Finalise plan	June 2013
		Present to H&WB board for agreement	TBC
		Identify Board level champion and leads across partner agencies and local authority directorates	TBC
		Report to H&WB Board on implementation	Annually
		Involve Healthwatch/Vol Sector in planning Stakeholder Conference	September 2013
		Review funding for 'Can Do' community led projects and seek partnership commitment to sustain the programme	April 2013 and ongoing

<sup>1</sup> Given the increasing numbers of obese children, maintaining the current rate is a challenging target.

<sup>2</sup> As above

Build on and extend community engagement in the development and implementation of the new strategy	<b>Public Health</b> (Esther Trenchard-Mabere) <b>Healthwatch</b> (Diane Barham) <b>VCS H&amp;WB forum</b> (TBC)	Make links between strategy objectives and wider community development work	April 2013
		Finalise food policy with evidence based standards	April 2013
		Present to H&WB Board	TBC
Agree and implement evidence based health food standards across partner agencies as exemplars of good practice	<b>Public Health</b> (Esther Trenchard-Mabere) <b>Barts Health</b> (Michele Sandelson)	Agree implementation plans with partner agencies	June 2013
		Presentation to the H&WB Board	TBC
Monitor the implementation of the Local Development Framework and impact on: - Cycling and walking infrastructure - Access to open spaces through Green Grid - Local food growing and urban agriculture - Restrictions on new hot food takeaways near schools and leisure centres	<b>Public Health</b> (Tim Madelin) <b>LBTH, D&amp;R</b> (Michael Bell)	Progress reports on impact assessment	TBC
		Agree process for strengthening community engagement into spatial planning	TBC
<b>Outcome Objective – Reduced prevalence of tobacco use in Tower Hamlets</b>			
<b>Proposed outcome measures</b>			
<b>Measure</b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>
Proportion of women who	3.9% (2011/12)	3.5%	3.5%

smoke during pregnancy			
Proportion of adults (18+) who smoke	21.5% (2011/12)	21%	20.5%
<b>Action/strategy/programme to deliver</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>
Refresh and implement the Tobacco Control workstream of the Healthy Lives Strategy	<b>Public Health</b> (Chris Lovitt)	Finalise plan	June 2013
		Present to H&WB board for agreement	TBC
Review and refresh approach to reducing tobacco uptake in adolescents and young people	<b>Public Health</b> (Chris Lovitt)	Incorporate into refreshed plan	June 2013
		Evaluate outcomes for ASSIST programme	Feb 2013
		Review commissioning process and re-commission ASSIST if effective	March 2013
Develop a clear action plan for the borough in order to reduce the amount of illicit tobacco (counterfeit and contraband) available to young people	<b>Public Health</b> (Chris Lovitt) <b>LBTH, CLC</b> (Dave Tolley)	Incorporate into refreshed plan	June 2013
		Meet quarterly with trading standards at LBTH to receive an update on KPIs re this area	quarterly
		Support and pan London /national campaigns and initiatives	tbc
Embed healthy lives brief advice into all health and social care making every contact	<b>Public Health</b> (Paul Iggulden) <b>CCG</b> (Jane Milligan)	Develop joint action plan with Barts Health (working with	June 2013

counts	<b>Barts Health</b> (Ian Basnett)	public health director)	
	<b>Education, Social Care and Wellbeing</b> (Anne Canning)	Primary care – implement healthy lives locally enhanced services and revise spec for 14/15	Ongoing
		Community pharmacy – develop healthy lives plan with community pharmacists	September 2013
		Social care - develop plan with social care leads in ESW and public health	September 2013
Reduce the use of smokeless tobacco	<b>Public Health</b> (Chris Lovitt) <b>LBTH, CLC</b> (Dave Tolley)	Consult with stakeholders from the local community including small businesses	June 2013
		Finalise plan	June 2013
<b>Outcome Objective: Reduced levels of harmful or hazardous drinking (PH framework)</b>			
<b>Outcome objective: Reduced rates of drug use (PH framework)</b>			
<b>Proposed outcome measures</b>			
<b>Measure</b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>
Rate of admissions to hospital that are alcohol-related per 100,000 population <sup>3</sup>	2213 (2011/12)	2,424	2530
Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months (opiates)	9.97% (2012/13)	11%	12%
Successful completions of	74% (2012/13)	74.5%	75%

<sup>3</sup> The numbers of alcohol related admissions are expected to go up. The trajectory of the target has been set so as not to exceed the projected London rates.

treatment for children and young people (Targets based on a contracted minimum target of 70%)			
Successful completion of alcohol treatment	51% (2012/13)	55%	57%
People arrested and identified as having substance misuse issues who are previously not known to the Drug Intervention Programme <sup>4</sup>	15 per month (Q1 2013/14)	20 per month	25 per month
Number of binge drinking callouts (Incidents where London Ambulance Service have attended someone suffering from an alcohol related illness) <sup>5</sup>	964 (2011/12)	1,273	1,382
Numbers of screenings completed in primary care <sup>6</sup>	30,843	25,000	TBC
<b>Action/strategy/programme to deliver</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>
Co-ordination of Substance Misuse Strategy Action Plan	<b>DAAT Coordinator</b> (Mark Edmunds)	Update action plan and review progress of action plan	July 2013
	<b>Public Health</b> (Chris Lovitt)	Agree priorities and review timescales for action plan delivery	September 2013

<sup>4</sup> This indicator is on an upward trajectory as the aim is to increase the level of detection and identification

<sup>5</sup> The numbers of binge drinking callouts are expected to go up. The trajectory of the target has been set so as not to exceed the projected London rates.

<sup>6</sup> 25,000 has been the annual target for this scheme since its inception. It is anticipated that during a transition stage, there may be some fluctuation in the coverage of the service.

		Update HWB (via DAAT Board) on substance misuse action plan	Annually or as appropriate
Ensure a consistent approach across the partnership to messaging around harms caused by misuse of drugs and alcohol	<b>DAAT Coordinator</b> (Mark Edmunds)  <b>Public Health</b> (Chris Lovitt)	Review at DAAT board the agencies that should be involved/included	April 2013
		Develop communication plans which aim to achieve widespread awareness across all agencies on the harms caused by misuse of drugs and alcohol	June 2013
		Take proposal to the DAAT Board/HWB/CSP for agreement and to ensure that the proposal is championed	September- December 2013 (To be reviewed at end of Q2)
Champion an integrated life-course approach to treatment, recovery & re-integration in substance misuse	<b>DAAT Coordinator</b> (Rachael Sadegh/Mark Edmunds)  <b>Public Health</b> (Chris Lovitt)	Review treatment pathways to ensure that they are recovery and re-integration orientated to meet the needs of all clients	August 2013
		Identify (where relevant) appropriate changes to the treatment system to ensure that models and pathways are recovery & re-integration orientated	July 2013
		DAAT/CSP to sign off	August 2013
Embed screening and brief intervention around drugs and alcohol into front-line services (beyond A&E)	<b>DAAT Coordinator</b> (Mark Edmunds)  <b>Public Health</b> (Chris Lovitt)	Review the existing screening and brief intervention evidence nationally for drugs and alcohol and lessons from local implementation in Tower	April 2013

		Hamlets	
		Consider from the evidence, the frontline services within which to roll-out screening and brief interventions and ensure sign up	May 2013
		Develop a package for training and implementation for front-line staff, including evaluation	June 2013
Develop and implement the Integrated Offender Management plan	<b>Police</b> (TBC with DAAT Board)	CSP/IOM/DAAT Board to review progress of IOM delivery and the development of a more co-ordinated approach to the substance misuse and health needs of offenders	September-December 2013
		Deliver the TH IOM action to address the links between mental and physical health needs of offenders	October 2013
Integrate health impact into the Council licensing policy	<b>Public Health</b> (Chris Lovitt) <b>LBTH, CLC</b> (Dave Tolley)	Update the health section of the Council's licensing policy to include issues such a minimum price, strength, promotions etc. – consultation paper to be drafted.	April 2013
		Consultation to be carried out with a view for adoption	Consultation – throughout 2013 Adoption – by December 2013
<b>Priority: Healthy Lives</b>			
<b>Outcome Objective – Reduced prevalence of Sexually transmitted infections and promote sexual health</b>			

<b>Measure</b>	<b>Baseline 2011/12</b>	<b>Target 2013/14</b>	<b>2014/15</b>
Rate of people aged 15-24 testing positive for chlamydia <sup>7</sup>	1637 per 100,000 (2011)	1800 per 100,000	2000 per 100,000
Proportion of HIV infections diagnosed late	35%	33%	30%
Teenage pregnancy rate	28.5 per 1,000 females aged 15-17 (2011)	27.5 per 1,000 females aged 15-17 (2011)	26.5 per 1,000 females aged 15-17 (2011)
<b>Action/strategy/programme to deliver</b>	<b>Lead</b>	<b>Milestones</b>	<b>Timescale</b>
Implement Tower Hamlets Sexual Health workstream 2013-16 of the Healthy Lives Strategy	<b>Public Health</b> (Chris Lovitt)	Finalise plan	June 2013
		Partnership sexual health adopted and key objectives widely communicated	June to September 2013
		Sexual Health commissioning responsibilities transferred to LBTH	April 2013
		Develop metrics and trajectory on uptake of asymptomatic screening in primary care	June 2013
		Develop metrics and trajectory on treatment for STIs, reinfection rates, partner notification and partner treatment rates	June 2013
Deliver a sexual health needs assessment for high risk,	<b>Public Health</b> (Chris Lovitt)	Needs assessment undertaken across care pathways	August 2013

<sup>7</sup>Public Health England recommends that local authorities should be working towards achieving a diagnosis rate of 2,300 per 100,000 population. The trajectory of the targets will mean the target will be met by Q2 2016/17. The purpose of this indicator is to measure the success of sexual health services in diagnosing chlamydia. Increasing the diagnostic rate will reduce complications of infection and reduce the spread of infection.



vulnerable groups including looked after children and adults with learning disabilities		Implementation plan for vulnerable groups	Oct 2013
Develop a lifecoursesexual health promotion plan (including SRE in school) and promote access to sexual health services and contraception choices by all front line services	<b>Public Health</b> (Chris Lovitt) <b>Health Lives Team</b> (Kate Smith) <b>Options Team</b> (LiatSarner)	Lifecourse Promotion and Access Plan developed and adopted	May 2013
		Monitoring of uptake of plan	Oct 2013