

Health and Wellbeing Strategy Delivery Plan 2015-18

About this document

The Health and Wellbeing Strategy is the overarching strategy working to improve health outcomes for local people. The breadth of the Strategy is supported through an outcomes framework which will enable the Health and Wellbeing Board to monitor progress and success in the short, medium and long term.

The Delivery Plan (Plan) focuses on the key milestones and actions that the Board wish to see implemented to support delivery of the priorities set out in the Strategy. The Delivery Plan is set out according to the responsibilities and reporting for each of the sub-groups. These are:

- Children and Maternity Sub-group
- Integrated Care Group
- Public Health Programmes Board
- Learning Disability Sub-group
- Mental Health Sub-group

Outcomes are shown for each of the life-course groupings with attached actions for 2015-16 and 2016-18. Not all the cells will be filled as they will not be relevant to the particular sub-group in question e.g. Life-stage Older People will not be populated in the Children and Maternity Subgroup. Some of the sub-groups and boards work across the whole life course, e.g. Mental Health, Learning Disability and Public Health.

Many milestones are already included in the strategies and action plans which support the joint Health and Wellbeing Strategy's delivery, and so the Plan has limited the number of key actions to focus on priorities and ensure that measurable targets are included. This document does not contain all the outcomes but those that are high level and require a partnership approach. The Plan has no 'new' financial resources to support its implementation but provides a focus for existing resources to be targeted at those key priorities that will have a significant impact on the health and wellbeing of the borough. Care City has also arisen as an innovation centre for Healthy Ageing that the borough has jointly funded and is optimistic that the delivery of the vision will support the local area to collaborate across sectors to secure improved health outcomes for the community by tackling cross system issues.

The Plan was written at a time of major evolution of our partner organisations and responsibilities in health and social care and therefore the Plan is now being revised as the partners have started to develop commissioning intention documents and strategies of their own. The updated Plan sets out key actions that the Board hopes these organisations will prioritise in 2015-18.

The delivery of the Plan relies on partner organisations aligning and collaborating, both in terms of financial and human resource, to maximise the health gain. Chairs of the sub-groups are responsible for overseeing delivery and escalating any performance issues to an appropriate member of the senior management team. The delivery plan will be reviewed on an annual basis by the respective subgroups.

Children and Maternity Subgroup

Priority	CARE AND SUPPORT							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome	Maintain the proportion of children seen by a health visitor within 14 days of birth at or above 95% year-on-year.	Maintain the percentage of children measured under the National Child Measurement Programme (NCMP), at Reception and Year 6 at 95% year-on-year.	Achieve a year-on-year increase in the percentage of first time mothers enrolled on the Family Nurse Partnership (FNP) Programme before 16 weeks, and 100% of mothers enrolled no later than 28 weeks - with the achievement of at least 75% enrolment per annum by 2018.					

Children and Maternity Subgroup

Priority

CARE AND SUPPORT

Milestone Action for 2015-16

The Healthy Child Programme for 0-5 years will transfer from NHS England to the Council from October 2015.

Service implementation planning and joint working across the Council and the NHS will take place to support increased uptake of local health visitor services to 95% by March 2016.

Increase the percentage of children measured under the NCMP at Reception and Year 6 year-on-year to 95% by March 2016.

To achieve this Public Health and Children's Services will jointly review the local delivery of the NCMP and referral pathways to weight management services for obese and overweight children by April 2016. The review will support the commissioning of effective healthy lifestyle programmes promoting healthier eating and physical activities in schools and the community, which will be targeted where appropriate.

Improve quality and choice of healthy eating options in schools through curriculum and catering responsibilities.

At least 60% of first time mothers enrolled on the Family Nurse Partnership (FNP) Programme before 16 weeks, and 100% no later than 28 weeks.

To support this outcome a FNP engagement plan will be developed by October 2015 and referral pathways refreshed by April 2016.

Baby intervention pathways will be refreshed by April 2016 to ensure that young parents who do not meet the criteria for FNP will receive appropriate early intervention and support.

Children and Maternity Subgroup

Priority

CARE AND SUPPORT

Action for 2016-18

Increase the proportion of children seen by a health visitor within 14 days of birth to 95% by 2018.

Development and delivery of an integrated model for the early life stages by March 2018. This will deliver a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.

Maintain the percentage of children measured at Reception and Year 6 at 95% year-on-year.

Decrease the prevalence of obesity and over weightness in Reception and Year 6 - by 23% in Reception; and 42% in Year 6 by 2018.

This will be supported by the commissioning and delivery of the recommended components for the effective delivery of the 5–19 Healthy Child Programme – including prevention and early intervention; safeguarding; health development reviews; screening and immunisation programmes and support for parents in 2016-18.

Other child-centred initiatives such as the GET ACTIVE physical activity programme will be commissioned to support increased engagement of children in physical activity interventions in line with identified need by March 2018.

At least 75% of eligible mothers to be enrolled in the FNP in 2018.

FNP to be incorporated into the integrated model for early years by March 2018.

Baby intervention services to be incorporated into the integrated model for early years by March 2018. Expected to increase caseload capacity by 95% by March 2018.

Children and Maternity Subgroup

Priority	CARE AND SUPPORT							
Lead organisation	NHS England	LBBB	NELFT					
Named lead	Kenny Gibson – Head of Early Years, NHS England	Matthew Cole - Director of Public Health Meena Kishinani - Divisional Director of Strategic Commissioning and Safeguarding	Gillian Mills – Borough Director , NELFT Toby Kinder – Group Manager, Early Intervention					

Children and Maternity Subgroup

Priority	CARE AND SUPPORT							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome		Increase the number of referrals to specialist services where child sexual exploitation risks have been identified – <i>to be confirmed following development of the local CSE problem profile by September 2015.</i>	Ensure that children and young people are consulted with and engaged in service planning and commissioning across Children's Services on an annual basis.	Increase the percentage of pregnant women treated for HIV in acute settings to 80% by 2018.				Increase the percentage of children with social care assessments undertaken within 45 days to 80% by 2018.
Milestone Action for 2015-16		Development of a local CSE problem profile by September 2015.	Barking and Dagenham CCG have established children and young people engagement forums – engagement to be monitored including demographics of attendees. Engagement to be monitored year-on-year.	HIV awareness and testing training will be implemented for all midwives at Barking Hospital by April 2016.				

Children and Maternity Subgroup

Priority	CARE AND SUPPORT								
Action for 2016-18	Problem profile is established and updated regularly.	Clear safeguarding pathways and training in place across all services and providers – monitor training uptake and completion levels annually.	Development of overarching engagement plan for CMG priorities by April 2016.	Over 80% of pregnant women to be tested for HIV and referred into appropriate post-test services for treatment and counselling for those with a positive diagnosis.					<p>Increase the percentage of children with social care assessments undertaken within 45 days (80%)</p> <p>To achieve this outcome and ensure appropriate and early identification of SEND children and young people, progress and improvements in health outcomes for children with special educational needs and disabilities will be monitored via the Children and Maternity Subgroup on a quarterly basis.</p> <p>Closer links will be established with adult social care and monitored to ensure that young people with educational and care needs have effective Transition Care Assessments.</p>
Lead organisation	CCG	LBBB	CCG/ NHS England	NHS England					LBBB/CCG
Named lead	Sharon Morrow- Chief Operating Officer	Matthew Cole – Director of Public Health	Dr J John CCG - Patient Involvement Lead	Joanne Murfitt - Head of Public Health, Health in the Justice System and Military Health					Joint Children's Commissioner

Children and Maternity Subgroup

IMPROVEMENT AND INTEGRATION OF SERVICES

Priority								
Life stage	Pre-Birth & Early Years	Primary School	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome	To co-locate health visitors within GP practices and Children's Centres by 2018.	Improved oral health for under 5s by 2018.	Decrease under-18 year's conception rate (per 1000) and percentage change against 1998 baseline by 50% by 2018.	Increase percentage of mothers booked with maternity services by 13 th week of pregnancy (in light of new blood tests) by 2018.				Improve health outcomes for looked after children, care leavers and youth offenders by 2018.
Milestone Action for 2015-16		Oral health strategy to be developed and implemented by April 2016, supported by local oral health promotion campaign.	Conduct review of sexual health and contraceptive services currently in place for young people by July 2016, including a review of the quality of sexual and reproductive education (SRE) in schools and mapping of access to emergency hormonal contraception (EHC) via primary care services.	Move 1 st booking to 11 weeks. Implement the following actions by October 2016: - Primary care and children's centres education programme to support signposting. - Preparation for parenthood classes – delivered by children's centre staff/health visitors/midwives.				

Children and Maternity Subgroup

IMPROVEMENT AND INTEGRATION OF SERVICES

Priority									
Action for 2016-18	100% of health visitors to be co-located in GP practices and Children's Centres by April 2018.	Reduction to 1.2 DMF in children aged 5 years by April 2018.	Reduce rate of teenage conception by 50% over next by end of 2018.	80% mothers booked in by 9 weeks year-on-year. Focus on borough-based data and performance to monitor activity and performance					At least 95% of all vulnerable groups to have an annual health check encompassing physical, mental health, emotional health and health risk behaviours by 2018.
Lead organisation	LBBB	NHS England	LBBB	CCG					LBBB
Named lead	Toby Kinder - Group Manager Early Intervention	Joanne Murfitt Head of Public Health, Health in the Justice System and Military Health	Eric Stein Group Manager – Integrated Youth Services	Sharon Morrow – Chief Operating Officer					Meena Kishinani Divisional Director Strategic Commissioning and Safeguarding

Children and Maternity Subgroup

Priority	PREVENTION							
Life stage	Pre-Birth & Early Years	Primary School	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome	Increase breastfeeding initiation prevalence to 75% by 2018. Improve breastfeeding prevalence at 6-8 weeks to 60% by 2018.	Increase the percentage of children taking regular exercise to 95% by 2018 as measured at health review.	<i>National level placeholder</i> Local Authority to link with Public Health England to set a local target for smoking rates at 15 years (<i>review and move to prevalence</i>).	Increase the percentage of teenage mothers supported by Family Nurse Partnership to >85% by 2018.				Improve access to CAMHs for vulnerable children by 2018 -
Milestone Action for 2015-16	Work towards stage 1 of Baby Friendly Initiative Implementation by April 2016.	GET ACTIVE programme to be enhanced to increase the range of leisure and community-based activities offered by April 2016.	The multi-agency smoking strategy will be refreshed and action plan developed by June 2016 to reduce smoking rates in 15 year-olds.	>80% of expected visits made to teenage mothers by health visitors				Develop and implement joint children's mental health and wellbeing strategy by October 2016.

Children and Maternity Subgroup

Priority	PREVENTION								
Action for 2016-18	Develop a multi-borough breastfeeding strategy owned by the Children and Maternity Subgroup by April 2018. Increase the percentage of teenage mothers supported by Baby Intervention to breastfeed and stop smoking by 2018 – to be confirmed	95% of primary school children to be taking regular exercise by 2018.	Implement the action plan to reduce teenage smoking rates in line with agreed local smoking target – to be confirmed.	>85% of expected visits made to teenage mothers.					Number achieving 26-week referral to treatment target (460 looked after children accessed). New target of 500 by 2018.
Lead organisation	BHRUT	LBBB	LBBB	NELFT					LBBB/CCG
Named lead	Wendy Matthews Director of Midwifery BHRUT	Jo Caswell Personal Development Advisor	Consultant in Public Health	Gillian Mills – NELFT Toby Kinder – Group Manager Early Intervention					Meena Kishinani Divisional Director Strategic Commissioning and Safeguarding

Children and Maternity Subgroup

Priority	PREVENTION							
Life stage	Pre-Birth & Early Years	Primary School	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome	Introduce the new 4 routine blood tests for metabolic conditions by 2018	Ensure that 100% of children have complete immunisation records by 2018.		Decrease the number of pregnant women who are smoking in pregnancy through the implementation of BabyClear by 2018.	Reduce the prevalence of STIs by 2018 – target to be confirmed.			Educate the wider health community about the needs of young offenders and develop a clear coherent pathway and transition plans for youth offenders; this work could be led by a GP clinical champion who has a special interest in adolescent medicine and the criminal justice system – to be confirmed
Milestone Action for 2015-16	Introduction of tests at 9 weeks booking by April 2016.	Reach London levels for immunisation and then England levels by 2016. Target is 95%.		Identify funding for Phase 2 to improve assessments (quality and output) and support midwives to deliver improved outcomes by	Ensure equitable access to contraception and STI testing in primary care and GUM clinics. Reduce PID to England and then London levels – to be confirmed.			100% of young offenders to receive annual health check year-on-year. Training programmes for both health and social care staff on youth justice for all front line professionals. Specific additional training support on health risk assessment and understanding of the NHS for YOS professionals

Children and Maternity Subgroup

Priority	PREVENTION							
Action for 2016-18	Meet Government 95% target for introduction of blood tests by April 2018.	Ensure that 100% of children have complete immunisation records by October 2018.		Reduce Smoking Status at Time of Delivery (SATOD) rate to 15% by October 2018.	Introduce training programme for schools to support effective PHSE by September 2016. Increase the numbers testing for STIs and reduce prevalence – target to be confirmed.			Preventative work with vulnerable children including looked after children is essential to ensure that they have opportunities and do not get led into offending through the lack of possibilities available to them
Lead organisation	BHRUT NHS England	CCG		BHRUT	LBBB			LBBB
Named lead	Wendy Matthews - Director of Midwifery Joanne Murfitt Head of Public Health, Health in the Justice System and Military Health	Jo Murfitt - Head of Public Health, Health in the Justice System and Military Health		Wendy Matthews - Director of Midwifery	Erik Stein Group Manager – Integrated Youth Services			Erik Stein Group Manager – Integrated Youth Services

Integrated Care Group

Priority	CARE AND SUPPORT							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome		Reduce unintentional injuries attendance by 0-14 year olds at A&E by 2018 – target to be confirmed	Increase uptake of HPV vaccination to 95% by 2018.	Increase the uptake of seasonal flu amongst pregnant women by 60% by 2018.	Repeat MARAC caseload (target to be confirmed by September 2015)	Increase percentage of adults using direct payments to 75% by 2018.	Reduce re-admission to hospital within 50 days of discharge to 12.5% by 2018.	
Milestone Action for 2015-16		Develop a project to improve support to parents in primary care through integration with HV and children's centres by October 2016.	Commissioning of new HPV vaccines with training and governance support for staff by April 2016.	GP practices to ensure that pregnant registrants are aware of the need to receive seasonal flu vaccination year-on-year. Uptake to be monitored on an annual basis.	Ensure 20% of frontline staff have attended multi-agency domestic violence and violence against women and girls training by April 2016.		Implement integrated discharge planning process by October 2016.	
Action for 2016-18			Increase uptake to 95% by October 2018.	Increase flu vaccination coverage to 60%	Ensure caseloads are at optimum levels, do not exceed national guidelines and have a minimum level of repeat referrals year-on-year.	Increase percentage of adults using direct payments to 75% by October 2018.	Re-admission to hospital within 30 days of discharge to 12.5%	

Integrated Care Group

Priority	CARE AND SUPPORT						
Lead organisation		CCG	NHS England	NHS England	LBBB , CCG NHS England	LBBB	Integrated Care Sub Group
Named lead		Wendy Matthews – Director of Midwifery Joanne Murfitt Head of Public Health, Health in the Justice System and Military Health	Joanne Murfitt Head of Public Health, Health in the Justice System and Military Health	Joanne Murfitt Head of Public Health, Health in the Justice System and Military Health	Karen Proudfoot – Group Manager Community Safety & Offender Management	Mark Tyson - Group Manager Adult Commissioning	Chair Integrated Care Sub Group

Integrated Care Group

Priority	PREVENTION							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome					Increase the number of smoking quitters under 30 years of age by 2018 (<i>to be confirmed - review target and move to prevalence</i>)	Increase the percentage of adults cycling or walking to work by 5% year-on-year.	Increase the percentage of over 65 year olds protected through seasonal flu immunisation by to 75% by 2018.	Reduce excess mortality rate of older people in extreme temperatures by 2018 – target to be confirmed by September 2015.
Milestone Action for 2015-16					Action plan for targeted promotion work with high-risk smoking populations and routine and manual groups to be developed by April 2016.	Active transport survey conducted and cycling - strategy to be developed across the partnership by June 2016. Develop and implement promotional campaign by October 2016.	Develop local pathway to improve uptake through partnership by June 2016.	Ensure that all local older people receive correct, clear, consistent, useful and actionable advice and information from the local organisations they come into contact with year-on-year.
Action for 2016-18					Reduce the numbers of R&M workers who smoke by 5%	Determine how many LBBD workers cycle and walk and increase by 5% year-on-year	75% of over 65 year olds protected	Evaluate the effectiveness of the winter warmth payments scheme locally by June 2018.
Lead organisation					LBBD	LBBD	NHS England	NHS England

Integrated Care Group

Priority	PREVENTION							
Named lead					Andy Knight - Group Manager Community, Sport and Arts	Gloria Mills – Active Transport Lead	Kenny Gibson – Head of Early Years and Immunisation	

Public Health Programmes Board

Priority	CARE AND SUPPORT							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome	Maintain the proportion of children seen by a health visitor within 14 days of birth at or above 95% year-on-year.		Increase the proportion of young people testing for Chlamydia to London level by 2018.	Reduce rate of teenage conceptions by 50% from '98 baseline for > 16 year olds.			Increase early diagnosis and identification of at-risk older people in primary care and reduce unnecessary admission to hospital – target to be confirmed	Reduce the number of people claiming health-related benefits by 25% by 2018.

Public Health Programmes Board

Priority

CARE AND SUPPORT

Milestone Action for 2015-16

The Healthy Child Programme for 0-5 years will transfer from NHS England to the Council from October 2015.

Service implementation planning and joint working across the Council and the NHS will take place to support increased uptake of local health visitor services to 95% by March 2016.

Increase Chlamydia screening coverage to 35% by October 2016.

Review teenage pregnancy strategy and develop an action plan by April 2016.

Introduce pilot self-care programme for patients and carers by October 2016.

Implement mental health and back to work initiative.

Reassessments of 100% on health related benefits by October 2016.

Public Health Programmes Board

Priority	CARE AND SUPPORT							
Action for 2016-18	<p>Increase the proportion of children seen by a health visitor within 14 days of birth to 95% by 2018.</p> <p>Development and delivery of an integrated model for the early life stages by March 2018. This will deliver a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.</p>		<p>Increase diagnosis rate to London rate</p>	<p>Decrease rate from 6.9% to 5.5% over 5 yrs</p>			<p>Secure funding for continuation of Frailty Academy model to support pathway redesign by April 2018.</p>	<p>Reduce the number of people claiming health-related benefits by 25% by 2018.</p>
Lead organisation	LBBB		LBBB	LBBB			Care City	LBBB
Named lead	<p>Matthew Cole Director of Public Health</p>		<p>Head of PH commissioning</p>	<p>Head of PH commissioning</p>			<p>Helen Oliver Care City Programme Lead</p>	<p>Terry Regan Group Manager Employment</p>

Public Health Programmes Board

Priority	CARE AND SUPPORT							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome	Improve the development of children in early years and introduce integrated reviews by 2018	Maintain the percentage of children measured under the National Child Measurement Programme (NCMP), at Reception and Year 6 at 95% year-on-year.			Reduction in prevalence of adult obesity from baseline by 2018.	Increase the number of adults participating in regular physical activity year-on-year	Increase number of adults participating in regular physical activity year-on-year	Increase the number of adults participating in regular physical activity by 2018

Public Health Programmes Board

Priority

CARE AND SUPPORT

Milestone Action for 2015-16

To identify speech, language and communication needs (SLCN) in children before they reach the age of 2 years using robust research methods by October 2016.

To achieve this Public Health and Children's Services will jointly review the local delivery of the NCMP and referral pathways to weight management services for obese and overweight children by April 2016. The review will support the commissioning of effective healthy lifestyle programmes promoting healthier eating and physical activities in schools and the community, which will be targeted where appropriate.

Develop and implement adult obesity strategy by April 2016.

Develop outcomes-based service specification to monitor the effectiveness and impact of public-health funded adult weight management programmes by October 2015.

Increase engagement in commissioned adult weight management (Momenta) and exercise on referral programmes. Reduce obesity levels to 20% and overweight and obesity to 55% by October 2016.

Develop Adult obesity strategy

Increase the number of adults taking part in regular physical activity interventions to 50% by October 2016.

100% of older people have access to the Leisure Pass Scheme by October 2016.

80% people with disabilities and those on low incomes are participating in regular physical activities by October 2016.

Public Health Programmes Board

Priority

CARE AND SUPPORT

Action for 2016-18

To increase percentage of children identified with SLCN achieving expected levels of communication for their age – to be confirmed

To increase the of children who have attended children’s centre play and communication services who achieve a good level of development in the Early Years Foundation Stage Profile – to be confirmed

Maintain the percentage of children measured at Reception and Year 6 at 95% year-on-year.

Decrease the prevalence of obesity and over weightness in Reception and Year 6 - by 23% in Reception; and 42% in Year 6 by 2018.

This will be supported by the commissioning and delivery of the recommended components for the effective delivery of the 5–19 Healthy Child Programme – including prevention and early intervention; safeguarding; health development reviews; screening and immunisation programmes and support

Reduce excess weight in LBBDD to London levels (57.3%)

Target to be confirmed by September 2015

Target to be confirmed by September 2015

Target to be confirmed by September 2015

Public Health Programmes Board

Priority	CARE AND SUPPORT							
Lead organisation	LBBB	LBBB			LBBB	LBBB	LBBB	LBBB
Named lead	Meena Kishinani Divisional Director Strategic Commissioning and Safeguarding	Nigel Sagar – Senior Advisor Maureen Lowes – Catering Services Manager Children and Young People			Consultant in Public Health Andy Knight – Group Manager Community Sport and Arts	Consultant in Public Health Andy Knight – Group Manager Community Sport and Arts	Andy Knight Group Manager Community, Sport and Arts	Andy Knight Group Manager Community, Sport and Arts

Public Health Programmes Board

Priority	IMPROVEMENT AND INTEGRATION OF SERVICES							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome	Increase breastfeeding prevalence at 6-8 week check to 65% by 2018.	Increase percentage of 5-11 year olds participating in 2 hours or more of physical education by 2018.		Reduce number of domestic violence cases among pregnant women – target to be confirmed.	Reduce rate of hospital admissions per 100,000 to annual rate in Year 1 and Peer group in Year 2 by 2018	Increase uptake of NHS Health Checks to 75% by 2018.	Enable those at end of life to die with dignity where they want	Increase the percentage of successful completion of drug treatment (opiate and non-opiate users)

Public Health Programmes Board

IMPROVEMENT AND INTEGRATION OF SERVICES

Priority	IMPROVEMENT AND INTEGRATION OF SERVICES							
Milestone Action for 2015-16	Introduce individually tailored breastfeeding plans through peer support and buddies by April 2016.	Increase the number of referrals to GET ACTIVE and outcomes measured follow development of outcomes-based service specification by October 2015. Continued support for schools working through Healthy Schools London Award Programme in 2015/16.		Campaign for reducing domestic violence among pregnant women	Hospital audit to be implemented	Implementation of point of care testing by GPs and pharmacies by June 2015. Increase uptake to 50% of 40 – 74 year olds	Expansion of specialist and palliative care services	
Action for 2016-18	Increase breastfeeding prevalence at 6-8 week check to 65% by October 2018.	Target to be confirmed by September 2015		Reduction in the number of cases – target to be confirmed by September 2015		Increase uptake to 75% of 40 – 74 year olds by October 2018. Ensure 100% of carers in cohort receive check	Increase the number of deaths outside hospital to 50% by October 2018.	To be confirmed once national targets for Health Premium published
Lead organisation	NHS England	LBBB		LBBB	LBBB	LBBB	CCG	LBBB
Named lead	Joanne Murfitt Head of Public Health, Health in the Justice System and Military Health	Nigel Sagar		Karen Proudfoot – Group Manager Community Safety & Offender Management	Karen Proudfoot – Group Manager Community Safety & Offender Management	Consultant in Public Health	Sharon Morrow – Chief Operating Officer	Sonia Drpzod Drugs Strategy Manager

Public Health Programmes Board

Priority	PREVENTION							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome	Increase the number of adults and children participating in cooking skills courses year-on-year	Reduction in numbers of school children taking up smoking by 2018	Reduction in numbers of school children taking up smoking by 2018	Reduction in the number of pregnant women smoking at time of delivery by 2018	Percentage reduction in smoking prevalence over the 3 year period from 2009/10 baseline by 2018	Percentage reduction in prevalence of adult obesity from baseline by 2018	Increase percentage of bereaved people signposted to appropriate bereavement support services - to be confirmed.	Increase in the number of adults participating in regular physical activity by 2018 – to be confirmed by September 2015.
Milestone Action for 2015-16	Programme of cooking skills classes developed and implemented by April 2016.	Social marketing campaign developed and implemented by April 2016.	Social marketing campaign developed and implemented by April 2016.	Implementation of the BabyClear programme in 2015.	Social marketing campaign to be developed and implemented	Common/core nutritional standards for all commissioned services from 2015.	Establishment of bereavement support services – to be confirmed	Widening access through new and upgraded facilities by October 2018.
Action for 2016-18	Deliver a minimum of 10 courses per annum by 2018.	Target to be confirmed Roll out new smoke free policy guidance for schools Embed effective drug, alcohol and tobacco education in PHSE in schools	Target to be confirmed Roll out new smoke free policy guidance for schools Embed effective drug, alcohol and tobacco education in PHSE in schools	Undertake audit and reduce SATOD to > 10%	Reduce smoking levels to 25% by October 2018.	Reduce levels of obesity to London levels by October 2018.	95% of bereaved people signposted to appropriate services by April 2018.	Target to be confirmed by September 2015. Increase specialist leisure provision for those with SEND – to be agreed.
Lead organisation	LBBB	LBBB	LBBB	BHRUT	LBBB	LBBB	CCG	LBBB

Public Health Programmes Board

Priority

PREVENTION

Named lead

Paul Starkey –
Health
Improvement
Advanced
Practitioner

Jo Caswell
Head of
Personal
Development
Advisor

Jo Caswell
Head of Personal
Development
Advisor

Wendy
Matthews
Director of
Midwifery

Andy Knight
Group Manager
Community,
Sport and Arts

Consultant in Public
Health

Sharon Morrow
– Chief
Operating
Officer

Andy Knight
Group Manager
Community, Sport and
Arts

Learning Disability Subgroup

Priority	CARE AND SUPPORT							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome	100% of children with a learning disability under 5 years have an annual check and health plan by 2018	Improve Health outcomes for children with special educational needs and disabilities						
Milestone Action for 2015-16	Children with complex care needs assessed and given appropriate care	To be confirmed by September 2015						
Action for 2016-18	100% of children with a learning disability under 5 years have an annual check and health plan by October 2018	To be confirmed by September 2015						
Lead organisation	LBBB	LBBB						

Learning Disability Subgroup

Priority	CARE AND SUPPORT							
Named lead	Meena Kishinani Divisional Director Strategic Commissioning and Safeguarding	Meena Kishinani Divisional Director Strategic Commissioning and Safeguarding						

Learning Disability Subgroup

Priority	IMPROVEMENT AND INTEGRATION OF SERVICES							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome						Greater acceptance of adults with autism and ability to get a diagnosis and appropriate support by 2018		

Learning Disability Subgroup

IMPROVEMENT AND INTEGRATION OF SERVICES

Priority	IMPROVEMENT AND INTEGRATION OF SERVICES							
Milestone Action for 2015-16						Ensure 100% people with autistic spectrum disorders with assessed eligible needs for care and support have personal budgets by April 2016.		
Action for 2016-18						Implementation of the Think Autism 15 priority challenges for action by October 2018.		
Lead organisation						LBBD		
Named lead						Bhatti Anjum Group Manager Intensive Support		

Learning Disability Subgroup

Priority	PREVENTION							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome			Increase percentage of looked after children with a learning disability with annual health check and personal health plan to 95% by 2018.		Increase percentage of adults with learning disability with annual health check and personal plan to 95% by 2018.			
Milestone Action for 2015-16			Clear communication with staff about the role of health checks and health plans, supported by training and provider performance indicators – reviewed by April 2016.		Clear communication with staff about the role of health checks and health plans, supported by training and provider performance indicators - – reviewed by April 2016.			
Action for 2016-18			95% looked after children with a learning disability with annual health check and personal health plan by October 2018.		95% adults with learning disability with annual health check and personal plan by October 2018			
Lead organisation			CCG		CCG			

Learning Disability Subgroup

Priority

PREVENTION

Named lead

Sharon Morrow –
Chief Operating
Officer

Sharon Morrow
– Chief
Operating
Officer

Mental Health Subgroup

Priority	CARE AND SUPPORT							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome						Reduction in number of people claiming incapacity benefit from depression by 2018 – to be confirmed		
Milestone Action for 2015-16						Review and audit of case register and development of action plan by June 2016.		
Action for 2016-18						Implementation of action plan and evaluation of success to feed into Welfare Reform Group by 2018.		
Lead organisation						Mental Health Sub Group		
Named lead						Gill Mills Chair		

Mental Health Subgroup

IMPROVEMENT AND INTEGRATION OF SERVICES

Priority	IMPROVEMENT AND INTEGRATION OF SERVICES							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome			Commission high quality mental health services across the life-course that emphasise recovery by 2018		Assessment for new diagnoses at outset of treatment particularly focussed on diabetes	Increase numbers accessing Psychological Therapies (IAPT) services year on year	Increase percentage of adults with severe mental illness with physical health check by 2018	90% of GP practices to establish depression registers by 2018
Milestone Action for 2015-16			Develop the road map to mental health improvement for the next 5 years by October 2015.		Pathways and services for adults with depression into talking therapies in place by June 2016.	Ensuring commissioned services are IAPT compliant 95% should have access within 28 days by October 2016.	Care pathways and data collection process set up for physical health assessment in mental health patient settings by October 2016.	Development of new pathways for primary and community care by October 2016.
Action for 2016-18			BHR SPG to work with the Children's Strategic Clinical Network to develop joint commissioning and personal budgets		Transforming services to shift care closer to home	Embedding of IAPT in all commissioned mental health services and development of children and young people IAPT	Undertake annual patient reviews for all adults with severe mental illness	Patients with a new diagnosis of depression need regular review and a care plan (thresholds 45-80%) by April 2018.
Lead organisation			CCG		CCG	CCG	CCG	CCG
Named lead			Sharon Morrow - Chief Operating Officer		Sharon Morrow – Chief Operating Officer	Sharon Morrow – Chief Operating Officer	Sharon Morrow – Chief Operating Officer	Sharon Morrow – Chief Operating Officer

Mental Health Subgroup

Priority	PREVENTION							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome			Development of a suicide prevention action plan by 2016	Implement strategy to support prevention of post-natal depression by 2018	Improved early diagnosis of mental illness in diabetic patients by 2018	Raise awareness of the response of health and social care staff to mental illness across the system year-on-year	Raise awareness of pathway to support older people get Cognitive Stimulation Therapy (CST)	Develop new approaches to help people with mental health problems who are unemployed move into work and support them whilst they are out of work by 2018
Milestone Action for 2015-16			Undertake a local suicide audit by April 2016.	Training for health workers in order for them to spot early signs of PND % with PND scores > 12 % implemented by October 2016.	Establish Clinical Audit by October 2016.	All mental health first aiders expected to be trained by October 2015	Increase numbers of older people able to access CST – target to be confirmed	Establishment and implementation of a peer support programme by June 2016.
Action for 2016-18			Implement findings from local suicide audit via action plan from May 2016.	95% of women who have a miscarriage, stillbirth or death of a baby to have extra support by October 2018.	Development and implementation of action plan from audit results by June 2017.	Establish a learning network that is able to self organise that is linked to staff CPD by October 2017.		Evaluation of the peer support programme in 2018.
Lead organisation			Mental Health Sub Group	CMG Sub Group	CCG	Mental Health Sub Group	LBBB	LBBB
Named lead			Gill Mills Chair	Wendy Matthews Director of Midwifery	Sharon Morrow – Chief Operating Officer	Gill Mills Chair	Mark Tyson Group Manager Adult Commissioning	Mark Tyson Group Manager Adult Commissioning

