

# Health and Wellbeing Board

Thursday 31 March 2016

10.00 am

Ground Floor Meeting Room G02B - 160 Tooley Street, London  
SE1 2QH

## Supplemental Agenda No.1

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#### Contact

Everton Roberts on 020 7525 7221 or email: [everton.roberts@southwark.gov.uk](mailto:everton.roberts@southwark.gov.uk)

Date: 29 March 2016

<b>Item No.</b> 11.	<b>Classification:</b> Open	<b>Date:</b> 31 March 2016	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Health improvement performance report: childhood obesity, tobacco, alcohol, drugs & sexual health update	
<b>Wards or groups affected:</b>		All	
<b>From:</b>		Jin Lim, Assistant Director of Public Health	

### RECOMMENDATIONS

1. The board is requested:
  - a) To note the update on performance and activity for childhood obesity, tobacco, alcohol, drugs and sexual health (Appendix 1).

### EXECUTIVE SUMMARY

2. The Health and Wellbeing Board received the refreshed Health and Wellbeing Strategic framework in 2015 and has requested regular thematic updates on performance and activity. This update is on the childhood obesity, tobacco, alcohol, drugs and sexual health themes of the Health and Wellbeing Strategy.
3. The Health and Wellbeing Board has previously agreed challenging targets for childhood obesity and tobacco and also received a report on a range of indicators for alcohol, drugs and sexual health for monitoring purposes.
4. This update provides a regular reporting template for activity and key indicators relating to the 4 HWB Board priorities: childhood obesity, tobacco, alcohol, drugs and sexual health themes. As the strategies and action plans are developed or refreshed, activity will be reported back to the HWB Board. The range of indicators will be refined as new data becomes available.

### Policy implications

5. Southwark Council and the Southwark CCG have a statutory duty under the 2012 Health and Social Care Act to produce a health and well being strategy for Southwark. The health and wellbeing board leads the production of the strategy. Local health and wellbeing commissioning and service plans have to pay due regard to the health and wellbeing strategy.

### Community impact statement

6. The health and wellbeing strategy and associated action plans seek to improve the health of the population and to reduce health inequalities. It is acknowledged that some communities and individuals are less likely to access or make use of the services offered and targeted support or initiatives are expected to address this.

## Legal implications

7. The board is required to produce and publish a joint health and wellbeing strategy on behalf of the local authority and clinical commissioning group. The proposals and actions outlined in this report will assist the board in fulfilling this requirement and will support the strategy's implementation.

## Financial implications

8. There are no financial implications contained within this report. However, the priorities identified in the health and wellbeing strategy will have implications for other key local strategies and action plans and the development of commissioning intentions to improve the health and wellbeing of Southwark's population.

## BACKGROUND PAPERS

Background papers	Held at	Contact
Southwark Joint Strategic Needs Assessment	<a href="http://www.southwark.gov.uk/jsna">www.southwark.gov.uk/jsna</a>	jsna@southwark.gov.uk
<b>Link:</b> <a href="http://www.southwark.gov.uk/jsna">www.southwark.gov.uk/jsna</a>		
Southwark Health & Wellbeing Strategy 2015/20	<a href="http://www.southwark.gov.uk/downloads/download/3570/southwark_health_and_wellbeing_strategy_2015-2020">http://www.southwark.gov.uk/downloads/download/3570/southwark_health_and_wellbeing_strategy_2015-2020</a>	Public Health 020 7525 0280
<b>Link:</b> <a href="http://www.southwark.gov.uk/downloads/download/3570/southwark_health_and_wellbeing_strategy_2015-2020">http://www.southwark.gov.uk/downloads/download/3570/southwark_health_and_wellbeing_strategy_2015-2020</a>		

## APPENDICES

No.	Title
Appendix 1.	Quarterly Performance & Activity update for childhood obesity, tobacco, alcohol, drugs and sexual health

## AUDIT TRAIL

<b>Lead officer</b>	Jin Lim, Assistant Director of Public Health
<b>Report Authors</b>	Richard Pinder, Consultant in Public Health Kirsten Watters, Consultant in Public Health Bimpe Oki, Consultant in Public Health
<b>Version</b>	Final
<b>Dated</b>	22 March 2016
<b>Key decision?</b>	No

Health and Wellbeing Board	31 March 2016
<b>PERFORMANCE &amp; IMPROVEMENT PLAN</b>	
<ol style="list-style-type: none"><li>1. Obesity</li><li>2. Tobacco</li><li>3. Alcohol and drugs</li><li>4. Sexual health &amp; HIV</li></ol>	

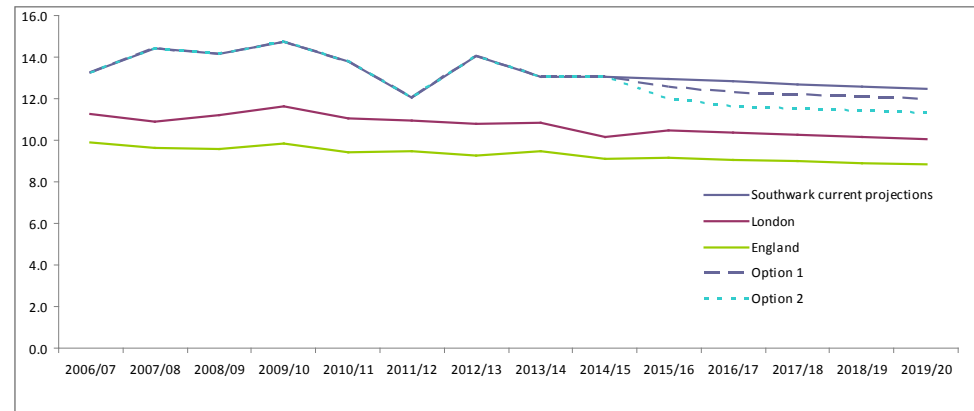
Health and Wellbeing Board			March 2016	
1. Child obesity – National Childhood Measurement Programme Yr R				
Definition	Obesity Prevalence: % of children in reception or Year 6 whose weight is above the 95 <sup>th</sup> centile of the population Excess Weight Prevalence: % of children in reception or Year 6 whose weight is above the 85 <sup>th</sup> centile of the population		How this indicator works	Reception and Year 6 pupils have their height and weight measured to inform local planning and delivery of services for children and to provide population level surveillance data to analyse trends in growth patterns and obesity.
What good looks like	<u>Reception Year Children</u> <ul style="list-style-type: none"><li>Reduce the obesity prevalence to 11.3% by 2019/20, equivalent to approximately 25% reduction over 5 years</li><li>Reduce the excess weight prevalence to 23.6% by 2019/20, equivalent to approximately 20% reduction over five years</li></ul>		Why this indicator is important	The NCMP is an important source of data to support national and local work to address child hood obesity.
History with this indicator	Obesity prevalence (2014/15) <ul style="list-style-type: none"><li>Reception: 13.0%</li></ul>	Excess Weight prevalence (2014/15) <ul style="list-style-type: none"><li>Reception: 26.4%</li></ul>		

### Reception Year (Obesity And Excess Weight)

#### Reception Year Obesity Prevalence figures (2012/13 – 2014/15) and Projected Figures (2015/16 – 2019/20) \* Actual published figures

	2012/13*	2013/14*	2014/15*	2015/16
Southwark Ambition	14.0	13.1	13.0	12.0
London (%)	10.8	10.8	10.1	10.5
England (%)	9.3	9.5	9.1	9.1
	2016/17	2017/18	2018/19	2019/20
Southwark Ambition	11.6	11.5	11.4	11.3
London (%)	10.4	10.3	10.2	10.1
England (%)	9.1	9.0	8.9	7.3

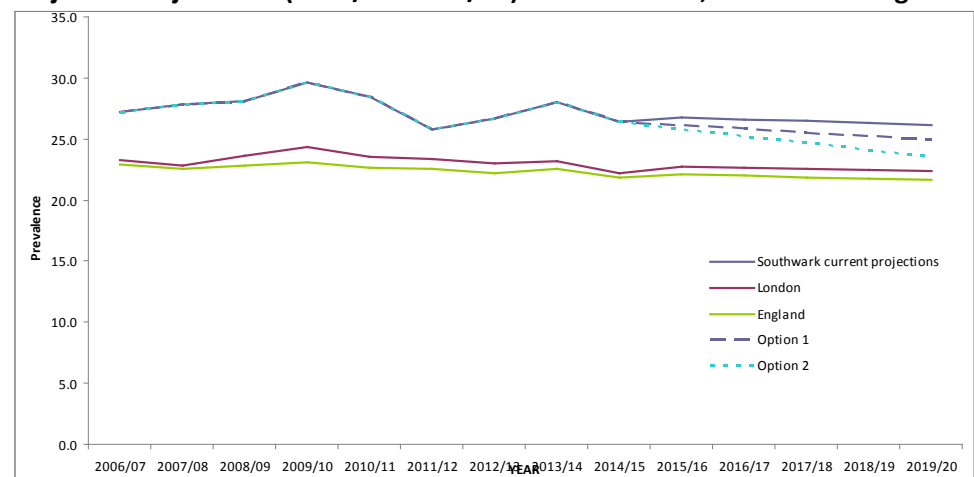
#### Reception Year actual Excess Weight Trajectories (2012/3 – 2014/5) and Projected Trajectories (2015/6 – 2019/20) for Southwark, London and England



#### Reception Year Excess Weight Figures (2012/13 – 2014/15) and Projected Figures (2015/16 – 2019/20) \* Actual published figures

	2012/13*	2013/14*	2014/15*	2015/16
Southwark Ambition	26.7	28.0	26.4	25.8
London (%)	23.0	23.1	22.2	22.8
England (%)	22.2	22.5	21.9	22.1
	2016/17	2017/18	2018/19	2019/20
Southwark Ambition	25.2	24.7	24.1	23.6
London (%)	22.7	22.6	22.5	22.4
England (%)	22.0	21.9	21.8	21.7

#### Reception Year actual Excess Weight Trajectories (2012/3 – 2014/5) and Projected Trajectories (2015/6 – 2019/20) for Southwark, London and England



Health and Wellbeing Board			March 2016	
2. Child obesity – National Childhood Measurement Programme Yr 6				
<b>Definition</b>	Obesity Prevalence: % of children in reception or Year 6 whose weight is above the 95 <sup>th</sup> centile of the population Excess Weight Prevalence: % of children in reception or Year 6 whose weight is above the 85 <sup>th</sup> centile of the population		<b>How this indicator works</b>	Reception and Year 6 pupils have their height and weight measured to inform local planning and delivery of services for children and to provide population level surveillance data to analyse trends in growth patterns and obesity.
<b>What good looks like</b>	<u>Year 6 Children</u> <ul style="list-style-type: none"> <li>Reduce the obesity prevalence to 24.9% by 2019/20, equivalent to approximately 20% reduction over five years.</li> <li>Reduce the excess weight prevalence to 24.9% by 2019/20, equivalent to approximately 20% reduction over five years.</li> </ul>		<b>Why this indicator is important</b>	The NCMP is an important source of data to support national and local work to address child hood obesity.
<b>History with this indicator</b>	<b>Obesity prevalence (2014/15)</b> <ul style="list-style-type: none"> <li>Year 6: 27.9%</li> </ul>	<b>Excess Weight prevalence (2014/15)</b> <ul style="list-style-type: none"> <li>Year 6: 43.6%<sup>4</sup></li> </ul>		

## Year 6 (Obesity And Excess Weight)

**Year 6 Obesity Prevalence Figures (2012/13 – 2014/15) and Projected Figures (2015/16 – 2019/20)** \* Actual published figures

	2012/13*	2013/14*	2014/15*	2015/16
Southwark Ambition (%)	26.7	26.7	27.9	27.3
London (%)	22.4	22.4	22.6	23.0
England (%)	18.9	19.1	19.1	19.6

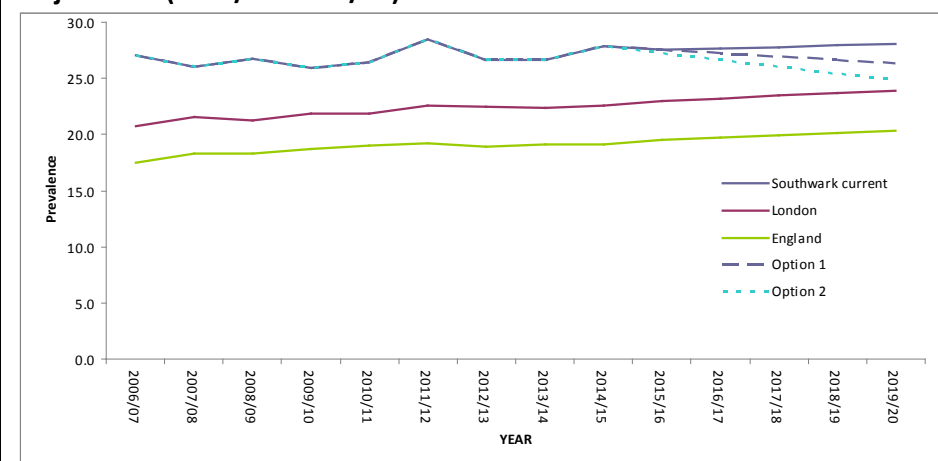
	2016/17	2017/18	2018/19	2019/20
Southwark Ambition (%)	26.6	26.0	25.5	24.9
London (%)	23.2	23.6	23.7	23.9
England (%)	19.8	19.9	20.1	20.3

**Year 6 actual excess weight figures (2012/13 – 2014/15) and projected figures (2015/16 – 2019/20)** \* Actual published figures

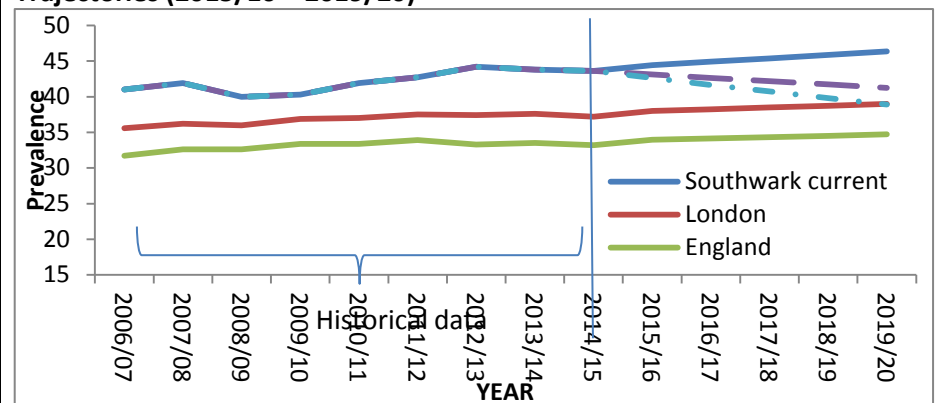
	2012/13*	2013/14*	2014/15*	2015/16
Southwark Ambition (%)	44.2	43.8	43.6	42.5
London (%)	37.4	37.6	37.2	38.0
England (%)	33.3	33.5	33.2	34.0

	2016/17	2017/18	2018/19	2019/20
Southwark Ambition (%)	41.7	40.7	39.8	38.9
London (%)	38.2	38.5	38.7	39.0
England (%)	34.1	34.3	34.5	34.7

**Year 6 Obesity Prevalence Trajectories (2012/13 – 2014/15) and Projected Trajectories (2015/16 – 2019/20)**



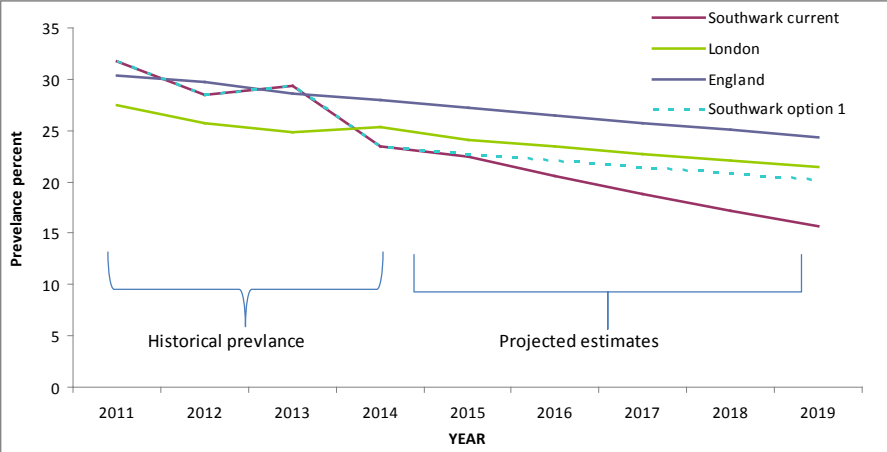
**Year 6 Excess Weight Trajectories (2012/13 – 2014/15) and Projected Trajectories (2015/16 – 2019/20)**





<b>Performance Overview</b>			<b>RAG rating</b>	RED
<b>Benchmarking</b>	<b>Reception – London Average</b> Obesity: 10.5% Excess Weight: 22.2%	<b>Year 6 – London Average</b> Obesity: 22.6% Excess Weight: 37.2%		
<b>Actions to sustain or improve performance</b>			<b>By when</b>	<b>Partner agency</b>
Establish the Obesity Oversight Group. Develop overarching healthy weight strategy			Established and first meeting chaired by Cllr Hargrove March. Strategy June / July 2016	All partners
Support people to be more physically active: Inactivity strategy as part of Sports and Physical Activity Strategy; free swimming & gyms; brief intervention & health referrals; active travel; active design for physical environment			Ongoing	All partners
Implementation of the Baby Friendly Initiative: Achievement of Stage 1			March 2017	Southwark Council and CCG
Commissioning and Implementation of community nutrition interventions to promote healthy eating in early years:			June 2016	Southwark Council and CCG
Support schools to promote healthy eating, physical activity and health and wellbeing through the London Healthy Schools Programme Award			Ongoing	Southwark Council & schools
Commission and ongoing monitoring of weight management service for unhealthy weight children			Done. Being monitored	Southwark Council

Health and Wellbeing Board		March 2016																									
3. Tobacco																											
Definition	Prevalence: % of smoking among persons aged 18 and over	How this indicator works	Integrated Household Survey analysed by PHE																								
What good looks like	Smoking Prevalence of 14.5% by 2019/20 (23% reduction over 5 years)	Why this indicator is important	Smoking is the single most preventable cause of ill health, health inequalities and premature mortality in the borough																								
History with this indicator	Smoking prevalence (adults): 16.5%																										
Actual Smoking Prevalence (2010-2014) and Projected Smoking Prevalence (2015-2019) for the Adult Population		Trajectories showing actual Smoking Prevalence (2010 – 2014) and Projected Prevalence (2015 - 2019) for Southwark, London and England																									
<table><tr><th>Period</th><th>2010</th><th>2011</th><th>2012</th><th>2013</th><th>2014</th></tr><tr><td>Southwark (%)</td><td>20.8</td><td>19.6</td><td>19.7</td><td>20.7</td><td>16.5</td></tr><tr><td>London (%)</td><td>19.4</td><td>19.5</td><td>18.0</td><td>17.3</td><td>17.0</td></tr><tr><td>England (%)</td><td>20.8</td><td>20.2</td><td>19.5</td><td>18.4</td><td>18.0</td></tr></table>		Period	2010	2011	2012	2013	2014	Southwark (%)	20.8	19.6	19.7	20.7	16.5	London (%)	19.4	19.5	18.0	17.3	17.0	England (%)	20.8	20.2	19.5	18.4	18.0		
Period	2010	2011	2012	2013	2014																						
Southwark (%)	20.8	19.6	19.7	20.7	16.5																						
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England (%)	20.8	20.2	19.5	18.4	18.0																						
<table><tr><th>Period</th><th>2015</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th></tr><tr><td>Southwark (%)</td><td>17.2</td><td>16.5</td><td>15.8</td><td>15.2</td><td>14.5</td></tr><tr><td>London (%)</td><td>16.2</td><td>15.6</td><td>15.0</td><td>14.5</td><td>13.9</td></tr><tr><td>England (%)</td><td>17.3</td><td>16.6</td><td>16.0</td><td>15.4</td><td>14.8</td></tr></table>		Period	2015	2016	2017	2018	2019	Southwark (%)	17.2	16.5	15.8	15.2	14.5	London (%)	16.2	15.6	15.0	14.5	13.9	England (%)	17.3	16.6	16.0	15.4	14.8		
Period	2015	2016	2017	2018	2019																						
Southwark (%)	17.2	16.5	15.8	15.2	14.5																						
London (%)	16.2	15.6	15.0	14.5	13.9																						
England (%)	17.3	16.6	16.0	15.4	14.8																						

Health and Wellbeing Board					March 2016				
4. Tobacco									
Definition		Prevalence: % of smoking among persons aged 18 and over – routine and manual			How this indicator works		Integrated Household Survey analysed by PHE		
What good looks like		Smoking Prevalence of 20.2% by 2019/20 (26% reduction over 5 years)			Why this indicator is important		Smoking is the single most preventable cause of ill health, health inequalities and premature mortality in the borough		
History with this indicator		Smoking prevalence (adults – routine and manual): 23.4%							
<b>Actual Smoking Prevalence (2010-2014) and Projected Smoking Prevalence (2015-2019) for Routine and Manual Occupations</b>					<b>Actual Smoking Prevalence for Routine and Manual Occupations (2010 – 2014) and Projected Prevalence (2015 - 2019) for Southwark, London and England</b>				
Period		2010	2011	2012	2013	2014			
Southwark (%)		n/a	31.8	28.5	29.3	23.4			
London (%)		n/a	27.5	25.7	24.9	25.3			
England (%)		n/a	30.3	29.7	28.6	28.0			
Period		2015	2016	2017	2018	2019			
Southwark (%)		22.8	22.1	21.5	20.8	20.2			
London (%)		24.1	23.4	22.8	22.1	21.5			
England (%)		27.2	26.5	25.7	25.1	24.4			

<b>Performance Overview</b>		<b>RAG rating</b>	AMBER
<b>Benchmarking</b>	London Smoking prevalence (adults): 17.0% London Smoking prevalence (adults – routine and manual): 25.3%		
<b>Actions to sustain or improve performance</b>		<b>By when</b>	<b>Partner agency</b>
Tobacco Control Review Action plan being developed		Done July 2016	Southwark Council and Southwark CCG
Implementation of illegal sales campaign		December 2016	Southwark Council
Review of peer education programme		September 2016	Southwark Council
Promote smoke free: playgrounds		April 2016	Southwark Council
Re-commission tobacco and smoking services to provide targeted support		TBC	Southwark Council and Southwark CCG
Consider implications of supporting the licensing of tobacco sales		Sept 2016	Southwark Council and Southwark CCG

Health and Wellbeing Board 5. Alcohol		March 2016																										
Definition	DRAFT: Quarterly count of call-outs to London Ambulance Service within the boundaries of Southwark, whether or not patient was conveyed to hospital. Included on the basis of London Ambulance Service coding of ‘alcohol-related’. <i>Data source: SafeStats, Greater London Assembly.</i>	How this indicator works	This indicator looks at the acute effects of alcohol misuse and provides us visibility of the ‘iceberg above the water’ The indicator looks at a relatively tight definition of alcohol-related harm as recorded by paramedics. The total count is not so important, but the change year-on-year will provide a direction of travel that adjusts for seasonal variation.																									
What good looks like	A reduction in quarterly year-on-year call-outs coded as being ‘alcohol-related’.	Why this indicator is important	This is one of the few data-sources available in a timely fashion and which will enable updating on a quarterly basis. It provides a sensible estimate of the quantum of alcohol-related <b>morbidity, disorder/antisocial behaviour</b> and <b>service costs</b> within the boundaries of Southwark. Moreover, we believe it will be sensitive to Southwark Council and CCG’s levers to reduce the burden of alcohol misuse.																									
History with this indicator	This is a new indicator that is collected using local data.																											
<table><thead><tr><th>Quarter</th><th>2014</th><th>2015</th><th>Change</th><th>Significance</th></tr></thead><tbody><tr><td>First Quarter</td><td>~360</td><td>~250</td><td>DOWN 29%</td><td>p &lt; 0.001</td></tr><tr><td>Second Quarter</td><td>~340</td><td>~300</td><td>DOWN 12%</td><td>NS</td></tr><tr><td>Third Quarter</td><td>~360</td><td>~370</td><td>UP 4%</td><td>NS</td></tr><tr><td>Fourth Quarter</td><td>~380</td><td>-</td><td>-</td><td>-</td></tr></tbody></table>		Quarter	2014	2015	Change	Significance	First Quarter	~360	~250	DOWN 29%	p < 0.001	Second Quarter	~340	~300	DOWN 12%	NS	Third Quarter	~360	~370	UP 4%	NS	Fourth Quarter	~380	-	-	-	<p>Graph: Alcohol-related ambulance callouts made within the boundaries of the London Borough of Southwark 2014-2015 (2015 Q4 soon to be available) Source: SafeStats, Greater London Assembly, 2016.</p>	
Quarter	2014	2015	Change	Significance																								
First Quarter	~360	~250	DOWN 29%	p < 0.001																								
Second Quarter	~340	~300	DOWN 12%	NS																								
Third Quarter	~360	~370	UP 4%	NS																								
Fourth Quarter	~380	-	-	-																								

<b>Performance Overview</b>	There is a significant reduction in alcohol-related ambulance call-outs for the first quarter 2015, but with no statistical change for the second and third quarters.	<b>RAG rating</b>	AMBER
<b>Benchmarking</b>	Benchmarked against same quarter in the previous year. We aim to develop this indicator to consider statistical neighbours, allowing us to identify broader population trends or changes to the reporting regimen.		
<b>Actions to sustain or improve performance</b>		<b>By when</b>	<b>Partner agency</b>
Increase commitment and resource to Identification and Brief Advice (IBA) through general practice or broader 'Make Every Contact Count' (MECC) work in hospitals and elsewhere.		To be discussed	CCG and Acute Trusts
Consider the roll-out of IBA to social care services		To be discussed	Southwark Council and partners
Strengthen the supply-side constraints through licensing and the development of cumulative impact zones (CIZs)		On-going, but plan for CIZ work to conclude by end of 2016	Southwark Council and partner Responsible Authorities including Metropolitan Police
Refresh Alcohol strategy		2016/17	Southwark Council, CCG and partners

Health and Wellbeing Board 6. Drugs		March 2016	
<b>Definition</b>	Proportion of successful completions of treatment for i. opiate clients and ii. non-opiate clients <u>and</u> who do not go on to re-present to services within 6 months. <i>Data source: Public Health England and local provider.</i>	<b>How this indicator works</b>	This indicator tracks the proportion of clients who complete the drug treatment programme for different classes of drug misuse. It is a measure of the retention of clients in the programme, with the assumption that as more people complete treatment, fewer will go on to have continued drug dependency or relapse. It is used nationally as a quality indicator for drug treatment services.
<b>What good looks like</b>	Remaining in the top quartile of comparator local authority areas.	<b>Why this indicator is important</b>	This indicator assesses the outcomes of the drug treatment service commissioned by Southwark Council. It is however focused on those at the more severe end of the spectrum – typically already dependent.
<b>History with this indicator</b>	This is a national indicator, but will be recorded and accessed locally.		
	<i>The provider of these services is new and began their operation on 4 January 2016. With issues around the coding of data being particularly important for this metric, it would be not be sensible to present the existing data. On the basis of regional averages, approximately 8% of opiate users complete treatment and 40% of non-opiate users complete treatment. We are discussing the timeliness of reporting this indicator with Public Health England as there are restrictions on some data being released before year's end and data assurance is completed.</i>		
<b>Performance Overview</b>	Not applicable at this time.	<b>RAG rating</b>	AMBER
<b>Benchmarking</b>	Benchmarked against comparator boroughs.		
<b>Actions to sustain or improve performance</b>		<b>By when</b>	<b>Partner agency</b>
For discussion once baseline has been identified.			
Develop substance misuse strategy			

Health and Wellbeing Board			
7. Reduce the numbers of people contracting HIV and other sexually transmitted infections			
March 2016			
<b>Definition</b>	Proportion of eligible people who access a sexual health testing service (clinic or online) who have an HIV test.	<b>How this indicator works</b>	The number of eligible new GUM episodes plus online contacts where a HIV test was accepted as a proportion of those where a HIV test was offered. Data from SH24 will be added from June 2016 to get a more complete picture of testing across the borough.
<b>What good looks like</b>	At least 77.5% of people eligible for an HIV test are tested when they access sexual health services.	<b>Why this indicator is important</b>	HIV testing is integral to the treatment and management of HIV. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of transmission.
<b>History with this indicator</b>	76.7 of Southwark clinic residents who access a clinic have an HIV test (SH24 data to be added).		

Description	2015/16 Target	2016/7 Target	2014/15 Year-end performance	Q1 2015/16 Performance	Q2 2015/16 Performance	Q3 2015/16 Performance	Q3 2015/16 Benchmarking
Reduce the numbers of people contracting HIV and other sexually transmitted infections							
Proportion of eligible people who access a sexual health testing service (clinic or online) who have an HIV test	76.5%	77.5%	N/A	N/A	N/A	86% (since March 2015)	N/A
Proportion of SH:24 service users who have not been to an STI clinic before	Monitor over time to get baseline	TBC	N/A	N/A	N/A	20.2% (since March 2015)	N/A

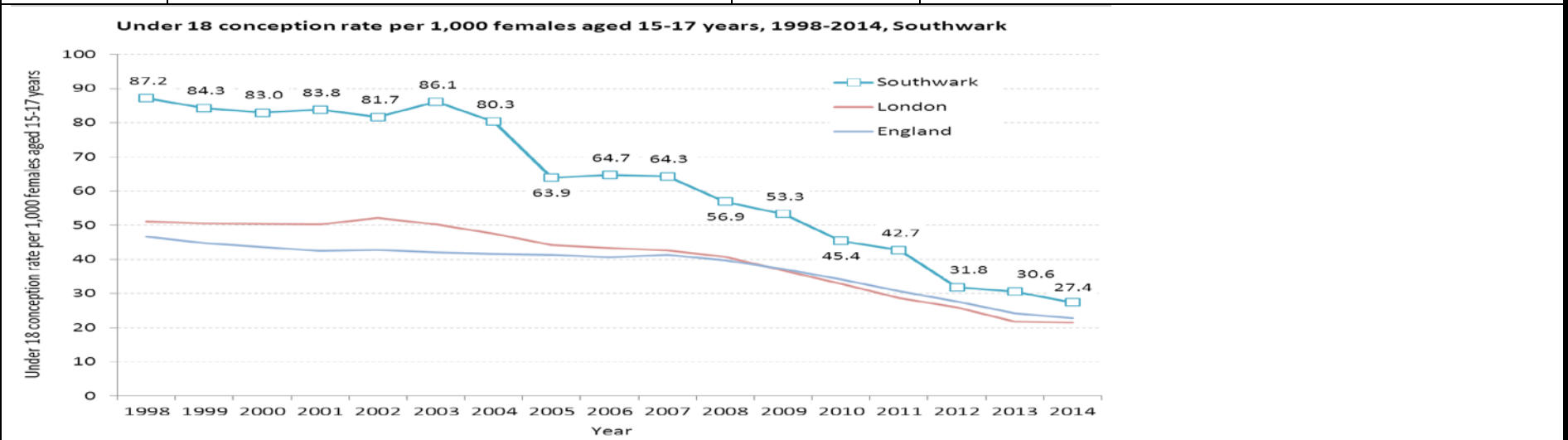


Total number of tests returned by SH:24 service users	6,107 (74%) ( to June 2016)	TBC	N/A	N/A	N/A	74% (since March 2015)	N/A
SH:24 is a new service which provides free and confidential sexually transmitted infection (STI) testing that can be accessed 24 hours a day. Data is currently reported for Southwark & Lambeth with some targets reported over a 15 month period. Targets for 2016-17, that report for Southwark only, will be proposed once baseline data is available.							

<b>Performance Overview</b>		<b>RAG rating</b>	RED
<b>Benchmarking</b>	London (GUM services only) 77.5%		
<b>Actions to sustain or improve performance</b>		<b>By when</b>	<b>Partner agency</b>
Focused prevention and HIV testing awareness amongst black African groups through the new RISE NAZ partnership.		March 2017	NAZ and RISE
Increased uptake of HIV testing amongst eligible groups by examining current barriers to testing.		March 2017	SH24

8. Sustain the reduction in teenage pregnancy

<b>Definition</b>	Under 18 conception rate (reduction trend).	<b>How this indicator works</b>	This indicator shows number of conceptions to women aged 15-17 per 100 women of that age.
<b>What good looks like</b>	No yearly increase in the conception rate amongst women aged 15-17.	<b>Why this indicator is important</b>	Teenage pregnancy is associated with poorer outcomes for young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.
<b>History with this indicator</b>	Southwark now has the third greatest reduction in teenage conceptions within London. We want to sustain this trend.		



<b>Performance Overview</b>		<b>RAG rating</b>	GREEN
<b>Benchmarking</b>	London		
<b>Actions to sustain or improve performance</b>		<b>By when</b>	<b>Partner agency</b>
Healthy schools – increase the participation of Secondary Schools in the London Healthy Schools Programme		March 2018	Education, Schools, GLA
Condom scheme – increase the number of venues distributing condoms and health promotion contacts with young people		March 2017	Brook
Contraception – increase the number of women at risk of unplanned pregnancy on long acting reversible contraception		March 2017	Brook, GSTT, Kings, SH24, Primary Care and Pharmacy

**NOTE:** Amendments/queries to Everton Roberts, Constitutional Team, Tel: 020 7525 7221

Name	No of copies	Name	No of copies
<b>Health and Wellbeing Board Members</b>		<b>Officers</b>	
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