JOINT LOCAL HEALTH AND WELLBEING STRATEGY 2023- 2028 CONSULTATION **Appendix 1**

Introduction

Welcome to the consultation on the Barking and Dagenham plan for improving health, wellbeing and reducing health inequalities. Improving and protecting health needs a shared vision and agreed actions across our communities, so diverse experience and insight will be critical to success. Please contribute and encourage as many others as possible to also do so!

This framework sets out a renewed vision for improving health and wellbeing of our residents and communities and reducing inequalities by 2028. It reamplifies key themes and outcomes from the 2019-2023 strategy – which are still relevant - and refines how we will deliver these over the next 5 years. It recognises and harnesses our new partnerships, with a particular focus on ensuring communities are central to coproduction and delivery.

As most issues impacting health are outside of the health service, the heart of this strategy tackles wider determinants of health. It recognises the need for equity by targeting those with experience the poorest and therefore would benefit the most from support, using formal and informal relationships along with connections with residents to ensure services meet individual needs and characteristics of our communities.

Following the publication of the refreshed JSNA (2022) and the Babies, Children's' and Young Peoples Plan, it was agreed that the key themes within the current HWB strategy (2019 -2023) (now known as the Local Joint Health and Well Being Strategy (JLHWBS)) remain but is refreshed in the context of the new NHS Integrated Care System (ICS) and in the aftermath of the COVID-19 pandemic and the current 'cost of living crisis' for the period 2023 -2028 (as recommended in the Director of Public Health's report 2021-22).

The strategy is being refreshed at a time of significant transformation to the NHS and wider health and care system. Changes from central government require organisations responsible of health and care services to form place-based partnerships. These partnerships will have key role in delivering wider programmes to promote health and wellbeing and integrate services to improve health and experience of care for local people.

An initial programme of community engagement was undertaken to help define 'what good looks like' against the agreed priorities; headlines of which are included. This consultation now takes the plans to a wider audience. We want to ask residents and other stakeholders, what actions we should focus on in our strategy. Your views are vital to help ensure that together we can make a real and sustainable difference in B&D.

And we want work with residents, to take your feedback and suggestions and co-develop an action plan. This will include a range of approaches that aim to hear from as many people as possible. It may include surveys, workshops, meetings, data benchmarking and focus groups with people.

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Our Population and Its Health Challenges

Barking and Dagenham is the most deprived borough in London, based on Index of Multiple Deprivation score (32.8)[1] and is ranked 5th in London on the related Income Deprivation Affecting Children Index (IDACI) score, a measure of child poverty, which assesses the percentage of all children aged 0 to 15 years who live in income deprived families (23.8%).[2] Furthermore, B&D had the highest percentage of children aged under 16 living in absolute low income families in London (21.2%) in 2020/21.[3]

Around 218,900 people live in Barking & Dagenham and although the local population is the 10th lowest in the London boroughs, it has seen the 2nd highest growth in numbers in recent years. Between 2011 and 2021, the population size of the borough increased by 17.7%, from around 185,900 to 218,900.[4]

Our local population is young, with an average age of 33 years old, and the highest proportion aged under 18 within England and Wales (28.9%). Nearly a quarter (23.6%) of the borough's population are aged between 5-19 years old and almost a third (31.5%) are aged 19 and under. This younger population has also showed considerable growth in the number of residents aged 5-9 (28%), 10-14 (43%) and 15-19 years old (20%), in the decade leading up to the 2021 Census.[5]

Although nearly six in ten local residents (c.128,500 people) were born in the UK (58.7%), the borough has a **diverse population**, in which 44.9% are White, 25.9% Asian, 21.4% Black, 4.3% Mixed and 3.6% of Other ethnic groups.[5]

In 2018-2020, **life expectancy** in the borough for both men (77.0 years)[6] and women (81.7 years)[7] has reduced and is significantly worse than the national averages. We also have the highest rate of **premature mortality** in London, with 449.3 deaths per 100,000 people aged below 75, compared to 316.1 for London overall.[8]

Both **cancer and cardiovascular disease** (CVD) remain major killers in B&D and contribute to the gap in life expectancy for residents. However, a significant proportion of these cases are caused by avoidable and essentially preventable lifestyle choices and behaviours linked to smoking, alcohol and obesity.[9]

We also had the highest rate of **premature (<75 years) mortality from cardiovascular diseases** in London for 2020, with a rate of 137.1 per 100,000, which is also significantly higher than both London (72.3 per 100,000) and England (73.8 per 100,000).[10]

Barking & Dagenham has some of the worse outcomes for **long term conditions (LTCs)** in London. For example, in 2020/21, 70 children (aged under 19) from Barking & Dagenham (B&D) were admitted to hospital for asthma, which represents a rate of 104.8 per 100,000. This rate was the 4th highest of the London local authorities and significantly higher than the rates for London (72.9 per 100,000) and England (74.2 per 100,000).[11]

However, the number of people with **long term conditions (LTCs**) is substantially lower than expected, indicating that many cases currently go undiagnosed and untreated.

For adults, the borough had the 3rd highest rate of emergency hospital admissions for **COPD** in 2019/20, with a rate of 597 per 100,000, which was significantly higher than both London (358 per 100,000) and England (415 per 100,000).[12]
And the highest mortality rate from COPD in London at 74.5 per 100,000, significantly worse than both London (39.7 per 100,000) and England (43.3 per 100,000).[13]

Smoking is the leading preventable cause of ill health and mortality in B&D and although there has been a national decline in smoking prevalence since the 1950s, 11.3% of adults in Barking & Dagenham in 2021 are current **smokers**, which is similar to both London (11.5%) and England (13.0%).[14] However, higher smoking prevalence is found within the more deprived communities in the borough, as well as those people with severe mental illness, contributing significantly to health inequalities.

The percentage of women in the borough smoking at the time of delivery has also shown a significant decrease over the last decade falling from 13.1% (in 2011/12) to 4.5% in 2021/22, which is significantly lower than in England overall (9.1%).[15] In contrast, smoking attributable mortality, as well as smoking attributable deaths from cancer, in Barking & Dagenham, have in recent years been the highest in London at 280.9 per 100,000 and 115.7 per 100,000 respectively.,[16,17]

Smoking is also linked to the delivery of low birth weight babies and premature births. For premature births (i.e. those less than 37 weeks gestation), Barking & Dagenham has the 3rd highest rate in London (89.1 per 1,000), and significantly worse (higher) than London (76.4 per 1000) and England (79.1 per 1,000).[18] In addition, our borough is significantly worse than England on low birth weight of term babies with a rate of 3.8%, compare with 2.8% nationally.[19]

The borough has the highest prevalence of **obesity** in London for Reception Year (14.8%)[20] and Year 6 children (33.2%),[21] both of which are significantly higher than regional and national averages. Similarly, the borough has the 3rd highest proportion of obese adults (28.6%) within the London local authorities.[22]

In the year ending January 2023, there were 3,557 **domestic abuse offences** recorded by the Metropolitan Police for Barking & Dagenham, representing a rate of 16.6 per 1,000, which is the highest rate within the London boroughs. This rate was a 4.2% increase on the previous year and a 14.8% rise on the previous month. Of these offences, 780 were domestic abuse violence with an injury.[23]
It is estimated that 75.43 per 1000 children aged 0-4 years old in Barking & Dagenham live in households where a parent is suffering domestic abuse, compared with the national rate of 71.33 per 1000.[24]

Overall, in the year ending January 2023, there were 114.4 crimes per 1,000 people in Barking & Dagenham, which is higher than the rate for London (108.7 per 1,000 population).[25]
Similarly, for 2021, the borough had the 5th highest rate of first-time entrants into the youth justice system in London, with a rate of 256.0 per 100,000, which was significantly higher than the national rate (146.9 per 100,000).[26]

Between 2019/20 and 2021/22, the rate of households in **temporary accommodation** in B&D fell significantly from 20.7 to 17.8 per 1,000. However, the borough still had a significantly higher rate than both London (16.3 per 1,000) and England (4.0 per 1,000), on this measure of homelessness.[27]

In 2021, Barking & Dagenham had the **highest percentage of its economically active population unemployed of all the London boroughs** (7.6%).[28] During 2021/22, the borough also had the 3rd lowest percentage in London of people in employment (67.6%).[29] Fuel poverty in Barking & Dagenham

was the worse in London, with nearly 14,000 households in the borough (18.6%) experiencing this form of economic challenge, in 2020.[30] In 2021/22, the borough also had the 7th highest percentage of the working population claiming out of work benefits (8.7%).[31]

Our Vision: What do we want to achieve together in Barking and Dagenham?

By 2028, residents in Barking and Dagenham will have improved health and wellbeing, with a reduction in the gap in health inequalities between Barking and Dagenham residents and people living elsewhere.

Our residents will have increased resilience, empowered to thrive, not just survive, in the face of adversity and will have opportunities to achieve their full potential.

Our residents will benefit from coproduction and partnerships around their needs and priorities.

1. Do you agree with this vision?
2. If not, what would you add/take away?

Themes

The strategy will be based on three themes. The following sets the vision for each of these themes, but this strategy will focus on the actions for the Health and Well Being Board over the next five years.

Best Start in Life
Every baby, child, young person and their families gets the best start; is heathy, happy and achieves; thrives in inclusive schools, settings and communities; are safe and secure, free from neglect, harm and exploitation; and grow up to be successful young adults.

Living Well
Our residents will be empowered to thrive and not just survive in the face of adversity and will have opportunities to achieve their full potential.

Ageing Well
Our residents will be empowered to manage their health, including health behaviours, recognising, and acting on symptoms, and managing any long-term conditions.

Our services will allow our residents to have an early diagnosis of health conditions and be provided with appropriate care to manage their condition.

Health and wellbeing will be an asset and enabler for our residents, with health, social care and community services that seamlessly support accessing opportunities (educational, employment, social) and living independently for as long as possible.

3. Do the themes and related visions fit to what you think are relevant to your health and wellbeing?
4. If not, what should we be including?

Principles

The following are the principles which underpin the actions to:

Addressing Health Inequalities

Addressing avoidable differences in health experience between residents is a key underpinning principle in all our work to deliver this strategy.

These differences are a consequence of health events across the life course from pre-birth, and over 80% are unrelated to access to health services.

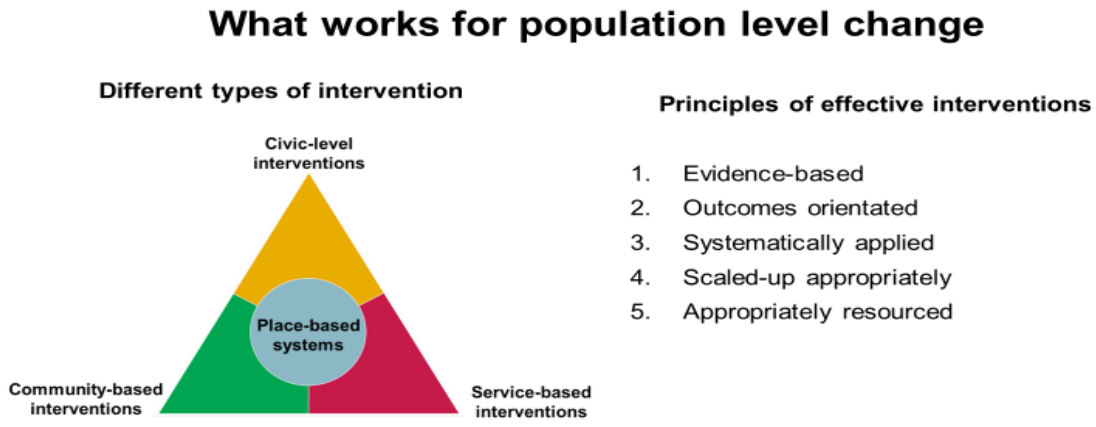
In Barking and Dagenham, residents are exposed to more negative influences on health than those in other local areas, i.e., the highest percentage of households suffering multiple deprivations (68%; Census 2021). This will be exacerbated by the 'cost-of-living crisis', with B&D residents having the fourth highest vulnerability to it out of 307 local areas[32].

There are a range of frameworks *(Addressing health inequalities through collaborative action Briefing note PHE 2021)* which exist and can be applied to addressing health inequalities through systems and at scale, depending on different audiences, contexts or priorities. However, the majority of these have the same underpinning principles of:

- Action on the determinants of health
- Whole systems working
- Evidence-based action at scale **
- Strong leadership and community involvement or asset-based approaches

Taking place-based action

To make a meaningful difference, effective action is required at civic, service and community levels. System leadership and planning through our new partnership arrangements will ensure action is effective and is meeting needs of our residents.



[32] LBBD Insights Hub, 2022

Taking Action on What Makes Us Healthy

Services have a crucial role in enabling us to be healthy, however improving health and reducing health inequalities requires us to also act on the 80% of health determinants outside of healthcare. Working across partnerships which places the assets and needs of individuals and communities at the centre can enable us to make a real change on 'what makes us healthy' (Health Foundation, 2019).

Coproduction with Communities

At the forefront of action is a genuine commitment to the value of relationships and coproduction with residents in designing or delivering changes in services, to meet the individual assets and needs of our communities.

This will take the form of working with the following range of Community-centred approaches[33] for health and wellbeing:

- **Strengthening communities** – where approaches involve building on community capacities to take action together on health and the social determinants of health.
- **Volunteer and peer roles** – where approaches focus on enhancing individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities.
- **Collaborations and partnerships** – where approaches involve communities and local services working together at any stage of planning cycle, from identifying needs through to implementation and evaluation.
- **Access to community resources** – where approaches connect people to community resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation.

[33] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768979/A_guide_to_community-centred_approaches_for_health_and_wellbeing__full_report_.pdf

Integrated Health and Care

Building on lessons from COVID-19 and the cost-of-living crisis, and new opportunities arising from working in a 'place' way across sectors with residents at the heart, we will work to ensure that residents can access the right support, at the right time in a way that works for them. It requires understanding the respective assets and roles across NHS, social care and community sectors, as well as our communities themselves. 'Shifting the centre of gravity' to make place-based, person centred health and care a reality can be supported by the following principles:[34]:

- ***Subsidiarity*** - System leaders committed to making decisions at the most local level, as close as possible to the communities that they affect.
- ***Building on what already works locally*** – Building on and expanding partnership already working effectively to plan and deliver joined-up, person-centred services.
- **A person-centred approach** – Co-production to plan and deliver care and support with individuals and, where they wish, with their families, to achieve the best outcomes.
- **A preventative, assets-based population health approach -** Maximising health and wellbeing, independence, and self-care in or as close to people's homes as possible in order to reduce their need for health and care services.
- **Achieving best value** – Working together to ensure delivery of care and support represents the best value, including, of securing the best possible health and wellbeing outcomes using safe and high quality services, while ensuring the sustainable use of resources.

5. Do the principles align with those you feel are important?
6. Do you have any to add?

[34] Shifting the centre of gravity: making place-based, person-centred health and care a reality (local.gov.uk)

What are we trying to achieve?

Best start in life

We want our babies, children, and young people to:

- Get the best start, be healthy, be happy and achieve.
- Thrive in inclusive schools and settings, in inclusive communities.
- Be safe and secure, free from neglect, harm, and exploitation.
- Grow up to be successful young adults.

Living well

We want our residents to not just survive, but to thrive and realise their potential by improving:

- Multi-agency support for those with Adverse Childhood Experiences
- Access and outcomes in education, employment & skills
- Physical & mental wellbeing

Ageing well

We want our residents to live healthily for longer by:

- Being empowered to manage their health, including health behaviours, recognising and acting on symptoms and managing any long-term conditions.
- Having increased opportunities to have an early diagnosis of health conditions and be provided with appropriate care to manage their condition and before their condition becomes more serious.
- Being supported by health, social care and communities that ensure health and wellbeing is an asset and enabler to accessing opportunities (educational, employment, social) and living independently for as long as possible.

7. Do these cover the areas required?
8. If not, what else is needed?

How are we going to get there?

The Joint Health and Wellbeing Strategy 2019 – 23 was initially co-produced with residents and as part of this 22/23 refresh we went back to the community by One Borough Voice survey- asking them to sense check the existing priorities. We also considered engagement already carried out across the borough.

Outputs of engagement with relevant professional stakeholders and children, young people and parents/carers (as part of the Best Chance Strategy creation) have been taken into account. Outcomes children, young people and families want the most were:

- To feel proud to live in B&D
- To feel safe in all parts of the borough, including school
- Easily access the right support for their mental health
- To be satisfied with life and feel positive about the future
- Know their views are actively listened and responded to
- Have a plan for the future and feel empowered to achieve it
- Have school support them with being their best and prepare them for adulthood

Outcomes from engagement across 55 focus groups with residents and professionals within the borough for the B&Ds Domestic Abuse Commission Report, 2021 has also been reflected upon. Outcomes survivors wanted were:

- To have available professionals and services and to be clear on where to get support
- Improved awareness what a health relationship looks like for young people
- Services to be trauma informed
- Improved community awareness of domestic abuse
- Perpetrators to be held accountable for their actions
- Support to be available through community groups and spaces
- Children to be safe and have their needs met

These will inform delivery plans within this strategy and set out what we want to achieve in Barking and Dagenham, the principles detail our commitments within this.

More recently, Healthwatch spoke to adults regarding the other priorities and obtained feedback on opportunities to be healthy, impacts of health on work and training opportunities and how residents wish to be supported around any long-term conditions. Individuals fed back that:

- They'd most like to receive a diagnosis of a LTC and receive ongoing advice and support from: trained people locally and within places they frequently visit, e.g. places of worship
- The types of support/information that they'd find useful following a diagnosis and to live well with a condition is: self, peer and family support; improved experiences during service transitions and reliable online sources of support such as Diabetes, BP UK and the NHS.
- The greatest barriers to achieving change were: cost; identifying trustworthy sources of information (especially online/ social media platforms); suitable options for support.

9. Does this match your thinking about the outcomes we should work towards?
10. If not, what would you like to add?

Co-production

Working in partnership to design and deliver support together

The strategy's focus includes a core commitment to working in creative partnerships with communities to achieve our aims - to reduce health inequalities so no-one is left behind.

We know that communities know best about having access to the right services, in the right place, at the right time. And communities know best if services are accessible for the people who need them.

We want to work with communities who face the most inequalities to achieve lasting change – with communities feeling more empowered to participate and lead themselves.

We want to develop ways that will better enable our residents and our communities to take part in thinking of and developing solutions together - that help improve health and well-being in B&D and to help us understand progress in delivering our action plans.

To help do this we are proposing that we will focus in year one on:

- Finding new and creative ways of bringing people together to share experiences, ideas and voices
- Developing a new approach to future resident and community engagement and participation in health and well-being services– working with residents and communities to do this
- Using data, to understand our population- particularly our underserved communities better and consider the relevant approaches required for working together
- Co-creating and co-developing specific actions to deliver this strategy, culminating in co-produced action plan

Our long-term aim is to develop approaches that better enable and empower local communities to shape and contribute to how the HWB strategy tackles health inequalities and improves health and well-being on an ongoing basis.

We know we cannot do this alone.

Developing our approach to co-production

We want to develop our approach to co-production in partnership and to work with a wide range of people, professionals and organisations to do this. We are committed to making this work and the following principles will be part of how we do this:

- Involve everyone who will be taking part in co-production from the start.
- Value and reward people who take part in the co-production process.
- Ensure that there are resources to cover the cost of co-production activities.
- Ensure that co-production is supported by a strategy that describes how things are going to be communicated.

We are proposing to establish resident and community led forums that can better contribute to the development of our strategy and the monitoring of progress over time. We also propose to use these, and other approaches such as surveys; focus groups; work with specific groups of people and service users and broad resident and community engagement to strengthen our approach to co-production.

By doing this we want to build co-production into the following activities as part of what we do:

- **Co-design**, including planning of services and support
- **Co-decision making** in the allocation of resources and funding
- **Co-delivery of services** including the role of volunteers in providing services

- **Co-evaluation** of services and performance

11. What ways would you like to be involved in improving the health and well-being of residents?
12. Do you agree with the proposed activities for co-production? What is missing / what would you add?

How we will we deliver our agreed outcomes over the next 5 years?

Priorities

The JSNA has been complemented by other important sources (such as the 2021 Census) to formulate a set of key priorities agreed by the Place Based partnership. These relate to:

- Improving outcomes for people with long term conditions in children and adults,
- Addressing obesity and smoking in children and adults,
- Providing the best start in life for our babies, children, and young people.
- Preventing and addressing domestic abuse
- Preventing the exposure to and the consequences of adverse childhood experiences
- Addressing wider determinants of health for example unemployment, poor housing, low level of training, education, and skills development.

Proposed Actions

Strategic Leadership

For a place to be effective in delivering systematic system wide place or population action at scale to address health inequalities the following needs to be in place[35]:

1. A create vison and strategy with measurable goals, coordinating targeted action at all levels
2. System leadership and accountability for action on health inequalities
3. As system approach to data linkage and data and evidence driven policy and intervention development and implementation
4. Building the evidence base of what works
5. Improve system capability for action on health inequalities and wider determinates of health
6. Use of systematic assessment tool to drive multi agency cross system action on health inequalities and wider determinants.
7. Use of systematic assessment tools to drive multi-agency cross system action
8. Comprehensive engagement to magnify community voice

[35] https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report

Delivering Priorities

Providing the best start in life for our babies, children, and young people.

- To be healthy, be happy and achieve by:
  - Increasing access to services including maternity, health visitors and early help provision
  - Tackling early causes of childhood neglect
  - Improve poor perinatal mental health and domestic abuse.
  - Improve uptake of breastfeeding, immunisations and two-year-old checks
  - Improve education outcomes and standards.
  - Reducing obesity
- To grow up to be successful young adults by:
  - Access good quality youth support
  - Increase feelings of safety through reducing serious violence, offending and reoffending
  - Proving supportive pathways into adult services
  - Improving local employment and training offer
  - Provide positive diverse and inclusive role models.
- To thrive in inclusive schools and settings, in inclusive communities by:
  - Access Early Help and Support For CYP and Families with SEND and Social and Emotional Support (including through transitions)
- To be safe and secure, free from neglect, harm and exploitation
  - Support good child protection and Child Death Overview Panels decisions and outcomes.
  - Develop contextual safeguarding approaches.
  - Care for children in care and care leavers

Preventing the exposure to and the consequences of adverse childhood experiences[36].

Action will include:

- Building resilience through, for example: parenting programmes/strengthening families; mentoring interventions; school-based programmes to develop life skills; psychological support to deal with negative impacts of ACEs; community based programmes that strengthen local resources and relations
- Alerting norms of behaviour and environments that promote ACEs.
- Developing Trauma Informed communities[37].

  Through:
  - Implementing the national 'Start for Life' programme,
  - Build on the delivery of the Healthy Child Programme
  - Setting up three locality-based Family Hubs as the focus for integrated working across the system and Family Hub networks in the borough.

[36] 2023-01-state-of-the-art-report-eng.pdf (ljmu.ac.uk)

[37] Trauma informed practice (TIP) can support individuals affected by ACEs and avoid re-traumatisation, For those affected by TIP is being used across a variety of services, including health, schools and criminal justice. There is no standard definition but it is said to be an approach which realises the widespread impact of trauma and understands potential paths for recovery, recognises the sings and symptoms of trauma in clients, families, staff and others involved with the system, responds by fully integrating knowledge about trauma into policies procedures and practices, and seeks to actively resist re-traumatisation.
Christian CW, Committee on Child Abuse and Neglect, American Academy of Paediatrics. The evaluation of suspected child physical abuse. Paediatrics. 2015, 135(5):e1337–54

Living Well

Addressing unhealthy weight and smoking in children and adults

Action will include:

- Development of a **system wide approach needed to address unhealthy weight** including integrated support for those living with unhealthy weight, increasing access to safe open spaces for walking and cycling, opportunities for physical activity and enabling healthier diets are important contributions to a thorough obesity strategy.
- Develop system wide approach to **reducing smoking** – including stopping children starting and providing access to evidence-based stop smoking services

Preventing and addressing domestic abuse

Action will include:

- Deliver Barking and Dagenham Domestic Abuse Improvement Programme
- Leading the delivery of a broader Public Health Approach to addressing domestic abuse

Addressing wider determinants of health for example unemployment, poor housing, low level of training, education, and skills development

Action will include:

- Delivering a Health in all Policies approach (linking to the themes[38] identified within the Barking and Dagenham Together vision document 2017 – 2237) within all partners responsibilities, to enable opportunities for people to realise their potential through training, education, skills development, and good employment.
- Supporting housing policy which improves health and wellbeing
- Deliver action on air quality to improve health.
- Public sector partners will develop their roles as an anchor institution.
- Deliver the Serious Violence duty to reduce child exploitation and crime.

Ageing Well

Improving health and wellbeing for residents, particularly those with long term conditions.

Action will include:

- Providing appropriate and accessible services and support for residents to prevent development of health conditions.
- Supporting residents to understand when and how to access services for the assessment and management of long-term conditions.
- Ensuring more residents with health conditions are assessed, identified and provided with condition management as early as possible.
- Development of integrated teams of teams that allow residents to receive the support and care they need to allow their health and wellbeing to enable to access opportunities and live independently for as long as possible.
- Development and delivery of a digital transformation strategy for Care and Support.

13. Have we covered all the action areas you expect us to deliver?
14. If not, what have we missed?

[38] These are: employment skills and enterprise; education; regeneration; housing, health and social care; community and cohesion; environment; crime and safety; fairness; arts culture and leisure https://www.lbbd.gov.uk/sites/default/files/2022-09/Barking-and-Dagenham-Together-Borough-Manifesto.pdf

How will we know we have been successful?

- Each priority/theme will have several **outcomes** (short medium and long term- up to 5 years).
- **Measures (Performance indicators)** will be identified against which progress with be tracked, to deliver improvements to health and wellbeing and reduce health inequalities.
- A detailed set of **delivery plans** will be developed to describe activity to achieve the agreed measures.
- Responsibility and accountability for delivering these plans with be both the Adult and Best Chance for Children and Young People Delivery Groups.

15. What should we measure to demonstrate we have achieved our actions?

SUMMARY OF QUESTIONS

Vision

1. Do you agree with this vision?
2. If not, what would you add/take away?

Themes

3. Do the themes and related visions fit to what you think are relevant to your health and wellbeing?
4. If not, what should we me including?

Principles

5. Do the principles align with those you feel are important?
6. Do you have any to add?

What are we trying to achieve?

7. Do these cover the areas required?
8. If not, what else is needed?

How are we going to get there?

9. Does this match your thinking about the outcomes we should work towards?
10. If not, what would you like to add?

Co-production

11. What ways would you like to be involved in improving the health and well-being of residents?
12. Do you agree with the proposed activities for co-production? What is missing / what would you add?

How will we deliver our agreed outcomes over the next 5 years?

13. Have we covered all the action areas you expect us to deliver?
14. If not, what have we missed?

How will we know if we have been successful?

15. What should we measure to demonstrate we have achieved our actions?

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