

CABINET

28 SEPTEMBER 2010

REPORT OF THE CABINET MEMBER FOR HEALTH AND ADULT SERVICES

Title: Barking & Dagenham Partnership Health & Wellbeing Strategy	For Decision
Summary: <p>.</p> <p>In Barking and Dagenham our residents are not as healthy as they should be. Compared to other parts of the country they don't live as long, with many dying earlier from cancer or heart disease. Much of the state of poor health and well being is attributed to the manner in which local residents live their lives.</p> <p>The Health & Wellbeing Strategy sets out the 10 health and wellbeing priorities for the next three years. These will drive the combined efforts of the partnership that consists of the Council, NHS Barking and Dagenham, the Police, statutory providers, the voluntary sector, local employers and a range of important elements of the local community.</p> <p>The Health & Wellbeing Board has recommended the strategy to constituent organisations of the Barking and Dagenham Partnership.</p> Wards Affected: All	
Recommendation(s) <p>The Cabinet is recommended to:</p> <ul style="list-style-type: none">(i) Adopt the Health and Wellbeing Strategy appended to this report; and(ii) Note that the Health and Wellbeing Board will monitor progress against action plans and key performance indicators.	
Reason(s) <p>To assist the Council and its partners in achieving the community priorities, working together for a borough in which local people can enjoy better health and well being through the addressing of health inequalities.</p>	
Comments of the Chief Financial Officer <p>The report has been noted and there are no specific comments.</p>	
Comments of the Legal Partner <p>The report has been noted and there are no specific comments.</p>	

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1. Background

- 1.1 In Barking and Dagenham our residents are not as healthy as they should be. Compared to other parts of the country they don't live as long, with many dying earlier from cancer or heart disease. Much of the state of poor health and well being is attributed to the manner in which local residents live their lives. Asthma, diabetes and lung conditions affect daily life and independence. Sexually transmitted diseases impact on relationships and the ability to have children; unwanted teenage pregnancy can adversely affect the development of parents and children; alcohol related domestic violence wrecks families. In Barking and Dagenham lower levels of immunisations for childhood diseases mean days off school and for parents, days away from work. Residents rarely take up the opportunities for screening and health checks leaving them exposed to long term disability and even early death.
- 1.2 Nearly one in three of the local adult population smokes. Over four out of every ten of our children in Year 6 are overweight or obese. A third of young people in the borough do not engage in regular exercise. Alcohol abuse is a key factor in over 3,700 cases of domestic violence every year. Our children are not immunised to the levels that are safe for the community.
- 1.3 To address these issues our Health & Wellbeing Strategy sets out the ten health and wellbeing priorities for the next 3 years. These will drive the combined efforts of the partnership that consists of the council, NHS Barking and Dagenham, the Police, statutory providers, the voluntary sector, local employers and a range of important elements of the local community.

2. Proposal - The Health and Wellbeing Strategy

- 2.1 The Health and Wellbeing Strategy addresses health in its broadest sense and links directly to the Community Strategy. The strategy evidences the commitment to reducing health inequalities and making good health and positive well being a reality for everyone in Barking and Dagenham. The strategy is attached at **Appendix 1**.
- 2.2 The 10 Health and Wellbeing Priorities are as follows:
 1. Smoking – Lead: Darren Henaghan (LBBDD)
 2. Physical activity – Lead: Paul Hogan (LBBDD)

3. Health Easting – Lead: Matthew Cole (PCT/LBBD)
4. Depression and Emotional Wellbeing – Lead: David Horne (NELFT)
5. Sexual and Reproductive Health – Lead: Christine Pryor (LBBD)
6. Screening and immunisation – Lead: Matthew Cole
7. Health at Work – Lead: Juliet Beal (PCT)
8. Alcohol misuse – Lead: Glynis Rogers (LBBD)
9. Death and Dying: Lead: Sharon Morrow (PCT)
10. Domestic Violence – Lead: Matt Bell, Borough Commander (Metropolitan Police)

2.2 Life expectancy for men and women has improved over the past 10 years rising from 73 years to 76.3 years for men and from 78.8 years to 80.3 years for women. However, life expectancy for men and women in the borough is approximately eighteen months lower than the UK average. Death rates from major causes are higher than the England average. This is evidenced by the high mortality rates for cancers, Chronic Obstructive Pulmonary Disease (COPD) and cardiovascular disease experienced locally.

2.3 There are many relevant national policies that have shaped our strategy of which four are key to determining our approach. These are:

The Department of Health's White Paper: *'Our Health, Our Care, Our Say'* (January 2006) set out a direction based upon early intervention and user choice to tackle inequalities, to improve community based services and to provide support to people with long term needs;

Putting People First (December 2007) sets out the Government's vision for transforming adult social care. At the heart of *Putting People First* is the desire to ensure the best quality of life for older people, people with chronic health conditions, disabled people and people with mental health problems through the concept of 'personalisation' of services;

Equity and Excellence: Liberating the NHS (July 2010) establishes an intention to establish a coherent and strategic Health and Wellbeing Board and approach within local government and a fundamental shift in leadership and responsibility for oversight of public health to local government.

and

The Local Government White Paper, "*Creating Strong and Prosperous Communities*" (2007) gave new drive to joint working across organisations locally to deliver joint objectives within Local Area Agreements.

2.4 Health and wellbeing is not just about the numbers of local residents dying prematurely; educational opportunity, job prospects and independence of living are all compromised by a range of underlying health and social issues including:

- the high numbers of people with long term conditions (for example diabetes, asthma and chronic chest conditions)
- high levels of teenage pregnancy
- rising levels of domestic violence

Behind these lie some profound life style choices of smoking, diet and exercise. Some indicators of the scale of the problem locally include:

- Over 30% of the adult population smoke
- Over 40% of children in Year 6 are overweight or obese
- The large number of young people and adults who do not take regular exercise

These issues are not in themselves unique to the borough and are part of wider societal lifestyle trends. The current economic challenges and likely future financial constraints make a strong and growing partnership essential.

3. Financial Issues

- 3.1 The overall budget for the financial year 2009/10 amounts to approximately £500,000 from NHS Barking and Dagenham. This includes staff costs for the Programme office (£100,000) and funding for Transformation Bids (£400,000). Other mainstream partnership resources (money and people), particularly from NHS Barking and Dagenham, the Council and the Police, are also already committed to most of the priority areas.

4. Legal Issues

- 4.1 The proposed changes being consulted on in the Department of Health White Paper, *Equity and excellence: Liberating the NHS* (July 2010), set a future direction for the Public Health function to sit within local government and for the creation of a statutory Health and Wellbeing Board.

5. Other Implications

5.1 Risk Management

The Health & Wellbeing Board (HWB) meets quarterly to receive updates and progress checks of the Strategy. Key to this is routine performance and risk management which is undertaken by the Executive Group which leads and directs the work of the 10 priority working groups to ensure that there is integration across the groups and to ensure that decisions from the HWB Board are successfully implemented and that regular reporting of progress and performance is reported to the HWB Board.

5.2 Customer Impact

The emphasis of the strategy is on prevention; helping individuals, families, communities and organisations understand what they can do to promote positive health and well being. Making health and well being a personal agenda means that change is most effective when initiated and controlled by individual residents and their family. This means that members of the community need to be actively engaged with information on health and wellbeing and services.

- 5.3 It is expected that there will be a marked increase in the number and range of people who will be accessing health information and making positive choices to improve their health. This will be reflected in increased positive activities such as the utilisation of sports and physical activity programmes, which in turn should lead

to improvements in individual health with improved life expectancy and reduced burden of disease.

- 5.4 In identifying the priorities for action in this strategy, a wide range of health equity audits have been reviewed, alongside significant other local data. This has led to identification of the areas of work which will make the biggest difference to life expectancy for the largest number of people in the borough. Equalities Impact Assessments are then being developed (and reviewed where they already existed) for each individual theme strategy, which will ensure that the actions taken are targeted appropriately with reference to the needs of all equality groups in the borough, and make a positive contribution to tackling health inequalities. The strategic needs expressed through the Joint Strategic Needs Assessment - an important vehicle for providing advice and strategic recommendations on population health to both professionals and public – provides added value over and above more comprehensive locality needs assessments and other intelligence and information.
- 5.5 In delivering the key themes there will be a strong emphasis on social marketing and engagement in order to ensure that messages are tailored and delivered in a way that is accessible and appropriate to the needs of the population.
- 5.6 The next stage will be to assess the impact of the proposed activity programme and marketing plan for the centre in terms of race, equality, gender, disability, sexuality, faith, age and community cohesion.

5.7 **Safeguarding Children**

The safeguarding of children is a core theme across the implementation of the Health and Wellbeing Strategy as it is across the local strategic partnership.

In individual themes there is an explicit discussion of the work in relation to child protection, for example in the sexual and reproductive health theme there is explicit work around the Fraser Guidelines and protecting children from abuse and exploitation. In the Domestic Violence theme there is explicit work on children affected by domestic violence which comes under the remit of child protection, while within Depression there is consideration of the protection of children in families where parents are severely depressed and children may be potentially at risk of neglect.

Safeguarding Adults is a core theme within the strategy by promoting the health and wellbeing of all residents, including our most vulnerable adults. We will enable them to reduce the risk of isolation and disease which often heightens the risk of abuse and neglect.

5.8 **Health Issues**

The overriding objective of the Health and Wellbeing Strategy is to improve life expectancy for local residents and ensure that they can look forward to the same life span as Londoners in more affluent areas. This will be a real measure of reduced health inequalities. Tackling the underlying causes of health inequalities will also make a major contribution to reducing other inequalities in terms of educational levels, employment and housing. To achieve this we need to help local residents to understand those changes that are possible for them personally and to provide support and guidance for them to achieve these changes.

5.9 **Crime and disorder issues**

The Health and Wellbeing Strategy aims to improve outcomes for residents of Barking and Dagenham. Being a victim of crime and anti-social behaviour can have a severe impact on the health and wellbeing of victims and in addition, those who are perpetrators often do not sign up to health services which would give them more positive health outcomes. Two specific areas of the strategy focus on the harm caused to the individual and the community through alcohol and drug misuse and the effects of domestic violence on victims and their children. Addressing these issues through a health and wellbeing approach will deliver early intervention. The strategy aims to work to reduce the prevalence of violent crime and of alcohol related admissions to hospital, to support victims and to ensure that challenge and support is available for perpetrators. Early intervention is crucial and the development of the Independent Domestic Violence Advocacy Service and its extension into the hospital setting will be key in addressing domestic violence. In terms of depression, work is ongoing through the anti-social behaviour strategy to ensure that those with mental health illness are able to access support, be they victims or perceived perpetrators.

6. **Background Papers Used in the Preparation of the Report:**

Specific national policies provide momentum to the ten priorities of this Health and Well Being Strategy. They include:

- **Aiming High for Disabled Children** (Department of Health May 2007)
- **National Alcohol Strategy** (Home Office June 2007)
- **National Strategy for Carers** (Department of Health June 2008)
- **Transforming Local Communities** (Department of Communities and Local Government January 2009)
- **National Dementia Strategy** (Department of Health February 2009)
- **Improving Working Lives** (Department of Health July 2009)
- **New Horizons on Mental health Consultation** (Department of Health October 2009)
- **The NHS Operational Framework for England** (Department of Health December 2009)

7. **List of appendices:**

Health & Wellbeing Strategy