Barking & Dagenham Partnership

HEALTH AND WELLBEING

STRATEGY

2010/11 to 2012/13

CONTENTS

Introduction

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.

General health and well being isn't as good either. 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. Lower levels of immunisations for childhood diseases mean days off school and for parents, days away from work. Residents often don't take up the opportunities for screening and health checks leaving them exposed to long term disability and even early death.

Much of the state of health and well being is down to the way in which residents live. 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.

In this strategy, we set out 10 health and wellbeing priorities for attention over 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 pillars of the local community.

We set out an approach to achieving improvement that makes the issues personal as well as local and borough based. We focus on the gains to be had from service providers working closer together and from developing the contribution of local voluntary and community groups. Above all we aim to prevent problems from occurring.

The economic recession only makes our ambition for health and well being more urgent. There is a risk that the credit crunch will further widen existing health inequalities and increase the financial pressure on individuals and families. Whilst we are working hard to support local people, we also want to help individuals make the lifestyle choices that will save them money and improve their health.

This Health and wellbeing strategy addresses health in its broadest sense and sits within the Community strategy. The challenges are big, but we are committed to reducing health inequalities and making good health and positive well being a reality for everyone in Barking and Dagenham.

Introduction

Through working together we believe that we can have great ambitions for the health and wellbeing of the borough. We see this strategy as reaching every person and family. We will work with local people and our partners to adapt what we do so that each programme is right, whether it relates to the whole borough or to very local neighbourhoods.

The challenges and likely financial constraints make a strong and growing partnership essential. We look forward to seeing this strategy through into action. We hope it will encourage all partners to evaluate the part they play, and could play, in encouraging people to lead healthier lives.

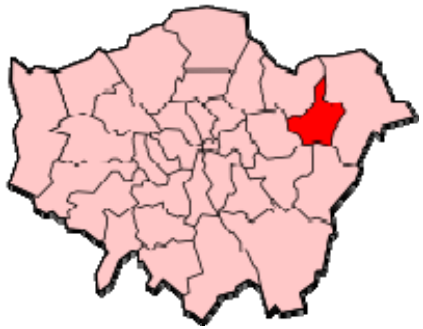
	
Maureen Worby Chair of NHS Barking and Dagenham And Chair Health and Wellbeing Board	Councillor Liam Smith Leader of the Council

What are the key health and wellbeing issues and priorities?

Barking and Dagenham has a population of 170,000 living in just over 69,000 households. The borough is one of the fastest growing in the country, with the population predicted to increase to 208,000 by 2020/21. The borough has a higher proportion of older people and children than the London average. Almost one quarter of the population is aged 0 -15 years, compared to the London average of 19%.

Key issues at a glance:

- Industrial past
- Lack of Investment in health
- Increasing diversity
- Health challenges – mortality (early death), morbidity (illness and disability) , lifestyle, sexual health and mental health



Key facts: population

- Approx 25% of population aged 0-15 years
- 12.% of population 65 years or over
- The borough has the lowest percentage of residents aged 16-74 with qualifications in London
- Population growth predicted to increase by approx 25% over next 20 years
- Increase in proportion of 45-64 age group over next 5 years
- Increase in diversity over next 5 years – growing more quickly than any other part of the country.

Sources: GLA Population Estimates & ONS Experimental Ethnic Estimates (2006 release)

An important recent change has been the rapid rise in the proportion of the borough's population which is made up of black and minority ethnic residents. In 1991, only 7% of the borough's population was non-white. This had risen to nearly 15% in 2001, and is now estimated to be approximately 23%.

The borough is 22nd out of 354 authorities in the Index of Multiple Deprivation, 14 of our 17 wards are in the bottom 20%, none in the top 50%. We have the lowest household incomes in London. Unusually for London, the social and economic characteristics are uniform across the borough with no pockets of deprivation.

What are the key health and wellbeing issues and priorities?

The overall health and health outcomes are not good relative to other parts of the country.

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 1.5 years lower than the UK average**. Death rates from major causes are higher than the England average. This is born out by the high mortality rates for cancers, COPD and cardiovascular disease.

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 who smoke
- Over 40% of children in Year 6 are overweight or obese
- The number of young people who do not take exercise regularly

Key facts: health issues

1. **Smoking** – highest estimated smoking levels in London
2. **Food, weight and exercise** – lowest estimated levels of fruit and vegetable intake and highest level of obesity in London, both in children and adults: for reception aged children obesity prevalence is the 6th worst in the country
3. **Alcohol and other drugs of abuse** – over 1,000 problematic adult drug users, many not receiving treatment
4. **Sexual behaviour** – high teenage conceptions, high abortion rates
5. **Life expectancy** is poor for London, particularly for women, and progress is slow
6. **Death from strokes** – trend has shown a decrease, yet rates in borough higher than both London and England average

These issues are not in themselves unique to the borough and are part of wider lifestyle trends. But many argue that local people have lower expectations and aspirations about their prosperity and well being than others. They accept more than they should and aspire to less. If this is true then we need to do

What are the key health and wellbeing issues and priorities?

more than merely provide information and access to improved care services. We return to this later.

On the basis of the trends and issues above, we have given priority to 10 areas that we believe will have the greatest health and well being impact over the medium and long term.

The priorities are based on life style and risk factors that impact widely on physical and mental health and also limit individual independence and the fulfilment of potential.

They also fit well with other important issues set out in the Community strategy designed to develop a safer, cleaner, fairer, prosperous and successful borough.

Our priorities are:

1. Reducing the levels of smoking
2. Increasing participating in physical activity
3. Promoting healthy eating
4. Providing a broader range of support for depression
5. Improving sexual health
6. Ensuring residents get the benefit of immunisation and screening programmes
7. Promoting health and well being at work
8. Reducing levels of harmful drinking
9. Ensuring the best possible care at end of life
10. Reducing levels of domestic violence

There will be sustained work on these 10 priority areas over the 3 years 2010 to 2013 and we describe what will be involved later in this document.

What are our goals for health and wellbeing in the borough?

Our overriding objective 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 changes that are possible for them personally and provide support to achieve them.

Therefore we are going to achieve major shifts in the following areas:

1. **Personal awareness of current state of health and well being**. We want to ensure that our residents get the screening and health checks that they need. This includes the highest rates of immunisations and screening, dental and vascular checks in particular. The goals include high up take of checks, vaccinations and screening.
2. **Radical shifts in expectations**. We want to see a borough where the norm is not to smoke, to have a balanced diet and to take some form of regular exercise. The goals include much higher smoking quitters, the take up of healthy food options in schools and public restaurants and the numbers who engage in exercise.
3. **Significant reductions in alcohol related domestic violence and crime**. We want to ensure that residents get clear and consistent advice on drinking and health and that they are encouraged and supported to drink at levels that are safe for them personally. The goals include the numbers of people positively reporting drinking safely as well as the reduction in number of critical alcohol related incidents.
4. **A real understanding of the importance of emotional well being and positive mental health for children, adults and families**. This means really impacting on attitudes to sources of stress at school, at home and in the work place with positive encouragement to recognise and then act to prevent ill health. The goals include the number of children, families and adults who are recognised as needing some support and schools and employers who actively promote attention to the issues. We are looking to achieve real reductions in the numbers of attempted suicide as well as reduced numbers who present with depression.
5. **A real shift in young people's understanding and commitment to sexual health and within this choices on when to start a family.** We want to ensure that young people have the means to engage in sex safely if they wish and to avoid the physical and emotional trauma of disease or unwanted pregnancy. Our goals include the up take of screening, education and advice as well as the significant reduction in unwanted pregnancies and diseases.

What are our goals for health and wellbeing in the borough?

Our ten priorities will contribute to and benefit from the work of the other partnerships in the borough. This strategy will then:

- Link to those broader efforts to tackle poverty and social deprivation in the borough
- Help to reduce the impact of poverty and social deprivation
- Strengthen community cohesion
- Give individuals, families and local communities the sense that they can make a difference through their personal actions.
- Continuing to keep people safe.

What is our approach to improving health and wellbeing?

Our general approach is shaped by national policy and thinking, and by local policy and practice.

National policy

There are many relevant national policies of which 3 are key to shaping our approach.

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. The main thrust has been underpinned by subsequent work undertaken by Lord Darzi to develop community based services and to promote quality of care. In particular new services will enable more people to be treated out of hospital and closer to their homes

Putting People First (PPF) (**December 2007**) set out its vision for transforming social care. At the heart of PPF 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.

The agenda set out within PPF calls for significant transformational change extending choice and control to all service users, with improved information and advice.

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 (LAAs).

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)

What is our approach to improving health and wellbeing?

Local policy

In terms of local policy, there are a range of strategies and plans that drive what we need to do and the way in which we go about making change.

The Council's Community Cohesion Strategy: Building a strong Community (2006)

The Partnership's Community Strategy (2008) focuses on five key areas of change to ensure a safe, clean, fair and respectful, healthy, prosperous and successful borough. The supporting arrangements for partnership working recognise the full range of contributions that are required across agencies and community groups to make these changes a reality.

The Children's and Young People Plan (2008/9 Annual Review) emphasises early intervention and effective cross organisation working to delivery progress for the 5 Every Child Matters outcomes. Within Staying Healthy, the priorities for 2009-11 are the reduction of teenage pregnancy, the improvement of sexual health of young people, healthy lifestyles, emotional health and well being and improved services and respite care for children and young people with learning disabilities.

Key local strategies already exist **to address Domestic Violence, Tobacco Control and the misuse of Alcohol.**

Local Practice

The benefit of extensive Borough based programmes has been evidenced by initiatives such as '**Get Wet, Swim for free**' which led to a 30% increase in swimming activity for under 18 year olds. The initiative also benefited the older age group.

The Unique Care Project has brought social care together with healthcare to form a team approach to early intervention preventing admission to hospital.

More locally the development of **Neighbourhood Management** by the local council has demonstrated the benefit of very local dialogue on health and development issues for children.

The Council and the PCT have jointly invested in information and intelligence on the needs of the local community via the **Joint Strategic needs Assessment (JSNA) and the use of Experian**. There is now a wealth of very local information to form the basis of needs assessments, planning, action and then feedback.

Total commissioning work is being led by the Finance and Commercial Department. The total commissioning pilot brings the Council and the PCT together to work during 2010/11 on the commissioning of End of Life Care.

What is our approach to improving health and wellbeing?

Finally the local strategic partnership has reviewed and changed the way in which different partnership boards are working to deliver the Community Strategy. Our own **Health and Well Being Board** is an example of this.

Our approach

On the basis of policy and experience, we have agreed a number of key principles that will inform the way in which we tackle together the 10 priorities. They are as follows:

1. **Putting the emphasis on prevention**. Energy needs to go towards to helping individuals, families, communities and organisations understand what they can do to promote positive health and well being. Working closely with the other partnership Boards will strengthen the impact of early prevention across the borough and avoid more intense difficulties later, building on the 'Think Family' programme.
2. **Making health and well being a personal agenda**. Our starting belief is 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 enabled by information on health and well being and services. Messages and solutions need to be more personal and this can be achieved through more effective use of occasions where members of the public engage with local professionals to assess and plan for improvement; for example personal health assessments, health MOTs, child development visits. The main emphasis needs to be on enabling individuals and families to take action through timely information, advice, education and then reference to supportive services and groups.
3. **Making health and well being a local agenda** Local neighbourhoods working with local professionals can also take control of the agenda and design and implement local solutions. But they need to be empowered with good local public health and well being information on issues as well as feedback on progress.
4. **Borough based programmes and interventions are an important strategy for achieving general impact on issues**. The swimming initiative was a good example of the impact that can be made through such large scale programmes. We can see the benefit of coordinated and timed health and well being initiatives drawing resources together to educate, inform on issues and to promote and ensure access to specific services. We need to ensure carefully crafted communication based on real understanding of the needs of different segments of the community.
5. **Joining up services to ensure timely and effective solutions to individual problems**. Joining up might mean the effective transfer of information from one service provider to another but it could mean joint location and joint presentation of service. The development of the new health polysystems offers an opportunity for much improved integration of services to ensure that smooth

and effective linkage of health and social care solutions, reaching broader solutions of education, housing, leisure and employment. Wherever practical services should be accessible locally within the community or at home.

6. **Developing greater local community capacity to achieve change**. There is already a track record of working with local voluntary and community groups but it is clear that there is much more that can be done to develop local resources. This has the twin benefits of developing very local and more accessible support on a number of key issues as well as providing the opportunity for local skill development.
7. **Strengthening partnerships for change and improvement**. We need to build on the existing partnership processes to ensure tighter joint performance expectations from investments and championing of change by leaders across the organisations. Joint commissioning of services will play a key role in ensuring the most effective investments of public money. Through pooling our resources – people and funding – we can work together to develop new and creative solutions that more quickly tackle difficult issues within the Borough.

Each of these principles have been applied to the 10 health and wellbeing priorities

What do we intend to do?

We set out below a summary of our intentions within each of the 10 priority areas.

1. **Smoking.** We will enhance our partnership's approach to reducing the levels of smoking in the borough through prevention work, improved access to smoking cessation services and in ensuring that the law is kept when it comes to illegal sales and smoking in public places.

2. **Physical activity** Our main strategies involve the development and up grading of local sports facilities, the widening of participation in other forms of exercise and continuing easier access for the young and older age groups to activities such as swimming. We will use the once in a life time opportunity of the Olympics to promote participation.

3. **Healthy eating**. We wish to combat rising obesity levels through actions to incentivise young people to eat more healthily. This means offering better balanced meals in schools and influencing the mix of food delivered in commercial outlets. Cooking skills, improved oral health and increased breastfeeding are also key elements of our approach.

4. **Depression and emotional wellbeing.** We will increase the ability of local people to manage and respond to major life challenges through increased emphasis on community based services to support self care

5. **Sexual and reproductive health.** We will continue our focus on reducing teenage pregnancy and in reducing the levels of sexually transmitted diseases. Our approach is to work on awareness of health issues and means of contraception as well as to improve access to advice, screening and treatment.

6. **Screening and immunisation.** We are responding locally to improve the access, quality and uptake of the national immunisation and screening programmes. This means attention to the promotion of benefits and opportunities and the delivery of services at convenient times and places.

7. **Health and work.** We intend to broaden our local employers' ambition to improve the health and wellbeing of their employees and to enable Borough residents to find satisfying employment in a healthy workplace. The PCT and Council will lead the way by changing to a Fit for Work service for its own employees which provides extended support including social advice.

8. **Alcohol misuse.** We will enhance our partnership's approach to combating ill health and anti social behaviour associated with the misuse of alcohol This strengthened approach will be achieved not just through direct services in terms of education and helping people to drink sensibly, but also local licensing control measures to ensure that existing legislation is adhered to relating to alcohol sales, importation and, drinking in public premises. We wish to ensure that

more residents are able to access community treatment services.

9. **End of life care.** We are responding locally to ensure that local residents are able to plan for their final days and to die at home if they would prefer. We will concentrate on building skills and capacity in the community to provide support for those dying and those family members who care for them.

10. **Domestic violence**. We will commission an effective coordinated community response to domestic violence that increases the safety of victims (and their children), hold perpetrators accountable for their behaviour and challenges the social tolerance of domestic violence. Awareness, support and follow through are our key strategies.

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Action plans for the 10 health and wellbeing priorities

The next section provides a summary of our intentions over 2010/11

What are the key actions for 2010/11?

Priority	Key outcome desired	Summary of key 2010/11 Actions
Smoking	▪ 3% reduction in the Percentage of smoking prevalence over three years from 2009/10 baseline	▪ Social Marketing Campaign for Children and Young People ▪ Campaign amongst LBBD staff ▪ Targeted campaign within local mental health service to promote smoking cessation to Service Users and Staff. ▪ Establish satellite stop smoking clinics sites ▪ Increasing numbers of Level 1 and 2 Advisors ▪ Continue Leisure Pass Incentives Scheme ▪ LBBD Enforcement team to build closer working relationship with HMRC around controlling illicit tobacco and non duty products. ▪ Increasing levels of enforcement and publication of work ▪ Greater enforcement of Smokefree legislation ▪ Smoke free homes pilot project ▪ New Smokefree campaign with local health visitors targeting advice at families with babies and toddlers
Physical activity	▪ 3% increase in the number of adults participating in regular physical activity by 2013. ▪ 60% of 5 – 16 year olds participating in 5 hours or more PE and sport per week by 2012.	▪ Widening access through new and upgraded facilities (e.g. Becontree/Abbey sports centres, Barking Abbey School) ▪ Promotion of Inclusive Fitness Initiatives ▪ Promotion to young people through Streetbase Connect and Integrated Youth Healthy Living Card ▪ Mainstreaming the Free Swimming Initiative ▪ Leisure Pass Scheme for Older People, Disabilities and Low income ▪ Implementation of key 2010-11 actions within Strategic Parks Initiative ▪ Implement programmes around play, dance, walking, jogging and cycling ▪ Implementation of exercise referral and weight management programmes for adults and young people ▪ 10 single sport development plans to ensure transfer from school to club based activity ▪ Implement programme to promote Gateway to Olympics ▪ Development of local voluntary sports clubs ▪ Develop local skills capacity as coaches and trainers and promotion of apprenticeships and careers in sport ▪ Strengthening the CSPAN network and work

Priority	Key outcome desired	Summary of key 2010/11 Actions
Healthy eating	▪ NI 56: Year 6 Children recorded as Obese (annual measure) ▪ NI 55: Reception class Children recorded as obese (annual measure) ▪ Increase breast feeding in the percentage coverage and prevalence year on year. Prevalence - achieve **58.2%** by quarter 4 2010/11. Coverage - achieve **95%** by quarter 4 2010/11. ▪ Increased breastfeeding rates ▪ All practices by 2011 will produce a register of patients aged 16 and over with a BMI greater than or equal to 30 within the expected prevalence of the PCT (24%) ▪ 2% reduction in prevalence of adult obesity over three years from 2009/10 baseline	▪ Common/core nutritional standards for all commissioned services ▪ Improve quality and choice of health eating options ▪ Incentivise healthy eating for young people through Access and Connect ▪ Increase breastfeeding and support for transition from breast to solid ▪ Improve oral health across all age groups to enable healthy eating ▪ Improving skills of adults and children in healthy cooking ▪ Implement the Adult Obesity Strategy
Depression	▪ NI 1 % of people with different backgrounds getting on well together ▪ NI 2 % of people who feel that they belong to their local neighbourhood ▪ Reduction in number of people claiming incapacity benefit for depression by 3/2011 ▪ All practices by March 2013 will produce a register of patients with reported prevalence of **depression** that is within 60% of the expected PCT prevalence (8.7%) ▪ Increase coverage so by that by March 2013 all those patients in general	▪ Development of plan for implementation of New Horizon National Strategy within Barking and Dagenham ▪ Ensuring commissioned services are IAPT compliant ▪ Development of new pathways for primary and community care including social prescribing

Priority	Key outcome desired	Summary of key 2010/11 Actions
	practice with a new diagnosis of depression to have had an assessment of severity at the outset of treatment, using an assessment tool validated for use in primary care.	
Sexual and reproductive health	▪ Reduce the rate of teenage conceptions from the 1998 based line by 50% by 2010 ▪ Reduce the prevalence of adult sexually transmitted diseases by 2% against the 2007 baseline ▪ Reduce the rate of termination of pregnancy, and the rate of repeat termination of pregnancy by 2% per annum against the 2008 baseline ▪ Increase the proportion of young people under 26yrs testing for Chlamydia to 25% by 2011. ▪ Reduce the prevalence of asymptomatic Chlamydia amongst under 26yr olds by 2% by 2012 from the 2008 baseline. ▪ Reduce the number of late diagnosis of HIV as indicated by CD4 count at diagnosis in line with the Pan-London target ▪ Increase the % of young people reporting the SRE education in schools was 'great' to 85% by 2012.	▪ Refreshed needs assessment ▪ Prevention and awareness campaign ▪ Increasing equitable access to contraception and STI testing ▪ Increasing skills of families and staff to discuss sex and relationships with young people and vulnerable adults ▪ Establish locality profiling of sexual and reproductive health

Priority	Key outcome desired	Summary of key 2010/11 Actions
Screening and immunisation	▪ 100 % of people with diabetes offered screening by 2010/11 ▪ 4% year on year increase based on the 2009/10 baseline of people aged between 40 and 74 who have received an NHS Health Check. In five years our coverage should by 80% ▪ Increase uptake of immunisations within B&D (1 year) to meet national targets of 90% by 2010/11 ▪ Increase the uptake of cervical screening amongst 25-40 yrs to 80% by 2011. ▪ From 2011 achieve and maintain 2 week turnaround times for women receiving results for cervical screening. ▪ Age-extension of breast screening to ages 47 to 73 by 2012.	▪ Ensuring awareness of benefits of immunisation ▪ Establishing locality based approach to immunisation ▪ Improved performance management ▪ Improving information accuracy and flows ▪ Creating capacity for cervical, breast and newborn screening

Priority	Key outcome desired	Summary of key 2010/11 Actions
Health at work	Council monitoring ▪ Decrease average rate of sickness per employee by 1.25 days per year over the next 4 years (from 9.5 currently) -Maintain average improvement per member at 9.5% ▪ Increase overall organisational wellness score from 42.5 to 45 over next 2 years ▪ Increase EAP usage from current level of 16% to 20% over next 2 years ▪ New staff checks and 5 yearly 'body MOT' for the over 40s -To offer all new starters and 5% of existing staff a 'body MOT' in any one year ▪ Care of back course -Offer to 100% of staff with back problems -Of those offered - aim for 50% NHS monitoring ▪ Target for sickness absence Reduce to 4.5% by March 2011 (subject to confirmation -Reach national average by end March 2012 ((subject to confirmation-Currently 5%, national average 4%. Barking and Dagenham residents ▪ NI173 – flows on to incapacity benefit Target is for less than 0.79% annually (is being achieved currently but ? still one of worst in London)	▪ Developing new strategy group ▪ Assessment of baseline and gaps ▪ Developing proposal for Well Being at Work Service ▪ Planning for phased implementation ▪ Establish pilot programme for local employers ▪ Ensuring health and well being in all contracts for commissioned services ▪ Ensuring health and well being addressed within Council and PCT OD plans
Alcohol	▪ Rate of hospital admissions per	▪ Establish multi agency Alcohol Alliance

Priority	Key outcome desired	Summary of key 2010/11 Actions
	100,000 for alcohol related harm. Aim to reduce annual increase to the annual national rate in Year 1. Year 2 to reduce annual increase to that of the peer group and subsequently hold at that level. ▪ NI 41: Perceptions of drunk or rowdy behaviour as a problem. 45.5% see it as a problem. Target to reduce 08/09 score	▪ Campaign for young men 20-30 ▪ Support schools to have own programme addressing alcohol, drugs and tobacco use ▪ Targeted interventions with vulnerable young people (youth offending, excluded, out of employment and training) ▪ Implementation of whole borough Designated Public Place Order ▪ Increase test purchases for under age purchase ▪ Improve follow up on test failures ▪ Promotion of Responsible Retailer Accreditation Scheme ▪ Dissemination of Alcohol in Workplace policies to local employers ▪ New Alcohol Treatment Service commissioned ▪ Brief interventions in local A & E services and signposting to treatment services. ▪ Alcohol outreach service established ▪ Increased use of GPs for community de-tox ▪ Establish monthly health clinics for Tier 2 and 3 providers ▪ Increased support given for employment and training
End of life	▪ Increase the number of deaths outside hospital to 50% by 2013 and to improve the experience of care for all patients. ▪ Patients in the last year of life benefit from care that meets best practice standards with 50% of expected deaths benefiting from LCP, 80% patients identified as being in the last year of life benefiting from GSF and 100% patients identified as being in the last year of life having a recorded end of life/advanced care plan ▪ 80% patients identified as being in the last year of life added to electronic end of life care registers by 2011/12 ▪ All bereaved people have signposted to appropriate bereavement support resources	▪ Establishing clear governance and executive structure ▪ Undertaking demand and capacity assessment ▪ Agreeing strategy for End of Life across the organisations ensuring needs to different age groups are met ▪ Training needs assessment and establishing development programme for workforce ▪ Improving quality of care through accreditation of services ▪ Expanding current specialist palliative care services ▪ Achieving users and carer involvement ▪ Establishing end of life care register ▪ Establishing bereavement service ▪ Identifying and commissioning additional rapid response services ▪ Developing guidance for schools

Priority	Key outcome desired	Summary of key 2010/11 Actions
	▪ An ongoing reduction in the number of hospital deaths reducing by 2% per year to 58% in 2012/13	
Domestic violence	▪ NI 15: Most serious violence. Result 2008/09 307. Target 2010/11 is 289 ▪ NI 32: Repeat incidents of domestic violence. Result 2008/09 52%. Target 2010/11 28% ▪ Increase sanction and detection rate. For 2008/09 - the SD rate was 39.2%. Target for 2009/10 is - 44% (target for 2010/11 is not yet set)	▪ Secure new refuge premises for the borough ▪ Complete Sanctuary Project Procurement process ▪ Tender for borough IDVA service including DV maternity based project ▪ Deliver training to mental health, disability and substance/alcohol services ▪ Maintain MARAC and ensure best practice ▪ Implementation and evaluation of DV GP pilot project ▪ Launch of NHS B&D VAWG strategy and action plan ▪ Review and Extend Advocacy Services ▪ Counselling service to female victims ▪ Post crisis service established ▪ Increasing awareness and response amongst healthcare providers with links to Adults/Children Safeguarding ▪ Establish user group and involvement ▪ Promotion of DV awareness (for public and work with children) ▪ Strengthen leadership and strategic governance

Barking and Dagenham Partnership

The Barking and Dagenham Local Strategic Partnership brings together local public, private, voluntary and community sector organisations. The partnership was set up in 2001 to work together to provide a co-ordinated strategic approach to delivering services, and improving the quality of life for local people and communities in the borough.