

COMMUNITY SAFETY PARTNERSHIP

REPORT

Subject: Joint Health and Wellbeing Strategy 2019-2023

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Security: [UNPROTECTED]

1. Purpose of Presenting the Report and Decisions Required

1.1 A draft Health and Wellbeing Strategy is due to go to Health and Wellbeing Board on 7th November to be approved for consultation. The role of the Joint Health and Wellbeing Strategy is to set the priorities for the upcoming years focusing on the areas that have the largest potential to impact health inequalities. It provides a health and social care perspective, but it is important that it complements other documents and workstreams such as that of the Community Safety Partnership. The three themes for the strategy, as decided by Health and Wellbeing Board based on the 2017 Joint Strategic Needs Assessment are:

- 1) Best Start in Life
- 2) Early Diagnosis and Intervention
- 3) Building resilience

1.2 It is recommended that the Community Safety Partnership Board:

- Comment on the resilience narrative – does this align with the work of the Community Safety Partnership? Does it build on your work?
 - Comment on the resilience outcomes which were presented to Health and Wellbeing Board on 5th September. Are these the correct outcomes? Which are the most important?
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2. Recommendation(s)

2.1 It is recommended that the Community Safety Partnership Board:

- Comment on the resilience narrative – does this align with the work of the Community Safety Partnership? Does it build on your work?
- Comment on the resilience outcomes which were presented to Health and Wellbeing Board on 5th September. Are these the correct outcomes? Which are the most important?

3. Main Text

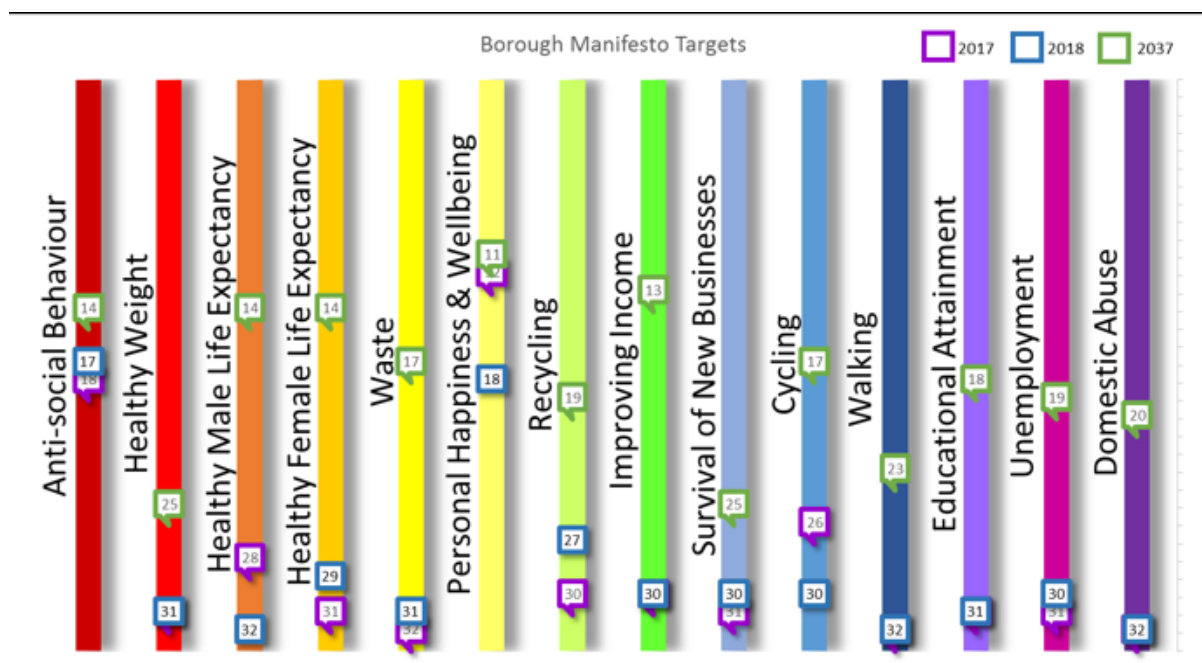
This is the draft 'Building resilience' theme within the upcoming Joint Health and Wellbeing Strategy. It will be designed later so this is the draft narrative rather than how it will look visually.

Theme 3: Building resilience – Empowering our residents to thrive not survive

Introduction: Why resilience?

As outlined further in our Joint Strategic Needs Assessment 2018, we know that our residents face more health inequality and adversity in a range of areas than we would like. Our *Borough Manifesto* also highlights the scale of the challenge in Barking and Dagenham.

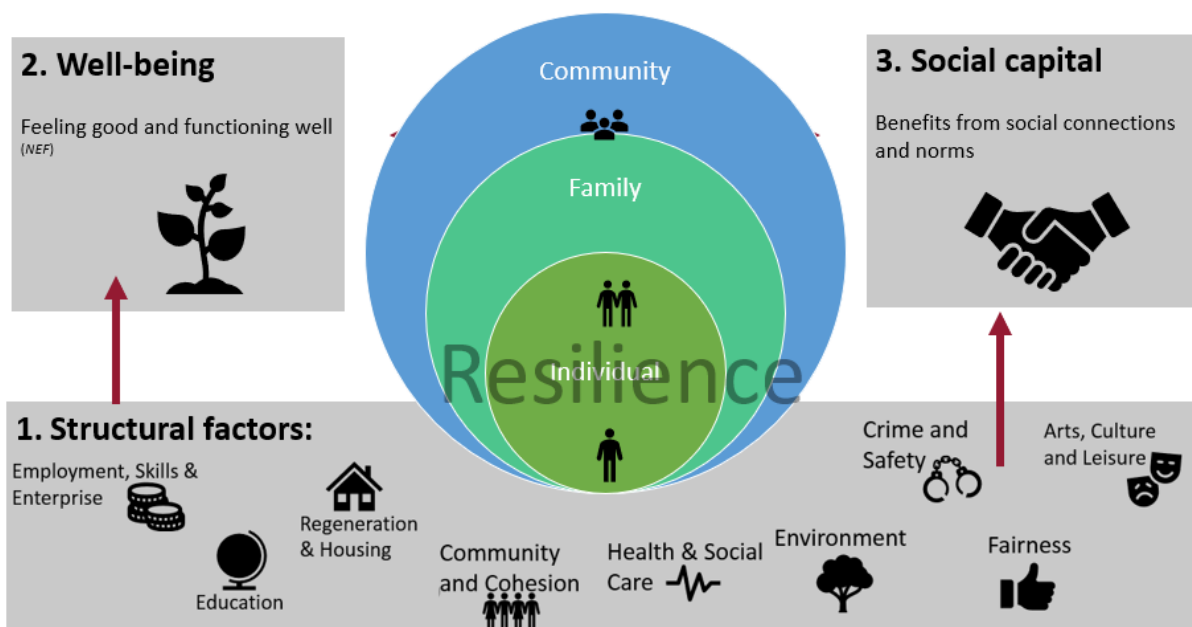
Outcomes for residents are towards the bottom of most London league tables. The graph below shows where Barking and Dagenham aspires to be in London league tables by 2037, alongside where we were in 2017 and where we are now in 2018. The graph shows our performance one year into the twenty year vision of the Manifesto. Shifting outcomes up the league tables in sustainable ways will take years, and even decades to achieve. The targets are deliberately long term in nature, and we are just at the start of our journey:



Solving these complex problems requires partners to work together. A collective approach is required where **all agencies have a shared agenda for change**, including a common understanding of the problem. Prioritising early help and intervention, to prevent a problem from becoming a crisis, can improve outcomes for residents, whilst importantly reducing demand for specialist and statutory services.

Early help is an existing priority of Health and Wellbeing Board partners. Barking and Dagenham council's new *Community Solutions* service is evidence of this in action. It offers a single entry point into the council for residents, bringing together 16 services and a range of systems, to prioritise early help as a way to **prevent a problem from becoming a crisis**. Barking Riverside's Health and Wellbeing Hub also offers integrated services that will focus on offering residents early help, and provide a new holistic approach to health and wellbeing with a range of services in one place.

Working to tackle complex issues also requires a two-pronged approach. As well as working with our partners to reduce the inequality and adversity that our residents face, which has been started by our *Borough Manifesto*, we want **to re-empower our residents to generate new ways of thinking and functioning in the face of these challenges**. The 10 themes in the *Borough Manifesto* can all be seen as structural factors that influence resilience – focusing on these structural factors, with empower residents to build resilience. The below graphic demonstrates that looking at the interlink between the structural factors, well-being and social capital can help to understand how we can create real change for residents:



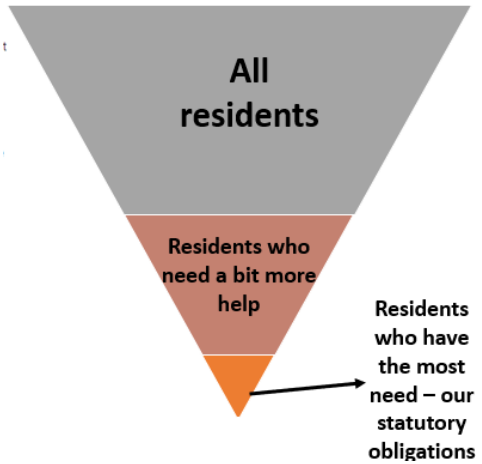
The role of the *Joint Health and Wellbeing Strategy* within its limited resource is to focus on the areas that have the largest potential to impact the health and wellbeing of residents over the next 5 years. Evidence shows that unfortunately, the issues of Domestic Violence and Abuse, Child Sexual Exploitation and crime are prevalent and long-standing in our population. The complexity of these issues:

Domestic Violence –
the highest recorded rate
of domestic abuse for the
last 10 years compared

Child Sexual Exploitation
(MOPAC data) – 3rd
highest CSE rate and CSE
victims in London,
Havering has the highest
CSE rate

Evidence also shows that these have a range of health impacts – this is why that within this strategy, we are focusing our efforts on holistically tackling key areas.

Our approach



Resilience operates differently at different levels, and a **one-size fits all approach won't work**. A targeted approach, will allow us to focus at the challenges at hand. Building resilience in all of our residents, many of whom don't regularly access council, police or NHS services, requires a very different approach to those residents who need a bit more help, and are already in regular contact with some of our services.

Similarly, residents who are in regular touch with some of our services, require a different approach to our most vulnerable residents, who access our statutory and specialist services.

We will work to build resilience across all of these levels, to empower and re-empower all communities.

Adverse Childhood Experiences

The framework of Adverse Childhood Experiences (ACEs) can help us to understand how a focus on building resilience and early intervention can improve the health and wellbeing for residents. ACEs are defined as traumatic experiences that occur before the age of 18 and have impacts on a range of mental, social and physical health issues for the rest of adulthood:

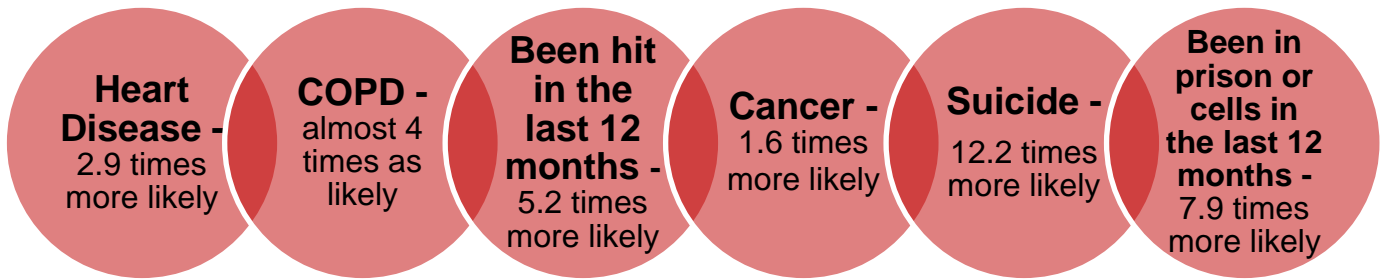
-Abuse: physical, emotional or sexual abuse

-Neglect: physical or emotional neglect

-Family Circumstances: domestic violence, substance abuse, parental mental illness, parental separation or divorce, or parent in prison.

The more ACEs an individual experiences in childhood the greater the risk to their overall health and wellbeing. Research demonstrate that those who face 4 or more ACEs within

childhood are significantly more likely to have a range of health and social-related problems:



Evidence also suggests that **suffering from ACEs are strongly predictive of higher GP use, greater use of emergency care and increased hospitalisation**. The more ACEs an individual experiences in their childhood, the more their interaction with health services through-out adulthood.

These impacts show the benefits that a two-tier approach of provision and prevention to resilience can take. If we can intervene early before a problem becomes a crisis, we can reduce the demand for our health, social and wider council services. In areas where we know these issues exist, if we can focus on provision and intervening. Helping individuals and families affected by adversities in partnership will compliment our wider work to improve the health and wellbeing of residents in Barking and Dagenham.

Ambition: What do we want to achieve in Barking and Dagenham? Potential Outcomes to increase resilience:

- Outcome 1: Increased school attendance levels within Barking and Dagenham Schools
- Outcome 2: Reduced level of Domestic Violence and Abuse in Barking and Dagenham
- Outcome 3: Reduced Child in Need referrals and re-referrals through children's social care
- Outcome 4: Reduced number of first time and recurrent falls in all B&D adults and care homes
- Outcome 5: An increased recruitment and retention rate of social care workforce
- Outcome 6: Reduced crime & exploitation levels in Barking and Dagenham
- Outcome 7: Increased levels of skills, training and employment
- Outcome 8: Residents are more active, choosing healthier options and using outdoor space more
- Outcome 9: Residents making improvements to their life through trauma-informed care
- Outcome 10: An increased amount of GP services rated as good

4. List of Appendices:

None