

**DRAFT Joint
Health and Wellbeing
Strategy 2012-15**

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Foreword

The challenges are large. However, The Health and Social Care Act 2012 gives us an opportunity and places a real responsibility, on both the Council, and our local GPs, to make sure that residents are empowered to choose the high quality, leading-edge care they deserve.

Together with the other five Olympic Host Boroughs, we have agreed a legacy programme which is designed to finally secure a „level playing field’ or what’s known as economic convergence with the rest of London. This means that within 20 years the communities within our boroughs will have the same social and economic chances as their neighbours living elsewhere in the capital.

To meet this demand, our Health and Wellbeing Board has agreed this high level strategy that describes a genuinely exciting future for public health, health and social care in Barking and Dagenham.

We have developed our intentions in true partnership between the Council, Barking and Dagenham Clinical Commissioning Group, the local Council for Voluntary Services and Barking and Dagenham LINKs. We are sure we speak on behalf of my colleagues in each organisation involved, that the strategy provides a compelling and clear route-map for the period ahead.

This strategy is relevant to people of all ages and all walks of life. We shall focus on the gains to be had from service providers working closer together and the crucial developing contribution of local voluntary and community groups. Above all we aim to prevent problems from occurring.

With this in mind we have a particular focus on addressing health inequalities between patients and service users in access to and outcomes from health and social care services.

We also outline a dramatic shift in the balance of care, with a greater emphasis on making convenient local care a reality.

A public consultation was held between August and October 2012 to listen closely to what residents had to say about what’s inside this plan. This wasn’t a „tick box’ consultation – we engaged and debated, discussed and deliberated, on whether we got the right priorities for change and the support packages people needed. Where we can improve, we promise we will. Where we can deliver change, we’ll make it our priority to do so.

We commend this strategy to you.



Councillor Maureen Worby
Chair, Health and Wellbeing Board

Richard Vann, Manager of Barking & Dagenham LINK

The quality standards and accessibility of health and social care services in Barking and Dagenham are important issues that affect the lives of individuals that need to use them in the borough. As the LINK representative on the Health and Wellbeing Board, I have had the opportunity to represent the views of LINK members and the community, with input into the development of this strategy.

This comprehensive document sets out a process to rise to the challenge of achieving the vision for making a real difference to the quality and standard of local services.

An integral part of this process is to ensure that local people and the wider community are consulted so that their views are clearly heard on how services can best meet their needs and improve their health and wellbeing.

Through consultation and engagement with local people, the strategy provided opportunities for the community to have an influence on the way services can be delivered in the future.

The LINK supports the vision the strategy aims to achieve in addressing the health and social care inequalities that occur in Barking and Dagenham



Dr Mohi, Chair of Barking and Dagenham Pathfinder Clinical Commissioning Group

The Barking and Dagenham Pathfinder Clinical Commissioning Group is committed to improving the quality of care for patients and residents in Barking and Dagenham. As members of the Health and Wellbeing Board, we are working with partners to deliver improved pathways of care by redesigning services and ensuring equity of access based on local need. The Health and Wellbeing Strategy is an important vehicle that will guide the development of integrated services across health and social care, making the best use of resources for the benefit of local people.

The Strategy identifies some key priorities where health and social care, working together, could make a significant improvement in health and wellbeing outcomes for local people.

Our vision is to organise health and social care services around GP practices, dentists, pharmacists and optometrists to deliver effective community based services for practice populations. This will be done by taking a “bottom up approach to planning that takes into account the views and experience of patients. We are pleased to support this document.

Carl Blackburn, Chief Executive, Barking and Dagenham Council for Voluntary Services

There are over 500 voluntary and community organisations in Barking and Dagenham, which have been at the forefront of delivery services to improve the health and wellbeing of local communities for many years.

Everyone is aware of the headline issues in the borough, including a lower than average life expectancy and high rates of heart disease

Local groups work with people behind these headlines and see the effects on a daily basis. Voluntary groups undertake a huge amount of preventative work, helping people to live longer and healthier lives, and a large number of organisations support people living with long term conditions, such as sickle cell, diabetes and the effects of stroke.

I am pleased that the role and contribution of the voluntary and community sector has been recognised in this strategy. By working in partnership across all sectors we will be able to improve the health and wellbeing of all Barking and Dagenham residents



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. Our Strategy sets out a vision for improving the health and wellbeing of residents and reducing inequalities at every stage of people's lives by 2015. It aims to help residents improve their health by identifying the key priorities based on the evidence in our Joint Strategic Needs Assessment (JSNA), what can be done to address them and what outcomes are intended to be achieved. These priorities will then underpin commissioning plans and other agreements to undertake the actions together, in order to make the greatest impact across the health and social care system and wider Council responsibilities. It also sets out how we will work together to deliver the agreed priorities.

The new joint Health and Wellbeing Strategy is the mechanism by which our Health and Wellbeing Board will address the needs identified in our Joint Strategic Needs Assessment (JSNA), setting out agreed priorities for collective action. Through better integration of service planning and improvements in the quality and accessibility service provision, the Council and Clinical Commissioning Group will be able to avoid duplication and increase the efficiency and quality of services for the residents, whilst maximising the use of resources in the current demographic and financial climate.

The Board will also capitalise on the opportunity to consider services across the partners, beyond health and social care, to health-related services such as leisure, housing and children's centres. It will also consider how the commissioning of these can be joined up with commissioning of health and social care services to improve the health and wellbeing of residents. The Strategy and JSNA inform the London Health Improvement Board and the NHS Commissioning Board (London).

We will also be laying out the future landscape for patient and service user engagement through HealthWatch which will be commissioned by the Council. It is important that we maintain the key policy driver that "no decision about me, without me".

Our Strategy is supported by a detailed delivery plan which provides more specific goals, actions and expected achievements to meet the outcomes. The delivery plan is a separate document and accompanies this Strategy.

Our population and its health challenges

The JSNA 2011 draws out the important challenges to our residents' health and can be characterised under the following key headings:

- Population growth and changes in our local population.
- Income poverty resulting in reduced wellbeing by numerous mechanisms, including mental health challenges, fuel poverty, decreased access to services and many more.
- High levels of lifestyle risk including smoking, obesity and physical inactivity.
- Continued high death rates from various diseases, especially heart disease, cancer and chronic lung disease, expressed as life expectancy and mortality rates.
- Some single issues that remain problems, for example dementia.

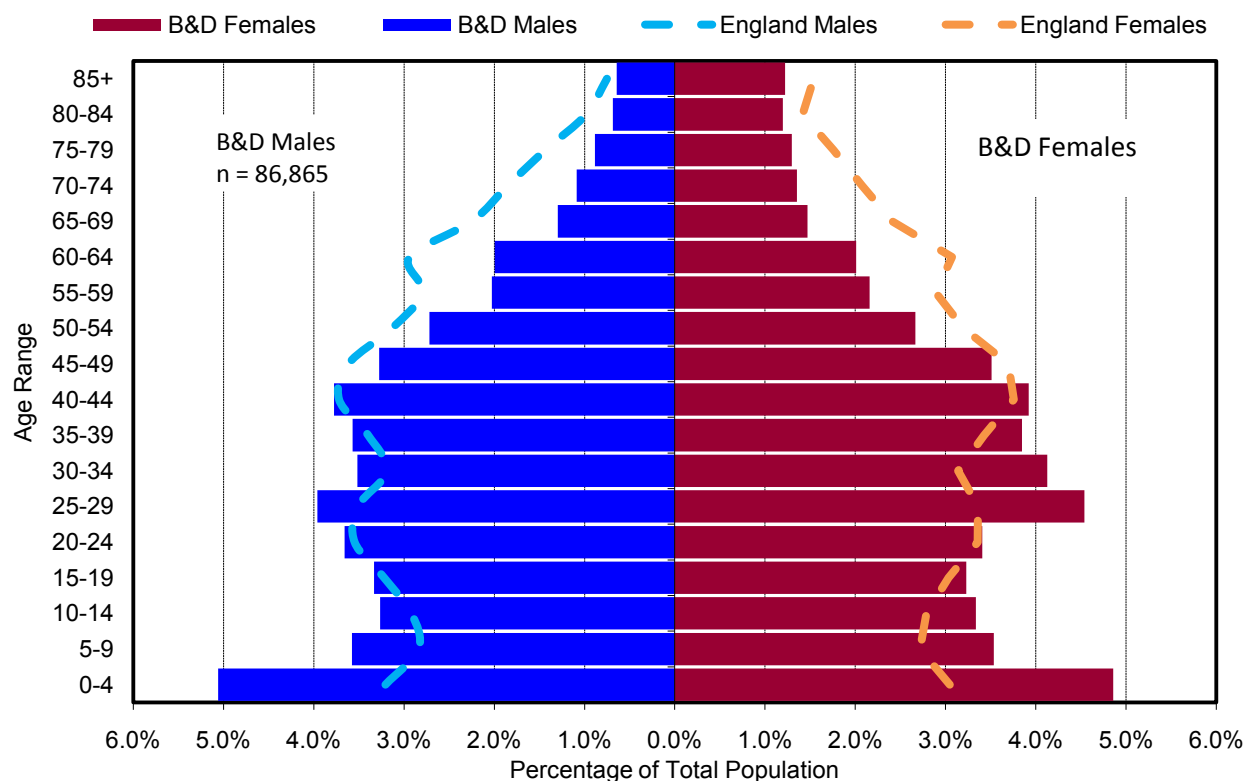
Population growth and changes in our local population

There have been significant changes to the demographics of the population in the last decade, most noticeably a very high birth rate and new housing development. We had the biggest population increase (2.4 per cent) of all London boroughs between 2009 and 2010. This equates to a 12 per cent growth in children. This is mainly due to increasing births and children aged under four, as well as more people aged between 20 and 50 living in the borough. The population make up has changed significantly with increases in the proportion of the population who are from black and minority ethnic backgrounds such as Nigeria and Pakistan and also from eastern European countries such as Lithuania.

Figure 1 shows the population pyramid for Barking and Dagenham based on the mid-year estimate (MYE) from the Office for National Statistics. It should be noted that Barking and Dagenham has a wide base to its population pyramid, which is more typical of a developing country characterised by a high fertility rate. Population change in London has mostly been driven by natural change, which is an excess of births over deaths.

In Barking and Dagenham the older population is expected to decline until at least 2025 when it is projected to start increasing again. This is in stark contrast with the rest of the nation which is experiencing a steady increase in the number of people aged 65 and over. Possible explanations include poor life expectancy and people moving out of the borough as they become older.

Figure 1 Population pyramid, Barking and Dagenham, 2010



Source: Office for National Statistics (ONS) 2010 Mid -Year Population Estimates

Income, poverty and employment

We understand that issues such as household income, employment and poverty all impact on an individual's ability to achieve their potential and live a healthy life, and although they are reflected in Council and Partner Agency priorities, the JSNA moves the focus on to some aspects that could be improved in more specific ways. People with learning disability, mental health problems, chronic disease and the housebound are particularly likely to be unable to work, be unemployed and be on low incomes. For example, there are around 20 avoidable deaths annually from the cold in this borough – usually related to under heated homes. There are increased lung conditions especially in children from cold homes. Mechanisms for improving access to work and finances for these vulnerable people need to stay a focus of partner organisations. In December 2011, the Government launched its programme to turn around the country's 120,000 most troubled families. The Government has estimated that there are 645 troubled families in Barking and Dagenham at an estimated cost to the taxpayer of £48,375 million.

Lifestyle risks and prevention

The JSNA once again highlights the lifestyles that will cause problems both now and in the future. These include:

- Smoking – smoking rates have dropped a little but smoking related disease, hospital admissions and even childhood illness (passive smoking) remain stubbornly high. This has to remain a priority for the Council.
- Obesity – this borough has the highest rate of adult obesity in London and the harmful effects of obesity will be seen both now and into the future. Hence, existing efforts to improve the situation need to be a priority.
- Physical activity – this has beneficial effects on many aspects of life including keeping a healthy weight, mental health and wellbeing. There is room for improvement in these areas for both children and adults.
- Alcohol misuse is a sizeable problem in the borough and is contributing to hospital emergency admissions, domestic violence as well as overall poor mental and physical health.

There are some highly effective simple prevention measures which could be promoted more in Barking and Dagenham – these include vaccination against childhood and adult diseases and breast feeding.

Air pollution is estimated to kill around 120 people per year in the borough. These people are not identifiable as individuals but particularly affects people in poor health and results in many hospitalisations.

High rates of death from common diseases

Barking and Dagenham has more deaths than the London average for most conditions including heart disease, cancer and long standing lung disease. There are also very high rates of hospitalisation from these conditions. Tackling these conditions involves multiple interventions but mortality is mainly decreased by prevention and early GP interventions of self, carers and health and social care professionals not by hospital specialist care. The majority (around 7 out of 10) of predictable deaths occur in hospital but this is not what local residents want – with around two-thirds wishing to die in their own homes. Much more priority needs to be put into assisting people with severe illnesses to die with dignity and support in their place of choice.

Single issues and disease

The JSNA highlights a number of conditions whose prevention, detection or management could be improved. These include dementia, low vision and diabetic eye disease. Other non disease issues include domestic violence and safeguarding.

The Joint Strategic Needs Assessment (JSNA) is a process used to identify the health and wellbeing needs of a local area, providing a basis of sound evidence for the planning and funding of local services and action to be taken by local partners working together. The 2011 JSNA can be found at <http://www.barkinganddagenhamjsna.org.uk/> and provides details in many areas of health, social care and wider influences that have marked effects on wellbeing e.g. housing and employment issues.

Principles of our Strategy

Our joint Health and Wellbeing Strategy has strong links to national policies and strategies. In the local context the Health and Wellbeing Board will not seek to replicate the work of existing boards and strategies such as the Housing Strategy and Sport and Physical Activity Strategy. However, we will work across all partner agencies and through staff at all levels of the organisations, to ensure the achievement of our outcomes is supported across the whole partnership.

This is a key principle as outlined in the 2011 Annual Report of the Director of Public Health that suggests attainment and maintenance of good health is a team effort. While individuals could take on more responsibility for improving and maintaining their own health, it is easier to do this in a society, where all the elements of that society combine in a supportive manner to promote health.

To further support this, we have also incorporated the work of Sir Michael Marmot and his published review into health inequalities in England. Two annual reviews have been published since which focus on some top level indicators of inequality for each of the local authorities in England. These are life expectancy at birth; children reaching a good level of development at age five; young people not in employment, education or training; and percentage of people in households receiving means tested benefits. In addition there is an index showing the level of social inequalities within each local authority area for some of the indicators, including life expectancy at birth. Annual updates are expected in years to come.

People from higher socio-economic backgrounds have more opportunities to lead a fuller life with better health than those from less affluent backgrounds. Inequalities in health can be seen from birth, with children from poorer socio-economic backgrounds showing poorer cognitive development from a very early age, when compared with children from more affluent areas. In line with the Marmot's recommendations we cover the resident population across the life course from pre birth to end of life; and take account of the needs of residents in the most vulnerable circumstances and excluded groups. We have decided that the life course, in the local context, can be divided into the following categories in Figure 2. These are not typical age ranges but work in our context as for example, we find a significant number of our middle aged adults, because of chronic disease, as frail as our over 70's.

It is anticipated that there would be considerable overlap between each group but it is proposed that these six groups are used as a reminder to ensure that each decision considers each group in turn. In response to the consultation on the draft Strategy a further two specific groups for Maternity and Vulnerable and Minority populations have been added making a total of eight altogether.

Figure 2 – Life Course



Working with our stakeholders

The Board recognises that no individual agency can overcome the challenges facing the borough and its residents, but by working together and building on the resources from individuals' doorsteps to the Town Hall, we can work collectively to make the changes needed to give our residents the best opportunity for a healthy, happy and longer life.

The assets we have to draw on in Barking and Dagenham include:

- Children Centres
- 45 Primary Schools
- 9 Secondary Schools (almost 50 per cent rated as outstanding) plus 1 outstanding special school. 2 Further Education Colleges
- 42 General Practices with 146 General practitioners on the performers list, 72 Practices Nurses
- 25 dental practices (including community dental service),
- 36 pharmacies employing 70 pharmacists, 50 pharmacy technicians and 120 healthcare assistants
- 13 optometrists
- Housing associations
- Barking Learning Centre, Active Age Centres and 25 parks and open spaces
- Over 500 voluntary and community groups and 65 sports clubs

We will in this Strategy improve health and wellbeing through all stages of life to:

- Reduce health inequalities
- Promote choice, control and independence
- Improve the quality and delivery of services provided by all partner agencies

Within this broad vision, the Health and Wellbeing Board has identified some key principals. These are:

- To set out shared priorities based on evidence of greatest need that puts the emphasis on prevention and early intervention.
- To make health and wellbeing a personal agenda supported by borough based programmes and interventions.
- To set out a clear rationale for the locally agreed priorities and also what that means for the other needs identified in the JSNA and how they will be handled.
- Not try to solve everything, but take a strategic overview on how to address the key issues identified in the JSNA, including tackling the worst inequalities.
- To concentrate on an achievable amount with an outcomes focus – prioritisation is difficult but important to maximise resources and focus on issues where the greatest gains in health and wellbeing can be achieved.
- To address issues through joint working across the local systems and also describe what individual services will do to tackle priorities and give effective solutions to individual problems.
- To enable improved patient and service user engagement in the development of our Strategy and plans.
- To enable increased choice and control by residents who use services with independence, prevention and integration at the heart of how choices can be made.

National and regional context

The Health and Social Care Act 2012	London Health Improvement Board
<p>The Health and Wellbeing Board is a statutory committee of the Council, established under the Health and Social Care Act 2012, to ensure democratic accountability of local public health, health and social care service planning.</p> <p>The overall responsibility of the Health and Wellbeing Board is to improve the health and wellbeing of the population and reduce inequalities between the local population and the London and national average and between different communities within the borough.</p>	<p>An ambitious programme to save more than 1,000 lives in the capital each year by improving the early diagnosis and prevention of cancer, has been agreed by the new London Health Improvement Board (LHIB). The Mayor of London is leading the newly created LHIB which includes representatives from the NHS and the capital's 33 local authorities. It aims to tackle the biggest health problems in the capital - including cancer, childhood obesity and alcohol abuse – by taking a pan-London, strategic view. It is proposed that the funding for this programme will be levied from the 33 local authorities taking 0.5 per cent from the proposed Public Health Grant from the 1st April 2013.</p>
<h2>The challenges ahead</h2>	
<p>The borough faces a series of challenges from national and regional policy decisions outside the control of the local partnership, these include:</p> <ul style="list-style-type: none"> • Changes to the welfare and benefits system will negatively impact on the majority of households in the borough. • Evidencing quality improvement and rebuilding public confidence in Barking, Havering and Redbridge University Hospital NHS Trust following the Care Quality Commission interventions. • Economic recession and the impact of the Government's economic policy on the public sector finances. • Balancing the needs of the population and restrictions on public finances. • Implementing national review recommendations on safeguarding of children (Munro) and funding for the care of adults at risk (Dilnot). • Implementation of the Health for North East London programme. This is a major restructure, not just of healthcare services but also how social care is integrated within the system. • The Government has started a radical reform agenda in education. • The Government has estimated 645 troubled families in Barking and Dagenham who require tailored interventions. 	

Local strategies/plans

Policies and Strategies	Summary
Council Statement of Priorities 2012/13	Summarises the Council's aims over the coming year, set in the context of the Medium Term Financial Strategy.
Barking and Dagenham Commissioning Strategic Plan 2012/13	Describes how the CCG will continue to improve the health outcomes of our local population, improve the quality of health services over the next 3 years, and do so while delivering a balanced budget.
Housing Strategy 2012-17	Sets out our vision for housing in the area from 2012 to 2017 and identifies how we will work with our partners to improve all housing in the borough.
Children and Young People's Plan	Sets out how the Children's Trust will improve outcomes for all children and young people.
Barking & Dagenham's Core Strategy (2010) and Borough Wide Development Policies Development Plan (2011)	Sets out the need to improve the health and wellbeing of local residents. It aims to reduce health inequalities by ensuring good access to high quality sports and recreation opportunities and health care provision. Requires new schemes to address the health impacts of development.
Regeneration Strategy	Includes building in of health and active transport into regeneration planning.
Sports and Physical Activity Strategy	Sets out the borough's approach to increasing sport and physical activity.
Older People's Strategy	Sets out how the Council will work to help older people to lead fulfilling, independent lives in the community.
Domestic and Sexual Violence Strategy 2012-15	This is the Community Safety Partnership's Domestic and Sexual Violence Strategy and Delivery Plan 2012-15
Barking and Dagenham Community Safety Partnership Strategic Assessment of Crime and Community Safety Partnership Plan 2012-2015	Following an annual strategic assessment of crime from which three year priorities are drawn. Setting out actions to reduce crime and disorder, antisocial behaviour and other behaviour affecting the local environment, as well as reducing the misuse of drugs, alcohol and other substances, reduce the fear of crime and increase public confidence.
Alcohol Strategy 2013 – 2016 (currently draft)	This strategy aims to support a vibrant night-time and licensing economy whilst recognising and addressing the negative impact that alcohol misuse can have on communities.
Personalisation and Social Care Market Development 2010-2015	Sets out the framework for adult social care in Barking and Dagenham.
Safeguarding Adults Board Strategy	Sets out the strategic framework for the borough to ensure that adults at risk in our community live lives free from abuse and neglect.
Carers Strategy	Sets out the actions to support its priorities to ensure the best possible outcomes for carers and those they support.
Troubled Families Programme	Sets out our approach to working with troubled families and the outcomes we are looking to achieve.
Host Boroughs Strategic Regeneration Framework and Convergence Strategy	Reducing the gap outcomes for the host boroughs population compared to the London average
Anti-Social Behaviour Policy and Procedure	Sets out our approach for dealing with and managing anti-social behaviour

Outcomes

The outcomes we want to achieve for our joint Health and Wellbeing Strategy are:

- To increase the life expectancy of people living in Barking and Dagenham.
- To close the gap between the life expectancy in Barking and Dagenham with the London average.
- To improve health and social care outcomes through integrated services.

Our vision and outcomes can only be achieved through a change in the way we do things in Barking and Dagenham. This will involve change for residents by taking on more responsibility for their own health and wellbeing supported by those planning and delivering local services. So what will this mean for local residents if we achieve these outcomes?

Residents are supported to make informed choices about their health and wellbeing to take up opportunities for self help in changing lifestyles such as giving up smoking and maintaining a healthy weight. This also involves fostering a sense of independence rather than dependence.	Service providers have and use person centred skills across their services that makes every contact with a health professional count to improve health.
Every resident experiences a seamless service.	Services support individuals to make choices about their health and care to help them reach their potential.
Long term action with our more disadvantaged groups and communities will overcome generational poverty.	Bringing health and social care planning and service provision together will enable less costly interventions with better outcomes in the long term.
Children having the best possible start in life from conception, so breaking the link between early disadvantage and poor outcomes throughout life.	More older people feel healthy, active and included.
Being able to take part in the design and delivery of services that are suitable for their needs.	Threats to public health are minimised and dealt with speedily.
Having a decent home that is warm and meets their needs.	Early diagnosis and increased awareness of signs and symptoms of disease will enable residents to live their lives confidently, in better health for longer.

Priority themes

The Health and Wellbeing Board mapped the outcome frameworks for the NHS, Public Health, and Adult Social Care with our Children and Young People's Plan. We agreed, based on this, to establish four priority themes that covered the breadth of the frameworks. We then mapped our actions, outcomes and outcome measures across the life course against the four priority themes:

CARE & SUPPORT	PROTECTION AND SAFEGUARDING
<p>Ensuring that patients, service users and carers have control and choice over the shape of the care and support that they receive in all care settings.</p>	<p>Protecting local people from threats to their health and wellbeing. These include:</p> <ul style="list-style-type: none"> • Infectious disease • Deaths relating to extreme weather <p>Enablers to protect health include:</p> <ul style="list-style-type: none"> • Built environment and housing stock <p>Safeguarding individuals of all ages and identities from abuse, crime and ill treatment</p>
IMPROVEMENT AND INTEGRATION OF SERVICES	PREVENTION
<p>Improving treatment and care by benchmarking against best practice and where we identify that care has failed. Exploring new and different ways of providing health and social care that is more accessible and person centered with particular emphasis on improving this for older people and disabled children.</p>	<p>Supporting local people to make lifestyle choices at an individual level which will positively improve the quality and length of their life and overall increase the health of the population.</p>

How we decided our priorities

Our criteria:

The Board considered all the relevant recommendations from the JSNA 2011 using the criteria below:

- Evidence of need
- Influencing all partner priorities
- Focus on the most important priorities
- Will be achievable
- Value for money
- Have clear outcomes

We were then able to:

- Identify the key actions for public health and safeguarding across each stage of the life course.
- Identify the key actions for health and social care across each stage of the life course.
- Identify the basket of key actions to be addressed through the 2013/14 commissioning and business planning round.
- Identify those priorities that should be addressed in later years for each stage of the life course.

Theme 1: Pre birth and early years

Children, aged 0-4years, made up just over 10 per cent of the population of Barking and Dagenham in the 2011 Census, compared to just over 7 per cent across London. Between 2007 and 2012 the 0-4years population in Barking and Dagenham increased by over 26 per cent compared to just over 14 per cent increase in London.

These early years lay a foundation, and the Health and Wellbeing Board are working in partnership to provide children with the best start in life. The impacts of early years behaviour like breastfeeding and healthy weaning, exposure to cigarette smoke or domestic violence can impact children throughout their lives. The Healthy Child Programme (0-5yrs) sets out an expectation that every child is offered a health review with a trained professional and additional multi-agency support for children and families with higher need through the common assessment framework.

Priority Area: Care and Support

- All children are offered health reviews in line with national guidance
- More children identified with special needs have their needs met and demonstrate improved health and developmental outcomes
- More children have regular dental checks and as a result have less dental decay aged 4/5 years.

Priority Area: Protection and Safeguarding

- Most children are protected through vaccination against measles, mumps, rubella and whooping cough.
- Fewer children come into local authority care due to emotional abuse or neglect, including domestic violence
- Fewer children grow up in poverty.

Priority Area: Improvement and Integration of Services

- Most children achieve a healthy standard of school readiness by age 5 through coherent and integrated support.
- More children and families have access to urgent care community services which meet their needs
- More children with chronic and/or complex health and social care needs are supported in an integrated way at home.

Priority Area: Prevention

- More infants are breastfed in the first months of life.
- More children are taking part in regular physical activity.
- Fewer parents are exposing their children to cigarette smoke.



Theme 2: Primary school children

Children, aged 5-11 years, made up just over 10 per cent of the population of Barking and Dagenham in the 2011 Census, compared to just over 8 per cent across London. Between 2007 and 2012 the primary school population in Barking and Dagenham increased by over 21 per cent compared to just under 8 per cent increase in London and 3 per cent nationally.

Primary School is a period of growth, physically, emotionally and educationally and a period where lifestyle behaviours like healthy eating and physical activity can be the key to future health and wellbeing. Research has demonstrated the serious negative impacts of excess weight in childhood directly on the cardio-vascular system. The Healthy Child Programme (5-19yrs) sets out an expectation that every child is offered a health review with a trained professional at entry to Reception year and at Year 6, this includes measures of physical health like height and weight and mental and emotional wellbeing

Priority Area: Care and Support

- All children are offered a health review at least twice in their primary school experience
- More children with special education needs have their needs met and demonstrate improved educational and health outcomes
- Most children demonstrate improvements between their Reception and Year 6 health review

Priority Area: Protection and Safeguarding

- Most children have their eyesight and hearing tested at Reception entry to identify issues early and provide access to support
- Fewer children experience bullying or hate crime at home or in school
- Fewer children are exposed to domestic violence at home.

Priority Area: Improvement and Integration of Services

- More services are accredited as young people friendly with direct access to young people engagement groups
- More children and families have access to urgent care community services which meet their needs
- More children with chronic and/or complex health and social care needs are supported to continue their education.

Priority Area: Prevention

- Fewer children attend school without the protection of immunisation
- More children are taking regular physical activity through school and leisure service provision
- More children are eating healthy school meals and improve the food environment around schools
- More children are developing coping and rebound skills to manage life stresses.



Theme 3: Adolescence

Adolescents, aged 12-18 years, made up just under 10 per cent of the population of Barking and Dagenham in the 2011 Census, compared to just under 8 per cent across London. Between 2007 and 2012 the secondary school population in Barking and Dagenham increased by almost 6 per cent compared to a drop by 1 per cent nationally.

Adolescence is a period of substantial change, individuals are developing health behaviours, beliefs and concepts that forms the basis of their health and wellbeing for the rest of their lives. The impacts of developing physical or mental ill health in adolescence can affect educational attainment and core life skills around relationships and identity. Although the maternity section is separate, it is important to note that becoming a parent in adolescence can have significant and sustained impacts on both the parent and the baby much later in life and unfortunately rates of teenage conceptions in Barking and Dagenham remain significantly higher than London and England.

Priority Area: Care and Support

- Fewer young people with complex needs have to leave the borough for care and support
- More young mothers and fathers access the support provided through the Family Nurse Partnership project and Children Centres targeted support
- More adolescents take up the opportunity for a mid-teen health review with qualified health professionals

Priority Area: Protection and Safeguarding

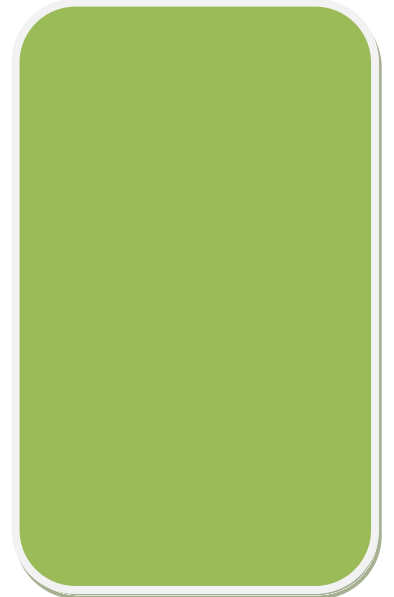
- More adolescents over 16 years take up the opportunity to protect themselves through Chlamydia screening
- More adolescent girls are protected through vaccination against cervical cancer
- Fewer adolescents experience bullying or hate crime at school.

Priority Area: Improvement and Integration of Services

- More services are accredited as young people friendly with direct access to young people engagement groups
- More adolescents are protecting their own health through contraceptive and sexual health services.

Priority Area: Prevention

- Fewer adolescents smoke and/or problematically use alcohol
- More adolescents are taking regular physical activity and improve the opportunities to use green space
- More adolescents have developed coping and rebound skills to manage life stresses.



Theme 4: Maternity

There were 3,688 live births to mothers resident in Barking and Dagenham in 2011, which has increased by 34 per cent since 2004. There have also been substantial changes in the profile of mothers in the borough, between 2004 and 2011 the proportion of mothers born within the UK fell from 58.8 per cent to 39.6 per cent. The largest group of non-UK born mothers come from Africa and Asia, where conditions like sickle cell disease and diabetes are more common.

High quality maternity services and structured and multi-disciplinary support for parents during pregnancy is key to ensuring that babies are born healthy and safe in Barking and Dagenham

Priority Area: Care and Support

- All women in pregnancy receive high quality health care support during pregnancy and labour and as a result fewer women and babies experience preventable complications
- Fewer children die in their first year of life
- More women who are identified in pregnancy with additional needs have their needs met and demonstrate improved outcomes
- All women in pregnancy have access to antenatal education and postnatal breastfeeding support
- All partners (e.g. fathers and life partners) have access to postnatal parenting support.

Priority Area: Protection and Safeguarding

- Most women in pregnancy and infants are protected through vaccination against measles, mumps, rubella and seasonal flu
- Fewer mothers live in fear of violence at home
- The majority of women in pregnancy take up the opportunity of antenatal screening including testing for HIV.

Priority Area: Improvement and Integration of Services

- All mothers have an integrated maternity care plan which they develop in partnership with the relevant healthcare professionals
- Maternity pathways including those delivered outside of the borough, have clear and integrated pathways of care with local service providers and safeguarding mechanisms
- More women in pregnancy from vulnerable groups have specific and dedicated support and care in pregnancy and improved outcomes.

Priority Area: Prevention

- All women in pregnancy are screened for perinatal mental health risk
- Fewer women in pregnancy carry excess weight
- Fewer women in pregnancy smoke and/or use alcohol and/or illegal drugs
- More women have an antenatal booking assessment by the 13th week of their pregnancy.

Theme 5: Early adulthood

Early adults are the group making their first independent steps in the world, moving out of home, leaving school or university, forming relationships and starting their own families. Early adults are aged 19-29 years and made up 16 per cent of the population of Barking and Dagenham in the 2011 Census, compared to 19 per cent across London.

The health and wellbeing of this group is crucial to the foundation of their own and their families' lives in the future. Both physical and mental illness can be a barrier to employment and opportunity at this age and in the future. 55 per cent of 19 year olds in Barking and Dagenham have not achieved any GCSE or equivalent qualifications (10/11 data), which is substantially higher than neighbouring boroughs and second highest in London. Although maternity is considered in a separate section it is important to note that 55 per cent of births in the borough were to women in this age group, compared to 42 per cent across London (2010).

Priority Area: Care and Support

- More people living with severe mental illness will be physically healthy.

Priority Area: Protection and Safeguarding

- Fewer young adults will become infected with a sexually transmitted disease or HIV
- Fewer women will have unplanned and unwanted pregnancies
- Fewer young adults will be living in fear of intimate partner violence or hate crime
- More women will protect themselves through taking up the offer of screening for cervical cancer.

Priority Area: Improvement and Integration of Services

- We will focus on improving services for people living with sickle cell disease in the first year of the partnership and then build on this partnership work to improve the quality of care and support for people living with diabetes in the second year.
- More young adults with long term conditions are satisfied with the transition to adult care and support services
- More young adults with depression are supported, through improved access, and uptake of, talking therapies.

Priority Area: Prevention

- Fewer young adults smoke and/or problematically use alcohol or illegal drugs
- More young adults have a healthy weight and have access to healthy food produce
- More young adults take regular physical activity and use active forms of transport.

Theme 6: Established adults

Established adults are aged 30-64 years and made up 43 per cent of the population of Barking and Dagenham in the 2011 Census, compared to 51 per cent across London.

The health and wellbeing of this group is often best addressed through the workplace health initiatives, and for the period between June 2011 and June 2012, 73.8 per cent of the population (16-64 years) were economically active. However 12 per cent of the adult population remain unemployed and over 7,000 of these are adults with long term health issues, demonstrating the importance of initiatives to mitigate the impact of chronic disease on an individual's ability to achieve their personal potential.

Another substantial group who are economically active are the 11,800 adults with caring responsibilities, maternity issues are discussed in a separate section, but this group require specific attention regarding the health and wellbeing impacts of caring responsibilities and how organisations can work together to help support them to achieve their potential.

Priority Area: Care and Support

- More adults with early signs of dementia are recognised in primary care and referred for treatment
- More adults who are eligible use direct payments to control their own care and services
- More adults infected with TB complete treatment
- More adults over 40 take up the offer to review their own health through the NHS Health Check
- Fewer adults with depression require hospital admission because of better community care and support.

Priority Area: Protection and Safeguarding

- More adults take up the opportunity to protect themselves through cancer screening (cervical, bowel and breast)
- Fewer adults will be living in fear of violence
- Fewer adults are injured through accidents in the workplace or in our public spaces.

Priority Area: Improvement and Integration of Services

- Improve services for people living with sickle cell disease (13/14) and diabetes (14/15)
- More adults with the early signs of chronic disease are identified in primary care and start treatment and care
- More adults have access to community based urgent care services in ways that suit their work/life balance.

Priority Area: Prevention

- Fewer adults smoke and/or problematically use alcohol or illegal drugs
- More adults have a healthy weight and more have access to healthy affordable food produce
- More adults are taking regular physical activity including cycling and walking.



Theme 7: Older adults

Many older adults are active and engaged in their local communities, supported by networks of friends and family, using their retirement to contribute to the community and society, and we aim to support more local people to live in later life with dignity and independence, achieving their potential in old age as much as at any other life stage.

Older adults are aged over 64 years and made up just over 10 per cent of the population of Barking and Dagenham in the 2011 Census, compared to just over 11 per cent across London, although the proportion of the population over 90 years has remained constant at 0.5 per cent.

The health and wellbeing of this group is often characterised by an increasing dependency on support as individuals' age and become frailer. Over a quarter of adults aged over 60 years have such a poor quality of vision that it restricts their daily routine, and over 20 per cent of those over 75 years have significant sight impairment. There are estimated to be around 74,000 falls made by people in the borough aged over 65 years each year, many of these are preventable. The impact of social isolation, poverty and the lifetime effects of health risk behaviours such as smoking, all contribute to an older person's health and wellbeing. There is no avoiding that old age is followed by death, and providing individuals support and dignity in dying is an important part of the health and social care agenda.

Priority Area: Care and Support

- More frail elderly adults to be supported to live independently
- More older adults with signs of dementia and/or depression are recognised in primary care and referred for treatment
- More older adults who are eligible use direct payments to control their own care and services
- More older adults under 75 years take up the offer to review their own health through the NHS Health Check.

Priority Area: Protection and Safeguarding

- More older adults take up the opportunity to protect themselves through cancer screening (bowel and breast)
- More older adults are protected through vaccination against seasonal flu
- Fewer older adults live in fear of older abuse
- Fewer older adults are injured through accidents in the home
- More older adults live in high quality and more energy efficient homes, protected from weather extremes.

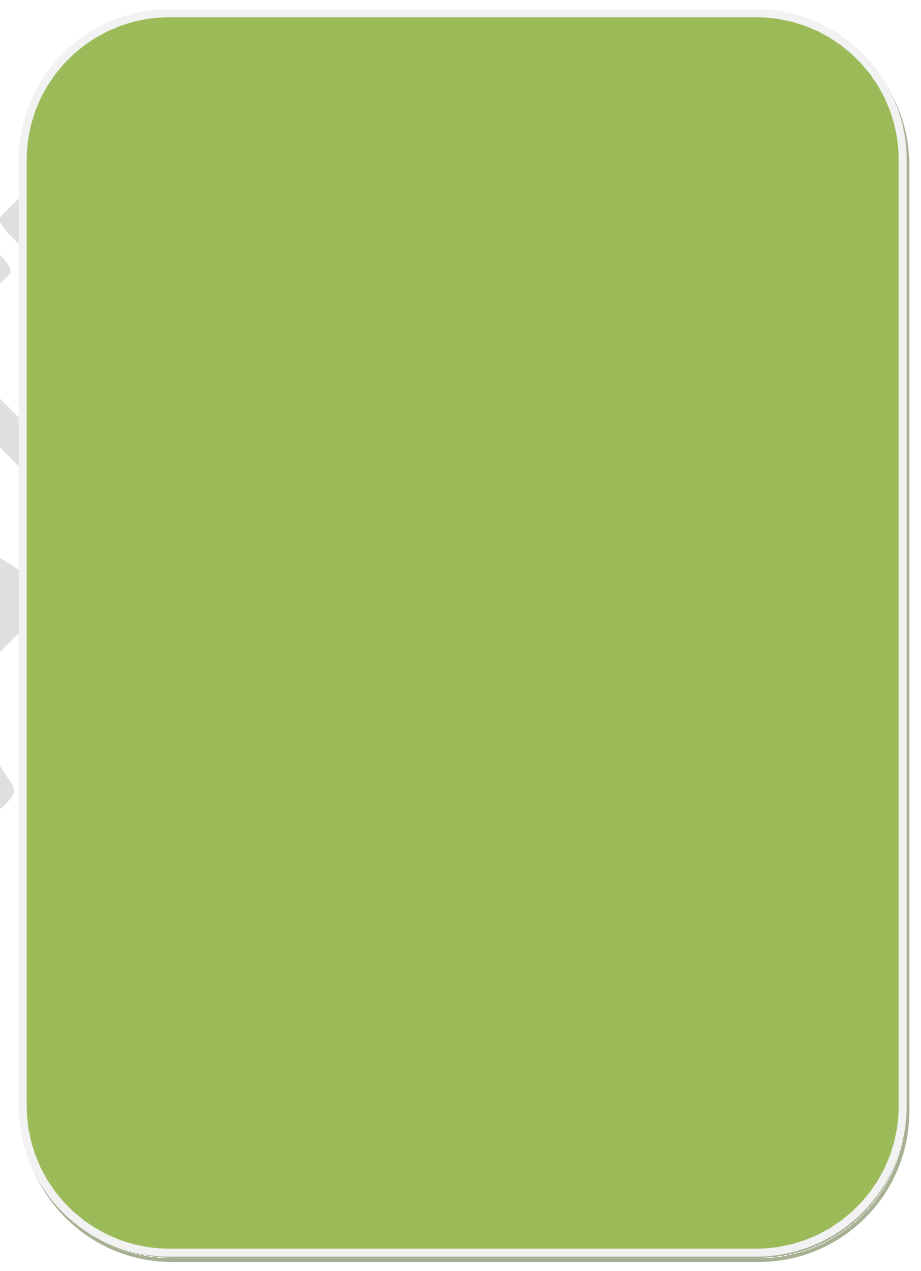
Priority Area: Improvement and Integration of Services

- More older adults live active and independent lives with support from integrated services
- More older adults who are terminally ill die with dignity in a planned and supported way
- More older adults have access to community based urgent care services
- More older adults regularly access high quality dental services.

Priority Area: Prevention

- Fewer older adults smoke and/or problematically use alcohol
- More older adults are taking regular physical activity and use the green spaces in the borough.
- More older people are actively engaged in their community.

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Theme 8: Vulnerable and minority groups

Consultation and the equalities impact assessment of the draft strategy highlighted the need to coherently consider the needs of some specific minority communities in Barking and Dagenham.

Barking and Dagenham is a diverse and vibrant community with many different ethnic groups. Individuals who identify as lesbian, gay, bisexual and transgender, people living with disability all their life and people who become disabled through disease or injury, and communities of faith. Some of these communities have specific needs which the Health and Wellbeing Board have highlighted as areas for specific and targeted consideration. As the Strategy is implemented, in some cases this means targeted work and in others it means monitoring service utilisations to ensure that groups are not disadvantaged or marginalised by the way things are being done.

Priority Area: Care and Support

- All individuals with learning difficulties and/or disabilities have a key worker and a structured health and wellbeing plan which takes into account key life stages and transitions e.g. the move from education into employment
- All young people who are Looked After or are in the Youth Justice System should have an annual health check and a health plan in place.
- Improve support for carers

Priority Area: Protection and Safeguarding

- More people from minority groups feel confident to report abuse and harassment
- The gap is reduced in uptake of health screening programmes for ethnic minority groups living in Barking and Dagenham
- Protect vulnerable adults and children from abuse and harm

Priority Area: Improvement and Integration of Services

- More integrated support is provided to troubled families to reduce the impact on children and young people
- All service commissioners and providers ensure that staff have explicit equality and diversity training which includes the justification and methodology for monitoring all legally protected strands in line with national guidance
- Mental health services and pathways explicitly consider access for individuals from minorities, including sexual orientation where there is evidence of enhanced need.

Priority Area: Prevention

- The gap is reduced between individuals from minorities and the general population for those who carry excess weight
- The gap is reduced between individuals from minorities and the general population for those who smoke and/or use alcohol and/or drugs.

How we will deliver our priorities

On the basis of policy and experience, we have agreed to produce a delivery plan that outlines the actions and resource to deliver our 18 priorities to achieve the outcomes. We will tackle the priorities through the following settings:-

- **Health and Social Care:** The Clinical Commissioning Group and Council has agreed locality structures which align local public sector services including health, social care, and education teams to support integrated working across agencies and teams.
- **The Work Place:** Working with employers in the borough to improve wellness in the workplace.
- **Schools:** Working with Children’s Services to ensure all settings and schools promote healthy lifestyles, which support attainment and positive outcomes for children and young people.
- **The Community:** We will work with our partners, residents and voluntary sector groups in delivering community based programmes.

The detailed action plan that supports this strategy will focus on the following seven impacts:-

Delivery Impact	Summary
Putting the emphasis on prevention	Energy needs to go towards helping individuals, families, communities and organisations understand what they can do to promote positive health and wellbeing. 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.
Making health and wellbeing 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 wellbeing 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.

Delivery Impact	Summary
Making health and wellbeing 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 wellbeing information on issues, as well as feedback on progress.
Borough based programmes and interventions are an important strategy for achieving general impact on issues	Our Older People's Offer is a good example of the impact that can be made through such large scale programmes. We can see the benefit of coordinated and timely health and wellbeing 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.
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 establishment of the Clinical Commissioning Group offers an opportunity for much improved integration of services to ensure 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.
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.
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.

Monitoring, evaluation and review

The Health and Wellbeing Strategy is supported by an outcomes framework and delivery plan which sets out how progress will be measured by the Board and what the key priority actions are in the first year of the partnership.

Like all strategies, success depends on regular and robust monitoring and review to ensure that the intended outcomes are being achieved and action is taken to address service failings, or any other problems that may arise. Many of these outcomes link to existing partnership and organisational strategies, such as the Housing Plan and the Education Strategy.

The outcome measures for the priorities can be separated into activity and uptake indicators that ensure that we are supporting residents to take up the opportunities offered to improve their health, and outcome indicators which reflect the impact of the changes we are making on the health of local people. We use both types of indicators because some activity and uptake indicators can provide more timely information than the outcome impact which takes time to be reflected at a population level.

For example we monitor the uptake of vaccination to protect against cervical cancer in teenager which we can measure every year, rather than the outcome of women affected by cervical cancer which would take several years to show the impact of changes we make to improve uptake of vaccination now.

Another example is how we will monitor the support for carers. It would be difficult to measure effectively across the broad range of carers in the Borough what their support, but we can monitor how many of them have been identified by general practice, how many have their annual health check and how many have an carer support plan in place, all of which provide proxy measures for making sure we are doing what we can to support carers and meeting their needs as well as those they care for.

We recognise that we will need to reintroduce the TellUs Survey of school aged children, using Access and Connect technology, in order to monitor health outcomes more effectively, and that we will need to significantly improve the quality of data from service providers to enable us to drill down and recognise the outcomes for vulnerable groups.

A full set of the outcome measures forms part of the delivery framework for the Strategy, this table provides some examples of the measures being used by the Board's Performance Group to monitor progress.

Equality and diversity

An equalities impact assessment (EIA) was completed to give due regard to the impact of the priorities set in the Joint Health and Wellbeing Strategy 2012-2015 on residents in Barking and Dagenham across the protected characteristics.

The EIA found that overall the strategy has in place actions that will contribute to the reduction of existing barriers to equality and address potential inequalities, as its overarching purpose is to address the greatest need by reducing health inequalities through universal and targeted action.

A series of consultations were undertaken to engage residents, voluntary and community groups from the 9 protected characteristics to inform the development of the Strategy.

As a key part of the EIA recommendations outlined by these groups to:

- address health inequalities experienced by, specific equalities groups, as identified through consultation and by the data
- provide inclusive and accessible information and support to ensure equity in access to services and health outcomes
- address gaps in the data
- develop a strategy to engage with all sections of the borough, in particular seldom heard groups will feed into the development of the Strategy and delivery plan.

The full EIA and summary document can be found on the website at:

<http://www.barkingdagenhampartnership.org.uk/hwb/pages/healthwellbeingstrategy2012.aspx>

**Produced in partnership by the Health and Wellbeing Board
and signed off by the Board on 27 November 2012**

Approved by the Council's Cabinet, xx xxxxxx xxxx