

Attachment 1

2. Key Recommendations (Through the Life Course Stages)

Pre – birth and early years	<ol style="list-style-type: none"> 1. Partners to embed and develop the promotion of health and social care interventions such as breastfeeding, oral health, child nutrition, physical activity and immunisation through to 2016. (Board priority 3 & 5) 2. The Council with partners to review and develop further an integrated approach to the delivery of early year's interventions and capitalise on the opportunities presented by the transition of the 0-5 Healthy Child Programme commissioning to the Council in October 2015. (Board priority 5)
Primary School	<ol style="list-style-type: none"> 3. Partners to ensure that commissioning takes into account the impact of the growth in the 5-19 years population and are providing adequate capacity in services to support this group in health and social care, education and community settings. (Board priority 5) 4. Partners to embed and develop the promotion of health and social care interventions such as oral health, child nutrition and physical activity through to 2016.(Board priorities 3 & 5) 5. The Council will ensure that all children and young people have the opportunity to be well-educated in order to narrow the gap in attainment and realise high aspirations for every child, including the most vulnerable. In turn this will support the development of a local, skilled workforce to match improved employment opportunities. (Board priority 5)
Adolescence	<ol style="list-style-type: none"> 6. Partners to ensure parity of esteem between mental health services and physical health services. Public Health, working with local stakeholders, should consider undertaking a needs assessment of Child and Adolescent Mental Health (CAMH) to define the need for the services that are provided to this vulnerable population of young people, and the adults in their households. (Board priority 8) 7. Partners to further develop universal provision to support children and young people's emotional health and wellbeing. Developing resilience needs to be further considered as part of looked after children's emotional health including dealing with drugs, alcohol and sexual relationships. (Board priorities 7 & 8)

Early Adulthood	<p>8. The Council will grow the borough offering high quality, decent homes, including private rented accommodation, and a sustainable community, in an enhanced environment and develop a local skills base, along with enhancing the borough's image to attract investment and business growth. (Board priorities 2, 8 & 9)</p> <p>9. Partners to empower residents to take responsibility for their own health and social care needs including interventions that encourage behaviour change to healthier lifestyles and up take of services including sexual health, drug and alcohol harm reduction, smoking cessation, national immunisation and screening programmes through to 2016. (Board priorities 2, 3, 4 & 7)</p>
Maternity	<p>10. Partners to continue to work together to strengthen the maternity pathway to ensure the opportunity book mothers to see a midwife by week 12 of a pregnancy; to use the Barking and Dagenham birthing centre, and to engage with health and social care interventions such as breastfeeding, babyClear, drugs and alcohol harm reduction through to 2016. (Board priority 2)</p>
Established Adults	<p>11. The Council and CCG to further develop through programmes such as the Social Care Transformation, Primary Care Transformation, Better Care Fund, Care Act and Children and Families Act and Everyone Counts to ensure services promote residents' independence. Enabling them to make healthier choices in their daily lives including sexual health, drug and alcohol harm reduction, smoking cessation, NHS health checks, national immunisation and screening programmes through to 2016 (Board priorities 1, 2, 4, & 7)</p> <p>12. Reduce hospital admissions and re-admissions. Partners together with residents and patient groups need to enhance and develop initiatives to increase awareness of signs and symptoms of chronic disease, particularly cancer, diabetes and COPD, to improve early diagnosis of disease and empower residents to understand how to manage chronic disease from day-to-day, which will increase life expectancy. (Board priorities 1 & 2)</p>
Older Adults	<p>13. We want to reduce the number of residents who suffer accidental injury. Partners together with voluntary groups need to enhance initiatives that address injury including falls prevention and appropriate and timely access to eye health services. (Board priority 9)</p> <p>14. At the end of life we want our adults who are terminally ill to die with dignity in a supported and planned way. We particularly want residents to have real choice about where they die. (Board priority 1)</p>

<p style="text-align: center;">Vulnerable and Minority Groups</p>	<p>15. Partners to actively work towards assuring that there is appropriate specialist capacity for vulnerable groups with mental ill health, including children in households where adults have mental illness. This should have a focus on early intervention in those with psychosis, and that pathways exist at all tiers of service accessible to these populations both adults and CAMHS . (Board priority 8)</p> <p>16. Children’s and Adult and Community Services to monitor domestic violence services to ensure they continue to meet the needs of residents and to support projects that promote emotional wellbeing, giving opportunities to develop skills and understanding. (Board priority 6)</p> <p>17. The Safeguarding Adults Board and the local Safeguarding Children’s Board have a key role to ensure that multi agency capacity is sufficient to meet our safeguarding needs and that they are effectively monitored and embedded across the borough. (Board priority 6)</p> <p>18. Partners to work jointly to develop and maintain a sustainable market for our residents who most need adult social care; particularly addressing services to our older residents, those with learning disabilities, autism, mental health issues, physical disability and / sensory disability, those with drug and alcohol problems and those with behaviour which challenges. (Board priority 1)</p> <p>19. All partners should work towards clearly defined outcomes for employment opportunities for people who are vulnerable, including residents who have physical disabilities, learning disabilities or mental health support needs. (Board priority 1)</p> <p>20. Continue to tackle homelessness and promote independence by implementing new accommodation strategies for mental health and learning disabilities (including carers). (Board priority 1)</p>
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