



Joint Health and Wellbeing Strategy

2015 to 2018



Barking and Dagenham
Clinical Commissioning Group



London Borough of
Barking & Dagenham

lbbd.gov.uk



Front cover image: Residents gather in celebration on the day that HRH Queen Elizabeth opens the Abbey Leisure Centre, 16 July 2015.

Contents

Foreword	2
What does our strategy mean for you	3
Starting Well: Establishing healthy habits in pregnancy and with our children	4
Living Well: Making it easier for adults to maintain healthy habits	5
Ageing Well: Living healthier for longer and making the most of older age	6
Our Partners	7
Introduction	10
Our population and its health challenges	11
Principles of our Strategy	15
National and regional context	18
Local strategies/plans	21
Outcomes	23
Priority themes	24
How we decided our priorities	25
Theme 1: Pre birth and early years	26
Theme 2: Primary School Children	27
Theme 3: Adolescence	28
Theme 4: Maternity	29
Theme 5: Early adulthood	30
Theme 6: Established adults	31
Theme 7: Older adults	32
Theme 8: Vulnerable and minority groups	33
How we will deliver our priorities	34
Monitoring, evaluation and review	37
Equality and diversity	38

Foreword

Everyone in the borough has a right to good health. The Council have recently agreed a new vision ‘One borough; one community; London’s growth opportunity’ and our Strategy seeks to make this a reality. Residents who feel they belong to and can contribute to their community tend to enjoy better health than people who feel lonely or isolated. There are lots of things that the Council and our partners can, and do, to help make our borough a healthier one in which to live and work.

This 2015 refresh of Barking and Dagenham’s Joint Health and Wellbeing Strategy outlines our top priorities for improving the health and wellbeing of all the people who live and work in the borough. The refresh coincides with Barking and Dagenham’s 50th anniversary of becoming one borough. It will be another defining point in our borough’s history and brings with it a once in a generation opportunity to radically transform the relationship between our residents and

the Council as well as between patients and the NHS.

This refresh is in response to the changing health and social care needs of the population, as described by the Joint Strategic Needs Assessment 2014. We want this Strategy to give all those who work to improve health and wellbeing and reduce inequalities the focus that will drive the significant improvements needed to achieve the outcomes we seek. It is intended to provide a framework and direction to review commissioning and service delivery planning in order to make the biggest difference over the next few years.

The London Borough of Barking and Dagenham’s Health and Wellbeing Board brings together those who buy services across the NHS, public health, social care and children’s services, with elected councillors and Healthwatch, to jointly consider local needs and plan the right services for our population.

This Strategy will enable the Board and partner organisations to account for how their actions will progress our Joint Health and Wellbeing Strategy. The Board have also carefully considered what local people have said about what health means to them and where their priorities lie. We will keep talking to local groups and individuals about the issues so our Strategy stays relevant and ambitious for our borough.

We will keep this Strategy under review and assess the effectiveness of the overall framework, as well as the continuing relevance of the priorities, as new information, evidence and policies emerge. Progress is regularly reported to the Health and Wellbeing Board.

Councillor Maureen Worby
Chair, Health and Wellbeing Board



The Board have also carefully considered what local people have said about what health means to them and where their priorities lie. ”





What does this strategy mean for you?

You may be reading this as a resident, the owner of a borough-based business or someone who works in Barking and Dagenham. Whoever you are, this Strategy means good news for you!

The next three pages illustrate the highlights of what we're doing and how it will impact on you. In our programme to grow the borough we will include measures to make the healthier choice the easier choice. In order to do this we have broken down the messages into three broad stages of life:

Starting well

We feel that getting off the starting blocks is absolutely essential in improving health and wellbeing.

This starts with establishing healthy habits in pregnancy and with our children.

Living well

This is a marathon, not a sprint and we intend to make it easier for adults to maintain healthy habits.

Ageing well

As we approach the finishing line we feel that enabling you to live independently and healthier for longer and making the most of older age is vital for your wellbeing.

Who are we?

When we say 'we' we're including all of the partners on the Health and Wellbeing Board and the many agencies and organisations who provide services in the borough. Many of them are commissioned by Health and Wellbeing Board partners. We're also including anyone who participates in developing and maintaining their own health and wellbeing... that means you!

Starting well: Establishing healthy habits in pregnancy and with our children

We start working with you for your child's health while you're still planning to become pregnant! This life stage covers you and your child during pregnancy, and includes children and young people up to 18 years old.

Your life:

- Supported pregnancy, delivery and breastfeeding
- Healthier children with a better outlook for developing, learning and achieving
- Children and young people able to make their own healthier choices

What we can do:

- We will support you to have a healthy pregnancy and give your child the best start in life
- Our children's centres and schools will support you in keeping your child healthy and safe
- Our services will be there to advise young people on how to cope with the stress of modern living and peer pressures
- We will safeguard individuals of all ages from abuse, sexual exploitation, crime and ill treatment.
- We will continue to improve our services to ensure you get the right service at the right time in the right place

What you can do:

- Make sure your child has been immunised to protect them and others from disease
- Be vigilant and act on the signs and symptoms of disease – Spot disease and illness early and see your GP
- Make the lifestyle changes now for you and your family that will improve and maintain good health
- Find out about them and use them! We provide a range of services to help you and your family maintain good health from exercise and diet programmes, sexual health and drug services, cooking skills to learning opportunities.
- Help us to stamp out abuse, sexual exploitation, crime and ill treatment and make this borough a safer place
- Make sure your child visits the dentist for regular check-ups and get regular eyesight tests – They are free
- Encourage your child to eat well and move more.



“

Healthier children with a better outlook for developing, learning and achieving ”



Living well: Making it easier for adults to maintain healthy habits

We want to make healthy choices the easiest choice for everyone.

Your life:

- Easy access to free and low cost resources for self care and maintenance
- Alert to any health issues and able to deal with them
- Well informed and empowered
- Living a healthier, longer, more fulfilling life.

What we can do:

We will ensure that our services support you to make the smallest changes that will have a huge impact on your health – so we're working to help you help yourself.

What you can do:

- If you receive an invitation from us for bowel/breast or cervical cancer screening or your NHS Health Check – Take it up – its free
- Take on disease be vigilant and act on the signs and symptoms – Spot disease and illness early and act quickly
- If you are invited to have a free seasonal flu injection – Have the jab
- Find out and use them!
We provide a range of services to help you and your family maintain good health from exercise and diet programmes, sexual health and drug services, benefits advice to learning opportunities
- Make sure you visit your dentist once a year and get your eye sight examined every two years
- Sleep well, live longer.

Ageing well: Living healthier for longer and making the most of older age

Helping you to live independently and maintain good health for longer is vital for ageing well. Even if you suffer from long term illness you can still enjoy a good quality of life.

Your life:

- Easy access to care and support
- Early diagnosis of health issues
- Well supported carers
- Prepared for a healthier, longer, more fulfilling older age.

What we will do;

- Support those who are caring for people living with dementia
- Support investment in housing, leisure, business and public spaces to enhance your wellbeing
- Provide regular check-ups to ensure you age well
- We will safeguard individuals of all ages from abuse, sexual exploitation, crime and ill treatment
- We will continue to improve our services to ensure you get the right service at the right time in the right place.

What you can do;

- Be vigilant and act on the signs and symptoms of disease – Spot disease and illness early and see your GP
- If you are invited to have a free seasonal flu injection – Have the jab
- Find out and use the extensive range of services from our Active Age centres to our parks and befriending service to keep you independent, healthy and safe
- Make sure you visit your dentist once a year and get your eye sight examined every two years
- Sleep well, live longer.



“

Even if you suffer from long term illness you can still enjoy a good quality of life.

”

Our partners



Dr Waseem Mohi
Chair



Conor Burke
Accountable Officer



Frances Carroll
Chair, Healthwatch

NHS BARKING AND DAGENHAM CLINICAL COMMISSIONING GROUP:

Barking and Dagenham Clinical Commissioning Group (CCG) is committed to improving the health and wellbeing of our patients and residents. As a local GP membership organisation we are acutely aware that this isn't something we can do alone. Working more closely with our partners across health and social care locally and further afield as appropriate, is the only way we will tackle some of the health issues we face here in Barking and Dagenham. Together with our partners in the local authority, voluntary sector and acute and community and

mental health provider organisations, we know that the considerable challenges we face in our health economy demand a system approach to be tackled effectively.

We are a young organisation, but we have already demonstrated our desire and focus to bring about real change and real improvements to the quality of services and the care that local people are receiving. We are enthusiastic members of the Health and Wellbeing Board and see this Strategy as a crucial document to help further integrate services and to help us make the best use of the resources available to us.

The priorities identified in this Strategy are familiar to all of us. Whether that's a focus on early years, older adults or our most vulnerable groups of residents – we are committed to work in partnership to improve health outcomes for the people we see every single day in our surgeries across Barking and Dagenham. We are delighted to support this strategy document and its priorities to make a real difference for all of our residents.

HEALTHWATCH:

Barking and Dagenham has been engaged as a partner in producing the Joint Health and Wellbeing Strategy and welcome the plans to improve the health and wellbeing of those who live in Barking and Dagenham. Through Healthwatch's consultation with borough residents, concerns have been raised by people regarding the many health challenges the borough faces, including lower than average life expectancy and high death rates from heart disease, circulatory diseases and cancer. This is in contrast to our two neighbouring boroughs who share the same acute services.

Healthwatch are aware of the challenges the Health and Wellbeing Board partnership

faces in working towards reducing the causes of ill health including smoking, alcohol, low exercise uptake and obesity. This is alongside social and economic deprivation, high unemployment, low incomes, poor housing and other factors which limit opportunities and aspirations. There are also concerns regarding the pressure on services that our changing demographics are having both now and in the future. Healthwatch has worked hard to raise the profile of public opinion and are pleased to see it reflected in this document. We are confident that the strong partnership of the Health and Wellbeing Board will rise to the challenges of local needs and be effective in improving the health and wellbeing of all residents.



Dr Henrietta Hughes
Medical Director London North Central & East London

NHS ENGLAND:

The main aim of NHS England is to improve the health outcomes for people in England. We empower and support clinical leaders at every level of the NHS through clinical commissioning groups (CCGs), networks and senates, in NHS England itself and in providers, helping them to make genuinely informed decisions, spend the taxpayers' money wisely and provide high quality services. As members of the Health and Wellbeing Board, we are committed to working with partners to achieve the vision for making a real difference to the quality and standard of local services. This comprehensive document identifies some key priorities for local services and ensuring equity of access based on local need.

The Joint 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.



Jacquie Van Rossum
Executive Director Integrated Care London & Transformation

NORTH EAST LONDON FOUNDATION TRUST (NELFT):

I am delighted to endorse the Barking and Dagenham Joint Health and Wellbeing Strategy. The Strategy sets out the framework for achieving the goal of better health and wellbeing in Barking and Dagenham, with a particular emphasis on those who need support most. Being healthy is not just an absence of illness or disability. Health and wellbeing are broad concepts which take a much wider view of what affects a person's quality of life. A feeling of 'wellness' therefore includes all aspects of physical, mental and social wellbeing.

The Joint Health and Wellbeing Strategy includes actions for improving health both within and outside of NHS services, and promoting better integration of services based around people's needs rather than traditional organisational boundaries. The actions in this Strategy are ambitious and challenging. The successful implementation of the Strategy will depend on close working between local public, voluntary and community organisations. This Strategy is all about partnership and working together.

With this in mind NELFT staff will be working with others to encourage and support local people to make healthier choices in their lives, to deliver more integrated and accessible health and social care services and to improve the conditions that people in Barking and Dagenham live and work in.

Our partners



Dr Nadeem Mogal
Medical Director



Sultan Taylor
Borough Commander

BARKING HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST:

Working with our partners to improve the health of our population is an essential part of our work at Barking, Havering and Redbridge University Hospitals NHS Trust. I am fully supportive of this Strategy; its priority themes mirror our own.

With a growing population it is essential that we look at ways of keeping our community healthy, and provide health and social care in a way that is accessible to all. Improving the links between hospital and social care has already had enormous benefits to patients, with people

supported and able to stay in their own homes whenever possible.

The implementation of this Strategy will build on that work, and strengthen the partnerships already in place to benefit our patients, service users and carers. I am particularly pleased that work will continue to encourage people to stop smoking. London Borough of Barking and Dagenham are invaluable in our work to stamp out smoking on our hospital sites, offering tireless support to make our Trust smoke free.

METROPOLITAN POLICE:

Being a member of the Health and Wellbeing Board adds value to the local police priorities in the following ways. As a member it enables the police to influence and shape the Strategy to actively work in partnership to improve the community safety and quality of life of our residents.

There are many areas whereby the health and well being of our community affect the demand on policing and also presents many opportunities where the police can work more with closely with partners to support, prevent and resolve issues whilst improving health and well being. For example where police come across vulnerable members of our community by us having an awareness of the support available through our

partnership, individuals can be quickly referred to our partners to receive the support. From a proactive perspective the police can access service providers through referral systems to prevent individuals entering the criminal justice system and receive the necessary support for example people suffering mental health, substance misuse. By working in partnership there are many areas that add value to our policing priorities such as safeguarding vulnerable adults and children, and also child exploitation issues. By collaboration and working in partnership, policing improves the quality of life for our community.

The police support partners to improve residents health and well being, by firstly giving

support to individuals and referring to the service providers, this applies to people who come to notice in the community and also those who are brought into custody for the safety and well being as well as those who have committed offences. The local police are involved in many community engagement activities and by working in partnership with health professionals our community can be made more aware of the help and support they can receive from service providers. The police can support partners by sharing information and develop plans to help protect vulnerable people in our community.

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 2018. 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 within a tighter financial framework. However we need to ensure there are support mechanisms to enable our residents to live more independently, whilst still offering a safety net of support for our most vulnerable.

Through better integration of service planning and improvements in the quality and accessibility service provision, we will continue to build on the resilience in local communities by supporting active citizens, local assets and neighbourhood networks. The Board will continue its determination to capitalise on the opportunity to connect prevention and regeneration to help create a place that supports well-being thereby encouraging residents to make informed choices for a healthy lifestyle and behaviours which improve their own health. This will be realised through bringing together services across the partners, beyond health and social care, to health-related services such as leisure, housing, active age centres 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 Commission and the NHS England (London) plans and strategies.

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 and outcomes are separate documents and accompanies this Strategy.

The Care Act 2014 is the most comprehensive overhaul of social care since 1948, it consolidates and modernises all social care law into a single framework. As well as consolidating the legislation, the Care Act brings social care law into the 21st Century. The Act enshrines in legislation and statutory guidance modern adult social care policy and practice. There is a new focus and direction for social care which centres on prevention, wellbeing, and personalisation.

The Care Act became operational on 1 April 2015. It is therefore a key driver in developing the refresh of the Health and Wellbeing Strategy. The elements of wellbeing and prevention within the Act require a specific response. This takes the form of a locally agreed approach to promoting wellbeing and developing prevention which is a distinct piece of work that is referenced at relevant points in this document.

“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 2018.”



Our population and its health challenges

The JSNA 2014 draws out the important challenges to our residents' health and can be characterised under the following two key headings **1) Population growth and changes in our local population** and **2) Income poverty and employment**.

Income poverty and employment result in reduced wellbeing by numerous mechanisms which we also address. These are fuel poverty, excess winter deaths and access to services and many more, including high levels of lifestyle risk linked to smoking, obesity and physical inactivity. The population of the borough has both comparatively high rates of chronic disease and as a consequence high death rates from these diseases, especially heart disease, cancer and chronic lung disease. Additional health and social care needs remain, for example mental health challenges, safeguarding, domestic violence and dementia.

1. 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 an increase in the numbers of people living in the borough, a very high birth rate and increase in proportion of the population from black and minority ethnic (BME) communities.

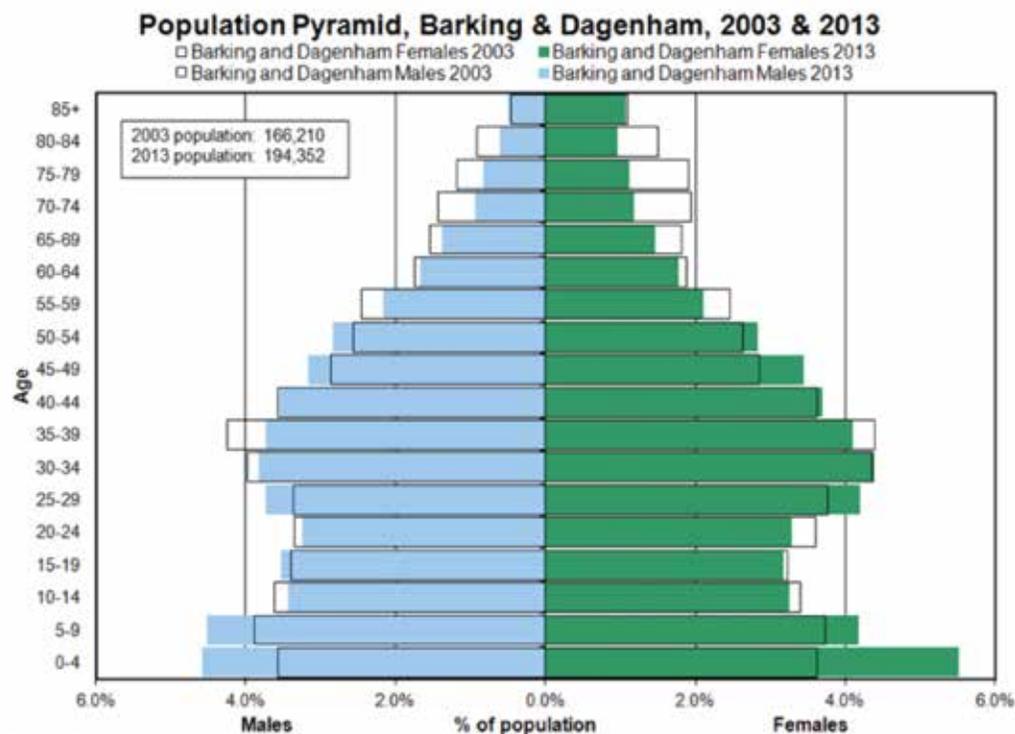
1.1 Population growth

The borough's population is growing at a faster pace than in London and England. The growth rate in the borough is 16.6 per cent and has gone up more than twice that of England's, 8 per cent, between 2003 and 2013. Growth is also ahead of that for London which is again 8 per cent.

1.2 High birth rate

Across the age groups, significant increases were in the children population aged 0-4 with figures up by almost 50 per cent,

followed by adult working population, 16-64, especially the younger age groups in this category. In contrast figures were down 14.8 per cent in the 65+ population, compared to London and England which were all up 8.1 per cent and 17.4 per cent respectively. **Figure 1** shows the population pyramid for Barking and Dagenham. 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. 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 and/or increase their earnings. This movement is known as population 'churn'.



Source: ONS 2013 & 2003 mid-year population estimates

Figure 1: Population pyramid for Barking and Dagenham based on the mid-year estimate (MYE) from the Office for National Statistics.

1.3. Increased proportion of population from BME communities

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. Proportion of BME

groups in the borough is projected to increase by 27.3 per cent between the 2011 census and 2015. In 2016 the BME population will make up 51 per cent of the borough's population. This is projected to keep on rising: by 2020, the BME population is estimated to have increased by 58 per cent.

2. Income poverty and employment through improved life expectancy and health and social care outcomes

This Joint Health and Wellbeing Strategy and the actions and outcomes which are needed to address the priorities for improving the health and wellbeing of local people are based on priorities. These priorities are based on the needs identified in the Joint Strategic Needs Assessment and the national and local priorities identified in the various outcome frameworks (Public Health, Adult Social Care, NHS and the Children and Young People's).

The outcomes contained within the 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.

Three particular challenges continue to dominate our thinking:

- (i) The first is the burden of ill health demonstrated by the significant numbers of our population in poor health and the high premature mortality rates especially from coronary heart disease, stroke, cancers and respiratory disease.
- (ii) The second is to continue the essential development and investment in primary care provision to deliver the "better care outside the hospital" agenda, without which our hospital services are unsustainable.
- (iii) The third is to take account of our rapidly changing population in our commissioning strategies and delivery plans, so that services keep pace with changing needs and numbers.

Our population and its health challenges

2.1. Deaths in people under 75 years old

Addressing these three challenges is critical to delivering enhanced life expectancy from birth for our residents. Currently more than half (56.7 per cent) of all deaths under 75 in Barking and Dagenham were from conditions considered amenable to healthcare. Nearly 2200 potential years of life per 100,000 registered patients are being lost through such causes. There is likely to have been economic loss because of sickness absence, inability to work, carer needs and loss of family income. There are also disproportionately high health and social care costs associated with premature chronic disease and disability.

2.2. Premature illness and dependency

People with premature illness and dependency will add need and therefore costs to our commissioned health and social care services and this need may

not be fully reimbursed in a simple age-related funding formula. There are opportunities to address this. Firstly, all services (health and social care) need to consider prevention as an essential part of their service delivery model, and secondly, the Board strongly advocated for partners to collaborate more on prevention. The cost of care for adults will continue to rise disproportionately whilst prevention is currently suboptimum. The partners have already started to address these opportunities by including, in the Better Care Fund, a stronger focus on prevention and making integration work effectively for less dependent residents.

2.3. Mental Wellbeing

Whilst two of the three outcomes of our Joint Health and Wellbeing Strategy focused on life expectancy, mental wellbeing is often omitted from consideration and recent policy directives have demanded parity of esteem with physical health. Cancer, CVD and respiratory disease are all

associated with a higher risk of depression and people with poor mental health have below average physical health and higher rates of the diseases associated with premature mortality.

2.4. Prevention

In considering our prevention responsibilities, we have to take account not only of the need to influence lifestyles amongst children, young people and adults, but also what actions could prevent the breakdown of people's ability to live independently and precipitate the need for some form of institutionalised care, whether in hospital or a nursing home. For Barking and Dagenham the focus for investment to improve outcomes needs to focus on early years and those of old age as well as those who are in the later stages of long term conditions.

Section 2 of the Care Act 2014 requires that a local authority must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support, or the needs

for support of carers. Local authorities should develop a clear, local approach to prevention which sets out how they plan to fulfil this responsibility, taking into account the different types and focus of preventative support.

Under the umbrella of the Joint Health and Wellbeing Strategy sits the partnership's agreed approach to prevention which has been developed directly in response to the requirements of the Care Act.

2.5. Social care demand

In respect of demand for child social care the impact of domestic violence on referrals is significant. Programmes to address domestic violence will play an important role in helping to manage demand for child social care. Child Sexual Exploitation is a key issue for all commissioners and providers to address following Government directives following the Rotherham case.

The demand for adult social care services continues to increase, even though the numbers of older people, who are the largest

client group, are reducing. Increasingly services users are choosing self-directed support, through the provision of direct payments for their care, supported by a Personal Assistant. With the introduction of the Care Act reforms in April 2015, which will change eligibility, carers' entitlements and self-funding arrangements, predictions about future demand for services arranged by the Council are hard to make although partners have reduced the cost of social care since 2012/13 while maintaining quality.¹

2.6. Risk factors across the life course

After smoking, physical inactivity, excessive alcohol consumption and obesity are the most important risk factors for us to focus on. Physical activity has benefits independent of weight loss. It increases life expectancy, decreases blood pressure and blood sugar and improves mental health. Likewise, adoption of a healthy diet including prolonged breast feeding followed by high amounts of fruit and vegetables has the potential to decrease population death rates by

around 5 per cent. The Health and Wellbeing Board has prioritised obesity as its most important prevention priority.

2.7. Early detection and improved management of long term conditions

The key focus to improving life expectancy is addressing raised blood pressure and the cardiovascular disease risk factors that can be detected and treated as risk conditions in their own right or can be partially tackled from their composite parts e.g. losing weight, increasing exercise and improving the diet. Early detection and optimal management of high blood pressure remains one of the most important healthcare interventions.

2.8. Safe and effective maternity services

Maintaining a safe and effective maternity service is essential. This is achieved by implementation of the revised antenatal and screening programme. In particular, programmes to reduce smoking prevalence and uptake of breast feeding.

2.9. Private Sector Housing

Approximately 49,000 dwellings in Barking and Dagenham are comprised of private ownership, of which 17,000 are estimated to be privately rented properties. The Council has a statutory duty to police housing standards and stock condition, return vacant homes back to use, administer adaptations and deal with illegal evictions and harassment. The 2009 Private Sector Stock Condition Survey estimated that 18,000 dwellings were non-decent – mainly failing on issues of thermal comfort, excess cold, hazards on stairs and disrepair. The Council had previously spent £179,000 on tackling some of these hazards until the Government relaxed national targets on driving up housing standards in owner-occupied properties.

The new emphasis has been placed on the burgeoning private rental sector, which has grown from 10,600 in 2010 to an estimated 17,000 in 2015. 47 per cent of this stock is considered to be non-decent with significant

levels of fuel poverty due to poor thermal conditions and lack of insulation. Recognising the problems of this particular sector of housing, the Council introduced a mandatory licensing scheme in September 2014 requiring all landlords operating in the borough to be licensed by the Council to ensure they are fit and proper to run rental accommodation and supply decent accommodation. The scheme will run for 5 years.

The Council believe there are up to 15000 premises that would require a licence. It has received over 9000 applications. We carry out a compliance inspection before considering a licence to ensure the property and its management meets the conditions required. The Licensing scheme has ensured that 4255 properties have been brought to compliance and further action will be carried out to ensure give rise to a cause for concern.

¹Ref: Rees. M. et. al., 2014, "Adult Social Care: Understanding Demand in the (Older) Population of Barking and Dagenham", final report.



“

The key focus to improving life expectancy is addressing raised blood pressure and the cardiovascular disease risk factors

”



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 strategists such as the Housing Strategy and the 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 2014 Annual Report of the Director of Public Health that suggests that for the new prevention agenda to delivery we need to grow and strengthen our communities, building on the energy and compassion that exists within them. 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 incorporated the work of Sir Michael Marmot and his published review into health inequalities in England as well as the NHS Five Year Forward View and the London Health Commission's Better Health for London. The Board's key task is to deliver an innovate approach tailored to local needs that tackles the diseases and consequences of modern living, as well as strives to raise standards of care and addresses health inequalities. Growth and regeneration provide an opportunity by developing and using our community assets, strengthening partnership between those who deliver and those who benefit from our services, and looking beyond needs and treatments to a healthy and prosperous community where residents and business contribute as well as gain.

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 Marmot's recommendations we cover the resident population across the life courses 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.

Figure 2.
Life Course



“

We have decided that the life course, in the local context, can be divided into the following categories. ”



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:

Number of Children's Services

- 8 Children's Centres
- 41 Primary Schools
- 8 secondary schools plus one outstanding special school and two further education colleges
- 41 general practices
- 22 dental practices (including community dental service)
- 36 pharmacies employing 70 pharmacists, 50 pharmacy technicians and 120 health care assistants
- 17 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 to 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 Children and Families Act 2014 & Working Together 2015

The Children and Families Act sets out a swathe of changes to be implemented from September 2014. In particular for local authorities, the Act:

- Introduces a single assessment process and an Education, Health and Care (EHC) Plan to support children, young people and their families from birth to 25 years. EHC Plans replace 'statements of educational needs'.
- Requires health services and local authorities to jointly commission and plan services for children, young people and families.
- States those local authorities must publish a clear, easy-to-read 'local offer' of services available to children and families. Our Local Offer can be found here: <http://www.lbbd.gov.uk/ChildrenAndYoungPeople/SEN/Pages/Home.aspx> as it does now; the Council is working with young people and their families and carers, to prepare children and young people for adulthood and set out arrangements for transition to adulthood, particularly where young people will be eligible for Adult Social Care support. It is thought that there will be some cross-over with the requirements of the Care Act and this is currently being worked through. It should be noted that this Autism Strategy focuses on adults over the age of 18, but it does have a section on 'transitions'.

The Care Act 2014

Throughout 2014/15 the Council has been preparing for the implementation of the Care Act 2014, which received Royal Assent in May 2014. The Act promotes integration with the NHS in the delivery of care and support services and strengthens procedures for the safeguarding of vulnerable adults. It will be a significant area of the Council's work for the coming years, with major dates for implementation on 1 April 2015 and 1 April 2016.

To implement the Care Act 2014 and meet its statutory obligations the Council must develop a clear approach to prevention and how it plans to meet its responsibility in this regard. This model is heavily influenced by the Council's priority to enable social responsibility. It uses the Care Act guidance on the 'wellbeing principle' placing the individual at the centre and starting point for judging their wellbeing and taking responsibility, using their strengths and personal resources, to maintain wellbeing. The person is then encouraged to seek support from the community before intervention from the Council and partners to meet needs and put in place preventative support.

A distinct policy document has been developed that outlines our approach to prevention and demonstrates alignment with the wider local wellbeing and prevention agenda and the priorities of this Strategy.

National and regional context

London Health Commission

Better Health for London, the report of the London Health Commission, an independent inquiry established by the Mayor of London and chaired by Professor the Lord Darzi of Denham, drew on the views of many Londoners to propose the biggest public health drive in the world. The report makes 64 recommendations which are intended to support the Commission's aspirations for London:

- Give all London's children a healthy, happy start to life
- Get London fitter with better food, more exercise and healthier living
- Make work a healthy place to be in London
- Help Londoners to kick unhealthy habits
- Care for the most mentally ill in London so they live longer, healthier lives
- Enable Londoners to do more to look after themselves
- Ensure that every Londoner is able to see a GP when they need to and at a time that suits them.

The Francis Report

The Public Inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of the Mid Staffordshire NHS Foundation Trust was published on 6 February 2013. It was followed by the Government's response on 26 March 2013, which sets out how the quality of patient care is to be put at the heart of the NHS. Both will have far-reaching implications for the care and support system, not just the NHS. This Inquiry and earlier well documented systems failings in institutional care settings (such as hospitals or care homes) or community settings (including people's own homes) demonstrate that when individual children or adults are not adequately safeguarded or their quality of care is poor the consequences are both significant and far reaching. It is clear the role of local organisations is very much around ensuring that patients and the public are safeguarded and that poor care is prevented in the first place.

Public Health England

October 2014 saw the publication of the document by Public Health England (PHE) 'From Evidence to Action: opportunities to protect and improve the nation's health'². In this document Public Health England publishes 7 priorities for the next 5 years, having looked closely at the evidence to determine where it can most effectively focus its efforts. The document acknowledges that our health is shaped by where and how we live: by our jobs, families, homes; but also recognises the power of individuals to change their lifestyles, especially if they get the right support at the right time.

The NHS Five Year Forward View

The NHS Five Year Forward View was published in October 2014 by NHS England, promising a radical upgrade in prevention and public health, greater control for patients and new support for carers, breaking down of the barriers in how care is provided and radical new care delivery options.

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf

“

Supporting the best possible educational outcomes for children and young people is central to the Council's vision and priorities.”

The challenges ahead

The borough faces a series of challenges from national and regional policy decisions outside the control of the local partnership, these include:

- Changes to the welfare and benefits system will negatively impact on the majority of households in the borough.
- Demographic challenge and changing communities up to 2020.
- Evidencing quality improvement and rebuilding public confidence in Barking, Havering and Redbridge University Hospitals NHS Trust following the Care Quality Commission interventions.
- Economic recession and the impact of the Government's economic policy on the public sector finances.
- Tackling child sexual exploitation to improve the protection of vulnerable children.
- Transforming care in London through new models of delivery that contain cost and manage demand on the health and social care system, the role of early detection of disease is critical.
- Increasing the social productivity of public services and new forms of community regeneration to help individuals and communities to make positive change.
- Influencing national and London policies and investment decisions to support growing the borough and its distinctive housing market.
- Commissioning an integrated approach to early years from fragmented services that can miss the wider factors influencing a child's development, to a "whole child" and "whole family" approach.
- Supporting the best possible educational outcomes for children and young people is central to the Council's vision and priorities.



Local strategies/plans

Policies and Strategies	Summary
Children and Young People's Plan	Sets out how the Children's Trust will improve outcomes for all children and young people.
Housing Strategy 2012-2017	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.
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.
Pharmaceutical Needs Assessment for Barking and Dagenham 2015-18	Provides an assessment of the local need for pharmaceutical services.
Sports and Physical Activity Strategy	Sets out the borough's approach to increasing sport and physical activity.
Carers Strategy 2015-2018	Sets out the outcomes for improving support to carers and the critical role that they play in supporting people to remain healthy and independent for as long as possible.
Information and Advice Plan for Adult Social Care and Support 2015-18	Sets out the strategic approach to meeting the requirements of the Care Act 2014 in relation to providing information and advice locally.
Growth Strategy 2013-2023	Sets out how the Council will deliver growth to improve the local economy and make the borough a more sustainable and resilient place.
Barking and Dagenham Community Safety Partnership Strategic Assessment of Crime and Community Safety Partnership Plan	Sets 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.
Education Strategy 2014-2017	The Council's two overarching objectives for education are for all our children and young people to have a place in a good or outstanding school or early years setting and for them to have the best possible life opportunities by the time that they leave school with reaching national and then London averages as the benchmark.

Policies and Strategies

Summary

Barking, Havering and Redbridge Integrated Care Coalition 5 Year Strategic Plan 2014/15 – 2018/19	Sets out how we will work collaboratively across the Barking Havering and Redbridge in order to achieve our shared vision, deliver improved outcomes and patient experience, ensure a financially sustainable system, and meet the expectations of patients and the public.
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.
Inclusive Framework Strategy for Children and Young People with Special Educational Needs and/or Disabilities	Sets out our shared vision, principles and priorities to ensure inclusive practice in providing for children and young people with Special Educational Needs and Disabilities.
Troubled Families Programme	Outlines our approach to working with troubled families and the outcomes we are looking to achieve.
Barking and Dagenham Safeguarding Children's Board Annual Report	This sets out three priorities for safeguarding children
Primary Care Transformation Programme (Prime Minister's Challenge Fund)	The programme focuses on achieving excellence in general practice through improvements in quality and accessibility of services and the experience of patients using services.
Promoting Wellbeing and Developing Prevention	This document sets out the approach of the London Borough of Barking and Dagenham to the requirements in the Care Act 2014 to be clear about wellbeing and prevention.
The Council's Corporate Plan	This sets out the Council's overall aspirations for the borough under the heading 'One borough; One community; London's growth opportunity'; one of the three key priorities is enabling social responsibility through which the Council aims to protect the most vulnerable while supporting residents to take responsibility for themselves and their families.
Better Care Fund	Health and social care services have agreed ambitious plans to prevent people going into hospital unnecessarily.

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, Adult Social Care and Children and Young People. We agreed, based on this, to establish four priority themes that covered the breadth of the frameworks. We then mapped our priorities, outcomes and outcome measures across these four strategic themes:

Care and Support

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.

Protection and Safeguarding

Protecting local people from threats to their health and wellbeing.

These include:

- Infectious disease
- Deaths relating to extreme weather

Enablers to protect health include:

- Built environment and housing stock

Safeguarding individuals of all ages and identities from abuse, sexual exploitation, crime and ill treatment.

Improvement and Integration of Services

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.

Prevention

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.



How we decided our priorities

Our criteria:

The Board considered all the relevant recommendations from the JSNA 2014 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 2015/16 commissioning and business planning round.
- Identify those priorities that should be addressed in later years for each stage of the life course.



Care and Support



Protection and Safeguarding



Improvement and Integration of Services



Prevention

Theme 1: Pre birth and early years

Children, aged 0-4 years, made up around 10.1 per cent of the population of Barking and Dagenham in the 2013 Census, compared to 7.4 per cent across London. Between 2008 and 2013 the 0-4 years population in Barking and Dagenham increased by over 22 per cent compared to just over 12 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 behaviours like breastfeeding and healthy weaning, exposure to cigarette smoke or domestic violence can impact children throughout their lives. The Healthy Child programme (0-5 years) 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 mental health 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
- Introduce an integrated early years services from conception to age 5.

Priority Area: Prevention

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



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. ”





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 2008 and 2013 the primary school population in Barking and Dagenham increased by over 25.4 per cent compared to 11.9 per cent increase in London and 4.5 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 (5-19 years) 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
- More children and families have access to effective early help services.

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 continuing to 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 9.4 per cent of the population of Barking and Dagenham in mid-year 2013 estimation of population, compared to 7.7 per cent across London. Between 2008 and 2013 the secondary school population in Barking and Dagenham increased by 10.4 per cent compared to 1.8 per cent increase for London and drop by 3.8 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.

Priority Area: Care and Support

- More young mothers/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
- Improving health outcomes for children with Special Educational Needs and Disability (SEND)
- Improving health outcomes for looked after children, Care leavers and youth offenders.

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

- Putting improved measures to protect children from sexual exploitation.

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
- Continued improvement in educational attainment.

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.
- Empower adolescents to make informed choices about their sexual and emotional health.



The impacts of developing physical or mental ill health in adolescence can affect educational attainment and core life skills around relationships and identity.





Theme 4: Maternity

There were 3,796 live births to mothers resident in Barking and Dagenham in 2013, which has increased by 46 per cent since 2003. There have also been substantial changes in the profile of mothers in the borough, between 2004 and 2013 the proportion of mothers born within the UK fell from 58.8 per cent to 37.2 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.

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 15.7 per cent of the population of Barking and Dagenham in mid-year 2013 estimation of population, compared to 18 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. 5.8 per cent of 16-18 year olds in Barking and Dagenham are not in education and training (NEETS) (12/13 data), which is substantially higher than the London average of 3.8 per cent of 16-18 year olds. Although maternity is considered in a separate section it is important to note that 53 per cent of births in the borough were to women in under 30 years old age group, compared to 41 per cent across London (2012).

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 the quality of care and support for people living with diabetes
- 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.



The health and wellbeing of this group is crucial to the foundation of their own and their families lives in the future.





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 2013 ONS mid-year population estimates, compared to 47 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 October 2013 and September 2014, 71.6 per cent of the population (16-64 years) were economically active. However 7 per cent of the adult population remain unemployed and over 3,000 of these are adults with long term health conditions, 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 are the 16,200 adults with caring responsibilities identified in the 2011 census of which some will be economically active, 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 long term conditions
- 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 friend 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. In 2015 older adults are aged over 64 years and made up 10 per cent of the population of Barking and Dagenham according to the 2013 ONS mid-year population estimates, 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. According to the

Eye care Trust 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.³ Based on Department of Health estimates, Barking and Dagenham have around 9,400⁴ falls made by residents aged over 65 years each year. Of those 9,400 around 4,060 will fall twice or more in a year and according to Public Health England, 526 individuals attended A&E, 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

- Fewer 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 live 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.

³<https://www.actionforblindpeople.org.uk/about-us/media-centre/facts-and-figures-about-issues-around-sight-loss/>
⁴http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_110099.pdf



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 well-being 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
- Increase the number of vulnerable adults identified by the annual Warm Homes, Healthy People programme.

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
- A single standard of high quality management for private rented housing.

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 and 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 integrate 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 seven impacts - see over.



Health and Social Care



The Work Place



Schools



The Community



“

...we have agreed to produce a delivery plan that outlines the actions and resource to deliver our 18 priorities...

”

How we will deliver our priorities

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.
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.

Policies and Strategies

Summary

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 Better Care Fund 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 Joint 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. These will be reviewed and refreshed annually.

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 partnerships 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 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 teenagers 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 range of carers in the borough what their support and needs are, 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 a carer support plan in place, all of which provide proxy measures for making sure we are doing what we can do 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, providing some examples of the measures being used by the Board.

Equality and diversity

An equality impact assessment (EIA) was completed to give due regard to the impact of the priorities set in the Joint Health and Wellbeing Strategy 2015-2018 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
- 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 www.barkinganddagenhamjsna.org.uk/Section9/Documents/Section%209-%20Complete.pdf



The outcome measures for the priorities can be separated into activity and uptake indicators that ensure we are supporting residents...





London Borough of Barking and Dagenham
Phone: 020 8215 3000
Email: 3000direct@lbbd.gov.uk
Website: www.lbbd.gov.uk

We have tried to make sure that this information is correct at the time of going to print. However, information may change from time to time.

You must not copy this document without our permission. © 2015 London Borough of Barking and Dagenham.

Publication reference number: MC
Date: August 2015



**INVESTORS
IN PEOPLE**