

# Barking and Dagenham Joint Health and Wellbeing Strategy 2019-2023





# Contents

Vision	3
Foreword	4
Context	5
Strategic Framework	6
Equality and Diversity	8
Engagement, Consultation and Co-Production	9
Vision and Priority Themes	9
Priority 1 – Best Start in Life	10
Outcome 1	13
Priority 2 – Early Diagnosis and Intervention	14
Outcome 2	17
Priority 3 – Building Resilience	18
Outcome 3	23
Outcome 4	24
Outcome 5	24
Outcome 6	25
Outcome 7	25
Governance	26
References and links to supporting documents	27

## Vision

By 2023, as Barking and Dagenham continues to grow, our residents will have improved health and wellbeing, with less health inequalities between Barking and Dagenham residents and the rest of London: no-one will be left behind. Our residents will have increased resilience, empowered to not just survive, but to thrive. Residents will benefit from a place-based system of care, where partners across the BHR system work together to get upstream of care and improve the health of the population. Partners will increasingly focus on outcomes and impact, rather than outputs with outcomes-based commissioning working effectively to improve outcomes for residents.

### Priority Theme 1: Best Start in Life

Our residents will be best prepared for school by the age of 5, giving them the foundations of resilience.

### Priority Theme 2: Early Diagnosis and Intervention

Our residents will be empowered to recognise symptoms, act on them and manage their long term conditions, through an increased focus on early diagnosis and intervention.

### Priority Theme 3: Building individual and community strength

Our residents will be empowered to not survive in the face of adversity, but to thrive across the life-course.



## Foreword

The Barking and Dagenham Health and Wellbeing Board has reviewed its priorities and how to tackle health inequalities in the borough over the next 5 years. Across all partners, focusing on prevention is a priority - it offers the opportunity to improve outcomes for residents. Successful integrated prevention across partners will also reduce demand for high cost statutory and specialist health, social care and council services and help us to create a sustainable health and care system. Domestic Abuse is a priority for the Board because of the long-lasting social, economic and health impacts, making it a key public health issue for Barking and Dagenham. We will hold Health and Wellbeing Board partners to account on prioritising Domestic Abuse.

As the NHS Five Year Forward View and our North East London Sustainability Transformation Plan states, we need to get to the root cause of problems to change the health of the population. Much of the borough's poor health is linked to social causes, and the wider determinants of health: most of them can be effectively addressed outside of hospitals, GP surgeries and traditional healthcare settings. Yet, our local health and care system continues to focus on ill-health and illness rather than putting a strong emphasis on prevention, early intervention and building resilience. The Borough Manifesto recommends that a greater emphasis on preventative measures can help Barking and Dagenham to become a place that supports residents to achieve independent, healthy, safe and fulfilling lives.

To improve health and wellbeing outcomes, we need to work across partners in the Integrated Care System (ICS) to promote a place-based system of care. Through working together, we can build up resilience in our residents, and help to influence the wider determinants of health, while establishing a sustainable model of health and social care.

Since, the NHS Five Year Forward View we've been looking at new ways to engage communities on issues relating to health and care. Residents also told us during the Borough Manifesto consultation that they would like more say over their health, which is why we have co-produced

this strategy with residents. We ran a series of focus groups with different community groups to find out what resident priorities are in terms of good health. We have formulated these into a series of 'I' statements which are featured within each theme of the strategy and outline a standard of what good health looks like to residents. 'I' statements will ensure that the outcomes and plans from the strategy will be rooted in what residents prioritise and want. They are used to create a person-centred strategy which will encourage partners to work together to improve the health and care of residents.

We would like to thank everybody that has been involved in developing this strategy. Residents for their views and support, the Health and Wellbeing Board, elected members and individuals who demonstrated their commitment to this important agenda. Finally, the success of any strategy is in its execution, and our first step is to widely communicate what we intend to do. We then begin the challenging and exciting journey of implementing a strategy which will deliver the best outcomes for local residents – to live longer, healthier and happier lives.



**Councillor Worby**  
Cabinet Member  
Social Care and Health  
Integration  
Chair of the Health and  
Wellbeing Board



**Dr Jagan John**  
Chair of Barking and  
Dagenham CCG  
Deputy Chair of the  
Health and Wellbeing  
Board

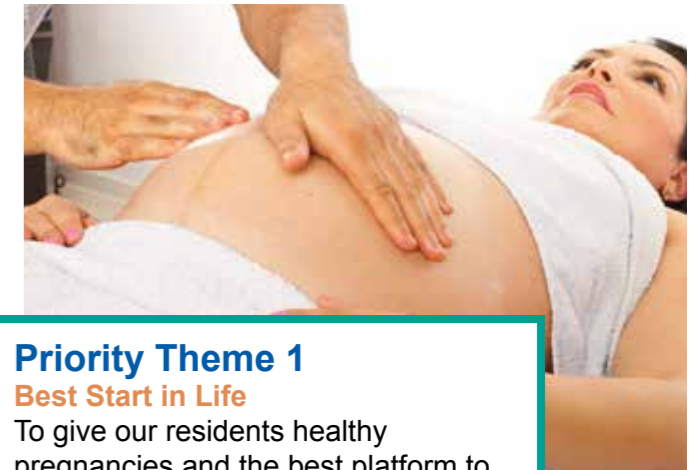
## Context

The Barking and Dagenham Joint Health and Wellbeing Strategy 2015-2018 follows the previous strategy for 2012-2015. A refresh of the strategy is now required for another 5 years. Our strategy will set out a renewed vision for improving the health and wellbeing of residents and reducing inequalities at every stage of residents' lives by 2023.

This strategy describes the key health and wellbeing outcomes for the borough. Central to this is addressing the challenges that exist and making a difference where it is needed most. To create a borough where no one is left behind, we need to place health and wellbeing at the heart of what we do. We need to empower communities to cope with, adapt to and shape change at all levels. We need to build resilience for all our residents, including those already in touch with our services and for our most vulnerable residents.

No single organisation can improve the health and wellbeing of our residents in isolation. A place-based model of health and care where organisations and partners work together to tackle the health challenges and improve the health of our population is needed. As we do not have the ability to change everything, our Health and Wellbeing Board have agreed a new approach that includes taking a system-wide focus on three priority areas that have the largest potential to create impact on our residents' lives. The three priority themes within this strategy are those where the Board thinks there is the largest potential to improve health inequalities: they have the potential to improve health and wellbeing through-out the life course from childhood into adulthood, and older life.

This strategy provides the direction for that shared goal over the next five years, overseen by the Health and Wellbeing Board. They show our ambition and the outcomes we want to achieve in the borough:



### Priority Theme 1

#### Best Start in Life

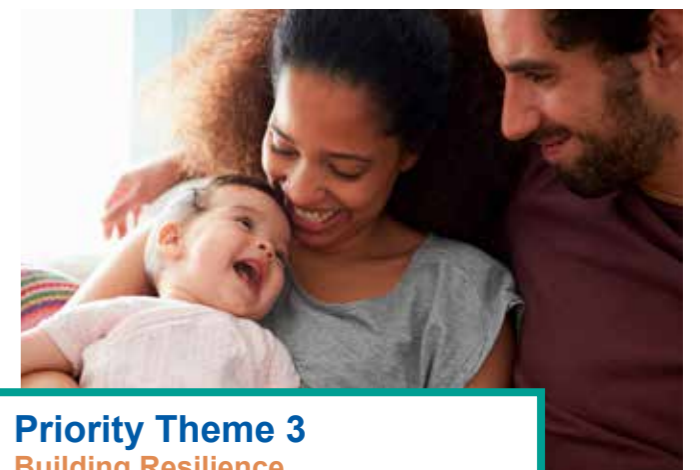
To give our residents healthy pregnancies and the best platform to grow, develop and explore in the first 7 years to build up their resilience.



### Priority Theme 2

#### Early Diagnosis and Intervention

To give our residents the best chance of recovering from illness or disease.



### Priority Theme 3

#### Building Resilience

Empowering our residents to not just survive, but to thrive.

### Our population and its health challenges: Population and Demographic data

Barking and Dagenham has a young and diverse population of around 210,700 residents in a densely populated urban location. Its population is dynamic, with the equivalent of around 1 in 12 residents leaving and entering the borough between 2016 and 2017.

Estimates suggest that as of 2019, 47% of Barking and Dagenham's population will be White, 23% Black, 23% Asian, 5% Mixed and 2% other.

Barking and Dagenham has the highest birth rate in England and Wales, with 82.6 live births per 1,000 women aged 15-44 in 2017. This is substantially higher than London and England, and the equivalent to around 1 in 12 women aged 15 to 44 having a baby in a given year, compared with around 1 in 16 in England and London.

As required by the 2012 Health and Social Care Act, this strategy has been informed by the Joint Strategic Needs Assessment (JSNA), which looks at the current and future health and social care needs of residents.

The JSNA 2017, was presented to the Health and Wellbeing Board in January 2018 and used to inform the decision on the three priority themes used in this strategy: best start in life, early diagnosis and intervention and building resilience.

In addition to this, the 2018 JSNA has been created out in parallel to this strategy and can be found here (add the link). It contains population and demographic analysis, and data relating to each theme.

## Strategic Framework

### Growth Commission Report 2016

An independent 'Growth Commission' was commissioned by the council in 2015 to consider how growth opportunities in the borough could be maximised for the benefit of all its residents. In early 2016, they delivered their report, with recommendations for achieving this.

One of the key recommendations within the Growth Commission is to focus on increasing health and life expectancy in the borough. The report details how to achieve goals listed including much more active involvement of local people and communities. This strategy focuses on improving health and life expectancy in the borough, by focusing on key areas which have the largest potential for impact.

The Growth Commission Report provided the impetus for the Borough Manifesto (below).

### The Borough Manifesto

The Borough Manifesto, 'Barking and Dagenham Together' sets out a shared vision for the borough through to 2037 aimed at around 10 themes:

- Employment, Skills and Enterprise
- Education
- Regeneration
- Housing
- Health and Social Care
- Community and Cohesion
- Environment
- Crime and Safety
- Fairness
- Arts, Culture and Leisure

These themes all impact on the health and the resilience of all residents. As such, this provides a blueprint for reducing health inequalities in the long term, not only within the borough, but also in relation to London and England. This aim is explicitly stated within the Borough Manifesto's targets, the majority of which are to improve key indicators to London and East London averages.

In particular, the outcomes within this strategy focus on helping to achieve progress in the 5 following areas of the Borough Manifesto targets:

- Healthy life expectancy better than London average by 2037
- An increased level of residents with Level 1 and Level 4 skills higher than the London average by 2037
- Unemployment rate lower than the London average by 2037
- Personal wellbeing and happiness above the London average
- Rate of regular physical activity higher than East London by 2037.

During the Borough Manifesto consultation, residents also told us they wanted to have more of a say on their health. Because of this and the recommendations of the Growth Commission to increase community engagement, we have co-produced this strategy with residents. We have run 12 resident focus groups with a total of 128 residents to find out resident priorities in terms of good health and formulated these into a series of 'I' statements which are featured within each theme of the strategy.

### Corporate Plan

The 2018-2022 London Borough of Barking and Dagenham's Corporate Plan has been created in parallel to and informed by this strategy. One of the themes of the Plan focusing on empowering people and closely aligns with the strategy his document. The Corporate Plan's focus is strengthening our services for all, and intervening early to prevent a problem from becoming a crisis, whilst protecting the most vulnerable.

### North East London Sustainability and Transformation Plan (Draft 2016)

The Sustainability and Transformation Plan (STP) outlines how the NHS in North East London will become financially sustainable and deliver improvements to health and care services by 2021. It sets out six key priorities:

- Aligning demand with the most suitable type of services, including reducing demand via prevention and self-care
- Supporting self-care, locally based care and high-quality secondary care services
- Ensuring that providers can overcome the financial challenges that many are facing
- Collaborating on specialised services
- Developing a system-wide decision-making model that enables place-based care and partnership working
- Better use of physical assets.

As a joint strategy, many of the priorities relate to collaboration and integration of services. There is already considerable partnership working between Barking and Dagenham, Redbridge and Havering, including the current review of urgent and emergency care services and the joint commissioning of a pharmaceutical needs assessment for the three boroughs.

This strategy also builds upon the transformation plans developed through Barking Havering and Redbridge Integrated Care Partnership. Taking forward the planned 6 key areas - Older People, Planned Care, Cancer Transformation, Children and Maternity, Long-term conditions and Primary Care.

A framework for person-centred care has also been developed as part of the STP which emphasises prevention and draws on the social determinants of health. Within this strategy, we will focus on outcomes-based commissioning and this model of person-centred care through the use of resident-created 'I' statements.

In order to create a condensed document, this strategy does not contain a detailed delivery plan. It will be the role of the Alliance of Providers and commissioners to outline the delivery plans and how they are held to account.



## Equality and Diversity

The Equality and Diversity Strategy is the keystone of our policy framework and notes that the borough faces stark health inequalities at all stages of the life course and outlines the council's commitments to work with partners to improve both physical and mental health outcomes in vulnerable and minority groups.

As required by the Equality Act 2010, an Equality Impact Assessment (EIA) has been completed to give regard to the impact of the priorities set out in this strategy 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.

Firstly, the strategy is data-driven, looking at what the current gaps in service provision are and to assess what current and future demand might look like so that we can use resources wisely and effectively. The three priorities for the strategy were decided by the Health and Wellbeing Board based on the findings of the Joint Strategic Needs Assessment 2017. This data looks at all groups of residents, including those vulnerable groups listed in the Equality and Diversity Strategy.



Secondly, this document contains a series of 'I' statements, which ensure that local communities are represented in the strategy. Resident focus-groups have ensured that different groups of protected characteristics are represented in the co-production of this document. We have spoken to community groups with disabilities, LGBT+ Groups, Mental Health Peer Support Groups, Carers and Children in Care groups amongst others. We have also ensured a variety of ages, genders and ethnicities have been spoken to, and included these views within each theme of the strategy in the form of 'I' statements. These 'I' statements will encourage providers and commissioners to work around the needs of residents.

The Full EIA can be found ([lbbd.gov.uk/INSERTLINK](http://lbbd.gov.uk/INSERTLINK)).

## Engagement, Consultation and Co-Production

As the NHS Five Year Forward View outlines, we need to engage with communities and residents in new ways, involving them directly in decisions about the future of health and care services. This strategy has been co-produced with Barking and Dagenham residents. Through our resident focus groups, residents' thoughts have been included in the form of 'I' statements, outlining what good health means for residents, placing them at the heart of this strategy. These are included within each theme of the strategy and will be monitored by the Health and Wellbeing Board.

We also held 3 successful professional workshops on each theme of the strategy in July, to discuss the outcomes and measures to be used within the strategy. The outcomes, measures and pledges within the strategy have been developed from conversations with stakeholders and residents.

The outcomes within this strategy set out what we want to achieve in Barking and Dagenham, the principles detail our commitments within this and the measures demonstrate how we'll check that partners are on track. The Alliance of Providers and commissioners will use this to create detailed delivery plans with actions that they will take forward over the next 5 years to help achieve our ambitious outcomes.

In return, every resident has the responsibility to play their part and make positive and healthy decisions for themselves, their families and the community.

## Vision and Priority Themes

By 2023, as Barking and Dagenham continues to grow, residents will have improved health and wellbeing, with less health inequalities between Barking and Dagenham residents and the rest of London: no-one will be left behind. This will be achieved by focusing on the three priority areas where we have the largest potential to make a difference. Our residents will have increased resilience, empowered to not just survive, but to thrive. Residents will benefit from partners working together around their needs and priorities, focusing on outcomes, as opposed to a focus on process and outputs.

These three priority themes were decided by the Health and Wellbeing Board in January 2018 when presented with the 2017 Joint Strategic Needs Assessment:

### Priority Theme 1

#### Best Start in Life

To give our residents healthy pregnancies and the best platform to grow, develop and explore in the first 7 years. Evidence demonstrates that the Early Years shape mental and physical health for the rest of life, and is therefore a key time to invest.

### Priority Theme 2

#### Early Diagnosis and Intervention

To give our residents the best chance of recovering from illness or disease by removing barriers to Early Diagnosis and Intervention in 5 key areas – Cancer, Liver Disease, Mental Health, Diabetes and Sexual Health. Focusing on Early Diagnosis and Intervention improves outcomes for residents, while being cost-effective for our services.

### Priority Theme 3

#### Building Resilience

Enabling our residents to not just survive, but to thrive across the life course. Focusing on 4 key areas, each at a different stage in the life course, we will focus on building resilience in our residents, even in the face of adversity.



Credit ©Jimmy Lee

## Priority 1 Best Start in Life

**Ensuring every child has the best start in life – To give our residents healthy pregnancies and the best platform to grow, develop and explore in the first 7 years.**

### Why Best Start in Life?

There is a strong case for focusing on the first 5 years of life in Barking and Dagenham. As outlined in our 2018 JSNA, **we have the highest proportion of residents aged 0-4 in the UK.**

We expect to have around 20,300 Under 5's in the borough in 2019, with this projected to grow to 21,600 by 2023. **Our 2017 birth rate was also the highest in England and Wales at 82.56 live births per 1000 women between the ages of 15 and 44.**

The Marmot Review demonstrates that the first 5 years of life have a huge impact on almost every aspect of physical and mental health for the rest of life, including obesity and mental health. We have opted to have our best start in life up until the age of 7, because we want to ensure that we prioritise the transition from home into school. This is to prioritise

managing the transition between the school and home effectively, and focus on providing continuity of care from primary and home including play and communication. We also know that this transition period is a key time to identify and support our vulnerable children. Evidence from Public Health England demonstrates that **for every £1 spent in the Early Years, £7 would have to be spent in adolescence to have the same impact on health.**

Ensuring that every resident has the best start in life so that they are ready to start school at the age of 5, both improves outcomes for residents and is cost-effective for our services. Evidence also shows that the Early Years are crucial for protecting against adverse experiences throughout life. Through working in partnership to help families navigate through the early parenting journey, and providing them with support, we can improve outcomes for residents throughout the life course.

**The number of Barking and Dagenham children who achieved a good level of development by the age of 5 is lower than London.** In 2016/17, 71.6% of children in the borough achieved a good level of development by the age of 5.

Therefore, we will focus on ensuring our residents have the best start in life, to give them the foundations for resilience for the rest of their lives.

## Enablers: What needs to change? Our pledges



**1. Resilience**  
Work to build up a universal level of resilience across all Early Years Services to provide our under 8s with the building blocks for resilience that they need.



**2. Seek alternative community solutions earlier**  
Focus our efforts on utilising alternatives and community solutions earlier, reserving specialist and statutory services for our most vulnerable residents.



**3. Safeguarding**  
Focus on protecting vulnerable children within our communities.



**4. A focus on communities where there is largest potential for impact**  
Focus on the first 7 years, because evidence shows this is a key time to invest to influence outcomes through-out adulthood.



**7. Integrated care**  
Work in partnership to ensure that health and social care is personalised, and delivered in the right place at the right time - in community settings and close to home where possible.



**5. Co-production**  
With services we provide, putting residents at the heart of service design and the different ways in which residents have children.



**6. Family based approach**  
Take a family-based approach to increase prevention and reduce the impacts of adversity and challenges on children and young people.



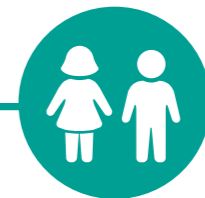
**8. Providing quality services through our workforce**  
Ensure that our services are both clinically effective and cost-effective. We will work to ensure that our staff are trained with the skills our residents require to give their children the best start in life.



**9. Investigating the drivers of adversity**  
Work together to look at the factors driving adversity and challenges in partnership.



**10. Speaking straight**  
Have honest and open conversations with our residents about their child's expected level of development by the age of 5, why this is important and how our services can support them.



**11. Peer to Peer**  
Support the use of peer to peer networks to support families





## Outcome 1

**To increase the percentage of children in Barking and Dagenham who are best prepared to start school by the age of 5.**

To ensure that children in Barking and Dagenham have the best start in life, we will look at outcome measures across the life-course. These were co-created by participants:

- Decreased number of women smoking at the time of delivery
- Increased immunisation rates (at MMR2)
- Higher proportion of children receiving their 2 year developmental check
- Increased % of Barking and Dagenham children achieving a good level of social and emotional development by the age of 5
- Increased % of Barking and Dagenham children achieving a good level of development by the age of 5
- Decreased obesity prevalence in reception aged children (National Child Measurement Programme)

### 'I' statements produced through resident focus groups

The below 'I' statements have been formulated through resident focus groups – they describe a good standard of health and wellbeing in relation to best start in life:

#### 'I' statement 1

I am provided with information about how best to ensure my child's health and development

#### 'I' statement 2

I am supported to meet other parents in the community

#### 'I' statement 3

I am supported to make healthy choices for me and my child





## Priority 2 Early Diagnosis and Intervention

*To give our residents the best chance of recovering from illness or disease by removing barriers to Early Diagnosis and Intervention in 5 key areas – Cancer, Liver Disease, Mental Health, Diabetes and Sexual Health*

### Why Early Diagnosis and Intervention?

As outlined in our JSNA 2018, our residents are affected by long-term conditions more than we would like. We have **the highest rate of deaths from cancer considered preventable in London**. Despite our young population, **we have the third highest prevalence of chronic obstructive pulmonary disease (COPD) in London**, and the second highest rate of emergency COPD-related hospital admissions.

**Barking and Dagenham also has the third highest proportion of late HIV diagnosis in London** – people whose HIV infection is diagnosed late have a 10-fold increased risk of dying within the first year, compared to those diagnosed early.

Early diagnosis and intervention can decrease avoidable mortality, social costs, dependence on service and complications in care and management for a range of conditions. It is therefore key to **improving outcomes for individuals and communities, while helping health services to effectively manage demand**.

Working across partners, prioritising early diagnosis and intervention and looking how we can improve the patient journey from diagnosis can create real change for residents and our health care system. Early diagnosis and intervention decreases avoidable mortality, social costs, dependence on services and complications in care and management.

## Enablers: What needs to change? Our pledges



**1. Resilience**  
Work to build up a universal level of resilience to generate new ways of thinking around their long-term conditions.



**2. Seek alternative community solutions earlier**  
Focus our efforts on early intervention and prevention. We will use social prescribing to reduce the demand to our high-cost specialist services.



**3. Safeguarding**  
Focus on protecting vulnerable children and adults within our communities.



**4. A focus on communities where there is largest potential for impact**  
Focus on the five conditions which have been identified as having the largest potential for impacts.



**5. Co-production**  
Put residents at the heart of service design to ensure that our services are designed around the needs of our residents, and their support needs.



**6. Family based approach**  
Take a family-based approach to supporting residents with long-term conditions. We hugely value the role of unpaid carers.



**7. Integrated care**  
Work in partnership to ensure that health and social care is personalised, and delivered in the right place at the right time - in community settings and close to home where possible.



**8. Providing quality services through our workforce**  
Ensure that our services are safe and evidence-based, and cost-effective. We will work to ensure that our staff are trained to provide the support our residents require.



**9. Investigating the drivers of adversity**  
Work together to look at the factors driving adversity and challenges in partnership.



**10. Speaking straight**  
Have honest and open conversations with our residents about their health, how services can support them and manage expectations around waiting times, and treatment delays.





## Outcome 2

**To increase healthy life expectancy by removing barriers to early diagnosis and intervention in 5 key areas.**

To achieve the 'Borough Manifesto' target of healthy life expectancy better than the London average by 2037, we will look at the following outcome measures across the 5 key conditions to improve early diagnosis and intervention. These were co-created by participants at our Early Diagnosis and Intervention workshop in July:

- Increased uptake in screening programmes in the eligible population
- Increased proportion of NHS health checks completed in eligible population
- Decreased proportion of HIV diagnosis diagnosed late
- Increased proportion of cancers diagnosed at an early stage

### 'I' statements produced through resident focus groups

The below 'I' statements have been formulated through resident focus groups – they describe a good standard of health and wellbeing in relation to early diagnosis and intervention:

#### 'I' statement 4

I feel my mental health conditions are treated with the same respect as my physical conditions without stigma

#### 'I' statement 5

When I am diagnosed, my family and I know where to find community support services, including emotional support

#### 'I' statement 6

When I am diagnosed, I am supported with the information about my condition I need to make decisions and choices



# Priority 3

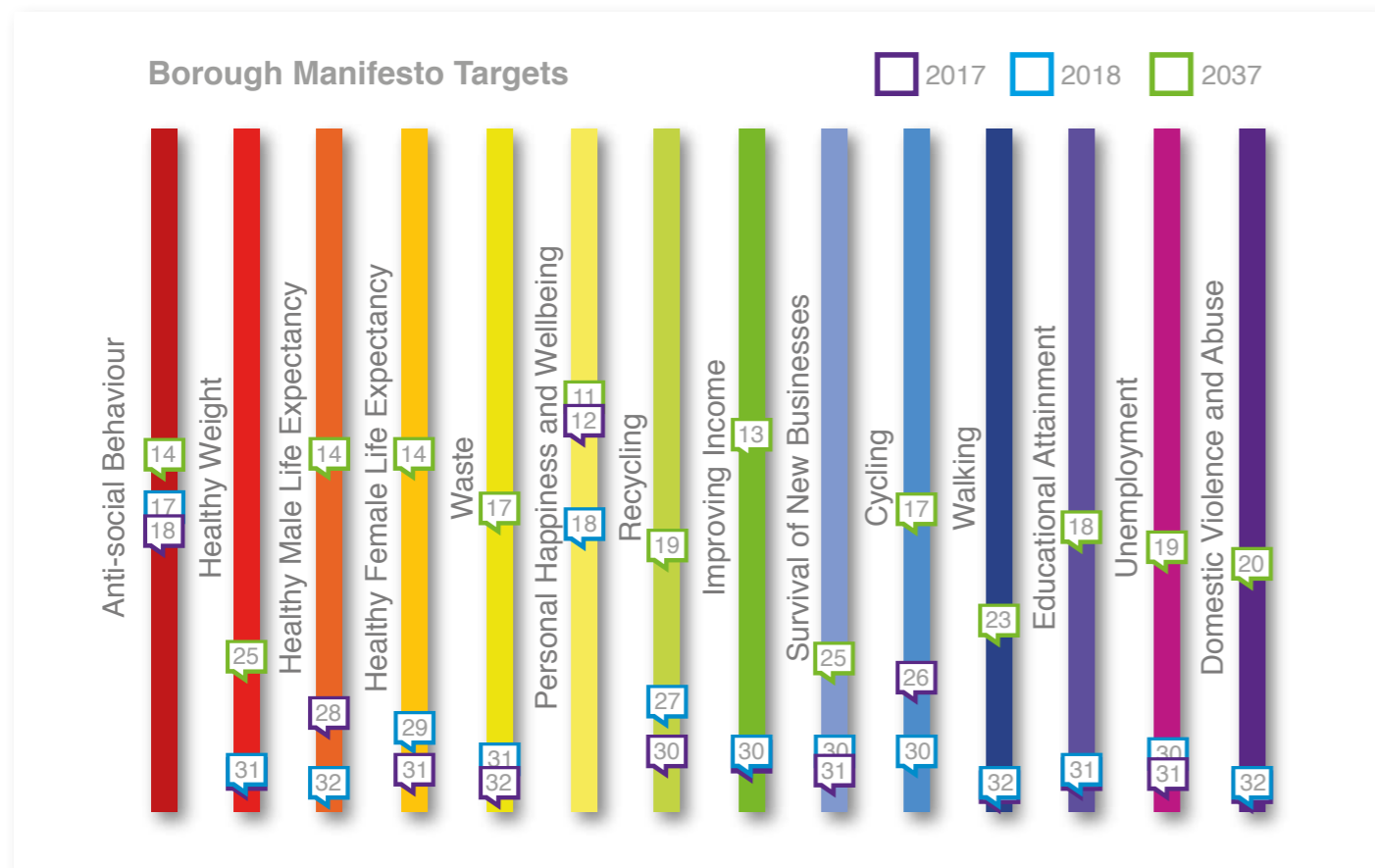
## Building Resilience

**Empowering our residents to not just survive, but to thrive across the life-course.**

### Why resilience?

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

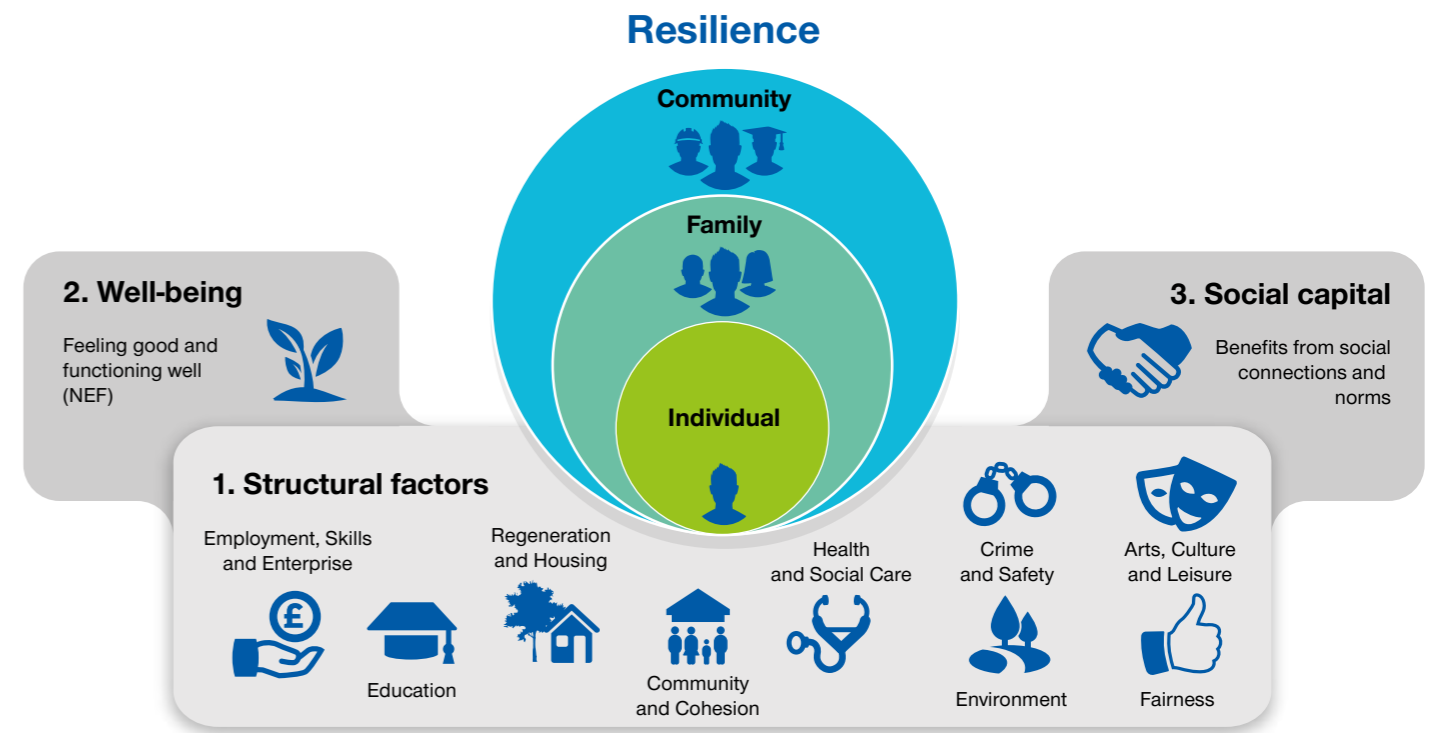
**Outcomes for residents are towards the bottom of most London league tables.** The graph below shows where Barking and Dagenham aspires to be in London league tables by 2037, alongside where we were in 2017 and where we are now in 2018. The graph shows our performance one year into the 20-year vision of the Manifesto. Shifting outcomes up the league tables in sustainable ways will take years, and even decades to achieve. The targets are deliberately long-term in nature:



The 10 themes in the Borough Manifesto can all be seen as structural factors that impact on resilience – these themes empower residents to build resilience at a structural level. The below graphic demonstrates that looking at the interlink between these structural factors, well-being and social capital is important to understand how we can empower residents to build resilience:



Credit ©Jimmy Lee



Trauma-informed intervention models raise awareness of the impact that adversity and trauma can have on an individual. The borough's Community Safety Partnership are also looking at using trauma-informed models to look at problems such as gang violence and substance misuse. Some of the above structural factors are also

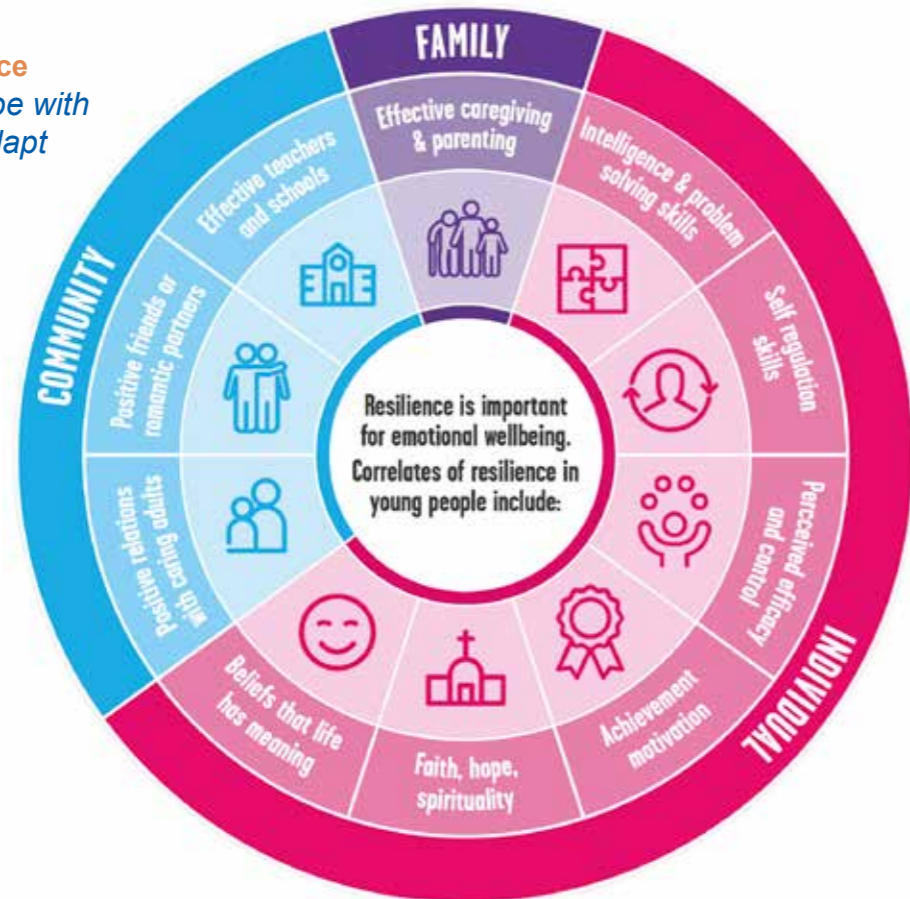
protective factors within these trauma-informed intervention models – for instance, evidence demonstrates that educational attainment and community participation reduces the risk of young people being involved in violence.



Solving these complex problems requires partners to work together and develop a place-based system of health and care and an integrated approach to prevention. A collective approach is required, where **all agencies have a shared agenda for change**, including a common understanding of the problem.

Prioritising early help for residents can improve residents' health and wellbeing, while importantly reducing demand for specialist and statutory services. To build resilience, evidence by Public Health England talks about how we can do this at three levels – **individual, family and community**:

**Building resilience**  
*'the ability to cope with adversity and adapt to change'*  
Source: PHE (2016)



**Our Approach**


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


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


As our residents' transition through the life-course, we also need to ensure that the support to maintain and build their resilience is there.


The role of this strategy is with limited resource to focus on the areas that have the largest potential to improve the health and wellbeing of residents over the next 5 years – we will work to build resilience across all these levels to empower and re-empower all communities and increase prevention. To do this, we will work towards achieving four outcomes, each looking at an area of the life-course and focusing on where we can have the biggest impact on the health and wellbeing of our residents in these areas.


**Enablers: What needs to change? Our pledges**


- 


**1. Resilience**  
Work to build up a universal level of resilience.
- 

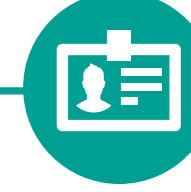
**2. Seek alternative community solutions earlier**  
Work to use alternative and community solutions earlier, working with the community and voluntary sector"
- 


**3. Safeguarding**  
Focus on protecting vulnerable children and adults within our communities.
- 


**4. A focus on communities where there is largest potential for impact**  
Focus on residents who need a bit more help in key areas that evidence demonstrates impacts resilience.
- 

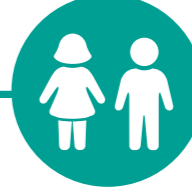
**5. Co-production**  
Put residents at the heart of service design to ensure that our services are designed around the needs of our residents, and their support needs.
- 


**6. Family based approach**  
Commit to take a family-based approach to deal with domestic violence and abuse, child sexual exploitation and abuse.
- 

**7. Integrated care**  
Work in partnership to ensure that health and social care is personalised, and delivered in the right place at the right time - in community settings and close to home where possible.
- 

**8. Providing quality services through our workforce**  
Ensure that our services are safe-and evidence-based, and cost-effective. We will work to ensure that our staff are trained to provide the support our residents require.
- 

**9. Investigating the drivers of adversity**  
Work together to look at the factors driving adversity and challenges we're facing in the borough.
- 

**10. Speaking straight**  
Have honest and open conversations with our residents about the signs of DVA, CSE and serious crime, where to get help and why we need to work together to tackle these problems.
- 

**11. Peer to Peer**  
Work to use peer to peer models to make a difference to engage with survivors of DVA, CSE and serious crime.
- 

**12. Mobilising communities**  
Work to use formal and informal community resources to help foster shared responsibility and support.





## Outcome 3

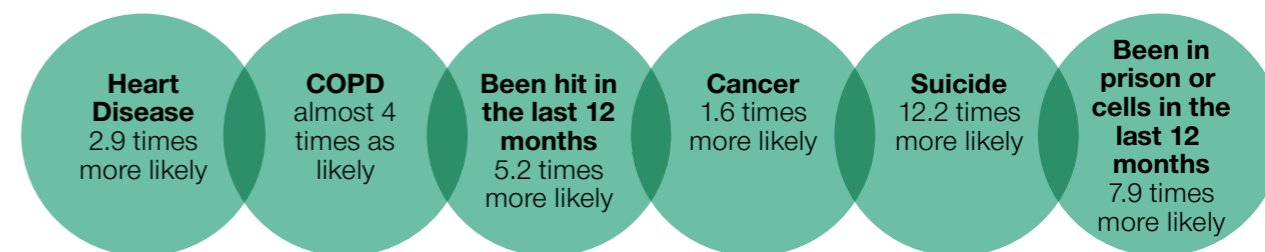
### Improved multi-agency support for those with Adverse Childhood Experiences

The framework of Adverse Childhood Experiences (ACEs) can help us to understand how a focus on building resilience, early intervention and an awareness of the impact of trauma can improve residents' health and wellbeing. ACEs are defined as traumatic experiences that occur before the age of 18 and have impacts on a range of mental, social and physical health issues for the rest of adulthood. These include abuse, neglect, domestic violence and substance misuse.

The more ACEs an individual experiences in childhood, the greater the risk to their overall health and wellbeing. Research demonstrates that those who face four or more ACEs within childhood are significantly more likely to have a range of health and social related problems.

Evidence also suggests that those **suffering from ACEs are more likely to have higher GP use, greater use of emergency care and increased hospitalisation.** The more ACEs an individual experiences in their childhood, the more their interaction with health services throughout adulthood.

These impacts show the benefits that a two-tier approach of provision and prevention to resilience can have. We have a range of strategic documents that outline how we will specifically focus on tackling these key challenges. For instance, Our Violence Against Women and Girls Strategy 2018-2022 outlines our approach to Domestic Violence and Abuse, and our 2018-2021 Community Safety Partnership outlines our approach to tackling serious violence and hate crime and extremism. Our Local Safeguarding Children's Board Early Help Strategy outlines our approach to intervening early in cases of neglect, and abuse.



If we can intervene before these problems become a crisis, we can help individuals while reducing the demand for our health, social and wider council services. Working across partners to look at the journey our residents face when dealing with these issues, and in particular their journey when referred to social care, will help us to make real changes to residents' lives.

Looking at Adverse Childhood Experiences is also a way in which the Community Safety Plan 2018-2021 will work to achieve its priority of keeping children and young people safe. The Health and Wellbeing Board will work with the Community Safety Partnership to tackle the impacts of Adverse Childhood Experiences in partnership and increase awareness of the impact of trauma on behaviour:

To measure our progress, we will look at the following resilience measures over the next 5 years:

- Improved engagement rate through specialist advocacy Domestic Violence services
- Increased % of drug service users with trauma-informed care programmes and completion rates
- Increased number of early help referrals from ComSol Triage to Support visited within 72 hours
- Increased IAPT (Improving Access to Psychological Therapies) completion rate per 100,000 population
- Decrease % of young people reporting an acceptance of unhealthy behaviours in school survey



## Outcome 4

### Aspiration: Increased level of educational attainment, skills and employment

Worklessness is an important public health issue. There is strong evidence that shows that for most of the population, being in 'good' work is better for residents' mental and physical health, than being out of work. The income from work also allows residents to meet their basic needs and withstand financial shocks.

Within the borough, 6.9% of working age people are unemployed, higher than the London average of 5.7%. We also know that 32% of working people who live in the borough are paid below the London living wage. 15% of residents are estimated to be in elementary occupations, compared to the London average of 9%.

The Borough Manifesto' targets those with Level 1 and 4 skills to be better than the London average, and for unemployment to be lower than the London average by 2037. To help achieve this, over the next 5 years we will look at the following resilience measures:

- Increased attendance levels from those who are persistently absent from school
- Increased % of those with Level 1, Level 3 and Level 4 skills (attainment)
- Reduced % of 16-17 years old who are not in employment, education or training (NEET)
- Increased % of Barking and Dagenham Job Shop outcomes sustained
- % of young people feeling optimistic about the future (Schools Survey)

## Outcome 5

### To improve physical and mental wellbeing

At an individual level, living well at any age has huge impacts on resilience, health and wellbeing. Evidence links participation in the community, feelings of safety and physical activity levels to wellbeing.

The Borough Manifesto' sets an ambition for healthy weight to be better than the East London average by 2037, personal wellbeing and happiness to be above the London average, healthy life expectancy to be better than London average and rate of regular physical activity to be higher than East London by 2037. To help achieve these targets, over the next 5 years we will look at the following resilience measures:

- Reduced level of physical inactivity levels
- Increased residents using outdoor space for physical activity
- Increased residents participating in the community
- Perceived community harmony (%) – think that the neighbourhood is an area where people get on well together (residents survey)
- Proportion of residents feeling safe in their local area during the day, and after dark
- Mental Health – “During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?” (Annual GP survey)

## Outcome 6

### Ageing Well: An increased level of residents who age well

All residents have the right to age well with dignity, independence and autonomy. To help monitor our progress, over the next 5 years we will look at the following resilience measures:

- Reduced number of first time and recurrent falls in Barking and Dagenham
- Decreased % of adult social care users who would like more social contact
- Decreased % of adult carers who would like more social contact
- Increased % of life in good health (healthy life expectancy as a proportion of life expectancy)

## Outcome 7

### A borough with zero tolerance to Domestic Abuse that tackles underlying causes, challenges perpetrators, and empowers survivors

Domestic abuse has severe long-lasting and wide-ranging social, health and economic impacts in Barking and Dagenham. It is not ok, and we will not tolerate it. We will work differently across partners around domestic violence across the life course, to re-empower domestic abuse survivors to thrive in our communities, and to take a zero tolerance approach to abusive behaviours. To help monitor our progress and to hold ourselves accountable, over the next 5 years we will look at the following resilience measures:

- Improved engagement rate through specialist advocacy Domestic Violence services



- Reduced number of child-in-need re-referrals related to Domestic Abuse
- Decreased % of young people reporting an acceptance of unhealthy behaviours in school survey

### 'I' statements produced through resident focus groups

The below 'I' statements have been formulated through resident focus groups – they describe a good standard of health and wellbeing in relation to early diagnosis and intervention:

#### 'I' statement 7

I feel safe in my home and in my family, and my community, and I know where to go for help

#### 'I' statement 8

I have opportunities to connect to individuals and communities

#### 'I' statement 9

I can access mental health support services when I need them



## Governance

Producing the Joint Health and Wellbeing Strategy is a statutory requirement of the Health and Wellbeing Board. The outcomes and measures featured within this strategy will form the performance monitoring report which goes to the Health and Wellbeing Board every quarter and will be discussed by the board.

This strategy will be used by commissioners and the Alliance of Providers to create a detailed delivery plan, which notes the outputs and workstreams that will help us to achieve these outcomes.

Performance management arrangements have been developed for the strategy in order to measure its effectiveness. This ensures responsibility and accountability of the outcomes and measures within it. The Health and Wellbeing Board will hold NHS and social care organisations to account through the strategy.



## References and links to supporting documents

List and link all relevant documents to support the strategy, including:

### Health and Wellbeing Board Reports

- Barking and Dagenham Joint Health and Wellbeing Strategy 2015-2018 - <https://www.lbbd.gov.uk/sites/default/files/attachments/Joint-health-and-wellbeing-strategy-2015-18.pdf>
- Barking and Dagenham Joint Strategic Needs Assessment 2017 - <https://www.lbbd.gov.uk/sites/default/files/attachments/JSNA-2017-report.pdf>
- Creation of the Joint Health and Wellbeing Strategy, Barking and Dagenham Health and Wellbeing Board, March 2017 <https://modgov.lbbd.gov.uk/Internet/documents/s121000/Item%208.%20Creation%20of%20the%20Joint%20Health%20and%20Wellbeing%20Strategy.pdf>
- Update on Development of Joint Health and Wellbeing Strategy, Barking and Dagenham Health and Wellbeing Board, September 2018 - <https://modgov.lbbd.gov.uk/Internet/documents/s125718/JHWS%20Update%20Report.pdf>

### Best Start in Life

- Marmot M, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M, et al. Fair Society, Healthy Lives: The Marmot Review. London: UCL; 2010 - <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>
- PHE, Health Matters: Ensuring all children have the best start in life <https://publichealthmatters.blog.gov.uk/2015/08/10/ensuring-all-children-have-the-best-start-in-life/>, 2015

### Early Diagnosis and Intervention

- PHE, Public Health Outcomes Framework - <http://www.phoutcomes.info/>.

### Building Resilience

- Institute of Health Inequality, The Impact of Adverse Experiences in the home on children and young people, 2015 <http://www.instituteofhealthequity.org/resources-reports/the-impact-of-adverse-experiences-in-the-home-on-children-and-young-people/impact-of-adverse-experiences-in-the-home.pdf>
- Bellis M, Hughes K, Hardcastle K, Ashton K, Ford K et al. The impact of childhood experiences on health service use across the life course using a retrospective cohort study, Journal of Health Services Research and Policy <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5549819/>. 2017
- ONS. Understanding well-being inequalities: Who has the poorest personal well being? <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articlesunderstandingwellbeinginequalitieswhohasthepoorestpersonalwellbeing/2018-07-11>, 2014

### Key documents

- JSNA 2018
- EIA

### Internal documents/strategies which inform this strategy

- Barking and Dagenham Together: Borough Manifesto - <https://www.lbbd.gov.uk/sites/default/files/attachments/Barking-and-Dagenham-Together-Borough-Manifesto.pdf>
- Borough Manifesto targets rationale - <https://www.lbbd.gov.uk/sites/default/files/attachments/Targets-rationale.pdf>
- State of the Borough: Barking and Dagenham 2018 - <https://www.lbbd.gov.uk/sites/default/files/attachments/State%20of%20the%20Borough%20report-compressed.pdf>
- North East London Sustainability and Transformation Plan, 2016 - <http://eastlondonhcp.nhs.uk/wp-content/uploads/2017/06/NEL-STP-draft-policy-in-development-21-October-2016.pdf>
- Violence Against Women and Girls Strategy (VAWG Strategy)
- Community Safety Plan 2019-2022



