BARKING AND DAGENHAM

Joint Local Health and Wellbeing Strategy

2023-2028

Improving and protecting health, wellbeing and reducing health inequalities.

Barking & Dagenham

Foreword

I am pleased to introduce our refreshed Joint Local Health and Wellbeing Strategy. This strategy provides a clear, concise and convincing explanation of what we need to do, and what impact we aim to have for the next 5 years, as a 'framework for action'. It includes the vision of how we can achieve this, and the outcomes and actions required to reduce health inequalities at every stage of residents' lives.

The health and care needs of our residents are unique, but so are the assets within our communities which need support to enable them to succeed, and this strategy reflects this. The challenge is clear in our Borough Manifesto – we need to get to the root cause of problems. Much of Barking and Dagenham's ill health is linked to social, economic, and environmental factors and most of them can be well addressed. Yet, our local health and care system continues to focus on ill-health and illnesses rather than focussing on promoting good health. Establishing a sustainable model of integrated health and social care requires using all resources to influence the wider determinants of health.

The combined impacts of the pandemic, cost of living crisis and demographic change further show the need for a difference in the way we design and deliver services. We cannot meet the rising needs of our population by spending more money on the kinds of services we currently provide. Instead, we need to re-focus what we do so that we identify the root cause of need and tackle it so that residents have a better chance of living more independently now and in the future.

The combined impacts of the pandemic, cost of living crisis and demographic change further show the need for a difference in the way we design and deliver services.

By truly co-producing with residents, particularly those who experience the poorest health, we can understand the root causes of ill heath, the ways we can best meet needs and ensure communitunites are supported and empowered. Through working at a level closest to individuals and families and creating an infrastructure which move us from providing reactive/ transactional services which often intervene too late, to ones that are relational and create social capital to enable residents to live happier, healthier lives.

Good health is vital to an enjoyable and meaningful life free from avoidable illness and, in the worst cases, early death. But the importance of good health needs to be considered, particularly in our aspirational and developing borough, as a crucial factor of economic prospects, both at an individual and a system level. We want residents at all ages to engage and not be compromised by poor health – both physical and mental. To allow all residents to benefit from the new opportunities within Barking and Dagenham we need to ensure health is core to everything we do.

We would like to thank everybody that has been involved in this strategy refresh. Residents for offering their lived experiences; the Health and Wellbeing Board; elected members and individuals who demonstrate their commitment to this important agenda - but the success of any plan is in its delivery.

Cllr Maureen Worby
Cabinet Member for Adult Social Care and Health Integration and Chair of the Health and Wellbeing Board

INTRODUCTION

Welcome to the Barking and Dagenham plan for improving and protecting health, wellbeing and reducing health inequalities.

This strategy sets out a renewed vision for improving health and wellbeing of residents and communities and reducing inequalities by 2028. It reamplifies key themes and outcomes from the 2019-2023 strategy – which are still relevant – and defines how we can deliver these over the next 5 years. It recognises and harnesses our new partnerships, with a particular focus on ensuring communities are central to coproduction and delivery.

Local health services have a key role to play in delivering this vision but many issues impacting health are outside of the health service. Therefore the heart of this strategy is to tackle the wider determinants of health. It recognises the need for equity by targeting those with the poorest health and wellbeing and therefore those who would benefit the most from support working with residents to ensure actions meet individual needs and characteristics of our communities.

Following the publication of the refreshed JSNA (2022) and the Barking and Dagenham Best Chance Strategy - a partnership plan for babies, children, young people and their families, it was agreed that the key themes within the current HWB strategy (2019 -2023) remain but are refreshed in the context of the new NHS Integrated Care System (ICS) and after the COVID-19 pandemic and the current 'cost of living crisis', for the period 2023 -2028 (as recommended in the Director for Public Health's report 2021-22).

This strategy has been produced at a time of significant transformation to the NHS and wider health and care system, with organisations responsible for health and care services coming together to form a Place-Based Partnership. This will have a key role in delivering wider programmes to promote health and wellbeing and integrating services to improve health and experience of care for local people.

An initial programme of community engagement was undertaken to help outline 'what good looks like' against the agreed priorities; and following this we further engaged with residents through an online survey, through Healthwatch and with partner organisations as key stakeholders, to establish what actions we should focus on in our plan.

The strategy sets out an indication of the health needs in the borough, what we want to achieve and key areas for action needed to get there.

This strategy sets out a renewed vision for improving health and wellbeing of residents and communities and reducing inequalities by 2028.

WHERE ARE WE NOW:

OUR POPULATION AND ITS HEALTH CHALLENGES

Barking and Dagenham is the most deprived borough in London, based on Index of Multiple Deprivation score (32.8)[1] and is ranked 5th in London on the related Income Deprivation Affecting Children Index (IDACI) score, which measures the percentage of all children aged 0 to 15 years who live in income deprived families (23.8%).[2] Furthermore, B&D had the highest percentage of children aged under 16 living in absolute low income families in London (21.2%) in 2020/21.[3]

Around 218,900 people live in Barking and Dagenham (B&D) and although the local population is the 10th lowest in the London boroughs, it has seen the 2nd highest growth in numbers in recent years. Between 2011 and 2021, the population size of the borough increased by 17.7%, from around 185,900 to 218,900.[4]

Our local population is young, with an average age of 33 years old, and the highest proportion aged under 18 within England and Wales (28.9%).

Our local population is young, with an average age of 33 years old, and the highest proportion aged under 18 within England and Wales (28.9%). The borough also has the highest proportion of under 5s in the UK (8.8%), nearly a quarter (23.6%) are aged between 5-19 years old and almost a third (31.5%) are aged 19 and under. This younger population has also showed considerable growth in the number of residents aged 5-9 (28%), 10-14 (43%) and 15-19 years old (20%), in the decade leading up to the 2021 Census.[5]

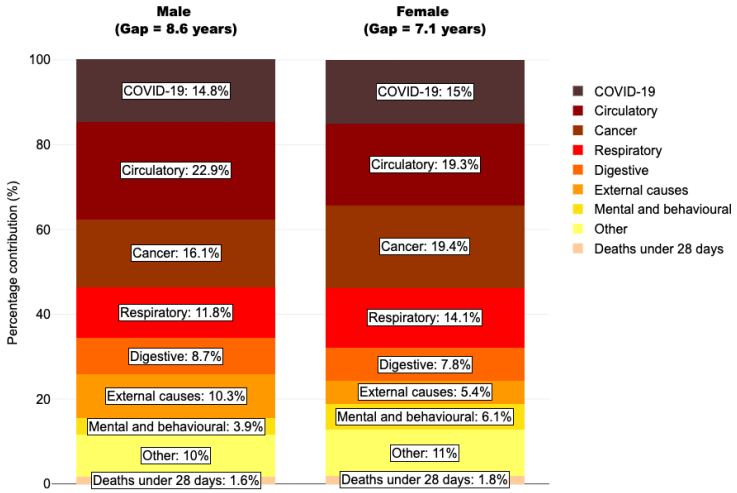
Although nearly six in ten local residents (c.128,500 people) were born in the UK (58.7%), the borough has a **diverse population**, in which 44.9% are White, 25.9% Asian, 21.4% Black, 4.3% Mixed and 3.6% of Other ethnic groups.[5] The last Census data also told us 8.4% of the borough population are migrants (i.e. had a different address on Census day to the same day one year before) and a quarter of the local population had lived in the UK for 10 years or more.

In 2018-2020, **life expectancy** in the borough for both men (77.0 years)[6] and women (81.7 years)[7] was reduced and is significantly worse than the national averages. We also had the highest rate of **premature mortality** in London in 2021, with 511.9 deaths per 100,000 people aged below 75, compared to 358.9 for London overall.[8]

Similarly, healthy life expectancy for males in 2018-20 was 58.1 years, which was the lowest of the London local authorities and significantly worse than both London (63.8 years) and England (63.1 years).[9] Healthy life expectancy for females in the borough for 2018-20 was 60.1 years, which was the 3rd lowest of the London local authorities and significantly worse than both London (65.0 years) and England (63.9 years).[10]

Both **cancer and cardiovascular disease** (CVD) remain major killers in B&D and contribute to the gap in life expectancy for residents. However, many of these cases are caused by avoidable and essentially preventable lifestyle choices and behaviours linked to smoking, alcohol and obesity.[11]

The diagrams below show the greatest contributors to the life expectancy gap by cause of death for males and females in B&D for 2020/21.



We also had the highest rate of **premature (<75 years) mortality from cardiovascular diseases** in London for 2021, with a rate of 117.6 per 100,000, which was also significantly higher than both London (74.3 per 100,000) and England (76.0 per 100,000).[12]

Barking and Dagenham has some of the worse outcomes for **long term conditions (LTCs)** in London. For example, in 2021, we had the 2nd highest rate of premature (under 75) mortality from respiratory disease in London, with a rate of 38.1 per 100,000, which is significantly higher than the rates for both London (22.5 per 100,000) and England (26.5 per 100,000).[13]

However, the number of people with **long term conditions (LTCs)** is substantially lower than expected, which may be related to our young population, but also indicates that many cases currently go undiagnosed and untreated.

For adults, the borough had the 3rd highest rate of emergency hospital admissions for **COPD** in 2019/20, with a rate of 597 per 100,000, which was significantly higher than both London (358 per 100,000) and England (415 per 100,000).[14] It also had the 2nd highest mortality rate from COPD in London at 59.9 per 100,000, which was significantly worse than both London (34.8 per 100,000) and England (39.8 per 100,000), in 2021.[15]

Smoking is the leading preventable cause of ill health and mortality in B&D and although there has been a national decline in smoking prevalence since the 1950s, 11.3% of adults in 2021 **smoked**, which is similar to both London (11.5%) and England (13.0%).[16] However, higher smoking prevalence is found within the more deprived communities in the borough, as well as those people with severe mental illness, contributing significantly to health inequalities.

The percentage of women in the borough smoking at the time of delivery has also shown a significant decrease over the last decade falling from 13.1% (in 2011/12) to 4.5% in 2021/22, which is significantly lower than in England overall (9.1%).[17] In contrast, smoking attributable mortality, as well as smoking attributable deaths from cancer, in Barking and Dagenham, have in recent years been the highest in London at 280.9 per 100,000 and 115.7 per 100,000 respectively.[18,19]

Smoking is also linked to the delivery of low birth weight babies and premature births. For premature births (i.e. those less than 37 weeks gestation), we have the 3rd highest rate in London (89.1 per 1,000), and is significantly worse than London (76.4 per 1000) and England (79.1 per 1,000).[20] In addition, our borough is significantly worse than England on low birth weight of term babies with a rate of 3.8%, compare with 2.8% nationally.[21]

In 2021, Barking & Dagenham had the highest percentage of its economically active population unemployed of all the London boroughs (7.6%).

The borough had the highest prevalence of **obesity** in London for Reception Year (14.8%)[22] and Year 6 children (33.2%), in 2021/22[23] both of which are significantly higher than regional and national averages. Similarly, the borough had the 3rd highest proportion of obese adults (28.6%) within the London local authorities for years 2020/21.[24]

In the year ending March 2023, there were 3,568 **domestic abuse offences** recorded by the Metropolitan Police for Barking and Dagenham, representing a rate of 16.7 per 1,000, which is the highest rate within the London boroughs. This rate is a 2.7% increase on the previous year and a 10.5% rise on the previous month although some of this is due to good reporting. Of these offences, 798 were domestic abuse violence with an injury.[25]

It is estimated that 75.43 per 1000 children aged 0-4 years old live in households where a parent is suffering domestic abuse, compared with the national rate of 71.33 per 1000.[26]

Overall, in the year ending March 2023, there were 116.3 crimes per 1,000 people locally, which is higher than the rate for London (109.7 per 1,000 population).[27]

Similarly, for 2021, the borough had the 5th highest rate of first-time entrants into the youth justice system in London, with a rate of 256.0 per 100,000, which was significantly higher than the national rate (146.9 per 100,000).[28]

In recent years (since 2019) there has been an increase in the number of children and young people with Education Health and Care Plans (EHCPs) in B&D with the most common primary needs identified in 2022 being Autistic Spectrum Disorder (ASD) (31.9% of EHCPs) and Speech, Language and Communication needs (18.3%).

Between 2019/20 and 2021/22, the rate of households in **temporary accommodation** in B&D fell significantly from 20.7 to 17.8 per 1,000. However, the borough still had a significantly higher rate than both London (16.3 per 1,000) and England (4.0 per 1,000), on this measure of homelessness.[29]

Fuel poverty here was the worst in London, with nearly 14,000 households in the borough (18.6%) experiencing this form of economic challenge, in 2020.[34] In 2021/22, the borough also had the 7th highest percentage of the working population claiming out of work benefits (8.7%) in England.[35]

In 2021, Barking & Dagenham had the **highest percentage of its economically active population unemployed of all the London boroughs** (7.6%).[30] During 2021/22, the borough also had the 3rd lowest percentage in London of people in employment (67.6%).[31] However, we also had the second highest economic inactivity rate (30.2%) of all the London boroughs in 2021/22, which is significantly higher than both London (20.5%) and England (21.2%).[32] Defined as the proportion of the working age population (16-64 years old) who are economically inactive (i.e., neither employed nor unemployed), this measure is associated with negative health outcomes.[33]

Action is required across the life course

Preconception

Infancy and early years (0 to 5)

Childhood and adolescence (5 to 24)

Working age and adults (16 to 64)

Older people

	Obesity in Pregnancy % (2018/19)	Low Birth Weight at Term (2021)	Good Development at 2-2.5 yrs (2021)	Children Living in Absolute or Relative Poverty (2022)	Unhealthy Weight at 10/11 yrs (2021/22)	Economic Inactivity 16-64yrs (2021/22)	Domestic Abuse Incidents per 1,000 population (2021/22)	Healthy Life Expectancy M/F (2018/20)	Life Expectancy at Birth M/F (2021)
Barking and Dagenham	27.4%	3.8%	56.0%	49.0%	49.1%	30.2%	35.4	58.1/60.1 yrs	75.6/80.3 yrs
London	17.8%	3.3%	79.9%	29.5%	40.5%	20.5%	35.4	63.8/65.0 yrs	78.8/83.4 yrs
England	22.1%	2.8%	81.1%	37.0%	37.8%	21.2%	30.8	63.1/63.9 yrs	78.8/82.8 yrs

WHAT ARE WE TRYING TO ACHIEVE?

Our Vision:

By 2028, residents in Barking and Dagenham will have improved physical and mental health and wellbeing, with a reduction in the gap in health inequalities between Barking and Dagenham residents and people living elsewhere.

Our residents will benefit from coproduction and partnerships around their needs and priorities.

Themes

The strategy will be based on three themes:

- Best Start in Life
- Living Well
- Ageing Well

Outcomes

The following sets the long-term outcomes for each of the three themes within the strategy, but this strategy will focus on the actions for the Health and Well Being Board over the next five years:

Best start in life

We want babies, children, and young people in the borough to:

- Get the best start, be healthy, be happy and achieve
- Thrive in inclusive schools, settings and communities
- Be safe and secure, free from neglect, harm, and exploitation
- Grow up to be successful young adults

Living well

We want to ensure residents live well and realise their potential, and when they need help they can access the right support, at the right time in a way that works for them.

Ageing well

We want residents to live healthily for longer and:

- Be able to manage their health, including health behaviours, recognising and acting on symptoms and managing any long-term conditions
- Have increased opportunities to have an early diagnosis of health conditions and be provided with appropriate care to manage a condition before it becomes more serious
- Their health and wellbeing is improved to support better opportunities (educational, employment, social) and independent living for as long as possible

HOW ARE WE GOING TO GET THERE?

Core to the strategy is addressing health inequalities by taking a place-based approach, with a fully engaged community.

To help us to do this we have referred to a number of frameworks which exist[36], which help us to deliver through system and at scale, depending on audiences contexts and priorities. Drawing on this evidence, the strategy is under pinned by the following principles:

- Coproduction with Communities
- Integrated Care
- Taking Place-Based Action
- Addressing Health Inequalities
- Acting on What Makes Us Healthy

Principles

The following principles underpin this strategy:

Coproduction with Communities

At the forefront of action is a genuine commitment to the value of relationships and coproduction with residents in designing or discovering changes to meet the needs of our communities. Building a connected, effective community infrastructure, where healthy life expectancy is improved, takes commitment and discipline by the whole system. The work being developed around geographical areas known as localities, is building a system where:

- Resources are maximised and organisations are released to do what they do best.
- Referrals to formal services are accurate and appropriate.
- Residents are empowered – getting what they need, when they need it and from the right place (e.g.: a neighbour; a friend; a social sector organisation; place of worship; the local authority; or primary or secondary care).
- The value of relationship (connection, trust and belonging within the community) is recognised as essential to health and wellbeing as are council and health services.

This will take the form of working with the following range of community-centred approaches[37] for health and wellbeing:

- **Strengthening communities** – Building on community capacities to act together on health and the social determinants of health.
- **Volunteer and peer roles** – Focus on increasing an individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities.
- **Collaborations and partnerships** – Involve communities and local services working together at any stage of the planning cycle, from identifying needs through to implementation and evaluation.
- **Access to community resources** – Connect people to local resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation.

Integrated Care

We will work to ensure that residents can access the right support, at the right time in a way that works for them. This requires understanding of assets and roles across sectors, as well as within our communities. 'Shifting the centre of gravity' to make place-based, person-centred health and care a reality can be supported by the following principles:

Building on what already works locally

Expanding the partnership already working effectively to plan and deliver joined-up, person-centred services.

A person-centred approach

Co-production to plan and deliver care and support with individuals and, where they wish, with their families, to achieve the best outcomes. As well as empowering communities to manage their own health and wellbeing.

A preventative, assets-based population health approach

Maximising health and wellbeing, independence, and self-care in or as close to people's homes as possible to reduce their need for health and care services.

Achieving best value

Working together to ensure delivery of care and support represents the best value, including, of securing the best possible health and wellbeing outcomes using safe and high-quality services, while ensuring the sustainable use of resources.

Taking Place-Based Action

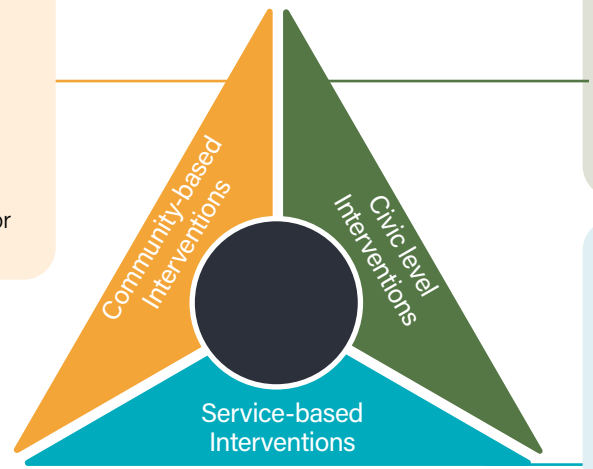
To make a difference, effective action is required at civic, service and community levels as shown by the population intervention triangle. System leadership and planning through our new partnership arrangements will ensure action is effective and is meeting needs of our residents.

This will be done by making sure interventions are:

1. Evidence based
2. Outcomes orientated
3. Systematically applied
4. Scaled-up appropriately
5. Appropriately resourced
6. Sustainable

Population Intervention Triangle

- The assets within communities, such as the skills and knowledge, social networks, local groups and community organisations, as building blocks for good health.



- Legislation; regulation; licencing; by-laws
- Fiscal measures: incentives; disincentives
- Economic development and job creation
- Spatial and environmental planning
- Welfare and social care
- Communication; information; campaigns
- Major Employer

- Delivering intervention systematically with consistent quality and scaled to benefit enough people.
- Reduce unwarranted variation in service quality and delivery
- Reduce unwarranted variability in the way the population uses services and is supported to do so.

Addressing Health Inequalities

Addressing avoidable and unjust differences in health between residents is a key underpinning principle in all our work to deliver this strategy.

These differences are a result of health events across the life course from pre-birth, and over 80% are unrelated to access to health services.

In Barking and Dagenham, residents are exposed to more negative risks to health than those in other local areas, i.e., the highest percentage of households suffering multiple deprivations (68%; Census 2021). This will be worsened by the 'cost-of-living crisis', with B&D residents having the fourth highest vulnerability to it out of 307 local areas[33].

Acting on What Makes Us Healthy

Services have an important role in enabling us to be healthy, however improving health and reducing health inequalities requires us to also act on the 80% of health determinants outside of healthcare. Working across partnerships which places the assets and needs of individuals and communities at the centre can enable us to make a real change on 'what makes us healthy' (Health Foundation, 2019).

WHAT ACTIONS ARE NEEDED OVER THE NEXT 5 YEARS?

Priorities

The JSNA has been complemented by other important sources (such as the 2021 Census) to create a set of key priorities agreed by the Place-Based Partnership. These relate to:

- **Improving outcomes for people with long term conditions in children and adults.**
- **Addressing unhealthy weight and smoking in children and adults.**
- **Providing the best start in life for our babies, children, and young people.**
- **Preventing and addressing domestic abuse.**
- **Preventing exposure to and the consequences of adverse childhood experiences.**
- **Addressing wider determinants of health- for example unemployment, poor housing, low level of training, education and skills development.**

Proposed Actions

Strategic Leadership

For a place to be effective in delivering systematic, system wide place or population action to address health inequalities, the following needs to be in place[36]:

1. A vison and strategy with measurable goals, coordinating targeted action at all levels
2. System leadership and accountability for action on health inequalities
3. A system approach to data linkage and data and evidence driven policy and intervention development and implementation
4. Building on the evidence base of what works
5. Improved system capability for action on health inequalities and wider determinants of health
6. Use of systematic assessment tools to drive multi-agency cross system action
7. Comprehensive engagement to magnify community voice

Co-production

Working in partnership to design and deliver support together

The strategy's focus includes a core commitment to working in creative partnerships with communities to achieve our aims - to reduce health inequalities so no-one is left behind.

We know communities know best about having access to the right services, in the right place, at the right time and whether services are accessible for the people who need them.

We want to work with communities who face the most inequalities to achieve lasting change – releasing the power of communities to participate in change-making, bring challenge and lead where appropriate.

We want to develop ways that will best help our residents and communities to take part in thinking and developing solutions together for improving health and well-being in B&D and to help us understand progress made with delivery.

To help do this we are proposing that we will focus in year one on:

- Finding new and creative ways of bringing people together to share experiences, ideas and voices
- Developing a new approach to maximise the unique positioning of residents and community organisations to build resilience and where needed, early help when issues arise- which includes their collaboration with statutory services
- Using data, to understand our population - particularly our underserved communities better and consider the relevant approaches required for working together
- Co-creating and co-developing specific actions to deliver this strategy, ending in a co-produced action plan

Our long-term aim is to develop approaches that better enable and empower local communities to shape and contribute to how the strategy tackles health inequalities and improves health and well-being on an ongoing basis.

We know we cannot do this alone.

Developing our approach to co-production

We want to develop our approach to co-production in partnership and to work with a wide range of people, professionals and organisations. We are committed to making this work and the following principles will be part of how we do this:

- Involve everyone who will be taking part in co-production from the start.
- Value and reward people who take part in the co-production process.
- Ensure that there are resources to cover the cost of co-production activities.
- Ensure that co-production is supported by a strategy that describes how things are going to be communicated.

We would like to find the best way with residents and our communities for them to strengthen our approach to co-production; better contribute to the development of the strategy and monitor progress of delivery over time. By doing this we want to build co-production into the following activities as part of what we do:

- **Co-design,** including planning of services and support
- **Co-decision making** in the allocation of resources and funding
- **Co-evaluation** of services and performance

Delivering Priorities

Providing the best start in life for our babies, children, and young people. To be healthy, be happy and achieve by:

- Increasing access to services including maternity, health visitors and early help provision.
- Tackling early causes of childhood neglect.
- Improving poor perinatal mental health and domestic abuse.
- Improving uptake of breastfeeding, immunisations and two-year-old checks.
- Improving school readiness, education outcomes and standards.
- Supporting healthy weight.

To grow up to be successful young adults by:

- Accessing good quality youth support.
- Increasing feelings of safety through reducing serious violence, offending and reoffending.
- Proving supportive pathways into adult services.
- Improving a strong training and local employment offer, especially for care leavers and those with SEND.
- Providing positive diverse and inclusive role models.
- Supporting with transitions & developing skills for adulthood.
    - To thrive in inclusive schools and settings, in inclusive communities by:
        - Accessing Early Help and Support for children, young people, and families with SEND.
        - Providing a better offer for those with social, emotional and mental health needs, including timely access to CAMHS.
    - To be safe and secure, free from neglect, harm and exploitation, by:
        - Supporting good child protection and Child Death Overview Panels decisions and outcomes.
        - Developing contextual safeguarding approaches.
        - Caring for children in care and care leavers.

Preventing the exposure to and the consequences of adverse childhood experiences (ACEs).

Action will include:

- Building resilience through, e.g. parenting programmes/strengthening families; mentoring opportunities; school-based programmes to develop life skills; psychological support to deal with negative impacts of ACEs; community-based programmes that strengthen local resources and relations.
- Raising awareness of behaviour norms and environments that contribute to ACEs.
- Developing Trauma Informed practice within communities and settings.

Delivered through:

- Implementing the national 'Start for Life' programme,
- Strengthening the delivery of the 0-19 Healthy Child Programme
- Setting up three locality-based Family Hubs and a Family Hub Network as the channel for integrated working across the system in the borough.

Living Well

Addressing unhealthy weight and smoking in children and adults

Action will include:

- Development of a system wide approach needed to address unhealthy weight including joined up support for those living with unhealthy weight; increasing access to safe open spaces for play, walking and cycling; opportunities for physical activity and enabling healthier diets.
- Developing a system wide approach to reducing smoking – including stopping children starting and providing access to evidence-based stop smoking services.

Preventing and addressing domestic abuse

Action will include:

- Delivering the Barking and Dagenham Domestic Abuse Improvement Programme.
- Leading the delivery of a broader public health approach to addressing domestic abuse.

Addressing wider determinants of health for example employment (including unemployment, under employment and employment quality), poor housing, low level of training, education, and skills development

Action will include:

- Delivering a health in all policies approach (linking to the themes[38] identified within the Barking and Dagenham Together vision document 2017 – 2237) with all partners responsible, to allow opportunities for people through training, education, skills development, and good employment.
- Supporting housing policy to improve health and wellbeing.
- Acting on air quality to improve health.
- Public sector partners developing their roles as 'anchor institutions.'
- Delivering the Serious Violence Duty to reduce child exploitation and crime.

Ageing Well

Improving health and wellbeing for residents, particularly those with long term conditions.

Action will include:

- Improving health behaviours such as smoking and physical inactivity.
- Improving connection, cohesion and reducing loneliness.
- Providing appropriate and accessible services and support for residents to prevent development of health conditions.
- Supporting residents to understand when and how to access services for the assessment and management of long-term conditions.
- Ensuring more residents with health conditions are assessed, identified and provided with condition management as early as possible.
    - Development of integrated teams that allow residents to receive the support and care needed to live independently for as long as possible.
    - Development and delivery of a digital transformation strategy for care and support.

HOW WILL WE KNOW WE HAVE BEEN SUCCESSFUL?

Outcomes

Each priority/ theme will have several outcomes (short, medium and long term- up to 5 years).

1

Performance Indicators

Performance indicators will be identified against which progress with be tracked, to deliver improvements to health and wellbeing and reduce health inequalities.

2

Delivery Plans

A detailed set of delivery plans will be developed to describe activity to achieve the agreed measures.

3

Accountability

Responsibility for delivering these plans will sit with our Place Executive Group with implementation of the plans by our system partners through both the Adult, and Best Chance for Babies, Children and Young People Delivery Groups.

4

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