Bexley System-wide Prevention Strategy:
Start Well, Live Well and Age Well
Maximising the value of the Bexley pound
Bexley System-wide Prevention Strategy:

Start Well, Live Well and Age Well

Maximising the value of the Bexley pound

General socio-economic, cultural and environmental conditions

Social and community networks

Individual lifestyle factors

Age, sex and constitutional factors
Contributors

London Borough of Bexley

Members

Councillor Teresa O’Neill OBE, Leader of the Council
Councillor Alex Sawyer
Councillor Eileen Pallen
Councillor Newton
Councillor Diment
Councillor Mabel Ogundayo
Councillor Brad Smith
Councillor Alan Downing
Councillor Esther Amaning

Chief Executive

Paul Moore, (former) Acting Chief Executive
Corporate Leadership Team
Kevin Fox, Head of Committee Services & Scrutiny
Jane Richardson, Assistant Chief Executive
(Regeneration and Growth)

Adult Social Care & Health

Stuart Rowbotham, Director of Adult Social Care & Health
Tom Brown, Service Director of Bexley Care
Yolanda Dennehy, Associate Director of Adult Social Care
Deb Travers, Head of Integrated Rehabilitation
Kerry Kear, Health & Social Care Information systems Manager
Malcolm Bainsfair, Head of Safeguarding Adults
Elizabeth Deeves, Head of Integrated Commissioning for people with Learning Disabilities & Physical Disabilities
Laura Williams, Interim Head of Integrated Commissioning for Older People & Physical Disabilities
Margaret Anderson, Head of Social Care & Principle Social Worker – Bexley
Ian Buchan, Home Care Project Manager

Rebecca Watson-Morse, Commissioning Programme Lead
Annie Callanan, (former) Bexley Safeguarding Adult Board Independent Chair
Anita Eader, Safe Guarding Adults Board Practice Review & Learning Manager
Dr Andy Liggins, Interim Public Health Consultant
Davinia Springer, (former) Interim Senior Public Health Specialist
Shanie Dengate, Policy & Health Integration Officer
Toby Knight, National Management Trainee
Jo Woodvine, Tobacco & Bexley Stop Smoking Service Manager
Julie Tilbrook, Joint Commissioning Manager (Substance Misuse)
Robbie Currie, Sexual Health Programme Lead
Lorraine Holder, Public Health Information & Re-engagement Officer (Stop Smoking)
Deirdre Love, Sexual Health Commissioning
Pascale Berthellet, Public Health Advisor for Children & Young People
Jane Walker, Public Health Programme Manager

Place Communities & Infrastructure

Toni Ainge, Deputy Director of Communities, Libraries, Leisure & Parks
David Bryce-Smith, Deputy Director of Public Protection, Housing & Public Realm
Ginny Hyland, Head of Community Partnerships
Seb Salom, Head of Strategic Planning & Growth
Ruth Baty, Active for Health Manager
Sophie Leedham, Policy & Partnerships Officer
Claire McGarry, Community Safety Co-ordinator (vulnerable people)
Nick Rathbone, Community Safety Co-coordinator (Strategy)
Rob Lancaster, Head of Development Management
Maria Migdal, Waste Education Officer

Growth & Regeneration

Rod Lean, Head of Economic Development
Martin Pimell, Programme Manager Town Centres and Innovation
Divindy Grant, Town Centres Strategy & Project Manager
Children’s services

Allison Parkinson, (former) Deputy Director – Children’s Social Care and Safeguarding
Simon James, Deputy Director Educational Achievement & Inclusion
Michelle Waldron, Head of CWDT FWB & Children’s Services
Children’s Social Care Senior Management Team
Children’s Education and Inclusion Senior Management Team
Jacqueline Beckett, Head of Education to Employment
Fiona Cisneros, Head of Service Families and Child Protection

Finance & Corporate Services

Paul Thorogood, Director of Finance & Corporate Services
Nick Hollier, Deputy Director Corporate Services
Sophia Looney, Service Design & Engagement Officer (Transformation & Change)
Sakthi Suriyaprakasam, (Former) Head of Strategy Performance & Insight
Lorraine Barlow, Head of HR Advisory Services
Olivia Raber-Batchelor, HR Advisor
Fiona Sheil, (Former) Strategic Lead for Commissioning & Market Making
Wesley Guy, Strategic Business Partner (Adult Social Care and Children’s Services)

NHS Bexley Clinical Commissioning Group

Theresa Osborne, (Former) Managing Director
Nisha Wheeler, Director of Primary Care, ICT and IG
Michael Boyce, Chief Operating Officer
Valerie Shanks-Pepper, Director of Integrated Commissioning
Alison Rogers, Joint Commissioner for Children’s Service
Graham Tanner, Head of Integrated Commissioning (Adults) – Mental Health
Richard Tipping, Head of Programmes CYP and Maternity
Andrew Fairhurst, Head of Programmes, Transformation and Partnership
Lindsey Coeur-Belle, (Former) Head of Planned Care

Sukh Singh, Assistant Director of Primary Care
Maria Hawes-Gatt, Deputy Director of Quality, Patient Experience and Performance
Clare Fernee, AD of Medicines Management
Dr. Karen Upton, GP Clinical Director
Dr. Winnie Kwan, Clinical Lead EOLC & Cancer – Bexley CCG & MacMillan GP
Dr. Vimple Bhalani, LCN Lead
Dr. Pandu Balaji, LCN Lead
Dr. Miran Patel, LCN Lead
Paul Cutler, Chair of Bexley Patient Council

Our Healthier South East London
Mark Edginton, Programme Director – Community Based Care

Bexley Voluntary Sector Council (BVSC)
Vikki Wilkinson, Chief Executive

London Fire Brigade
Peter Curtin, Borough Commander

Age UK Bexley
Guy Stevenson, Chief Executive

Learning & Enterprise College Bexley
Brian Henry, Principal

Healthwatch Bexley
Jayne Garfield-Field, Manager

A special thank you to Toby Knight, National Management Trainee, for the key role he played in the development of this strategy

Bexley System-wide Prevention Strategy:
Foreword

It gives me great pleasure and pride to introduce Bexley’s first system-wide prevention strategy. The strategy is the result of collaboration between people from a range of local organisations. I hope you will agree that it has the potential to make a positive difference to the lives of everyone who lives in our borough.

Its aim is simple: to help our residents – whatever their age - stay, healthy, happy and independent for as long as possible.

In the following pages, the strategy explains that social circumstances, environmental factors and our behaviour all play a part in our health. It sets out the challenges we face in seeking to improve our lives and it takes a broad interpretation of what this involves. It looks across the full range of NHS, Council and voluntary sector services. It also sets out the vital role we all need to play as individuals.

I am proud of the work and careful thought that has gone into the strategy, but also of the fact that the views of local people and stakeholders will have played a key role in shaping it.

The issues it raises are vital for us all as individuals and for the future of our society. Preventing the avoidable escalation of need will benefit us all. It is also essential to the sustainability of our public finances.

I hope you will read the strategy and be encouraged that it helps us make a reality of improving life for everyone who lives in our borough.

We are delighted to have worked with the council, community and voluntary sector groups and residents to develop a local plan to tackle the wider determinants of health before problems emerge, empower people to take charge of their own wellbeing and in doing so, moderate demand on the NHS – as set out in the NHS Long Term Plan.

Good health underpins a healthy economy and this prevention strategy will play a pivotal role in helping all Bexley residents start well, live well and age well.
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Executive Summary

This document is the result of the London Borough of Bexley (LBB) and the NHS Bexley Clinical Commissioning Group (CCG) agreeing in 2018 to develop an ambitious system-wide prevention strategy, sponsored by Bexley’s Health and Wellbeing Board. Numerous consultations coupled with data and policy research, have culminated in this strategy.

This is a system-wide prevention strategy and includes the Council, CCG and wider NHS, community and voluntary sector groups and residents as equal stakeholders. For it to succeed each must fully play their part.

This strategy is critical in addressing the four main system challenges facing Bexley:

1: The challenge of improving the health and wellbeing outcomes of Bexley residents
2: The challenge of organisational and financial sustainability
3: The challenge of changing the shape of demand, including reducing demand
4: The challenge of service improvement and transformation

In order to respond to the system challenges outlined above, the Prevention Strategy has:

- To create strategic alignment of existing strategies
- To identify a set of new high impact actions
- To change the culture in Bexley to one which embraces prevention
- To generate critical mass to drive change

We will monitor the progress and success of the overall strategy against the following over-arching outcomes:

- Ensure that people can enjoy at least 5 extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest
- Reduction in under 75 mortality rates and premature deaths
- Reduction in A&E admissions
- Increase community engagement in the implementation of the prevention strategy (as measured by personal pledges)

The prevention strategy is structured on six themes grouped under the three domains of People, Policies and Places, as illustrated in the graphic below, with more detail to be found in the Plan on a Page on page 21 of the main Prevention Strategy document:

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Each theme contains priorities for action with details of:

- What we will do
- How we will measure success

Some of the key actions by theme are:

**Theme 1: Giving children and young people the best start in life & throughout their lives**

The early years of life – from conception to entering adulthood, are critical. Pregnancy, early years and school settings offer opportunities to encourage healthy lifestyles, deliver appropriate support and create environments in which children and young people can thrive, including building resilience and ensuring high levels of achievement and ambition.

- We will develop an Integrated Universal Children’s System to deliver a redesigned Healthy Child Programme and Young People’s Health and Wellbeing Programme.

**Theme 2: Improving outcomes for adults and older people**

We are now living with more complex illnesses for longer. Despite efforts to reduce avoidable differences in health, there are still health inequalities across the country. Older age can and should be an opportunity for an active, independent and thriving time of life, and older people contribute hugely to our family support systems, culture and local economy. All residents should be able to access excellent care at the levels most appropriate to their needs.

- We will develop support for people experiencing key life events, maximising the prevention opportunities presented during key life events.
- We will co-create programmes that build on the assets within the community and among individuals, and tackle loneliness and isolation, including the expansion of befriending and of social prescribing.
- We will enhance primary prevention and early detection programmes on long term conditions, obesity, cancer, immunisations and...
screening, sexual health, substance misuse, mental and emotional wellbeing, dementia, loneliness and isolation, frailty and falls, and transitions. This also links to the development of a Primary Care Prevention Plan and delivery of prevention through our local Integrated Care System.

Theme 3: Embedding prevention in all policies and practice, and in Bexley’s population health system

The decisions we make locally to shape Bexley as a place will have a significant impact on the environment and the choices people make. Considering health and wellbeing in the policy making process helps broaden the reach of prevention, from transport to planning and leisure, to housing, environmental health, education and social care.

- We will implement the national policy of Making Every Contact Count widely across the Bexley System.

Theme 4: Creating healthy communities, workplaces and homes

Communities, workplaces and homes are the settings in which we all live out our lives and spend nearly all of our time. The creation of strong, coherent and resilient communities will bring significant improvements in health and wellbeing. A high-quality working environment is also important and there are strong correlations between housing and health.

- We will implement Bexley’s Connected Communities Strategy.

Theme 5: Creating healthy environments and built, green and blue spaces

The design of built environments has a symbiotic relationship with the people that live in them and use them. Health promoting design fosters healthier behaviours and activities and contributes to stronger communities – and in turn this makes neighbourhoods safer, vibrant and more desirable, attracting more investment and employment opportunities.

- We will implement the Bexley Obesity Prevention Strategy.
- We will use our Local Plan and other planning documents to help secure healthy places across Bexley and will continue to work collaboratively together corporately and with partners to create healthy environments, tackling pollution from all sources.
- We will continue our efforts to secure additional funding for improved cycling in infrastructure and education in the borough.

Theme 6: Creating economic independence and a thriving local economy

Deprivation is both a major cause and consequence of ill-health. In order to work and therefore to earn, one needs to be reasonably healthy. Work contributes positively to the health and wellbeing of an individual and the dependents and family they support.

- We will implement various initiatives utilising local, regional and national resources to support and nurture young residents starting out in employment, including ensuring the right education and training pathways are available to meet the needs of all learners.
- We will encourage Bexley businesses to provide permanent, long term opportunities along with good training and career prospects.
Introduction and Definition of Prevention

In early 2018 London Borough of Bexley (LBB) and NHS Bexley Clinical Commissioning Group (CCG) agreed to embark on the development of an ambitious system-wide prevention strategy, sponsored by Bexley’s Health and Wellbeing Board. Numerous consultations coupled with data and policy research, have culminated in this strategy and it is a testament to the commitment of the Bexley system in recognising the pivotal role that prevention must play locally.

In November 2018, Matt Hancock MP, Secretary of State for Health and Social Care published his vision for prevention in which he described prevention as follows:

“Prevention is about helping people stay healthy, happy and independent for as long as possible. This objective is as relevant at seventy years old as it is at age seven...

...Prevention means stopping problems from arising in the first place; focusing on keeping people healthy, not just treating them when they become ill. And if they do, it means supporting them to manage their health earlier and more effectively.”

In the context of this strategy, we are interpreting prevention in its broadest context where it not only speaks to health and social care, but also to communities, social cohesion, crime, built and natural environments - green and blue spaces, workplaces, homes and also the local economy. It spans the 2014 Care Act’s triple definition of primary, secondary and tertiary prevention applied in all the settings above. This is the system-wide aspect of the prevention strategy and includes the Council, CCG and wider NHS, community and voluntary sector groups and residents as stakeholders.

For it to succeed each must fully play their part.

What is prevention?

The Care Act’s triple definition of prevention:

- Primary prevention is about minimising the risk of people developing needs.
- Secondary prevention is about targeting people at high risk of developing needs and intervening
- Tertiary prevention is about minimising deterioration and the loss of independence for people with established needs or preventing the reoccurrence of a health and social care crisis.
Why Prevention is Important

It is estimated by Kings Fund\(^4\) that up to 85% of what determines our health is contributed by non-healthcare factors such as social circumstances and environmental exposure (45%) and health behaviour patterns (40%). More recently public health specialists have made estimates of the contribution of different factors to people's health.\(^5\) Figure 1 below is an example of the relative contribution of the determinants of health.

![Figure 1: Relative Contribution of Determinants of Health](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf)

Therefore, much that helps us stay healthy for longer falls in the wider determinants space, although the importance of prevention interventions in clinical care areas cannot be overstated. Adverse childhood experiences faced by children in their early development have a life-long impact on their life chances, health and behaviours. Results from the Welsh Adverse Childhood Experience (ACE) study show that suffering four or more harmful experiences in childhood increases the chances of high-risk drinking in adulthood by four times, being a smoker by six times and being involved in violence in the last year by around 14 times.


\(^{8}\)https://www.ncbi.nlm.nih.gov/pubmed/11900188#


\(^{11}\)http://www.wales.nhs.uk/sitesplus/888/page/88504


\(^{13}\)https://www.england.nhs.uk/long-term-plan/

\(^{14}\)Masters et al., Return on investment of public health interventions: a systematic review, BMJ, 2017 - the return on investment estimate is a median of a review of published interventions worldwide (and not just limited to health interventions), and is total social return and is therefore not only healthcare savings.


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**Health behaviours**
- Smoking 10%
- Diet/exercise 10%
- Alcohol use 5%
- Poor sexual health 5%

**Socio-economic factors**
- Education 10%
- Employment 10%
- Income 10%
- Family/social support 5%
- Community safety 5%

**Clinical care**
- Access to care 10%
- Quality of care 10%

**Built environment**
- Environmental quality 5%
- Built environment 10%

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.\(^6\)
Bexley Council has committed £1.6 million of the Adult Social Care iBCF\textsuperscript{12} grant towards a programme of work on prevention and early intervention (PEI). Modelling suggests an overall ROI of £1.85 to adult social care for the five core interventions combined (befriending, supporting people with mental ill-health into education, employment and training, community navigation, carers support, and peer support). This means that for every £1 invested in these five core interventions, this will generate £0.85 to adult social care.

Bexley Council has launched a new initiative called #doitforbexley, using the willingness of people in Bexley to help others, even as they help themselves. This may be in big or small ways from helping a frail neighbour, to volunteering in a local group or charity, or taking part in community events. It can also help to keep themselves mentally and physically active.

**Bexley by numbers**

**Our population**

246,124

(ONS mid-2017 population estimate)

Bexley population by age

3 in 10 are under 25  
5 in 10 are 25-64  
2 in 10 are 65+

**Population change**

The population of Bexley is expected to increase by 30,000 by 2030. This is an increase of 12%.

The population of over 65s is expected to increase by 25% by 2030.

Over 37,000 people in Bexley will be aged 75+ by 2050 compared to 20,000 in 2017, a 90% increase.

**Deprivation**

Bexley ranks 191st of 326 local authorities, this masks considerable variation in deprivation within the borough.

7% of population live within the 30% most deprived areas nationally.

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\textsuperscript{12} iBCF = Improved Better Care Fund 2017
https://www.local.gov.uk/sites/default/files/documents/170726_Improved%20Better%20Care%20Fund%20Questions%20and%20Answers%20LATEST.pdf
Ethnicity

White British is the predominant ethnicity in Bexley, accounting for 71% of the population. Over the next few years, Bexley will become more diverse - Black and minority ethnic groups will account for an estimated 30% of the population by 2015.

Life Expectancy

On average, women in Bexley live 4.1 years longer than men.

Lifestyle indicators

- Only 12% of our adults smoke one of the lowest figures in London. At time of delivery, 8% of mothers smoke.
- 37% of children aged 10-11 years are overweight or obese.
- Over 6 in 10 adults are overweight or obese.
- Only 62% of adults are physically active.
- Only 47% of young people are meeting the recommended 5-a-day at age 5.
- 69% of people with HIV are diagnosed late.
Mortality

Cancer, cardiovascular, liver and respiratory diseases all contribute to premature and preventable mortality in Bexley.

On average, Bexley residents may live in poor health for:

- **15.0 Years**
  - Men
  - Women

The premature mortality rate per 100,000 people is as follows:

- Cancer: 160
- Cancer (preventable): 140
- Cardiovascular diseases: 130
- Cardiovascular diseases (preventable): 120
- Respiratory disease: 110
- Respiratory disease (preventable): 100
- Liver diseases: 90
- Liver diseases (preventable): 80
Bexley System-wide Prevention Strategy:
Four System Challenges of Bexley

This strategy is critical in addressing four system challenges facing Bexley:

System Challenge 1:

The challenge of improving the health and wellbeing outcomes of Bexley Residents

Bexley is experiencing the twin challenges of an ageing population toward the south and a relatively younger, ethnically diverse and deprived population towards the north – and with our growth agenda there will be significant increases in the population in the north and some growth in the south. Health priorities in Bexley include obesity (adults and children), diabetes, dementia, addiction - smoking, substance misuse, and children and young people’s emotional wellbeing.

System Challenge 2:

The challenge of organisational and financial sustainability

The proposed prevention strategy sits in the context of challenging financial positions in both NHS Bexley CCG and London Borough of Bexley. For the council, the main government grant supporting general expenditure – the Revenue Support Grant, has dropped from £21.9m in 2016-17 to £3.3m in 2019-20. Continuing growth in demand, particularly for services for the elderly and other vulnerable people, combined with inflationary pressures will require the Council to identify further savings of £36.6m by 2022/23. In 2018-19 the CCG shows a cumulative deficit of £14.9m being maintained and carried forward. For the NHS these enormous cost pressures are to a large extent due to increased admissions via our hospital accident and emergency (A&E) services. In many ways each avoidable hospital emergency admission is an instance of prevention failure at some level. We are seeing the consequences of not having a comprehensive whole-system prevention strategy play out in real-time and with serious consequences to the sustainability and stability of our health and social care services.

System Challenge 3:

The challenge of changing the shape of demand and reducing demand in the first place

(see Appendix 1 for types of preventable demand)
Part of the solution from both quality and sustainability perspectives is to ensure our residents are provided services closest to home and in the least cost, most appropriate way. Primary prevention will reduce or delay the need for services in the first place, and even when required, these services will be delivered earlier, be less intensive and of shorter duration through effective early detection and diagnosis. Wrap-around support can be provided through a meshwork of personal and community networks, whilst also providing appropriate clinical and social care. This will serve to maximise person-centred care while changing the shape of demand. Facilitating greater independence, self-help and self-management are an intrinsic part of this.

System Challenge 4:

The challenge of service improvement and transformation

In order to address all the three challenges above, we have to transform our health and social care services – for example by ‘taking the front door to adult social care into the community’ through a model of trusted assessors, redesigning and enhancing the universal offer to early years, introducing innovation, prototyping new initiatives and fostering a discipline of research and evidence-based decision making. Use of assistive, digital and newer technologies to facilitate better self-management and prevention are an important and increasingly indispensable part of this transformation programme.
Purpose of the Bexley System-wide Prevention Strategy

In the context of the four system challenges outlined above, the Prevention Strategy has four main objectives:

- **To create strategic alignment**: The Prevention Strategy is the “strategy of strategies” and seeks to align all the relevant active strategies in the system from a prevention perspective, so that we achieve maximal impact. Consequently, some key actions set out in this strategy under certain priorities relate to the implementation of these key strategies.

- **To identify a set of new high impact actions**: In addition to the actions in the strategy that relate to other key strategies, a set of new actions that will have a high impact on our efforts to address the four system challenges have been identified.

- **To change the culture in Bexley**: Through the system-wide ownership and commitment towards the aims, objectives and actions in this strategy, we wish to embed a prevention and outcomes approach in everything we do in and for Bexley. This includes making every contact count, person centred care planning and a whole person approach, and thinking how we can optimise prevention in our strategic commissioning.

- **To achieve critical mass**: Through the effective implementation of the actions outlined in this strategy we hope to generate a critical mass to deliver measurable impact on the four system challenges, both in terms of improved outcomes and contributing to corporate savings and sustainability. This will create still further impetus and recognition towards the critical role of prevention.
Measuring the success of the Bexley System-wide Prevention Strategy

We will monitor the progress and success of the overall strategy against the following over-arching outcomes:

- Ensure that people can enjoy at least 5 extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest
- Reduction in under 75 mortality rates and premature deaths
- Reduction in A&E admissions
- Increase community engagement in the implementation of the prevention strategy (as measured by personal pledges)

Structure of the Prevention Strategy

The prevention strategy is structured on six themes grouped under the three domains of **People, Policies and Places**. Figures 2 & 3 depict the domains, themes and priorities of the strategy.

**Figure 2**

**People Domain**

**Theme 1:**
Giving children and young people the best start in life & throughout their lives (including preconception and in transition to adulthood)

**Theme 2:**
Improving outcomes for adults and older people

**Policies and Practices Domain**

**Theme 3:**
Embedding prevention in all policies and practice, and in Bexley’s population health system

**Places Domain**

**Theme 4:**
Creating healthy communities, workplaces and homes

**Theme 5:**
Creating healthy environments, built, green and blue spaces

**Theme 6:**
Creating economic independence and a thriving local economy
Overarching Priority
Creating a culture and fostering behaviours where person-centred thinking and a whole person approach becomes the norm, particularly to support people with vulnerable characteristics and those who may experience discrimination because of protected characteristics.

### Theme 1: Healthy Children

**Priority 1.1** Supporting parents to become the best parents they can be

**Priority 1.2** Helping children to a flying start in life to develop, thrive and achieve

**Priority 1.3** Supporting parents to become the best parents they can be

### Theme 2: Healthy Adults

**Priority 2.1** Creating an environment where people can be healthy and well, make decisions about their future, and engage in meaningful life roles in the community at all stages of life.

**Priority 2.2** Supporting people through challenges and change

### Theme 3: Healthy Policies and Practices

**Priority 3.1** Making every contact throughout the Bexley system and embedding health in all policies and practices

**Priority 3.2** Ensuring that all commissioning practices, use of intelligence and technologies, and resource allocations are evidence-based and that all local and national policies promote good physical and mental wellbeing

**Priority 3.3** Embedding prevention into Bexley’s population health approach

### Theme 4: Healthy Communities, Workplaces and Homes

**Priority 4.1** Supporting communities to be connected, healthy, happy and safe so that everybody can start, live and age well

**Priority 4.2** Creating a supportive culture that promotes good physical and mental wellbeing in the workplace

**Priority 4.3** Making it easier for people to access all tools and lever available to increase the quality and quantity of new and existing affordable homes

### Theme 5: Healthy Environment: Built, Green and Blue

**Priority 5.1** Making it easier for people to adopt active and healthier lifestyles and take responsibility to ensure this for themselves and their families

**Priority 5.2** Creating a built environment that is socially active and successful communities through design based on responsibilities to ensure this for themselves and those in their families

**Priority 5.3** Making Bexley environmentally sustainable and healthy

### Theme 6: Economic Independence and Thriving Local Economy

**Priority 6.1** Improving pathways to skills and employment, helping people move on to better employment, helping people move on to better places

**Priority 6.2** Improving pathways to skills and employment, helping people move on to better places

**Priority 6.3** Economic independence

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**Figure 3: Bexley Prevention Strategy - Domains, Themes and Priorities**
Our Prevention Priorities

People Domain

Overarching domain priority: Creating a culture and fostering behaviours where person-centred thinking and a whole person approach becomes the norm, particularly to support people with vulnerable characteristics and those who may experience discrimination because of protected characteristics\textsuperscript{14}.

This priority spans the life-course and refers to a shift in the culture and approaches regarding the whole person. While person-centred thinking focuses on the individual, it is also an important part of place shaping and informing our system ambitions and policies. It puts open duty of care at the heart of our practice and considering all that we plan and do through the lens of five questions, as asked of of the recipients of our services:

1. What is important to you?
2. What is important for you?
3. What is the right balance between the two?
4. What needs to change?
5. What stays the same?

Why is this important?

The early years of life – from conception to entering adulthood, are critical. Pregnancy offers opportunities to ensure a safe birth and promote healthy behaviours. Early years support is vital in helping parents address their child’s needs and assists employment opportunities and housing – which are vital to reduce child and family poverty. Schools can provide a healthy and supportive environment to learn in, improve the health behaviours of children and young people, give them resilience and ensure high levels of achievement and ambition.

Prevention sits across all the levels depicted in Figure 4 below. For early effective help and universal prevention, it sits at levels 1 and 2. Identifying any difficulties early means the child and their family receive support to strengthen their care and protection of their children. Support will be tailored to the family’s needs and provided at the minimum level necessary to ensure the desired outcomes are achieved, with as little disruption to family life as possible. At levels 3 and 4, there is a strong secondary and tertiary prevention context, preventing further harm to the child, always putting the welfare, wellbeing and safety of the child first.

Early help means providing support as soon as a difficulty emerges, at any point in a child’s life, from birth through to teenage years. Early help can prevent further difficulties arising, for example, if part of a plan where a child has returned home to their family from care.

Of 250,000 people living in Bexley, 25% are children and young people under 20 years\textsuperscript{15} (projected to increase to 27% by 2026). Children under four years of age account for 6.6% of the population\textsuperscript{6}. Despite the level of child poverty\textsuperscript{16}.

Theme 1: Giving children and young people the best start in life & throughout their lives (including preconception and in transition to adulthood)

What will we do?

0.1a. We will ensure that person centred thinking becomes a part of our routine practice and continuous improvement methodology.

How will we measure success?

- Establishment of continuous improvement methodologies across health and social care practice, focused on the effective discharge of person centred thinking
- Reduction in patient and customer complaints and grievances

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\textsuperscript{14} Nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
being better than the England and London averages (19%, 20% and 23% respectively), the rate of family homelessness (4 per 1000 households) is significantly worse than for England (1.9 per 1000 households).

The level of MMR immunisation coverage by age two (89%) is below the recommended level (95%) and children in Bexley have worse than average levels of excess weight (overweight or obese) in comparison to England and its statistical neighbours. Overweight or obese children are more likely to become obese adults and develop significant health consequences such as cardiovascular diseases, diabetes and certain types of cancer.

How will we know we have made a difference?

- Children and families will be supported to develop, thrive and achieve, with more babies, children and young people having improved health and wellbeing
- Mothers-to-be will be supported and cared for to ensure their own good health, and the health of their baby
- Prospective parents will be better prepared for parenthood, knowing where to go to for resources and support
- Local organisations will focus on the whole family and support the ties between generations
- More children will be ready for school and have language and social skills to flourish
- More young people will leave with qualifications and skills to fulfil their aspirations
- Safeguarding of vulnerable children will be ensured.
- Fewer families and therefore less children need the specialist support of social workers, and families are more resilient and can identify their own solutions
- There will be an Integrated Universal Children’s Service, offering a redesigned Healthy Child Programme and a new Young People’s Health and Wellbeing Programme

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15 PHE, Child Health Profile Bexley, June 2018 https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1gid/1938133228/par/6/par/E12000007/at/102/are/E09000004
16 in children aged under 16 years
17 Fingertips https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3gid/1938133228/par/6/par/E12000007/at/102/are/E09000004/id/90819/age/-/1/sex/4
https://media.inzu.net/2acc977c715c6d14a75010032546ad/mysite/downloads/570_606709_Effective_Support_for_Children.20.6.17_FINAL.pdf
18 World Health Organisation, Global Strategy on Diet, Physical Activity and Health https://www.who.int/dietphysicalactivity/childhood_consequences/en/
- Children and young people’s mental health and resilience will be supported
- Children living in poverty, in care, and those with special educational needs or disabilities will flourish and inequalities in their outcomes will be reduced

**Key Linked Strategies:**

### Priorities

**Priority 1.1. Supporting parents to become the best parents they can be.**

Securing the best outcomes for children starts with their parents, from before conception, through pregnancy and child birth, to becoming parents. This includes equipping parents with the right skills, knowledge and confidence to be great parents, so that they are able to ensure that their children have the best environment to grow up in. This priority is linked to the Family Wellbeing Strategy.
What will we do?

1.1a. Implement a maternity strategy that encourages and promotes midwife led care, ensures continuity of care, promotes healthy behaviours and provides support for mother’s mental health. This includes:

- Working with local NHS organisations through the Transforming Services Together Programme, to improve maternity care, mental health services for pregnant women, children and young people, and increase integrated services for children and young people
- Supporting families’ health & well-being including family planning, parenting support and specific vulnerabilities
- Midwifery-led continuity of carer targeted towards women from BAME groups and those living in deprived areas
- Specialist smoking cessation support for women who smoke during pregnancy

1.1b. Support families’ health & well-being (in level 3 services) through the implementation of the Family Wellbeing Strategy, especially in the following areas:

- Increase the range & breadth of services available to support families with their well-being plans. We will invest £100k in commissioning specialist services such as those to help parents whose mental health is compromised
- To improve the quality of our well-being practice, aligning it with Signs of Safety and being clear with families how they can work together to improve their children’s experiences, including tackling Adverse Childhood Experiences (ACEs)
- Work with children and all those in contact with them to ensure that, as well as an improved focus on health, they offer complete support to parents – including fathers - with early education, parenting, and parent’s own needs around child care, housing, employment and more
- Develop an approach which can deliver early help and work with ‘troubled families’ in an initiative to ensure that support focusses on the whole family, especially those with extra needs

1.1c. Where there are safeguarding concerns, support a child in a risk-assessed way to live with birth parents as far as possible, using various support plans to help maximise parental skills, effectiveness & safety

How will we measure success?

- Mental health outcomes for pregnant women, children and young people
- Smoking status at time of delivery
- Breastfeeding rates
- Uptake rates of pre-school interventions for parenting
- Increased family resilience
- Healthy lifestyles of parents
- Family homelessness
- Children in care
- Child poverty
Priority 1.2. Helping children to a flying start in life to develop, thrive and achieve.

This priority is the cornerstone to enable children in Bexley to grow up to be the best versions of themselves as adults. It includes, particularly for vulnerable children, breaking the vicious cycle created by negative experiences early in life and supporting the development of a child towards school readiness.

Supporting good maternal health is important for safe delivery and good birth weight to give babies the best start. The prevention of adverse health factors in pregnancy is vital. Premature and small babies are more likely to have poorer outcomes. The earliest experiences, starting in the womb, shape a baby’s brain development. During the first 2 years of life the brain displays a remarkable capacity to absorb information and adapt to its surroundings. Positive early experience is vital to ensure children are ready to learn, ready for school and have good life chances. Language skills help children develop a range of crucial cognitive skills, including working memory and reading skills. This can help prepare children so that they are ready to learn at age 2 and ready for school at age 5.

What will we do?

- **1.2a.** We will develop an Integrated Universal Children’s System (IUCS) to deliver a redesigned Healthy Child Programme (HCP) and Young People’s Health and Wellbeing Programme (YPHWP) (see action 1.3a for YPHWP). For the Healthy Child Programme this includes:
  - Creation of an Integrated Universal Children’s System based in part on the re-design of the 0-19 Children’s Service (high quality support for families from health visitors and school nursing) and integration with other services and resources that operate in this space, including Children’s Centres, Nurseries, Primary Care, Community Health and Mental Health services, Voluntary sector services, schools, colleges, youth services etc.
  - Delivery on the Obesity Prevention Strategy
  - Improvements in childhood immunisation to reach at least the base level standards in the NHS public health function agreement
  - Improvements in school readiness - speech & language, independent skills, self-help
  - Enhanced targeted support for vulnerable families
  - Ensuring those children and young people with special educational needs &/or disabilities and their families are included, supported, and their needs are met
  - Preventing risky behaviours through universal services

- **1.2b.** We will improve safeguarding, tackle domestic violence, parental substance misuse, parental mental ill-health, and other adverse childhood experiences (ACES). In a safeguarding context, where it is not possible for a child to live with their birth parents, we will find the right provision to help them to a flying start and achieve best outcomes, and where appropriate enable risk-assessed contact with birth family
several challenges and difficulties as they progress through their school journey into young adulthood:

- The first of these challenges is around transitions of which there are many at different ages.
- The second challenge is around emotional and mental wellbeing and the development of coping mechanisms and resilience which will hold the developing child in good stead as an adult. Issues linked with this include eating disorders, depression, self-harm, and suicide.
- The third challenge is linked with puberty and adolescence – around positive sexual health, and relationships and sex education (RSE).
- The fourth challenge is around risky behaviours in relation to sex, grooming, child sexual exploitation (CSE), social media and body image, substance misuse, smoking, gangs, bullying, social exclusion, crime, radicalisation etc. There are also specific challenges for children with special educational needs. Obesity is also a key issue in this age range.

### How will we measure success?

- Mandatory health checks and outcomes from the Healthy Child Programme (HCP)
- Low birth weight babies
- Vaccination rates among pregnant women, babies and children
- Breastfeeding rates
- Childhood overweight and obesity
- School readiness

### Priority 1.3. Supporting school-aged children to achieve their fullest potential.

The support started in early years needs to continue, as children grow older, for them to realise their full potential. Aspiration and achievement are an important part of reinforcing a positive approach. From 5 until 18 years of age children face
What will we do?

1.3a. Under the Integrated Universal Children’s System (IUCS) we will deliver a Young People’s Health and Wellbeing Programme (YPHWP) to provide a range of services for teenagers, facilitating them to access help around sexual health, mental health, risky behaviours and other issues in ways that suit them. Links to action 1.2a. This also includes:

- Extending the Healthy Schools London programme (or equivalent local programme) and provide extra support around PSHE to enable more schools to promote healthy behaviours and improve wellbeing
- Working in partnership to create links between the Child and Adolescent Mental Health Services (CAMHS) operating at Tiers 2-4 and universal and community-based services operating at Tiers 1 and 2. This will ensure seamless discharge of our open duty of care and reduce inappropriate referrals to CAMHS. It will be achieved through the implementation of our Local Transformation Plan, ensuring it focusses on known vulnerable groups such as young offenders
- Improve transitions between services and key life stages (see Priority 2.2 as well) – for example, from school into training and employment, or from children to adults’ services. Increase integrated health and social care for children and young people and ensure safeguarding for vulnerable children
- Create flexibility in specialist services for children, for example speech and language services, enabling a reversal of the referral overload between specialist, targeted and universal services. This can be achieved by breaking down the threshold mentality and bringing specialist services into the universal space

1.3b. Implement the Family Wellbeing Strategy (for level 3 services), especially in the following areas:

- Family Togetherness Programme, around safeguarding and addressing the increases in physical chastisement in our communities
- To consider the opportunities for closer alignment with Education Welfare Services and other existing preventative & early assessment interventions
- To extend the hours and the support offers from our Children’s Centres, wrapping around school hours and offering services in school holidays
- Developing and improving through a range of regular engagements, with schools, GP’s, public health colleagues & children’s centres

How will we measure success?

- Alcohol, substance misuse and self-harm related hospital admissions in young people of
- Children’s mental health outcomes
- Outcomes for children with special educational needs and others known to be vulnerable.
- Childhood overweight and obesity
- Sexual health
- Teenage conception rates
- Crime youth offending
- Gang membership
- Anti-social behaviour
- Number of school exclusions
- 16-17-year olds not in education, employment or training
- Pupil absence
Start Well, Live Well and Age Well
Why is this important?

We are now living with more complex illnesses for longer. This trend is set to continue as the proportion of those aged 65 and over with four or more diseases is set to double by 2035, with around a third of these people having a mental health problem\textsuperscript{20}. Despite efforts to reduce avoidable differences in health, there are still health inequalities across the country.

Older age can and should be an opportunity for an active, independent and thriving time of life and older people contribute hugely to our family support systems, culture and local economy. The increasing proportion of older people creates increased pressure on services including the NHS, housing, and adult social care. It is necessary to find solutions to run alongside existing support, for example, in the community sector. All residents should be able to access excellent care at the levels most appropriate to their needs.

Bexley has higher rates of excess weight in adults in comparison to England and other comparable local authorities\textsuperscript{21}. Mortality from communicable diseases, including influenza is also high in Bexley compared to England\textsuperscript{22}. Bexley also has a high prevalence of four key risk factors for dementia – excess weight, hypertension, coronary heart disease and stroke\textsuperscript{17,23}. While dementia mortality, premature mortality from cancer and hip fracture rates are among the highest in London\textsuperscript{21,24,25}

Prevention model

The overarching prevention model described in this theme is a major step towards addressing the four system challenges described earlier. In addition to effective primary prevention and services that can identify problems and diagnose conditions early, the model entails a system that supports our residents towards self-help and self-management in a safe and appropriate way and facilitates them to use their own personal networks in the first instance. If this is not sufficient to meet the needs of the individual, a wrap-around informal and formal community network must be in place for further support. When this too no longer meet the needs of the individual, then the statutory services come into play, but for only as long as required and always with the objective of supporting the individual back into their own self-management, personal and community support.

At the core of this model is an asset-based approach, which places the emphasis on people’s and communities’ assets, alongside their needs\textsuperscript{26}. It also aligns with #doitforbexley. (see figure 5 opposite)

How will we know we have made a difference?

- People will be safe, supported and independent. Fewer older and frail people will experience falls, and those who do will be enabled to feel confident in independent living.
- Fewer people will feel socially isolated, and more will be actively participating in community life, engaging in volunteering and linking with community groups.
- People will be able to make decisions about the health and social care they receive and will feel better supported to cope with new illness or injury, taking personal responsibility in self-management, preventing complications or deterioration, and in recovery.

\textsuperscript{21}Fingertips https://fingertips.phe.org.uk/search/hypertension#page/0/gid/1/pat/6/par/E12000007/ati/102/are/E09000004
\textsuperscript{22}Fingertips https://fingertips.phe.org.uk/profile/mortality-life-and-death#page/0/gid/1938133009/pat/6/par/E12000007/ati/102/are/E09000004/mv/mv-1-E09000004
\textsuperscript{23}Fingertips https://fingertips.phe.org.uk/search/hypertension#page/0/gid/1/pat/6/par/E12000007/ati/102/are/E09000004
\textsuperscript{24}Fingertips https://fingertips.phe.org.uk/profile/end-of-life#page/0/gid/1938132951/pat/6/par/E12000007/ati/102/are/E09000004
\textsuperscript{25}Fingertips https://fingertips.phe.org.uk/profile/public-health-outcomes-framework#page/0/gid/1000044/pat/6/par/E12000007/ati/102/are/E09000004/mv/mv-1-E09000004
\textsuperscript{26}https://www.scie.org.uk/future-of-care/asset-based-places
More people will have end of life care at home, rather than dying in hospital and feel more supported in coping with end of life events for themselves, or a family member.

There will be better early prevention and detection, and coordinated care.

More people will receive high quality community health services that enable care at home and have access to sustainable hospital services should they need it, that shares its expertise with community services to help people get the support they need at home.

Adults who have long-term conditions or communicable illnesses are known to services, supported and acting to manage their lives and wellbeing.

People will have universal access to good quality information on services, community activities and groups, health and care conditions and self-management tools.

People are increasing physical activity and adopting healthier lifestyles and eating more healthily and Bexley will see reduced adult obesity.

Both children and adults will enjoy improved mental and emotional wellbeing.

**Key Linked Strategies:**
Priorities

2.1. Creating an environment where people can be healthy and well, make decisions about their future, and engage in meaningful life roles in the community at all stages.

This is the most far reaching priority in this theme. 'Creating an environment where people can be healthy and well,' encompasses the NHS, adult social care, public health, voluntary sector and other services to improve health and wellbeing outcomes. 'Make decisions about their future' alludes to self-help, self-management, person-centred care planning, personal budgets etc. 'Engage in meaningful life roles in the community' refers to the interface between the individual and their community, and the positive and proactive role a person can play in that community, symbiotically contributing to it and benefiting from it.

Some of the key challenges across the Bexley system for adults relate to increasing levels of hospital A&E attendances and unplanned admissions, increasing strain on primary care, community services, adult social care and budgets. Primary prevention, early detection of long-term conditions and supporting people newly diagnosed, allowing them time to accept it and plan through person-centred care planning, will help change the shape of demand. Frailty and falls (falls being the commonest reason for an adult social care crisis episode), loneliness and isolation, dementia, mental ill-health, learning and physical disabilities, carers wellbeing and support are some of important areas we must focus on in prevention.

In order to effectively reduce health inequalities and achieve the best possible outcomes for people within available resources, King’s Health Partners, working closely with the South East London Sustainability and Transformation Partnership (SEL STP), have identified five key measures - termed the ‘Vital 5’ 27: reducing obesity; smoking; harmful drinking; controlling blood pressure; and identifying and improving poor mental health. Identifying, recording and sharing data on these will strengthen care pathways, improve outcomes and make a large contribution to increasing value and sustainability within the health and care system.

What will we do?

2.1a. We will **co-create programmes that build on the assets** within the community and among individuals, and tackle loneliness and isolation, including the **expansion of befriending and of social prescribing** – in order to improve health, generate social capital and create a wide network of community-based support and services.

**This includes:**
- Creating a wider range and increasing the capacity of services referred to through our social prescribing service, and increasing the capacity of the social prescribing service (Community Connect)
- Co-creating with stakeholders including service users, programmes that build on the assets in the community and among individuals, under our PEI Programme
- Supporting people with learning disabilities and/or with mental health problems to avoid loneliness, isolation and homelessness. For Care Act eligible residents, this is about preventing further loss of independence and deterioration of quality of life. For residents who are not Care Act eligible, this is about preventing progression through prevention and early intervention in the community within existing resources (with a business case)
- Reviewing and revising the Carers Strategy to achieve collective responsibility and clearly defined actions around improving carers support
- Promoting volunteering and other local activities for older people, support access to computers and the internet and accompanying training and promote wellbeing through cultural, artistic or learning opportunities
- Ensuring that community programmes are intergenerational and support older people’s access
- Developing the capacity of the community and voluntary sector, to support the implementation of a redesigned adult social care pathway and the trusted assessor model

2.1b. We will enhance **primary prevention and early detection programmes** on long term conditions, obesity, cancer, immunisations and screening, sexual health, substance misuse, mental and emotional wellbeing, dementia, loneliness and isolation, frailty and falls, and transitions. This also links to the development of a **Primary Care Prevention Plan** and delivery of prevention through our **local Integrated Care System (Priority 3.3)**. This includes:
- Early detection and diagnosis of conditions and supporting people in their diagnosis and decisions about their needs and care in the present as well as future
- Creating better care for major health conditions (focus on community-based processes, screening, early detection, reducing overall burden of disease, preventing complications and adverse outcomes)
- Maximising the use of community settings for prevention
- Developing a local whole systems approach to mental health. Adopt the framework of “Mental health and prevention: taking local action for better mental health”
- Working with local authorities and PHE, NHSE will improve the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions.
- Doubling of the NHS Diabetes Prevention Programme over the next five years, including a new digital option,
- Developing and implementing a Sexual Health Strategy for Bexley
- Developing and implementing a Frailty Strategy for Bexley, including dementia and falls prevention
- Developing and implementing a Suicide and Self-Harm Strategy for Bexley
- Redesigning Bexley’s Substance Misuse Services including enhancing the prevention services
- Optimising the provision of stop smoking services with a special emphasis on maternal smoking and smoking in young people
2.2. Supporting people through key life changes and events.

Even as we create an environment where people can be healthy and well, there are several critical moments in peoples’ lives where additional or targeted support can prevent poorer outcomes, reinforce prevention messages and instigate behaviour change. These are powerful opportunities for making every contact count, when people interface with the statutory sector at times of personal milestones or challenges. These key life changes and events include maternity and childbirth, illness/injury/accident, retirement, bereavement and indeed death. Not all such events are framed in the context of loss but probably all entail change and adaptation. Milestones whilst growing up, such as learning to walk and run, to talk, read and write, cycle, swim, leaving home, getting a degree, first job and subsequent new jobs, and marriage – are all significant positive events in a person’s life – and are again opportunities to reinforce prevention and behaviour change messages in context.

The table in Appendix 2 lists some of these key life changes and events with the issues and prevention opportunities implicit in them.

What will we do?

2.2a. We will develop support for people experiencing key life events, including implementing the national policy of MECC (Making Every Contact Count) widely across the Bexley System (see Priority 3.1), and maximising the prevention opportunities presented during Key Life Events (Appendix 2).

2.2b. We will improve the information and resources available to people in the settings where the interface with the statutory or voluntary sector organisations is likely to take place for the key life events.
How will we measure success?

- Wellbeing and mental health indices
- Obesity and overweight
- Levels of PA
- Reduced loneliness and isolation
- Levels of statutory homelessness
- Percentage of physically active adults
- New admissions to residential and nursing care homes
- Non-elective and emergency re-admissions to hospital
- Mental health outcomes
Policies and Practices Domain

Theme 3: Embedding prevention in all policies and practice, and in Bexley’s population health system

Why is this important?
The decisions we make locally to shape Bexley as a place will have a significant impact on the environment and the choices people make. Considering health and wellbeing in the policy making process helps broaden the reach of prevention, from transport to planning and leisure, to housing, environmental health, education and social care.

Councils and their partners are in a strong position to reach communities, neighbourhoods, families and individuals. By maximising the contacts we already make we can share positive messages about lifestyle and be sources of information and support. This influence can have a major impact on the lifestyle choices people make. Two initiatives that specifically support prevention are Health in All Policies (HiAP) and Making Every Contact Count (MECC).

The Bexley System is developing a local version of an integrated care system (ICS) called the Bexley Local Care Partnership. One of the pillars of this is a population health system based on a 50-80,000 population unit and a system of integration and funding that is based on micro, meso and macro outcomes. Prevention goes hand in hand with this approach.

How will we know we have made a difference?

- Staff in the Council, CCG and the voluntary sector feel confident in signposting individuals and families
- Local decisions and policy development take account of the impact on health and wellbeing and the prevention potential, and it will become the norm to take prevention into account in all our strategic commissioning, service planning and decision making
- There will be close alignments between the commissioning plans and arrangements between the Council and the CCG, in order to create better synergy, efficiencies and exploit economies of scale
- We will become a borough with a highly developed and agile informatics and analytics function that is reflected in the Bexley JSNA, and is considered in all planning, monitoring, evaluating and decision-making processes
- We will have robust systems of return of investment modelling and cost-effectiveness considerations embedded in our system
- All planning decisions will take population health need into account
- Bexley will become a pioneer in the use of digital, assistive and newer technologies to improve patient care, facilitate self-management and support independent living
- We will have a delegated model of joint commissioning of local health and social care services in Bexley as part of our local Integrated Care System, including a clear articulation of our population health system, and our micro-, meso- and macro- outcomes, with primary, secondary and tertiary prevention being embedded across the life course
- The local ICS will articulate and deliver Bexley’s Community Based Care model and Primary Care Network which we will have co-produced with key partners
- We will have a Primary Care Prevention Plan addressing the Vital 5 and other areas

Key Linked Strategies/Plans:

Priorities

3.1. Making Every Contact Count throughout the Bexley system and embedding Health in All Policies.

‘Health in All Policies (HiAP)’ is an approach to policies that systematically and explicitly takes into account the health implications of the decisions we make; targets the key social determinants of health; looks for synergies between health and other core objectives and the work we do with partners; and tries to avoid causing harm, with the aim of improving the health of the population and reducing inequity. HiAP can be implemented in a range of ways.

Making Every Contact Count (MECC) is an approach to behaviour change that uses the day-to-day interactions that organisations and individuals have with others to support them in making positive changes to their physical and mental health and wellbeing. MECC supports the opportunistic delivery of consistent, concise healthy lifestyle information and enables individuals to engage in conversations about their health.

What will we do?

3.1a. We will implement the national policy of Making Every Contact Count (MECC) widely across the Bexley System. This includes:
- Develop a local Making Every Contact Count Programme for Bexley
- Training of staff and volunteers in the principles of MECC

3.1b. We will design a Bexley approach to Health in All Policies (HiAP), working with the Bexley Health & Well-being Board and the Local Government Association. This includes:
- An interactive workshop with elected Members
- Identifying the priorities and how HiAP can be implemented in Bexley
- Developing and executing an implementation plan for Bexley and a set of priorities where we have identified that HiAP will have an impact

How will we measure success?

- MECC training sessions delivered to staff
- MECC principles integrated into other key programmes and strategies
- Smoking Cessation referrals (proxy)
- Stakeholder engagement events
- Considerations of health implications in local polices and plans
3.2. Ensuring that all commissioning practices, use of intelligence and technologies, and resource allocations are optimised and evidence-based.

The Public Services (Social Value) Act\(^{31}\) came into force in 2013. It requires people who commission public services to consider how they can also secure wider social, economic and environmental benefits. The Act is a tool to help commissioners get more value for money from procurement. It encourages commissioners to talk to their local provider market or community to design better services, finding new and innovative solutions to problems.

We can do more to align commissioning processes between the Council and the NHS, in order to plan better, and optimise the costs and the benefits. This requires smarter use of intelligence and evidence and assessing population needs at the strategic planning stage, aligning contract endpoints so the re-procurement of services offers more opportunities for strategic joint commissioning and efficiencies and indeed commission in different ways altogether under the local developing Integrated Care System in Bexley.

It is imperative that we get better at deriving usable intelligence from our data, are better able to model and predict growth and pressures in the system, use evidence and return on investment considerations to plan services and monitor and evaluate effectiveness. Furthermore, in order to facilitate self-management and provide care closer in the home and in the community, we need to harness all the new technology available from apps and digital technology to assistive technology and artificial intelligence.

What will we do?

3.2a. We will ensure that all our business cases and commissioning plans in the Council and the CCG explicitly require that the prevention impact (in terms of the four system challenges) is considered and demonstrated, and that the Bexley JSNA is evidenced in articulating need. This will include ensuring that we:

- Consider equality analysis, and explicit prevention impact of any business case and commissioning plans
- Explore better use of risk stratification to target cohort of defined population
- Create better alignment between contracts
- And procurements across the system, to time their end-points so that new services can be planned with greater opportunities for joint commissioning between social care, the NHS and public health

3.2b. We will leverage the social value in all contracts with service providers across the Council, the CCG and the voluntary sector.

This includes:

- Maximising the use of contracting to support prevention - added value and demonstrable support for the priority prevention areas
- Create additional benefits such as signing up to the London Healthy Workplace Award for employees, Healthy Catering Commitment, becoming dementia friendly, promoting mental health first aid, tackling loneliness and isolation by making community connections easier, increasing volunteering and championing opportunities for staff, increasing the range of employment, apprenticeship and training opportunities for local people, reducing local congestion, improving air quality, better use of green and blue space with a focus on promoting physical activity

3.2c. We will develop a system-wide virtual intelligence hub to inform commissioning and service development. This will include:

Creating better systems for data sharing, linkages, warehousing and analytics

Developing the Bexley JSNA further so that it becomes the preferred source of information and needs analysis for commissioners, managers, planners and voluntary sector partners

Creating a network of shared expertise and best practice – for data mining and analytics

Developing robust systems to model population growth and estimate increases in service demand, testing out any health and social care planning assumptions and interventions, and estimating any financial impacts,

Developing a suite of return on investment tools that can be used by stakeholders across the system to estimate the value for money and cost-effectiveness impacts to the system

Creating a culture of innovation, research and evaluation in Bexley – in order to learn, refine systems, processes, and services and to leverage additional funding or sources of income

3.2d. We will develop **telecare, telehealth and other digital solutions** to improve quality of life, independence and reduce avoidable admissions.

**This includes:**

- Commissioning, supporting and prototyping various digital, assistive and other technologies in Bexley to create a modern and innovative system with resources to support self-management, self-learning and independent living
- Working across health and social care to improve and increase patient involvement by increasing awareness of aids and assistive technology such as telecare; promoting the Expert Patient and health coaching programmes

**How will we measure success?**

- Business case development, strategic planning and commissioning processes have prevention considerations documented and scrutinised by Bexley Commissioning Board and the NHS Bexley CCG Commissioning Strategy Committee
- Social value in contracts is fully exploited with providers
- More joint commissioning in the co-production space of our Local Care Partnership
- Existence of a well-developed, pragmatic and salient JSNA with high utilisation and a data warehouse
- New technologies harnessed through apps, devices and equipment, and other platforms
- Demonstrable savings and positive impacts on the financial sustainability of the system, with evidence of helping to meet the savings required in the Council by 2022/23.
- Evaluated programmes of innovation demonstrable
- Creation of a linked data set between adult social care and health, where it is possible to track pseudonymised clients through the health and social care landscape in Bexley
3.3. Embedding prevention into Bexley’s population health approach.

Bexley is currently undergoing significant transformation, also to address the four system challenges described in this strategy. Our Local Care Partnership (LCP) is Bexley’s evolving local version of an Integrated Care System. The LCP is based around three Local Care Networks (LCN) – North Bexley, Clocktower and Frognal – with population sizes of approximately 106,000, 83,000 and 54,000 respectively. Our health services (mainly primary care and community health services) and adult social care systems have been restructured and integrated on the LCN footprints with the establishment of Multi-Disciplinary Teams (MDTs) called Integrated Case Management (ICMs).

We are in the process of defining and developing our Strategic Alliance which is a partnership between a consortium of commissioners (CCG and Council - currently adult social care and public health), a consortium of providers (called the Provider Alliance) using a system of population-health approaches on which outcome-based payments are made to providers. The population-health approach needs to be defined explicitly in a Bexley context, with defined overarching micro-, meso- and macro-outcomes. Primary, secondary and tertiary prevention are integral parts of the ICS and support the delivery of defined outcomes.

Adult social care is also undergoing a major paradigm-shifting programme of transformation, looking to ‘extend the front door’ of adult social care and some provisions in the community and voluntary sector, in part through a “trusted assessor” model32, with the explicit vision of not being bound by Care Act eligibility criteria, to identify and intervene early in order to prevent people from needing costlier packages of care.

At the SE London STP level (also called Our Healthier South East London - OHSEL33), a system of Community Based Care (CBC) delivered locally on the LCN footprint (typically nationally 30-50,000 population size) is being developed. It is centred on a vision to move investment from acute to out of hospital care, enhance prevention and practical public health, with services targeted to the specific needs of people in their LCN. This includes improved prevention and self-care, developing at scale General Practice, and harnessing the assets in the community and voluntary sector and the optimisation of the One Public Estate34 35. Bexley is developing its own CBC system within this STP programme, at LCN level.

The recently published NHS Long Term Plan36 emphasises prevention and requires the development by the STP and the CCG of local plans by April 2019. The local plan will focus on the triad of Primary Care, Community Health Services and the Voluntary Sector and will describe the development of Primary Care Networks for populations of 30-50,000 to act as employers and budget holders for multi-agency teams of primary, community, social care and voluntary sector expertise. Most local enhanced services commissioned by CCGs will be moved into network contracts with a new Quality Outcomes Framework (QOF)37.

How will we measure success?

3.3a. We will define the population health approaches for Bexley, in order to support the development and delivery of our local Integrated Care System, embedding primary, secondary and tertiary prevention in the outcomes.

This includes:

- Supporting the development of the CCG Local Plan as stipulated in the NHS Long Term Plan
- Developing the micro-, meso- and macro-outcomes factoring in primary, secondary and tertiary prevention
- Support the delivery of the new initiatives under the NHS LTP to offer smoking cessation support to all smokers admitted to hospital, tackle diabetes and obesity whilst addressing health inequalities

3.3b. We will develop and implement a Primary Care Prevention Plan that considers the evolving Primary Care Networks and the Community Based Care model under development.
How will we measure success?

- Prevention is an integral part of the local CCG NHS Long Term Plan
- Primary Care Prevention Plan developed in partnership with GP colleagues and implemented
- Prevention is a key priority in Bexley’s local Integrated Care System and is included in all outcomes that are defined under our population health approach
Bexley System-wide Prevention Strategy:

Places Domain

Theme 4: Creating healthy communities, workplaces and homes

Why is this important?
Communities, workplaces and homes are the settings in which we all live out our lives and spend nearly all of our time.

With the increased focus on supporting people to self-manage and live independently, and for voluntary sector and community organisations to play an even more significant role in primary and indeed secondary prevention and in adult social care, the creation of strong, coherent and resilient communities is seen as bringing significant improvements in health and wellbeing. Communities have an enormous role to play in social cohesion, addressing inequalities, creating social capital, providing informal and formal support and creating safer and health promoting environments.

A high-quality working environment is also important. Health and safety at work is a basic human right. Most people spend one-third of their adult life at work, contributing actively to the development and well-being of themselves, their families and society. Work may have either a positive or an adverse effect on health.\(^{38}\)

There are strong correlations between housing and health. This includes mental health and wellbeing, chronic illnesses including respiratory conditions like asthma, and heart disease.

How will we know we have made a difference?

- Bexley will have more cohesive, healthy and safe, socially active, and successful communities (Connected Communities Strategy)
- Staff in the council and affiliated partners will report reduced levels of stress, and better work life balance; there will be reduced levels of sickness absence and presenteeism
- There will be fewer incidents of workplace bullying and grievances
- Staff will be fitter and healthier
- Workplaces will have programmes to support people to improve their physical, mental and emotional wellbeing, including on physical activity, healthy eating, smoking and tobacco, alcohol and substance misuse
- Workplaces offer and actively promote healthy food alternatives and restrict fizzy drinks and high calorie food
- There will be more high-quality housing to meet local need and particularly affordable rented accommodation in Bexley
- The existing housing stock will be used more efficiently including Licensing schemes which will be effective in ensuring health standards in affordable rented and temporary accommodation

Key Linked Strategies:
Connected Communities Strategy, Domestic Abuse Strategy, Serious Violence Strategy, Housing Strategy, Local Plan, Growth Strategy, Workplace Wellbeing Award

Priorities

4.1. Supporting communities to be connected, healthy, happy and safe so that everybody can start, live and age well.

The London Borough of Bexley’s corporate plan sets out five key outcomes: Fundamental to achieving these outcomes is building a foundation of connected communities. Creating connected communities is not just the work of the Council.

\(^{38}\)https://www.who.int/occupational_health/publications/globstrategy/en/index2.html

Police and local charities. It also requires leadership from citizens. Connecting the local health care system more closely to communities can help people to better manage their health conditions with better support. Bexley’s LCNs look to shift care from statutory services into settings that are most conducive to a person’s long-term health and wellbeing, including in the community and in the home.

This priority speaks to and will be delivered through the Bexley Connected Communities Strategy, Serious Violence Strategy and Domestic Abuse Strategy.

What will we do?

4.1a. We will implement Bexley’s Connected Communities Strategy (and the Serious Violence and the Domestic Abuse Strategies). The Connected Communities Strategy aims to achieve this priority by building on three pillars:

- **Pillar 1** – relates to building a thriving voluntary, community and faith sector, and a strong volunteer base
- **Pillar 2** - is about creating a collaborative council, fostering civic participation and neighbourliness, and building intelligence from community insights and data. This pillar links to Theme 3 in the prevention strategy.
- **Pillar 3** – relates to creating well managed growth (of infrastructure, transport and housing), and creating vibrant community spaces, places and networks. This pillar links with the Themes 5 and 6 in the Prevention Strategy

4.2b. We will encourage individuals and communities to sign-up to this Prevention Strategy and to pledge their commitment to make a difference, building on the momentum already gained during its development and based on other local initiatives, such as #doitforBexley

How will we measure success?

- Cohesive communities: residents survey will indicate favourable outcomes and improvements in terms of diverse communities getting on, and people in their street pulling together.
- Healthy and safe communities: increase in the percentage of adult social care users who have as much social contact as they would like.
- Socially active communities: increase in the percentage of residents saying they have given unpaid help to a group, club or organisation in the last 12 months.
- Successful communities: increase in the percentage of respondents aged 16-24 classed as employed, increase in the percentage of female respondents aged 16-24 classed as employed, and reduced incidents of racist and religious hate crime.
4.2. Creating a supportive culture that promotes good physical and mental wellbeing in the workplace

Conditions of work and the work environment may have either a positive or hazardous impact on health and well-being. Ability to participate in the working life supports an economically independent life and develop his or her working skills and social contacts. On the other hand, dangerous exposures and loads are often several times greater in the workplace than in any other environment with adverse consequences on health40.

The business benefits of having a healthy, fit, committed workforce are now clearly recognised. These include lower absence rates, fewer accidents, improved productivity, staff who are engaged and committed to the organisation and fitter employees as they grow older. Organisations that commit to wellbeing can expect improved business outcomes.

What will we do?

4.2a. Across Bexley we will implement the London Healthy Workplace Award and take steps to support the workforce.

This includes:

- Determining how to develop workplace wellbeing in Bexley
- The Council leading by example, by addressing specific areas that emerge from the organisation’s Health and Wellbeing Survey (being conducted through the HR Service)
- Gain a better understanding of impact of caring responsibilities of staff, including caring for extended families
- The NHS becoming the exemplar to improve the mental health and wellbeing of its workforce and setting an example to other employers, improving access to mental health support for people in work and supporting people with severe mental illnesses to seek and retain employment through a community-based offer
- In all Council & affiliate organisations contracts, leveraging social value to facilitate service providers to implement the London Healthy Workplace Award for their workforce (links to action 3.2b)
- VLooking at ways to improve the availability of healthy food and healthy drink choices in the workplace

How will we measure success?

- Council reaching at the very least, the intermediate level (“Achievement”) of the London Healthy Workplace Charter in the short term, with the aim to achieve the advanced level (“Excellence”) in the next two years.
- Number of workplaces signed up to the London Healthy Workplace Charter.
- Number of Council contracts leveraging social value in contracts to include a clause on service providers signing up to the London Healthy Workplace Charter.
- The Council and the CCG providing a wide choice of healthy food and healthy drinks in the workplace and using this example to influence others.
- Reductions in the number of stress related sickness absence, incidents of bullying and grievances.
- Improvements in staff health and wellbeing survey findings.

Start Well, Live Well and Age Well
4.3. Using all tools and levers available to increase the quality and quantity of new and existing affordable homes to meet local need.

Affordable homes of a decent standard are important to ensure good physical and mental health and well-being and have an important impact on health and health inequalities. Children, older people and people with disabilities and chronic health conditions can be particularly affected by unsuitable housing conditions which can lead to poor health and exacerbate existing health conditions. A Building Research Establishment 2015 briefing report suggested that the cost to the NHS of poor housing was £2 billion per annum in England based on first year treatment costs alone. At worst unsuitable and poor housing conditions such as overcrowding, damp and cold have all been shown to be associated with physical illnesses including poor respiratory health, hypothermia, heart disease and eczema. Suitable housing and a settled home contribute to supporting good mental health and without a settled place to live recovery from mental illness can be significantly impeded.

Nationally the demand for affordable housing is rapidly increasing and pressures on housing services are being seen across the country. The lack of affordable housing continues to add to housing pressures in the borough with the ratio of house prices to full time earnings increasing. Although Bexley is an affluent borough overall, it’s less-affluent areas have higher levels of ill-health and poorer housing with greater levels of overcrowding and private renters. Bexley is similar to London and the rest of the country with increases in homelessness and the numbers in temporary accommodation. The Homelessness Reduction Act also came into force last year and has resulted in an increase in the number of people presenting to us as homeless.

What will we do?

4.3a. We will ensure a clear and robust approach to housing within the borough by:

- Developing and adopting a Housing Strategy which identifies the main issues within the borough and sets out priority aims, objectives and interventions
- Reviewing our local plan to embed the principles of the Council’s Growth Strategy into the formal planning process and ensure that high quality housing development is directed to the right locations, at the right time and with the appropriate supporting infrastructure as part of lifetime communities

4.3b. We will work to increase the quality of affordable accommodation in the borough.

This includes:

- Using a selective licensing scheme for all private rented properties including Houses in Multiple Occupation (HMOs) not covered by the new mandatory scheme, in four defined areas: Thamesmead North, Abbey Wood, Lower Belvedere, Parts of Erith, to ensure landlords provide accommodation that comply with specific standards relating to fire safety, provision of amenities as well as space standards. The licence holder will be required to be deemed suitable by the local authority
- Pursuing a managed estate regeneration programme in partnership with registered providers. Examples included the Housing Zone at South Thamesmead and Abbey Wood, in partnership with Peabody and the Arthur Street Scheme working with Orbit Housing

4.3c. We will work to increase the quantity of affordable accommodation in the borough.

This includes:

- The development of a range of area and site-based masterplans which increase certainty within the development industry and aid the identification and timely delivery of housing opportunities
- Maximising affordable housing contributions from developers through the planning process
The Rent It Right cash incentive scheme, offering Landlords payments of up to £8,000 in return for renting their property to LBB at Local Housing Allowance levels, so we can increase supply in the private rented sector

Identifying surplus council land for housing development through asset reviews and progressing the BexCo housing development programme

Working with partners to identify opportunities to improve construction skills within the borough as part of the Place and Making initiative.

4.3d. We will work to reduce the number of residents staying in Temporary Accommodation.

This includes:

- **A Social Impact Bond** to help single homeless individuals in temporary accommodation, who have complex needs access permanent housing in the private rented sector and, be able to sustain this and live independently

- **Innovative schemes with a Credit Union** to allow arrears to be paid off to stop possession proceedings as well as the offer of rent in advance and deposits to move to alternative private rented properties

- **Early intervention and prevention work** - including focus on families who are evicting non-dependents from their home, people affected by welfare reforms and care leavers and developing close working relationships with DWP and Bexleyheath Job Centre to ensure transition to Universal Credit works well

4.3e. We will work to improve our specialist housing provision in Bexley

- Developing a better understanding of specialist housing requirements through joint working with commissioners and development partners

- Concurrently identifying innovative and cost affective care models which promote independent living and provide real choice for residents

- Concurrently ensuring specialist provision is appropriately located to ensure residents have appropriate access to local services and can be included into and feel part of the local community as much as possible.

**How will we measure success?**

- The number of landlords applying for the licensing scheme
- The number of landlords we need to seek out to be part of the licensing scheme
- The number of single homeless people leaving temporary accommodation long-term
- A reduction in the number of residents staying in temporary accommodation
- Total number of housing approvals
- % of total units which are affordable
Theme 5: Creating healthy environments and built, green and blue spaces

Why is this important?
The design of built environments has a symbiotic relationship with the people that live in them and use them. Health promoting design fosters healthier behaviours and activities and contributes to stronger communities – and in turn this makes neighbourhoods safer, vibrant and more desirable, attracts more investment and employment opportunities – and helps to create “Lifetime Neighbourhoods” 42. A Lifetime Neighbourhood is one in which civic and social processes together with physical conditions achieve the following outcomes:

- An environment that is accessible and inclusive, aesthetically pleasing and safe (in terms of both traffic and crime)
- A community that offers plenty of services, facilities and open space
- A strong social and civic fabric, including volunteering and informal networks
- A culture of consultation and user empowerment amongst decision makers
- A strong local identity and sense of place 43

Health promoting environments are critical to tackling Bexley’s obesity challenge and on a population health level, is a vital part of the solution.

How will we know we have made a difference?

- Our obesity levels will plateau and then start falling
- Adults and children in Bexley will be more physically active – with more people cycling, walking and engaging in outdoor physical activities
- Our parks and open spaces will be used more, with more spaces to play, cycle and walk safely.

This includes more people from BAME groups utilising our green and blue spaces
- There will be an increased use of public transport and active transport
- The new developments planned for Bexley will be designed as health promoting environments
- We will have secured a net gain in biodiversity
- We will have an extensive network of well-managed, high quality green and blue infrastructure that provides a range of benefits including important amenities for residents and valued habitats for wildlife
- Open space deficiency is addressed through new provision or enhanced facilities

Key Linked Strategies:
Obesity Prevention Strategy, Growth Strategy, Local Plan, Local Implementation Plan, Town Centres Strategy

Priorities

5.1. Making it easier for people to adopt active and heathier lifestyles and take responsibility to ensure this for themselves and their families.

Bexley is facing an obesity epidemic. Bexley has the second highest rate of excess weight in London for Reception children and is the highest amongst its closest similar boroughs. Nearly three in ten children (26%) are classified as overweight or obese when they start primary school, increasing to 39% by the time they leave primary school in Year 6. There are stark and worsening inequalities in child obesity, with prevalence among children in the most deprived areas being double that of those children in the least deprived areas. 44 Around 65% of adults in Bexley are overweight or obese – 130,000 people.

The term “obesogenic environment” was first coined in the 1990s and refers to environmental factors (social, cultural and infrastructural) that

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43 http://www.lifetimeways.org.uk/pages/lifetimeway-neighbourhoods.html
influence an individual’s ability to adopt a healthy lifestyle. For example, technological advances like cars and computer games and more sedentary occupations have reduced the need to use physical exertion. Moreover, the proliferation of takeaways selling high calorie dense fast food provides a convenient and cheaper alternative to home cooked healthier meals.

This priority links very strongly to Bexley’s Obesity Prevention Strategy, particularly on shaping the built environment to foster healthy lifestyles.

What will we do?

- 5.1a. We will implement the Bexley Obesity Prevention Strategy. This includes:
  - Increasing the availability of healthier foods
  - Creating an environment that inspires outside play and active transport

How will we measure success?

- Respective policies outlined in the Obesity Prevention Strategy, incorporated into the Local Plan, Town Centre Strategy and Local Implementation Plan:
- Planning levers utilised to ensure Health Impact Assessments are being undertaken by developers for new large developments, and that this requirement is added to the Bexley planning application validation list.
- Relevant policy to implement a “Healthy streets” approach when developing new streets included on the Local Plan.
- Spatial improvement activities including greening streets, maintaining or updating street furniture, installing new cycle racks.
- Established clear route signage and wayfinding, including installation of new signage and decluttering where appropriate, in order to support people walking or cycling in the borough.
- Water refill scheme expanded to all 5 town centres.
- The food business registration process will be amended to mandate the sign up to the Health Catering Commitment programme.
- Establishment of markets and market stalls in town centres namely Erith, Abbeywood, Sidcup (BID), Bexleyheath (BID).
5.2. Creating a built environment that facilitates and supports socially active and successful communities through collaborative design-based planning.

Planning is an essential part of the system to create built environments in Bexley that are health promoting, in terms of their scope to facilitate positive lifestyle choices and also ensuring that buildings and spaces are healthy, safe and sustainable. Housing options should enable families to live in the same neighbourhoods throughout their life, should they wish to. The planning system alone cannot deliver good places - many partners must be involved, facilitated by the public sector in creating an environment to bring people together. Collaborative design-based planning that factors in the views and preferences of the people that might be living there, and working and using these places, is a critical part of creating a built environment that facilitates and supports socially active and successful communities. Successful places are made by involving partners at the earliest possible stage. Meaningful participation leads to a sense of common purpose and ownership that enables places to endure and meet the needs and future aspirations of the people who live and work in them. Physical and social environments are critical elements in peoples’ lives and can impact on their health and wellbeing. Neighbourhoods which can increase human connectedness through their design and where there is access to good quality greenspace, safe streets and places for children to play outdoors can positively benefit health. Poor quality surroundings can have the opposite effect. People who feel that they have no stake in or control over their environment, or do not experience it as a meaningful place, are more likely to experience chronic stress. Chronic stress puts people at increased risk of mental and physical ill health and is linked to early mortality.

Good design is not merely how a building looks, it is an innovative and creative process that delivers value. Design provides value by delivering good buildings and places that enhance the quality of our lives.

This can be:
- **Economic value** – increases opportunity, prosperity, productivity and value for money
- **Social value** – contributes to strong, stable, cohesive communities and individual happiness and self-worth
- **Environmental value** – creates attractive, pleasant, safe, accessible places, where important natural and historic assets are conserved, efficient and responsible use of resources are encouraged, and impacts of climate change are mitigated.
5.3. Making Bexley environmentally sustainable and healthy.

An essential part of prevention is creating an environment that is both sustainable and healthy. This includes considerations on air pollution, recycling, food waste, the circular economy and reducing our carbon footprint as a borough.

Air pollution causes a considerable burden of death and disability and costs the UK economy £23bn every year. In the UK, 40,000 deaths a year are attributable to exposure to outdoor air pollution through increased risk of diseases such as heart disease, stroke, respiratory diseases and cancer. The World Health Organisation (WHO) has called air pollution (both indoor and outdoor) ‘the biggest environmental risk to health, carrying responsibility for about one in every nine deaths annually’. Children are more vulnerable to breathing in polluted air than adults and if a child breathes high levels of air pollution over an extended period they might be at risk of developing asthma, wheezing, coughs, lung cancer when they are older and infections like pneumonia. A recent WHO report indicated that the UK has a higher mortality rate for outdoor and indoor air pollution than Spain, Portugal, and France.

Much of what we recommend for reducing health inequalities - active travel (for example walking or cycling), public transport, energy-efficient houses, availability of green space, healthy eating, reduced carbon-based pollution - will also benefit the sustainability agenda.

Bexley’s Growth Strategy has the following stated aims to promote the green and blue infrastructure and biodiversity:

- To protect and enhance the natural environment to ensure that it remains an essential characteristic of the borough and an important recreational, leisure, cultural and economic resource that enhances the quality of life of residents as well as providing habitat for a range of protected species
- To ensure that Bexley remains a ‘green’ borough, well served by a network of high quality, safe and accessible open spaces, offering a range of opportunities and providing attractive relief to the built form
- To achieve a net gain for biodiversity and avoid a net biodiversity loss, development proposals will be informed by the environmental context of the site and adjacent area and should provide solutions for greenspace links from the outset.

What will we do?

- 5.2a. We will use our Local Plan and other planning documents to help secure healthy places. This includes:
  - Encouraging developers to use collaborative planning tools to inform the development of schemes
  - Embedding health considerations into our development management process and ensuring developments contribute to the creation of healthy environments
  - Ensuring that BexleyCo and Council development schemes are designed so as to promote healthy lifestyles

How will we measure success?

- Completion of Health Impact Assessment (HIAs) as part of Integrated Impact Assessment (IIA) for Local Plan
- Delivery of Local Plan, Design Supplementary Planning Document (SPD) and area and site-based masterplans
- Development of strategic schemes (such as SPPAs)
- Require submission of HIAs on appropriate planning applications
- Promote the use of collaborative planning processes

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46 Strategic Planning Partnership Agreements (SPPAs) – these reflect discussion and agreement between Bexley Council and developers at an early stage (pre-planning application), including ‘designing-in’ health.
What will we do?

5.3a. Bexley Council will continue to **work collaboratively together corporately and with partners to create healthy environments**, tackling pollution from all sources (not only air but noise, ground, water and light pollution and vibration)\(^{51}\) and ensure buildings and places are designed to mitigate and adapt to climate change. This includes working with schools to educate both children and parents about the impact of pollution and climate change on their health, and their role in tackling them.

5.3b. We will continue our efforts to **secure additional funding for improved walking and cycling infrastructure and education in the borough**. This includes active travel projects and ensuring we integrate active travel into all appropriate transport, development and regeneration schemes.

5.3c. We will continue the roll out of **on-street electric vehicle charging points and the creation of charging hubs in the borough**, and look to roll out further 20 mph zones where it is feasible and appropriate to do so\(^{52}\)

How will we measure success?

- Continued improvement in Bexley air quality
- Improved infrastructure for active environmentally sustainable transport

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\(^{46}\)Royal College of Physicians, Reducing air pollution in the UK: Progress report 2018; https://www.rcplondon.ac.uk/news/reducing-air-pollution-uk-progress-report-2018

\(^{47}\)World Health Organisation, Ambient air pollution: a global assessment of exposure and burden of disease (2016)


\(^{51}\)https://www.bexley.gov.uk/services/planning-and-building-control/planning-policy/planning-policy-and-guidance#content-454

\(^{52}\)https://www.bexley.gov.uk/news/consultations/third-local-implementation-plan
Theme 6: Creating economic independence and a thriving local economy

Why is this important?
Deprivation is both a major cause and consequence of ill-health. In order to work and therefore to earn, one needs to be reasonably healthy. Work contributes positively to the health and wellbeing of an individual and the dependents and family they support.

Deprivation is closely associated with health inequalities and inequities, for example the differences in life expectancy in the richest parts of Bexley compared with the poorest. This is not unique to Bexley or indeed to the UK. Preston demonstrated a positive correlation between national income levels and life expectancy (see Appendix 3). Lack of income and income inequalities are among the major determinants of ill-health and quality of life. Economic independence and a thriving local economy has prevention implications, ranging from health outcomes, education, opportunities, to community cohesion and crime-reduction.

In 2017 Bexley Council published its Growth Strategy, which aims to create economic, environmental and social sustainability by strengthening a diverse local economy, protecting and enhancing aspects of the natural and built environment, and creating high quality and well-connected lifetime communities. Bexley has several challenges from a growth perspective such as:

- Large areas of vacant or underused industrial land
- Pockets of deprivation within its residential community
- Limited public transport in many locations
- A poor environment associated with the area’s industrial past and present
- Areas of housing that are dated and in need of renewal

There are already positive improvements which create opportunities to secure good growth, including:

- On-going housing estate renewal and retail investment
- Enhancements in educational offer and historic and leisure attractions
- Improvements to connectivity such as the Elizabeth Line to Abbey Wood, as well as the prospect for additional major transport improvements
- A huge investment in Thamesmead by Peabody and other partners including a Greater London Authority ‘Housing Zone’ centred on Harrow Manorway
- The aspiration to improve skills and job opportunities particularly in the Place and Making sectors
How will we know we have made a difference?

Bexley will have:
- Lobbied for a step change in strategic transport infrastructure improvements and regeneration opportunities, particularly in the north of the borough
- Enhanced social and green infrastructure for the wellbeing of the boroughs’ residents and its environment
- Secured enhanced educational, skills and employment prospects locally and on the London employment-stage
- Created a network of flexible working spaces
- Increased vitality and investment opportunities
- Protected the things that already make Bexley a good place to live and work and been ambitious in seeking to develop new assets for future generations

Key Linked Strategies:

Priorities

6.1. Improving pathways to skills and employment helping people move on to better paying jobs.

The employment rate in Bexley has traditionally been higher than London overall and often higher than the UK (September 2018, 76%\(^54\)). However, the paradox is that while we have among the highest employment rates in London, we have among the lowest weekly median pay. In 2013 Bexley residents ranked 22 out of the 33 London Boroughs in terms of weekly pay, falling to 26th place by 2017\(^54\)\(^55\). Consequently, while most of our population in the working age group are employed, significant numbers need income support and other benefits to make ends meet. A higher proportion of 18 to 24-year olds in Bexley claim jobseekers’ allowance (JSA) than the London average. Furthermore, there is relatively poor job growth in the borough, and slower growth in employment rates generally, with the number of Bexley residents in employment now increasing at a slower rate than the rest of London\(^56\).

Bexley’s adult education and employment service, The Learning & Enterprise College Bexley, is developing a learning, employment and enterprise offer that aligns effectively with local priorities and resident and employer needs. Supporting Bexley’s emerging Learning Skills and Employment Strategy, the College will provide labour market-led vocational learning, with the curriculum and employment support that also targets vulnerable residents. Recognising the impact that unemployment and low skills have on those facing health challenges and isolation, to help them access learning that will improve their wellbeing and progress them towards the labour market.

The College is also a delivery partner for a range of externally funded employment support projects targeting residents with health challenges. This includes the Department for Work and Pensions Work and Health Programme whose target group is predominantly those with long-term health needs. This differs from previous approaches that focussed on long-term unemployment as the main participatory group. By joining-up local health, voluntary services and skills provision, the Work and Health Programme is expected to deliver improved health, social and economic outcomes for all its participants.

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\(^54\)excluding the 10% of the population aged 65+ also in employment

\(^55\)Rank 1 = highest gross weekly median pay

What will we do?

6.2. Creation of quality employment areas in our town centres and industrial areas

Bexley is known as a “dormitory borough”, in that a significant proportion of our workforce lives in Bexley but works outside it, especially in central London. Part of Bexley’s Growth Strategy is to not only to raise the skills, qualifications and capabilities of our workforce, so that they can get better paying jobs, but also to foster the creation of such better jobs within Bexley, to retain a higher proportion of our workforce in the borough and attract a different profile of industries and businesses.

This includes:
- The encouragement of high-quality manufacturing both small and large scale, encouragement of hi-tech and creative sectors, enticement of town centre businesses that amplify Bexley’s town centres USP (unique selling point)
- The development of a high-class cultural offer, capitalising on the Thames Estuary Production Corridor,
- Improved connectivity, which is the pre-requisite of high growth, together with the new diverse populations that this will attract to proposed new high-quality housing areas, will create some of the necessary conditions to enable this sectoral shift

How will we measure success?

- A more highly trained workforce
- Increase in the number of higher skilled and paid jobs

What will we do?

6.1a. We will implement various initiatives utilising local, regional and national resources to support and nurture young residents starting out in employment, including ensuring the right education and training pathways are available to meet the needs of all learners

6.1b. We will encourage Bexley businesses to provide permanent, long term opportunities along with good training and career prospects

6.1c. We will endeavour to develop opportunities to improve skills in the Place and Making sector, initially by including elements of an offer within The Engine House (a hi-tech creative hub)

How will we measure success?

- Inward investment from new businesses in the borough and realisation of growth potential of existing businesses
- Opening of The Engine House and increased numbers of hi-tech and creative businesses
- Infrastructure developments
- Thames Estuary Production Corridor (TEPC)
Appendix 1: Types of preventable demand

Types of preventable demand

**Appropriate Demand**
It’s important to remember that not all demand for services is “bad”; most is entirely appropriate and some (for example for Development Support) is positively desirable.

**Failure Demand**
We are addressing the right issue with broadly the right approach but our system is broken or poorly designed.

- **Self-service web forms suffering system failures**

**Co-dependent Demand**
We are addressing the right issue, but our solution inadvertently prevents the service user from developing their own capabilities to live without our support.

- **Poor assessment, outcome planning and transition planning leading to continuing involvement in Council services**

**Avoidable Demand**
The behaviour of member of the public (voluntary or in response to us) is creating unnecessary additional things for us to do.

- **Littering or fly tipping**

**Secondary Demand**
We could have prevented the need for an intervention from ever occurring by focusing on root causes rather than (or as well as) symptoms.

- **Thresholds for intervention leading to service access only at acute stage**

**Excess Demand**
We are addressing the right issue and in the right way, but our approach is inflexible, leading to oversupply that is consumed by additional demand.

- **Respite packages for carers are standardised irrespective of the level of need**

Source: adapted from various sources including RSA Public Services 2020, CIPFA and Improver.
## Appendix 2: Key Life Events

<table>
<thead>
<tr>
<th>Key Life Event</th>
<th>Issues and prevention opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning to walk/run/cycle/swim</td>
<td>Potential issues include: access to safe outdoor spaces, facilities, and equipment; activity levels of parent/carers influencing activity levels of children; physical or learning disabilities. Potential prevention opportunities include: increasing levels of activity for children and parents/carers; more people actively participating in community life and making use of community facilities; reducing social isolation; reducing child and adult obesity levels and associated health risks; improved mental health and emotional wellbeing; increased adoption of other healthy lifestyle choices/behaviours.</td>
</tr>
<tr>
<td>Learning to speak/read/write</td>
<td>Potential issues include: parental/carer abilities to help children with speech, reading and writing; the effects of socio-economic status; impact of negative early life experiences; physical and/or learning disabilities and special educational needs. Potential prevention opportunities include: supporting childhood development and improved school readiness; improving mental health and wellbeing of children and parents/carers; providing children with solid foundations in language and social skills all of which will have positive life-long impacts.</td>
</tr>
<tr>
<td>Childhood transitions</td>
<td>Covered in Priority 1.3</td>
</tr>
<tr>
<td>Leaving home</td>
<td>While leaving home is a positive step for many it can be a potentially unsettling time for some, which could lead to feelings of loneliness and social isolation and issues with mental health and emotional wellbeing. The transition may be more challenging for those with physical or learning disabilities or those leaving home due to family circumstances. Potential prevention opportunities include: increased independence and increased emotional and mental wellbeing, which could lead to increased opportunity to adopt healthier lifestyles and increased opportunity to engage with community life. Early identification of individuals who may be struggling, such as those leaving home due to family circumstances, will help to prevent further difficulties.</td>
</tr>
<tr>
<td>Getting a degree</td>
<td>For most people this will be a positive life event however, for some, this could be a difficult time with concerns over student debt and managing finances as well as potential issues with mental health, and emotional wellbeing. Some individuals may find this an isolating time, having moved away from the support of family and friendship networks. Potential prevention opportunities include: improved employment opportunities that getting a degree may bring and the associated positive benefits this may bring to physical and emotional wellbeing; identifying those who may be struggling early, for example those with mental health issues.</td>
</tr>
</tbody>
</table>
### Key Life Event

<table>
<thead>
<tr>
<th>Getting a job</th>
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</thead>
<tbody>
<tr>
<td>For most people this is a positive life event although the process of gaining employment may have significant impacts on physical, mental or emotional wellbeing. Lack of educational and development opportunities as well as socio-economic circumstances may limit job choices. For those in employment, there may be impacts on work-life balance which could lead to issues with physical, mental or emotional wellbeing and financial circumstances may change which could impact on other areas.</td>
</tr>
<tr>
<td>Potential prevention opportunities include: improving employment opportunities and housing; reducing child and family poverty; being in employment generally has positive impacts on physical, mental, social and emotional wellbeing; reducing isolation and loneliness; opportunity to promote healthy lifestyles and behaviours through the workplace. Identifying industries where individuals may be at higher risk of poor health outcomes could create opportunities for early intervention.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maternity and childbirth</th>
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<tbody>
<tr>
<td>Loneliness and social isolation are potential issues during maternity and in the period after the child is born, particularly among young parents, which can impact on mental and emotional wellbeing. Prematurity and low birth weight increases the risk of poorer outcomes in babies.</td>
</tr>
<tr>
<td>There are several prevention opportunities for maternity and childbirth. Good maternal health is related to safe delivery and good birth weight. Preventing or identifying any issues early, coordinated care, helping parents to access support for their child’s needs and the promotion of healthy behaviours in parents has the potential to positively impact the long-term physical and emotional health of a child as well as maintain or improving mental and emotional wellbeing of parents.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marriage</th>
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<tbody>
<tr>
<td>Marriage is a positive life step for many people although there may be issues with family circumstances including those associated with other life events such as employment, illness/injury, family break-up death and bereavement, all of which can impact on the physical, mental and emotional wellbeing of adults and children.</td>
</tr>
<tr>
<td>Marriage can provide financial and housing stability leading to reductions in child and family poverty; improved physical, mental and emotional wellbeing and reduction in loneliness and isolation. Identifying families in difficulty early can help prevent divorce and family break-up.</td>
</tr>
<tr>
<td>Key Life Event</td>
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<tr>
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<tr>
<td>Illness/ Injury/Accident</td>
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<tr>
<td>Relocation</td>
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<tr>
<td>Redundancy</td>
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<td>Retirement</td>
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Appendix 2: Continued

<table>
<thead>
<tr>
<th>Key Life Event</th>
<th>Issues and prevention opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divorce and Family Break-up</td>
<td>Family break-up can lead to; loneliness and isolation; negative impacts on mental health and emotional wellbeing for children and adults; housing insecurity or homelessness; child and family poverty. Prevention opportunities can arise through access to appropriate early help which can prevent these potential issues and highlight families in need of additional practical or emotional support. This can help to alleviate some of the possible long-term impacts of divorce and family-break up on children. Identifying those at risk of homelessness and intervening early can help prevent further difficulties arising. Potential domestic abuse is also an important area for prevention.</td>
</tr>
<tr>
<td>Bereavement</td>
<td>Bereavement can have significant impacts on physical, mental and emotional wellbeing. It can lead to loneliness and social isolation. Signposting to support services and identifying those in need of support presents opportunities to reduce the physical and emotional impacts of bereavement as well as identify those who may be in need of additional support at an early opportunity.</td>
</tr>
<tr>
<td>End of Life and Death</td>
<td>There may be significant issues with the mental health and emotional wellbeing of the individual facing end of life and death as well as the impact on their families and loved ones. Some people may experience feelings of loneliness and isolation and there may also be feelings of a lack of control over one’s life. There are opportunities to enable people to make decisions about the health and social care services they receive including providing more people with the option to have end of life care at home rather than dying in hospital. Having choice and appropriate networks of support can reduce feelings of loneliness and isolation for both the individual and their loved ones. Increased support to carers has the opportunity to improve their wellbeing.</td>
</tr>
<tr>
<td>Adoption</td>
<td>Adoption has many positive impacts on the lives of children. Adopted children may have specific physical, emotional or mental health needs which can present challenges. Early life experiences can have long-term impacts on the wellbeing of an individual which can have far reaching consequences. Some children in care may have additional needs such as a physical or learning disability or behavioural difficulties. Identifying families in need of support and intervening early may help to prevent children being placed in care. Adequate support to children in care and their families can ensure mental and emotional wellbeing is maintained and this can be monitored to identify issues as early as possible. Providing coordinated support to children returning to their families from care, and to care leavers can help prevent further difficulties arising. Providing support to adoptive parents/carers will improve mental and emotional wellbeing of both caregivers and children</td>
</tr>
<tr>
<td>Key Life Event</td>
<td>Issues and prevention opportunities</td>
</tr>
<tr>
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</tr>
<tr>
<td>Sexuality and sexual orientation</td>
<td>Sexuality and sexual orientation can cause issues with mental and emotional wellbeing. It can cause people to feel lonely or isolated. These issues can have long-term impacts on an individual which can influence future physical and mental health. There are opportunities to enable individuals to participate and engage in their communities which can in turn help to prevent social isolation and loneliness and improve mental and emotional wellbeing. Adequately supporting people who may be dealing with issues relating to their sexuality or sexual orientation can help to reduce the risk of further difficulties.</td>
</tr>
</tbody>
</table>
Appendix 3: Income and health inequalities

Figure 6: Income and Life Expectancy 2005

Figure 6 shows such a “Preston Curve” for data covering 155 countries. It shows that life expectancy increases with wealth. One reason for this link is that higher income levels allow greater access to inputs that improve health, such as food, clean water and sanitation, education, and medical care57.

Figure 7: Indicators of population health against GNI per capita

Figure 7 depicts indicators of population health (life expectancy at birth, under-five mortality rates, and the prevalence of stunting), all in logs, against log Gross National Income (GNI) per capita. All the graphs show statistically significant correlations between wealth and high life expectancy, better under-five mortality and lower stunting rates in growth. The explanations for this association can be manifold. One is that increasing incomes cause improved population health58.

## Theme 1: Healthy Children

**Priority 1.1**  
Supporting parents to become the best parents they can be

**Priority 1.2**  
Helping children to a flying start in life to develop, thrive and achieve

**Priority 1.3**  
Supporting school-aged children to achieve their fullest potential

## Theme 2: Healthy Adults

**Priority 2.1**  
Creating an environment where people can be healthy and well, make decisions about their future, and engage in meaningful life roles in the community at all stages

**Priority 2.2**  
Supporting people through key life changes and events

## Theme 3: Healthy Policies and Practices

**Priority 3.1**  
Making every contact throughout the Bexley system and embedding health in all policies

**Priority 3.2**  
Ensuring that all commissioning practices, use of intelligence and technologies, and resource allocations are optimised and evidence-based

**Priority 3.3**  
Embedding prevention into Bexley’s population health approach

## Theme 4: Healthy Communities, Workplaces and Homes

**Priority 4.1**  
Supporting communities to be connected, healthy, happy and safe so that everybody can start, live and age well

**Priority 4.2**  
Creating a supportive culture that promotes good physical and mental wellbeing in the workplace

**Priority 4.3**  
Using all tools and levers available to increase the quality and quantity of new and existing affordable homes to meet local need

## Theme 5: Healthy Environment: Built, Green and Blue

**Priority 5.1**  
Making it easier for people to adopt active and healthier lifestyles and take responsibility to ensure this for themselves and their families

**Priority 5.2**  
Creating a built environment that facilitates and supports socially active and successful communities through design-based planning

**Priority 5.3**  
Making Bexley environmentally sustainable and healthy

## Theme 6: Economic Independence and Thriving Local Economy

**Priority 6.1**  
Improving pathways to skills and employment, helping people move on to better paying jobs

**Priority 6.2**  
Creation of quality employment areas in our town centres and industrial areas

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**Overarching Priority**

Creating a culture and fostering behaviours where person-centred thinking and a whole person approach becomes the norm, particularly to support people with vulnerable characteristics and those who may experience discrimination because of protected characteristics.

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**Key Linked Strategies:**

- Family Wellbeing Strategy
- Obesity Prevention Strategy
- Preparing for Adulthood Strategy
- Looked After Children and Leaving Care Strategy
- Transformation Plan for Children and Young People
- Mental Health and Emotional Wellbeing – Refresh
- Domestic Abuse Strategy

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**Key Linked Strategies/Plan:**

- NHS Bexley CCG Transformation Strategy
- NHS Bexley CCG Primary Care Strategy
- Aging Well Strategy
- Frailty Strategy (under development)
- Adult Autism Strategy
- Learning Disability Strategy
- Preparing for Adulthood Strategy
- Suicide and Self-harm Prevention Strategy
- Prevention of Alcohol misuse

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**Key Linked Strategies:**

- Bexley Local Plan (in progress - adoption planned Feb 2021)
- Bexley Local Implementation Plan (in progress - adoption planned 2019)
- Bexley Town Centres Strategy (in progress - adoption planned July 2019)
- Bexley Learning Skills and Employment Strategy (under development)
- Bexley Growth Strategy
- Basingstoke Growth Strategy
- Castlewellan Growth Strategy

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