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Bexley System-wide Prevention Strategy 2020-25

Start Well, Live Well and Age Well

Maximising the value of the Bexley pound

NHS
Bexley
Clinical Commissioning Group



Bexley System-wide Prevention Strategy: Start Well, Live Well and Age Well

Maximising the value of the Bexley pound

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Foreword



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Dr Sid Deshmukh, Chair -
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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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Introduction and scope

The Bexley System-wide Prevention Strategy is an ambitious and far-reaching five-year strategy aimed at not only preventing illness and poor health and social care outcomes, but actively promoting a positive state of health and wellbeing for residents in our borough. In early 2018 London Borough of Bexley (LBB) and NHS Bexley Clinical Commissioning Group (CCG) agreed to embark on the development of this strategy, sponsored by Bexley's Health and Wellbeing Board. Numerous consultations coupled with data and policy research, have culminated in this document and it is a testament to the commitment of the Bexley system in recognising the pivotal role that prevention must play locally. The strategy is from 2020 to 2025.

In November 2018, Matt Hancock MP, Secretary of State for Health and Social Care published his vision for prevention[1] 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, work places, 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[2]. 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:

The aim of the prevention strategy is to develop and implement a whole system which:

- 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 early.
- 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.

This strategy spans the length and breadth of what the statutory and voluntary sector collectively provide across the life course and in different settings. Residents too are a vital part of the system and have a key role to play in terms of their own behaviours and choices, self-management and independence

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf

Why do this and why now?

It is estimated by The Kings Fund[3] 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[4] Figure 1 below is an example of the relative contribution of the determinants of health.

Figure 1: Relative contribution of the determinants of health

Health Behaviours 30%	Socio-economic Factors 40%	Clinical Care 20%	Built Environment 10%
Smoking 10%	Education 10%	Access to Care 10%	Environmental Quality 5%
Diet/Exercise 10%	Employment 10%	Quality of Care 10%	Built Environment 5%
Alcohol Use 5%	Income 10%		
Poor Sexual Health 5%	Family/Social Support 5%		
	Community Safety 5%		

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. [5]



In *'Prevention is better than cure'* the Secretary of State for Health and Social Care has prioritised prevention as one of his three top priorities for the NHS (the other two being workforce and technology)[6]. This reflects the burgeoning recognition nationally, regionally and locally that in order to achieve better health for everyone, we need to do much more in the area of prevention. Furthermore, the recently published NHS Long

[3] McGinnis et al (2002) https://www.ncbi.nlm.nih.gov/pubmed/11900188#

[4] https://www.local.gov.uk/publications/health-all-policies-manual

[5] https://www.countyhealthrankings.org

[6] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf

Term Plan prioritises prevention as an objective to achieve ambitious improvements in the NHS over the next 10 years [7]. The Prevention Green Paper, 'Advancing our health: prevention in the 2020s – consultation document', was published in July 2019 [8] and outlines nationally the priorities for prevention, with which this strategy bears close synergies.

Prevention is also a critical and under-developed part of the solution to address **four system challenges** facing our borough:

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. 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 (including alcohol), frailty, mental health and children and young people's emotional wellbeing.

System Challenge 2:

The challenge of organisational and financial sustainability

Both NHS and London Borough of Bexley are facing challenging financial positions. For the council, these pressures are due to significant reductions in the main government grant supporting general expenditure – the Revenue Support Grant, coupled with continuing growth in demand, particularly in services for older people and other vulnerable residents, combined with inflationary pressures. For the NHS the cost pressures to a large extent are due to increased admissions via our hospital accident and emergency (A&E) services. In many ways each avoidable emergency hospital 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.

[7] https://www.england.nhs.uk/long-term-plan/

[8] https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document

Vision of the Bexley System-wide Prevention Strategy

The vision of the System-wide Prevention Strategy is to create and maximise by 2025, the circumstances that enable Bexley residents to live longer and enjoy better health for more of their lives, and give our younger residents the best start in life and help them to achieve their full potential.

Purpose of the strategy and the mission

In the context of the four system challenges outlined above and the vision, 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 other 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 success

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[9]
- Reduction in under 75 mortality rates and premature deaths
- Reduction in A&E attendances and admissions
- Increase community engagement in the implementation of the prevention strategy (as measured by personal pledges)

[9] https://www.gov.uk/government/publications/industrial-strategy-the-grand-challenges/missions#ageing-society

Strategic Priorities

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

Figure 2: Strategy domains and themes

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

Place 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



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

<table>
<tr><td>People</td><td colspan="3">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.</td></tr>
<tr><td></td><td colspan="2">Theme 1: Healthy children</td><td>Theme 2: Healthy adults</td></tr>
<tr><td></td><td colspan="2">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</td><td>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</td></tr>
<tr><td>Policies and Practices</td><td colspan="3">Theme 3: Healthy policies and practices</td></tr>
<tr><td></td><td colspan="3">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</td></tr>
<tr><td>Places</td><td>Theme 4: Healthy communities, workplaces and homes</td><td>Theme 5: Healthy environment: Built, green and blue</td><td>Theme 6: Economic independence and thriving local economy</td></tr>
<tr><td></td><td>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</td><td>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</td><td>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</td></tr>
</table>

Our prevention priorities

People domain

This domain covers prevention across the life-course 'from cradle to grave' and has two themes: children & young people and adults & older people.

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* [10].

This priority spans the life-course and refers to a shift in the culture and approaches regarding the whole person. While person-centred thinking focusses on the individual, it is also an important part of place shaping and informing our system ambitions and policies.

What will we do?

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



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

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.

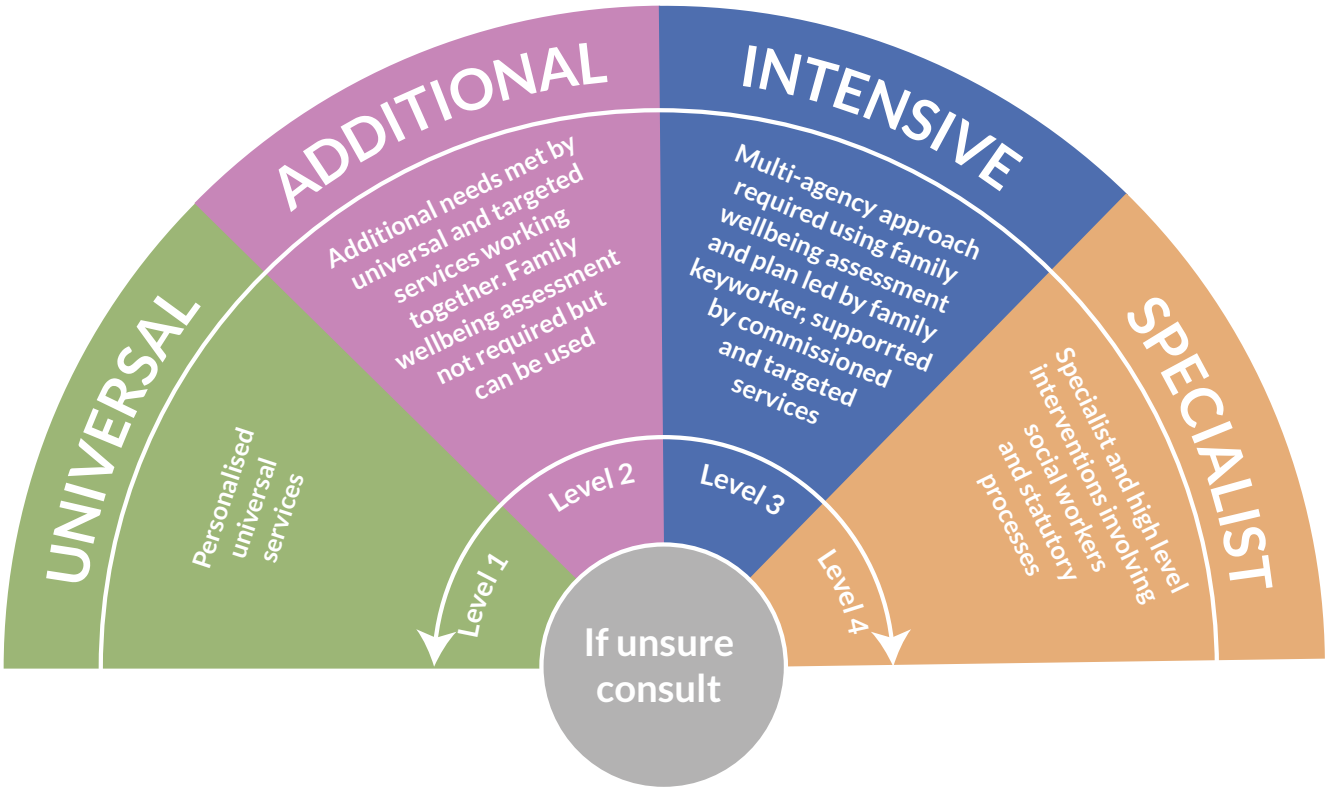
Prevention sits across all the levels depicted in Figure 4. For early effective help and universal prevention, it sits at levels 1 and 2. Identifying any difficulties early means the child and their family receive support to strengthen their care and protection of their children. Support will be tailored to the family's needs and provided at the minimum level necessary to ensure the desired

[10] Nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

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.

Figure 4: Threshold for effective support (from 'The Bexley Effective Support Strategy'[11]



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 Peoples' Mental Health and Emotional Wellbeing – Refresh, Domestic Abuse Strategy.

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.

[11] https://media.inzu.net/2acc977c715cd84d14a75f01032546ad/mysite/downloads/570_606709_Effective_Support_for_Children.20.6.17_FINAL.pdf

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

1.1b. Support families' health & well-being (in level 3 services) through the implementation of the **Family Wellbeing Strategy**

1.1c. We will ensure that where there are **safeguarding concerns**, children will be supported 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.

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.

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)

1.2b. We will improve **safeguarding**, tackle domestic violence, parental substance misuse, parental mental ill-health, and other **adverse childhood experiences (ACEs).**

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 in order for them to realise their full potential. Aspiration and achievement are important parts of reinforcing a positive approach. From 5 until 18 years of age children face several challenges and difficulties as they progress through their school journey into young adulthood.

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, helping them to access help around sexual health, mental health, risky behaviours and other issues in ways that suit them. Links to action 1.2a.

1.3b. Implement the **Family Wellbeing Strategy** (for level 3 services) as relevant to this priority



Theme 2: Improving outcomes for adults and older people

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[12]. 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.

Key linked strategies: Bexley Joint Health and Wellbeing Strategy: A Local Place-Based Strategy for Bexley (under development), NHS Bexley CCG Primary Care Strategy, Ageing Well Strategy, Frailty Strategy (under development), Adult Autism Strategy, Learning Disability Strategy, Preparing for Adulthood Strategy, Suicide and Self-Harm Prevention plan.

Priorities

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.***

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.

To effectively reduce health inequalities and achieve the best possible outcomes for people within available resources, this means addressing the 'Vital 5' [13]: 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

2.1b. We will enhance **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).

[12] Kingston et al., Projections of multi-morbidity in the older population in England, Age and Ageing, 2018.

[13] King's Health Partners – The Vital 5 https://www.kingshealthpartners.org/latest/1954-the-vital-5

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.

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

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



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[14]. [15] Prevention goes hand in hand with this approach.

Key Linked Strategies/Plans: Bexley Council Digital Strategy (including data strategy), NHS Long Term Plan, NHSE Prevention Green Paper (due), NHS Bexley CCG Transformation Strategy, Bexley Council Outcomes Based Planning, Primary Care Prevention Plan (due).

[14] https://assets.kingsfund.org.uk/f/256914/x/2ad82c31e9/clinical_service_integration_2010.pdf

[15] https://www.kingsfund.org.uk/insight-and-analysis/reports/integrated-care-summary-what-it-does-it-work-what-does-it-mean-nhs

Priorities

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

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.

'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.

What will we do?

3.1a. We will Implement the national policy of Making Every Contact Count (MECC) widely across the Bexley System

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.

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

The 2013 Public Services (Social Value) Act [16] 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.

Commissioning processes between the Council and the NHS can be better aligned, in order to plan better, and optimise the costs and the benefits. 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

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

3.2c. We will develop a system-wide virtual intelligence network to inform commissioning and service development; establishing relevant working groups to support the work

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



[16] http://www.legislation.gov.uk/ukpga/2012/3/enacted

3.3. Embedding prevention into Bexley's population health approach.

Bexley is currently undergoing significant transformation 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 publication of the NHS 10-year Long term Plan [17] emphasises prevention and has resulted in SE London NHS Reforms. This involves the six CCGs in SE London coalescing into a single SE London CCG, and the development of Placed Based Boards in each borough, situated in Local Authorities. Additionally, Primary Care has organised into four Primary Care Networks (PCNs) since July 2019. All these changes pose challenges as well as opportunities for prioritising prevention and doing things differently.

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" model[18], 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.

What will we do?

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

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.

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.



[17] https://www.longtermplan.nhs.uk/

[18] https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/overall-approach/trusted-assessors

Places domain

Theme 4: Creating healthy communities, workplaces and homes

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 [19].

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

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 [20]: Fundamental to achieving these outcomes is building a foundation of connected communities. Creating connected communities is not just the work of the Council, Police and local charities. It also requires leadership from citizens. 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)

4.1b. 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.

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. The business benefits of having a healthy, fit, committed workforce are now

[19] https://www.who.int/

[20] https://www.bexley.gov.uk/services/council/brilliantbexley-shaping-our-future-together-2017-2025

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.**

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.

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**
- **Reviewing our local plan**

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

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

4.3d. We will work to r**educe the number of residents staying in temporary accommodation**

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



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

Key linked strategies: Obesity Prevention Strategy, Physical Activity 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 among the highest rates of obesity in London, with nearly a quarter of children entering primary school already overweight and obese. Nearly three in ten children (23.4%) are classified as overweight or obese when they start primary school, this figure continues to rise with 36.6% of children aged 10-11 leaving primary school with excess weight. In Bexley 64.6% of adults aged 18 and over have excess weight, greater than London and England [22]. This means that in Bexley, there are approximately 160,000 overweight or obese adults in Bexley today.

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**

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.

What will we do?

5.2a. We will **use our Local Plan and other planning documents to help secure healthy places**

5.3. Making Bexley environmentally sustainable and healthy.

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

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

[22] PHE Public Health Outcomes Framework 2016/17: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/

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.

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)[23] and ensure buildings and places are designed to mitigate and adapt to climate change

5.3b. We will continue our efforts to **secure additional funding for improved walking and cycling infrastructure and education in the borough**

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.

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. 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. 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.

Key linked strategies: Bexley Growth Strategy (adopted), Bexley Local Plan (in progress – adoption planned 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).



[23] https://www.bexley.gov.uk/services/planning-and-building-control/planning-policy/planning-policy-and-guidance#content-454

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%). 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[24] .

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[25].

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).

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.

What will we do?

6.2a. We will **target businesses in growth sectors to relocate and cluster in the borough** by creating enticements that are beneficial to both the borough and business and **attract new investors, prospective industries and businesses into Bexley**

6.2b. We will **develop local people and small businesses through a hi-tech creative hub** (The Engine House) and **improve the technology connectivity infrastructure and the environmental quality of employment areas**

6.2c. We will **maximise the potential offered by the location of world class performing art colleges in the borough and the Thames Estuary Production Corridor** (TEPC) to develop and grow a cultural and creative arts offer in Bexley.

[24] https://www.bexley.gov.uk/consultations
[25] excluding the 10% of the population aged 65+ also in employment

Strategic performance review

The Prevention Strategy is sponsored by the Bexley Health and Wellbeing Board, which will monitor the progress on the implementation of the action plan. The performance will also be reviewed at an operational level by the Local Care Partnership Board. The work will be subject to scrutiny by the Council's Scrutiny Committees.

Future state

The desired outcome of this Strategy is a happy and healthy Borough that leads the way in London and wider, on how prevention can play a critical role not only in improving lives but also creating a healthy, desirable and sustainable environment.

The overarching outcomes will be achieved through the collective efforts of the various departments in the Council, the NHS, the community and voluntary sector, and our Bexley residents.



Appendix 1: 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

Source: adapted from various sources including RSA Public Services 2020, CIPFA and Improver

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

Appendix 2: Key life events

Key life Event	Issues and prevention opportunities
Learning to walk/ run/ cycle/ swim	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.
Learning to speak/ read/ write	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.
Childhood transitions	Covered in Priority 1.3
Leaving home	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.
Getting a degree	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.

Key life event	Issues and prevention opportunities
Getting a job	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. 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.
Maternity and childbirth	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. 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.
Marriage	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. 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.

Key life event	Issues and prevention opportunities
Illness/ injury/ accident	Being diagnosed with an illness or being the victim of an injury/accident can lead to feelings of loneliness and isolation. It can potentially lead to reduced physical activity and can result in increased levels of A&E attendance and emergency (re)admissions. Early prevention and detection of long-term conditions, coordinated care, offering individuals choices of care packages, offering support through their diagnosis and supporting reablement where appropriate are all opportunities for potential prevention of ill health and/or the prevention of further difficulties and can keep people in good health for longer.
Relocation	Relocating to a new area can lead to feelings of loneliness and isolation. Depending on the nature of relocation there may be additional concerns such as housing, financial and family circumstances which could impact on mental and emotional wellbeing. Relocation could increase the opportunity for active participation in community life and the opportunity to introduce healthy lifestyle choices.
Redundancy	Redundancy can have significant impacts on the physical, mental and emotional wellbeing of an individual. It can cause individuals to become lonely and socially isolated and could lead to additional pressures on finances and family life – in the worst scenarios it could lead to child and family poverty and homelessness. There are opportunities for prevention through early identification of individuals who may be struggling with the impacts of redundancy and who may come into contact with services.
Retirement	Individuals transitioning to retirement may face issues with loneliness and isolation as well as impacts to their mental health and emotional wellbeing. There may be issues with the diagnosis and management of long-term health conditions. There are, however, multiple prevention opportunities including early identification and intervention of those at risk of frailty, falls and dementia and increasing disability-free life expectancy; enabling older people to feel confident in independent living; reducing the number of older people feeling socially isolated by increasing the opportunity for active participation in community life and improving mental and emotional wellbeing. Helping people to keep active and well can keep people in good health for longer.

Key life event	Issues and prevention opportunities
Divorce and family break-up	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.
Bereavement	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.
End of life and death	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.
Adoption	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

Key Life Event	Issues and prevention opportunities
Sexuality and sexual orientation	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.



Appendix 3: Linked strategies

