

Camden's Joint Health and Wellbeing Strategy 2016-18:
 Living well, working together
 January 2016





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Executive summary

This strategy sets out the Health and Wellbeing Board’s ambitions and priorities for improving health and wellbeing and reducing health inequalities in Camden over the next three years.

It builds on the things we have achieved so far, and has been shaped by the thoughts, views and experiences of our residents, partners and stakeholders. It also explains how the Council, the local NHS and our partners will work together to achieve positive outcomes for the people of Camden.

It is a high level plan and most of the detailed work to deliver it will be set out in a series of action plans – which will be taken forward by working groups or partnerships which have an existing focus on one of the priority areas.

The role of the Board will be to provide leadership across the whole health and care system and beyond, championing health and wellbeing as everyone’s business, holding ourselves and our partners to account and using the Board’s collective influence to break down any barriers to progress.

Where our work will focus

We have identified five priority areas to focus our work on.

We have chosen these areas based on evidence which suggests they will have significant impact on the lives of our residents. Importantly, three of these areas are a continuation of the work we have focused on over the last three years as part of our first joint Health and Wellbeing Strategy:



Healthy weight, healthy lives

Making Camden a place where everyone has the opportunity to achieve and maintain a healthy weight.



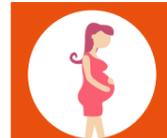
Reducing alcohol-related harm

Working together to reduce alcohol-related harm with a reduction in health inequalities, in crime, disorder and offending.



Resilient families

Working together with our partners to reduce families’ dependency on services throughout children’s lives by focusing on what families need to support themselves and empowering them to improve their own situation.



The first 1,001 days

Ensuring that the support we provide from pregnancy and through the first two years of life focuses on the most important outcomes for children.

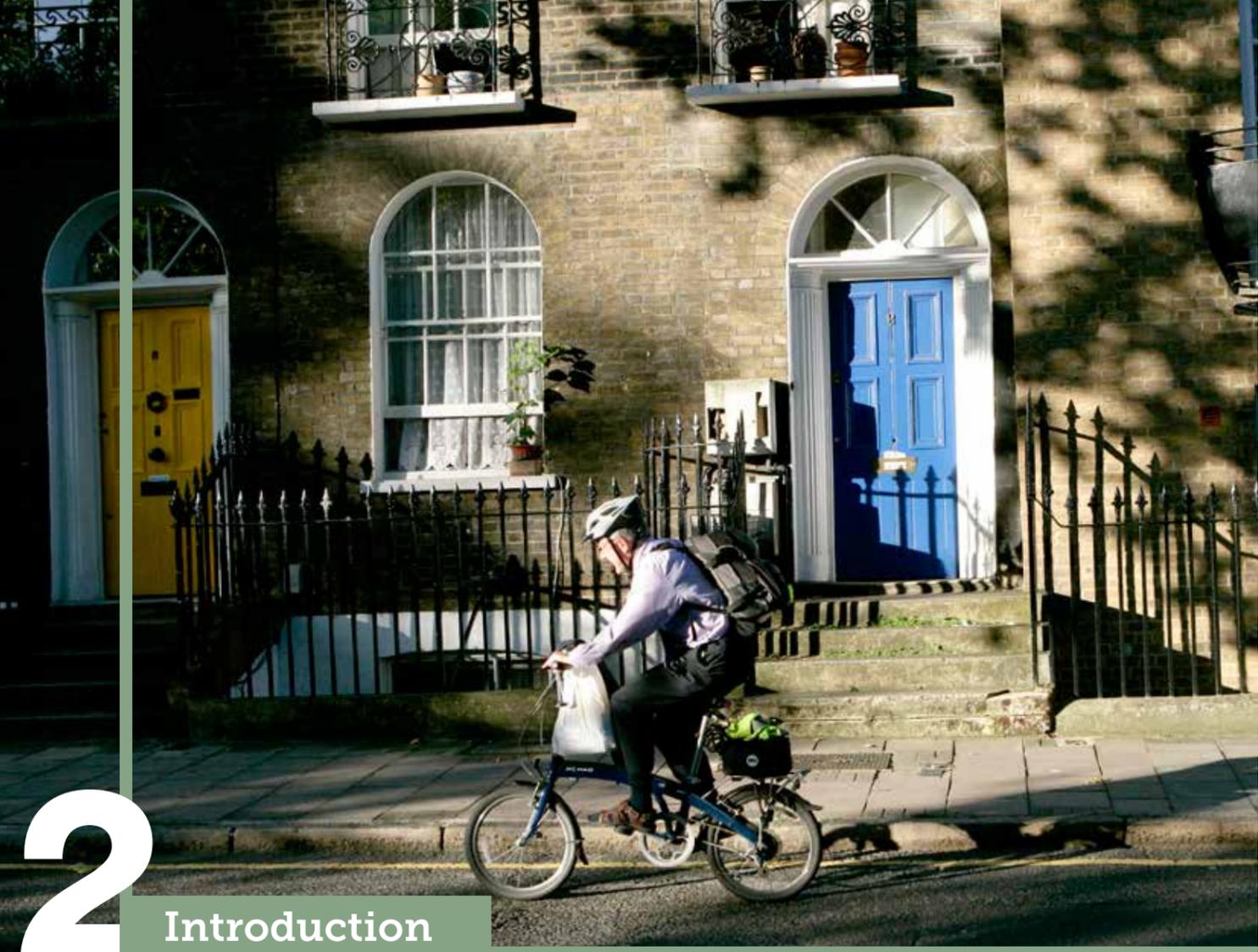


Ensuring good mental health for all

Promoting positive mental health, improving outcomes for people with serious and long-term mental health conditions and preventing suicide wherever possible.

We have set out a range of baseline measures and indicators, detailing where we are now and where we want to be after three and then five years. These will help us understand where progress is being made and where challenges to improvement exist.

We expect this strategy to be a “living document”. We will use data and information to assess our progress, and adapt our approach if we are not on track to deliver our priorities. We want to make sure that our planning stays in touch with the changing needs of Camden’s residents. The Health and Wellbeing Board will monitor progress in the five priority areas every six months. The Board will also review progress on the strategy as a whole after 18 months.



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Introduction

The Camden Health and Wellbeing Board exists to improve the health and wellbeing of Camden residents and reduce health inequalities across the borough. It brings together leaders across the health and care system to provide collective leadership to a range of complex and cross-cutting challenges which impact on the health of local people.

These challenges are very significant. While overall life expectancy is improving for both men and women, the overall gap in life expectancy between the least and most deprived areas continues - and may even be widening – for some groups.

Health and wellbeing outcomes and inequalities are driven by a range of factors, some of which individuals have little control over. Others are the result of health behaviours which in turn are heavily influenced by people's circumstances and environment, such as income, employment and living conditions.



Working together

No single organisation can tackle these complex problems alone. The whole system needs to work together – and the Board recognises its role in providing vision and direction to the complex network of organisations and services which contribute to health and wellbeing in Camden.

The Board will support and challenge organisations to align their work to the strategic direction set out across the system, and to help achieve the outcomes set out in this strategy.

Our achievements so far

Over the past two years, the Board has worked together to influence the delivery of three key priorities in Camden:

- ▶ **Healthy weight healthy lives** – supporting adults and children to maintain a healthy weight
- ▶ **Complex families** – improving outcomes for families who have multiple or complex needs
- ▶ **Reducing alcohol-related harm** – reducing the harm caused by alcohol.

Some of the Board's achievements over the previous two years include:

- ▶ leading the way in **promoting healthier food choices** across Camden
- ▶ enabling people to **manage their weight** in supportive settings
- ▶ inspiring children to **be more active** through innovative approaches
- ▶ developing new ways of working with families who have contact with lots of different public services – with the aim of helping them to **take control of the decisions which affect their lives**
- ▶ **working together with our partners** to improve access to alcohol support services, raising awareness of the harmful effects of drinking and encouraging responsible behaviour from retailers.

We have also improved the way we work together. Another example of the Council and the local NHS successfully working together is the new Minding the Gap service, which aims to improve outcomes for young people moving into adulthood.

The development and delivery of Camden's Better Care Fund plan, which aims to join up some of the gaps between health and social care and reduce emergency hospital admissions, was also the result of committed partnership working.



3 Achieving our vision

The Board believes identifying key issues early, and taking action to stop them getting worse, should be at the heart of our approach to improving health and wellbeing, and in the delivery of services.

The Board has signed up to leading a partnership initiative called No Wrong Door – which aims to ensure that an individual’s underlying need should be understood and assessed regardless of which service they approach first.

This preventative approach has never been more important, given the backdrop of significant cuts in public sector funding, major changes to the welfare system and a growing and ageing population, all of which are putting pressure on services, as more people come forward for advice and support.

Integration is also a key theme running throughout the strategy. It chimes strongly with the wider discussions and debates on public service reform, including the need for better integration and collaboration between services and agencies in a particular area. The No Wrong Door concept will therefore be a key framework for thinking about the Board’s work over the next three years.

The Board agreed that their three existing priorities – **healthy weight, healthy lives, reducing alcohol harm and resilient families** - should remain a focus in this new strategy so we can continue to build on the positive impact we are already having.

Two new priorities have also been identified:

The first 1,001 days – to ensure that Camden’s prevention and early intervention offer during pregnancy and the first two years of life is joined up and focuses on the most important outcomes for children and their families.

Our vision

This three-year strategy sets out our approach to improving health and reducing health inequalities in Camden.

It uses three key concepts to help organise our work around the Board’s five priority areas - ‘promote, prevent, improve’:

Prevent

Act early to prevent health issues from developing and getting worse



Promote

Promote better health so that inequalities do not emerge in the first place



Improve

Where problems are established, to provide effective ways to improve outcomes, whether that is by focusing on recovery or helping people to live well with a condition

Ensuring good mental health for all – to promote positive mental health, to improve access and outcomes for people with serious and enduring mental health conditions and prevent suicide where possible.

The role of the health and wellbeing Board

The Board’s role will be to champion the ambition and priorities of the strategy, maintaining a clear focus on outcomes.

This will require the Board to provide **robust challenge** to work being delivered across the system and show **action-focused leadership** if barriers exist and are preventing progress.

This may include Board members working to actively drive change in their own organisations, or looking together at how resources are used across different agencies and partners for maximum impact. Monitoring progress and seeing how the strategy is leading to real change for residents, will enable the Board to make the right interventions at the right time.

Importantly though, the strategy does not stand alone and links closely with other strategic plans driving positive change in health and wellbeing outcomes and tackling inequality.

The important underlying determinants of health and wellbeing such as education, housing and employment are addressed through other key strategies, which this document feeds into, most importantly the Camden Plan 2012-17.

How this strategy has been developed

We have developed this strategy using evidence of local health needs and challenges, which is set out in Camden’s Joint Strategic Needs Assessment.

The strategy also draws on existing local strategies and plans, such as the Council’s **Camden Plan 2012-17** and the strategic plans of Camden Clinical Commissioning Group (CCG).

There has been wide ranging consultation with stakeholders, including workshops with residents, a series of local events and a formal public consultation with local people and organisations.



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Our priorities



Healthy weight, healthy lives

Making Camden a place where everyone has the opportunity to maintain a healthy lifestyle.

Many of us struggle to eat a healthy diet or do adequate physical activity. The result is that overweight and obesity is a major public health challenge. Being obese increases the risk of a range of diseases and reduces life expectancy. Tackling obesity requires a whole system approach, bringing together partners from across our community and beyond to address the multiple drivers of obesity.

WHERE ARE WE NOW?

The level of obesity and overweight amongst Camden's children and young people is a concern.

In 2014/15, the national child measurement programme for Camden showed that



37% of 4-5 year olds in London, and 33% across England, are overweight or obese.

Data from Camden GPs show that around



That's equivalent to around 63,000 adults in the borough who are overweight or obese.

What we will do: our ambition

Promote

- ▶ Build on the No Wrong Door principles to increase awareness and use of the local services
- ▶ Work with communities to develop a shared approach to achieving healthy lifestyles
- ▶ Develop approaches to supporting workplace health as a route to promoting healthier lifestyles.

Prevent

- ▶ Work with families, schools, businesses and in other community settings to develop healthier environments
- ▶ Increase residents' use of local assets such as parks, leisure facilities and free community groups such as walking groups and Green Gyms
- ▶ Ensure a focus on health outcomes in spatial planning, development and regeneration, with a particular focus on tackling obesogenic environments.

Improve

- ▶ Increase the numbers of residents successfully completing an adult weight management or exercise on referral programme
- ▶ Ensure advice and support on being active and maintaining a healthy lifestyle are part of the care people receive for long-term illnesses such as diabetes.

How will we know we're making a difference?

Short-term: next three years

- ▶ **At least double** the number of Camden businesses signed up to the Healthy Catering Commitment from 24 to 50
- ▶ **Reduce** the proportion of Camden residents who are physically inactive by **5%**.

Longer term: next five years

- ▶ **Increase to 70%** the proportion of Camden residents achieving recommended **physical activity** levels
- ▶ **Halve** the proportion of **children aged 10-11** who are **obese**, and to halt the trend of rising rates of overweight in this age group.

Tackling health inequalities

- ▶ People who live in the most deprived areas of the borough are more likely to be obese than those who live in the more affluent areas. We will ensure a systematic focus on our most deprived areas of borough
- ▶ Rates of overweight and obesity are particularly high in certain **Black and Minority ethnic groups** in Camden. We will work with BAME communities to develop new solutions to addressing obesity
- ▶ **Children** who are overweight are twice as likely to become an overweight adult compared to healthy weight children - and the risk is even higher for overweight and obese young people. We will work with children, young people and their families to promote awareness of healthy weight and to support families to make and sustain healthy lifestyle changes.

The role of the Board

To support this priority the Board will:

- ▶ Promote greater awareness of and referral to key lifestyle services by frontline staff within Board member organisations and across the health and care system in keeping with the No Wrong Door approach
- ▶ Lead by example as major local employers, through a focus on workplace health and wellbeing among staff.
- ▶ Actively use their example to engage and influence businesses and other organisations to become healthier workplaces
- ▶ Scrutinise and challenge the development and delivery of local health and care services ensure a focus on physical activity and healthy weight is embedded in the management of long term conditions.

A healthy weight, healthy lives task force brings together key partner organisations to take this work forward. The Board will scrutinise the delivery plan and provide challenge to the Task Force's work, intervening to unlock barriers to progress where these have been identified.

Our priorities



Reducing alcohol-related harm

Working together to reduce alcohol-related harm with a reduction in health inequalities, crime, disorder and offending.

Camden experiences substantial alcohol-related harm. As well as the more immediate negative effects associated with binge drinking, street drinking and anti-social behaviour, there are a range of chronic problems which are less obvious. These include alcohol-related hospital admissions, an increase in long-term health conditions and domestic violence. Although there is a clear link with mental health, the impacts of alcohol misuse go far beyond this. The inclusion of tackling alcohol related harm as a specific priority acknowledges these wider impacts.

WHERE ARE WE NOW?

Local modelling and national data indicate that there are around

4,110 people with an **ALCOHOL DEPENDENCY IN THE BOROUGH**

28% Camden residents who drink are thought to do so at a level which is likely to put them at increased or high risk of harm this is similar to London (27%) and England (27%)

BINGE DRINKING: people in Camden are binge drinking which is similar to England as a whole.

1/5 but higher than in London where **1/7** are estimated to binge drink

Alcohol specific Hospital admissions: the rate in Camden was 498 per 100,000 population- 30% higher than in London where the rate was 346 per 100,000 **30%** higher than London levels

Alcohol misuse is a significant contributor to health inequalities within the borough

Camden's rates of alcohol-related crime, including violent crime, are significantly above the national average

Reducing alcohol-related harm has also been identified as one of the priorities for Camden's Community Safety Board

The effects of alcohol on families are not always obvious, and domestic violence is frequently linked to abuse

What will we do: our ambition

Promote

- ▶ Raise awareness of the harms caused by alcohol, promote lower risk drinking and encourage a healthy approach to alcohol.

Prevent

- ▶ Implement measures to improve the ways in which alcohol is sold to residents and visitors in the borough, in order to promote responsible retailing and reduce harmful consumption
- ▶ Take a proactive approach to licensing and enforcement by all responsible authorities.

Improve

- ▶ Reduce long-term harm by strengthening links between primary care, local hospitals and alcohol support services in Camden, to improve the identification and support provided to alcohol-dependent drinkers
- ▶ Make sure we fully understand and identify the impact drinking can have on those affected by someone else's alcohol use – and are then able to act on this.

How will we know we're making a difference?

Short-term: next three years

- ▶ **Increase** the number of dependent drinkers accessing treatment by **19%** - this would be equivalent to **200** additional residents accessing treatment each year
- ▶ **Increase** the number of residents receiving evidence-based interventions for their alcohol use in primary care, so that at least **370 people** each year receive enhanced brief interventions within primary care
- ▶ Provide at least **550 residents** in substance misuse treatment services (including alcohol and drugs) with specialist support to access education, training and employment each year.

Longer term: next five years

- ▶ A **5%** reduction in hospital admissions directly related to alcohol
- ▶ A **5%** reduction in alcohol related crime
- ▶ A **5%** reduction in liver disease mortality.

Tackling health inequalities

- ▶ Despite having relatively similar levels of alcohol consumption, **our more deprived populations** suffer higher levels of alcohol-related harm than our more affluent

populations, including higher rates of deaths from alcohol-related conditions. The reasons for this are not fully understood. We will ensure a particular focus on those populations and areas we know to be at greatest risk of alcohol-related harm

- ▶ **Children and families** are affected by alcohol misuse in a more hidden way. Children whose parents have an alcohol dependency are approximately five times more likely to develop alcohol-related problems themselves than those with non-alcoholic parents. Other impacts that particularly affect children and families are domestic violence, and in some cases neglect, as well as long-term parental health problems that occur as the result of excessive drinking. Alcohol misuse was cited as a secondary factor in 19% of new child protection plans in 2012/13 in Camden.

The role of the Board

To support this priority the Board will:

- ▶ Exploit opportunities to increase the visibility of alcohol-related harm as a key public health issue.
- ▶ Support an approach to alcohol licensing that ensures alcohol is sold in a responsible way, such that it does not cause or make worse alcohol-related harm in the borough.
- ▶ Oversee and hold key system partners to account for the development and delivery of an integrated treatment system and pathways of care for alcohol misuse.
- ▶ Champion the early identification of those who are affected by alcohol, by connecting people into the right support at the right time. Be accountable for ensuring services and organisations identify those who are affected by someone else's drinking at an early stage and refer them into the right support service.

The substance misuse strategic commissioning group and the Community Safety Partnership are responsible for implementing the delivery of this priority. The Board's role is to scrutinise, challenge and intervene where necessary.



Resilient families

A partnership response to effectively build family and community resilience in Camden and shift the balance of service delivery towards earlier help and prevention.

The Resilient Families Programme (RFP) is a partnership response to whole system re-design of support to children, young people and families, across the whole continuum of need from pre-birth through to 19 (up to 25 with disabilities). The RFP uses a consistent evidenced based approach to effectively build family and community resilience in Camden, focusing on early help and maximising the life chances for children and young people. This approach will shift the balance of service delivery towards earlier help and prevention, therefore improving outcomes for families, reducing demand on high cost statutory services and maximising the effective use of all available partnership resources.

WHERE ARE WE NOW?



Child poverty is an issue in Camden with 11,280 children 19 and under living in poverty



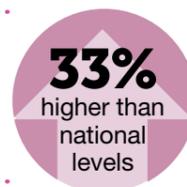
of the child population in Camden live in households with no working adult

Significant health and education inequalities exist for Camden's children



of children enter the EYFS with skills and knowledge significantly lower than expected for their age on school entry

Prevalence of mental health disorders in Camden's children & young people are **33% HIGHER** compared to national averages



mental health domestic violence substance misuse Social care and Health data shows Camden faces a particular challenge around the **'TOXIC TRIO'** of parental mental health, domestic violence and substance misuse

There are multiple services providing effective early help and family support in Camden, however an inconsistency in approach makes it difficult to evidence outcomes or achieve effective transitions

There are numerous entry points for referrals into early help services creating duplication and crossover of work with families



The Resilient Families programme

The RFP will work alongside other partnership programmes, across the whole network of support for children and their families, to improve the identification of needs earlier; streamline access to early help services; ensure a consistent approach to building resilience in families; and integrated working which focuses on the whole family.

What will we do: our ambition

We are taking a 'commissioning approach' to the development of this next phase of work. This means that, learning from the complex family approach, there must be a clear focus on outcomes, and engagement with the whole family based on solid evidence of what works. Central to the approach will be staff from a range of professional backgrounds and from different agencies coming together to work as one team.

Promote

- ▶ Make it easier for families to get help by simplifying our approach and making the journey residents take to access our services more straightforward.

Prevent

- ▶ Stop families' problems escalating by re-thinking the way we provide early help (for example, support for families who are not eligible for support from a social worker)
- ▶ Develop easier ways for people to access the wide range of support available, building on the work begun through complex families with partners such as Job Centre Plus, GPs and other health professionals.

Improve

- ▶ Improve our early help services - both those the Council delivers itself and those it commissions from partners. The aim is for more joined up frontline services, informed by a clear understanding of what works and a strong focus on the impact they are having. We will build on the casework approach developed through complex families, giving the power and responsibility to frontline workers to make decisions with families to support their needs.

How will we know we're making a difference?

An outcome framework and set of milestones is being established for this programme.

Short-term: next three years

- ▶ Establish a **baseline** measure and see an increase in family assessments

- ▶ Establish a **baseline** measure that demonstrates an increase in the number of family and family plans that increase parental resilience and improved parent-child relationships.

Long-term: next five years

- ▶ Establish a baseline and demonstrate an increase in **parental employment**
- ▶ More children and families reporting that the support received has improved their ability to cope with **future challenges**.

Tackling health inequalities?

- ▶ Many health inequalities in Camden begin in early life, childhood or adolescence. This priority aims to ensure that the whole system acts early to prevent problems from taking root or getting worse
- ▶ Children and young people from low-income households are more likely to experience worse health and developmental outcomes. This priority will also seek to address inequalities relating to child poverty by fostering economic resilience. It will also focus on those families who experience domestic abuse, parental mental health and substance misuse.

The role of the Board

To support this priority the Board will:

- ▶ Provide strategic challenge in the development of the programme and its outcome framework, recognising it is in its early stages
- ▶ Champion the concept of family resilience and the role Board member organisations can play in supporting families to support themselves.
- ▶ Camden's Children's Trust Partnership Board will work together to deliver this priority and will provide the overall governance. The role of the Board will be to provide challenge and ensure this transformational change is embedded into the wider health and care system.



The first 1,001 days

Ensuring that the support we provide from pregnancy and through the first two years of life focuses on the most important outcomes for children.

The First 1,001 days priority takes a specific life stage focus within the Resilient Families programme, where we know we can make the biggest difference to children's life chances. It brings all Camden partners together to ensure the best outcomes for children in the critical first stage of life from pregnancy through to a child's second birthday.

WHERE ARE WE NOW?



A child's experiences, from **conception through to age two**, have a huge impact on their long-term health and wellbeing



Lots of support is provided through this stage of life – from **maternity services, health visitors, GP's, children's centres** and early years education. However significant **inequalities** remain in children's health and educational outcomes, and we know services are not always **joined up** around the needs of the children and families



Camden performs lower than the national average on a number of early life indicators including

- ▶ Take up of certain immunisations such as MMR
- ▶ Tooth decay in early childhood
- ▶ School readiness

What will we do: our ambition

Promote

- ▶ Develop an integrated health promotion offer for children and families focussed on breastfeeding and good nutrition, oral health, play and physical activity, immunisation and tobacco free homes
- ▶ Promote effective support for parents around sensitive parenting and attachment
- ▶ Support the development of strong communications and language skills in infancy.

Prevent

- ▶ Provide evidence-based support for mothers, fathers and other carers to help prepare them for parenthood and improve their resilience when they have a new baby
- ▶ Strengthen the mental health support we provide to parents early on, including training key frontline staff to assess, support or refer families into relevant support services and ensure those needing specialist services receive them
- ▶ Implement Camden CCG's DIY Health programme, which aims to support parents of children who are frequent users of primary and unscheduled care services to understand and manage minor illness and ailments at home, and when and how to access wider support.

Improve

- ▶ Ensure local services work together to minimise duplication and gain the best possible outcomes for families – building on the Camden health visiting service review and the public service review of early years services

- ▶ Implement a new review of child development between the ages of two and three years to give parents a unified picture of their child's development. This will enable delivery of more joined-up support for families across health visiting and children's services.

How will we know we're making a difference?

Short-term: next three years

- ▶ Increase the proportion of mothers **breastfeeding** at six to eight weeks after birth to 80%
- ▶ Decrease the number of **pregnant women smoking** and of families exposing infants to second hand smoke (baseline to be established)
- ▶ Decrease in parents of infants with **mental health concerns** (baseline to be established)
- ▶ Improvements in outcomes at **two year old development review** (baseline to be established).

Longer term: next five years

- ▶ A reduction in the average number of **teeth** which are actively decayed, filled or extracted to less than two amongst Camden children aged five years
- ▶ Increase in number of children who reach good level of development in **communications and language** at the end of reception to 70%
- ▶ Increase in number of children who reach good level of development in **personal, social and emotional development** at the end of reception to 70%.

Tackling health inequalities

- ▶ Child poverty is associated with poor health and developmental outcomes. There are many reasons for this - from low income to the nature of the home environment and a wide range of associated factors. Focusing on **children and young people from low income households** is vital in achieving our aspiration to reduce health inequalities and give every child the best start in life

- ▶ **Poor parental mental health** can have a very significant impact on early child development. There is increasing evidence that even in the womb, an unborn child develops physiologically in response to parental stress. Once born, poor parental mental health has a major impact on the critical period of attachment building between parents and young children in the first two years of life, with potentially major long term consequences
- ▶ Pregnancy and early childhood can be a time of increased vulnerability for any family, irrespective of their background. Midwives and health visitors see every pregnant mother and every newly born child in Camden. They are uniquely placed to identify risk and vulnerability early and ensure that **families have access to a range of specialist support** available to meet the diverse needs of Camden's residents.

The role of the Board

To support this priority the Board will:

- ▶ Engage senior leaders across the health and care system and encourage their support for this programme of collaboration.
- ▶ Champion the importance of early help and support during the first 1,001 days of life and its contribution to outcomes later in life.
- ▶ Hold all partners to account for contributing towards the outcomes of the 1001 days programme.

The programme's delivery plan will be driven forward by led by a steering group of partner organisations. The Board will scrutinise the work of this group, challenging progress and ensuring transformational change takes place.

Our priorities



Ensuring good mental health for all

Promoting positive mental health and outcomes for people with serious and long-term mental health conditions and preventing suicide wherever possible.

Mental health conditions are common across almost all social groups and ages in Camden and are the leading cause of ill health and disability among adults of working age.

WHERE ARE WE NOW?

In 2015 in Camden it is estimated that there are:

**OVER 3,200 CHILDREN
And Young People**

aged five to 16 experiencing mental health conditions during any one week

33%
higher than national levels

ALMOST

50,000 ADULTS

Experiencing depression and anxiety

20%
higher than national levels

NEARLY

3,700 ADULTS

With a psychotic disorder

58%
higher than national levels

ALMOST 1,600

Older people with dementia

equivalent to 7% of people aged 65 and over in the borough

AN AVERAGE OF

18 DEATHS A YEAR

due to suicide and undetermined intent, similar to London and England

What will we do: our ambition

This priority will build on a wide-ranging programme of actions focused on improving outcomes and experiences of care for people with mental health conditions, set out in Camden CCG's Mental Health Mandate. A new Camden Healthy Minds Fund will target investment in new mental health promotion programmes to improve long term outcomes funded jointly between Camden Council, Camden CCG and Camden & Islington Foundation Trust.

Our ambition is to improve mental health outcomes for local communities and people of all ages, and reduce inequalities. We will do this by promoting good mental wellbeing and helping to prevent mental health conditions developing in the first place. We will promote access to early help for people who may be experiencing mental health problems and improving recovery for people with mental health conditions.

Promote

- ▶ Work with employers to promote workplace mental health and wellbeing and improve employment outcomes, with focused support through the Camden Healthy Minds Fund
- ▶ Work with schools to promote better emotional and mental health and early intervention
- ▶ Develop a local Dementia Action Alliance (DAA) to encourage awareness and improve the quality of local services and support for people living with dementia and their carers.

Prevent

- ▶ Work with staff in frontline services to build skills and awareness of mental health, in support of the No Wrong Door principle
- ▶ Provide early support for children under five, as well as support for both parents and parents-to-be for their own mental health and for the long-term mental health of their child
- ▶ Promote access to activities that promote wellbeing, volunteering and stronger social networking through the Camden Healthy Minds Fund to improve outcomes for adults at risk of serious mental health conditions

- ▶ Provide early support for older people through effective information and advice and signposting to preventative/universal services
- ▶ Work with communities to help change attitudes and develop understanding of mental health.

Improve

- ▶ Implement a new suicide prevention strategy
- ▶ Improve the physical health and lifestyles of people with mental health conditions, with a particular focus on people with serious mental health conditions
- ▶ Improve access to children and young people's mental health services.

How will we know we're making a difference?

Short-term: next three years

- ▶ Promote good mental health with 600 vulnerable mothers-to-be and new mothers, and their partners, through an innovative **Baby Steps** programme, supported through the Camden Healthy Minds Fund
- ▶ Increase the proportion of children and young people referred to child and adolescent **mental health services** seen within 8 weeks of referral from 50% to 90%
- ▶ Help at least 540 people with **mental health** conditions into employment, training or volunteering
- ▶ Increase the number of **Dementia Friends** in Camden by 10% a year
- ▶ Double the number of women, experiencing, or with a previous history of mental health conditions, accessing **perinatal** mental health services.

Longer term: next five years

- ▶ Reduce **preventable early deaths** among people with serious mental illness.

Tackling health inequalities

- ▶ Significant inequalities are experienced by **people living in deprived or disadvantaged circumstances**, or experiencing discrimination. People living in the most deprived wards in Camden are more likely to have a mental health problem than those in the most affluent areas
- ▶ **Children in families vulnerable to mental health** conditions are more likely to develop mental health conditions as adults

- ▶ Mental health and emotional wellbeing are equally important in older age as they are more likely to experience events that affect emotional well-being, such as bereavement or disability
- ▶ Men are less likely to recognise or act on the early signs of mental health conditions. They are also less likely to seek support from friends, family and community or from their GP or other health professional. This worsens outcomes and contributes to suicide risk
- ▶ There are longstanding inequalities in mental health between ethnic groups. Caribbean, African, and Irish communities are significantly over-represented in secondary care mental health services. Community links, and understanding of different cultural contexts for mental health are important to help improve access and outcomes
- ▶ **People with serious mental illness** are up to 15 times less likely to be employed than the general population and almost three times more likely to die early.

The role of the Board

To support this priority the Board will:

- ▶ Bring partners together to ensure more joined up working, leading to improved access and better outcomes for residents.
- ▶ Ensure the skills needed to identify, refer and support people with mental health needs are embedded in Board members organisations and across the health and care system.
- ▶ Monitor and hold to account partners across the health and wellbeing system for improvements in outcomes.
- ▶ Build on the Camden Plan's commitment to being a dementia friendly community.
- ▶ Use its influence to advocate change in the perception, understanding and response to mental health conditions, addressing stigma and discrimination.

Camden CCG and Camden Council will work together to deliver with partners this priority through joint commissioning strategies. The Board will invest the new Camden Healthy Minds Fund in interventions and activities designed to give pace and shape to these changes.

	Aspiration	Core indicator three year	Baseline	Three year ambition	Core indicator five years	Baseline	Five year ambition
Healthy weight, healthy lives 	Support residents to be active and eat healthily	Number of businesses signed up to the Healthy Catering Commitment	24 (2015)	50 premises signed up to the Healthy Catering Commitment	Proportion of residents achieving recommended physical activity levels	65% (2014)	70% of residents achieving recommended physical activity levels
		Proportion of Camden residents who are physically inactive	20.6% (2014)	Reduce the proportion of residents who are physically inactive by 5%	Children aged 10 to 11 years who are obese	22.5% (2012/13)	10% fewer children aged 10 to 11 years will be obese and reverse the trend in overweight
Reducing alcohol-related harm 	Fewer residents harmed by alcohol	Residents who are dependent drinkers accessing treatment	615 (2014)	Increase the number of residents who are dependent drinkers accessing treatment by 19% - equivalent to 200 additional residents accessing treatment each year	Alcohol-specific admissions	498 admissions per 100,000 population (2013/14)	5% reduction in alcohol specific admissions per 100,000 population
		Residents receiving enhanced brief interventions for alcohol in primary care	270 (2014/15)	Increase the number of residents receiving enhanced brief interventions for alcohol in primary care, so that at least 370 people each year receive enhance brief intervention within primary care, this is an increase of an additional 100 interventions occurring compared to 2015	Alcohol-related crime	7,860 recorded incidents of alcohol related crime (2014/15)	5% reduction in alcohol related crime
		Residents in treatment for alcohol and substance misuse accessing specialist support to attain education, training and employment	450 (2014/15)	Support at least 550 residents in treatment services (both alcohol and drugs) annually to access specialist support to get education, training and employment to support sustained recovery. This is an increase of 100 people per year accessing this support	Liver disease mortality		5% reduction in Liver disease mortality
Resilient families 	Children and young families are supported to increase their resilience	Families report that the support received has improved their ability to cope with future challenges (increased resilience)	TBD	75% families receiving a service report increased resilience	Families report that the support received has improved their ability to cope with future challenges (increased resilience)	TBD	80% families receiving a service report increased resilience
		Positive feedback from families about achievement of their goals (goal-based measures)	TBD	75% families report achievement of goals	Positive feedback from families about achievement of their goals (goal-based measures)		80% families report achievement of goals
		Families achieve the agreed improvement in outcomes in the family plan.	TBD	At least 75% families achieve agreed improvement in outcomes in the family plan	Families achieve the agreed improvement in outcomes in the family plan.	TBD	At least 80% families achieve agreed improvement in outcomes in the family plan

Definition of resilience

Resilience in families is the ability to ‘bounce back’ and do well despite challenges. It involves doing well against the odds, coping and recovering.

	Aspiration	Core indicator three year	Baseline	Three year ambition	Core indicator five years	Baseline	Five year ambition
The first 1,001 days 	Give every child in Camden the best start in life	Number of pregnant women smoking	TBC	Reduce the number of pregnant women smoking by 5%	Tooth decay in children aged five (mean number of teeth)	1.65 decayed teeth (2011/12)	The mean severity of tooth decay in children aged five in Camden is less than one
		Parents of infants with mental health concerns	TBC	TBC	School readiness—children achieving a good level of development at the end of reception	55.8% (2013/14)	Ensure that at least 70% of children are school ready by age five
		Prevalence of breastfeeding at six to eight weeks	76% (2011/12)	80% of women are still breastfeeding at six-eight weeks after birth			
		Outcomes at two year old development review	TBC	TBC			
Ensuring good mental health for all 	Promote positive mental health and outcomes for Camden residents	Number of women experiencing, or with a previous history of mental health conditions accessing perinatal mental health services	121 (2014/15)	340 women a year, experiencing, or with a previous history of mental health conditions, will have accessed perinatal mental health services	Reduce the rate of early deaths among people with serious mental illness	TBD	TBD
		Number of parents-to-be and new parents who are provided with an mental health promotion through the baby steps educational programme		600 parents-to-be or new parents access the baby steps programme to promote positive mental wellbeing			
		Number of people with mental health conditions supported into employment	TBC	Support at least 540 people with mental health conditions into employment			
		Proportion of children and young people referred to child and adolescent mental health services seen within eight weeks of referral	50% (2014/15)	90% of children and young people referred to child and adolescent mental health services seen within eight weeks of referral			
		Number of Dementia Friends	2,750 (2014/15)	Increase the number of Dementia Friends in Camden to 3,650			

Alcohol dependence: means feeling unable to function without alcohol, that drinking becomes an important, or sometimes the most important, factor in someone's life. There are varying degrees of alcohol dependence and they don't always involve excessive levels of drinking. Individuals may also show physical withdrawal symptoms, such as sweating, shaking and nausea, as their blood alcohol level falls.

Alcohol-related conditions: Includes all alcohol-specific conditions for example alcoholic liver cirrhosis and poisoning from alcohol, plus those where alcohol is implicated in some but not all cases of the condition, for example, high blood pressure, cancers and falls.

Alcohol-related crime: Offences in which a police officer suspects that either the suspect or the victim of a crime was under the influence of alcohol at the time, and recorded as such on the Crime Related Incidents database.

Binge drinking: Binge drinking usually refers to drinking a large quantity of alcohol in a short space of time or drinking to get drunk. It is sometimes defined as women drinking 6 or more units and men drinking 8 or more units in a single session

Body Mass Index (BMI): A measure of body weight relative to height and used to determine if people are at a healthy weight, overweight or obese. A BMI of 18.5 – 25 refers to a healthy weight, a BMI of 25 to 30 refers to overweight and a BMI of 30 or higher refers to obese.

Clinical Commissioning Group (CCG): public bodies that carry out local commissioning of NHS services. Their members are primary and secondary care doctors, nurse specialists, lay people and others.

Commissioning: The processes local authorities and local NHS commissioners undertake to ensure that services funded by them meet the needs of their client group and offer best value for money.

Community: Group of people living or working in a geographically defined area (geographical community) or who have a characteristic, cause, need or experience in common (community of interest).

Health behaviour: The combination of knowledge, practices, and attitudes that together contribute to motivate the actions we take regarding health. Health behaviour may promote and preserve good health, or if the behaviour is harmful, eg. tobacco smoking, may be a determinant of disease.

Health and Wellbeing Board: Health and wellbeing boards are a forum for local commissioners across the NHS, public health, children's and adult social care, elected representatives, and representatives of health service users. They work together to improve the health and wellbeing outcomes of the people in their area.

Incidence: A measure of the risk of developing a new condition within a specified period of time.

Inequalities in health: differences in the health (and increasingly wellbeing) experienced by different groups in a community which are avoidable and therefore held to be unacceptable.

Joint Strategic Needs Assessment (JSNA): the process and document(s) through which local authorities, the NHS, service users and the community and voluntary sector research and agree a comprehensive local picture of health and wellbeing needs. The development of JSNAs is the responsibility of Health and Wellbeing Boards.

Joint Health and Wellbeing Strategy (JHWS): Health and Wellbeing Boards will be required to produce a JHWS for the local area, based on the needs identified by the JSNA.

Long term condition: An illness which cannot currently be cured but can be controlled and managed by medication, other therapies, and adoption of healthier behaviours.

No Wrong Door: an approach to ensure that no matter where a person accesses a public service their problem will be identified and assessed and will receive the right response, either directly or through an appropriate referral.

Prevalence: The number of people suffering from a specific disease at a particular moment in time in a defined population.

Primary care: The collective term for all services which are people's first point of contact with the NHS.

Psychotic disorders: Mental health problems cover a wide spectrum, from schizophrenia, and bipolar affective disorder to other psychoses.

Resilience: resilience in families is the ability to 'bounce back' and do well despite challenges. It involves doing well against the odds, coping and recovering.

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