

**Improving the health of people in Newham: Newham's Health & Wellbeing Strategy**

Foreword

By building personal, economic and community resilience we want to support people to make the positive choices that maintain and improve their health and wellbeing. The work of traditional health services, the council and its partners – from tackling long-term health conditions, promoting employment, to improving sports and leisure activities– all affect the health of local people.

Newham's Health and Wellbeing Board has developed this five year strategy to provide an overarching direction for all services and activities which may have an impact on local residents' health and wellbeing. The strategy is a key part of our vision to improve outcomes in Newham in line with the partnership approach we have agreed through the resilience performance framework.

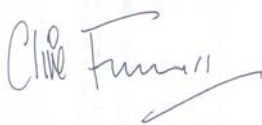
With the aim of making changes to the way health services are delivered, the strategy aspires to reduce health inequalities and improve overall health outcomes to make sure Newham residents experience similar levels of good health as their neighbours in the rest of London.

The delivery of the strategy relies on a shared understanding and renewed partnership approach to the health and wellbeing of residents across Newham. By agreeing to common principles, to which all partners in the borough are fully committed, this strategy will lead to more effective delivery of services that can produce a positive impact on the health of residents.

This document is about the ways in which we will work differently to deliver the outcomes we collectively want to see. The aims, joint principles and commissioning priorities include a shift in resources from those focused on treatment to prevention; promoting healthy behaviours among residents; tackling long term health conditions such as diabetes and cardiovascular diseases and a renewed focus on children's health.

These principles will inform the detailed commissioning plans which will be developed to show how we will work together to deliver our vision.

Yours sincerely,



Councillor Clive Furness  
Chair, Health and Wellbeing Board  
Executive Member for Health and Adults Commissioning

## **Executive Summary**

Newham is an amazing place. The main host borough for the 2012 London Olympic and Paralympic Games, the borough is the most diverse place in the country with one of the youngest populations - Newham is a place of opportunity. But Newham faces challenges too. For more than 100 years the east end of London has been the poor relation in the capital. The result is that on the whole Newham residents have poorer health outcomes than their peers in other parts of the capital or the country.

Through our approach to resilience Newham has set out a clear vision for how we want to build on our strengths to make Newham a stronger, more prosperous and more stable community where people choose to live, work and stay.

This five year strategy has been developed by partners in Newham under the governance of our Health and Wellbeing Board. Its aim is to drive change in delivery in order to improve health outcomes and narrow health inequalities, both within the borough and with London and the UK.

In Newham all partners agree that to tackle the complex and interlinked health issues we face we need to work differently. We have therefore agreed a number of principles that underpin this strategy and our approach to improving health and wellbeing in the borough. These principles describe the ways in which we will work together for example a clear focus on prevention, by helping individuals take responsibility for their health and by 'stepping down' patients from expensive acute treatment where it is no longer needed.

We recognise that some of the most impactful things we can do to promote health come from addressing the 'wider determinants', for example getting people into work or ensuring that accommodation is of a decent standard. Our partnership approach to these is set out in the Resilience Performance Framework that underpins our local vision. We have set out four key commissioning priorities on which we will be our focus over the life of the strategy.

- 1) Promoting healthy behaviours, such as not smoking, eating healthily and taking exercise
- 2) Tackling mental health barriers to employment to help people access and stay in employment
- 3) Tackling long term health conditions like cancer, cardiovascular diseases, respiratory diseases and diabetes
- 4) Building child health and wellbeing

The implementation plan that accompanies this strategy sets out the priority workstreams and commissioning priorities that will be taken forward in year 1 of the strategy, demonstrating our shared commitment to driving change in delivery. Commissioning plans developed by partners in key areas in future will be expected to reflect the priorities and principles set out in this strategy and scrutiny of these plans by the Health & Wellbeing Board will help ensure this. .

## **Our challenge and aims**

Newham is an amazing place. Located in one of the world's great cities it is the most diverse place in England, if not the world. The main host borough for the 2012 London Olympic and Paralympic Games, the borough is changing rapidly with significant inward investment. We have one of the youngest populations anywhere in the country - Newham is a place of opportunity.

But Newham faces challenges too. For more than 100 years the east end of London has been the poor relation in the capital. The borough is the 2<sup>nd</sup> most deprived local authority area in the country and the unemployment rate in the borough is the highest in the capital. On a broad range of socio-economic factors Newham faces inequalities when compared with London averages.

The result is that on the whole Newham residents have poorer health outcomes than their peers in other parts of the capital or the country. Our Joint Strategic Needs Assessment (JSNA shows) that:

- Life expectancy in Newham is increasing but remains lower than the national average for both men and women
- The gap in life expectancy between the best and the worst wards in Newham has increased in the last year
- The mortality rate (at all ages) in Newham is now the highest in London and Newham has the third highest rate of premature mortality (before the age of 75) in London
- The biggest causes of death are circulatory diseases, cancer and respiratory diseases
- Newham has the second worst one year survival rate for cancer in England

In Newham we have set out a clear approach to the challenges the borough faces and how we will reform public services to meet those challenges. We call this building resilience, tackling the personal, community and economic factors that can sometimes hold back our residents. More detail on our approach is set out in *Quid Pro Quo not Status Quo: Why we need a welfare state that builds resilience*. This vision has been translated into the partnership's Sustainable Community Strategy (SCS) and the Resilience Performance Framework that underpins it and defines how we will measure our success in transforming the borough.

**The aim of this strategy is to drive change in delivery in order to improve health outcomes and narrow health inequalities, both within the borough and with London and the UK.**

Specifically this strategy sets out our shared partnership health priorities and the approach we will take to tackling these.

## **Our approach**

This health and wellbeing strategy is a five year strategy that represents the vision of a partnership. The strategy is owned by the Health and Wellbeing Board but complements strategic plans across the London Borough of Newham, primarily the Sustainable Community Strategy (SCS) and the strategic plans of partners. The fit between the Resilience Performance Framework that underpins the SCS for the partnership and the specific performance frameworks for public health and the NHS are mapped at Annex 1. The Resilience Performance Framework agreed in November 2012 sets out the objectives and measures for the council's commissioning strands agreed by all partners. The framework will change over time informed by an evolving body of evidence through research and evaluation of activities, projects and interventions. The Health and Wellbeing Board will have a role in examining the measures set out in the framework over the period of the strategy.

All partners agree that the current system is not delivering the health and wellbeing aims we want and that we must do things differently. The strategy aims to deliver improved health outcomes and narrow health inequalities. It will do so by agreeing common principles that all partners are signed up to and which evidence shows will be more effective than the way things have been done in the past.

The strategy is about the ways in which we will work differently to deliver the outcomes we collectively want to see. By drawing upon the expertise of a range of partners, from the University of East London to Barts Health NHS Trust we can build a comprehensive evidence base to ensure we deliver against our aspirations.

Our initial test (the first year) of success will be that we are working differently in some key agreed areas. In time (within the 5 year life of the strategy) improved health outcomes and narrowed inequalities will show longer-term success. Alongside the strategy an implementation plan for the first year has been drawn up setting out milestones for each of the key work strands under the four commissioning priorities outlined below. The Health & Wellbeing Board will identify any priority milestones at which it will want additional reports, carry out an annual review of progress and consider priorities for the year ahead. However, detailed project management of each of the work strands will sit with individual project arrangements. Commissioning plans developed by partners in key areas in future will be expected to reflect the priorities and principles set out in this strategy and scrutiny of these plans by the Health & Wellbeing Board will help ensure this.

## ***Principles***

The aim of this strategy is to tackle health inequalities and improve health outcomes. To do this we need a good understanding of the health needs of our population. We have done this through the analysis underpinning our JSNA. We are improving the way we use this data by making it available online in more user friendly formats and for the Community Forum Areas within the borough. However, as a partnership we need more than data to drive change. In Newham all partners agree that to tackle the complex and interlinked health issues we face we need to work differently. We

have therefore agreed a number of principles that underpin this strategy and our approach to improving health and wellbeing in the borough.

The (interlinked) principles of the strategy are:

- **Prevention** – all partners from community groups to acute providers recognise that at present resources are too focused on treatment. The best way to address this is to encourage residents to become more active and offer support to help prevent the onset of conditions that are affected by lifestyle choices. There is also an explicit partnership aim to shift health focus and spending from acute spend to prevention wherever possible. That means bottom up programmes to stop problems developing but also changes in the health system. For example GPs prescribing exercise or a healthy diet to tackle problems alongside ‘medical’ prescriptions. It also means focusing on ‘secondary’ prevention so that people are helped to self care as much as possible once health problems appear in order to maintain and improve their health. This may include supporting people to take medicines correctly as well as encouragement to be active.
- **Stepping down as well as up** – people can get stuck in the current system. As we develop integrated care pathways we need to make sure that these step people down from costly and intensive interventions like hospitalisation into more community based care that will be better for them, and more cost effective.
- **Personal responsibility** – most Newham residents are aware of the things that they can do to improve their health, such as stopping smoking, not drinking to excess, eating more fruit and vegetables and getting more exercise; yet many find it very difficult to make the change to healthier lifestyles. It is important we support people to take greater personal responsibility, stay active and make the healthy choices that will make a real difference to their lives.
- **Social and community networks matter** – those around us influence our behaviour and health (for example, smoking can be the social norm). We need to work with the community to help sustain improved health. That might mean community development programmes such as Well London and Activate London, but also involve volunteers and peer support alongside ‘social prescriptions’ of exercise or better diet to make it easier for people to change behaviour.
- **The wider determinants of health are important** – social inequalities in unemployment, crime, housing etc. are the biggest causes of health problems in Newham. You are more likely to smoke, misuse drugs or alcohol, live in overcrowded housing, be out of work if you are from a poor area – all of these factors will damage your health. Tackling these root causes will be the best long term way of tackling health inequalities.
- **Consultation** – it is important that we ask people about their priorities, the service that they receive and how it can be improved. Seeking resident

participation in the development of services will help create services that are responsive to the needs of the community. We want the health 'pathways' that are developed to reflect input from the public and providers as well as commissioners so that they are as effective as possible.

**Consistency** - people access services on a daily basis. This provides us with an opportunity to ensure that consistent messages and approaches are applied so that, for example, Children's Centre staff working with families give the same advice and support as nurses do. This echoes the national Every Contact Counts agenda. All practitioners should take into account the needs of the whole family not just individual members. To give another example it is important that where victims of domestic violence present to the health system they are offered appropriate interventions and wider support for themselves and their children. Front line staff should know how to signpost individuals to all the services they require – for example, health visitors should be able to routinely refer housing issues to the appropriate officers, and vice versa. It is also important that GPs, pharmacists and acute staff place the same focus on prevention and changing behaviour as those working on the ground in community settings.

- **Quality, respect and dignity** –everyone has a right to health and we must ensure clear standards and provision of high quality treatment where appropriate. All services must treat people with respect and dignity. An important part of a quality service is also tackling the barriers which prevent people from accessing the right healthcare at the right time.

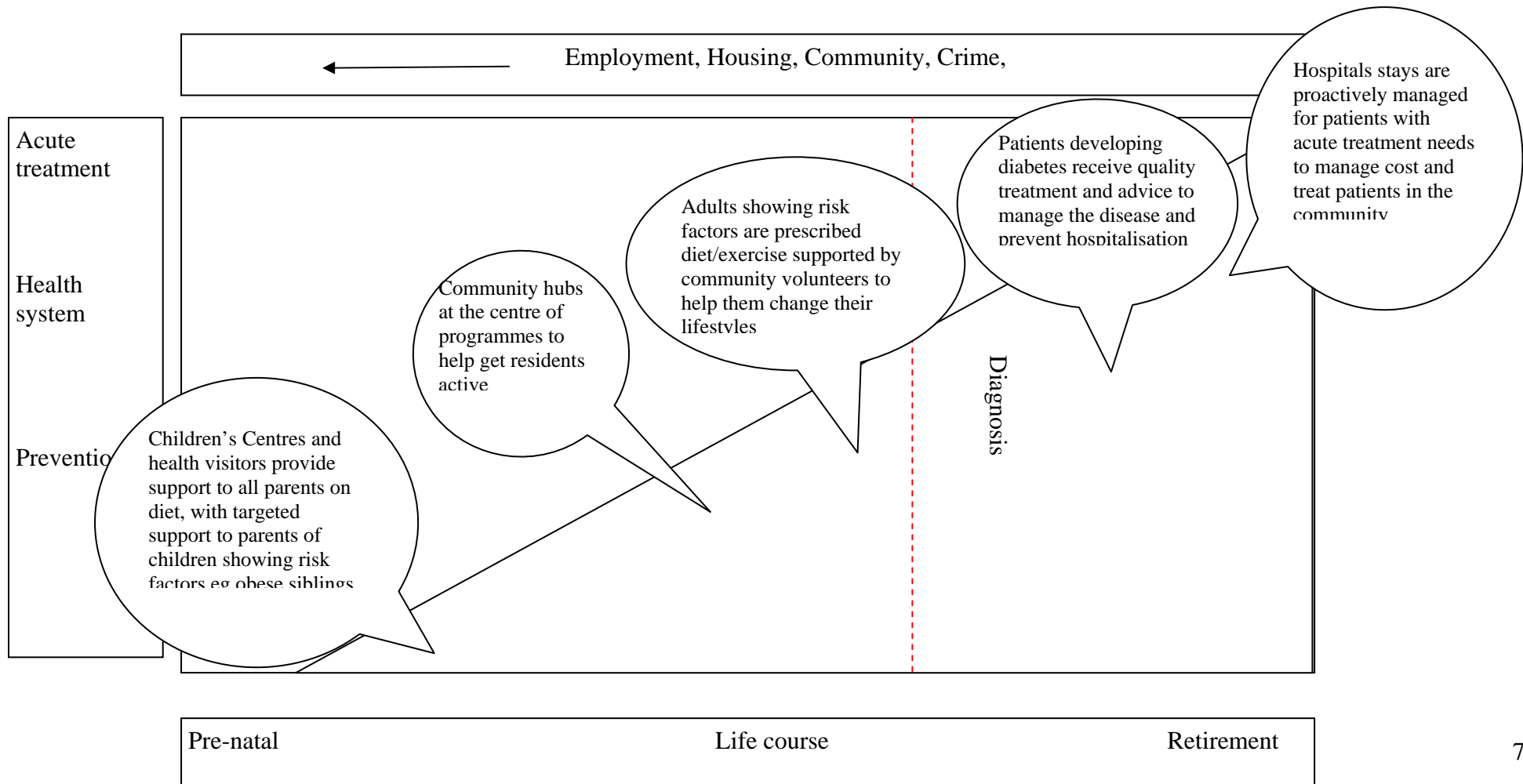
These principles can be summarised as a more resilient Newham – tackling the personal, community and economic causes of poor health and barriers to improved health. In doing so they will be consistent with Newham's wider policy approach.

What an approach like this might look like in practice is illustrated at Fig 1.

Another way of thinking about the approach that Newham wants to see is to think of the health system as a 'pyramid of care'. Over time we want to broaden the base of the pyramid through individuals understanding their own health better and also to shift treatment down the pyramid – for example so that more procedures are offered in community settings, reducing cost and improving outcomes. This is illustrated at Fig 2.

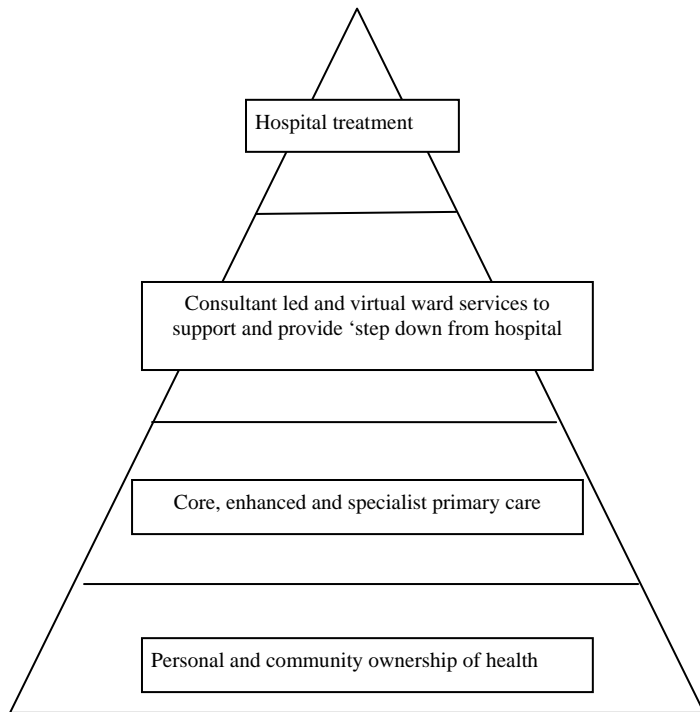
**Figure 1: Building resilience over the life course – an example based on diabetes**

The example below illustrates the type of interventions that we would want to see across the life course and from prevention to treatment. It is indicative not comprehensive. The example is also indicative of the system as a whole and not the life course of an individual. Our hope and expectation is that increased focus on prevention will over time prevent more acute problems developing.

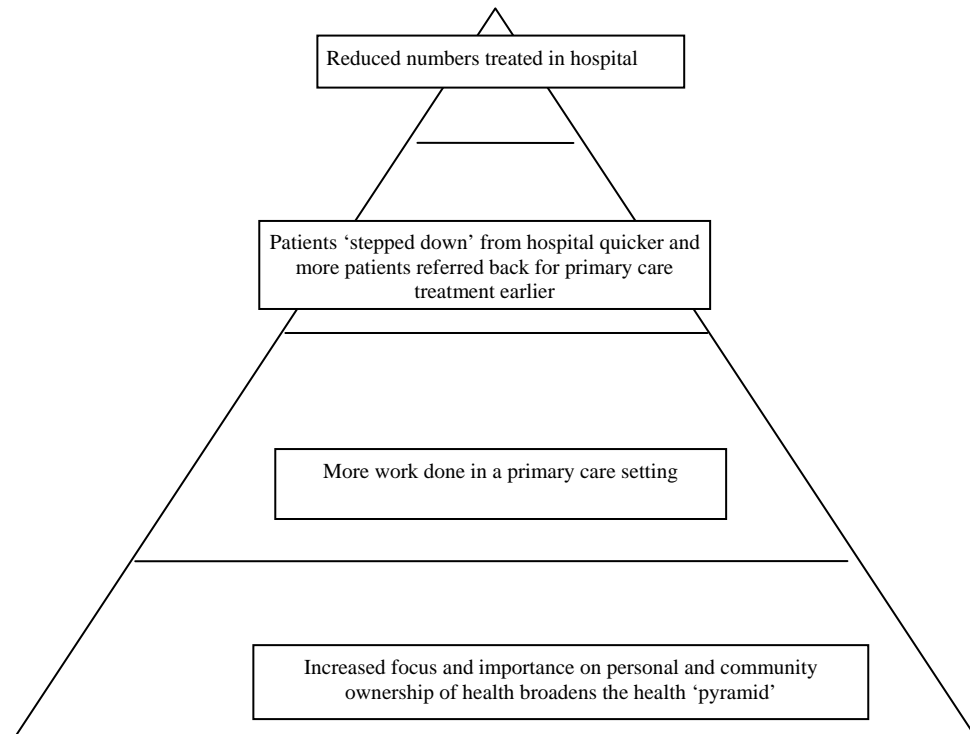


**Fig 2: Changing the pyramid of care**

The current system



The system we want to see





## **Our commissioning priorities**

Cross partnership agreement on our aims and the principles of delivery that we want to see is a significant step. This will set the strategic direction for health and wellbeing in Newham, beneath the SCS.

However, stopping at this point offers no guarantee of implementation. In developing this strategy we have considered a broad range of information to agree between us the priorities that we want to address.

We think that through the approach to resilience we have agreed, our response to the 'wider determinants' of health is in place, for example through the Workplace partnership to help local people including the long term unemployed find work; through the shared priority the police and council place on tackling crime and anti-social behaviour - evidenced by the 46 additional officers funded by the council and jointly tasked; or by the approach being taken to licensing properties in the private rented sector to tackle low quality and overcrowded properties that can cause health and anti-social behaviour issues. There are many important health issues that require partnership action. Although this strategy is not the place to list them all the borough is committed to continuing the focus on the fundamental long term drivers of health inequalities and outcomes.

Here we identify the key strategic priorities. Based on the analysis of the data and discussions between partners we agree the priority areas for action are:

### **Commissioning Priority 1: *Promoting healthy behaviours***

Personal choices and behaviours are important to health. For individuals who smoke, are inactive, have a poor diet, or abuse drugs or alcohol, lifestyle changes can have the most significant impact on improving their health.

Newham has, for many years delivered behaviour change programmes to tackle these problems and many of these have been successful - for example in reducing smoking<sup>1</sup>. However, challenges remain. Recent research by the Kings Fund has shown that across the country lifestyle programmes have been less effective at changing the behaviour of those in lower socio-economic groups and in fact these groups have made poorer lifestyle choices. For example people with no qualifications were more than five times as likely as those with higher education to engage in all four studied negative behaviours (smoking, excessive alcohol use, poor diet, and low levels of physical activity) in 2008, compared with only three times as likely in 2003<sup>2</sup>.

The report challenges commissioners to consider how services which have focused on single issues, such as stopping smoking, can be shaped to support all of their users' needs.

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<sup>1</sup> *Local tobacco control profiles. Produced by the London Health Observatory on behalf of the Public Health Observatories in England*

<sup>2</sup> *Clustering of unhealthy behaviours over time Implications for policy and practice Kings Fund 2012*

An effective response to lifestyle risk factors will be at the heart of our long term strategy to shift health provision from being a service that responds to sick people to a set of services that support and promote health and wellbeing. Our thinking should reflect the life course model represented in Figure 1.

For children and young people our emphasis should be on building the personal resilience necessary to equip them to choose healthy behaviours for life. A good example of how our mainstream programmes can deliver this is the Every Child a Sportsman programme which we hope can build an engagement in sport which last long into adulthood.

For older groups the focus switches towards behaviour change and harm reduction. To achieve maximum impact we need to establish a range of pathways so that when a GP, practice nurse, or community pharmacist sees someone who is ready to change their lifestyle then there is a consistent network of support that they can draw on and refer people into. A case study of how we have begun to develop support of this kind is included below.

Our approach will also draw on the available evidence to make sure these programmes are as effective as possible and use a wide range of methods to encourage better lifestyle choices, for example by thinking about the role of volunteers and others in the community to help people change their behaviours.

The new Sir Ludwig Guttmann Health and Wellbeing Centre that will be a legacy of the Athletes Village will be an exemplar of the way in which we want all of our health centres to be joined up with community activity of this kind. However, the test will be whether we have agreed approaches across the borough that all GPs and services use to support people to change their lifestyle choices. These approaches should form the first step of Integrated Care Pathways that start with lifestyle factors and run right through to acute treatment for specific health conditions.

## **Social Prescriptions**

Newham residents experience stress and strain through the effects of deprivation and health inequalities, with very little focus on their personal health and well being. The effects are seen in high levels of Diabetes and Cardiac disease occurring earlier in life than in other more affluent areas. GPs see this ill health in their patients every day in their practices and wish to offer more help for them to start on the road to healthier lifestyles and self care.

In response Newham Clinical Commissioning Group has developed the 'Newham Community Prescriptions' approach to offer Newham residents alternatives to solely clinical models for improving their health and wellbeing, encouraging healthy lifestyles and social inclusion. The approach will include a wide range of physical activity options, developed through partnerships with local organisations and the London Borough of Newham, and other activities to support, for example, healthy eating. CCG clinicians have led this development, working with the CCG Lay Member for Patient & Public Engagement and the Forum for Health and Well Being. The activities will be delivered through the diverse and vibrant community infrastructure, built up over many years in Newham as the 'Communities of Health'. This ensures that residents feel at ease committing to activities as they are delivered through community groups they are already familiar with and which exist locally in their neighbourhood.

The details of the schemes are being developed so that GPs in one part of the borough will be able to start 'prescribing' these alternatives for their patients by 1<sup>st</sup> April 2013. The intention is to work with the public, through the CCG's well developed Public and Patient Engagement processes, and the CCG's clinical leads, to design and test the service offers, growing and spreading the activities that prove to have the most benefit on health outcomes for Newham people and allow them to take ownership of their own health.

## **Commissioning Priority 2: *Tackling mental health barriers to employment***

Being in work is one of the best ways of building and maintaining mental health and wellbeing and therefore the need to put employment at the centre of efforts to address health problems is key. Newham's employment service Workplace through partnership with local businesses is helping local people including the long term unemployed find work. In Newham those who are in work are more likely to be networked with others in the community<sup>3</sup> whilst a range of national research has highlighted that being in work is good for one's wellbeing. Equally being out of work is bad for wellbeing. Newham has high numbers of people who have been unemployed for a long time and they report a range of mental health issues from severe conditions requiring treatment through to a lower level lack of confidence which in itself can be a severe barrier to getting back into work and building wellbeing.

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<sup>3</sup> *Community Resilience in Newham* RSA/TCC 2012 (Forthcoming)

There is support on offer to those who face mental health issues in the borough. However, given the importance of work to wellbeing, and wider personal resilience we need to make sure that this is effectively aligned with our approach to work. There are two priorities. Firstly, we must make sure that we do all we can to keep people in work. Here GPs and other health professionals have an important role in making sure that people with health are not signed off work for longer than is necessary, creating a barrier to re-entering work. As in other parts of our strategy prescribing activity such as exercise which can help boost wellbeing will have a role to play. Secondly we must make sure that support to those who are out of work is focused on helping them towards entering the labour market. For some this will be easier than others. We have recently piloted small scale approaches to doing this through Workplace, the prize will be to make sure that the system as a whole delivers on this objective, with clear evidence-based programmes and pathways to respond to the range of mental health need and help people get into work.

### **Commissioning Priority 3: Long term conditions – cancer, cardiovascular diseases, respiratory diseases and diabetes**

The health problems which have the biggest impact on our communities are long term conditions, which may affect a person and their family for many years. In many cases these have their roots in unhealthy choices made by individuals, although certain groups may be more likely to be at risk of particular conditions. The main causes of death in Newham are cardiovascular disease, cancer and respiratory disease. Key statistics show that:

- Newham has the highest cardiovascular disease (CVD) mortality rate<sup>4</sup> in the Capital.
- Newham has cancer rates that are not significantly worse than elsewhere. However, recently published figures show that Newham has the second worst one-year survival rate for cancer in England<sup>5</sup>. Addressing this is our number one priority in this area. A good example of the work that we are already doing in this area is included as a case study.
- Newham has the 6<sup>th</sup> highest mortality from Chronic Obstructive Pulmonary Disease (COPD) in London (a standardised mortality ratio of 139 compared to a London average of 97)<sup>6</sup>,
- Newham also has one of the highest recorded levels of diabetes in the country<sup>7</sup>.

The evidence is clear that early diagnosis and appropriate treatment of diseases such as cancer or heart disease leads to much better chances of surviving. It is

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<sup>4</sup> Mortality from all circulatory diseases in persons all ages in London boroughs and England. 2007-2009. Directly age-standardised rates (DSR) per 100,000 population, all ages. National Statistics.

<sup>5</sup> One-year survival index (%) for all cancers combined, by calendar year of diagnosis: all adults (aged 15-99 years), Index of cancer survival for Primary Care Trusts in England - patients diagnosed 1996-2009 and followed up to 2010

<sup>6</sup> Mortality from COPD, all persons, London boroughs and England. 2007-2009, National Statistics.

<sup>7</sup> QOF, 2010/11.

important that services are designed so that people can access them and that we remove the barriers that stop people seeking help or that create delays in diagnosis and treatment.

Doing this will help enable residents to recognise what good health looks like, have high expectations for their health and know when and how to seek help. We also know that residents with long term conditions also often face enhanced social care needs. It is important that they receive a joined up response from both health and social care services and that they are incorporated into mainstream prevention work.

The Integrated Care Strategy, a collaboration with Waltham Forest and East London and the City, is designed to support people to wherever possible move out of hospital settings and have more appropriate care in the community. This will be key in our approach to supporting people achieve a better quality of life and provide greater value for money.

All four of these major disease areas will be priorities for partners in Newham over the life of this strategy and we will want to see the approaches and principles we have agreed on put into practice as part of clear and integrated care pathways.

#### **Plasht School Breast Cancer Awareness Project**

The aim of the project which was delivered by Community Links with funding from the Newham Public Health Team was to increase early detection of breast cancer amongst Asian girls and their mothers and thereby to save lives.

Traditional methods have not succeeded in reaching this group and the project sought to pilot a different approach. The key objectives campaign were to encourage

Asian girls and women to embed regular self examination as a lifetime habit, to increase awareness of the possible signs and symptoms of breast cancer, to increase confidence to approach a doctor with concerns and to promote the importance of attending breast screening appointments. The project aimed to reach mothers, with these messages, through their daughters.

The project was very successful. By the end:

- 57.7% of girls could name five and more symptoms unprompted compared to 1% at the start
- 29.2% of mums could name five and more symptoms unprompted compared to 1% at the start.
- The percentage who were fairly or very confident to notice a change in the breast rose from 32% to 46% for girls and from 46% to 53% for mums
- The percentage who would contact a doctor within two weeks if they found a change in their breast rose from 72% to 80% for girls. The figure stayed stable for women at 85%.

It is approaches like this that we will want to see as part of our Commissioning Plans.

#### **Commissioning Priority 4: *Building child health and wellbeing***

Embedding healthy behaviours in young people's lifestyles at an early stage is key to preventing health problems developing later in life. With one of the youngest populations in the country, with a rising birth rate, this is particularly important in Newham. We want to build resilience by supporting children and families to manage their health and well being, promote healthy and active lifestyles and reduce the impact and cost of ill health in later life. In partnership with our local Children's Trust we have identified the following priorities for our commissioning in this area

- *Young people get the best start in life and enjoy active and healthy lifestyles.* This is a key part of our resilience agenda and there is lots of excellent work already taking place in children's centres. As public health functions are transferred to local authorities, we want to refocus health visiting and school nursing services to better target and support families and work more closely with council services and GP practices to advise and support families on safe, active and healthy lifestyles, and promote child development. Through partnership work with school and children's centres, it will be important to ensure children and families who are new to the borough are registered with a GP. We also want to do more to support vulnerable children and families and are looking at expanding successful children's centre interventions and preventative work such as additional speech and language therapy, family therapy, nutrition and active lifestyles advice to older age ranges.
- *All children and young people to enjoy emotional well being and good mental health.* Emotional well being and good mental health are important to function well as a family, build personal capacity, develop sound peer relationships and community resilience and achieve in education and employment. We want to ensure those who do need targeted and specialist help are identified early, access high quality therapeutic services and are supported to recover or manage their mental health and engage positively within the community. As part of this it is important that Child and Adolescent Mental Health Services (CAMHS) work closely with universal services, LBN early intervention teams and social care services to have a strong, cohesive local offer with clear pathways for help and support.
- *Children and young people with complex needs make progress within the local community and enjoy fulfilling, independent lives as they transition to adulthood.* Within children's social care we work closely with education and health partners and improve integrated planning for these children and young people. We want to improve our local offer and how we work together to assess and plan support for those with complex and ongoing needs to improve outcomes for these young people, embed a model of independence and self management to ensure there is a smooth transition to adult services and reduce the reliance on expensive out of borough placements and higher cost services.

## **Our next steps**

The actions in the Year One Implementation Plan agreed alongside the strategy will be the priority actions in 2014/15.

The Health & Wellbeing Board will review progress against these objectives at the end of the financial year.

## Annex 1: How our performance frameworks fit together

Resilience Framework Commissioning Strand (All partners)	Public Health Outcomes Framework Domain (LBN)	NHS Outcomes Framework Domain (CCG)
Young people get the best start in life	Domain 1: Improving the wider determinants of health and wellbeing	
People achieve their potential		
A community that is safe and feels safe		
Genuine housing options for the community		
A high quality physical environment		
A strong local economy		
Local people in work		
Residents in financial control		
A strong and cohesive community	Domain 2: Health improvement: people are helped to live healthy lifestyles, make healthy choices and reduce inequalities	Domain 2: Enhancing quality of life for people with long term conditions
An active and connected community		Domain 3: Helping people to recover from episodes of ill health or following injury
People are in control and independent		
People are healthy	Domain 3: Health protection: The population is protected from major incidents and threats while reducing health inequalities	Domain 1 Preventing people from dying prematurely
	Domain 4: Healthcare public health and preventing premature mortality while reducing the gap between communities	Domain 4: Ensuring people have a positive experience of care
People are safe		Domain 5 Treating and caring for people in a safe environment and protecting them from avoidable harm