

Joint Strategic Needs Assessment Summary 2009

looking at future health, care and well-being needs



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What is the Joint Strategic Needs Assessment?

Joint Strategic Needs Assessment (JSNA) is a process that Primary Care Trusts (PCTs) and local authorities have a duty to work on together to describe the health, wellbeing and care needs of the populations they serve. It should be used to develop the right services in the right way to meet those needs. This process is part of a 'duty to cooperate' that the government set out in the Local Government and Public Involvement in Health Act (2007). In Stockton, the JSNA is the responsibility of the Health and Wellbeing Partnership which has representation from a wide range of local partners.

Undertaking needs assessments is, of course, not a new process for the PCT, local authority and other partners we work with. Analysis of many sources of information underpins the whole range of plans and strategies that inform the work of the Local Strategic Partnership. What makes JSNA different is that:

- It is a statutory requirement
- It must be done jointly between the local authority and PCT
- It takes a long-term strategic-level view, looking up to 10 years ahead
- It brings together, in one source, the range of information across partners that informs the health and wellbeing needs of our communities

Why should we do a JSNA?

The purpose of this Joint Strategic Needs Assessment is to highlight the main health and wellbeing priorities for Stockton-on-Tees, taking account of data and information on inequalities within and between communities. These priorities have been identified through the efforts of many people to define and address the wider health and wellbeing needs of the people who live and work here.

A range of plans, strategies, and policies have been developed to help us work effectively in partnership to make a difference to the lives of residents. These include the Sustainable Community Strategy, the Adults Vision, the Children and Young People's Plan, the regional health and wellbeing strategy 'Better Health Fairer Health' and many others. The community has had the chance to consider and comment on these documents.

In Stockton Borough the first JSNA was completed in 2008. This year we are reviewing, refreshing, and updating the JSNA by removing out of date information, improving the presentation of some data and statistics, and adding new intelligence from recent assessments and analysis.

The JSNA is a process and not a finishing line. It is an integral part of the planning cycle for all involved and will continue to inform the Local Area Agreement, NHS World Class Commissioning, and other business planning processes. An important benefit of reviewing the JSNA annually is that it supports robust planning over the long-term so that:

- Services are shaped by involvement of local people and communities
- Inequalities in health are reduced
- Health care is provided in proportion to need (to reduce inequity)
- Social inclusion is increased
- Outcomes are achieved cost-effectively

Stockton's population and its main needs

Over 190,000 people live in Stockton-on-Tees, a figure predicted to rise to more than 204,400 by 2029. Currently 19.7 per cent of the population are under 16 (36,900 children) and 33,000 people are of retirement age. It is predicted that by 2029 there will be a 62 per cent increase in the number of people over retirement age, and a 3 per cent decrease in the number of children. The Black and Minority Ethnic (BME) population makes up fewer than 5 per cent of the population - the majority being of Pakistani heritage.

Given the current and future shape of our population, our main health and wellbeing priorities include:

- Continuing to improve health for all, reducing the differences in health experience and health outcomes between communities
- Reducing inequalities in life expectancy between wards, by tackling the main killers such as cancer and cardiovascular disease
- Putting people at the centre and care being personalised for the individual
- Making sure we get value for taxpayers' money
- Utilising data to make informed decisions based on robust information and intelligence
- Focussing on meeting our agreed standards of performance
- Improving the way we work together across a wide range of agencies
- Thinking carefully about what the increasingly ageing population means for us and what we deliver
- Supporting people to stay independent and with a good quality of life, whatever their age.
- Supporting people to come off benefits and into training, education, or employment
- Providing services that are accessible and as close to home as possible
- Understanding the impact of the current and future economic situation on our population

The health conditions that most affect people in Stockton include:

- Cardiovascular disease (diseases of the heart and circulatory system including strokes).
- Cancer
- Smoking-related illness
- Chronic obstructive pulmonary disease (diseases of the lungs)

The main areas we need to focus on to help us address health inequalities over the next ten years or so include:

- Making healthy lifestyle choices easier, including stopping smoking, promoting safe, sensible drinking and increasing physical activity
- Helping people identify sooner if they are at risk of cardiovascular disease, cancer, and other illnesses so they can get the right care and treatment quickly to prevent them getting ill
- Improving access to, and quality of, care and treatment for people if they do get ill
- Supporting people in old age and with long-term health conditions to live independent, good quality lives

Key Issues and Findings:

1. Children and Young People



What we know

The Children and Young People's Plan 2009-2012 (CYPP) outlines the main priorities of this population. Developed with children and young people from our community, their families, carers and staff it highlights the following health and wellbeing priorities:

- Promote positive sexual health and reduce the level of conceptions in under 18 year olds
- Reduce substance misuse (including alcohol and tobacco) by children and young people and reduce the effects on children, young people and family life
- Reduce levels of obesity in children and young people
- Improve the mental health and emotional well-being of children and young people
- Improve and develop support for families with children and young people who have a disability

What people tell us

Feedback from the last published annual Tellus Survey indicates that, compared to the national picture, young people and children in Stockton-on-Tees:

- Tend to eat less fruit and vegetables
- Are more likely to have been drunk recently
- Would like better information about alcohol and drugs
- Tend to worry less about school work and about getting into trouble
- Feel they can talk to adults other than parents if they are worried about anything

What we need to do

- 1 Continuing to improve children and young people's opportunities for a healthy lifestyle, including sexual health, substance misuse, and diet and exercise
- 2 Improving access to community based preventative and targeted services, in order to reduce inequalities
- 3 Improving support for mental health and emotional wellbeing with a focus on early intervention for mental health
- 4 Continuing to improve the way agencies work together and use resources to maximise outcomes that children and young people can expect from services
- 5 Further progress is needed in improving breastfeeding rates and reducing the proportion of mothers smoking during pregnancy

2. Adults' Health and Social Care



What we know

Health needs stemming from modern life and our ageing population mean supporting healthy lifestyles is increasingly important for adults in our community, particularly in relation to:

- Stopping smoking
- Promoting prevention and treatment of substance misuse, and safe, sensible drinking
- Healthy eating and physical activity to prevent and reduce obesity
- Tackling inequalities amongst vulnerable groups and between areas within the Borough to address gaps in life expectancy
- Improving service provision and access to them, particularly for primary care, dentistry, cancer care, and stroke
- Supporting vulnerable groups into employment and improving basic skills

What people tell us

Surveys with adults in the area show that people:

- Want to feel safe in their communities, with a welcoming physical environment that is sensitive to the needs of the most vulnerable
- Want to remain independent in their homes for as long as possible
- Need effective transport to promote inclusion and maintain independence
- Need equitable, joined up services and improved information and support for their carers
- Want choice and to be treated with respect

What we need to do

- 1 Reducing health inequalities within the Borough particularly targeting Cancer, CVD, Diabetes and Stroke
- 2 Improving healthy lifestyles focusing on alcohol harm, drugs misuse, promoting healthy weight, and reducing smoking prevalence
- 3 Developing and redesigning services that meet the growing older population
- 4 Providing a range of services that offer care closer to home
- 5 Enabling people to have greater independence choice and control of their conditions in particular by the use of technology and preventative services

3. Learning disabilities



What we know

Learning disabilities has been added as a new area of focus following national and local reviews of the issues that affect both Children and Adults with a learning disability and their family and carers. The emphasis is on ensuring that people with a learning disability have the same life chances and opportunities as anyone else.

The priorities include:

- Tackling the health inequalities and target support for people with a learning disability
- Developing services to meet the changing needs of the population in particular the specific challenges of an ageing population, transitions, and autistic spectrum disorder
- Improving access to mainstream services including housing, employment, leisure and transport

What people tell us

People want:

- A better range of services that are personalised and meets their needs, in particular, day opportunities
- Improved access to transport
- Better communication of the options and support offered to enable access to mainstream services, with specific support for carers

What we need to do

- 1 Address the learning disability needs and the financial implications of an ageing population, particularly in relation to carer support
- 2 Develop the market for providers so that there are high quality services available offering a choice that meets the needs of people with a learning disability and their carers
- 3 Develop services that meet the principles as outlined in the Valuing People strategy
- 4 Develop services that promote and maintaining healthy lifestyles
- 5 Implement personalisation, in order to improve independence, choice and control for those with care needs
- 6 Address transitions and autistic spectrum disorder needs

Ambitions for better health

4. Mental Health



What we know

Many people in Stockton will experience a mental health issue in their lifetime – something one in four people in the UK face every year. Making sure people have care and protection when they need it is a major priority. Other priorities include:

- Developing a broader range of provision, particular for those with lower level mental health needs, such as depression and anxiety
- Supporting people with mental health difficulties to live independently, and improving access to training and employment, benefits and supported living
- Continuing to support the development of Child and Adolescent Mental Health Services
- Developing support for those with dementia, including end of life care
- Offering support to workplaces so that they are, in turn, able to support staff with mental health issues
- Preventing suicide, particularly amongst males

What people tell us

- People need primary care services to be more accessible with shorter waiting times for counselling and cognitive behavioural therapy
- There needs to be a better range and quality of services for carers, including young carers
- More work needs to be done to promote social inclusion, combating stigma, eliminating discrimination, and promoting safety within the community and at home
- Transport needs to be more easily accessible, and independence maximised

What we need to do

Our focus is around:

- 1 Addressing mental health needs for people and supporting carers
- 2 Improving early intervention and low level mental health support including the roll out of Improving Access to Psychological Therapies (IAPT) and Cognitive Behavioural Therapy (CBT)
- 3 Improving the range of dementia services, including identification, treatment and support plans
- 4 Development of services that promotion and maintain mental well being – especially focusing on the wider determinants e.g. healthy and active lifestyles, social inclusion, spirituality and social prescribing
- 5 Provision of specialist services in a timely manner such as eating disorder, crisis resolution
- 6 Addressing the needs for marginalised and disadvantaged groups
- 7 Supported by personalised services, and focusing on increased social inclusion via employment, housing and access to transport, information and advice, and a wider range of well being services

5. Reducing Alcohol Related Harm



What we know

Promoting safe, sensible drinking is key to addressing the priorities for alcohol. There are several aspects to focus on, including:

- Raising awareness of alcohol misuse amongst young people, through promoting effective school-based interventions from primary school upwards
- Early identification of alcohol-related problems
- The reduction of illegal alcohol sales to under-18 year olds
- A significant increase in the delivery and uptake of brief interventions training
- Increasing alcohol education and interventions with vulnerable groups

What people tell us

There have been a variety of consultations related to alcohol, with carers as well as with service users. Key themes that have emerged include:

- Families that are directly affected by an individual with problems with alcohol need support and information
- There needs to be improved care packages of care for service users when leaving rehab, as well as ensuring general practitioners, dentists and pharmacists are aware of the services available for alcohol and substance misuse
- More capacity is needed in treatment services, and services need to be more accessible

What we need to do

Partnership working and effective commissioning can address these priorities and needs by

- 1 Improving preventative approaches by increasing awareness of alcohol misuse and promoting cultural shifts in behaviour, particularly for binge drinking
- 2 Focusing on minimising the harm alcohol causes to others e.g. children of those misusing alcohol, partners, parents, carers and communities
- 3 Addressing pathways for alcohol services including:
 - Increased capacity for inpatient detoxification and residential rehabilitation and an extension of services to professional managerial demographics groups and over 60s
 - Ensure that all individuals who misuse alcohol have access to suitable housing, training and employment opportunities
 - That clients are supported to access the most appropriate services at the different stages of the treatment journey in a timely manner and ensure that retention in treatment is maximised
 - Ensure that the treatment pathway within prisons is appropriate to need
 - Introduce alcohol treatment requirements

6. Reducing Drug Related Harm



What we know

There are over 1,500 problematic drug users in Stockton with over 1,200 of those in treatment. Our priorities are to address the problems associated with drug use including enforcement, targeting the necessary treatment and support services for drug users and progress to rehabilitation and abstinence.

What people tell us

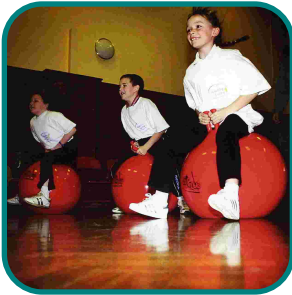
Recent consultation with service users and carers has been undertaken on the drug treatment system. Key themes that have emerged include:

- Access to a range of support that meets the needs for those that misuse drugs and those affected by drugs, in particular family members and carers
- Improvements in enabling people to access housing, employment and training
- That there are a cohort who do not seek treatment

What we need to do

- 1 Enable individuals in the treatment system to move on and reintegrate into society
- 2 Make treatment more accessible to those not in treatment
- 3 Focus on preventative approaches to publicise drug awareness
- 4 Put in measures to minimise harm to others
- 5 Address the needs of housing, training and employment opportunities
- 6 Understand the link between alcohol use and drug use and explore what services are required
- 7 Address criminal behaviour related to drug use

7. Promoting Healthy Weight



What we know

Over 1 in 3 children are overweight or obese in Stockton, which can lead to significant health problems in later life and contributes to some of the main causes of premature death and health inequalities. Our main priorities include:

- Reversing the increase in levels of obesity by ensuring that everyone is enabled to achieve and maintain a healthy weight, with the initial focus on children
- Reducing the proportion of overweight and obese children to 2000 levels by 2020

What people tell us

A recent consultation with people from different groups with type 2 diabetes provided some key information that will help target services better for them.

BME community

- Barriers to changing lifestyle centre upon lack of time and motivation
- Key messages should focus upon heightening awareness of the effects of not managing type 2 diabetes

Unemployed/long term sick

- Barriers to changing lifestyle are lack of information, time, money, and motivation and the perception of not being fit enough to exercise
- Both men and women would like personal, one-one, customised training and support

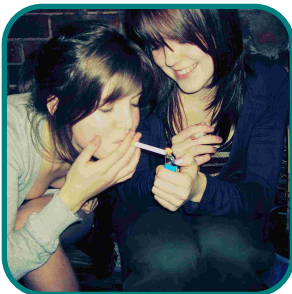
Working males and females

- Exercise should be free or affordable and locally accessible, accommodating working patterns, with more evening and weekend availability

What we need to do

- 1 Improve breastfeeding rates via improved breastfeeding pathway which takes into account mothers' views and experiences gained from social marketing research
- 2 Provide a range of choices for adults, children and families that support them in achieving and maintaining a healthy weight such as healthy eating and physical activity opportunities
- 3 Provide a range of options of weight management services for people who are overweight or obese and need specialised support
- 4 Engage partners in addressing the wide range of determinants that contribute to obesity, such as planning, schools, recreation, and environmental health
- 5 Utilise social marketing research that will help design and develop services that people will want to use

8. Reducing Smoking Prevalence



What we know

Smoking is the single greatest cause of preventable death and disease in our society. Helping people to quit smoking is one of our top priorities if we are to increase life expectancy and reduce inequalities in Stockton. Research shows that:

- Populations living in the areas of lower socioeconomic status with the highest smoking prevalence have least success in four week quit rates, thus further widening the inequality gap
- Smoking in pregnancy is also higher in this population

What people tell us

Surveys with smokers have showed that:

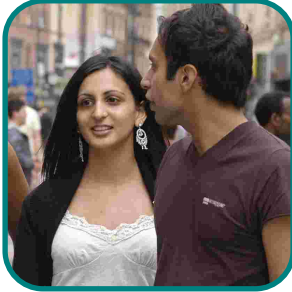
- Quit rates amongst disadvantaged smokers increase with one to one intense behavioural and motivational support from a trained adviser
- Smokers prefer easy access to stop smoking clinic settings at varied times and locations

What we need to do

Partnership working and effective commissioning can address these priorities and needs by:

- 1 Extending Stop Smoking Services locations and opening times
- 2 Increasing the number of nurses who can prescribe nicotine replacement therapies within health visiting and school nursing
- 3 Increasing stop smoking support for people who are pregnant, need hospital and other secondary care
- 4 Developing provision of stop smoking interventions in community pharmacies
- 5 Developing services for black and minority ethnic communities, mental health services, prison services and for young people

9. Improving Sexual Health



What we know

The National Support Team for sexual health provided a 'critical friend' perspective to the primary care trusts in Tees and offered a comprehensive assessment of what could be done to address the sexual health needs of the population. This was followed by a sexual health needs assessment with the wider health community to inform the development of integrated services for the people of Tees. These pieces of work highlighted the need to:

- Develop better and more integrated services
- Reduce teenage conceptions
- Improve the detection of Chlamydia in the population
- Increase GUM / CASH clinic times and offer 'walk-in' appointments as well as timed appointment slots
- Increase availability and quality of sexual health service information

What people tell us

Surveys with service users have shown that they would like:

- Services to consider transport links, focusing on where people go, not necessarily where they live
- Longer clinic opening times, not just 9:00am – 5:00pm
- Staff to have training in how to treat patients with respect and dignity, and to be BME-, gay- and young people-friendly, and understand the needs of older service users
- A single point of contact for services, for advice as well as appointments

What we need to do

Partnership working and effective commissioning can address these priorities and needs by

- 1 Increasing emphasis on the need to make services 'young people friendly' by ensuring that commissioned services are developed to meet the 'You're Welcome' initiative criteria
- 2 Increasing access to long acting reversible contraceptives
- 3 Ensuring services meet the needs of a diverse population
- 4 Improving access to sexual health services for people with learning disabilities

10. Improving Oral Health



What we know

- 5 year old children have high decay experience when compared to the national average
- Children who live in disadvantaged areas have up to four times more decay experience than those who live in more advantaged areas
- There are a substantial number of children with untreated decayed teeth

What people tell us

- Some people still find it difficult to get a timely routine care appointment from a NHS dentist in certain parts of Stockton
- Services closer to home are important particularly for older people or those without transport

What we need to do

- 1 Ask people if they would want water fluoridation to improve their dental health
- 2 Improve prevention services particularly in schools
- 3 Improve access by reducing the waiting time to get a dental appointment and extending dental practice opening hours
- 4 Open new dental practices

Wider Determinants of Health

11. Reducing Health Inequalities



What we know

Six of Stockton's 26 wards are in the most deprived 10% of wards nationally. A number of inequalities arise from the deprivation that some populations face in the wards with lowest socio-economic status. For instance:

- Estimated smoking rates vary by ward from 16% to 48%. The highest rates are found in the most deprived wards
- Emergency admissions for coronary heart disease are two-and-a-half times more likely in the most deprived quintile of wards in Stockton than the most affluent
- Early death from heart disease (age less than 75 years) is nearly three times as likely in the most deprived wards compared with the least deprived

What people tell us

Feedback from people tell us that they need:

- More personalised approaches to care, and improved access to healthcare
- Support with housing, employment, and access to benefits to achieve independence, including security within the home and more easily accessible transport

What we need to do

- 1 Implement targeted support programmes that address the health inequalities such as CVD screening to the most at risk groups
- 2 Improve access to community based preventative services, supported by more effective information advice, signposting of services, transport arrangements, and further advances in technology in medical and social care
- 3 Address the needs of an increasingly ageing population, and associated financial implications, increased complexity of needs, carer support and long-term conditions

12. Economic Regeneration and Employment



What we know

Economic regeneration and employment has been prioritised as one of the Core Improvement Themes of the Sustainable Community Strategy 2008-2021, developed through extensive consultation processes in 2007. Employment is a key issue for Stockton within this Core Improvement Theme. The current economic climate is likely to exacerbate the identified issues.

Priority needs on employment include:

- Increasing the overall employment rate
- Reducing the unemployment rate particularly the long term unemployed
- Reducing the levels of benefit dependency including incapacity benefits
- Increasing the skills base of the population
- Targeting areas where the risk of exclusion from the employment market is the widest
- Young people who are not in education, employment and training (NEETs)

What people tell us

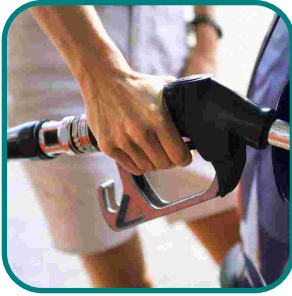
A skills survey of the most deprived areas in Stockton was carried out using face to face interviews during the period September 2005 to November 2006 and was reported in January 2008. This identified key priority areas as follows:

- A perceived lack of employment opportunities in the area
- Having difficulty finding a suitable job within reasonable travelling distance
- A lack of opportunities for the type of job they would like to do
- Poor salary levels
- Lack of work experience

What we need to do

- 1 Work together to increase training and employment opportunity in order to increase the overall employment rate and reduce the unemployment rate
- 2 Reduce the levels of benefit dependency in the borough and increase the skill base of the population

13. Transport and Environment



What we know

Dominant issues relating to transport and environment focus on climate change and sustainable transport. The key issues that need to be addressed include:

- Demographic and socio-economic influences, including the impact of an ageing population
- Policy influences, such as the 'Climate Change Act 2008' which sets mandatory carbon reduction targets
- Growth influences, including the Stockton – Middlesbrough Initiative which will require major investment in improved transport infrastructure
- Service influences, such as providing convenient access to high quality health and social care services

What people tell us

Consultation with residents of Stockton Borough in preparation of the Second Stockton-on-Tees Local Transport Plan showed that they want:

- Improvements in public transport, both in terms of network coverage (particularly rural areas and outlying estates) and periods of operation (particularly evenings and Sundays)
- Better local rail links and improved passenger facilities at local railway stations
- Introduction of a 'Park & Ride' scheme serving Stockton town centre
- Improved personal safety for public transport users (bus, rail and taxi); Improved reliability and customer care on the part of taxi drivers
- New cycle routes and improvements to the existing cycle network and better maintenance and improved safety on cycle paths
- More 'walking bus' schemes to encourage children to walk to and from school
- Improved personal safety on footpaths through better policing and street lighting
- Introduction of more traffic calming schemes in residential areas
- Reduced traffic congestion around schools at start and finish times
- Better maintenance of the Borough's roads and footpaths
- Increased use of alternative, more environmentally friendly fuels

What we need to do

- 1 Work together to adapt to climate change, reducing carbon emissions and fuel poverty, as well as a reduction in proportion of children travelling to school by car
- 2 Improve street and environmental cleanliness
- 3 Increase satisfaction with local bus services and public transport information and with the condition of footpaths
- 4 Improve accessibility to employment and key services by more sustainable travel modes
- 5 Reduce congestion and casualties on the Borough's road network

14. Housing



What we know

Safe, warm, dry housing is essential to health and wellbeing. Good quality appropriate housing and support services have a major role to play in contributing to people's overall quality of life. The increase in population and the priority to help people with needs associated with ageing, illness, or disability means demand for housing will continue to rise. Some key needs include:

- Rejuvenation of the housing stock to create communities where people from all walks of life want to live both now and in the future
- Provision of choice and quality to ensure there is a range of quality accommodation across all tenures, which meets the current and future housing needs and aspirations of all residents in the borough
- Improvement and maintenance of existing housing to improve housing conditions in the private and public sectors
- Meeting community and social needs to tackle inequalities
- Supporting vulnerable people to live independently in their own home
- Addressing the housing and support needs of an ageing population
- Preventing homelessness
- Tackling fuel poverty

What people tell us

A survey with council tenants highlighted that key concerns regarding housing include:

- Repairs and maintenance
- The overall quality of the home
- Safety and anti-social behaviour where they live

The Tees Valley Strategic Housing Market Assessment published in January 2009 identified the vast majority of older people want to continue to live in their own home with support when needed. It also showed that there is a lack of adapted accommodation for households with disabilities and a lack of affordable housing in the Borough.

The 2008 IPSOS Mori Residents Survey asked residents to consider how the local economy could be improved. Affordable housing emerged in the top five of the most important economic/regeneration measures for the Borough over the next five years.

What we need to do

Partnership working and effective commissioning can address these priorities and needs by:

- 1 Ensuring housing investment contributes to the development of strong, prosperous, and sustainable communities where people want to live and work
- 2 Maximising affordable housing and working with development partners to secure funding to deliver quality affordable accommodation
- 3 Improving the quality and condition of housing in both the private and public housing sector and ensuring council homes meet the decent standard by 2010
- 4 Promoting and sustaining independent living through the provision of appropriate accommodation, advice and support for older, disabled, vulnerable and socially excluded people
- 5 Supporting the homelessness prevention agenda through the provision of settled, stable and secure accommodation for all residents of the borough in their location of choice
- 6 Understanding and addressing the health needs of homeless customers and those living in temporary accommodation
- 7 Promoting social and financial inclusion
- 8 Ensuring that the right housing choices can be made, at the right time, in a planned way, rather than as a result of crisis
- 9 Considering the positive effects of well designed homes and places on people's general wellbeing
- 10 Providing services which prevent the onset of health problems and reduce hospital admissions caused by, for example, falls in the home, damp, cold, and unsafe housing conditions

15. Leisure and Recreation



What we know

Opportunities for culture, leisure, and recreation are important to maintaining a healthy lifestyle, including weight management, mobility, and promoting mental health and wellbeing. Priorities include:

- An increasing need for more culture and leisure provision tailored to the needs of older adults, such as mobile libraries, chair-based exercise, water-based exercise, and safe and accessible green spaces
- Improving physical accessibility to facilities
- Address the participation gaps for sport and physical exercise between local and national levels and between different communities, achieving the 30 minutes five times per week for 70% of adults by 2020

What people tell us

- More local and affordable sporting and active leisure opportunities
- More accessible quality green space
- Linked, safe green corridors to enable different local travel options
- Accessible, varied and stimulating leisure opportunities for older adults
- Books on prescription/reading groups/self-help groups

What we need to do

- 1 Support the campaign to increase participation in physical activity, utilising the Beijing and London Olympics, and linked to capacity building in clubs and groups which provide new opportunities to get active
- 2 Make library facilities and services more physically accessible, with extended mobile provision, incorporating Library health information points and improved health information resources such as online CBT on prescription and other 'on prescription' services
- 3 Increase cultural and leisure activity relevant to the needs and tastes of older people, available in convenient and accessible locations to provide physical and mental stimulation and opportunities for human interaction – sustaining quality of life
- 4 Improve accessible, safe high quality green space for leisure and recreational use

16. Crime



What we know

There are three segments addressed within the Community Safety agenda, which include actual victims of crime, who need access to support, the general public (i.e. potential victims of crime and / or fear of crime), and offenders. National best practice suggest focusing on the following support a reduction in re-offending:

- Accommodation
- Employment
- Personal finance / debt advice
- Substance misuse (drugs and alcohol)
- Health, including mental health
- Family support
- Work to address motivation to offend

A particular issue highlighted by Audit Commission Inspection in October 2009 has been the increase in the reported incidents of domestic violence, of approximately 20% over the two years from 2007 to 2009.

What people tell us

A consultation carried out by the Safer Stockton Partnership involving over 4,000 participants showed that local concerns regarding crime were:

- Anti social behaviour
- Drug related offending
- Violent crime
- Criminal damage
- Diverting young people from offending
- Other theft such as theft of metals

The Council's MORI 2008 survey highlighted the gap between the reality of crime and public perceptions i.e. although crime levels have fallen rapidly over the last five years, making Stockton-on-Tees the safest Borough in the Tees Valley, and have continued to do so up to autumn 2009, feelings of safety have not yet improved in line. This phenomenon is widespread across England and Wales.

What we need to do

- 1 Support the work of Anti Social Behaviour Team / interventions
- 2 Ensure the provision of Domestic Violence Services, and expansion to meet increased demand
- 3 Provide Alcohol interventions (including the Think B4U Drink campaign and Alcohol Treatment Requirements)
- 4 Provide programmes to divert young people from offending
- 5 Supporting the 'reassurance agenda'

Next Steps

The Health and Wellbeing Partnership will monitor the progress of the JSNA in identifying the issues that help shape the health, care and well being needs of Stockton. This document should help support the Council, PCT and partners in the development of services for the population enabling them to have a strategic assessment of the key issues that need to be addressed for the future.

Links

The JSNA reference document can be found at www.teespublichealth.nhs.uk

Notes

This information is available in other formats and in other languages by telephoning 0800 013 0500

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