

A Health and Wellbeing Strategy for Stockton-on-Tees



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Aim of the Health and Wellbeing Strategy

To improve the health and wellbeing of families, communities and adults of the Borough of Stockton-on-Tees through tackling inequalities and focusing on five key health priorities.

Priority Areas

Within the Strategy, there are 16 Key Themes that are aligned to the Joint Strategic Needs Assessment (JSNA) format, they articulate the needs of our population for the long term (10 – 15 years). However, it is recognised that there needs to be a prioritisation of the key areas of focus for the Health and Wellbeing Partnership and to address the commissioning needs in the short to medium term. Through the Joint Strategic Needs Assessment (JSNA) process, the Health and Wellbeing Partnership has agreed the following priority areas for action:

1. Mental Health
2. Alcohol
3. Obesity
4. Smoking
5. Health Inequalities
6. Sexual Health

This Strategy sets out how improvements in these areas will be planned, monitored and evaluated over the next 3 years.

Joint Strategic Needs Assessment (JSNA)

The refreshed Strategy has been updated to align itself to the JSNA structure. The JSNA gives a clear message about our commissioning needs. The Strategy translates these needs into the specific actions that will be taken to address the identified issues.

Connection/ Context of the Strategy

Key national and regional drivers for local Strategy include:

National Policy Context

Choosing Health (2004)
Our Health Our Care Our Say (2006)
Strong and Prosperous Communities (2006)
Fairer Society, Healthy Lives (2010)

Regional Policy Context

Better Health Fairer Health (2007)
Regional Spatial Strategy (2008)

Local Policy Context

This Strategy is underpinned by a range of strategies and Action Plans from across partner organisations. These include:

- The Children and Young People's Plan
- The Adult Vision
- Community Safety Plan and associated strategies (Anti Social Behaviour, Domestic Violence and Violence Reduction)
- Stockton Regeneration Strategy
- Tees Primary Care Trust Strategy
- Sport and Active Leisure Strategy
- Local Transport Plan



However, this Strategy aims to look across and take a whole community approach to improving health and wellbeing. It takes account of the fact that a wide range of factors influence people’s health, including things we cannot change such as gender, age, and genetics, but also factors we can have impact upon, such as lifestyle, living and working conditions, and socioeconomic conditions. (see below)



Monitoring and Review

The Strategy has been endorsed by the Health and Wellbeing Partnership. They will monitor the key milestones and ensure that we have maximised the opportunity of working with our Local Strategic Partnership (LSP) partners, communities and stakeholders. The Health and Wellbeing Management Team will oversee the Strategy delivery and will report back to the Partnership. As part of this oversight an equality and diversity champion will be elected from the Health and Wellbeing Management Team to ensure a delivery of the equality and diversity agenda and that the Strategy meets the needs of our community.



Children & Young People

Priorities:

- Making sure that the Children's National Service Framework requirements are being met
- Improve healthy lifestyles, especially relating to sexual health, alcohol and substance misuse and obesity
- Reduce health inequalities for children and young people
- Improve support for mental health and emotional wellbeing
- Improve the quality of life for children with complex needs and their families
- Seek to reduce poverty and its impact

Strategic Links:

NHS Operating Framework, Vital Signs, National Service Framework, Child Health PSA, Sport and Active Leisure Strategy, Tees Primary Care Trust Strategy, Local Area Agreement, Sexual Health Action Plan, Teenage Pregnancy Action Plan, Complex and Additional Needs Strategy

Outcomes (what difference we will make)	Success Criteria (how we will measure success)
The increase in obesity in children will be halted and subsequently reversed	NI 55/VS: Obesity in 5 year old children/ NI 56/VS Obesity in 11 year old children Reduce the percentage of children in Reception who are obese to 12.56% by 2010/2011 from 2006/2007 baseline of 12.59% Reduce the percentage of children in Year 6 who are obese to 19.17% by 2010/2011 from 2006/2007 baseline of 19.60%
Reduce the number of conceptions for under 18s	NI 112/VSB08: Reduce the 1998 baseline (48.3 females per thousand aged 15-17) by 50%, by 2010/11
Increase the level of Chlamydia Screening uptake (15 -24 year olds)	VSB13: 17% of the population aged 15-24 screened or tested for Chlamydia in 2010/2011
Increase the uptake of children and young people who are immunised/ vaccinated	VSB10: Under 1 years DTaP/ IPV/ HiB Immunisation rate VSB10: Under 2yrs PCV/ HiB/ Men C/ MMR Immunisation rate VSB10: Under 5yrs DTaP/ IPV/ MMR Immunisation rate VSB10: 12-13 yr girls HPA Immunisation rate VSB10: 13-18yrs Children Booster DTaP Immunisation rate
Fewer children living in poverty	NI116: Proportion of children living in poverty NI118: Take up of formal child care by low income working families
Reduction in levels of drug and alcohol misuse	NI115: Levels of substance misuse via the TellUs Survey
Improved effectiveness of CAMHS	NI 51: Effectiveness of CAMHS (based on a rating of 1 to 4 for each of the four themes in the assessment framework). Target of 72.6% positive responses for 2009/2010 from 2008/2009 baseline of 64.8%

Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Implementation of breastfeeding support programmes, targeted at areas / communities with greatest need.	CTB (Be Healthy Partnership)	December 2011
Implementation of the Healthy Schools programme.	CTB (Enjoy & Achieve Partnership)	December 2010
Implement Young Carers Strategy and Action Plan	Children's Trust Management Team	Annual review of plan
Commissioning of a range of weight management options, linked to the wider determinants of obesity.	Healthy Weight, Healthy Lives	Annual review of plan
Increase levels of physical activity via implementation of Sport and Active Leisure Strategy	Strategic Sports Network	Annual review of plan
Implementation and annual review of Teenage Pregnancy Action Plan.	CTB (Be Healthy Partnership)	Annual review of plan
Implementation of Hidden Harm Action Plan	Hidden Harm Partnership	Annual review of plan
Implementation of Alcohol Action Plan targeting Children and Young People	Hidden Harm Partnership	Annual review of plan
Implementation and annual review of the Sexual Health Action Plan.	Teeswide Sexual Health Strategy Group	Annual review of plan
Implementation and annual review of the Teeswide CAMHS Strategy and development of locality plan with a focus on tiers 1 & 2.	Teeswide CAMHS Strategy Steering Group	Annual review of plan
Development and delivery of TAMHS (Targeted Mental Health in Schools) project.	Children's Trust Management Team	March 2011
Implementation and annual review of the Young People's Substance Misuse Action Plan.	Young Peoples Substance Misuse Commissioning Group	Annual review of plan
Implementation and annual review of the Complex and Additional Needs Action Plan.	Complex and Additional Needs Review Group	Annual review of plan
Implementation and annual review of the Aiming High for Disabled Children Action Plan.	Complex and Additional Needs Review Group	Annual review of plan
Development and delivery of a Family Poverty Strategy.	CTB (Positive Contribution & Economic Wellbeing Partnership)	March 2011
Implementation of Immunisations & Vaccinations actions	Public Health	Annual review of plan

Adults' Health & Social Care

Priorities:

- Improve healthy lifestyles
- Reduce health inequalities
- Respond to Health and Care needs of an increasing ageing population
- Improving access to offer care closer to home
- Enabling people to have greater independence, choice and control

Strategic Links:

NHS Operating Framework, Vital Signs, Adult Vision, Tees Primary Care Trust Strategy, Local Area Agreement, Momentum: pathways to healthcare, Personalisation Plan, Long Term Conditions Strategy, Supporting People Strategy, Falls Strategy, Carers Strategy, Learning Disability Strategy

Outcomes (what difference we will make)

Success Criteria (how we will measure success)

Healthy life expectancy will be improved

NI 137: Improve healthy life expectancy, and reduce the gap between males and females

NI 121/VSB02: Reduce the mortality rate to 74.84 per 100K population from heart disease, stroke and related diseases by 2010/2011

VSB03: Reduce the mortality rate to 112.433 per 100k population from cancer by 2010/2011

Local: Reduce the mortality rate to 30.300 per 100k population for men and 26.850 per 100k population for women with bronchitis, emphysema and other chronic obstructive pulmonary disease by 2010/2011

More people will stop smoking

NI 123 / VSB05 (LAA): 1092 self reporting 4 week smoking quitters per 100K of the population by 2011

The prevalence of adult obesity will be reduced

VSC27: Patients with diabetes. (Target to be developed for 2010/2011)

Local: Percentage of patients with a BMI recorded in the last 15 months. (Target to be developed for 2010/2011)

There will be fewer alcohol related hospital admissions.

NI139/VSC26: Reduction in alcohol related admissions to 2174 per 100k pop by March 2010

There will less illness due to flu

Local: 70% of people vaccinated against flu as a percentage of number of people aged 65+ by March 2010



Outcomes (what difference we will make)	Success Criteria (how we will measure success)
<p>The incidence of cancer will be controlled and responded to earlier as a result of increased uptake of screening programmes</p>	<p>VSA15: Reduce the percentage of women who receive the results of their cervical screening test within two weeks of it being taken (target to be developed for 2010/2011)</p> <p>Local: 70% of women aged 50-70 screened for breast cancer in the last three years by March 2011</p> <p>VSA10: Percentage of men & women aged 70-75 taking part in the bowel screening programme (target to be agreed for 2010/2011)</p>
<p>More older people will be supported to live independently</p>	<p>NI142 (LAA): 97.8% of vulnerable people are supported to maintain independent living by 2010/2011</p> <p>NI136/VSC03: 3800 people by will be supported to live independently by 2010/2011</p>
<p>More people will have their care needs met through self-directed support.</p>	<p>NI130/VSC17 (LAA): 30% people receiving self-directed support as a percentage of clients/carers receiving community based services 18 or over by 2010/2011</p>
<p>More Carers will be receiving support and services following an assessment of their needs.</p>	<p>NI135/VSC18 (LAA): 28% of carers to be in receipt of breaks or other carers services by 2010/2011</p>
<p>Fewer older people will be admitted to hospital or to residential care as a result of falls.</p>	<p>Local Measure: Number of fractured neck of femur per annum</p>
<p>More people will have better access to Primary Care</p>	<p>VSB15: Patient Experience/VSA06 Satisfaction with GP practice opening times/ access/ booking/ seeing specific GP</p>



Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Address health inequalities, including smoking cessation, exercise, diet and health programmes, screening and life checks	Health and Wellbeing Management Team/ Partnership	Plan to be reviewed annually
Implementation of the Long Term Conditions Strategy actions	PCT Strategy/ Long Term Conditions Strategy Delivery group/ Adult Vision	Plan to be reviewed annually
Implement the Personalisation project	Personalisation plans/ Adult Vision	Plan to be reviewed annually
Implement Falls Strategy	Adult Vision	Plan to be reviewed annually
Further develop Intermediate Care Services	Adult Vision	March 2011
Develop Stroke Strategy	Adult Vision	December 2012
Develop directory of services to support way finding for clients, professional and organisations	Adult Vision	December 2012
Implement Supporting People Strategy	Adult Vision	March 2011
Improve primary care access and commission new health centres	Adult Vision	March 2010/ Plans to be reviewed annually
Implement and monitor Drug and Alcohol Team's Treatment Plan	Adult Vision	Plan to be reviewed annually
Further develop access to assistive technology including telecare, telehealth and remodelled community alarms	Adult Vision/ Supporting People Strategy	March 2012
Improve access to supported living for vulnerable groups, including Extra Care provision, Home Improvement Agency and Sheltered Housing Review	Adult Vision/ Housing SIP	March 2014
Implement Carers Strategy	Adult Vision	March 2012
Develop new Hospital and associated community infrastructure through 'Momentum: pathways to healthcare' project	Momentum Project Board/ Adult Vision	December 2014

Learning Disabilities

Priorities:

- Develop a range of high quality services that meet the needs of people with a Learning Disability
- Responding to the increasing ageing population
- Develop services that promote and maintain healthy lifestyles
- Enable people to have greater independence, choice and control
- Address the specific needs for learning disabilities for example at time of transition, and autistic spectrum disorder

Strategic Links:

Tees Primary Care Trust Strategy, Learning Disabilities Housing Strategy, Learning Disability Strategy, Carers Strategy, Children and Young People Plan

Outcomes (what difference we will make)

Success Criteria (how we will measure success)

Adults with learning disabilities in settled accommodation

NI 145: % of Adults with learning disabilities in settled accommodation by 2011

Local: 350 clients with a learning disability need are helped to live at home by March 2011

Local: Increase the number of tenancies for learning disabilities from 51 to 60 by 2014

Adults with learning disabilities in employment

NI 146 / VSC07: 4% of Adults with learning disabilities in employment by 2011

Increased provision of short term breaks for learning disability service users.

Local: 140 clients to be in receipt by March 2011

More Learning Disabilities service users have a Person Centred Plan and Health Checks

Local: over 75% of clients with a learning disability to have a person centred plan by March 2011
VSC22: LD Health Checks

Increased range of local services for learning disabilities.

Local: Reduce the number of placements outside the Tees Valley by 10% (baseline 52 outside Tees Valley) by 2014



Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Address health inequalities, including smoking cessation, exercise, diet and health programmes, screening and life checks for people with learning disabilities	LD Partnership/ LD Strategy/ Adult Vision	March 2012
Increase the range of supported living models for learning disabilities	LD Partnership/ LD Strategy/ Adult Vision	March 2014
Implement the Learning Disability Strategy	LD Partnership/ Adult Vision	From July 2010
Development of community interest/ social enterprise models e.g. learning disabilities and employment	LD Partnership/ Personalisation Board/ Adult Vision	December 2011
Implement the Transitions Strategy	Transitions Group	March 2011
Implement the 'bringing people back home' plan for learning disabilities	LD Partnership/ LD Strategy/ Adult Vision	March 2012
Further develop training and employment opportunities for learning disabilities, including job carving	LD Partnership/ LD Strategy/ Adult Vision	March 2012
Develop the 'day opportunities approach'	LD Partnership/ LD Strategy/ Adult Vision	March 2013
Further develop plans for children and adults to address Autistic Spectrum Disorder (ASD)	LD Partnership/ LD Strategy/ PCT Strategy/ Children and Young People Plans	March 2012
Enhance the contribution of person centred plans for people with learning disabilities	LD Partnership/ LD Strategy/ Adult Vision	March 2012
Develop further contract dis-aggregation within Learning Disability Providers	LD Partnership/ LD Strategy/ Adult Vision	March 2010



Improving Mental Health and Wellbeing

Priorities:

- Improve the accessibility of primary care services and waiting times for services such as counselling and cognitive behavioural therapy
- Improve the range and quality of services for carers, including young carers
- Improve social inclusion by breaking down stigma and reducing discrimination
- Enhance safety within the community and at home
- Make transport more easily accessible
- Improve signposting to services
- Maximise independence
- Develop earlier intervention through services for children and young people

Strategic Links:

Adults Vision; CYPP; Carers Strategy; MH Autumn Assessment; Personalisation Plan; Supporting People Strategy 2006/10; CAMHS Teeswide Strategy, 2008-2012, Mental Health Needs Assessment 2009, New Horizons: A Shared Vision for Mental Health 2009

Outcomes (what difference we will make)	Success Criteria (how we will measure success)
Improved range of CAMHS Services	Local: Increase the percentage of mental health inpatients aged under 18 in CAMHS ward - Maintain at 0 to 2012 NI 51: Effectiveness of CAMHS (based on a rating of 1 to 4 for each of the four themes in the assessment framework) Improve rating of annual self assessment from current 12 to 14 by April 2011
Improved emotional health of children	NI 50: Emotional health of children (based on responses to questions in the TellUs survey). Target of 72.6% positive responses for 2009/2010 from 2008/2009 baseline of 64.8%
Increased range of support for mental health conditions	100% of patients placed out of the area will have their placement reviewed and a completed 'Closer to Home' Care Plan by 2012
Improved mental health and wellbeing	More short term therapeutic interventions for mental health via Improving Access to Psychological Therapies (IAPT) / NHS Targets VSB04: 9.37 per 100k population reduction in mortality rate from suicide and injury of undetermined intent by 2011 NI138: Satisfaction with over 65s with home and neighbourhood perceptions that people treat people with respect NI1: Perceptions that people get on together
More people with a mental health condition will be in employment	NI150: Adults in contact with secondary mental health services in employment
More people with a mental health condition will be supported to live independently	NI149: Adults in contact with secondary mental health services in settled accommodation



Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Implementation and annual review of Teeswide CAMHS Strategy and development of locality plan with a focus on tiers 1 & 2	CYPP	To be reviewed annually
Development and delivery of TAMHS (Targeted Mental Health in Schools) project	CYPP	March 2011
Implement and embed the Dementia Strategy	Adults Vision/ACMT – Transformational Action Group	To be reviewed annually
Improving Access to Psychological Therapies (IAPT) Strategy implemented and contract monitoring in place	Adults Vision/ Tees IAPT Board	To be reviewed annually
Provide services that meet the needs of dual diagnosis across alcohol and mental health services	Adults Vision	To be reviewed annually
Implement 'Everybody's Business' to improve mental health and care services for older people	Adults Vision/ACMT – Transformational Action Group	To be reviewed annually

Reducing Alcohol Related Harm

- Develop more preventative approaches
- Focus on minimising the impact that alcohol harm causes to others
- Improve care pathways and access to treatment
- Address the inclusion of people who misuse alcohol into mainstream services
- Introduce Alcohol Treatment Requirements

Strategic Links:

Better Health Fairer Health, Stockton Calls Time on Alcohol Harm, Tees Primary Care Trust Strategy, Adult Vision

Outcomes (what difference we will make)

Success Criteria (how we will measure success)

Reduce the rate of hospital admissions for alcohol related harm	NI 139: Rate of hospital admissions for alcohol related harm WCC: Reduction in alcohol related admissions
Reduction in alcohol related crime	Local: Crime rate and number of Alcohol Treatment Requirements
Reduction in perceptions of alcohol related disturbances	NI41: Perceptions of drunk and rowdy behaviour as a problem

Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Develop prevention work as outlined in the Alcohol Strategy including the support of Brief Interventions / onward referral	CYPP/ DAAT Adult Commissioning Group	To be reviewed annually
Work with Balance (NE Regional Alcohol Office) to maximise impact of social marketing campaigns	CYPP/ DAAT Adult Commissioning Group	September 2010
Commission a family based intervention service pilot	Young Persons' Commissioning Group	June 2010
Develop a sustainable, evidence based, cost effective treatment system to meet the local population needs	CYPP/ DAAT Adult Commissioning Group	To be reviewed annually
Explore the provision of Alcohol Treatment Requirements	DAAT/Probation	May 2010
Implement the Alcohol Strategy Action Plan to address violence, antisocial behaviour and domestic violence	CYPP/ DAAT Adult Commissioning Group	To be reviewed annually
Implement the Alcohol Strategy Action Plan to enable access to suitable housing, training and employment opportunities	CYPP/ DAAT Adult Commissioning Group/ Safer Stockton Partnership	March 2011

Reducing Drug Related Harm

- Develop more preventative approaches
- Focus on minimising the impact that drug related harm causes to others
- Improve care pathways and access to treatment
- Address the inclusion of people who misuse drugs into mainstream services
- Understand the link between alcohol and drug use and explore what services are required
- Address criminal behaviour related to drug use

Strategic Links:

Drug Treatment Plan, Community Safety Plan, Safer Stockton Partnership Strategic Assessment, National Drugs Strategy

Outcomes (what difference we will make)

- Reduce the number of problematic drug users
- Increase the number of drug users in treatment
- Reduce the level of drug related crime and perceptions of drug use as a problem

Success Criteria (how we will measure success)

- Estimated number of problematic drug users NI40 Drug users in effective treatment
- Increase from 2009/2010 target of 1309 to 2010/2011 target of 1342
- NI115: Levels of substance misuse via TellUs survey.
NI 42: Perceptions of drug use or drug dealing as a problem



Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Undertake public awareness campaigns throughout the year	DAAT	Throughout 2010
Monitor use of the drug treatment aftercare service	DAAT	Throughout 2010
Create outreach services in areas identified as drug activity hot spots	DAAT	September 2010
Commission a family based intervention service pilot	Young Persons' Commissioning Group	June 2010
Create a housing 'gateway' service to ensure rapid access to housing support.	Supporting People	June 2010
Work with training and employment providers to increase options for access.	DAAT/Job Centre Plus	September 2010
Create an integrated offender management structure to intensively work with 'high crime causing' individuals	DAAT/Probation/ Police	May 2010

Promoting Healthy Weight

- Help people to maintain a healthy weight through healthy lifestyles, including eating and physical activity opportunities
- Provide a range of weight management options for adults, children and their families who are overweight or obese
- Improve breastfeeding rates
- Engage with partners to address the determinants that contribute to obesity such as planning, schools and recreation
- Research the needs and develop services that people will want to use

Strategic Links:

NHS Operating Framework, Vital Signs, Physical Activity Strategy 2003/2008, Local Area Agreement

Outcomes (what difference we will make)

Reduce the proportion of adults who are overweight and obese
Reduce the proportion of overweight and obese children to 2000 levels by 2020

Increase the number of children that are breastfed

Increase the numbers engaged in physical activity via healthier lifestyles

Success Criteria (how we will measure success)

Reported adult obesity prevalence
NI55: Obesity in 5 year old children
NI56: Obesity in 11 year old children
Local Target: Number of workplaces working towards healthy workplace awards

VSB11: Mothers initiating breastfeeding

Undertaking 5x 30 mins moderate exercise per week
NI8: Adult participation in sport
Children and Young People's participation in high quality PE & Sport
Adults eating 5+ portions of fruit and vegetables per day

Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Implementation of breast feeding support and development of Strategy	Healthy Weight Healthy Lives subgroup of the Partnership	To be reviewed annually
Commissioning of a range of weight management options for children, adults and families	Healthy Weight Healthy Lives subgroup of the Partnership	To be reviewed annually
Social Marketing techniques developed to raise awareness of the range of physical activities that are available and maximise the uptake within the population	Healthy Weight Healthy Lives subgroup of the Partnership	To be reviewed annually
Maximise the links with the wider determinants that contribute to obesity, in particular, planning	Healthy Weight Healthy Lives subgroup of the Partnership	To be reviewed annually
Encourage employers to adopt workplace health programmes to include support for healthy eating, physical activity and general weight management support	Healthy Weight Healthy Lives subgroup of the Partnership	To be reviewed annually
Maximise the role of Health Trainers in supporting people around healthy weight and exercise	Healthy Weight Healthy Lives subgroup of the Partnership	To be reviewed annually

Reducing Smoking Prevalence

- Improve the accessibility of Stop Smoking services and increase the range of locations
- Increase the number of nurses that can prescribe nicotine replacement therapies
- Increase the stop smoking support for people who are pregnant, need hospital and other secondary care
- Increase the stop smoking interventions in community pharmacies
- Target support for high risk / hard to reach groups e.g. BME/ Mental Health/ Prisons and Young People

Strategic Links:

Better Health Fairer Health, Fresh Regional Tobacco Strategy, NHS Operating Framework, Vital Signs, Tees Primary Care Trust Strategy, Local Area Agreement, Action Plans for Smoking Alliance

Outcomes (what difference we will make)

Success Criteria (how we will measure success)

Reduce the prevalence of smokers

Estimated smoking figures

Increased access to stop smoking services

NI123: Number of smoking quitters at 4 weeks

Reduce the numbers of mothers smoking at the time of delivery

Mothers smoking at the time of delivery



Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Implement test purchase programmes for under age tobacco sales	Tobacco Alliance/ Public Health/ H&WB Partnership	To be reviewed annually
Implement Tobacco Alliance Action Plans	Tobacco Alliance/ Public Health/ H&WB Partnership	To be reviewed annually
Support workplaces to access smoking cessation support services – via Better Health at Work Award	Public Health/ H&WB Partnership	To be reviewed annually
Target prevention and cessation efforts for when people consider starting smoking	Public Health/ H&WB Partnership/ CYPP	To be reviewed annually
Build on the campaign targeted at parents that raises awareness of children and young people learning smoking by example	Tobacco Alliance/ Public Health/ H&WB Partnership	December 2011
Develop social marketing campaigns that target smoking in pregnancy	Tobacco Alliance/ Public Health/ H&WB Partnership	To be reviewed annually
Increase the range and capacity of our workforce which can offer smoking cessation interventions	Tobacco Alliance/ Public Health/ H&WB Partnership	To be reviewed annually

Improving Sexual Health

- Increase access to a range of sexual health services to screen, prevent sexually transmitted infections and unplanned pregnancies
- Targeting services according to need including people with learning disabilities
- Make services young people friendly using the 'You're Welcome' initiative
- Increase access to long acting reversible contraceptives (LARCs)

Strategic Links:

Sexual Health Needs Assessment, Department of Health Strategies, Tees Sexual Health and HIV Strategy 2006, NHS Operating Framework, Vital Signs, Tees Primary Care Trust Strategy, Local Area Agreement, Sexual Health and HIV Strategy

Outcomes (what difference we will make)

Reduce the under 18 conception rate

Reduce the incidence of sexually transmitted infections

Success Criteria (how we will measure success)

Reduce the under 18 conception rate by 2010 to 50% of the rate in 1998 (48.3 per 1000 girls)

Chlamydia screening (age 13- 25) - 35% uptake for 2010/2011



Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Implementation of 'You're Welcome'	CYPP/ You're Welcome Tees Group	To be reviewed annually
Implement Action Plan for Teenage Pregnancy	CYPP	To be reviewed annually
Implement the Sexual Health Action Plan	Teeswide Sexual Health Strategy Group/ Tees Commissioners	To be reviewed annually
To work in Partnership with key stakeholders and client groups to develop services to meet the needs of people with learning disabilities	Teeswide Sexual Health Strategy Group/ Tees Commissioners	To be reviewed annually

Improving Oral Health

- Improve Oral Health and reduce inequalities
- Improve access to NHS dental care
- Improve prevention services and health outcomes

Strategic Links:

Tees Oral Health and Commissioning Strategy: Primary Care Dental Services 2009-2014

Outcomes (what difference we will make)	Success Criteria (how we will measure success)
Improved oral health	Stabilisation and reduction in dental disease rates in children measured by dental surveys
Improved access to NHS Dental care	VSB18: Patients receiving dental services

Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Improve oral health and reduce health inequalities via <ul style="list-style-type: none"> • work with the NHS North East on consultation for water fluoridation, • offer of stop smoking interventions, • dental practice participation in oral health promotion practice schemes 	Oral Health Commissioning Group	To be reviewed annually
Implement oral health schemes such as school tooth brushing, fluoride varnish and fissure sealant programme	Oral Health Commissioning Group	To be reviewed annually
Improve dental access to enable new patients to get treatment in a timely manner	Oral Health Commissioning Group	To be reviewed annually
Commission high quality, health outcome based dental services that meet local needs	Oral Health Commissioning Group	To be reviewed annually



Reducing Health Inequalities

Priorities:

- Implement targeted support programmes that address health inequalities, such as CVD screening, to the most at risk groups
- Tackle variation in primary care to drive up quality and address health inequalities
- Improve access to community based preventative services in particular vulnerable groups
- Address the needs of an increasingly ageing population, and the needs of the BME population
- Target interventions that will impact on mortality rates

Strategic Links:

NHS Operating Framework, Tees Primary Care Trust Strategy, Local Area Agreement, Better Health Fairer Health, Vision for Adults, Older People Strategy, Children and Young Peoples Plan, Community Cohesion Strategy

Outcomes (what difference we will make)

Healthy life expectancy will be improved

Success Criteria (how we will measure success)

NI 137: Improve healthy life expectancy, and reduce the gap between males and females

NI 121/VSB02: Reduce the mortality rate to 74.84 per 100K population from heart disease, stroke and related diseases by 2010/2011

VSB03: Reduce the mortality rate to 112.433 per 100k population from cancer by 2010/2011

Local: Reduce the mortality rate to 30.300 per 100k population for men and 26.850per 100k population for women with bronchitis, emphysema and other chronic obstructive pulmonary disease by 2010/2011

Actions to implement priority

Strategic Plan/ Responsible Body

Timescales

Roll out of the CVD screening programme

Health and Wellbeing Partnership

To be reviewed annually

Scoping of Early Cancer detection/ promotion programme

Health and Wellbeing Partnership/ Tees Cancer Group

December 2010

Maximisation of screening programmes and uptake

Health and Wellbeing Partnership/ Tees Cancer Group

To be reviewed annually

Implement the Older People Strategy Action Plan

LSP

To be reviewed annually

Promote financial inclusion to address credit crunch and economic hardship for adults and families linked with the Family Poverty Strategy

Health and Wellbeing Partnership/ Children's Trust Board

March 2011

Use the JSNA to target the most deprived streets in the Borough to improve access to services on healthy lifestyles and the link to the wider determinants of poor health

Health and Wellbeing Partnership

To be reviewed annually

Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Support the development of signposting from a health and wellbeing perspective across health and wellbeing services	Health and Wellbeing Partnership	Pilot to be developed by March 2010
Develop primary care plans that address variation and improve quality of care	Health System Development/ Health and Wellbeing Partnership	March 2011
Identify and support those who are in Fuel Poverty	DNS SIP	March 2011

Economic Regeneration & Employment

Priorities:

- To increase training and employment opportunities to increase the overall employment rate and reduce the unemployment rate
- Reduce the levels of benefit dependency in the borough
- Increase the skill base of the population

Strategic Links:

Tees Valley Multi-Area Agreement, Stockton Regeneration Strategy 2007/2012, Tees Valley City Region Business Case, Tees Valley Multi- Area Agreement, Regional Economic Strategy, Northern Way Growth Strategy

Outcomes (what difference we will make)	Success Criteria (how we will measure success)
Increase the overall employment rate (working age)	NI 151: 2010/2011 target 74.1%
Maintain the gap with the national rate for working age people on out-of-work benefits	NI 152: 2010/2011 maintain the gap with the national rate (no more than 2.2% gap) NI 153: 2010/2011 target 26.5%
Increase the number of care leavers in education, employment or training	NI148: the number of care leavers in education, employment or training
Improve adult literacy and numeracy rates	NI 161: Number of level 1 qualifications in literacy (including English for Speakers of Other Languages (ESOL)) achieved NI 162: Number of entry level qualifications in numeracy achieved 2010/2011 target 225 learners achieving a qualification
Develop new and sustainable businesses NI 171 (LAA)	NI 171: New business registration rate 2010/2011 target 39.5 per 10,000 population NI 172: Percentage of small businesses in an area showing employment growth 2010/2011 target maintain 0.8% gap with the North East

Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Implement Community Enterprise Programme	DNS SIP	To be reviewed annually
Deliver Enterprise in schools	DNS SIP	To be reviewed annually
Deliver targeted basic skills programme through Employability Group	Tees Achieve/DNS SIP	To be reviewed annually
Develop Enterprise Strategy	LSP	2010
Deliver Retail Enterprise Centre for young people	DNS SIP	2010
Implement Future Jobs Fund Programme	Economic Regeneration and Transport LSP	To be reviewed annually
Implement Worklessness Programme	Economic Regeneration and Transport LSP	To be reviewed annually

Transport & Environment

Priorities:

- Adapting to climate change
- Reducing carbon emissions/ fuel poverty/ proportion of children travelling to school by car
- Improved street and environmental cleanliness
- Increased satisfaction with local bus services, public transport information and condition of footpaths
- Improved accessibility to employment and services by sustainable travel modes
- Reduction in congestion on the road network
- Reduction in casualties on the road network

Strategic Links:

Sustainable Mode of Travel to School Strategy, Sustainable Community Strategy, Local Transport Plan & Supplementary Documents, Climate Change Action Plan, Local Development Framework, Active Travel Project, Local Area Agreement

Outcomes (what difference we will make)	Success Criteria (how we will measure success)
Reduced CO2 emissions from local authority operations	NI 185: Target – 20% reduction in CO2 emissions from 2005/2006 baseline by 31st March 2011
Better placed to adapt to climate change	NI 188: Achieve level 4 compliance by 31st March 2010 and maintain in 2010/2011
Improved street and environmental cleanliness	NI 195: 2010/2011 targets are: A) Litter – 6% (LAA target) B) Detritus – 7% C) Graffiti – 1% D) Fly-posting – 1%
Satisfaction with Refuse Collection and Street Cleansing	Refuse Collection – Maintain current satisfaction levels in 2010 (2008 = 92%) MORI survey Street Cleansing – Maintain current satisfaction levels in 2010 (2008 = 81%) MORI survey
Increased household waste recycled and composted	NI 192: 2010/11 target 33%
Fewer people living in fuel poverty	NI187: Tackling fuel poverty people receiving income based benefits living in home with a low energy efficiency rating (LAA). NI 187 target reduce to 0.6% by 31st March 2011
Reduction in children travelling to school by car	NI 198: Children travelling to school – mode of transport usual used - to reduce car travelling to 22.0% by 31st March 2011



Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Tackle climate change through carbon reduction as part of the Carbon Management Programme	DNS SIP	March 2011
Implement the school travel plans to maximise alternatives to car transport	DNS SIP	March 2011
Implement the Cleveland Strategic Road Safety Partnership plans	Cleveland Strategic Road Safety Partnership	March 2011
Identify and support those who are in Fuel Poverty	DNS SIP	March 2011
Improve accessibility of new concessionary bus passes	DNS SIP	March 2011
Maximise the development of Tees Valley Bus Major Scheme to improve accessibility for work, leisure, retail and health	DNS SIP	March 2011

Housing

Priorities:

- To promote and sustain independence
- Supporting the homeless prevention agenda
- Meeting the emerging challenges of the current housing market
- Creating strong and prosperous communities
- Promoting social and financial inclusion
- Providing housing services that prevent health problems and reduce hospital admissions

Strategic Links:

NE Regional Housing Strategy, Private Sector Housing Renewal Strategy, Sub-Regional Housing Strategy, Local Housing Strategy, Regeneration Strategy, Homelessness Prevention Strategy, Older Person Strategy

Outcomes (what difference we will make)	Success Criteria (how we will measure success)
Provision of settled, stable and secure accommodation for all residents of the borough in locations they choose to live	No of households assisted to live independently through new housing schemes in 2010/2013
Provision of appropriate advice and support for older, disabled and vulnerable people	NI 139: No of older people receiving the support they need to live independently at home NI 138: Satisfaction of people over 65 with both homes and neighbourhood NI 141: Number of vulnerable people achieving independent living NI 142: Number of people who are supported to maintain independent living NI145: No of Adults with a Learning Disability in settled accommodation No of clients per year provided with advice and assistance from the Home Improvement Agency



Outcomes (what difference we will make)	Success Criteria (how we will measure success)
Housing choices made in a planned manner rather than in a crisis situation	Reduction in the proportion of households accepted by Stockton as statutorily homeless from April 2009 to March 2012 by 5% from the baseline at March 2009 (416)
	NI156: Number of households living in temporary accommodation No of households receiving advice through the Homeowner Advice Service in 2010/2011 No of rehabilitating offenders assisted through the provision of trainer flats. No of households helped to live independently through the Gateway Service
Income maximisation and greater financial stability for those in our community on low incomes	95% of all new housing and council tax benefit claims to be received electronically by March 2013
People living in safe and warm homes, preventing the onset of health problems and accidents in the home	No of Category 1 hazards addressed in private sector housing NI 158: % of Non-decent council homes Improve the SAP rating of private sector homes to at least 65 No of properties registered under the Landlord Accreditation Scheme

Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Enhance the service of the Home Improvement Agency and ensure its longer term viability	Housing SIP 2010/2012	31st March 2011
Extend contracts for the provision of Disabled Adaptations	Housing SIP 2010/2012	31st March 2011
Recycle Disabled Facilities Grant (DFG) funding by implementing DFG property charges	Housing SIP 2010/2012	31st March 2011
Work in partnership with Children, Education and Social Care (CESC) to deliver new housing and support options for identified and prioritised needs groups	Housing SIP 2010/2012	31st March 2013
Development of extra-care schemes in Billingham and Thornaby	Housing SIP 2010/2012	31st March 2013
Increase supported accommodation provision for rehabilitating offenders	Housing SIP 2010/2012	30th June 2010
Deliver a Gateway Service for Floating Support Provision	Housing SIP 2010/2012	30th April 2010
Deliver advice to homeowners to help them remain in their home in the current economic climate	Housing SIP 2010/2012	Extend service to run from April 2010 to March 2011
Maximise the impact of Time2Buy: - Allocation of Homebuy direct - Home Mortgage Rescue assistance	Housing SIP 2010/2012	31st March 2011
Drive up standards in the Private Rented Sector through implementing the 'Private Rented Project'	Housing SIP 2010/2012	31st March 2011



Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Implement the Regional Financial Assistance policy and decommission existing financial products	2010/2012	30th April 2011
Implement energy efficiency schemes that will improve SAP ratings and address fuel poverty and climate change issues	Housing SIP 2010/2012	31st March 2011
Introduce new methods of claiming housing and council tax benefit	Housing SIP 2010/2012	Phased to 31st March 2012

Leisure & Recreation

Priorities:

- Increase participation in physical activity using the Olympics and capacity building in clubs and groups to get active
- Make library facilities and services more physically accessible, including mobile provision, library health information points, and resources such as CBT on prescription
- Increase cultural and leisure activity suitable for older people’s needs – to improve the quality of life
- Improve accessible, safe, high quality green spaces for leisure and recreational use

Strategic Links:

Stockton Library review and service improvement recommendations, Sports Development Strategy, Tees Valley Green Infrastructure Strategy, Stockton-on-Tees Green Infrastructure Strategy, Play Strategy

Outcomes (what difference we will make)	Success Criteria (how we will measure success)
Increase in adult participation in sport or active leisure	% increase in number of adults participating for 30 mins at least 3 times per week NI 8
Increase in children’s participation in sport or active leisure	% increase in children participating for 60 mins at least 5 times per week (‘the 5 hour offer’)
Increase in children’s participation in at least 2 hours active play, cycling or walking per week.	% take up of 2 hours active play per week
Increased use of the libraries by target groups	% Increased participation by older people in structured activity in Libraries % Increased take up of home delivery service by older people and their carers.
Increased use of libraries for health information	Increased use of ‘Choices’ NHS treatment selection tools within libraries % increase in ‘Books on Prescription’ health books take up



Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Implement Sport & Active Leisure Strategy	S&AL Strategy Activity plan, Infrastructure Plan, Events, Information and Communications Plan, Olympic & Paralympic Opportunities Plan	2010/2013
Implement the Library Plan	Library SIP	To be reviewed annually
Implement the Older People Action Plan	Older People Action Group/ LSP	To be reviewed annually
Implement Stockton-on-Tees Green Infrastructure Strategy	Green Infrastructure/ Steering group/ LSP	To be reviewed annually

Community Safety

Priorities:

- Support the work of the Anti Social Behaviour team/ interventions
- Ensure the provision of domestic violence services which meets need
- Provide alcohol interventions (including think B4U Drink and alcohol treatment requirements)
- Provide programmes that divert young people from offending
- Support the ‘reassurance agenda’

Strategic Links:

Community Safety Plan, DAT Treatment Plan, ASB Strategy, Young Peoples Substance Misuse Plan, Violence Reduction Strategy, Alcohol Strategy, Reducing Reoffending Plan, Youth Justice Plan, Domestic Violence Strategy

Outcomes (what difference we will make)	Success Criteria (how we will measure success)
Reduce crime rates	NI 15: 8% reduction on the 2008/2009 baseline of 86 violent crimes by March 2011
Improve the perceptions of crime	2% increase from 2008 MORI survey baseline of 54% feeling safe after dark by 2010
People feel safe (MORI)	Address issues of reassurance and fear of crime (as identified by IPSOS Mori Survey 2008)
More drug users are in effective treatment	VSB14: Increase from 09/10 target of 1309 to 2010/2011 target of 1342
Reduce the number of people entering the Youth Justice System	NI111: 5% year-on-year reduction from 2007/2008 baseline of 429



Actions to implement priority	Strategic Plan/ Responsible Body	Timescales
Relieve pressure on Refuge capacity by established 'satellite' intermediate accommodation	Safer Stockton Partnership/ DV Strategy Group	March 2011
Implement Alcohol Strategy and associated Action Plan	Safer Stockton Partnership/ DAAT	March 2012
Delivery of ongoing borough wide positive activities including YCAP street based activities for all young people, which are complement by individualised packages of work for those children and young people most at risk of entry into the Youth Justice System	Safer Stockton Partnership/ YOS Management Board	March 2011
Deliver ongoing Borough wide programme of reassurance and targeted work in Roseworth Ward	Safer Stockton Partnership/ Community Safety Team	March 2011
Deliver ongoing Borough wide programme around hate crime	Safer Stockton Partnership/ Community Safety Team	To be reviewed annually

Supporting Measures

In order to make this Strategy happen the Health and Wellbeing Partnership will need to have in place the following elements:

- An effective JSNA which identifies health inequalities so that plans are developed to meet these needs
- An effective performance framework which monitors our progress against our plans
- Robust community engagement in all our programmes
- A range of strong providers including a robust community and voluntary sector
- Commissioning approaches that support prevention work and provide clear outcomes that support health and wellbeing

Conclusion

This Health and Wellbeing Strategy offers a framework for Stockton to contribute to the North East Vision:

'The North East will have the best and fairest health and wellbeing, and will be recognised for its outstanding and sustainable quality of life'. *Better Health Fairer Health*.

This document provides our strategic approach to translate this aim into action.

Health and Wellbeing Management Team
April 2010

stockton
renaissance
The Social & Economic Regeneration of Stockton-on-Tees, Billingham, Thornaby and Yarm

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