

AGENDA ITEM

REPORT TO CABINET

25 NOVEMBER 2010

**REPORT OF CORPORATE
MANAGEMENT TEAM**

CABINET DECISION

**Adult Services & Health – Lead Cabinet Member – Councillor Beall
Children and Young People – Lead Cabinet Member – Councillor Mrs McCoy**

JOINT STRATEGIC NEEDS ASSESSMENT

1. Summary

The refreshed Joint Strategic Needs Assessment (JSNA) has been completed for 2010. The Summary document (attached) provides an overview of the health, care and wellbeing needs of Stockton. The JSNA comprises of a detailed technical document which sets out the range of statistical data and other information that has been collated and analysed to inform the key needs and priorities referred to in the concise summary document.

2. Recommendation

Cabinet are recommended to receive the JSNA summary and note its linkage to the key strategies and plans that support delivery of the Sustainable Community Strategy.

3. Reasons for the Recommendations/Decision(s)

To note the role of the JSNA in providing an assessment of the future planning needs for health, care and well being and the impact this has on the way Stockton develops over time.

4. Members' Interests

Members (including co-opted Members with voting rights) should consider whether they have a personal interest in the item as defined in the Council's code of conduct (**paragraph 8**) and, if so, declare the existence and nature of that interest in accordance with paragraph 9 of the code.

Where a Member regards him/herself as having a personal interest in the item, he/she must then consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest (**paragraphs 10 and 11 of the code of conduct**).

A Member with a prejudicial interest in any matter must withdraw from the room where the meeting considering the business is being held -

- in a case where the Member is attending a meeting (including a meeting of a select committee) but only for the purpose of making representations, answering questions or giving evidence, provided the public are also allowed to attend the meeting for the same

purpose whether under statutory right or otherwise, immediately after making representations, answering questions or giving evidence as the case may be;

- in any other case, whenever it becomes apparent that the business is being considered at the meeting;

and must not exercise executive functions in relation to the matter and not seek improperly to influence the decision about the matter (**paragraph 12 of the Code**).

Further to the above, it should be noted that any Member attending a meeting of Cabinet, Select Committee etc; whether or not they are a Member of the Cabinet or Select Committee concerned, must declare any personal interest which they have in the business being considered at the meeting (unless the interest arises solely from the Member's membership of, or position of control or management on any other body to which the Member was appointed or nominated by the Council, or on any other body exercising functions of a public nature, when the interest only needs to be declared if and when the Member speaks on the matter), and if their interest is prejudicial, they must also leave the meeting room, subject to and in accordance with the provisions referred to above.

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SUMMARY

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RECOMMENDATIONS

Cabinet are recommended to receive the JSNA summary and note its linkage to the key strategies and plans that support delivery of the Sustainable Community Strategy.

DETAIL

1. 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).
2. Undertaking needs assessments has long been integral to the strategic planning and commissioning of services in the Council, the PCT, 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:
 - a) it is a statutory requirement.
 - b) it must be done jointly between the local authority and PCT.
 - c) it takes a long-term strategic-level view, looking up to 10 years ahead.
 - d) it brings together in one source, the range of information across partners that informs the health and wellbeing needs of our communities.
3. 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. It has been prepared by the Health & Wellbeing Management Team on behalf of the Health & Wellbeing Partnership, the thematic group of the Local Strategic Partnership with representation from a wide range of local partners, which will have a key role in ensuring that the JSNA is used effectively to support the delivery of a health and wellbeing strategy for the Stockton-on-Tees area.
4. This is the third Joint Strategic Needs Assessment which has built on the process undertaken last year. There has been further analysis undertaken including additional benchmarking, more

recent data updates and ward based analysis. There have been additional sections included in the reference document this year to address Poverty and Health and Vulnerable Groups.

5. The JSNA has involved a range of stakeholders who have had an opportunity to comment and contribute to the document development; however, much of the document is a synthesis of priorities and issues which have been identified via specific consultation routes.
6. An important benefit of the JSNA is that it provides an opportunity to look ahead over the long-term – at least three to five years, and longer still – so that:
 - a) services are shaped by involvement of local people and communities.
 - b) inequalities in health are reduced.
 - c) health care is provided in proportion to need (to reduce inequity).
 - d) social inclusion is increased.
 - e) these outcomes are achieved cost-effectively.
7. The JSNA will be an integral part of the planning cycle for all involved so that it continues to inform key strategic priorities for the health and wellbeing of our area, and supports delivery of our business planning processes. Within the White Paper for Health *Delivering Equity and Excellence*, the role of the JSNA continues to be an integral part of planning processes but the responsibility will transfer to the Local Authority.

FINANCIAL IMPLICATIONS

8. There are no financial implications arising directly from this report. The JSNA will contribute to future service planning, prioritisation, and budget decisions of the Council, PCT and partners, so that financial resources can be targeted most effectively at needs.

LEGAL IMPLICATIONS

9. The Joint Strategic Needs Assessment is part of the 'duty to cooperate' as set out in the Local Government and Public Involvement in Health Act 2007. The production and approval of this document meets the requirements of the Act.

RISK ASSESSMENT

10. Not applicable

COMMUNITY STRATEGY IMPLICATIONS

11. The JSNA impacts across all the themes of the Sustainable Community Strategy, as shown in the attached summary document.

EQUALITIES IMPACT ASSESSMENT

12. Not applicable

CONSULTATION INCLUDING WARD/COUNCILLORS

13. The JSNA itself is a compilation of feedback from service users, carers and stakeholders and synthesises the feedback various consultation and involvement structures.

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Background Papers

- Department of Health Guidance on Joint Strategic Needs Assessment
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097
- Creating Strong, Safe and Prosperous Communities: Statutory Guidance
<http://www.communities.gov.uk/publications/localgovernment/strongsafeprosperous>
- Joint Strategic Needs Assessment technical document
<http://www.teespublichealth.nhs.uk/page.aspx?id=2025&siteID=1012>

Ward(s) and Ward Councillors:

The JSNA documents are in the public domain and available to all Councillors for information.

Property

The report does not have implications in relation to the Council's property.

Joint Strategic Needs Assessment 2010 Summary

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 JSNA is to highlight the main health and wellbeing priorities for the residents of 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 Health and Wellbeing Strategy for Stockton-on-Tees, 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. A range of partners have had the chance to consider and comment on these documents through a consultation process.

Within the reference document there are new sections including Poverty and Health which has been developed following feedback from our local stakeholders.

In Stockton Borough the first JSNA was completed in 2008 and has been refreshed annually. It is an integral part of the planning cycle for all involved and will continue to inform our 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

Approximately 191,100 people live in Stockton-on-Tees, a figure that is predicted to rise to more than 219,100 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
- 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 improvement and maintenance of existing housing to improve housing conditions and reduce NHS costs

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:

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 disabled children and young people.
- Reduce the incidence of avoidable disease, which included obesity.
- Improve the quality of hospital and community health care for all children.
- Keep children safe from abuse and neglect.
- Improve the health of children who are looked after.

What people tell us

Feedback from children, young people, parents and carers is gathered from many sources, coordinated by the PIC (Participation, Involvement and Consultation) Network. The following are some of the areas that are frequently identified as key issues by children and young people.

- The need for more positive activities to be engaged in.
- Improving information about social, recreational and leisure opportunities.
- Better transport arrangements to get to activities.
- Better information and guidance about healthy lifestyles.
- Help and advice about managing money.
- Keeping the environment clean and safe.

What we need to do

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

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 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 in relation to lifestyle and treatment options and to be treated with respect

What we need to do

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

Vulnerable Groups

What we know

This section has been added to highlight the needs of people who may not have the same life chances and opportunities as anyone else due to a range of factors. This section includes people with a learning disability, migrant health, offender health and former armed services personnel. By its definition it is a diverse group but there are some common issues:

- Health inequalities for these groups may be more marked.
- Services need to meet the specific needs of these groups
- We need to improve access to mainstream services including housing, employment, leisure and transport.
- Mental health problems may be greater in some of these groups including depression and anxiety

What people tell us

- For people with learning disabilities a better range of services is needed that is personalised, in particular day opportunities and improved access to transport. Carer support is important.
- For ex-service personnel there needs to be a better transition into NHS services for personnel leaving the armed forces.
- For Offender Health:
 - Smooth transition on release for ongoing health care services
 - Equitable access for health related treatment within the prison estate
 - Practical help and support e.g. parenting skills

What we need to do

1. Address the needs of diverse populations and recognise that we need to develop services that promote and maintain healthy lifestyles.
2. Develop Learning Disability services that meet the principles outlined in the Valuing People Strategy.

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 and the roll out of the Targeted Mental Health in Schools
- 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 young males
- Addressing the needs for older people, BME, LGBT and Gypsies & Travellers

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

1. Address whole-population mental health needs (including those of carers) to ensure timely and seamless access from lower level to specialist services, including those for people who are ageing, those with long term conditions, those with specific needs, people with a learning disability and people from marginalised and disadvantaged groups.
2. Ensure that people with mental health problems benefit from the independence, choice and control afforded by the Personalisation agenda.
3. Development of services to provide promote and maintain mental well-being, including links to wider determinants such as healthy and active lifestyles, social inclusion and spirituality, and social prescribing.
4. Improving independence and social inclusion through employment, housing options and better access to information and advice.
5. Continue to address local suicide-prevention through on-going mental health promotion activities.

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 and services need to be more accessible
- Greater understanding and action upon the impact of alcohol misuse on children

What we need to do

1. Develop more preventative approaches by increasing awareness of alcohol misuse and promoting cultural shifts in behaviour, particularly binge drinking
2. Focus on minimising the impact that alcohol harm causes to others e.g. children of those misusing alcohol, partners, carers and communities
3. Improve care pathways and access to treatment
4. Address the inclusion of people who misuse alcohol into mainstream services
5. Introduce Alcohol Treatment Requirements

Reducing Drug Related Harm

What we know

There are an estimated 1,587 problematic drug users in the Stockton Borough with 1207 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

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 and respond to specific needs e.g. women's drugs services
3. Focus on preventative approaches to publicise drug awareness
4. Focus on minimising the impact that drug related harm causes to others
5. Address the inclusion of people who misuse drugs into mainstream services
6. Address criminal behaviour related to drug use in particular high crime causing individuals

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

Consultation with a range of people with type 2 diabetes provided some key information that will help target services better for them this. This included:

- Barriers to changing lifestyle.
- Support is personal.
- Exercise should be free or affordable and locally accessible accommodating working patterns.
- Increasing awareness of the impact of Diabetes in BME communities.

Work has been commissioned by NHS Stockton-on-Tees to evaluate the weight management services currently provided, the results of which (due by January 2011) will be used to inform future commissioning and service improvements.

What we need to do

1. Help people to maintain a healthy weight through healthy lifestyles, including eating and physical activity opportunities with targeted programmes to those most at risk
2. Provide a range of weight management options for adults, children and their families who are overweight or obese that demonstrate outcomes
3. Improve breastfeeding rates
4. Identify where capacity can be built and targeted within current services e.g. leisure providers for adults and children

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:

- Approximately 73% of all smokers say they would like to quit, but less than half make a quit attempt and less than 3% actually quit each year
- Illegal and illicit tobacco provide a cheaper way for people to smoke, concentrated in our poorest wards
- 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

1. Improve the accessibility of Stop Smoking services and increase the range of locations
2. Increase the stop smoking support for people who are pregnant, need hospital and other secondary care
3. Increase the stop smoking interventions in community pharmacies
4. Target support for high risk / hard to reach groups e.g. BME/ Mental Health/ Prisons/ Routine and Manual Workers and Young People

Improving Sexual Health

What we know

Previous visits from the National Support Team for sexual health and a local sexual health needs assessment have highlighted a number of key priorities for Stockton-on-Tees. We still 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
- There is a perceived stigma and reluctance in accessing sexual health services
- A single point of contact for services, for advice as well as appointments

What we need to do

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

Oral Health

What we know

- 44% of 5 year olds in Stockton have decayed, missing or filled teeth compared to 31% in England
- 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
- There is a need to increase the early detection and treatment of oral cancers

What people say

- 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
- There are long waiting times for specialist services (e.g. orthodontics)

What we need to do

1. Improve Oral Health and reduce inequalities
2. Improve access and extend dental practice opening hours
3. Improve prevention services and health outcomes

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 socioeconomic 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
- Stockton has higher than average incidence and mortality rates for cancer, in particular breast, lung and colorectal cancer.

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 health inequalities and increase their uptake, such as the healthy heart check and cancer early intervention and prevention programmes
2. Tackle variation in primary care to drive up quality and address health inequalities
3. Improve access to community based preventative services in particular vulnerable groups supported by more effective information and advice, signposting of services, transport arrangements
4. Improve the uptake of screening programmes
5. Target interventions that will impact on mortality rates
6. Address the needs of an increasingly ageing population and associated financial implications, increased complexity of needs, carer support and long term conditions

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

Residents are concerned about the future of the local economy and believe that it could get worse (IPSOS MORI Survey 2008)

A skills survey of the most deprived areas in Stockton 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. To increase training and employment opportunities to increase the overall employment rate and reduce the unemployment rate
2. Reduce the levels of benefit dependency in the borough
3. Increase the skill base of the population
4. Work with partners to remove barriers from employment

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. Adapt to climate change
2. Reduce carbon emissions/ fuel poverty/ proportion of children travelling to school by car
3. Improve street and environmental cleanliness
4. Increase satisfaction with local bus services, public transport information and condition of footpaths
5. Improve accessibility to employment and services by sustainable travel modes
6. Reduce congestion on the road network
7. Reduce casualties on the road network

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

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.

The Private Sector Stock Condition Survey 2009 identified a number of difficulties owner occupiers faced in relation to undertaking improvements to their properties. Poor conditions can be related to the health of occupants. Over half of the survey respondents expressed an interest in using a service that would help them get their home repaired.

The regional analysis of Gypsy and Traveller sites (2010) highlights there is limited information available on the health and housing support needs of Gypsy's and Travellers. An ANEC Homelessness survey identified basic support requirements were a priority regarding the management of a new home e.g. getting a rent deposit or bond, filling in forms, getting furniture and claiming benefits.

A recent review for people with mental health problems, people with learning difficulties, care leavers and offenders in establishing settled accommodation noted a reliance on residential care for some groups and a high number of people with learning disabilities living in "out of borough" placements. Increasing the range of housing options and more community alternatives for people with learning disabilities has been highlighted.

What we need to do

1. Promote and sustain independence
2. Support the homeless prevention agenda
3. Meet the emerging challenges of the current housing market
4. Create strong and prosperous communities

5. Promote social and financial inclusion
6. Provide housing services that prevent health problems and reduce hospital admissions

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
- Objective, well-informed guidance on Health Choice options
- Active and creative play

What we need to do

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

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 suggests focusing on the following supports 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

Recent information has highlighted a significant increase in the number of reported incidents of domestic violence.

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

During the period August to October 2010 a similar consultation programme will be undertaken, leading to a set of new priorities for the period April 2011 to March 2014.

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 the Anti Social Behaviour team/ interventions
2. Ensure the provision of domestic violence services which meets need
3. Provide alcohol interventions (including think B4U Drink and alcohol treatment requirements)
4. Provide programmes that divert young people from offending
5. Support the 'reassurance agenda'
6. Continue to reduce crime levels.