

CABINET DECISION / COUNCIL DECISION

Adult Services & Health – Lead Cabinet Member – Councillor Jim Beall

HEALTH AND WELLBEING STRATEGY CONSULTATION FEEDBACK AND DELIVERY PLAN

1. Summary

This paper outlines the development of the Joint Health and Wellbeing Strategy for Stockton-on-Tees. It outlines the feedback received from the consultation events held over the summer period and how this has been incorporated into the revised Strategy. In order to implement the Strategy, a delivery plan approach will be developed which will outline the actions and accountabilities required to meet the aims and aspirations of the Strategy.

2. Recommendations

Cabinet are recommended to:

1. note the consultation feedback;
2. agree to the revised Health and Wellbeing Strategy based on the consultation feedback;
3. agree that any minor changes to the Strategy be incorporated; and
4. note the delivery plan approach to support the implementation of the Health and Wellbeing Strategy.

3. Reasons for the Recommendations/Decision(s)

To note the direction of travel as outlined in the Joint Health and Wellbeing Strategy and its impact on local plans and delivery across a range of partners in order to improve the health and wellbeing of children and adults in our borough and to reduce health inequalities.

4. Members' Interests

Members (including co-opted Members) should consider whether they have a personal interest in any item, as defined in **paragraphs 9 and 11** of the Council's

code of conduct and, if so, declare the existence and nature of that interest in accordance with and/or taking account of **paragraphs 12 - 17** of the code.

Where a Member regards him/herself as having a personal interest, as described in paragraph 16 of the code, in any business of the Council he/she must then, in accordance with paragraph 18 of the code, 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 and the business:-

- affects the members financial position or the financial position of a person or body described in **paragraph 17** of the code, or
- relates to the determining of any approval, consent, licence, permission or registration in relation to the member or any person or body described in **paragraph 17** of the code.

A Member with a personal interest, as described in **paragraph 18** of the code, may attend the meeting but must not take part in the consideration and voting upon the relevant item of business. However, a member with such an interest may make representations, answer questions or give evidence relating to that business before the business is considered or voted on, provided the public are also allowed to attend the meeting for the same purpose whether under a statutory right or otherwise (**paragraph 19** of the code).

Members may participate in any discussion and vote on a matter in which they have an interest, as described in **paragraph 18** of the code, where that interest relates to functions of the Council detailed in **paragraph 20** of the code.

Disclosable Pecuniary Interests

It is a criminal offence for a member to participate in any discussion or vote on a matter in which he/she has a disclosable pecuniary interest (and where an appropriate dispensation has not been granted) **paragraph 21** of the code.

Members are required to comply with any procedural rule adopted by the Council which requires a member to leave the meeting room whilst the meeting is discussing a matter in which that member has a disclosable pecuniary interest (**paragraph 22** of the code)

AGENDA ITEM

REPORT TO CABINET

4TH OCTOBER 2012

**REPORT OF CORPORATE
MANAGEMENT TEAM**

CABINET DECISION / COUNCIL DECISION

**HEALTH AND WELLBEING STRATEGY CONSULTATION FEEDBACK AND DELIVERY
PLAN**

SUMMARY

This paper outlines the development of the Joint Health and Wellbeing Strategy for Stockton-on-Tees. It outlines the feedback received from the consultation events held over the summer period and how this has been incorporated into the revised Strategy. In order to implement the Strategy, a delivery plan approach will be developed which will outline the actions and accountabilities required to meet the aims and aspirations of the Strategy.

RECOMMENDATIONS

Cabinet are recommended to:

1. note the consultation feedback;
2. agree to the revised Health and Wellbeing Strategy based on the consultation feedback;
3. agree that any minor changes to the Strategy be incorporated; and
4. note the delivery plan approach to support the implementation of the Health and Wellbeing Strategy.

DETAIL

1. The Health and Wellbeing Board and Partnership have undertaken the development of the Joint Health and Wellbeing Strategy for Stockton on Tees based on the emerging themes and issues identified through the Joint Strategic Needs Assessment (JSNA). As part of the process the draft Strategy was consulted on during the period of 12 July to 25 August 2012.
2. As part of the consultation a number of engagement routes were undertaken:
 - Four public consultation sessions were held over the wider geography of Stockton. Whilst these events were not hugely well attended (9 people/ representatives attended) the detailed conversations which emerged from the events were valuable in reinforcing the strategy direction and will support the development of the delivery plan.
 - A survey was made available via the internet – (46 completed)
 - LINKs Annual General Meeting focused on the Strategy and explored four themes of children and young people, ill health prevention, care close to home and responsibility. 64 individuals attended the session.

- The Health and Wellbeing Board focused on the Strategy as part of its Board development day.
 - Both the Health and Wellbeing Board and Partnership reviewed the Strategy as part of the Induction Session.
 - The advance promotion of the strategy consultation was considered via Area Partnership Boards and the Voice Consultation event.
 - Information on the strategy was shared with a range of partnerships and groups (as identified in the consultation and engagement plan) to raise awareness and signpost to the consultation.
 - The strategy consultation link was featured in the Kings Fund Health and Wellbeing Board local resources section which is emailed nationally to key leads and stakeholders.
3. The full report and all of the consultation feedback is attached (Appendix 1). This feedback will also be used to inform the Joint Strategic Needs Assessment work as there will be specific elements which may help inform the “what people say” section.

CONSULTATION FEEDBACK

4. The consultation feedback identified the following:
- A broad endorsement of the strategy and its approach
 - That the delivery plan, organisational accountability and specific actions need to be a priority next step
 - That a communications plan needs to articulate the actions and outcomes from the delivery plan
 - That we acknowledge more explicitly the public sector finance challenges and the consequences for public sector investment and potential prioritisation that will be required to address the objectives outlined in the Strategy
 - That we make reference to life course issues and specific requirements of groups e.g. BME, People with a learning disability or health needs of ex service personnel and reflect these actions or signpost explicitly the work that will address these issues
 - That we recognise that some objectives will require a long term commitment and that this will require leadership of the system to hold “true” to these objectives.
 - There remain considerable assets and resources within communities that support the health and wellbeing agenda already and we need to harness their ongoing contribution to the work of the Strategy
 - That the role of partners in supporting this work is critical and aligning their plans, approaches and priorities will have wide ranging benefits.
 - The focus on early intervention and prevention especially around children and young people is particularly important.

UPDATED JOINT HEALTH AND WELLBEING STRATEGY

5. In order to address the feedback, the Health and Wellbeing Strategy was revisited and redrafted (Appendix 2). From the feedback received there are some priorities within the Strategy which emerge:
- Give every child the best start in life, and
 - Addressing ill health prevention

6. There were a number of comments around ensuring the infrastructure enabled the delivery of these plans. They covered aspects such as:
 - Communication and engagement
 - Avoiding unnecessary bureaucracy
 - Addressing resources
 - Connecting and integrating services more effectively
 - Balancing targeting with universal approaches
7. From the feedback the Health and Wellbeing Board and Partnership recommended that the Strategy has an overarching framework which maintains an oversight of the six Marmot Principles but that it focuses its attention on:
 - Give every child the best start in life,
 - Addressing ill health prevention, and
 - Getting the infrastructure right.

DELIVERY PLAN

8. The Health and Wellbeing Board and Partnership have endorsed an approach to support the implementation, of the Strategy. It is proposed that the delivery plan is developed for the purpose of implementing, reviewing and monitoring the progress of the Strategy.
9. The objectives and actions across the Joint Health and Wellbeing Strategy require the input and contribution from a range of organisations and partners. The Delivery Plan arrangements need to be proportionate, to provide challenge without creating an undue burden of reporting processes. Some work is currently being undertaken to map the various plans and strategies that link with the Health and Wellbeing Strategy (e.g. Family Poverty Framework, Sustainable Community Strategy and delivery plan etc.) which will help to inform development of the Delivery Plan and its links with other, existing partnership strategies.
10. The Local Authority Policy Officer Group (POG) will take a lead on drafting the initial delivery plan and will seek input from other stakeholders as the plan develops. The role of POG would also help bring together some of the specific feedback from the public consultation around actions/ issues that need to be considered. This might encompass elements such as the health needs of ex service personnel or targeting of work via specific areas or towards vulnerable groups, which may be overlooked in local plans. The Health and Wellbeing Board will maintain oversight of the delivery plan and ensure that the delivery plan is robust.
11. The format of the delivery plan should also enable the development of an associated performance report. This will need to monitor the relevant outcome measures, ensure alignment with the national Public Health Outcomes Framework and enable the tracking of our performance. This work will need to be integral to the delivery plan.

FINANCIAL IMPLICATIONS

12. The priorities arising from the Joint Health and Wellbeing Strategy which will help inform the service planning, prioritisation, and budget decisions of the Council, Health and partners, so that financial resources can be targeted most effectively at needs.

LEGAL IMPLICATIONS

13. Not applicable.

RISK ASSESSMENT

14. Not applicable.

COMMUNITY STRATEGY IMPLICATIONS

15. The Health and Wellbeing Strategy impacts across all the themes of the Sustainable Community Strategy.

EQUALITIES IMPACT ASSESSMENT

16. An Equalities Impact Assessment has been undertaken and the score is 76.

CONSULTATION INCLUDING WARD/COUNCILLORS

17. The draft Health and Wellbeing Strategy was consulted on during the summer and the final document includes further amendments based on this feedback.

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**JOINT HEALTH AND WELLBEING STRATEGY 2013-18
CONSULTATION FEEDBACK**

Feedback from:	Date:	Feedback:
Health and Wellbeing Board – Facilitated Discussion	12/07/12	<ul style="list-style-type: none"> • Key is how we target the actions to help reduce health inequalities. • How do we reach those who don't engage and make it clear with 'courageous' statements / approaches relating to targeting those who really need the interventions / actions. • Need to be clear about how we deliver the strategy. • Communication to the public is key. • Wider determinants of health - for everything we do (as a Council) 'how does it impact or contribute to health and wellbeing?' - suggestion that we should consider whether thing we are doing impact on the Marmot principles. Evaluation of all initiatives against impact on health inequality. • Tough messages need to be justified. Having a strong evidence base is one of the key elements that will help us to justify difficult messages. • Over time we should be changing the 'how' and not the 'what'. • Strategy to be focused on long term and should still be relevant in 5 years' time - the delivery plan will be the section that changes more often. • Can we afford to do everything? Prioritisation is very important. • Need to be flexible enough to respond to political, financial and other changes. • Should be putting most of the resources into those individuals and families where they will have the biggest impact. • Need some short term and longer term wins. • Need to have measures which are based on outcomes not outputs.



<p>Health and Wellbeing Partnership & Board Induction Event</p>	<p>23/07/12</p>	<p>The group identified a number of areas that we could measure for each of the key areas within the strategy...</p> <ol style="list-style-type: none"> 1. Give every child the best start in life. <ul style="list-style-type: none"> • Reduce smoking in pregnancy by 50%. Need a more systematic approach. • Reduce the numbers of children born alcohol/drug dependent. • Strengthen targeting – identifying and positively engaging with families most in need • Breastfeeding initiation rates to 95% 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives. <ul style="list-style-type: none"> • Attendance at school as a key measure. Could monitor and explore variation between schools. • Increase in education, qualifications, at all stages. • Educational achievement? Attainment? Level 4 SATS, reading. 3. Create fair employment and good work for all: <ul style="list-style-type: none"> • Measure the total number of businesses in the Borough and work towards increasing this to increase the number of job opportunities. • Increase number of apprenticeships 4. Ensure a healthy standard of living for all: <ul style="list-style-type: none"> • Increase take up of benefits – measure the reduction in unclaimed benefits. Maximisation v Welfare Reforms. • Narrow the gap in income. National average income, Stockton income, Public v Private Sector income. 5. Create and develop healthy and sustainable places and communities: <ul style="list-style-type: none"> • Everyone to live in a home which is warm, safe and dry. Reduction in Category 1 hazards.
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		<p>6. Strengthen the role and impact of ill-health prevention:</p> <ul style="list-style-type: none"> • 100% take up of all preventative screening. Including cancer screening (bowel, cervical & breast), CVD/Healthy Heart Check screening. • Use communities to promote screening. • Finding the missing thousands with long term conditions. Measure numbers with each LTC compared to expected levels.
<p>Child Accident Prevention Trust</p>	<p>07/08/12</p>	<p>I was interested to see from the latest King's Fund Health and Wellbeing Board bulletin (below) that Stockton on Tees had published a draft joint health and wellbeing strategy consultation – link highlighted below under 'Local resources' .</p> <p>On page 6 of the strategy doc, under "Giving every child the best start in life - What we know", it was good to see the inclusion of 'high levels of hospital admissions due to injury". But, that being the case, it might be expected that there would be an equivalent action in the right hand column under 'what works' and 'what we will do'.</p> <p>While it may be argued that injury prevention could fall into the category of 'increased support for families and targeted interventions for vulnerable families', it would be helpful for local ownership of the issue and partnership working to state an explicit objective to address this need – especially since there has been such good work and commitment to analyse the issue in the Tees area.</p> <p>It was, however, good to see a reference to accidents in the home in the section for 'healthy places to live, work and play' (Page 10 of the strategy doc).</p> <p>Apologies for making these points to you, but I'm sure you will have more influence on this process! The consultation deadline (comments to ruth.hill@stockton.gov.uk) is 24 August. A response from London SW9 might look a bit strange in Stockton!!</p> <p>The final draft of the consultation will have been produced before the recent publication of the Children and Young People's Health Outcomes Strategy report which proposes a strengthening of some of the public health outcomes indicators, including the one for hospital admissions due to unintentional and deliberate injuries. There's a link to the Forum's report and supporting material on the Making the Link news story at: http://www.makingthelink.net/news/02-08-12/put-children-heart-public-health-reforms-says-forum</p> <p>I understand that a new child health strategy informed by the Forum's proposals may be</p>


		published in September.
<p>Central Stockton Public Consultation Event</p> <p>Attendees: 8</p>	<p>14/08/12</p>	<ul style="list-style-type: none"> • What's new in the strategy? Lots of the areas in the strategy were areas that were known and being worked on 20 years ago! • In the past health strategies have focused on treatment rather than prevention. How will the strategy focus on prevention? • Education is key – would like to see every child leaving school to know: <ul style="list-style-type: none"> a) Signs and symptoms of disease b) How to access services c) Basic life support / resuscitation d) Early intervention is very important. • Children in Care is a gap - more work needs to be done with this vulnerable group to provide preventative interventions to improve long-term health, wellbeing and life choices / outcomes of this group. • Need a proactive approach to enable social mobility. Targeting is key to ensure we reduce health inequalities. • Issue for carers is that they are not listened to by professionals – carers can make a huge contribution to developing and implementing the care plans of individuals. • Supporting carers is key. • Employment: <ul style="list-style-type: none"> ○ Need to make sure that we support local business to deliver local services. ○ Whenever SBC commissions a service it should include a clause / question that asks providers how they will contribute towards the Health and Wellbeing Strategy. ○ Need to have an emphasis on local employment within contracted services. • Need to utilise communities to get messages across and solve local problems. • How could we more effectively use second hand / unwanted goods? • How do we prevent people getting to crisis stage where people have to rely on food parcels etc? How do we identify them and intervene early?


		<ul style="list-style-type: none"> • Communities need smaller play areas in the centre of each community. The fear of crime / lack of safety is putting people off of using some of the parks in the Borough. • Planning processes need to build in health and wellbeing factors. • Concerns regarding recent demolition of housing – what will replace it? • How can we influence private landlords to ensure that tenants are vetted and properties are of a good standard? • What are we doing to reduce the impact of seasonal deaths and ill-health? Need to have coordinated and targeted approaches. • Concern regarding reduction in hospital beds in favour of community developments. Wynyard hospital development has fewer hospital beds proposed. This is an area of concern. • Need to focus on areas that we can influence and change. • Dual diagnosis patients (drug, alcohol and mental health issues) are often not managed well as services do not want to take responsibility for them. • Health professionals training and recruitment needs to foster the importance of a ‘caring’ approach. • Education on healthy lifestyles is very important. • Co-ordination of services is very important. There is a lack of co-ordination across services – particularly in drug and alcohol treatment. • Carers are a very important source of information. • Tobacco control is very important. We need to close down ‘fag houses’ and illegal sales. Enforcement is key. • Strategy Groups: <ul style="list-style-type: none"> ➤ Homelessness is an area that is not covered in any depth within the strategy. ➤ Floating support is a group to ensure people can make the transition into housing. ➤ Carers support and focus. • Early interventions and a focus on young people is key.
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		<ul style="list-style-type: none"> • Education and employment are priorities. • Effective use of assets such as schools when they are not open should be a priority. • Understanding, insight, empathy with young people. Need to engage young people.
Safer Stockton Partnership Meeting	14/08/12	<ul style="list-style-type: none"> • Unhealthy people: <ul style="list-style-type: none"> ○ diet / fast food / obesity ○ Dr issues ○ Low level drug use ○ Problem families and accessing those who need help and may not want to be found. • Sustainable communities. • Wellbeing – wider determinants and all encompassing. • How does it fit with Community Safety? Challenge back to SSP to ensure continuity / framework for others to use. • Role of employment in population – impact on mental health and offer good training opportunities. • Crime – impact on mental health / productive crime free life, positive reinforcement. • Education – still need to have comprehensive high quality education. • Majority of population are healthy? • Maximise the Olympic legacy and role of physical activity in schools.
Individual feedback from member of the public	15/08/12	<p>Telephone call: wanted to provide additional comments following the session on 14th August. He challenged the notion of the reduction of hospital beds – were they needed?</p> <p>He felt that it was a challenge to reduce beds as there were current bed pressures.</p> <p>If new ways of working are to be advocated then community infrastructure needs to be in place before bed reductions are implemented. Examples of personal experience given.</p> <p>Housing – needs to be <u>affordable</u>.</p>

		<p>SED – co-ordination critical.</p> <p>Roles of volunteers and community input, for example, the church run a lunch club – role of church and how it might be replaced in the future.</p> <p>Making sure what we do is <u>integrated</u> into the system.</p> <p>Alcohol:</p> <ul style="list-style-type: none"> - lack of co-ordination - Communication is important – media and publicity. - Short term: <ul style="list-style-type: none"> o Enforcement of licensing o Alcohol offers in supermarkets o Minimum pricing o Drunk kids – parents held responsible – challenge. - Long term: <ul style="list-style-type: none"> o Training parents to know the alcohol issues; schools and education. <p>Lifestyle teaching in schools – resuscitation training; particularly in rural areas</p> <ul style="list-style-type: none"> - Basic first aid.
Survey Monkey Feedback – 46 Completed Questionnaires	Questionnaire	<p>Report</p>  <p>\\SBCMB-FS-03\Data\DAT\Public Health Mo</p>
Stockton LINK AGM 2012	6 th August 2012	 <p>Stockton LINK - JHWS report.doc</p>
- Tees Valley Unlimited (the Local Enterprise Partnership for the Tees Valley)	17.08.12 – email	<p>Objective: Have care closer to home</p> <p>Actions: Rely less on hospital services. Increase primary and community services to support care closer to home and enable independent living. Develop independent living options particularly for older people. Reduce variation in healthcare to treat people in the most appropriate setting. Increase access to assistive technologies that give greater control to</p> <p>FW Joint Health & Wellbeing Strategy - TVU feedback.msg</p>

		<p>individuals in managing their condition at home.</p> <p>We completely agree with and support the aims and actions of the strategy in regard to care closer to the home. From an economic development perspective, SBC is working in partnership with TVU and the 4 Foundation Trusts in Tees Valley to examine the possibility of a sub-regional approach to telecare and telehealth, providing economies of scale, maximum value for money for residents and allowing Tees Valley to be promoted as a telecare and telehealth hub, ideal for private sector investment.</p> <p>Enabling Infrastructure (p12):</p> <p>We support the need for the development of a strong evidence base on which to base decisions; this is particularly relevant in the field of telecare, telehealth and telemedicine where limited research is available and the results of the Government's UK-wide Whole Systems Demonstrator are filtering through. SBC and TVU will be working with key stakeholders in this regard, particularly the CCGs and Foundation Trusts. The Strategy should reinforce the importance of clinical engagement and buy-in to ensure the agenda of telecare and assistive technologies can be taken forward.</p>
<p>BECON Black Minority Ethnic Community Organisations Network</p>	<p>17.08.12 – email</p>  <p>BECON - Joint Health & Wellbeing Strategy</p>	<p>The strategy makes reference:</p> <ul style="list-style-type: none"> • to vulnerable groups such as carers or people with a Learning Disability - suggestion to include a more comprehensive list and / or a definition; • disadvantaged areas - suggestion perhaps a definition or factors that determine disadvantage; • there does not seem to be any reference to equality / diversity - suggestion strategy makes reference to Public Sector Equality Duty; and • commitment to E & D principles.
<p>Individual feedback from member of the public</p>	<p>26.07.12 – email</p>  <p>FW Jt HWBS consultation.msg</p>	<p>I know we all have high expectations, and all want a bit extra about issues we are most concerned with, which must be daunting, but I hope issues can be taken on board, and as you say, be part of the implementation.</p> <p>As it happens I have had the document “putting pain on the agenda” sent to me this afternoon, and I read it with interest and in the light of this morning’s discussion.</p>

		 <p>Putting Pain on the Agenda.pdf</p> <p>Whilst the document is about a national agenda, I did think that part B (especially as expanded further on in the document) was something that could be thought about as being part of our agenda locally, raising the awareness and interest of all of the relevant health professional in the process. There is reference in the document about getting pain onto the JSNA, and maybe Stockton can lead where others will eventually follow.</p> <p>Also by showing that our strategies (underpinned of course by actions!)are about what people want to know about (like relief of pain), might even make them more receptive to health concerns around obesity / drink / smoking from health professionals. I did note that part of the document mentions getting people back to work, and keeping them in work, which should strike some chords with other agendas we have. On a side note, I see so many people in my role as a volunteer advisor at CAB that are appealing on benefit decisions that are not even thinking of going back to work, that are not having their pain problems addressed in any way other than having pain killers dispensed. Let's put the "living" back into "healthy living"!</p>
Catalyst Voice Consultation Event–pre – consultation awareness raising	19 June 2012	No specific mention or outline around the role of Older People and a missed opportunity to focus on objectives that cover the key issues for older people and supporting their health and wellbeing.
Individual feedback from member of the public	21 August 2012	It seems to be missing out the transition age, particularly those with learning disabilities. There are lots of appropriate services to support children with learning disabilities but once they become adult, the services seem to pull out. Carers and the service users will enter into a new world to understand how to use the adult services. The LD EIT review should be able to support this agenda but I think there is a need to reinforce / strengthen the transition pathway in order to support disabled children into their adulthood.

Thornaby Public Consultation Event Attendees: 1	22.08.12	<ul style="list-style-type: none"> • The engagement of providers needs to be considered in how they can help support and influence the elements within the strategy. This is particularly relevant for Small to Medium sized Enterprises. • Perhaps consider reinforcement that this strategy covers the life course.
BlindVoice UK	22.08.12	Why is there no specific element within JSNAs / H&W strategy on individuals who have partial sight / sight loss?
Feedback from Area Partnership Boards	July- August 2012	<p>There is no reference around end of life and “a good death”.</p> <p>Vulnerable groups need to be reflected within the Strategy and there may need to be a more specific consideration of the detail for some groups such as over 50s.</p> <p>Prioritisation needs to be considered and we need to understand how this might be undertaken.</p>
Feedback from Stockton Locality – Clinical Commissioning Group (CCG)	2 August 2012	<p>Endorsement of the general direction.</p> <p>Discussion about the role that the CCG could undertake in supporting the delivery of the Strategy.</p> <p>Prioritisation needs to be considered.</p>
Feedback from Tristar Homes Ltd	1 Sept 2012	 <p>C:\Users\Dom\Documents\Mum\PH:</p>



Joint Health & Wellbeing Strategy

Stockton-on-Tees

2012 – 2018

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Foreword

The Joint Health and Wellbeing Strategy for Stockton-on-Tees sets out our commitment and approach to promoting health and wellbeing and tackling health inequalities in the borough. Within that, there is a recognition that the wider determinants of health such as employment, housing, education and the environment need to be considered.

Through the implementation of this strategy, we will seek to achieve real and measurable improvements in the health and wellbeing of residents. Our aim is “to improve and protect our residents’ health and to improve the health of the poorest fastest”.

We have shaped the plan around what we know and what works, and identified a number of actions that will be taken forward. We have a strong commitment from our partners to help make a difference and to prioritise our plans to meet the issues identified in this strategy.

Our challenge is to make the ambition outlined in the strategy a reality for our population.

Councillor Jim Beall
Deputy Leader and Cabinet Member for Adult Services & Health
Stockton-on-Tees Borough Council

Executive Summary

This strategy is Stockton-on-Tees's overarching plan to improve the health and wellbeing of children and adults in our borough and to reduce health inequalities. This document has been informed by our Joint Strategic Needs Assessment (JSNA) and in consultation with residents, strategic partners and other stakeholders we have reviewed and redrafted our plan.

Our health and wellbeing challenges mean that within Stockton-on-Tees there are higher levels of deprivation and lower life expectancy than the England average. We know that there are some marked differences in ward areas where these issues are more pronounced. We need to tackle some of the significant health burdens such as heart disease, cancer and respiratory illness and support healthy and fulfilling lifestyles.

The Health and Wellbeing Strategy provides an overarching framework which maintains an oversight of the six Marmot Principles:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

However, in recognition of the consultation feedback and the need to focus on shared priorities around the areas of greatest need we will place our emphasis on:

- Give every child the best start in life,
- Addressing ill health prevention, and
- Getting the infrastructure right.

We will develop delivery plans to reflect the local priorities identified within this strategy and will review and hold to account our partners progress.

We aim "to improve and protect our residents' health and to improve the health of the poorest fastest" and this strategy and associated plans will provide a vehicle to meet this ambition.

What is the Joint Health and Wellbeing Strategy?

All Health and Wellbeing Boards have to develop a Joint Health and Wellbeing Strategy (JHWS). The purpose of this strategy is to set out how the local health and wellbeing needs, as identified through the Joint Strategic Needs Assessment (JSNA), will be addressed. By its very nature the strategy focuses on tackling health inequalities and considers the wider determinants of health such as housing, education and the environment.

The JHWS will be used to guide and support the development of commissioning plans for healthcare, social care and public health services. It is intended to promote integration and partnership working between the commissioners of NHS, social care, Clinical Commissioning Groups (CCG's) and other local services and to ensure that wider interventions to support health and wellbeing such as planning policies, education and community safety are taken into account.

National draft guidance around Health and Wellbeing Strategies reinforces the key elements of a good strategy. It highlights the following:

- *“setting shared priorities based on evidence of greatest need*
- *setting out a clear rationale for the locally agreed priorities and also what that means for the other needs identified in JSNAs and how they will be handled with an outcomes focus*
- *not trying to solve everything, but taking a strategic overview on how to address the key issues identified in JSNAs, including tackling the worst inequalities,*
- *concentrate on an achievable amount – prioritisation is difficult but important to maximise resources and focus on issues where the greatest outcomes can be achieved*
- *addressing issues through joint working across the local system and also describing what individual services will do to tackle priorities*
- *supporting increased choice and control by people who use services with independence, prevention and integration at the heart of such support.”*

Source: DH draft JSNA and Health and Wellbeing Strategy Guidance, 2012

How has the JHWS been developed?

This is the first JHWS for Stockton-on-Tees and builds on the work and collaboration that has been undertaken over a number of years.

The Strategy has been informed by the Joint Strategic Needs Assessment (JSNA) process which identified needs across 37 health and wellbeing areas. As part of this process there has been consultation and engagement with a range of stakeholders and partners who have contributed to each topic. The JSNA can be viewed online at: www.teesjsna.org.uk.

The draft JHWS was considered as part of a range of consultation and engagement events over the Summer of 2012 and the feedback has helped shape the Strategy development. A summary of the feedback is given below:

- There was a broad endorsement of the strategy and its approach
- That the delivery plan, organisational accountability and specific actions need to be a priority next step
- That a communications plan needs to articulate the actions and outcomes from the delivery plan
- That we acknowledge more explicitly the public sector finance challenges and the consequences for public sector investment and potential prioritisation that will be required to address the objectives outlined in the Strategy

- That we make reference to life course issues and specific requirements of population groups e.g. BME, people with a learning disability or health needs of ex service personnel and reflect these actions or signpost explicitly the work that will address these issues
- That we recognise that some objectives will require a long term commitment and that this will require leadership of the system to hold “true” to these objectives.
- There remain considerable assets and resources within communities that support the health and wellbeing agenda already and we need to harness their ongoing contribution to the work of the Strategy
- That the role of partners in supporting this work is critical and aligning their plans, approaches and priorities will have wide ranging benefits
- The focus on early intervention and prevention particularly around children and young people is particularly important.

In order to address this feedback the Health and Wellbeing Strategy has been revisited and redrafted.

Health and Wellbeing Challenges

The JSNA tells us that there remain some significant health and wellbeing challenges for Stockton-on-Tees:

- Levels of deprivation are higher and life expectancy is lower than the England average
- There are some marked differences in ward areas where these issues are more pronounced
- Levels of heart disease, cancer and respiratory illness remain high leading to early death
- There are a number of 'unhealthy' lifestyles which leads to preventable disease.
- Health inequalities continue to exist with the gap in life expectancy between wards continuing to increase.

There are a number of issues which affect the wider determinants of health including:

- Future demographic pressures in the population, especially the increasing number and proportion of older people, many of whom need care
- Consideration of the needs of vulnerable groups in service planning to ensure that their specific needs are not overlooked
- The current economic climate which is affecting our population in a number of ways, in particular young people looking for employment, family income, housing and family poverty.

Our Vision

We want to reduce health inequalities and improve health and wellbeing for all, building on our Local Strategic Partnership (LSP) aspiration of “Promoting Achievement and Tackling Disadvantage”.

“The Health and Wellbeing structures aim to improve and protect our residents’ health and to improve the health of the poorest fastest”.

Our challenge is creating a strategy and delivery plan that encompasses all of the drivers for change and offers a framework for delivery across the short, medium and long term, as we recognise that to tackle some of our biggest challenges and make the most of our opportunities there is no quick fix.

Our approach will be structured around the Marmot Review *Fair Society, Healthy Lives* as a methodology to align the strategy to the six policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

Under each policy objective we have considered the emerging issues and commissioning priorities that have been identified via the JSNA. This has informed the key elements of focus under each objective.

From the feedback received there are some specific priorities within the Strategy which emerge:

- Give every child the best start in life, and
- Addressing ill health prevention

There were a number of comments around ensuring the infrastructure enabled the delivery of these plans. They covered aspects such as:

- Communication and engagement
- Avoiding unnecessary bureaucracy
- Addressing resources
- Connecting and integrating services more effectively
- Balancing targeting with universal approaches.

The Health and Wellbeing Strategy provides an overarching framework which maintains an oversight of the six Marmot Principles but will focus its attention on:

- Give every child the best start in life, because intervening early has a long term impact on health and wellbeing
- Addressing ill health prevention, because this will impact on health inequalities and in particular our most deprived wards, and
- Getting the infrastructure right because we need to do things differently to make the impact we want.

Give every child the best start in life	
<p>What we Know: Our JSNA shows that in Stockton-on-Tees:</p> <ul style="list-style-type: none"> • 18% of pregnant mums smoke compared to the national average of 14% • Only 58% of mums breastfeed compared with the national average of 75% • The level of child poverty is worse than the England average • Levels of obesity are similar to the England average with 10% of children in Reception and 20% of children in Year 6 classified as obese • There is a higher than average uptake of childhood related immunisations such as MMR, diphtheria and Hib • GCSE achievement is similar to the England average • There are high levels of hospital admissions due to injury compared to the national average. 	<p>What Works:</p> <ul style="list-style-type: none"> • The foundations for physical, intellectual and emotional development are laid in early childhood • Smoking in pregnancy increases the rates of premature birth and low birth weight • Breastfeeding improves the health of babies • Good quality early childhood education has an enduring effect on health • Interventions in the early years of a child's life are more effective than later remedial action.
<p>Our Objectives: Develop comprehensive early support for families.</p>	<p>What we will do:</p> <ul style="list-style-type: none"> • Increase the level of support for pre and post natal periods to address smoking in pregnancy and breastfeeding rates • Offer increased support for families and target interventions for vulnerable families • Develop our plans around early intervention and early help for families.
<p>Enhance the offer of good quality early years education and childcare.</p>	<ul style="list-style-type: none"> • Improve how prepared children are for school • Improve the quality of childcare and education.
<p>Improve access to evidence based programmes to support healthy lifestyles with effective follow on support for those who need further support and treatment.</p>	<ul style="list-style-type: none"> • Improve the rates of childhood obesity • Reduce the damage from substance misuse (smoking, drugs and alcohol) and from domestic violence • Reduce the rates of teenage pregnancy • Improve the sexual health of our young people • Increase the uptake of childhood immunisations / vaccinations • Improve the mental health and wellbeing of our children and young people • Develop better care pathways for childhood illnesses • Develop plans to reduce childhood accidents.

Enable all children, young people and adults to maximise their capabilities and have control over their lives	
<p>What we Know: Our JSNA shows that in Stockton-on-Tees:</p> <ul style="list-style-type: none"> • The level of young people who are not in education, employment and training is higher than the national average • GCSE achievement is similar to the England average • The rates of hospital admissions for children and young people who are admitted as a result of self-harm is higher than the national average • The number of people with dementia is rising • The predicted prevalence of diabetes is 7.0%, but only 5.0% of the population has been diagnosed with diabetes • There are approximately 21,000 carers in Stockton-on-Tees. 	<p>What Works:</p> <ul style="list-style-type: none"> • Support in schooling during early years has a sustained impact on life chances • Education and learning in adults has a positive effect on health and income • Treatment for Long Term Conditions should take into account patients' needs and preferences. People should have the opportunity to make informed decisions about their care and treatment, in partnership with their health and social care professionals.
<p>Our Objectives: Improve the educational outcomes for our children and young people.</p>	<p>What we will do:</p> <ul style="list-style-type: none"> • Improve the quality of education • Expand the range of mental health services for children and young people.
<p>Expand and enhance the range of opportunities for education, skills and work training.</p>	<ul style="list-style-type: none"> • Develop more work based learning opportunities • Improve training and education to employment pathways.
<p>Enhance the quality of life for people with a Long Term Condition including those with a sensory loss.</p>	<ul style="list-style-type: none"> • Improve care pathways • Increase self-management and support • Improve the support for carers.
<p>Maximise choice and control across health and social care.</p>	<ul style="list-style-type: none"> • Increase the uptake of personal budgets across health and social care • Develop approaches to personalisation in children's services.

Create fair employment and good work for all	
<p>What we Know:</p> <ul style="list-style-type: none"> • The level people claiming job seeker allowance has increased following the credit crunch and recession • There are some groups such as older people and young people who are unable to find suitable Employment Education & Training (NEETs) that have been particularly affected by the current economic climate • In 2011, Stockton had 2% of people with a learning disability in employment. This is lower than the national figure of 6.6% • 12.2% of Stockton's working age population have no qualifications; and the qualification levels at NVQ4 and above is considerably lower than national levels (26% compared to 31%). 	<p>What Works:</p> <ul style="list-style-type: none"> • Being in good work protects health and wellbeing • For parents of young children, access to child care and child friendly employment policies can make a difference in being able to work • Effective interventions e.g. Communities Fund, can successfully target those furthest from the labour market, reducing worklessness, increasing skill levels and entrepreneurial activity • Employers that promote healthy lifestyle interventions increase the chances of employees making positive lifestyle changes • Awareness raising of enterprise through schools and colleges helps to encourage entrepreneurial activity.
<p>Our Objectives:</p> <p>Have good employment opportunities for all.</p> <ul style="list-style-type: none"> ▪ Reduce the level of benefit dependency and unemployment, particularly within the priority age groups of 16-18 and 50+ ▪ Reduce the number of those young people not in education, employment or training (NEET) ▪ Tackle and improve issues relating to employability and 'worklessness' in disadvantaged areas. 	<p>What we will do:</p> <ul style="list-style-type: none"> • Improve training & education to employment pathways • Increase the range of employment opportunities • Target programmes at vulnerable groups.
<p>To increase the number of adults with learning disabilities in settled employment.</p>	<ul style="list-style-type: none"> • Increase the range of employment opportunities
<p>Foster enterprise, initiative, and growth; allowing businesses to have access to the most appropriate training and education.</p>	<ul style="list-style-type: none"> • Support the development of new and sustainable businesses • Increase volunteering opportunities • Improve educational attainment– 'enterprise in schools/colleges,' creation of enterprise hubs, enabling young people to see 'enterprise' as a viable option/career/job.
<p>Encourage employers to take forward health improvement initiatives that support their staff to be healthy.</p>	<ul style="list-style-type: none"> • Increase the number of better health at work accredited workplaces.
<p>To increase the skills base of the population to match existing and future growth sectors.</p>	<ul style="list-style-type: none"> • Improve training & education to employment pathways • Identify the sector specific business needs for education, training and apprenticeship to address any projected skills shortages • Streamline and better signpost the services, initiatives and opportunities available.

Ensure a healthy standard of living for all	
<p>What we Know:</p> <ul style="list-style-type: none"> • Fuel Poverty is increasing • The rates of children living in poverty is higher than the national average • Those eligible for free school meals is 5,430. 	<p>What Works:</p> <ul style="list-style-type: none"> • Having a minimum level of income to lead a physically and mentally healthy life • Minimising financial “cliff edges” for those moving in and out of work and improving the flexibility of employment • Addressing fuel poverty and creating affordable warmth is increasingly important especially as the cost of fuel increases.
<p>Our Objectives:</p> <p>Support every resident to access the range of benefits that they are entitled to.</p>	<p>What we will do:</p> <ul style="list-style-type: none"> • Develop effective advice and information services to signpost and support residents to maximize their income • Develop plans to help with financial inclusion • Explore community development approaches to tackling poverty.
<p>Lobby to establish a minimum income for healthy living for people of all ages.</p>	<ul style="list-style-type: none"> • Monitor the impact of welfare reform to assess the consequences and highlight them regionally and nationally.

Create and develop healthy and sustainable places and communities	
<p>What we Know:</p> <ul style="list-style-type: none"> • Levels of physical activity for adults and children are in line with national levels, however levels of obesity in both groups are higher than the England average • Levels of violent crime are low compared to the England average • Private sector stock condition survey (2009) identified that of the 67,150 dwellings in Stockton, 10,700 (16%) do not meet the Government's decent homes standard • On average there are 73 additional deaths during the winter months compared to other times of the year; a large proportion of these are preventable • There is variation in emergency hospital admissions for diabetes and asthma between general practices with a three-fold difference in some general practices • There are people who do not know that they have specific treatable illnesses, for example it is estimated that there are about 4,700 people with undiagnosed COPD in Stockton-on-Tees. 	<p>What Works:</p> <ul style="list-style-type: none"> • Improving housing impacts upon health and wellbeing reducing excess winter deaths • Interventions that promote social contact can positively affect health and wellbeing • Physical activity improves emotional health and wellbeing • Good quality urban green and open spaces improve physical and mental health.
<p>Our Objectives:</p> <p>Have healthy places to live, work and play.</p>	<p>What we will do:</p> <ul style="list-style-type: none"> • Increase participation in sport or active leisure • Ensure that people live in safe and warm homes preventing the onset of health problems and accidents in the home • Ensure that schools and colleges offer a healthy curriculum • Encourage local employers to take forward health improvement initiatives.
<p>Have care closer to home.</p>	<ul style="list-style-type: none"> • Rely less on hospital services • Increase primary and community services to support care closer to home and enable independent living • Maximise the range of support available for carers • Develop independent living options particularly for older people • Reduce variation in health care and treat people in the most appropriate setting • Increase access to assistive technologies that give greater control to individuals in managing their condition at home.
<p>Have vibrant and cohesive communities.</p>	<ul style="list-style-type: none"> • Have safe and secure communities • Develop clean and vibrant town centres at the heart of our community • Develop affordable and desirable housing • Maximise the use of green and open spaces • Develop community engagement to champion health and wellbeing issues and reduce social isolation.

Strengthen the role and impact of ill-health prevention	
<p>What we Know: Our JSNA shows that in Stockton-on-Tees</p> <ul style="list-style-type: none"> • Life expectancy is 15.3 years lower for men and 11.3 years lower for women in the most deprived areas • Whilst we have seen a reduction in smoking prevalence there are marked differences of smoking prevalence with the highest rates in areas of most deprivation • Estimates of adult “healthy eating” and obesity are worse than the England average. • Rates of hospital stays for alcohol related harm are higher than average. 	<p>What Works:</p> <ul style="list-style-type: none"> • Population wide interventions on smoking, alcohol and obesity are required but with a recognition that targeted interventions are required for particular groups • Reducing the risk factors in adults such as smoking and drinking excessively increases the quality and length of life.
<p>Our Objectives: Increase the number of people adopting healthy lifestyles including good mental health.</p>	<p>What we will do:</p> <ul style="list-style-type: none"> • Reduce smoking prevalence and address tobacco control • Tackle the drinking culture and reduce the harmful impact of alcohol on communities, families and individuals • To increase the number of people who successfully complete treatment drug free • Reduce levels of obesity and increase levels of physical activity • Reduce the number of sexually transmitted infections • Improve mental health and wellbeing • Increase the number of positive lifestyle choices • Improve how we signpost and support people to access services • Improve how we engage with those most at risk of poor health outcomes.
<p>Identify and treat illnesses earlier and offer better disease management and help people recover following ill health or following injury.</p>	<ul style="list-style-type: none"> • Develop programmes that find and treat people who are at risk of cardiovascular disease, cancer, respiratory disease and diabetes • Target our programmes at those who need it most, in particular vulnerable groups such as carers or people with a Learning Disability • Develop better mental health services including dementia services • Improve pathways and choice for end of life.

Delivery Plan

We have recognised that the Strategy is an important vehicle to cohesively address our ambition for improved health and wellbeing in Stockton, however, to do this we need to have a delivery plan that supports the work required. Whilst many of the principles within the Strategy are long term, the progress against these aims and objectives will be monitored regularly through the delivery plan arrangements. This will ensure that the accountability, actions and priorities are addressed through this mechanism. Much of the feedback which we received will be valuable in supporting and refining the delivery plan arrangements. In addition, the delivery plan will also ensure that the life course approach and the needs of specific groups are reflected in the work.

Individual organisations and stakeholders will also continue to contribute to their own local planning and service arrangements ensuring that improving health and wellbeing is reflected in their priorities. We will want to maximise the contribution of our local communities and this approach will enable local communities to identify their contribution to our plans.

The future challenges around public sector finance were identified as part of the consultation work. There is a recognition that it is not possible to do everything and that we need to prioritise. The key here is to consider what the Health and Wellbeing Board and Partnership can do to support this work. In many cases there is already considerable work in place around the strategy objectives. By developing a framework which maintains an oversight of the six Marmot Principles the delivery plan will be able to ensure that these issues are being addressed but will focus its attention on the three areas which were prioritised by stakeholders:

- Give every child the best start in life,
- Addressing ill health prevention, and
- Getting the infrastructure right.

Getting the Infrastructure Right	
<p>What we Know:</p> <ul style="list-style-type: none"> • Many people do not know what services are available or do not access them. • Health professional advice can influence lifestyle choices and change behaviour. • A number of evidence based interventions are not always systematically implemented. 	<p>What Works:</p> <ul style="list-style-type: none"> • Consistent information about lifestyle choices. • Brief Interventions can help change behaviour. • Health advocates can support and champion lifestyle change.
<p>Our Objectives:</p> <p>Inform our residents about what we are doing and what impact we are having.</p>	<p>What we will do:</p> <ul style="list-style-type: none"> • Develop a communications and engagement plan that supports the implementation of the Strategy. • Develop a performance model that can show how are our plans are working. • Continue to work on the Joint Strategic Needs Assessment.

<p>Develop our workforce to make every contact a health improving contact.</p>	<ul style="list-style-type: none"> • Develop workforce plans across a range of sectors to maximise the training and skills base of our workforce. • Further develop brief interventions and other interventions which can support lifestyle change. • Develop community health and wellbeing champions. • Continue to embed Safeguarding.
<p>Prioritise funding to support the Strategy objectives.</p>	<ul style="list-style-type: none"> • Develop health and local authority investment plans that meet the aims and objectives of the Strategy. • Pool funding where it makes sense to do so. • Use the evidence base to support investment and disinvestment decisions. • Target programmes where there is the most need.

How we will be held to account and measure progress?

Our local delivery plans will be developed annually to reflect the local priorities identified within this strategy. We will consider the delivery plan as part of our health and wellbeing arrangements and will review our progress and hold to account our partners progress. A number of our plans focus on long term outcomes and may take a long time to show improvements so we aim to develop measures that can help show the direction of travel and our long term aims and aspirations.

The Health and Wellbeing arrangements will oversee the plans and ensure that we make progress against the identified priorities. There are a number of outcomes frameworks which will require detailed information to be published on how we progress against these criteria. We will report annually on how well we have done against our plans.

The strategy should then guide and support the development of commissioning plans for healthcare, social care and public health services. We want this strategy to make an impact on health and wellbeing of the population of Stockton-on-Tees and the Health and Wellbeing arrangements will closely monitor how we are doing to make the difference we want.