



Stockton JSNA

Joint Strategic Needs Assessment

Summary 2018/19



Summary

Number of JSNA topics to refresh	38
Number of topics signed off by either/both adults and CYP partnerships	11
Number of topics completed, but not signed off by partnerships	11
Number of topics scheduled to be complete by the end of March 2019	10
Number of topics with lead identified, but yet to commence	1
Number of topics with lead not identified and yet to commence	5

Common themes

The following is a list of recommendations that appear within multiple topics:

Recommendation	Topics	
Whole systems approach	Obesity Physical activity Circulatory disease	Diabetes mellitus Mental health Self-harm and suicide
Work with education establishments	Alcohol misuse Illicit drug use Sexual health Education	Mental health Transport Domestic abuse
Review model of care/pathways	Alcohol misuse Illicit drug use Diabetes mellitus Circulatory disease Environment	Mental health Domestic abuse Diet and nutrition Respiratory disease
Utilise community champions	Smoking Diabetes mellitus	Cancer
Data/intelligence issues	Self-harm and suicide Education Armed forces communities	Child sexual exploitation Migrants Housing
Improve partnership working between departments/organisations	Alcohol misuse Illicit drug use Education	Housing Armed forces communities Domestic abuse
Provide training to Primary care	Cancer Circulatory disease	Diabetes mellitus Respiratory disease
Flexible employment	Employment Carers (provisional)	Armed forces communities

Behaviour and Lifestyle

Alcohol misuse		
	Strategic issues	What needs to be done?
1	<p>Alcohol-related harm in Stockton-on-Tees.</p> <p>This is illustrated by:</p> <ul style="list-style-type: none"> • A significantly higher proportion of adults drinking at levels harmful to their health. • Alcohol-related hospital admissions being significantly higher than the national average. • Alcohol-specific mortality is significantly higher than the national average. • 50% of all violent crime is alcohol related (Balance, 2017). • Perpetration of domestic abuse and child abuse are also associated with alcohol consumption. 	<p>A review of the Statement of Licensing Policy could consider outlet density, hours of alcohol sales and their cumulative impact in line with NICE PH24 guidance. Levels of alcohol and crime related disorders are associated with outlet density (Public Health England, 2016).</p> <p>Undertake a multi-component approach to managing the drinking environment.</p> <p>Include partnership working with local businesses, licensing, police, and enforcement, supported by local campaigns to address alcohol related harm and the drinking environment.</p> <p>Closer working relationships between alcohol prevention and treatment and domestic abuse services.</p>
2	<p>It is estimated that a large proportion of Stockton-on-Tees residents who are dependent drinkers are not currently in treatment.</p>	<p>Review model of care and accessibility of treatment services.</p> <p>Review and strengthen Alcohol Brief Interventions in primary care and extend the practice across social care to meet NICE PH24 Guidance.</p> <p>Strengthen alcohol prevention, brief intervention and signposting into specialist treatment in secondary care.</p>
3	<p>The number of young people who are drinking alcohol is declining, however in Stockton-on-Tees for those that do drink there a larger proportion than the national average of young people drinking to get drunk.</p>	<p>Implement NICE PH24 guidance in youth settings.</p> <p>Review the approach to young people's drinking history within the context of the early help assessment.</p> <p>Identify any additional support/training for those with a safeguarding responsibility to ensure they are able to support young people effectively.</p> <p>Implement an evidence based school intervention which considers tools for PHSE such as the Risk Taking Behaviour Toolkit as part of a wider whole school approach to wellbeing in line with NICE PH7.</p>

Behaviour and Lifestyle

Illicit drug use		
	Strategic issues	What needs to be done?
1	There is a higher than average proportion of long term, entrenched opiate users in Stockton-on-Tees.	<p>Provide a range of treatment and recovery care based on what is realistic and achievable for this cohort of drug users and their families (e.g. including both abstinent and non-abstinent recovery).</p> <p>Strengthen integrated working between treatment, primary care, housing support, mental health services and social care services.</p> <p>To review the development and evaluation of the local UK based IOT (injectable opioid treatment) programmes that are currently underway, in order to use the evidence base to appraise the potential benefits and limitations of this programme for local populations.</p>
2	The rate of drug related deaths is increasing and is significantly higher than the national, than and regional averages.	<p>To maintain and optimise harm minimisation activity – e.g. overdose training, naloxone provision (short term antidote for opiate overdose), needle exchange programmes with a wide range of partner services</p> <p>Ensure drug treatment includes assertive outreach and harm reduction advice and support to those individuals not currently in treatment, in order to increase the proportion of people misusing drugs who are receiving treatment.</p> <p>Embed prevention education across community and education settings which has a resilience building and wellbeing focus.</p> <p>Embed prevention approaches and drugs information within existing voluntary and statutory services.</p>
3	Nationally, there has been a change in patterns of non-opiate drug use, however There is insufficient information and data to understand non opiate patters of drug use on a local level.	Develop local systems to monitor and respond to emerging trends of drug use.

Behaviour and Lifestyle

Smoking		
	Strategic issues	What needs to be done?
1	Smoking attributable hospital admissions and mortality are significantly worse than the national average.	Ensure that secondary care providers implement NICE PH 48 Smoking: acute, maternity and mental health services. This will provide immediate, systematic and comprehensive nicotine dependency support to all inpatients who have been identified as smokers via routine enquiry.
2	The number of people accessing the stop smoking service is reducing each year.	Implement a community champion approach to promote smoking cessation, encourage smokers to quit using the local stop smoking services and support individuals to maintain quitting.
3	Smoking during pregnancy is significantly worse than the national average.	Evaluate the impact of the Maternity Transformation Programme delivered through Hartlepool and Stockton-on-Tees CCG. The programme will utilise CO monitors and visual aids in a wider setting (e.g. children's centres) to demonstrate how smoking during pregnancy can affect an unborn child.

Behaviour and Lifestyle

Diet & nutrition		
	Strategic issues	What needs to be done?
1	<p>Many people still find it difficult to eat a healthy diet, particularly children and adults living in areas of deprivation. The reasons for this are complex. One factor is that we are living in an obesogenic environment where less than healthier choices are often the default, which can encourage excess weight gain, malnutrition, poor mental health and other diet related conditions.</p>	<p>Increase the frequency of households preparing home cooked meals, particularly in areas of deprivation as the most deprived areas are half as likely to prepare a home cooked meal compared to the least deprived areas.</p> <p>Increase the availability and affordability of healthier foods and drinks by implementing a range of interventions that are based on evidence, understanding of the local out-of-home food environment, local and national strategies/policies and have the commitment from leaders.</p>
2	<p>There is no single measure of food insecurity used in the UK, however the rate of poverty in Stockton-on-Tees is above the national average</p> <p>In 2016 it was estimated that 3.7 million people in the UK are living in moderately food insecure homes and 4.7 million people were living in severely food insecure homes in 2014, totalling 8.4 million.</p> <p>Diet quality shows a graded socioeconomic relationship that is due, in part, to affordability.</p>	<p>Maximising income through benefit take-up 'campaigns' and increase the number of residents who are earning a living wage.</p> <p>Provide support to families who are living in poverty or disadvantaged, particularly during the school holiday periods due to the lack of free school meal provision.</p>
3	<p>Breastfeeding rates are amongst the lowest in England and the gap between Stockton-on-Tees and England is widening.</p>	<p>Maternity and providers of the Healthy Child Programme to embed, implement and audit evidence-based best practice, in line with UNICEF Baby Friendly, to maximise breastfeeding initiation and continuation.</p> <p>Providers of the 0-19 Healthy Child Programme to achieve and maintain the UNICEF Baby Friendly Initiative status.</p> <p>Improve the quality of breastfeeding data and intelligence.</p> <p>Expand the number of businesses and organisations that are committed and signed up to the Breastfeeding Welcome Scheme.</p> <p>Increase community awareness, understanding and acceptance of breastfeeding.</p>

**Complete, however, not yet signed off by either partnership and subject to change*

Behaviour and Lifestyle

Obesity		
	Strategic issues	What needs to be done?
1	The percentage of adults classed as obese in Stockton-on-Tees is higher than the national average.	<p>Systemic change is needed across the 'system map', focusing on initiatives aimed at behaviours and the cues for behaviours relating to food, physical activity and physiological and psychosocial factors.</p> <p>Interventions will only be effective if they are designed to have in-built sustainability. The lifelong and generational aspects of obesity have already been emphasised. Just as obesity develops slowly both within individuals and populations, so too will it take time to establish new habits and change current systems to support a healthy diet and to build physical activity into everyday life.</p>
2	The number of children who are an unhealthy weight is significantly higher than the national average.	<p>There is a need to give greater attention towards children and families, particularly during infants early years to prevent obesity, which is often difficult to reverse.</p> <p>Supporting families earlier will include</p> <ul style="list-style-type: none"> • Promoting secure attachment, positive parental and infant mental health and parenting skills using evidence based approaches • Encourage parents and carers to take a whole family approach • Encourage exclusive breast feeding for the first six months of an infant's life. • Reduce sedentary behaviour and screen time.
3	The prevalence of obesity is strongly related to deprivation, with more deprived populations tending to have higher rates of overweight & obesity. Analysis shows that this inequalities gap is widening.	There is a need to shift the focus from a deficit model and top down approach to an asset based and community centred model. This change in approach would mobilise the assets within communities, promote equity and increase people's control over their health and lives.

Behaviour and Lifestyle

Physical inactivity		
	Strategic issues	What needs to be done?
1	In Stockton-on-Tees, the proportion of adults and children achieving the recommended levels of physical activity is significantly worse than the national average.	<p>Systemic change is needed across the 'system map', focusing on initiatives aimed at behaviours and the cues for behaviours relating to food, physical activity and physiological and psychosocial factors.</p> <p>System changes will only be effective if they are designed to have in-built sustainability and build physical activity into everyday life.</p> <p>Focus on MAPS* agenda</p>
2	In Stockton-on-Tees, specific sectors of the community including those from the most deprived areas, females, BME communities, people with learning disabilities and people with mental & physical health conditions are less physically active than the general population.	<p>There is a need to shift our focus from a deficit model to asset based model and to work alongside communities to empower and support them in an asset based approach.</p> <p>Focus on MAPS* agenda</p>
3	Not all residents derive the same level of physical activity opportunities from the borough's outdoor public spaces (e.g. green spaces, streets & pathways, town centres, routes to work etc.) due to variations in quality, quantity, accessibility and connectivity.	<p>Deliver targeted improvements to the environments where residents live, work, socialise and travel, ensuring places are safe, attractive and help to support higher levels of physical activity.</p> <p>Focus on MAPS* agenda</p>
<p>*MAPS:</p> <p>Messaging - deliver appropriate messages to our communities</p> <p>Activities – support the delivery of appropriate activities</p> <p>People – ensure that the people delivering active leisure/ sport can win hearts and minds</p> <p>Spaces – ensure that facilities are attractive and appropriate</p>		

Behaviour and Lifestyle

Sexual health		
	Strategic issues	What needs to be done?
1	Under 18 conceptions are significantly higher than the national average	<p>Provide vulnerable young people with enhanced support to realise their aspirations.</p> <p>Increase vulnerable young people's awareness of how to prevent STIs and unwanted pregnancies, and what constitutes good reproductive health.</p> <p>Provide schools and delivery partners with support and training to prepare for statutory RSE, promoting a resilience, skill-focused approach</p> <p>Implement community C-Card provision, delivered through services that at-risk groups engage with.</p> <p>Map current activity for the prevention of under 18 conception across the 10 principles of an effective whole systems approach to identify local gaps and opportunities for strategic development of under-18 conception prevention within the local area.</p>
2	Both the proportion of young people tested for chlamydia and the chlamydia detection rate for the borough are below the national average and have been decreasing over the past 3 years. Rates of other STIs increase as deprivation increases across the borough.	<p>Improve the uptake of chlamydia testing through core services, pharmacies, GP practices, outreach and online test kits.</p> <p>Implement community C-Card provision (including chlamydia testing), delivered through services that at-risk groups engage with.</p> <p>Promote the different methods and routes to STI / HIV testing through settings working with vulnerable and high risk communities. Promote regular testing within these communities</p>
3	The rates of prescribed and administered LARC (long acting reversible contraception) are below the national average rate	Increase access to and uptake of LARC, through sexual health service, primary care settings and abortion providers.

Illness and Death

Cancer		
	Strategic issues	What needs to be done?
1	<p>The rate of premature death from cancer in Stockton-on-Tees is statistically significantly higher than the national average.</p> <p>This gap has been created as a result of high mortality rates from lung cancer in Stockton-on-Tees.</p>	<p>Utilise community health champions to:</p> <ul style="list-style-type: none"> • help us understand how much knowledge the communities at most risk have around the signs and symptoms of lung cancer; • raise awareness around the signs and symptoms of lung cancer; and • encourage smokers to quit smoking using local stop smoking services. <p>Explore Lung Case Finding project, currently a pilot in South Tees.</p>
2	<p>Incidence, mortality and screening rates for residents from the most deprived areas of Stockton-on-Tees are worse than those from the most affluent areas of the borough.</p>	<p>Utilise community health champions to improve the uptake of cancer screening.</p> <p>Provide training to primary care settings to improve the uptake of cancer screening and reduce the variation between general practices.</p>

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Illness and Death

Circulatory disease		
	Strategic issues	What needs to be done?
1	<p>CVD events, hospital admissions and early mortality for chronic heart disease (CHD) are higher than the national average and cause a significant burden for health and social care.</p> <p>Behavioural risk factors for CVD such as smoking, obesity and alcohol consumption are high among the population in Stockton-on-Tees and there are significant health inequalities associated with these risk factors with deprived populations being disproportionately affected.</p> <p>Many people are not aware of the free NHS health check. Uptake, risk identification and management could be improved with better uptake.</p>	<p>Increase awareness and utilisation of social prescribing in primary care to support behaviour change; improve medium and long-term outcomes and reduce the burden on health and social care.</p> <p>Target stop smoking services and support to the most deprived areas and groups.</p> <p>Provide appropriate information and training to healthcare staff to ensure they have the skills and knowledge to advise patients who wish to use electronic cigarette as stop smoking aid.</p> <p>Develop a whole systems approach to improve physical activity and diet and reduce harmful drinking through healthy policies, health impact assessments and creating healthy environments across all organisations to prevent CVD.</p> <p>Increase awareness and uptake of the NHS health check and implement clear referral and follow up pathways.</p>
2	<p>There is a significant proportion of residents of Stockton-on-Tees who are not aware that they have hypertension, diabetes, high blood cholesterol, atrial fibrillation or chronic kidney disease and do therefore not receive any treatment to prevent the development of CVD.</p>	<p>Development of a Hypertension and Atrial Fibrillation (AF) intelligence reporting to identify good practices and encourage GP practices to improve disease detection and management.</p> <p>Evaluation of the AliveCor programme to see if it is effective in detecting and diagnosing AF.</p> <p>Full implementation of the NHS diabetes prevention programme across Stockton.</p>
3	<p>Not all patients receive the best standard of care for their condition. There is considerable variation between GP practices in the provision of the recommended treatment for hypertension, diabetes, high blood cholesterol, chronic kidney disease and atrial fibrillation.</p>	<p>Implementation of NICE guidelines, pathways and quality standards for the management of conditions related to CVD.</p> <p>Provision of training and support to GP practices to share audit data and systematically identify gaps and opportunities for improving the management of CVD related conditions and to reduce variation between practices.</p>

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Illness and Death

Diabetes mellitus		
	Strategic issues	What needs to be done?
1	<p>The number and proportion of people being diagnosed with diabetes in Stockton-on-Tees is rising each year.</p> <p>This is increasing demand upon existing primary, community and specialist services, requiring judicious use of existing capacity and resources.</p>	<p>A whole systems approach is required to prevent diabetes by ensuring people are empowered to make better choices in terms of diet and lifestyle; creating healthy environments (e.g. active transport) which enable people to be active and healthy.</p> <p>An integrated community based model should be considered to ensure a cohesive approach to diabetes care. Such a model would place the patient at the centre; so that they receive the care they need at the right place and at the right time.</p>
2	<p>It is estimated that 1.8% (n=2,635) of the population of Stockton-on-Tees has undiagnosed diabetes and 10.9% (n=17,175) have non-diabetic hyperglycaemia.</p>	<p>Implementation of improved processes and pathways to identify both undiagnosed diabetes cases and those who are at risk of developing diabetes.</p> <p>Identify those with non-diabetic hyperglycaemia <i>and</i> prevent them from developing diabetes e.g. through community weight management and the national Diabetes Prevention Programme.</p>
3	<p>There is a variation in the quality of diabetes care in primary care and in the community.</p>	<p>Improve the achievement of NICE recommended diabetes treatment targets (HbA1c, cholesterol and blood pressure) and diabetes treatment processes to drive down variation between practices and improve the uptake of structured diabetes education.</p> <p>Build further capacity and skills in primary care to reduce the variation of care.</p> <p>Reduce inequalities in the uptake of the diabetic eye screening service.</p> <p>Understand the inequalities and barriers of access to diabetic foot care.</p>

Illness and Death

Mental health		
	Strategic issues	What needs to be done?
1	The Borough of Stockton-on-Tees has a significantly higher incidence and prevalence of depression than both the regional and national averages.	<p>A whole systems approach is required to prevent/minimise the development of depression in the residents of Stockton.</p> <p>A single point of access model, with integrated services should be developed with patients at the centre. This would ensure that patients receive the correct care and support at the right time, in the right place.</p> <p>An understanding of the relationship between social isolation and loneliness and the prevalence of depression and anxiety across the life course within the borough is required.</p>
2	<p>Individuals with a serious mental health illness die approximately 15 – 20 years early than the rest of the population. This is primarily due to preventable physical health conditions such as cardiovascular disease and cancer. Stigma and discrimination also impact on individuals getting the help they need.</p> <p>Only 1 in 6 people who take their own life are engaged with Mental Health services at the time of death.</p>	<p>A whole system approach is required to prevent suicide and premature mortality. Local government, primary care, health, criminal justice services, voluntary organisations and local people affected by mental health all have a role to play.</p> <p>Those residents who have the potential to take their own life access a wide range of services (not just Mental Health services), therefore, we must ensure that a whole range of services are engaged with local plans.</p>
3	Dual diagnosis – Stockton has a higher than national average admissions for mental and behavioural disorders but a lower than national average number of adults in concurrent contacts with mental health services and alcohol misuse services.	<p>Provide a clear pathway for individual's with a mental health condition and issues relating to substance/alcohol misuse, to prevent individuals being bounced from one service to the other.</p> <p>Consider the co-location of services for alcohol/substance misuse, mental health and welfare support. Co-location/dual diagnosis co-ordination has been shown to increase the effectiveness of the interventions.</p>
4	<p>Underlying many of the issues children and young people face is resilience. Giving CYP the support and guidance to develop their own sense of self, to enable them to:</p> <ul style="list-style-type: none"> • Be able to cope with adversity • To weigh up evidence and reach decisions • Be able to self-regulate • To have empathy for others. 	<p>A whole system approach should be developed and implemented with the child's needs at the centre. Provide high quality maternal and perinatal care to help families build strong attachments and positive emotional health and wellbeing and ensure that all of our services consider the family as a whole, their strengths and their needs, and work together to develop solutions.</p> <p>Services should work proactively to identify CYP at risk of Adverse Childhood Experience (ACE).</p> <p>Work around resilience should be supported in schools and colleges.</p>

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Illness and Death

Oral health		
	Strategic issues	What needs to be done?
1	<p>Although children's oral health in Stockton-on-Tees is better than the national average, it is significantly worse in the most deprived areas of the Borough.</p> <p>Dental access rates for children from the most deprived areas of Stockton-on-Tees are low.</p>	<p>Implement water fluoridation in Stockton-on-Tees as per evidence from Public Health England.</p> <p>Poor oral health and obesity share common risk factors. Strategies and messages to reduce obesity should optimise the opportunity to integrate oral health messages.</p> <p>Increase dental attendance in younger children from the most deprived areas of Stockton-on-Tees to ensure preventative messages are given early.</p>
2	<p>Registrations and deaths from oral cancer in Stockton-on-Tees are higher than the national average.</p> <p>Dental access rates for adults from the most deprived areas of Stockton-on-Tees are low.</p>	<p>Behavioural risk factors for oral cancer such as smoking and alcohol consumption are high among the population in Stockton-on-Tees. There are significant health inequalities associated with these risk factors with deprived populations being disproportionately affected.</p> <p>Increase dental attendance for the residents at most risk of oral cancer in order to identify and treat as early as possible.</p>

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Illness and Death

Respiratory disease		
	Strategic issues	What needs to be done?
1	<p>COPD prevalence, COPD hospital admissions, and rates of early mortality due to COPD are all significantly higher than the national average.</p> <p>COPD prevalence is significantly higher in the most deprived areas of Stockton-on-Tees and one of the top five reasons for an individual requiring social care service provision.</p> <p>Many COPD care home admissions and hospital admissions are avoidable.</p>	<p>Ensure all patients with COPD receive education about their condition, self-management and prognosis in a format that is relevant and easy to understand.</p> <p>Improve the uptake of flu vaccinations and GP annual reviews for patients with COPD, particularly those that live in the most deprived areas.</p> <p>Provide training and increase the knowledge of front line health care staff to encourage smokers to use electronic cigarettes.</p>
2	<p>Asthma prevalence and emergency hospital admissions due to asthma in Stockton-on-Tees are higher than the national average. This is particularly high for children living in the most deprived areas of Stockton-on-Tees.</p> <p>Children aged 4-15 years who live in the most deprived areas of Stockton-on-Tees are six times more like to be exposed to passive smoking than those that live in the least deprived areas.</p>	<p>Ensure patients with asthma receive education under the community service care pathway about their condition, self-management and prognosis in a format that is relevant and easy to understand.</p> <p>Improve the uptake of flu vaccinations and GP annual reviews for patients with asthma, particularly those that live in the most deprived areas.</p> <p>Passive smoking should be discussed at all setting, especially professional who works with family with young children.</p>
3	<p>There is a variation in the quality of care that COPD and Asthma patients receive in primary care.</p>	<p>Implement the COPD and Asthma BTS guidelines.</p> <p>Implement COPD and Asthma NICE guidance.</p> <p>Provide training for staff.</p>
4	<p>It is estimated that 3.4% (n= 9,764) of the Stockton-on-Tees population has COPD, however, only 3% (n=8,693) has a confirmed diagnosis of COPD, This means that there are an estimated 1,072 people in Stockton-on-Tees who have COPD without knowing it and therefore are not being treated for it.</p>	<p>Improve the processes and pathways to identify undiagnosed COPD cases.</p> <p>Ensure Stockton-on-Tees residents who are at risk of developing COPD to take part in the Lung Health Check programme in a Primary Care setting.</p>

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Illness and Death

Self-harm & suicide		
	Strategic issues	What needs to be done?
1	Only 1 in 6 people who take their own life are engaged with Mental Health services at the time of death.	<p>A whole system approach is required to prevent suicide. Local government, primary care, health, criminal justice services, voluntary organisations and local people affected by suicide all have a role to play.</p> <p>Those residents who have the potential to take their own life access a wide range of services (not just Mental Health services), therefore, we must ensure that a whole range of services are engaged with local plans.</p>
2	There is insufficient robust local data (and therefore intelligence) to understand the needs of the people at risk of suicide in Stockton-on-Tees.	<p>Implement an information sharing agreement to gather information from a wider range of sources to understand the true impact of self-harm across Stockton-on-Tees</p> <p>This will enable us to fully understand the pathways and support required following reports of self-harm.</p>

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Illness and Death

Injuries

Commenced and due for completion before the end
of March 2019

Wider Determinants

Education		
	Strategic issues	What needs to be done?
1	<p>The educational attainment (and therefore life choices and outcomes) of the most disadvantaged children & young people (C&YP) in Stockton-on-Tees is significantly worse than those C&YP from less disadvantaged backgrounds.</p>	<p>In order to significantly improve the educational attainment rates of disadvantaged C&YP in Stockton-on-Tees, the following areas have been identified as requiring significant focus:</p> <ul style="list-style-type: none"> • School readiness; and • Emotional & Mental Health Well-Being (EMHWB). <p>Strategically this needs to be done in partnership with education, early years settings, health providers, the voluntary sector, and any other relevant stakeholders i.e. a 'whole systems approach';</p> <p>Securing joint commissioning and best value in commissioning in terms of external provision where needed.</p> <p>School readiness:</p> <p>Build capacity to support good language and communication development.</p> <p>Raise awareness with parents of the fundamental importance of language development.</p> <p>EMHWB:</p> <p>Access to sufficient intelligence around the mental health and wellbeing of children in Stockton-on-Tees is required to ensure our interventions are as effective as possible.</p>

Wider Determinants

Employment		
	Strategic issues	What needs to be done?
1	Barriers to work and high unemployment in deprived areas	Anchor institutions such as the local authority, hospitals, universities, registered providers of housing and large private sector organisations should lead by example and create a range of employment related opportunities and flexible jobs to enable under-represented groups and those furthest from the labour market to access employment. This could include, for example, job carving, supported internships, supported employment, Intermediate Labour Market (ILM) etc. Anchor institutions should also support their supply chain to do similar.
2	Lack of sustainable jobs	Public sector organisations and key employers can directly deliver more inclusive growth through their own employment and procurement and commissioning practices. Organisations should maximise training and employment opportunities through the active use of the Social Value Act in public procurement and commissioning. Provide support to keep people in employment, especially those with health and/or disability issues
3	Mismatch between skills supply and demand	An improved offer of impartial CEIAG is required with opportunities to gain experience of work and several meaningful encounters with business. Key stakeholders should be encouraged to become Enterprise Advisers as part of the Tees Valley Careers and Enterprise Company (CEC) work with schools and colleges to promote their sector and the opportunities available.
4	Lack of Apprenticeship Opportunities and awareness of vocational routeways	More apprenticeship opportunities should be created: Encourage Apprenticeship Levy paying employers to maximise their levy contribution by upskilling the existing workforce to be more productive and creating new apprenticeship positions through workforce succession planning. Encourage non-levy paying employers to recruit apprentices by offering a package of support, including financial.

Wider Determinants

Environment		
	Strategic issues	What needs to be done?
1	Local Air Quality requirements currently met, but standards due to increase and the threat of poor air quality remains, contributing to many chronic conditions.	<p>Convert the Council's vehicle fleet to clean fuels and electric, and support for Tees Valley wide shift.</p> <p>Available match funding to assist in securing external investment in electric vehicles and supporting infrastructure.</p>
2	Variations in the quality of urban development, public realm and streetscene have a negative impact on public health and wellbeing.	Investment, masterplanning and design strategies need to be developed for areas with poor streetscape, poor infrastructure, low housing quality and poor urban environment.
3	Not all residents derive the same level of benefit from Green Infrastructure due to variations in quality, quantity, accessibility and connectivity.	<p>Continue to develop and enhance green infrastructure.</p> <p>Facilitate greater community participation in the development and on-going management of local green infrastructure.</p> <p>Develop and support activities that increase use of natural environment.</p>
4	Rising fuel poverty levels in - Stockton-on-Tees and lack of access to affordable warmth increase cold related health conditions.	<p>Continue to invest in Warm Homes Healthy People.</p> <p>Further support promotions to encourage tariff switching and low energy costs.</p> <p>Investigate the feasibility of Stockton-on-Tees Borough Council becoming an energy provider.</p> <p>Support the implementation of district heating initiatives.</p> <p>Continue to encourage investment in works to improve the thermal properties of homes across tenures.</p>

Wider Determinants

Housing		
	Strategic issues	What needs to be done?
1	There has been an increase in the number of Stockton-on-Tees residents who are homeless or at risk of homelessness.	<ul style="list-style-type: none"> • Put in place formal arrangements between partner organisations (e.g. NHS, fire service, police, public health, social care etc.) to comply with the Duty to Refer under the Homelessness Reduction Act and to support a reduction in homelessness presentations. • Develop better intelligence around key cohort of complex individuals who cannot be accommodated using existing commissioned services due the nature of their behaviours/complex needs. • Reduce the use of bed and breakfast and temporary accommodation. • Maximise the effectiveness of commissioned housing related support.
2	There is a shortage of appropriate, good quality and affordable housing and a mis-match of available housing stock exacerbates the need to provide a range of options to meet the needs of a range of our most vulnerable residents.	<ul style="list-style-type: none"> • Put in place formal arrangements between partner organisations (e.g. NHS, fire service, police, public health, environment, transport, social care etc.) to ensure health impacts of housing stock are considered. • Explore the provision of a Housing First Model. • Support housing growth and increase choice. • Meet the housing needs and support vulnerable people. • Develop the range of accommodation options available for older people and those with disabilities. • Fund adaptations thereby enabling people to stay in in their homes longer and reduce stays in hospitals and care facilities.
3	The private rented sector continues to grow locally and nationally and we know that 7% of accommodation in the private rented sector in Stockton-on-Tees are recorded as having “poor” housing conditions. This creates a need to ensure safe and well managed accommodation is available. However, it is estimated that one in three homes in the private rented sector are not a decent standard.	<ul style="list-style-type: none"> • Put in place formal arrangements between partner organisations (e.g. NHS, fire service, police, public health, environment, social care etc.) to ensure an improvement in health and wellbeing through continuing to raise housing standards. • Raise awareness and support tenants in the private rented sector to be proactive in reporting housing condition issues to the Local Authority. • Implement an areas based, targeted intervention approach in areas of housing decline.

Wider Determinants

Transport		
	Strategic issues	What needs to be done?
1	There is a lack of funding for road safety education, training and publicity.	<p>In order to reduce road casualties there is an ongoing need for education, training and publicity targeted using available intelligence on accident trends.</p> <p>Continued targeting of education, training, publicity and engineering measures at identified user groups and sites across the Borough. This will be done using road safety statistical information and detailed within the road safety policy.</p>
2	A high proportion of Stockton-on-Tees resident's travel by private car. This is leading to many people leading a sedentary lifestyle.	<p>In order to encourage transport choice and improve everyday physical activity levels through active travel there is a need to facilitate and create increased opportunities for all to use walking and cycling to access education, employment and services.</p> <p>Develop a detailed walking and cycling strategy either locally or as part of the Combined Authority to ensure resources are targeted to achieve best value.</p>

**Complete, however, not yet signed off by either partnership and subject to change*

Wider Determinants

Crime

Commenced and due for completion before the end of March 2019

Poverty

Commenced and due for completion before the end of March 2019

Vulnerable Groups

Armed forces communities		
	Strategic issues	What needs to be done?
1	There is insufficient robust local data (and therefore intelligence) to understand the needs of armed forces communities in Stockton-on-Tees.	<p>Enhance the collection, use and analysis of data across the public, private and charitable sectors to build an evidence base to effectively identify and address the needs of Veterans.</p> <p>All relevant agencies in Stockton-on-Tees need to be asking about military connection and have recording mechanisms in place to evidence the impact of this.</p>
2	Working age, lower ranked veterans from the most deprived backgrounds who are in service for a shorter time have worse health outcomes than other veterans and the general population.	<p>All relevant agencies in Stockton-on-Tees need to be asking about military connection and have recording mechanisms in place to evidence the impact of this.</p> <p>Work closely with the armed forces to understand the needs of these veterans and ensure they receive the help and support required when returning to civilian life.</p>
3	Although the majority of veterans have similar health to the general population, there are a small number with extremely complex health needs.	<p>New and existing services need to be encouraged to utilise peer support and involve families in breaking down barriers to accessing support.</p> <p>Ensure the correct people are targeted and that the interventions and support are tailored to the needs of the individual.</p> <p>Work closely with the armed forces to understand the needs of these veterans and ensure they receive the help and support required when returning to civilian life.</p>
4	Veterans of working age (between 16 and 64) are less likely to be in employment than the general population.	<p>Anchor institutions such as the local authority, hospitals, universities, registered providers of housing and large private sector organisations should lead by example and create a range of employment related opportunities and flexible jobs to offer sustainable employment for veterans. This could include, for example, job carving, supported internships, supported employment, Intermediate Labour Market (ILM) etc. Anchor institutions should also support their supply chain to do similar.</p> <p>Understand the factors that are unique to Armed Forces Community compared to the general population.</p>

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Vulnerable Groups

Domestic abuse		
	Strategic issues	What needs to be done?
1	<p>Estimates show that there are over 3,500 unreported domestic abuse incidents in Stockton-on-Tees per year.</p> <p>It is estimated that victims are living with domestic abuse for 2-3 years before seeking help.</p> <p>On average, 85% of victims sought help five times from professionals in the year before they got effective help to stop the abuse.</p>	<p>Raise awareness amongst victims, perpetrators and referring agencies around domestic abuse to increase early intervention and reduce impact of abuse.</p> <p>Prevent missed opportunities for early intervention support.</p> <p>Deliver a co-ordinated community response to domestic abuse where partner agencies recognise early signs of abuse and explore support options and prevent missed opportunities.</p> <p>Raise awareness of support that is available. Increase involvement with services in more affluent areas, awareness raising needs to include areas of low deprivation.</p> <p>Encourage public debate about what abuse is.</p> <p>Ensure partnership working across agencies is a priority so Domestic abuse is everybody's business.</p> <p>Deliver an approach which focuses on prevention and early intervention.</p>
2	<p>In Stockton-on-Tees, it is estimated that at least 300 children may go on to become abusive or victims of abuse per year.</p>	<p>Education and awareness raising for children and young people around healthy relationships.</p> <p>Ensure specialist services provide early intervention support to children and young people exposed to domestic abuse and showing signs of abusive behaviours.</p>
3	<p>Stockton-on-Tees has a higher rate of domestic abuse crimes than the national average.</p>	<p>Ensure specialist services provide early intervention support for victims and encourage behaviour change in perpetrators to reduce repeat victimisation.</p> <p>Change the culture of acceptance. Raise expectations of a life free from abuse and encourage healthy relationships. Create a culture where Domestic abuse is socially unacceptable.</p> <p>Design and evaluate services based on evidence base and identified need.</p> <p>Continue to consult with service users and stakeholders on service development and monitor national pilot programmes to ensure good practice is followed.</p> <p>Review commissioned service where needed.</p>

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Vulnerable Groups

Child sexual exploitation		
	Strategic issues	What needs to be done?
1	The number of Child Sexual Exploitation (CSE) incidents and crimes are considerably increasing each year, notably online-related CSE.	<p>Ensure the communication and sharing of resources with children/young people, parents, families and communities of the exploitation of children/young people through digital technology/social media. In particular with a focus those under the age of 13.</p> <p>Implement robust early intervention and preventative mechanisms and ensure effective sharing of information between partner agencies and the voluntary sector.</p> <p>Collect Police information on disruption activity for digital profiling.</p> <p>Develop the understanding of CSE across the local authority workforce.</p>
2	Many victims of CSE are not receiving support beyond their 18 th birthday.	Ensure there is an appropriate and effective transition to adult services for those young people identified as vulnerable to sexual exploitation beyond their 18th birthday.
3	<p>Local experts believe that the following groups are underrepresented in local figures:</p> <p>Boys/young men</p> <p>It is likely that male victims are unrepresented as a result of a lack of disclosure.</p> <p>Children with disabilities</p> <p>Disabled children are over three times more likely to be abused or neglected than non-disabled children, yet we currently don't have or historically haven't had any children who are from the Disabled Children's Team discussed by the vulnerable, exploited, missing and trafficked (VEMT) group.</p> <p>BME</p> <p>BME victims are likely to be under-represented because of barriers to reporting and accessing services.</p>	<p>Ascertain that certain groups are currently represented in local figures.</p> <p>Raise awareness of CSE with children and young people, parents, families and communities for all target groups.</p>
4	The majority of CSE incidents and crimes are from the most deprived areas of Stockton-on-Tees.	Ensure CSE awareness training is tailored to the needs of residents in the most deprived areas of Stockton-on-Tees.

Vulnerable Groups

Migrants		
	Strategic issues	What needs to be done?
1	There are a high number of asylum seekers and refugees diagnosed with mental health problems (particularly depression), however, only a small proportion of them have accessed any mental health support.	<p>To provide appropriate and meaningful Civic Orientation programme to asylum seekers to ensure they receive basic information about how things work, 'do's and don'ts' and health information to improve their health literacy.</p> <p>Boost English language skills by organising community-based English language support and conversation clubs for asylum seekers, especially in the first 6 months of their application for asylum.</p> <p>Provide social prescribing support to asylum seekers and refugees to ensure they have the connection with local non-clinical based services.</p>
2	There is insufficient robust local data (and therefore intelligence) to understand the needs of migrants in Stockton-on-Tees.	Use qualitative measures and local consultations to identify the needs of asylum seekers and refugees who are the most vulnerable groups amongst the migrant population.

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Vulnerable Groups

Learning disabilities

Commenced and due for completion before the end of March 2019

Physical disabilities

Commenced and due for completion before the end of March 2019

Sensory disabilities

Commenced and due for completion before the end of March 2019

Carers

Commenced and due for completion before the end of March 2019

End of life care

Commenced and due for completion before the end of March 2019

Frailty

Commenced and due for completion before the end of March 2019

Vulnerable Groups

Travellers

Topic lead identified, due to commence April 2019

Offenders

Topic lead not yet identified

Sexual violence victims

Topic lead not yet identified

Looked after children

Topic lead not yet identified

Children in need

Topic lead not yet identified

Special educational needs

Topic lead not yet identified