

CONSULTATION BRIEFING NOTE

Joint Health and Wellbeing Strategy Consultation (2013 – 2018) – Stockton-on-Tees

The Stockton-on-Tees Health and Wellbeing Board are developing a Joint Health and Wellbeing Strategy. The purpose of this strategy is to set out how the health and wellbeing needs of the population of Stockton-on Tees will be addressed over the coming years. The strategy focuses on improving health and wellbeing, tackling health inequalities, and considers the wider determinants of health such as housing, education and the environment.

The Council has produced a draft Strategy which it is consulting on between 12th July and 25th August 2012.

All people who are interested in the health and wellbeing of those who live and work in the Borough are invited to participate in this consultation. To do so, please:

- Have a look at the draft Strategy online and complete the online 'Joint Health and Wellbeing Strategy Consultation' questionnaire by double clicking on the following link, or copying and pasting it into your Internet Explorer browser pane: (www.stockton.gov.uk/healthstrategy).
- Or, request a paper copy of the strategy and questionnaire using the contact details provided below to.

The closing date for receipt of all questionnaires is 25th August 2012.

There are also a number of public engagement events which members of the public and stakeholders are invited to attend on the following dates:

| Date | Time | Venue |
|--|--------------|--|
| Tuesday 7 th August 2012 | 5.30-7.30 pm | Large Hall, Eaglescliffe Community Centre, Durham Lane, Eaglescliffe. TS16 0EH |
| Wednesday 8 th August 2012 | 5.30-7.30 pm | Cowpen Training Centre, Hereford Terrace, Billingham, TS23 4AA. |
| Tuesday 14 th August 2012 | 5.30-7.30 pm | Stockton Central Library, Church Road Stockton-on-Tees, TS18 1TU. |
| Wednesday 22 nd August 2012 | 5.30-7.30 pm | Thornaby Pavilion, Town Centre, Thornaby, TS17 9EW. |

- If you have any queries about the consultation or would like a paper copy of the draft strategy or questionnaire, please contact: Laura Poppleton on laura.poppleton@stockton.gov.uk or 01642 527054.

FINAL DRAFT – 12th July 2012

DRAFT Joint Health & Wellbeing Strategy

Stockton-on-Tees

2013 - 2018

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Foreword

Executive Summary

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 the 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.

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 the nation’s health and to improve the health of the poorest fastest”.

To do this we have identified a number of key areas of focus which as a Board we will consider in particular depth – challenging our partners and stakeholders to support approaches that cohesively mirror this direction of travel. However, as part of the process we recognise that there is already significant work in place that will support these areas to flourish.

Our challenge is creating a strategy 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 or 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.

Our strategy will focus on the cross cutting issues or where additional plans need to be put in place to address the priorities identified. The development of Delivery Plans is discussed in the later sections of this Strategy. Individual organisations/ stakeholders will also continue to contribute to their own local planning and service arrangements.

As part of the consultation process we want to get feedback on the general approach and consideration of the relative priorities within the Strategy.

| Give every child the best start in life | |
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| <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 child 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 immunizations/ vaccinations • Improve the mental health and wellbeing of our children and young people • Develop better care pathways for childhood illnesses |

Enable all children, young people and adults to maximise their capabilities and have control over their lives

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| <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 estimated 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 at 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. • Improve school readiness. • Expand the range of mental health services for children and young people. |
| <p>Expand and enhance the range of opportunities for skills and work training.</p> | <ul style="list-style-type: none"> • Increase the number of apprenticeships. • 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.</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 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 Not in 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 for 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. • For parents of young children, access to child care and 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 support 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"> • Increase the range of employment opportunities • Work with employers to better understand their needs • Improve training & education to employment pathways (targeted training & education based on local labour market) • Target programmes for 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 • Target programmes for vulnerable groups • Work with employers to better understand their needs |
| <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"> • Develop 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 (Targeted training & education based on local labour market) • 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 | |
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| <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 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 | |
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| <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 76 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 admissions for diabetes and asthma between 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 4700 people with undiagnosed COPD. | <p>What Works:</p> <ul style="list-style-type: none"> • Improving housing impacts on health and reduces excess winter deaths • Interventions that promote social contact can positively affect health and wellbeing • Physical activity improves emotional health and wellbeing • Good quality 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 • Ensure that local employers 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 • Develop independent living options particularly for older people • Reduce variation in health care to 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 a reduction in smoking prevalence there are marked differences 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 • Tackle the drinking culture and reduce the harmful impact of alcohol on communities, families and individuals • Improve our drug treatment system to increase the number of people who move out 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 to 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 |

Communications and Engagement

Our plans are in draft as we want feedback on the detail to ensure that the direction of travel outlined in this Strategy is comprehensive and covers the key issues for the people of Stockton.

We will be running consultation sessions, surveys and attending local community meetings in order to get feedback on our plans. This will help inform any changes we make to the Strategy.

Enabling Infrastructure

Safeguarding

At the core of what we plan to do will be to safeguard children and adults. All our plans should consider the safeguarding requirements, including how we protect vulnerable individuals from harm and neglect.

Workforce

In order to address our workplan we need to ensure that we have the right workforce, to help maximise the opportunity to make every contact a health improving contact.

Our workforce covers a wide range of people in a number of different sectors and settings. There needs to be greater training and support for workforce to undertake evidence based approaches in supporting our population to be healthier. This may be around brief interventions, enabling people to be signposted to the right services, providing support for our population to take responsibility to be as healthy as possible or offering treatment for a variety of illnesses and conditions.

There needs to be further work in identifying, building and developing community champions. People who can be advocates for health and wellbeing in all our communities to signpost and help build resilience and responsibility so that we have a network of “ambassadors for health and wellbeing” across communities, organisations and partners.

In all areas it is essential that Safeguarding is built into the agenda so that it is incorporated into the training and development of the workforce. This strongly links to the requirement to build health and well-being into everyone’s job role as a mandatory responsibility.

As significant employers in the area the Public Sector should review the workplace and surrounding environment to ensure it can support and promote health and well-being for both the workforce and the client groups we support.

Funding and Integration

The plans we have will require investment from a range of partners. Where we can pool budgets, when it makes sense to do so, we will. Our local Clinical Commissioning Group, Public Health England and the NHS Commissioning Board have responsibility for the planning and funding of a range of NHS services are committed to align their plans to the key issues identified within this strategy. Similarly, the investment plans for the Local Authority, including the Public Health budget, will also need to link back to the priorities and outcomes identified here.

We recognise that there are a number of challenges for the public sector in balancing the demands for services and changing demographics against a reducing funding envelope. The work of the Health and Wellbeing Board and Partnership should help this Strategy

ensure that investment decisions are aligned to need and help make best use of the available resources.

Evidence Base & Information Systems

We need good evidence on which to base decisions and show the impact of our programmes on our population and communities. We need to use, and contribute to, the development of a strong evidence base. To do this we need information systems that collect the right information to inform our future planning and commissioning approaches. We should build on existing systems and maximise the functionality of our information systems.

Our data needs to be analysed and interpreted for key decision makers to help inform how well services are performing, identifying where there may be unmet need or help target programmes. The need to collect good quality information on a variety of issues is a common theme throughout the JSNA.

There will be a number of measures that will be assessed nationally and we will be able to benchmark our performance across the NHS and Local Authority via the various outcomes frameworks that have been put in place.

How we will be held to account / 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.

Next Steps

As part of the consultation process we want to get feedback on the general approach and consideration of the relative priorities within the Strategy. Feedback on this document is welcomed. Please send your comments to laura.poppleton@stockton.gov.uk by **25th August 2012**. This will help shape the detail of the Strategy and our local Delivery Plan.

The Strategy should then guide and support the development of commissioning plans for healthcare, social care and public health services.