

Stockton-on-Tees Joint Health and Wellbeing Strategy 2012-2018



Stockton-on-Tees
BOROUGH COUNCIL

Health and Wellbeing

Big plans for the health of our people

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

We have shaped the plan around what we know, 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.



A handwritten signature in black ink that reads "Beall". The signature is written in a cursive, flowing style.

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



A handwritten signature in black ink that reads "P. S. Kelly". The signature is written in a cursive, flowing style.

Professor Peter Kelly
Director of Public Health
Stockton-on-Tees

Introduction



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.

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.

We aim “to improve and protect our resident’s health and to improve the health of the poorest fastest” and this strategy and associated plans will provide a vehicle to meet this ambition.

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 Stockton-on-Tees’ 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**



What we Know:

Our JSNA shows that in Stockton-on-Tees:

- 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.

Our Objectives:

Develop comprehensive early support for families.

Enhance the offer of good quality early years education and childcare.

Improve access to evidence based programmes to support healthy lifestyles with effective follow on support for those who need further support and treatment.

What Works:

- 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.

What we will do:

- 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.
- Improve how prepared children are for school
- Improve the quality of childcare and education.
- 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**



What we Know:

Our JSNA shows that in Stockton-on-Tees:

- 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.

Our Objectives:

Improve the educational outcomes for our children and young people.

Expand and enhance the range of opportunities for education, skills and work training.

Enhance the quality of life for people with a Long Term Condition.

Maximise choice and control across health and social care.

What Works:

- 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.

What we will do:

- Improve the quality of education
- Expand the range of mental health services for children and young people.
- Develop more work based learning opportunities
- Improve training and education to employment pathways.
- Improve care pathways
- Increase self-management and support
- Improve the support for carers.
- 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**



What we Know:

- 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%).

Our Objectives:

Have good employment opportunities for all.

- 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.

To increase the number of adults with learning disabilities in settled employment.

Foster enterprise, initiative, and growth; allowing businesses to have access to the most appropriate training and education.

Encourage employers to take forward health improvement initiatives that support their staff to be healthy.

To increase the skills base of the population to match existing and future growth sectors.

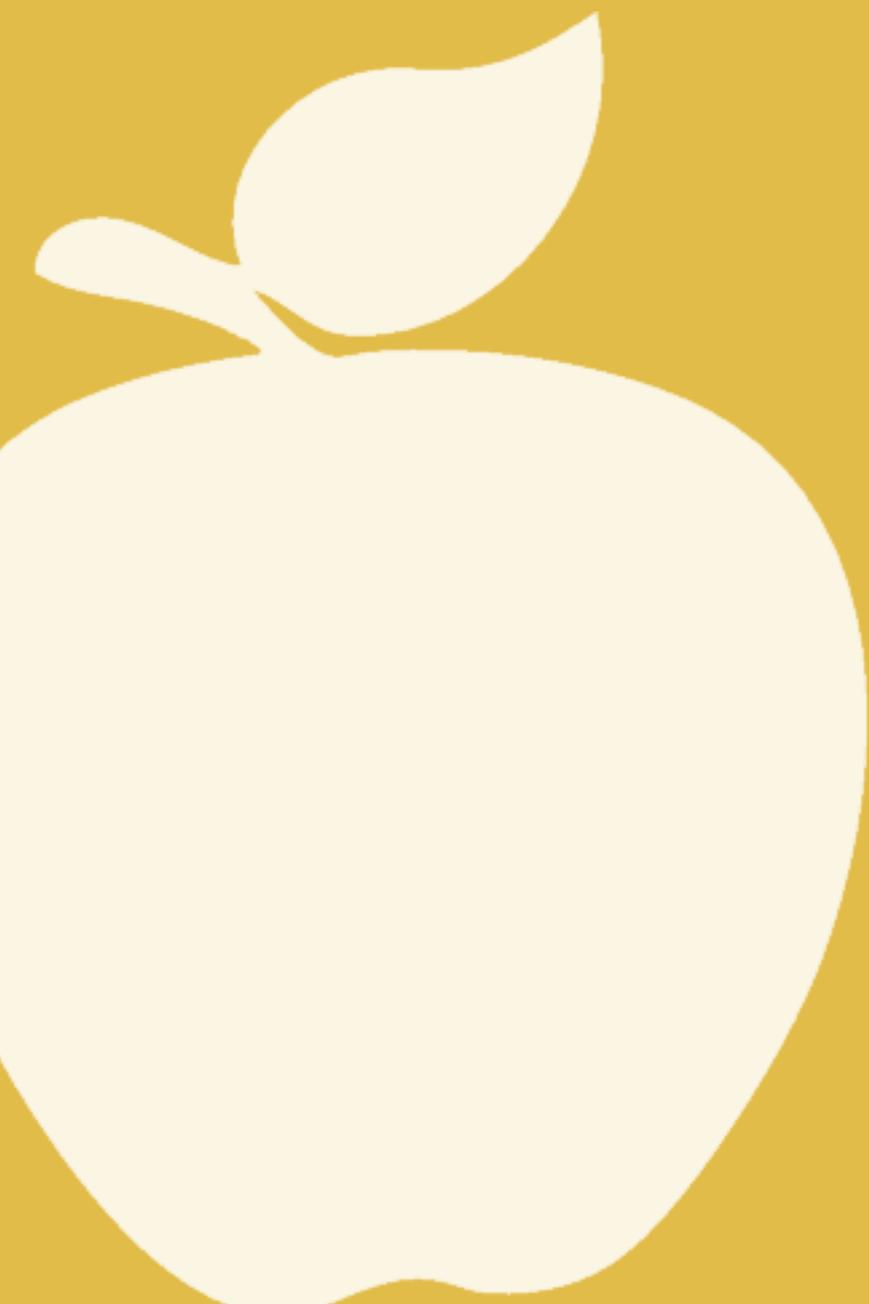
What Works:

- 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.

What we will do:

- Improve training & education to employment pathways
- Increase the range of employment opportunities
- Target programmes at vulnerable groups.
- Increase the range of employment opportunities.
- 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.
- Increase the number of better health at work accredited workplaces.
- 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**



What we Know:

- 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.

Our Objectives:

Support every resident to access the range of benefits that they are entitled to.

Lobby to establish a minimum income for healthy living for people of all ages.

What Works:

- 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.

What we will do:

- 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.
- Monitor the impact of welfare reform to assess the consequences and highlight them regionally and nationally.



**Create and
develop healthy
sustainable
places and
communities**

What we Know:

- 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.

Our Objectives:

Have healthy places to live, work and play.

Have care closer to home.

Have vibrant and cohesive communities.

What Works:

- 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 green and open spaces improve physical and mental health.

What we will do:

- 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.
- 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.
- 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



What we Know:

Our JSNA shows that in Stockton-on-Tees

- 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.

Our Objectives:

Increase the number of people adopting healthy lifestyles including good mental health.

Identify and treat illnesses earlier and offer better disease management and help people recover following ill health or following injury.

What Works:

- 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.

What we will do:

- Reduce smoking prevalence and address tobacco control
- 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.
- 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.



**Delivering
the Strategy**

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

As part of the consultation around the Health and Wellbeing Strategy there was a range of feedback about making sure we got some of the infrastructure right. Some of the elements are considered below:

Communications and Engagement

Responsibility for being as healthy as possible and making positive lifestyle choices was reiterated as part of the feedback to the draft strategy. A key component of being responsible was ensuring that there was the right education and consistent messages across a range of partners, at a community and individual level. We have recognised this is an important part of

the work around embedding the health and wellbeing strategy and will develop additional plans around communications and engagement that helps support this work.

Workforce

In order to achieve the aims and objectives in this strategy 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 the workforce to adopt evidence based approaches in supporting our population to be healthier. This may be around brief interventions, signposting people 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. The standards of training for some specific roles and responsibilities within the health and social care sector has been highlighted. The importance of care with dignity and consistent care standards are particularly important.

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.

Safeguarding

Safeguarding across adults and children is one of our cross cutting principles which we will refer to and consider in all our areas of work and any plans that may be developed. We will work collaboratively with our range of statutory and third sector partners to put in place measures that safeguard those vulnerable people living in our communities regardless of race, gender, age, or disability.

We will develop and embed a culture that enables those most vulnerable people to:

- Be protected from harm and abuse
- Get the best possible start in life
- Develop positive relationships, self-confidence to enable them to respond to and deal with the many challenges and changes they may be required to face up to
- Live in safe and supportive communities/environments
- Strengthen and support positive family relationships
- Achieve positive physical and mental health wellbeing
- Build and maintain strong safe networks and have access to advice and support that protects and promotes their safety and wellbeing throughout life.

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 and 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 within this strategy.

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. There may be some difficult decisions to be made, but we will focus on what will make the biggest impact against the aims and aspirations outlined in this strategy.

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. This is particularly important in assessing where universal or targeted approaches need to be considered or where we need to provide a clear rationale for why some programmes have been funded or not. 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 helping to 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 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.

