

Our Better Health and Wellbeing Strategy

2013-16



A Message From The Chair Of The Health And Wellbeing Board

I am pleased to introduce Our Better Health and Wellbeing Strategy (2013-16) for South Tyneside.

This is our first joint Health and Wellbeing Strategy, which concentrates on a small number of agreed strategic priorities that will make a significant difference to increasing the health and wellbeing of all people in South Tyneside.

As set out in the Government's Health White Paper 'Healthy People Healthy Lives' (2011) South Tyneside Council will be given responsibility for health improvement in the borough and for ensuring that health, adult and children services are joined up through the creation of a new Health and Wellbeing Board.

Our Better Health and Wellbeing Strategy provides the overarching framework for our Health and Wellbeing Board to agree commissioning plans for the NHS, social care, public health and other services.

South Tyneside will make the most of this opportunity to improve health and wellbeing and reduce health inequalities. Our Health and Wellbeing Board will be responsible for the delivery of the Strategy and for improving those services and living conditions that have greatest impact on the health of our local population.

By focusing on a small number of selected priorities, the Health and Wellbeing Board will be in a better position to develop, integrate and embed action across sectors and services that will support the achievement of agreed outcomes and our vision to:

Work in partnership to improve the health, wellbeing and quality of life for our children, adults and families and reduce health inequalities, to help people live longer and healthier lives



Councillor Iain Malcolm

Leader of the Council

Contents

A Message from the Chair of the Health and Wellbeing Board	3
Introduction	5
About South Tyneside.....	6
Theme 1: Prevention and the life course journey	9
Theme 2: Tackling Youth Unemployment.....	12
Theme 3: Reducing Social Isolation amongst Older People.....	14
Theme 4: Improving the Quality, Integration and Efficiency of Local Services	16
Involving People in Our Better Health and Wellbeing Strategy.....	18

Introduction

The strategy uses a 'life-course' approach to health and wellbeing and identifies, from our Joint Strategic Needs Assessment (JSNA), risks to health and wellbeing that are cumulative over a person's lifetime. Approaches to address these risks, which require the commitment of partners, innovative ways of working and evidence of best practice, are also identified.

Our Health and Wellbeing Board, which has the strategic overview for this work, is mindful that the implementation of this strategy is being undertaken at a time of significant change and stringent financial challenge.

The continuing engagement of local residents and ongoing consultation with service user groups will help ensure that we have up to date and relevant information on unmet needs and local assets. This will support and feed into our JSNA and the continuing development of this strategy.

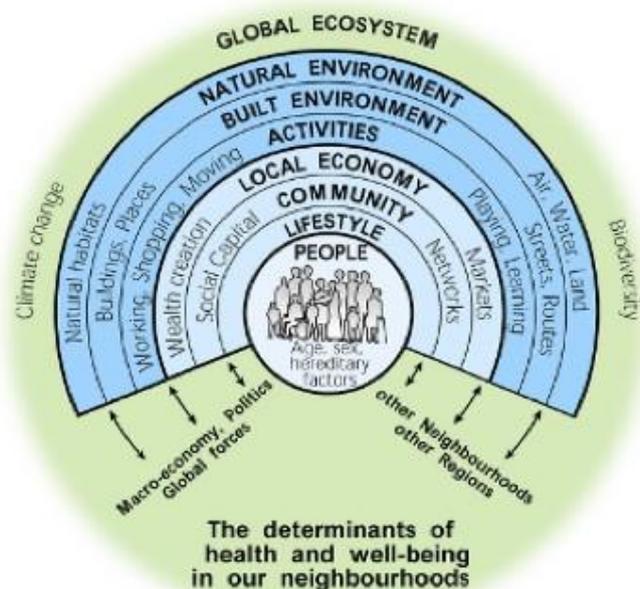
Local people are at the heart of this strategy and the priorities are aimed at addressing risk and supporting individual resilience at selected stages of the life course.

A complex mix of factors determine how long someone will live and what the quality of their life will be during their life. These include lifestyle factors such as smoking, alcohol, exercise, and nutrition, and what is often called the 'wider determinants of health' such as poverty, education, employment, housing, social networks and access to healthcare.

There is a recognition that the challenges facing our communities are of such a scale that only by working in partnership can we achieve the significant improvement in outcomes and the ability to address the wide range of influences on a person's health.

We are also facing challenges in the level of resource available and by working collectively we can ensure we can provide integrated services.

This strategy sets out the changes that the Health and Wellbeing Board is collectively seeking to achieve with, and on behalf of, local people. The strategy aims to provide added value by focusing on strategic priorities where the Health and Wellbeing Board can make a real difference in supporting the achievement of outcomes across wider determinants, prevention and early intervention and the development of integrated working in relation to health and social care.



About South Tyneside

We've got a lot going for us, including a rich cultural heritage, spectacular scenery and a strong community spirit.

- South Tyneside covers 64 sq. km and includes the towns of South Shields, Hebburn and Jarrow and the villages of Boldon, Cleadon and Whitburn
- The borough has a population of 153,700 and projections show this could rise to 163,800 by 2031
- South Tyneside sits within the Tyne and Wear conurbation - boundaries include the River Tyne and the North Sea
- The latest Index of Deprivation (2010) shows that South Tyneside has improved from 27th most deprived local authority area in England to 52nd (out of 326) however, deprivation and poverty remain real issues for the Borough



The South Tyneside Vision

We have a vision to make South Tyneside an outstanding place to live, invest and bring up families.

To achieve our overall vision we have agreed 10 strategic outcomes under the themes 'People' and 'Place'. These are the things we will achieve over the next 20 years:

People

- Better education and skills
- Fewer people in poverty
- Protect children & vulnerable adults
- Stable and independent families
- Healthier people

Place

- A regenerated South Tyneside with increased business and jobs
- Better transport
- Better housing & neighbourhoods
- A clean and green environment
- Less crime and safer communities

In 2011, we identified the four most pressing outcomes for the next five years. These continue to be our main focus for improvement, whilst we maintain a clear commitment to progressing our other outcomes:

- Stable and Independent Families
- Healthier People
- A Regenerated South Tyneside with Increased Business and Jobs
- Better Housing and Neighbourhoods

Our Better Health and Wellbeing Strategy directly underpins the delivery of the Healthier People outcome. However, our approach to health and wellbeing means that it will also contribute to all of our other strategic outcomes.

Joint Strategic Needs Assessment (JSNA)

The Joint Strategic Needs Assessment is the way we draw together all information about local people's health and wellbeing, and helps us to plan current and future interventions and services. It also provides us with the evidence of 'what works' ensuring we use our resources wisely. It can also identify where we need to find out more about particular groups within our communities.

The JSNA has underpinned the development of the priorities in our Health and Wellbeing Strategy and has provided key areas of need that will require a longer term approach.

Key needs have been highlighted below

Proportion of mothers smoking throughout pregnancy remains significantly higher than the North East and England average

Breastfeeding rates are lower than the England average and not increasing sufficiently over time

Over half of children live in low income families

Number of Looked After Children is comparable to neighbouring authorities but higher than the England average

Smoking, alcohol use, sexual health and emotional wellbeing for young people are key issues to be addressed

Youth unemployment higher than regional and national average

Job seeker allowance claims are higher than the North East and England average

Life expectancy is increasing but the gap is not closing

Nearly half of the population live in areas among the 20% most disadvantaged across England

Health inequalities gap in relation to early deaths due to all cancers, respiratory and circulatory diseases

The rate of alcohol related hospital admissions has increased and is higher than the national average

Rates of smoking highest among young adults 18-24, adults 35-54 years

Adult obesity rates estimated to be 17% of males and 18% of females

21,000 adults in South Tyneside have been diagnosed with depression

The number of people diagnosed with dementia in South Tyneside has risen to 1,047

Increasing older population with high dependency on services

Our Strategic Priorities

To ensure we focus our combined efforts where we can make the biggest difference for local people, this early strategy will focus on 4 key areas:

1. Improving health and well-being and reducing inequalities through prevention and early identification of risk
2. Tackling youth unemployment
3. Reducing social isolation in older people
4. Improving the quality, integration and efficiency of local services provided by South Tyneside Council, NHS and partners

The review identified six key objectives which we have taken into consideration, and will also use as a basis for the longer term Health and Wellbeing Strategy:

- 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 fair standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

Policy Context

Marmot Review

Our strategy has taken into account Sir Michael Marmots review of health inequalities 'Fair Society, Healthy Lives'. This is crucial as it identifies the importance of wider influences on health including poverty and housing. The review argues that actions to reduce health inequalities should have a universal focus (i.e. apply across the board to all communities / groups) but should be implemented in such a way that the scale and intensity of work undertaken recognises these levels of disadvantage of different groups. By using the JSNA we will be seeking to develop this way of working.

We will seek to achieve positive change in those people who are most vulnerable by using Marmot as a guide and detailed information from our JSNA to ensure we are addressing the needs of the most disadvantaged groups. We will also utilise tools such as health impact assessment and health equity audit – these will help us in the planning of future services and measuring existing services to assess who is, and who is not being reached.

Healthy Lives, Healthy People

We have also taken account of Healthy Lives, Healthy People – the Public Health Strategy for England in shaping our local strategy – focusing us on a life course approach.

Other policy and legislative documents that have influenced and shaped the development of this strategy include:

- Equity and Excellence: Liberating the NHS
- No health without mental health: A cross-government mental health outcomes strategy for people of all ages
- A Sure Start to Later Life: Ending Inequalities for Older People. A Social Exclusion Unit Final Report. Office of the Deputy Prime Minister: London.



Prevention and the Life Course Journey

It is clear from the evidence available that action to improve health and wellbeing and tackle inequalities must start before birth and continue throughout childhood into adult life to break the links between early disadvantage and poor outcomes. For this reason the Strategy recognises the importance of giving children the best start in life. It also gives high priority to strengthening the role of improving health.

The Life Course Perspective offers a broader way of looking at health and wellbeing, over a life span - not as disconnected stages (infancy, childhood, adolescence, adulthood, old age) unrelated to each other, but as an integrated whole. It suggests that a wide range of influences impact on our health over the course of our lifetime. This perspective suggests that each life stage influences the next, and that social, economic, and neighbourhood environments acting across the life course have a profound impact on individual and community health.

The strategy recognises the need to invest in activities to prevent or delay factors that have a negative impact on people's lives. It includes a focus on social determinants of health and environmental factors affecting health, and building strategic alliances that include the involvement of service users and community networks.

This perspective shifts our thinking from disease orientation to one of community empowerment that focuses on the optimisation of health and wellbeing, using assets and resources to achieve positive health and wellbeing outcomes.

Prevention and the Life Course Journey – Children and Young People

Outcome: A Good Start in Life

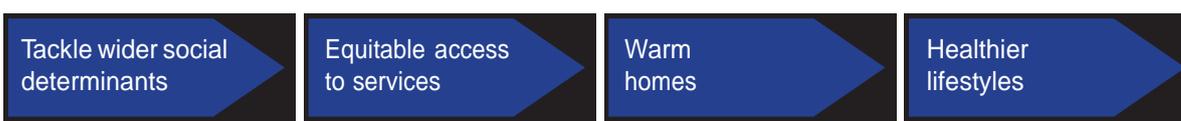


What works	
<ul style="list-style-type: none"> The foundations for physical, intellectual and emotional development are laid in early childhood Not smoking in pregnancy decreases the risk of premature birth and low birth weight Breastfeeding improves the health of babies Secure attachment promotes development of self esteem, resilience and strong internal locus of control Family approaches to tackle childhood obesity are more effective than interventions targeting children Adverse circumstances can affect health and wellbeing for life, from obesity, heart disease and mental health problems to low educational attainment and poor economic status 	
<ul style="list-style-type: none"> Interventions in the early years of a child's life are more cost effective than later remedial action 	
JSNA Findings	Key Actions
<ul style="list-style-type: none"> 26% of pregnant women smoke compared to the national average of 14% Maternal obesity is 22% which is higher than North East average of 19% 	<ul style="list-style-type: none"> Review and improve smoking in pregnancy pathway to decrease rate of smoking at time of delivery Extend the pilot multi-disciplinary prevention and early intervention programmes targeting pregnant women with high risk – smoking, alcohol/drugs, domestic violence, depression
<ul style="list-style-type: none"> Breastfeeding rates (53%) are significantly lower than the national average (74%) Teenage pregnancies are higher than the national average 11% of 4-5 year olds and 22% of 10-11 year olds are classified as obese both higher than the England average 	<ul style="list-style-type: none"> Continue to expand the breastfeeding peer support programme Continue to improve access to evidence based parenting programmes targeting high risk families Introduce 'think family' evidence based programmes/interventions
<ul style="list-style-type: none"> Deprivation is higher than the England average and 52% of children live in low income families compared to 42% in England overall Number of looked after children and children with child protection plans is higher than the England average Domestic violence – 43 children a month are known to be involved in domestic violence incidents 	<ul style="list-style-type: none"> Reconfigure obesity service (targeting the family) and improve pathway Implement the prevention and early intervention strategy to support action to address poverty at local level Focussed and integrated approach to prevention and early intervention to reduce number of children and young people entering the care system Review domestic violence services and commission a new model to ensure the majority of victims (women and children) are given the support they need and perpetrators helped to change their behaviour
<ul style="list-style-type: none"> 44% (boys) and 42% (girls) of 14-15 year olds have consumed alcohol The proportion of 14-15 year old girls that smoke (27%) is higher than the England average 	<ul style="list-style-type: none"> Build into the service delivery system a model of risk and resilience, to ensure better targeting of children and young people across the four levels of need Actively engage in the Department of Health consultation on Plain Packaging
<ul style="list-style-type: none"> Emotional wellbeing among 12-13 and 14-15 year old girls is significantly lower than the England average 	
Key Recommendations	
<ul style="list-style-type: none"> Ensure that support is given to pregnant women to decrease rate of smoking at time of delivery and reduce maternal obesity. Actively engage in the Department of Health consultation on Plain Packaging Develop improved interventions to prevent obesity across the lifespan 	
<p>Adopt an integrated approach to prevention and early intervention and embed a risk and resilience model</p>	

for young people encompassing tobacco, alcohol, physical activity, sexual health and emotional health and wellbeing

Prevention and the Life Course Journey – Adults and Older People

Outcome: Increased Healthy Life Expectancy with Reduced Difference between Communities



What works

- Effective action on health inequalities needs action in a wide range of policy areas but in particular on education, employment, housing, transport and the environment
- Poor housing is associated with poor health and cold housing contributes to excess winter deaths
- Reducing behavioural risk factors (e.g. smoking, being overweight etc) in adults /older people significantly increases both quality and length of life (irrespective of any pre-existing long term condition)
- Interventions such as social prescribing initiatives, which provide community based non-medical sources of support to improve personal wellbeing, are cost-effective and increase disability-free life expectancy
- For maintaining health and function in old age, the social, mental, economic and environmental determinants of health in old age must be taken into account

JSNA Findings	Key Actions
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<ul style="list-style-type: none"> • Life expectancy is increasing but is still lower than the England average. In South Tyneside life expectancy is 7.7 years lower for men and 12.2 years lower for women in the most deprived areas than in the least deprived areas • Over half of the life expectancy gap between South Tyneside and England is due to higher rates of mortality due to cancer and circulatory disease (heart disease and stroke) • The incidence of Chronic Obstructive Pulmonary Disease continues to rise 	<ul style="list-style-type: none"> • Increase healthy life expectancy by commissioning a wide range of evidence-based CVD, cancer and COPD services to improve prevention, early identification, treatment and rehabilitation • Improve diagnosis and early treatment of stroke and diabetes • Increase take up of NHS Health Checks to identify those at risk of vascular disease
<ul style="list-style-type: none"> • Adult smoking has improved in recent years with 26% smokers compared to the England average of 22%. However, rates of smoking related deaths continue to be higher than average • Estimated levels of adult 'healthy eating' and obesity are worse than the England average • There is increasing and higher risk drinking and hospital stays for alcohol related harm are higher than the England average • 21,000 adults (18%) have been diagnosed with depression 	<ul style="list-style-type: none"> • Improve access to preventative services e.g. stop smoking, alcohol and weight management services in high prevalence low up take areas • Support programmes that encourage a proactive approach to self care • Continue to implement a comprehensive tobacco control approach • Establish a comprehensive partnership approach to tackle obesity • Work with the voluntary and community sector to develop Social Prescribing • Improve early identification of and treatment for depression and implement the Happiness and Wellbeing Strategy
<ul style="list-style-type: none"> • The number of people with dementia is rising and our ageing population means this trend is likely to continue 	<ul style="list-style-type: none"> • Develop and implement a new model for delivering dementia services
<ul style="list-style-type: none"> • Fuel poverty in all households in South Tyneside is increasing and is significantly higher than the England average 	<ul style="list-style-type: none"> • Ensure the work of housing services and South Tyneside Homes are integrated into care pathways to address fuel poverty and excess winter deaths • Encourage all agencies to include the health impact of their policies to address wider determinants of health i.e. education, employment, transport, housing and the environment

Key Recommendations

- Focus work on early identification of cancer, heart disease, and dementia
- Develop an integrated approach to lifestyle services including emotional wellbeing
- Ensure early identification and best treatment for people with long term conditions



Tackling Youth Unemployment

Between January 2000 and April 2008 employment grew by nearly two million from 27,310,000 to 29,541,000 nationally. Despite this increase, youth unemployment, particularly among 18-24 year olds, increased from 12.7% in 2000 to 14.5% in 2008. However, the UK labour market performed well on these indicators in comparison to most other European Union countries.

The situation in the UK labour market has worsened markedly since April 2008 on every measure, and young people have been particularly affected by the economic recession with large increases in youth unemployment.

There is clear evidence that youth unemployment raises the probability of being unemployed in later years creating a cycle of worklessness over the course of a lifetime. The economic effects for long term unemployed young people are much larger than for older people, with evidence of a wage penalty of 12 -15% by the age of 42.

There is a consistent relationship between unemployment and minor psychological disorders and physical illness, especially among unemployed young women, who use health care services more during periods of unemployment. Unemployment is a risk indicator for increasing alcohol consumption, particularly in young men, increased tobacco consumption, use of illicit drugs and other health behaviour risks.

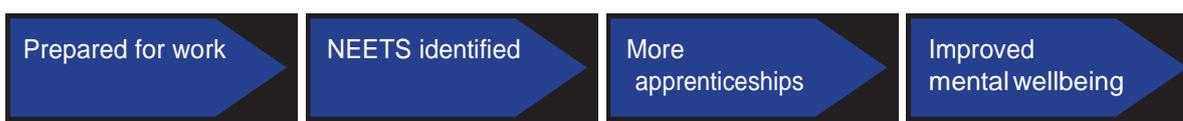
The mortality rate is significantly higher among unemployed young men and women, especially for suicides and accidents. Youth unemployment is linked to mental health problems, with a loss of self esteem and the psychological imprint of persistent worklessness. The social consequences of youth unemployment include increased risk of social isolation, lack of financial resources, crime and anti-social behaviour and future exclusion from the labour market.

Given that too many people are leaving school without the skills they need to find a job, greater joined up provision is needed before 16. This brings together schools, families and youth services to help young people who are disengaged from a very early age.

The economic situation in South Tyneside has had a particularly severe impact on young people's chances of finding meaningful employment in this part of the country and this has provided the rationale for tackling youth unemployment.

Tackling Youth Unemployment

Outcome: Better Employment Prospects for Young People



What works	
<ul style="list-style-type: none"> Improvements in population health may be achieved directly through policies that increase levels of employment, or indirectly through initiatives designed to improve opportunities for work such as education and training programmes For parents of young children, access to day care and family friendly employment policies can make a critical difference in terms of being able to work or not 	
JSNA Findings	Key Actions
<ul style="list-style-type: none"> 15% (2,200) of our 18-24 year olds are claiming Job Seekers Allowance which is higher than the regional (11%) and national average (8%) Our jobs density rate is 0.48 which means we have less than half a job for each resident of working age Young people are facing increased competition for fewer vacancies because of the increased number of more experienced applicants who are looking for work 	<ul style="list-style-type: none"> Increase opportunities to help young people gain life and work skills, as this can lead to raised aspirations, confidence, self esteem and better preparedness for work Develop a compact between schools and local employers (including Health and Wellbeing Board partners) to develop training and employment opportunities for school leavers who finish school without sufficient qualifications Deliver 'Enterprise Schools' to school children so that they understand the opportunities that are possible by being self employed Continue to work closely with Job Centre Plus to provide support for those furthest away from the labour market Develop pre-employment and pre-apprenticeship programmes so that young people have the skills and knowledge that they need to compete for jobs Provide employers with job subsidies to encourage them to create new jobs for young people who do not have any work experience Ensure lifestyle services have a particular emphasis on this group of young people
<ul style="list-style-type: none"> The number of apprenticeship places has dropped significantly, particularly in popular sectors like construction 	<ul style="list-style-type: none"> Increase 16-24 Apprenticeships with employers Establish Apprenticeship Taskforce to understand barriers employers face when creating apprenticeships
<ul style="list-style-type: none"> The numbers of 16-18 year olds who are Not in Education Employment or Training (NEET) is still high and continues to be a challenge Many young people who are out of work experience multiple disadvantages (e.g. are also care leavers, homeless or have a learning disability) 	<ul style="list-style-type: none"> Improve the identification of NEETs and those at risk of becoming NEET, with quick referral onto a supportive programme to prevent young people becoming lost in the system Understand the needs and improve employment prospects of care leavers including Care2Work and the NEET Priority Group Increase employment prospects for young people with learning difficulties/disability or mental illness Encourage more 'partnership gifts' that can support education, training and work opportunities for vulnerable young people
Key Recommendations	
<p>Strengthen engagement between schools, colleges and business to:</p> <ul style="list-style-type: none"> Prepare young people for the transition to work Ensure that young people leave education with economically valuable skills that meet employer's needs Develop a coherent offer of support to ensure that young people understand the opportunities that are available to them and what steps they need to take to compete for the opportunities Build workforce capacity to identify and provide early support for young people at risk of NEET, in line with the early intervention strategy 	

Reducing Social Isolation in Older People

Social isolation and loneliness have a significant impact on the health and well-being of older people and there is a strong link between increasing age and increasing exclusion.

The factors which increase the chances of older people experiencing social isolation and loneliness include:

- living alone;
- poor access to transport (public and private);
- perception of level of crime/violence in the community;
- not wanting to use available services;
- literacy issues;
- poverty and fear of future poverty;
- poor health or physical disability;
- incontinence;
- loss of significant relationships, including bereavement or divorce;
- lack of family support and lack of support from friends;
- re-location to a new community such as sheltered housing or care home;
- being a carer;
- lack of access to learning or meaningful activities;
- lack of access to information about services;
- language barriers;
- lack of knowledge or access to technology.

The effects of social isolation may be severe and can lead to:

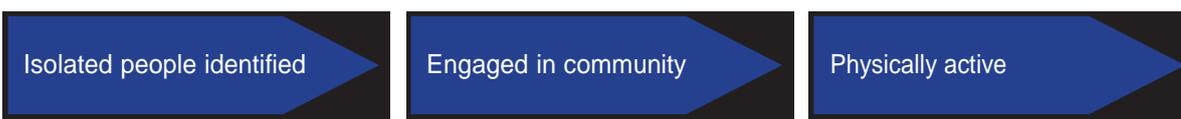
- Increase in depression and associated mental health difficulties
- Physical health implications
- Poor life expectancy
- Decrease in community involvement
- Feeling that life is not worth living
- Lack of confidence and motivation
- Feelings of despair

These physical and mental health implications are significant for the individual and place a heavy demand on services and community resources.

There is a considerable amount of evidence to suggest that people who are housebound are more likely to suffer poor physical health (in addition to the primary reason for becoming housebound) higher levels of depression and are less likely to access health services.

Reducing Social Isolation in Older People

Outcome: Better Mental Health and Emotional Wellbeing



What works

- Psychological therapies can significantly improve self-reported wellbeing
- Physical activity helps improve emotional health and wellbeing and by increasing opportunities for older people to take part, physical activity can increase social contact and reduce the risk of isolation
- Educational and social activity group interventions that target specific groups, such as women, carers, the bereaved, the physically inactive or people with serious mental health problems, can alleviate social isolation and loneliness among older people
- Preventing social isolation can be helped by engaging older people in shaping person-centred services
- Interventions which promote active social contact, encourage creativity, and use mentoring are more likely to positively affect health and well-being. The benefits (physical and emotional), include increased alertness, social activity, self-worth, optimism about life, and positive changes in health behaviour. Individual tailoring is a key mediator of outcomes, as is overcoming barriers relating to transport and venues

JSNA Findings

- 27,000 people are aged 65 and over and 1 in 5 pensioners live alone
- The majority (80%) have no car so rely on lifts (from family or friends) or use public transport
- The number of older people being supported to live at home has risen over the last two years and is now similar to the North East average but significantly higher than the England average
- In 2006, 1,500 patients on GP lists were housebound with one or more long term conditions e.g. diabetes, coronary heart disease

Key Actions

- Prevent social isolation in older people by identifying risk and introducing interventions to reduce risk for example making available learning opportunities in money management, health literacy, citizenship, IT and physical activity opportunities
- As part of the commissioning process review 1) the effectiveness and cost effectiveness of psychological interventions aimed at reducing depression and social isolation in older people 2) the range of healthy living interventions for older people to determine impact on reducing risk of social isolation
- Commission a volunteer community mentoring programme to support older people at risk of social isolation, providing the necessary training and support to mentors to enable them to deliver this role effectively to those who are identified as living alone and to housebound individuals. Increase community capacity to support the mentoring programme by linking in to community networks and offering training (free of charge) to suitable potential community mentors
- Expand the JSNA to a) include health and social care b) better reflect the wider determinants of health and wellbeing and c) identify local assets
- Carry out more in depth needs assessment to identify other groups at risk of social isolation and incorporate in longer term strategy

Key Recommendations

- Develop a comprehensive approach to reducing social isolation in older people and identifying other vulnerable groups who will benefit from this approach



Improving the Quality, Integration and Efficiency of Local Services

There is both a quality and financial imperative to focus on more efficient and effective use of resources to meet the needs of an ageing population in which long term conditions are increasingly prevalent. From a quality perspective integrated provision offers people the care they need, in the right place, when they need it. From a financial perspective it can reduce duplication and facilitate better use of resources for meeting the needs of patients/ service users thus reducing overall cost.

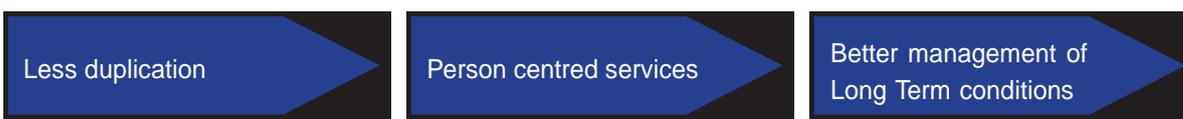
A model of integrated care would focus on preventing ill health, supporting self-care, enhancing primary care, providing care at home and in the community, and increasing co-ordination between primary care teams and health and social care professionals.

In South Tyneside there is evidence of integrated joint commissioning across social care and health, using mechanisms such as Health Act flexibilities. In addition, the South Tyneside Clinical Commissioning Group (STCCG) and South Tyneside Council's Adult Social Care Service (ASC) have recently identified a number of priorities for tackling Long Term Conditions. The Health and Wellbeing Board will maintain strategic oversight of these priorities and provide system leadership for further integration.

However, more work is needed to establish integrated service provision across a range of areas, which is the case in many parts of the country.

Improving the Quality, Integration and Efficiency of Local Services

Outcome: Services Designed Around Local People



What works

- There is good evidence that a planned and co-ordinated approach to prevention services for older people can improve their well-being, promote independence and delay the need for acute or institutional care
- Upstream prevention focused on active lifestyles and tackling isolation, as well as highly targeted interventions to improve the co-ordination of support for people who are already in touch with health services, can improve quality of life for older people and realise considerable savings for the public sector

JSNA Findings	Key Actions
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- Our population structure is already older than the national average and this is predicted to become even more acute which could place additional demands on public services
- 24% of our population reported having a long term condition compared to 18% across England
- 51,000 adults have been diagnosed with chronic obstructive pulmonary disease (COPD) and it is estimated that another 2,000 people suffer from this condition but have not yet been diagnosed
- 16% of people aged 16 years and over have high blood pressure and it is estimated that another 14% have this condition but have not been diagnosed. The prevalence is likely to rise to 35% by 2020
- The mortality rate from stroke is higher than the England rate and the prevalence of this disease is likely to increase by 2020
- 7,800 people have diabetes and this is likely to rise to over 13,000 by 2020

- People with long term conditions, including frail elderly, will have improved care and support, facilitated through a new commissioning model for Long Term Conditions, which will incorporate self care, rehabilitation and reablement. This new model will include care within individual's own homes and community based 'step up' facilities delivered by an integrated multi-disciplinary team
- Individuals experiencing long term conditions will have better access to Telehealth technology to support self care and receive prompt and effective support when needed
- Patients with urgent care requirements will be signposted to a single point of access for urgent care and the most appropriate services will be available to meet their needs, including urgent care transport
- High intensity users of hospital services (including for Chronic Obstructive Pulmonary Disorder and alcohol misuse) will have improved access to community based services through the development of community pathways. This is expected to have a positive impact on hospital admissions

Key Recommendation

- Deliver an integrated model across services for people with long term conditions.

Involving People in Our Better Health and Wellbeing Strategy

Under the Health and Social Care Act 2012, Health and Wellbeing Boards have a duty to involve the public and users in the development of both the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS). The NHS reforms also require Clinical Commissioning Groups (CCGs) to involve their patients and the public in the planning of services and service change.

These changes bring decision making about health and wellbeing / social care closer to local people so the JHWS and JSNA will be of interest not just to service providers and commissioners but also to users of services, their families, carers and the wider public.

South Tyneside

Partners across South Tyneside have a long history of engaging their community about decisions affecting the local area and the services they receive. We believe that listening to local people improves the quality and responsiveness of services and we see a real opportunity to further strengthen our partnership with the community. By working with them we will be able to identify local assets and resources to help tackle health inequalities and the wider social determinants of health.

Since 2008 a multi-agency Community involvement Steering Group (CISG) has existed and this has played an important role in developing greater joint working in relation to community involvement activities and promoting greater co-ordination of activities. The role and remit of the group has recently been reviewed in light of the Government's health reforms and play a key role in supporting the Health and Wellbeing Board and the Clinical Commissioning Group meet their duties to involve the public, users and patients. The Group is made up of representatives from the Council, Primary Care Trust, Clinical Commissioning Group, South Tyneside Foundation Trust, South Tyneside Homes, the LINK and voluntary sector.

We have prepared a JSNA Stakeholder Engagement Plan which sets out how partners involve the public, patients and carers in the JSNA process. This plan is monitored and regularly updated by the JSNA Steering Group.

To make sure our engagement is inclusive we have various ways of involving people at a strategic, neighbourhood and community of interest level. Moving forward we have a number of challenges including how we can secure enhanced engagement with the voluntary sector in the commissioning cycle and also systematic engagement with local people around the JSNA. Our aim is to embed public, user and patient involvement into health and social care commissioning and provision.

How we have involved people in the development of this strategy

In the development of this strategy, we sought views from a wide range of stakeholders including:

- Voluntary and community sector organisations and Healthnet
- South Tyneside Local Involvement Network
- Age UK South Tyneside
- South Tyneside Primary Care Trust
- South Tyneside NHS Foundation Trust
- South Tyneside Clinical Commissioning Group
- South Tyneside Council
- South Tyneside Homes

The feedback received has helped to make sure that the actions and recommendations contained within this strategy will effectively support the delivery of our priorities.

The Future

The establishment of local HealthWatch in 2013 will be an important milestone in the development of patient and public involvement in health and social care. A key priority here will be making information about health and social care more accessible (especially relevant for older people and vulnerable groups). We will work with our LINK/local HealthWatch to develop stronger public and patient involvement in the JSNA process.

We will continue to look at ways to strengthen the involvement of voluntary and community sector organisations in the JSNA. We have already started work with Age UK to look at what evidence the JSNA should include about older people and to 'age-proof' the document.

The JSNA and Community Involvement Steering groups will implement a more systematic approach to gathering community intelligence for the JSNA. We will also work through the Community Involvement Steering Group to ensure the community involvement resources of partners are used in a coordinated and effective way. The way in which we involve people in future will help to identify local assets that can help improve health and wellbeing as well as address unmet need.

Measuring Our Progress

A performance management framework is being developed to ensure the Health and Wellbeing Board can be assured of progress, or intervene early in areas where progress is not taking place. This framework seeks to be based on outcomes building on the Public Health Outcomes Framework, NHS Outcomes framework and Adult Social Care Outcomes Framework. Using the JSNA and the outcomes framework, as well as local knowledge will ensure we focus our resource in the right areas of work for local people.

Robust partnership arrangements will underpin the delivery of actions identified in this strategy.

