

**NORTH TYNESIDE JOINT HEALTH AND WELLBEING STRATEGY  
2013-23**

**MID POINT REVIEW 2017**

DRAFT

## **Foreword**

Everyone in North Tyneside should have the right to enjoy good health and wellbeing, but some groups and communities systematically experience poorer health than others.

North Tyneside's Health and Wellbeing Strategy for 2013-2023 was developed in 2013 and was based on the findings of the Joint Strategic Needs Assessment (JSNA) at the time and consultation with a wide range of stakeholders. It outlines the top joint priorities for improving the health and wellbeing of people living in North Tyneside. The strategy was developed through the Health and Wellbeing Board, a range of partnership groups that exist within the borough and with the communities of North Tyneside.

It was intended that the strategy would be dynamic and would evolve over time as we move forward in our understanding of the enormous challenges that we face.

We have now reached the mid point of the 10 year period of the strategy and this is an appropriate time to take stock and review our progress to date and to reflect on strategic context and key system drivers that we face now and into the next 5 year period.

As the current chair of the Health and Wellbeing Board I am delighted to present this report.

**Councillor Margaret Hall**  
**Chair North Tyneside Health and Wellbeing Board**

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## **1. What have we achieved the first five years of the strategy?**

The North Tyneside Health and Wellbeing Board has been in existence since December 2010 and is based on strong partnership working and collaboration within North Tyneside. Health and wellbeing boards became statutory bodies in England under the Health and Social Care Act 2012. Each upper-tier local authority in England was required to form a health and wellbeing board as a committee of that authority bringing together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health.

The principal statutory duties are:

- To assess the needs of their local population through a JSNA which provides local policy-makers and commissioners with a profile of the health and wellbeing needs of the local population.
- To set out how these needs will be addressed through a joint health and wellbeing strategy that offers a strategic framework in which CCGs, local authorities and NHS England can make their own commissioning decisions.
- To influence commissioning decisions and promote greater integration and partnership working.

The North Tyneside Joint Health and Wellbeing Strategy was published on the 1st April 2013 setting out the vision, values, objectives and priority areas for the Board over a 10 year period. Below are some key highlights and achievements in delivering the work of Board that have taken place since the publication of the strategy.

### **1.1 Peer review**

A 'peer review' of the North Tyneside Health and Wellbeing Board was undertaken by the Local Government Association (LGA) in February 2015. The key purpose was to stimulate local discussion about how the Board and its partners could become more effective in delivering the joint health and wellbeing strategy and improving outcomes for residents. The key recommendations of the peer review were to:

- Clarify the purpose, role, remit and scope of the Board; review membership of the Board and the support architecture around it; ensuring that it continues to be inclusive but is also able to deliver the Joint Health and Wellbeing Strategy and manage performance against the key priorities.
- Put in place robust programme management capacity with a clearly identified lead officer that is jointly owned and resourced.
- Improve transparency around the work of the HWB and create space for it to have difficult but open and honest discussions about the money and service transformations.
- Enhance ambitions and energy and deliver change at pace.

The recommendations were accepted in full and an action plan was developed in July 2015. Some of the actions taken by the Board are highlighted in the detail below.

## **1.2 Health and Social Care Integration Programme Board**

The integration programme board was established during 2015 as a result of the peer review to ensure coordinated and integrated work across four work stream area; Self Care and Prevention, New Models of Care, Older People and Urgent Care. The work of the Integration programme Board has led to development and implementation of

- On line SIGN directory bringing together information about activities, support and services to help people with care and support needs living within North Tyneside
- Prevention strategy aimed at reducing or delaying the need for care in line with the requirements within the Care Act,
- Care Point
- Falls pathway and draft strategy
- Older people's mental health strategy
- Carer's Strategy
- Care Plus
- Significant developments around urgent care

## **1.3 Protocol for Joint Working**

A protocol for joint working between members of the Health and Wellbeing Board and other related bodies was developed and accepted by the Board in October 2015. The purpose of the protocol was to clarify partners different roles and responsibilities, explain how the Board will work together to provide shared leadership, highlight the shared vision, values and objectives at the heart of the Board's joint working and describe how the Board will function in the future.

## **1.4 Communication and Engagement Strategy**

A strategy was developed by North Tyneside Council in October 2015 in partnership with communication and engagement leads from North Tyneside Clinical Commissioning Group and Northumbria NHS Foundation Trust, and representatives from Healthwatch North Tyneside. The strategy sets out the core messages, vision and principles for communicating the role of the Health and Wellbeing Board to the widest possible audience and maximising engagement opportunities.

## **1.5 Health and Wellbeing Board Action days**

Following the peer review the Health and Wellbeing Board agreed to hold a number of action days to reach out to residents, communities and services to develop a deep understanding of a number of priority areas and to agree collective action across partnerships. Action days were held on the following area:

- Alcohol
- Mental health
- Engagement and involvement
- Healthy weight

The action days have resulted in the development of collaborative and integrated plans and strategies. The Health and Wellbeing Board continues to regularly monitor progress on this work and expects as a minimum annual updates on the plans.

### **1.6 Updated Joint Strategic Needs Assessment**

The Joint Strategic Needs Assessment (JSNA) underpins the Joint Health and Wellbeing Strategy and was fully reviewed during in 2015 and was aligned to the Creating a Brighter future Themes around 'Ready for School', 'Ready for Work and Life', 'Great Place to Live, Work and Visit' and 'Cared for Safeguarded and Healthy'. The JSNA summary and infographics can be found at:

<http://my.northtyneside.gov.uk/category/605/joint-strategic-needs-assessment-jsna>

### **1.7 Annual statement of commissioning intentions**

For the last 3 years North Tyneside CCG and North Tyneside Council have presented their commissioning intentions jointly to a combined meeting of the Health and Wellbeing Board and the relevant overview and scrutiny committee (Adult Social Care and Health and Wellbeing Sub Committee). This is a joint presentation by the CCG, Adult and Children Services and Public Health setting out how plans are aligned for the forthcoming year and how they will meet the needs of the population and the priorities set out in the joint health and wellbeing strategy.

## **2. The Review of the Health and Wellbeing Strategy in 2017**

During 2017 a review of Joint Health and Wellbeing Strategy has taken place to ascertain whether the objectives and priorities of the strategy still reflect local needs, national policy changes and developments and are fit for purpose to inform future commissioning of health and social care.

A planning day was held by the Health and Wellbeing Board on 28 June 2017 with Board members and a range of stakeholders from across the health and social care partnerships in North Tyneside. This was followed by a further session on 19<sup>th</sup> October 2017. The Board agreed that a small group of key officers from across the partnership form a task and finish group to coordinate and consider the outcomes of both sessions and would produce a report back to the Board in January 2018.

The review process concluded the following about the current Joint Health and Wellbeing Strategy:

- The policy context has changed since 2013 and there are new and significant policy drivers
- The health and social care needs of the population have not changed significantly but the JSNA has been updated
- The vision and the values of the strategy are broad enough to remain relevant
- The objectives are broad enough to remain current but there are too many objectives that are similar and they are not 'SMART' (specific, measurable, attainable, realistic, timescales)
- There are no specific deliverable actions and measures
- There is no responsibility and accountability for delivering aspects of the strategy
- There should be a clear focus on prevention with action across the life course
- Emotional and mental wellbeing should be a priority
- Governance arrangements should be leaner and the Integration Board is no longer required

The task and finish group have reviewed the national and local context and a summary is provided in the following section. The vision and values of the existing strategy have been retained however the objectives have been reduced in number and retitled as strategic goals. A detailed work plan has been developed for the Health and Wellbeing Board which sets out how the vision and strategic goals will be delivered through specific and measurable actions and clear lines of accountability and responsibility. The actions focus on prevention and early intervention with a balance of work across the life course.

### **3. The Strategic Context**

#### **3.1 Policy drivers**

Since 2013 there have been a number of significant policy drivers.

##### **3.1.2 Financial austerity**

In the last five years the deficit reduction programme across the UK and the sustained reductions in public spending and tax rises in order to reduce national debt and the role of the welfare state has increasingly impacted upon organisations providing health and social care services locally. North Tyneside Council has and continues to face significant financial challenges as funding is reduced to local authorities nationally. The public health ring fenced grant was cut in year during 2015 with year on year reductions until 2020/21. Adult social care and children's services face increasing demands and rising public expectation at a time when funding is reducing. North Tyneside CCG was faced with a significant financial deficit in 2015 and has had a programme of financial recovery in place since.

##### **3.1.2 Care Act 2014**

The Care Act 2014 set out new duties for local authorities and partners, and new rights for service users and carers. The new statutory principle of individual wellbeing underpins the Act, and is the driving force behind care and support. Local authorities (and their partners in health, housing, welfare and employment services) must take steps to prevent, reduce or delay the need for care and support for all local people. The Act includes a statutory requirement for local authorities to collaborate, cooperate and integrate with other public authorities e.g. health and housing. It also requires seamless transitions for young people moving to adult social care services.

##### **3.1.3 Better Care Fund (BCF)**

Better Care Fund promotes the integration of health and social care through a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services. The BCF is not new or additional funding but requires CCG's and LAs to agree a plan on how the pooled budget should be spent. The plans have to be agreed by Health and Wellbeing Boards. In 2017-19 there is emphasis on managing delayed transfers of care with some challenging targets.

At the 2017-18 Budget announcement of supplementary funding was introduced as the improved Better Care Fund (iBCF) in recognition of the pressure faced by adult social care. This funding is paid as a direct grant to local government, with a condition that it is pooled into the local BCF plan.

##### **3.1.4 NHS Five Year Forward View 2014**

NHS England published its Five Year Forward View in 2014 and set out a clear direction for the NHS placing particular emphasis on the need for a radical upgrade in prevention and public health with a key role for NHS in action on obesity, smoking, alcohol and other major health risks. Other areas for development and improvement



include; patients gaining far greater control of their own care, the breaking down of barriers in terms of how care is provided; between primary care and hospital and hospital and social care for example.

**3.1.5 Sustainability and Transformation Plans (STPs)** were announced in NHS planning guidance published in December 2015 to support implementation of the Five Year Forward View (5YFV), a vision for how the NHS needs to change over the next five years. NHS organisations and local authorities in different parts of England were required to come together to develop 'place-based plans' for the future of health and care services in each area. The Northumberland Tyne and Wear and North Durham STP is led by the Chief Officer of Newcastle Gateshead CCG. Senior officers from 6 CCGs, 6 NHS trusts, 7 local authorities and NHS England across the footprint have been engaged in the development of the plan. The final plan was submitted to NHS England on 21st October 2016 and sets out strategic high level proposals following limited opportunity for engagement with wider stakeholders. The NTWND STP identifies a number of key transformational areas:

- Improve health inequalities by scaling up prevention, health and wellbeing to improve the overall health and wellbeing of our public and patients utilising an industrialised approach
- Improve the quality and experience of care
- Out of hospital collaboration and the through development of new care models
- Optimal use of the acute sector through the six Vanguard and pioneer programmes in the area
- Transforming mental health through the development of an integrated lifespan approach to the integrated support of mental health, physical health and social need enabling self- management, care and support systems within communities.
- Close the financial gap

NHS Planning Guidance requires each CCG to produce an Operational Plan in relation to how it will implement the STP locally.

### **3.1.6 Five Year Forward View for Mental Health 2016**

Following the Prime Ministers pledge to improve mental health services in England in 2016 the 5YFV for mental health was launched. There is a focus on improving mental health treatment across the life course and ensuring that mental health and emotional wellbeing are given as much emphasis as physical health.

## **3.2 Health and social care needs in North Tyneside**

The Joint Strategic Needs Assessment (JSNA) was updated in 2015 and uses simple infographics to summarise the key population health and wellbeing issues in the Borough (<http://my.northtyneside.gov.uk/category/605/joint-strategic-needs-assessment-jsna>).

### **3.2.1 Summary**

North Tyneside is one of the least deprived boroughs in the region and there is generally an improving picture of health and wellbeing. However, there are still

significant health and social care challenges to be addressed. Life expectancy is increasing as early deaths due to cardiovascular disease (CVD) and cancer are declining. North Tyneside's population is getting older and there are more people aged over 85 than ever before.

Conversely healthy life expectancy is not increasing at the same rate as life expectancy, leaving large numbers of people living the later stages of their lives in poor health, often with multiple long term conditions. Both life expectancy and healthy life expectancy in North Tyneside are lower when compared with England rates.

Relative deprivation in the Borough is improving, but there are wide inequalities across the Borough, with persistent pockets of deprivation particularly in the wards of Riverside and Chirton.

The gap in life expectancy between the most and least deprived areas within the borough is 10 years and this gap has remained static during the last decade.

The Borough has high numbers of people who are unemployed and claiming Employment and Support Allowance due to mental health or behaviour disorders.

People who experience material disadvantage, poor housing, lower educational attainment, insecure employment or homelessness are among those more likely to suffer poorer health outcomes and an earlier death compared with the rest of the population. Health inequalities start early in life and persist not only into old age but also into subsequent generations. There is a social gradient in health and so the lower a person's position in society the more likely they are to have poorer health.

Premature mortality:

- Cancer, cardiovascular disease (heart disease) and respiratory disease are the leading causes of premature death in North Tyneside
- People are also dying from liver disease at a younger age compared with England
- Social factors, lifestyle choices and late presentation, diagnosis and treatment contribute to premature mortality
- Much of the premature mortality is preventable
- Major risk factors for poor health include unhealthy diets, smoking, drinking too much alcohol and physical inactivity

Children, young people and families:

- One fifth of children are living in poverty which increases to nearly half in the most deprived parts of the borough
- Around 290 0- 17 are Looked After by the Authority
- One in 10 children are obese in Reception, and 1 in 5 by Year 6
- The rate of obese children doubles between Reception and Year 6.
- There is a clear relationship between deprivation and obesity
- There is a persistent gap in educational attainment between disadvantaged children and other children in the borough

- Rates of young people not in education, employment or training (NEET) at 18 are similar to England, but North Tyneside has higher rates of under 25s who are unemployed
- There are increasing numbers of young people with special educational needs

Vulnerable groups and additional needs:

- There are growing numbers of adults with learning disabilities and complex disabilities, whose needs are met through health and social care
- Self-reported levels of anxiety and depression are significantly higher than England levels and deprivation appears to be a contributing factor
- Early deaths in adults with serious mental illness are higher in North Tyneside, than England

An ageing population:

- There are growing numbers of older people with multiple long term conditions and frailty
- More than 1 in 10 of the adult population has a caring responsibility and an estimated 14% of people over 65yrs+ are caring for someone
- There are just over 14,000 older people over the age of 65 who live alone and are at risk of being socially isolation or lonely
- The number of people aged over 75 living alone is predicted to rise by 44.4% by 2030

## **4. Our Vision, Values and Strategic Goals**

### **Our Vision**

**By 2023 we will have improved health and wellbeing outcomes in North Tyneside to match the best in the country**

- Health inequalities will be significantly reduced across the borough in areas and populations with greatest health problems.
- Communities will experience greater positive wellbeing and resilience particularly those who are most vulnerable and those living in the most deprived areas in the borough.
- Existing strengths and assets in communities will be supported and sustained.
- Dependency on health and care services will be reduced through the promotion of greater activity, participation and independence.
- Barriers to accessing services will be removed.

### **Our Values**

- Providing high quality universal services with targeted support to those most in need
- Working to integrate services – making the most of local assets
- Raising aspirations and building resilience and independence
- Recognising that educational achievement, good quality housing, a safe and attractive environment and employment are key to improve life chances and health and wellbeing
- Facilitating leadership and ownership by the community, including children and young people
- Compliance with the Equalities Assessment Act 2010 and working to protect all nine characteristics identified within it – ensuring equal access for all
- Seeking to pool resources to make best use of public money
- Developing and supporting front line staff who will be clear about their contribution to health and wellbeing through brief advice, earlier assessments and interventions
- Focussing on an outcomes approach in line with national frameworks

### **Our Strategic Goals**

1. To focus on outcomes for the population in terms of measurable improvements in health and wellbeing
2. To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough
3. To shift investment to focus on evidence based prevention and early intervention wherever possible
4. To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed
5. To build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions; delivering better outcomes for the public and making best use of public money

## **Health and Wellbeing Board Objectives 2018-2020**

In order to deliver the strategic goals set out above a number of 'SMART' objectives have been developed and set out in a Health and Wellbeing Board Work Plan for 2018-2020. There are nine area objectives in total which cover the following areas:

- Childhood accidents
- Tobacco
- Obesity
- Mental health and resilience
- Carers health and wellbeing
- Alcohol
- Dementia
- Social isolation
- Falls

# 1.

To focus on outcomes for the population in terms of measurable improvements in health and wellbeing

**We want residents to be healthy and well and we want to be able to measure and demonstrate progress**

## **What We'll Do**

- Reduce falls and fractures risk and ensure effective treatment and rehabilitation and secondary prevention for those who have fallen

## **Measures of Success**

- Reduction in the number of injuries due falls in people aged 65+ from 1,127 in 2016/17 to 1,023 in 21/22

## **What We'll Do**

- Reduce the use of tobacco across the life course

## **Measures of Success**

- Reduce smoking prevalence in adults in to 13% by 2020
- Reduce smoking at time of delivery (for pregnant women) to 6% or less by 2022

## **What We'll Do**

- Tackle childhood accidents

## **Measures of Success**

- Reduction in hospital admissions from accidents in children 0-14 years to rate same or better than the rate for England

## **What We'll Do**

- Improve mental health and emotional resilience

## **Measures of success**

- Reduction in secondary mental health services
- Reduction in the numbers of people in crisis presentation in A&E and crisis team as they are receiving appropriate services
- Reduction in suicide rate in NT to align with England average
- Improve recovery rates and reduction in return rates

## 2.

### Reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough

Health inequalities are unfair, unjust and are avoidable. The gap in life expectancy and healthy life expectancy across the borough is persistent

#### What We'll Do

- Provide an integrated approach to identifying and meeting carers health and wellbeing needs

#### Measures of Success

- Increase carer reported quality of life
- Improve health related quality of life for carers

#### What We'll Do

- Reduce alcohol misuse

#### Measures of Success

- Reduce the proportion adults who drink more than 14 units of alcohol per week to below the best rate in the region 20.2%
- Reduction in alcohol related and specific admissions in adults from to same or less than England rate

#### What We'll Do

Tackle obesity across the life course

#### Measures of Success

- 0% rise in childhood obesity levels in Reception by 2025
- Halt the rise in the prevalence of diabetes in adults
- 0% rise in adults who are overweight and obese by 2025

### 3.

To shift investment to focus on evidence based prevention and early intervention wherever possible

**We know that preventing problems and intervening early is cost effective**

#### **What We'll Do**

- Reduce social isolation and increase cultural engagement

#### **Measures of Success**

- Increase the take up of People's Network usage by those aged 70+ to 12% by 2020
- Consolidate the new Bookstart Bear birth registration scheme to target of 300 participants for first full year
- Increase the issues of the Reading Well Books on Prescription collections in libraries to 600 by 2020

#### **What We'll Do**

- Provide comprehensive support for people with dementia

#### **Measures of Success**

- Increased coordination of support pre and post diagnosis

#### **What We'll Do**

- Improve mental health and emotional resilience

#### **Measures of Success**

- Reduction in secondary mental health services
- Reduction in the numbers of people in crisis presentation in A&E and crisis team as they are receiving appropriate services
- Reduction in suicide rate in NT to align with England average
- Improve recovery rates and reduction in return rates



# 4.

**To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed**

**We know that community engagement matters and that it can maximise the efforts of commissioners and providers to achieve better outcomes**

## **What We'll Do**

- Reduce the use of tobacco across the life course

## **Measures of Success**

- Reduce smoking prevalence in adults in to 13% by 2020
- Reduce smoking at time of delivery (for pregnant women) to 6% or less by 2022

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- Reduction in secondary mental health services
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- Reduction in suicide rate in NT to align with England average
- Improve recovery rates and reduction in return rates

# 5.

To build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions, to deliver better outcomes for the public and better use of public money

**We know that building resilience makes for healthier, socially connected and stronger communities**

## **What We'll Do**

- Provide comprehensive support for people with dementia

## **Measures of Success**

- Increased coordination of support pre and post diagnosis

## **What We'll Do**

- Reduce falls and fractures risk and ensure effective treatment and rehabilitation and secondary prevention for those who have fallen

## **Measures of Success**

- Reduction in the number of injuries due falls in people aged 65+ from 1,127 in 2016/17 to 1,023 in 21/22

## **What We'll Do**

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- Improve health related quality of life for carers