	HWBB Objective	What does the Board want to Achieve?	Background Information	How will this be Achieved	Lead	Links to STP Work- streams	Delivery Against Joint Health and Wellbeing Strategy Goals
1.	To tackle childhood accidents	<ol> <li>Reduction in hospital admissions from accidents in children 0-14 years to rate same or better than the rate for England (PHOF)</li> <li>For partners, the parents, the public and children to work together to make sure that there are as few accidents as possible</li> </ol>	PHOF North Tyneside hospital admissions from accidents in children 0-14 years -140.4 per 10,000  PHOF England average hospital admissions from accidents in children 0-14 years -129.6 per 10,000	a) Promote accident prevention through universal children's public health services in the borough particularly focussing on early years	North Tyneside Children and Young People's Partnership Board		<ul> <li>To focus on outcomes for the population in terms of measurable improvements in health and wellbeing</li> <li>To shift investment to focus on evidence based prevention and early intervention wherever possible</li> </ul>
2.	To reduce the use of tobacco across the life course	<ol> <li>Reduce smoking prevalence in adults in North Tyneside to 13% by 2020</li> <li>Reduce smoking at time of delivery (for pregnant women) in North Tyneside to 6% or less by 2022</li> <li>For partners and the public to work together so that as few people as possible take up smoking and as many who do are able to give up</li> </ol>	PHOF North Tyneside Smoking Prevalence 2016 – 16.4%  PHOF Smoking at Time of Delivery 2016 – 13.2%	a) Task the North Tyneside Smokfree Alliance to develop a whole system approach to treating nicotine dependency with commitment from all partner organisations b) Every NHS provider in North Tyneside is smoke free by March 2019 c.) Ensure systematic implementation of Babyclear in maternity services d) Reduce the uptake of smoking in young people	North Tyneside Smokefree Alliance		<ul> <li>To focus on outcomes for the population in terms of measurable improvements in health and wellbeing</li> <li>To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough</li> <li>To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed</li> </ul>
3.	To tackle obesity across the life course	<ol> <li>0% rise in childhood obesity levels in Reception by 2025</li> <li>Halt the rise in the prevalence of diabetes in adults in North Tyneside of the CCG population</li> <li>0% rise in adults who are overweight and obese by 2025</li> <li>For partners and the public to work together to support weight loss and to avoid weight gain</li> </ol>	PHOF 2015 / 2016 Childhood obesity levels in Reception - 34.3% in year 6  QOF 2016 Prevalence of diabetes in adults in North Tyneside - 5.5% of the CCG population or 11,584 adults  PHOF 2016 Adults in North Tyneside who are overweight and obese - 66.9 %	Develop an child action plan through a Healthy Weight Alliance with in the borough to:  a) Promote healthy weight through pregnancy b) Promote breastfeeding and improve rates of initiation and at 6-8 weeks c) Focus on healthy weaning and reducing sugar consumption in early years and throughout childhood d) Promote CMO guidelines on levels of physical activity e) Deliver the NCMP and share the data widely with partners in areas where improvement is required f) Provide community based weight management programme for children/young people and families g) Promote Active North Tyneside programme h) Promote use of parks wagon ways and outdoor space i) Support the Local Plan Policy on regulating Hot Food Takeaways j) Working with planning on healthy place	North Tyneside Children and Young People's Partnership Board  STP operational diabetes prevention group lead by North Tyneside CCG	•	To focus on outcomes for the population in terms of measurable improvements in health and wellbeing  To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough  To shift investment to focus on evidence based prevention and early intervention wherever possible

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4. To improve the mental health	To reduce the pressure on secondary mental health	In 2016, <b>5,668</b> suicides were recorded in Great Britain. Of these, <b>75%</b> were male	a) Implement the National Diabetes Prevention Programme in North Tyneside by 2018 b) Ensure all partners are engaged and are aware of the referral mechanisms for the programme c) Ensure that the exit programmes provide continued support for the population to maintain a healthy weight Improve the access to mental health services in North Tyneside by aiming to achieve single	Mental Health		To focus on outcomes for the population in terms of
and emotional resilience of the of North Tyneside population	services by investing in early intervention and preventative work.  2. Reduction in the numbers of people in crisis presentation in A&E and crisis team as they are receiving appropriate services.  3. Reduction in suicide rate in NT to align with England average.  4. Recovery rates and reduction in return rates.  5. CQUIN Target 17/18 - improve physical health care and reduce mortality in people with serious mental illness.  6. For partners and the public to work together to promote good wellbeing and mental health.	Between 2003 and 2013, 18,220 people with mental health problems took their own life in the UK.  Suicide is the most common cause of death for men aged 20-49 years in England and Wales.  One person in fifteen had made a suicide attempt at some point in their life  In England, women are more likely than men to have a common mental health problem and are almost twice as likely to be diagnosed with anxiety disorders  10% of mothers and 6% of fathers in the UK have mental health problems at any given time  Depression affects around 22% of men and 28% of women aged 65 years and over², yet it is estimated that 85% of older people with depression receive no help at all from the NHS  Quarter 2 Adult Referral to Treatment Adults  100% people seen within 18 week target  100% people on a CPA have a crisis plan  93.3% people on a CPA with identified risk had at least a 12 months crisis and contingency review.  Children & Young People  92.8% referrals were seen in 12 weeks  92% referrals were seen in 10 week	Develop a robust, integrated partnership with voluntary and community sector to expand and extend the range of preventative and early intervention mental health services available in North Tyneside including through the delivery of properly resourced recovery college and social prescribing service.  Improve the support for carers of mental health service users by increasing the uptake of carer's assessments and support plans.  To review the pathways of support for people who are experiencing Mental Health Crisis and improve the service outcomes and experience.  Review of the pathway and post diagnostic support service for ADHD and Autism to ensure timely and appropriate access to services for people with ADHD or autism, including both specialist services, community services including transition from child to adult services.  Development of outcomes based contracting for mental health services to drive up standards and outcomes across health provision.  To integrate mental and physical health services at a primary and secondary level to ensure that people with long term conditions and other physical health problems are effectively support through provision of liaison psychiatry services and psychosocial support into long term condition specific clinics.	Partnership Board		measurable improvements in health and wellbeing.  To shift investment to focus on evidence based prevention and early intervention wherever possible.  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  To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed

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5.	An integrated approach to identifying and meeting carer health and wellbeing needs (all ages)	<ol> <li>Increase carer reported quality of life</li> <li>Improve health related quality of life for carers</li> </ol>	ASCOF 1D carer reported quality of life	a) Production of a Joint Plan for supporting carers, building on the existing North Tyneside Carer's Commitment  b) Map and describe carer pathways of support for Mental Health	Accountable Body to be Agreed		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  To focus on outcomes for the population in terms of measurable improvements in health and wellbeing
6.	To reduce alcohol misuse	<ol> <li>Reduce the proportion adults who drink more than 14 units of alcohol per week in North Tyneside to below the best rate in the region 20.2% (Fingertips)</li> <li>Reduction in alcohol related and specific admissions in adults from to same or less than England rate</li> <li>Reduction in alcohol admission for young people to same or less than England rate.</li> <li>Reduction in Domestic Violence incidents involving alcohol.</li> </ol>	Fingertips Proportion adults who drink more than 14 units of alcohol per week - 23.5%  PHOF Alcohol related and specific admissions in adults from - 945 per 100,000  Fingertips Alcohol admission for young people - 67.6 per 100,000 2013/14- 2015/16	a)Widely promote CMO guidelines in particular alcohol free childhood, no safe alcohol consumption in pregnancy and max 14 units per week for adults b)Support social marketing campaigns with Balance NE particularly Dry January c)Further develop multiagency hub approach for change resistant drinkers d) Support the work with licensing and trading standards on illegal sales e) Provide alcohol treatment services	North Tyneside Alcohol Partnership		To focus on outcomes for the population in terms of measurable improvements in health and wellbeing To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough To shift investment to focus on evidence based prevention and early intervention wherever possible

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					Work- streams	Goals
7. Comprehensive support for people with dementia	Increased coordination of support pre and post diagnosis for those living with dementia	<ul> <li>NHSOF 126a         Estimated diagnosis rate for people with dementia         <ul> <li>North Tyneside 2017 Q3 - 75.6%, upward trajectory and 3<sup>rd</sup> / 11 peer comparison</li> </ul> </li> <li>NHSOF 126b         <ul> <li>Dementia post diagnostic support</li> <li>North Tyneside 2015 / 2016 - 74.1%, downward trajectory and 11<sup>th</sup> / 11 peer comparison</li> </ul> </li> </ul>	Identify and implement a fully integrated Dementia Support Pathway	Older People's Mental Health Integration Board		<ul> <li>To shift investment to focus on evidence based prevention and early intervention wherever possible</li> <li>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</li> </ul>
8. Reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing	<ol> <li>Increase the take up of People's Network usage by those aged 70+ to 12% by 2020</li> <li>Consolidate the new Bookstart Bear birth registration scheme to target of 300 participants for first full year.</li> <li>Increase the issues of the Reading Well Books on Prescription collections in libraries to 600 by 2020</li> <li>Increase the % of those receiving care and support who have as much contact as they would like ,to the North East average</li> </ol>	North Tyneside Council North Tyneside take up Of People's Network Usage by those aged over 70 in 2017 – 10%  North Tyneside Council North Tyneside Reading Well Books on Prescription collections in libraries – 423  ASCOF % of adult social care users who have as much contact as they would like  14 / 15   15/16   16/17 North	a) To establish a multi- agency delivery group to oversee the programme in order to increase access to a wide range of cultural activities which will promote independence, self-confidence and improved health and wellbeing of the population.	Accountable Body to be Agreed		<ul> <li>To focus on outcomes for the populations in terms of measurable improvements in health and well being</li> <li>To shift investment to focus on evidence based prevention and early intervention and build wellbeing wherever possible</li> <li>To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed</li> </ul>
9. To reduce falls and fractures risk and ensure effective treatment, rehabilitation and secondary prevention for those who have fallen	1. Reduce the number of admissions for injuries due to falls in people aged 65+ from 1,127 in 2016/17 to 1,023 in 21/22 (local target) .	PHOF 2015/16 - the rate of admissions for injuries from falls in people aged 65+ in North Tyneside was 2,576 per 100,000, this is much higher than the England rate which was 2,169 per 100,000.	<ul> <li>a.) Falls steering group to develop multi agency falls strategy for North Tyneside</li> <li>b.) Falls steering group to develop a multiagency system wide falls pathway</li> <li>c.) Provide training for all interagency front line staff in relation to falls awareness and risk assessment</li> <li>d.) Implement a communications and engagement plan focussing on healthy ageing, falls prevention, and the benefits of being active</li> <li>e.) Implement a consistent falls risk assessment across North Tyneside</li> <li>f.) Implement a bone health assessment tool in all GP practices across North Tyneside</li> </ul>	North Tyneside Falls Steering Group		<ul> <li>To focus on outcomes for the population in terms of measurable improvements in health and wellbeing</li> <li>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</li> </ul>