REPLACEMENT AGENDA

SHADOW HEALTH AND WELLBEING BOARD AGENDA

HARTLEPOOL BOROUGH COUNCIL

Monday 28 January 2013

10.00 a.m.

Committee B, Civic Centre
Victoria Road, Hartlepool

MEMBERS: SHADOW HEALTH AND WELLBEING BOARD

Voting Members (statutory members)

Directly Elected Mayor, Executive Members of the Local Authority, Chief Executive of Local Authority, Representative of Clinical Commissioning Group, Chief Executive/Director of the PCT (transitional arrangements until 2013), Director of Public Health, Director of Child and Adult Social Services, HealthWatch Board Member, Representative of the NHS Commissioning Board, Patient Representative.

Non-Voting Members (non-statutory members)

Director of Regeneration and Neighbourhoods, North Tees and Hartlepool NHS Foundation Trust, Tees Esk and Wear Valley NHS Trust, Voluntary Sector Representative(s), North East Ambulance NHS Trust, Cleveland Fire Authority.

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST**

3. **MINUTES**

   3.1 To confirm the minutes of the meeting held on 10 December 2012

4. **MATTERS ARISING FROM MINUTES**

5. **ITEM FOR INFORMATION**

   5.1 Clinical Commissioning Group - Commissioning Intentions – *Chief Officer, CCG* (verbal update)

REPLACEMENT AGENDA

5.2 Update on Public Health Ring Fenced Grant – *Director of Public Health* (verbal update)
5.3 Update on NHS Reform – *Director of Public Health and Chief Officer CCG* (verbal update)
5.4 Hartlepool Borough Council – *Chief Executive, Hartlepool Borough Council* (verbal update)
5.5 Special Educational Needs and/or Disability (SEND) Pathfinder - Six Monthly Update – *Head of Social and Education Inclusion* (verbal update)
5.6 Improving Health and Care - The Role of the Outcomes Framework – *Assistant Director, Adult Social Care and Director of Public Health*

6. **ITEMS REQUIRING DECISION**

6.1 Second Draft of Health and Wellbeing Strategy – *Director of Public Health*
6.2 Supporting People with Hearing Loss – *Director of Child and Adult Services*

7. **ITEM FOR DISCUSSION**

7.1 Breastfeeding – Giving Every Child the Best Start in Life

8. **FUTURE AGENDA ITEMS**

9. **ANY OTHER BUSINESS**

SHADOW HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

10 December 2012

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Dr Paul Pagni, Clinical Commissioning Group - In the Chair

Statutory Members

Councillor John Lauderdale (Adult and Public Health Services Portfolio Holder).
Dave Stubbs, Chief Executive
Louise Wallace, Director of Public Health
Ali Wilson, Chief Officer, Hartlepool and Stockton on Tees Clinical Commissioning Group

Non Statutory Members: -

Denise Ogden, Director Regeneration and Neighbourhoods
Martin Barkley, Chief Executive, Tees Esk and Wear Valley NHS Foundation Trust
Christopher Akers-Belcher, Hartlepool LINK Co-ordinator
Margaret Wrenn, Hartlepool LINK

In attendance as substitutes:-

Rod Macleod as substitute for Nicola Fairless, North East Ambulance Service
Ian McHugh as substitute for David Turton, Cleveland Fire Authority

Also Present:

Ian Parker, NHS North

Officers:

Kate Watson, Health Improvement and BHF Project
Chris Briddon, Public Health, BHF Nurse Practitioner
Danielle Swainston, Head of Access and Strategic Planning
Catherine Grimwood, Performance and Partnerships Manager
Denise Wimpenny, Democratic Services Team

110. Apologies for Absence

The Mayor, Stuart Drummond, Councillor Paul Thompson, Finance and Corporate Services Portfolio Holder, Councillor Cath Hill, Children's and Community Services Portfolio Holder, Jill Harrison, Assistant Director, Child and Adult Services, Alan Foster, Chief Executive, North Tees and Hartlepool NHS Foundation Trust.

111. Declarations of interest by Members

None

112. Minutes of the meeting held on 26 October 2012

Confirmed

113. Matters Arising from the Minutes

In relation to Minute 108, the Director of Public Health advised that there had been some useful media interest in relation to the Cold Kills presentation with the town's MP commenting on this issue.

114. Health and Wellbeing Strategy – Verbal Update by Director of Public Health

The Director of Public Health referred to discussions at earlier meetings in relation to the first draft of the strategy and stated that arrangements had been made for further consultation to take place with relevant parties prior to agreement of the final draft which was scheduled for consideration at the next meeting of the Shadow Board.

The Performance and Partnerships Manager referred the Shadow Board to the outcomes document, a copy of which had been circulated and highlighted that the second draft of the strategy would include additional objectives and revisions. An action plan had also been developed to sit alongside the strategy.

The Hartlepool LINK Co-ordinator raised concerns regarding the clarity of future communication arrangements and how various groups, for example, the Old People's Group would feed into the Health and Wellbeing Board. The importance of clear communication links between the Health and Wellbeing Board and CCG was also emphasised. In light of the future governance changes facing the Council , reference was made to the pending cessation of the Children's Services Scrutiny Forum and the need for early consideration of how input from children and young people would

be facilitated. The Shadow Board was advised that work had commenced in this regard and formal agreement was required to determine what groups would go forward in the context of the pending governance changes affecting the authority.

Decision

The update was noted.

115. Public Health Outcomes Framework

The Director of Public Health reported that a link had been circulated in relation to the public health outcomes framework. It was intended that colleagues from the four local authorities across tees valley would meet in January to discuss NHS transitional closedown arrangements, current systems including the most appropriate methods of gathering and capturing NHS data to ensure local authorities were able to access information under the new arrangements. An update on progress would be submitted to a future meeting of the Shadow Board.

Decision

The information given was noted.

116. Regional Support by ANEC – Verbal Update by Director of Public Health

The Director of Public Health sought nominations from the Shadow Board following invitations received from ANEC to participate in a North East Simulation Event to share thoughts on the move from shadow to formal arrangements. Nominations were received from Ali Wilson, Christopher Akers-Belcher, Louise Wallace and Denise Ogden. It was noted that the Director of Public Health would distribute relevant information following the meeting.

Decision

The update and above nominations were noted.

117. NHS Reform Update – Verbal Update by Director of Public Health and Chief Officer, Hartlepool and Stockton on Tees Clinical Commissioning Group

The Chief Officer, Hartlepool and Stockton on Tees Clinical Commissioning Group provided a verbal update on NHS Reform. The appointment of the

Governing Body Nurse had been delayed as a result of the requirement to undertake a formal HR process, details of which were provided. It was envisaged that the post would be filled prior to implementation of the new arrangements. It was highlighted that under the new arrangements work would be managed via an external body and extensive work was ongoing to ensure a seamless transition process.

In terms of key issues, information was still awaited in relation to confirmation of the financial allocation which was expected shortly. It was difficult to develop commissioning intentions until resource information was confirmed. Details of proposed changes relating to access to funding were outlined as well the challenges ahead in terms of managing finances. The importance of effective partnership working to maximise resources was emphasised. Public engagement events were scheduled for January to assist with shaping of commissioning intentions and would focus on achievements during the shadow arrangements as well as future priorities.

The Chair welcomed Mr Ian Parker to the meeting. Mr Parker reported that his main role was to assist relationships between the NHS and local government in preparation for the transfer of powers for public health from the NHS to local authorities. The key areas of support included system leadership, communication, prevention and integration, performance and managing risk.

It was reported that that Mr Parker chaired the North East Health and Wellbeing Board Workstream meetings where lead officers shared best practice as well as attended the North East Health and Wellbeing Board's chair's meetings. The Shadow Board was pleased to receive feedback that the North East, as an area, was progressing the transition very well.

Decision

The update was noted.

118. British Heart Foundation Update *(Public Health Team)*

Representatives from the Public Health Team, who were in attendance at the meeting, delivered a detailed and comprehensive presentation on a healthy lives project and focussed on the following:-

- British Heart Foundation funded project for 3 years
- Project for children and young people aged 7-14 years old
- Empower children and young people to make healthier lifestyle choices
- Take information home to inform parents and grandparents of risk factors associated with cardiovascular disease
- Overall aim to reduce childhood obesity – heart health, healthy eating,

physical activity and smoking

- What Hearty Lives Can Officer
  - heart health
  - workshops/assemblies
  - parents/carers events
  - school staff health
  - training

- Project officially launched on 4 October
  - key partners invited
  - 3 schools showcasing heart health work

Following the conclusion of the presentation, the Shadow Board received a Dvd of a performance by West Park Primary School, one of the schools involved in promoting the project, and an information pack in relation to the project was also circulated at the meeting.

In the discussion that followed, the Shadow Board commented on issues which had been raised in the presentation including the benefits of the external funding, the various approaches to tackling childhood obesity and promoting healthier lifestyles as well as the future health implications of obesity issues.

In response to the Chair's request for clarification as to when statistics would be available on the outcome of the project, it was reported that the aim was to target the 7 to 14 age group as only a small percentage in that age group took part in physical activity. It was envisaged that improvements may be evident by year 3. With regard to evaluation of the project, work was currently ongoing with Teesside University and questionnaires would be circulated to schools. An evaluation report would be produced by Teesside University which would outline outcomes achieved.

In relation to school meals, the Board went on the discuss the importance of targeting schools to ensure healthy choices were promoted and available. The various aims of the project were also discussed including the need to promote healthier lifestyles with parents as well as children and young people.

Decision

The update was noted.

119. Child Poverty Presentation *(Head of Access and Strategic Planning)*

The Board received a detailed and comprehensive presentation by the Head of Access and Strategic Planning in relation to Child Poverty. The presentation focussed on the following issues:-

- Definition of poverty

- Trends in those most likely to suffer - teenage parents, lone parents, families with multiple children, unemployed

- Consequences of poverty
  - cycle of worklessness, low educational attainment, reduced prosperity
  - estimated that child poverty costs the UK almost £40 billion a year
  - research shows that children exposed to poverty, hardship and deprivation are most likely to suffer poverty in later life

- National Context
  - previous Government set target to end child poverty by 2020
  - missed interim target for 2010 to halve child poverty by 2010

- Child Poverty Act
  - all parties signed up to Child Poverty Act 2010
  - commits all UK governments to end Child Poverty by 2020
  - transformed from a target to a binding legal duty

- Local Authority duties
  - co-operation with partners to reduce child poverty in local area
  - prepare and publish "local child poverty needs assessment"
  - prepare a joint child poverty strategy for local area

- Local context
  91,985 population of Hartlepool
  18,270 children and young people aged 0-15 years
  6,180 children/young people living in income deprived families
  33.7% of people claiming an out of work benefit
  30.02% of children in families receiving a key benefit
  25.2% of children receiving a free school meal
  27.7% of household with no one working
  11.8% lone parent households
  34% of children living in poverty

- Welfare Reform Bill
  - Partial abolition of the social fund
  - Council Tax benefit abolished and localised
  - The benefit cap
  - Reductions in housing benefit and restrictions (under occupation)]

- Stricter benefit criteria and changes to rules
- Universal credit

- Child Poverty to rise

- What does this mean to families in Hartlepool

- How are we tackling this?

Following the conclusion of the presentation, a Dvd was presented to the Forum which had been produced in the north east by a group of young people and focussed on child poverty problems. A number of themes had emerged from analysis of the photographs included in the Dvd which included, housing, environment, places to go, family and friends, shops, transport, entertainment, money, crime and anti-social behaviour.

Members expressed concern regarding the level of child poverty nationally as well as regionally and the potential reasons for such levels were debated. The Board recognised that the issue of inequality was a contributory factor. In relation to education attainment levels, whilst it was acknowledged that great strides had been made in this regard, disappointment was expressed that the gap continued to grow between children in receipt of free school meals and their peers. Following further discussion in relation to this issue, the Board emphasised the importance of focussing priorities and support to “at risk” families.

Decision

That the contents of the presentation and comments of Members be noted.

120. Hartlepool Health Status Presentation *(Director of Public Health)*

The Director of Public Health provided a comprehensive presentation on the health profile for Hartlepool. Whilst the health of people in Hartlepool was generally worse than the England average, improvements had been achieved in the last 5 years in relation to life expectancy. There had been significant improvements over the last 5 years in relation to heart disease and stroke related deaths. With regard to cancer related early deaths, the trend over the last 5 years had shown no real improvement nor a significant increase.

In terms of teenage pregnancy, there had been significant improvement over the last 10 years. The under 18 conception rate for Hartlepool in 2009 was 57.3 per 1000 and was a 24.3% reduction on the baseline rate of 74.8 in 1998. In 2009 37% of conceptions led to an abortion, this compared to 46% of conceptions which led to an abortion in 2008.

Data in relation to alcohol specific admission rates by age was provided.

Male admissions were generally twice as high as females in most age groups. Peak admissions from males and females were in the age range 30 to 55. The evidence suggested that in addition to continuing with efforts to prevent the acute effects of alcohol misuse amongst younger people there was also a need to address the chronic effects of excess alcohol consumption amongst middle-aged people.
Members were advised that whilst there had been significant improvements over the last 5 years in relation to adult smoking rates, prevalence in some wards was still in the region of 50 to 60%. Smoking in pregnancy rates had seen a significant improvement. However, further work was needed to continue this trend, focussing especially on smokers from disadvantaged groups.

With a view to tackling the increasing rise in adult obesity, it was noted that a number of initiatives had been introduced to address this issue.

Decision

The presentation and comments of Members were noted.

121. Future Agenda Items

In terms of the future of the Shadow Board, given the pending changes to the governance arrangements, it was agreed that this be included in the work programme of the Shadow Board and considered at an early meeting in January 2013.

The meeting concluded at 11.50 am.

CHAIR

Improving health and care

The role of the outcomes frameworks

DH INFORMATION READER BOX

Policy	Clinical	Estates
HR / Workforce	Commissioner Development	IM & T
Management	Provider Development	Finance
Planning / Performance	Improvement and Efficiency	Social Care / Partnership Working

Document Purpose	Policy
Gateway Reference	18120
Title	Improving health and care: the role of the outcomes frameworks
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Circulation List	
Description	This document gives an overview of the three Outcomes Frameworks, their purpose and the way they work together to support the health and care system to meet the challenges it faces.
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Improving health and care

The role of the outcomes frameworks

Prepared by

DH Strategy Group

Contents

Foreword

The Department's overarching aim is to enable people to live better for longer, which will be achieved by improving the health and care outcomes that matter to people. Across health and care, these outcomes are wide ranging. They include for example, protecting people from major incidents and threats, ensuring people have a positive experience of care and support, and increasing life expectancy.

The government has sought to focus the health and care system on improving outcomes, rather than focus solely on process measures. This will ensure that clinicians and carers are liberated to provide the best care that meets the needs of individuals. This has recently been put on an even stronger footing with the publication of the government's first mandate to the NHS Commissioning Board.[1] Through the mandate, the government is asking the Board to focus on improving outcomes for the NHS.

Improved outcomes across the whole of the health and care system can only be achieved when all parts of the system work together. This document, 'Improving Health and Care: the role of outcomes frameworks', supports that joint working by setting out how the outcomes frameworks will help to improve transparency and accountability, support implementation at all levels of the system, and become more closely aligned to improve what matters to people.

Each part of the system has its own outcomes framework, reflecting the different priorities and accountability mechanisms. However, for the first time, we are refreshing all three outcomes frameworks at the same time. These refreshed outcomes frameworks place a greater emphasis on the use of shared and complementary indicators, highlighting shared responsibilities and goals, and facilitating joint working.

A clear focus on outcome measures, with regular publication of local level data, supports improvements in the quality of care through increased transparency and more effective accountability, both locally and nationally. The outcomes frameworks offer a way of measuring progress towards achieving our aims.

As we go forward, we will continue to work with each part of the system to improve the integration and consider closer alignment of all three outcomes frameworks.

Una O'Brien, Department of Health Permanent Secretary

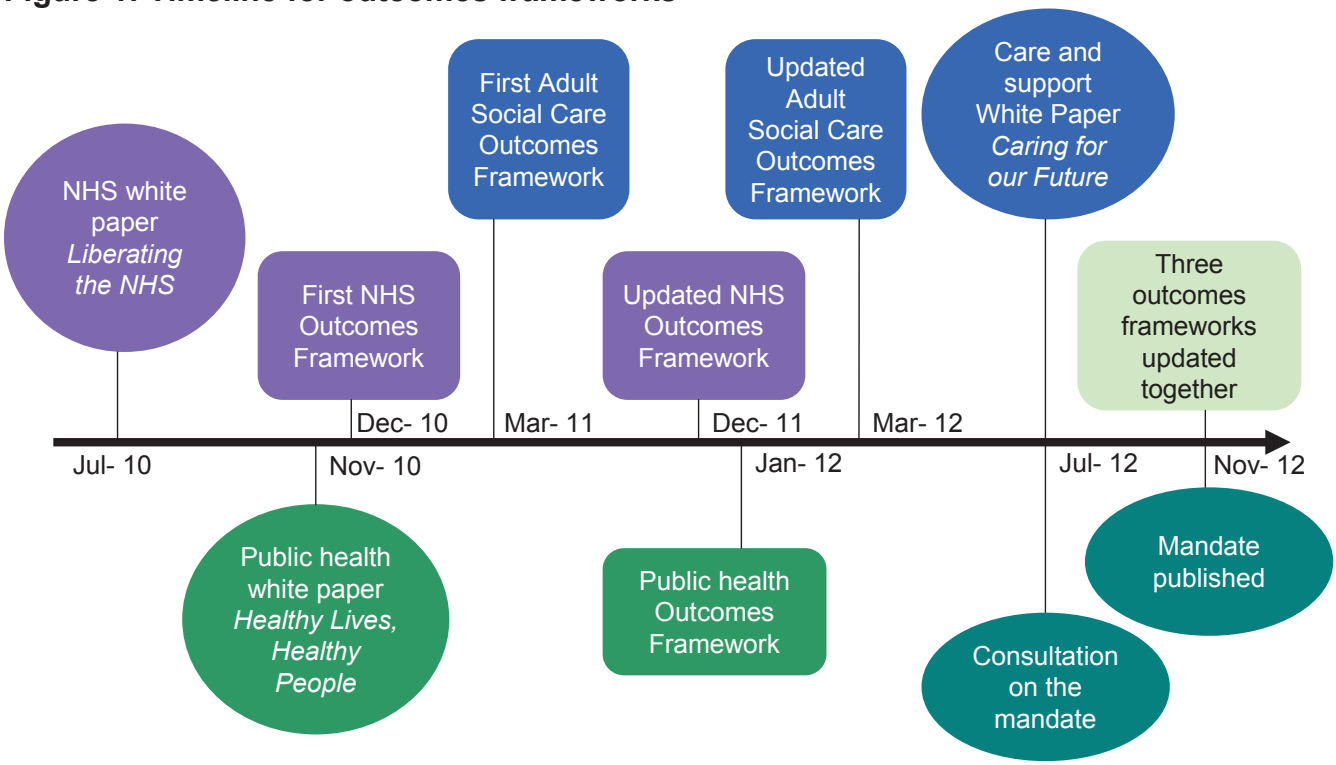
1. About the outcomes frameworks

- There are three outcomes frameworks, one each for public health, adult social care and the NHS.
- The outcomes frameworks set out high level areas for improvement, alongside supporting indicators, to help track progress without overshadowing locally agreed priorities.
- They will help to ensure that common challenges are highlighted at the local level across the health and care system, informing local priorities and joint action, whilst reflecting the different accountability mechanisms in place.

The three outcomes frameworks

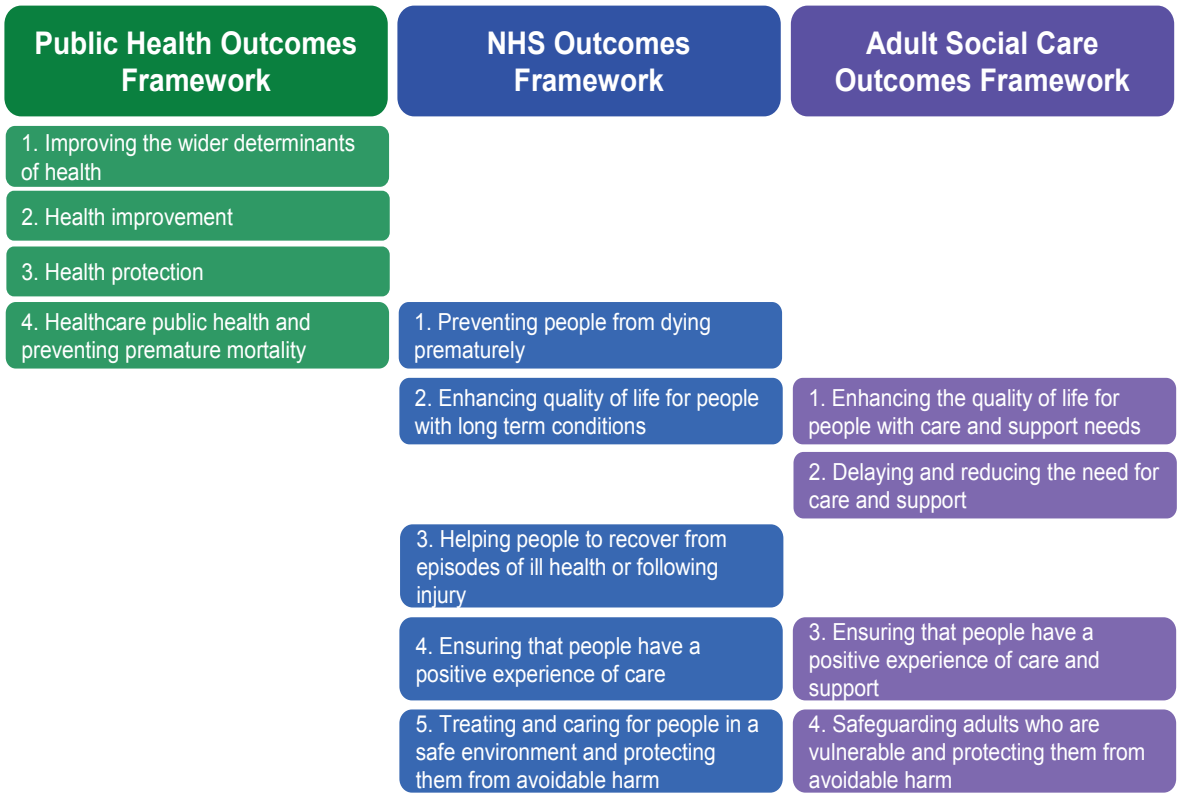
1. Since 2010, the Department of Health has published three outcomes frameworks, one for each part of the health and care system. The outcomes frameworks for Public Health, Adult Social Care and the NHS are intended to provide a focus for action and improvement across the system. Each of the outcomes frameworks include the main outcomes that represent the issues across health and care that matter most to all of us. This autumn, all three outcomes frameworks are being refreshed concurrently (see figure 1).

Figure 1: Timeline for outcomes frameworks



2. Each of the outcomes frameworks has a number of 'domains,' which cover at a high level the main areas where the government would like to see improvement (see figure 2). For example, the NHS Outcomes Framework has a domain covering helping people to recover from episodes of ill health or illness. Similarly, the Public Health Outcomes Framework prioritises reduction of health inequalities through improving the wider determinants of health, such as contributing to reducing re-offending. The Adult Social Care Outcomes Framework includes a domain that focuses on delaying and reducing the need for care and support.

Figure 2: The three outcomes frameworks



3. These domains are supported by more detailed indicators to enable progress in improving outcomes to be tracked. In many cases, the different outcomes frameworks have shared or complementary indicators because they share similar goals. The refreshed outcomes frameworks demonstrate increased alignment by drawing on a greater number of shared and complementary measures than ever before.

4. For example, the NHS and adult social care outcomes frameworks share goals on ensuring positive experiences of care, while the NHS and public health outcomes frameworks share goals on preventing people from dying prematurely. This increased alignment will support local partners across the health and care system to identify common ground, providing the basis for more integrated working locally.

5. The three outcomes frameworks have been co-produced with main stakeholders and are different, reflecting the different accountability mechanisms in public health, adult social care and the NHS. The Public Health Outcomes Framework identifies areas for action, including across local and central government and other partners. The Adult Social Care Outcomes Framework supports the social care sector's efforts to drive improvement and performance, and is used by central government to set direction in adult social care, and tracking progress nationally. Through the government's mandate to the NHS Commissioning Board, the NHS Outcomes Framework will play a central role in holding the NHS Commissioning Board to account for delivering improved health outcomes at the national level. The Board will then be responsible for developing indicators for Clinical Commissioning Groups (CCG) populations to help drive quality at the local level.

6. The outcomes frameworks can be found on the Department of Health website at: http://www.dh.gov.uk/health/tag/outcomes-framework/

7. For information on the outcomes frameworks, please contact:

The NHS Outcomes Framework:	nhsoutcomesframework@dh.gsi.gov.uk
The Public Health Outcomes Framework:	phof@dh.gsi.gov.uk
The Adult Social Care Framework:	Jennifer.byrom@dh.gsi.gov.uk

Why a focus on outcomes?

8. In the past, the health and care system has been dominated by centralised top down targets and process measures. Evidence from international sources and from other sectors suggests that process based targets can remove local control for delivering better health outcomes.[2] Top-down targets can reduce innovation and crowd out the fundamental objectives of reducing death and illness, increasing safety and improving patient and user experience more broadly.

9. The government's mandate to the NHS Commissioning Board, as well as recent white papers in public health, the NHS and adult social care have all set out the government's intention to re-focus the health and care system on people and the outcomes that matter most to them.[3] The right information, focused on what matters to people, supports commissioners and providers of care to drive up standards. It helps identify local priorities for care and support, and allows local measurement of pace of improvement towards those priorities.

10. The outcomes frameworks provide the health and care system, the public and Parliament with robust and comparable outcomes-focused information, which show how far the system is delivering better outcomes for patients and users. They allow local partners to compare their performance against others, stimulating conversation, learning and the spread of best practice. This approach allows services to concentrate on what matters to people.

11. This unprecedented freedom for the health and care system to develop innovative approaches to improvement requires transparent and accessible information to support accountability. The outcomes frameworks represent a breakthrough in the way progress is tracked by providing the outcome-focused information the system needs to drive forward improvement.[4] The focus on outcomes provides local areas with new levels of freedom to make their own decisions on how to achieve better outcomes, whilst allowing service users and the public to hold them to account.

12. As steward of the health and care system, the Department has a responsibility to ensure that the system is fit for purpose and sustainable for the future, with a focus on continuous improvement. The Department oversees a system that enables people to live better for longer and offers better health, better care and better value for all. The outcomes frameworks provide assurance and accountability and provide a focus for quality improvement. Progress toward meeting these challenges and achieving the overall aims can be measured through the outcomes frameworks, which we will continue to further align and improve as we go forward.

2. Working together to achieve success

- Alignment of the outcomes frameworks is essential to meet the Department's aims for the health and care system. This alignment is supported by shared and complementary indicators, which will encourage joint working, integration of care, and coordination of services.
- At a local level, the principal vehicle for joint working at the local level will be health and wellbeing boards.
- Health and wellbeing boards are able to draw on all the outcomes frameworks if they so wish, to help inform strategic planning through Joint Strategic Needs Assessments, and Joint Health and Wellbeing Strategies, which must underpin local commissioning plans.

Aligning the health and care outcomes frameworks

1. Alignment of the three outcomes frameworks will be essential if we are to meet the challenges faced by the health and care system. Together they form a three-way alliance, supporting the system to address challenges in an integrated way and providing a focus for quality improvement across the system.

2. As a result, the outcomes frameworks have been, and continue to be, increasingly aligned to reflect areas of shared responsibility and priority in improving health outcomes and this autumn the outcomes frameworks are being refreshed simultaneously and published alongside each other to support local planning and delivery. They set out clearly where the different parts of the health and care system share responsibility for improving outcomes.

Shared and complementary indicators

3. In many cases, different parts of the system have shared or mutually supportive goals. The refreshed outcomes frameworks have an increased and more systematic use of shared and complementary indicators, supporting joint working toward shared goals. The shared and complementary indicators help provide a focus for joint working and shared priorities.

4. Figure 3 provides examples of how shared and complementary indicators work in practice. Annex A sets out in more detail those indicators shared between and complementary to the three outcomes frameworks.

Figure 3: Shared and complementary indicators

Shared indicators	***Complementary indicators***
Used where outcomes frameworks have shared responsibility and the same indicator is included in each. **For example**, the NHS and public health system share responsibility to reduce hospital readmissions within 30 days of discharge from hospital	Used where each outcomes framework has different measures that consider the same issue. **For example**, the NHS Outcomes Framework has an indicator relating to the health-related quality of life for people with long term conditions while the Adult Social Care Outcomes Framework has an indicator that measures social care related quality of life.

5. This alignment of indicators provides incentives for different parts of the health and care system to work together to integrate care and coordinate services in the interests of patients, services users, their carers and families. Box 1 provides an example of how the outcomes frameworks work together to focus on one outcome – preventing people from dying prematurely.

Box 1 - Focus on mortality - preventing people from dying prematurely

The public health and NHS outcomes frameworks share many indicators on premature mortality. Reducing premature mortality is a priority area for the Secretary of State. The Mandate sets an ambition for England to become one of the most successful countries in Europe at preventing premature deaths and the focus in the outcomes frameworks will be just one element of the approach to tackle preventable mortality.

Shared indicators in the two outcomes frameworks will mean that in addition to continuing their traditional roles, with public health covering prevention and the NHS covering treatment, they will each work harder to support a more holistic approach. When taken together, the public health and NHS outcomes frameworks can help articulate what can be done to reduce levels of avoidable premature mortality across the health and care system through focusing on prevention, early diagnosis and treatment. For example, the public health indicator on smoking prevalence will help us understand how well we are doing to prevent some cancers, whilst through the public health indicator on rates of cancer diagnosis at stages 1 and 2 we will be more able to see how much earlier we are diagnosing cancer. This increases our chances of survival as demonstrated through the corresponding indicators within the NHS Outcomes Framework on cancer survival.

6. The three outcomes frameworks also support the three parts of the health and care system in providing the right care and support to particular groups of people who require services. Box 2 provides just one example of how the outcomes frameworks work across health and care for older people.

Box 2 – The comprehensive system – supporting older people

There are several areas of commonality across the adult social care and NHS outcomes frameworks, reflecting the joint contribution of health and social care to these outcomes, in particular for older people.

For example, tackling dementia is a priority area for the Secretary of State. The Mandate reflects the government's aims that the NHS should be the best in Europe at supporting people with ongoing health problems to live healthily and independently, with control over the care they receive and to make the diagnosis, treatment and care of people with dementia in England the best in Europe.

Dementia is a big concern for many older people and the outcomes frameworks come together to support older people across the spectrum of prevention, early diagnosis and, if needed, care. The three outcome frameworks are linked through this high priority area with a shared indicator between the Public Health Outcomes Framework and the NHS Outcomes Framework to estimate the diagnosis rate for people with dementia and a shared placeholder between the NHS Outcomes Framework and the Adult Social Care Outcomes Framework on the effectiveness of post-diagnosis care in sustaining independence and improving life quality for people living with dementia.

7. The outcomes frameworks also provide a focus for different conditions as shown in Annex B. For example, on chronic obstructive pulmonary disease (COPD), the outcomes frameworks support joint working between public health and the NHS with shared aims on prevention and improving information.[5] Similarly, the outcomes frameworks for public health and the NHS promote the importance of diagnosing dementia; and the adult social care and NHS outcomes frameworks include a placeholder measure to promote joined up working to improve the quality of life for people with dementia.

Coming together at the local level

8. The outcomes frameworks ensure that challenges are highlighted at the local level across the health and care system, and provide a common basis for action.The principal vehicle for joint working at the local level will be health and wellbeing boards. Health and wellbeing boards will bring the whole system together at a local level and will maximise opportunities to deliver integrated care across the NHS, public health and social care services, and influencing the wider determinants of health.

9. Health and wellbeing boards will be able to draw on all the outcomes frameworks, if they wish, to help inform strategic planning through Joint Strategic Needs Assessments (JSNAs), and Joint Health and Wellbeing Strategies (JHWSs), which must underpin local commissioning plans. In this way, the outcomes frameworks can be used to support local strategic planning; however, they should not overshadow locally agreed priorities. Boards may also chose to use indicators from the outcomes frameworks to transparently measure their joint progress in improving outcomes for their local community. Health and wellbeing boards will promote joined up commissioning that will support integrated provision of services across the local health and social care system and beyond.

3. Implementing the outcomes frameworks

- The three outcomes frameworks have different groups of stakeholders and different accountability mechanisms. Implementation of the frameworks will reflect these differences.
- Looking forward, we will continue to further improve and align the outcomes frameworks across the NHS, public health and adult social care, through the greater use of shared and complementary measures.

The three outcomes frameworks

1. The three outcomes frameworks cover different areas of the health and care system, each of which have their own accountability mechanisms. Therefore, the way in which each outcomes framework is implemented and used to support the improvement in outcomes is different.

2. All three will increase transparency, showing how the health and care system is performing at the national and local level, increasing accountability across public health, adult social care and the NHS. The outcomes frameworks will act as catalysts for driving quality improvement and outcome measurement.

The Public Health Outcomes Framework

3. The Public Health Outcomes Framework sets the context for the public health system, from local to national level, setting out the broad range of opportunities to improve and protect health across the life course and to reduce inequalities in health that still persist. Achieving these outcomes requires the collective efforts of all parts of the public health system, and across public services and wider society in implementation.

4. Guiding the relationship between national and local government is the principle of localism. It will be for local authorities, who must have regard to the Public Health Outcomes Framework through their responsibility for public health, to demonstrate improvements in public health outcomes. This will be done in partnership with health and wellbeing boards in taking joint action to address local health and wellbeing needs.

5. Public Health England (PHE) will play a major role in developing supportive relationships with local authorities, providing expertise and constructive challenge to local authority performance in public health. The role of PHE in improving outcomes will be set out in a framework agreement between PHE and the Department of Health that will form the basis of a clear line of accountability with the PHE Operating Model setting out further detail.[6]

6. PHE will regularly publish Public Health Outcomes Framework performance information at England and upper tier local authority level, along with a disaggregation of data by significant equalities and inequalities characteristics where available. They will also publish tools that support benchmarking of outcomes between and within local areas to provide insights into performance; this information will assist local leaders in developing their strategies to improve the health and wellbeing of their populations as they seek to understand how well their local services are supporting them. The publication of data by PHE will make the outcomes framework an essential tool alongside the NHS, Adult Social Care and other sectors' outcomes frameworks for driving local sector-led improvement.

The Adult Social Care Outcomes Framework

7. The Care and Support White Paper, published in July 2012, set out the government's vision for a reformed care and support system, building on the 2010 'Vision for Adult Social Care'[7], and 'Transparency in Outcomes: a framework for Adult Social Care.'[8] The Adult Social Care Outcomes Framework for 2013/14 will support councils to rise to the challenge of delivering White Paper priorities, by providing a clear focus for local priority setting and improvement, and by strengthening the accountability of councils to local people.

8. The purpose of the Adult Social Care Outcomes Framework is three-fold:

   - Locally, the framework supports councils to improve the quality of care and support. By providing robust, nationally comparable information on the outcomes and experiences of local people, the framework supports meaningful comparisons between councils, helping to identify priorities for local improvement, and stimulate the sharing of learning and best practice;

   - The framework fosters greater transparency in the delivery of adult social care, supporting local people to hold their council to account for the quality of the services they provide. An important mechanism for this is through councils' local accounts, where the framework is already being used as a robust evidence base to support councils' reports of their progress and priorities to local people;

   - Nationally, the framework measures the performance of the adult social care system as a whole, and its success in delivering high quality, personalised care and support. The framework will support Ministers in discharging their accountability to the public and Parliament for the adult social care system as a whole, and will inform and support national policy development.

9. Alongside the shift from process to outcome measures, in adult social care we are moving towards a system of devolved accountability, with fewer central levers over performance. Under this approach, success in delivering the outcomes in the Adult Social Care Outcomes Framework will be driven by sector led improvement. This programme supports local authorities to take responsibility for their own performance and improvement, developing a system of performance management 'by councils for councils'. It has been developed by national social care partners in close collaboration with the Department.[9]

10. The Adult Social Care Outcomes Framework is already being used by the sector to measure its performance on the strength of the outcomes it delivers. Locally, the Adult Social Care Outcomes Framework is being used in local accounts, and is the councils' main tool for setting out their priorities and progress for local scrutiny. Nationally, the Towards Excellence in Adult Social Care improvement programme, led by the sector, has published its first national progress report, drawing on 2011/12 framework data. The report, the first to be written by councils themselves, will act as a baseline for measuring the pace of progress by the sector against its priorities, as well as improving the evidence base to support national policy-making and oversight of the system. Future sector progress reporting will draw on a wider range of information, strengthening the breadth and depth of the picture, but with the framework remaining at its core.

The NHS Outcomes Framework

10. From April 2013, the NHS Outcomes Framework will form part of the way in which the Secretary of State will hold the new NHS Commissioning Board to account for the commissioning system in the English NHS. The Department of Health will provide strategic direction and stewardship, allocate funding to the Board, and set objectives for it in the mandate. The Board must seek to achieve these objectives and the mandate will be at the heart of the accountability relationship between the Board and the Department of Health. The mandate to the NHS Commissioning Board represents the first time that the government has been legally required to set out the objectives for the NHS, and provides an important degree of transparency.

11. Improving health outcomes forms a core part of the mandate, which asks the NHS Commissioning Board to make continuous progress across all of the five domains and the outcome indicators in the NHS Outcomes Framework. The NHS Commissioning Board will develop indicators for CCG populations to help drive quality in the new system. Covering £60billion of services commissioned by CCGs across the NHS it will translate the NHS Outcomes Framework into clear, comparative data on the quality of services that CCGs commission for their local populations and the outcomes achieved for patients.

12. These indicators for CCG populations will reflect all of the NHS Outcomes Framework indicators shared between the NHS and public health or adult social care. This will ensure that the NHSCB can hold clinical commissioning groups to account for achieving outcomes that depend on integration with the public health and social care systems.

Improving people's experience of integrated care

13. In January 2012, the NHS Future Forum, responding to the views of patient, service user and care organisations, reported that too often patients experience gaps in service provision, failures in communication, and poor transitions between services. National Voices reported that integrated care was the top demand from patient, service user and carer organisations who wanted care to be co-ordinated and personalised around the patient. As highlighted by the Future Forum: "Integration is a vitally important aspect of the

experience of health and social care for millions of people. It has perhaps the greatest relevance for the most vulnerable and those with the most complex and long term needs."

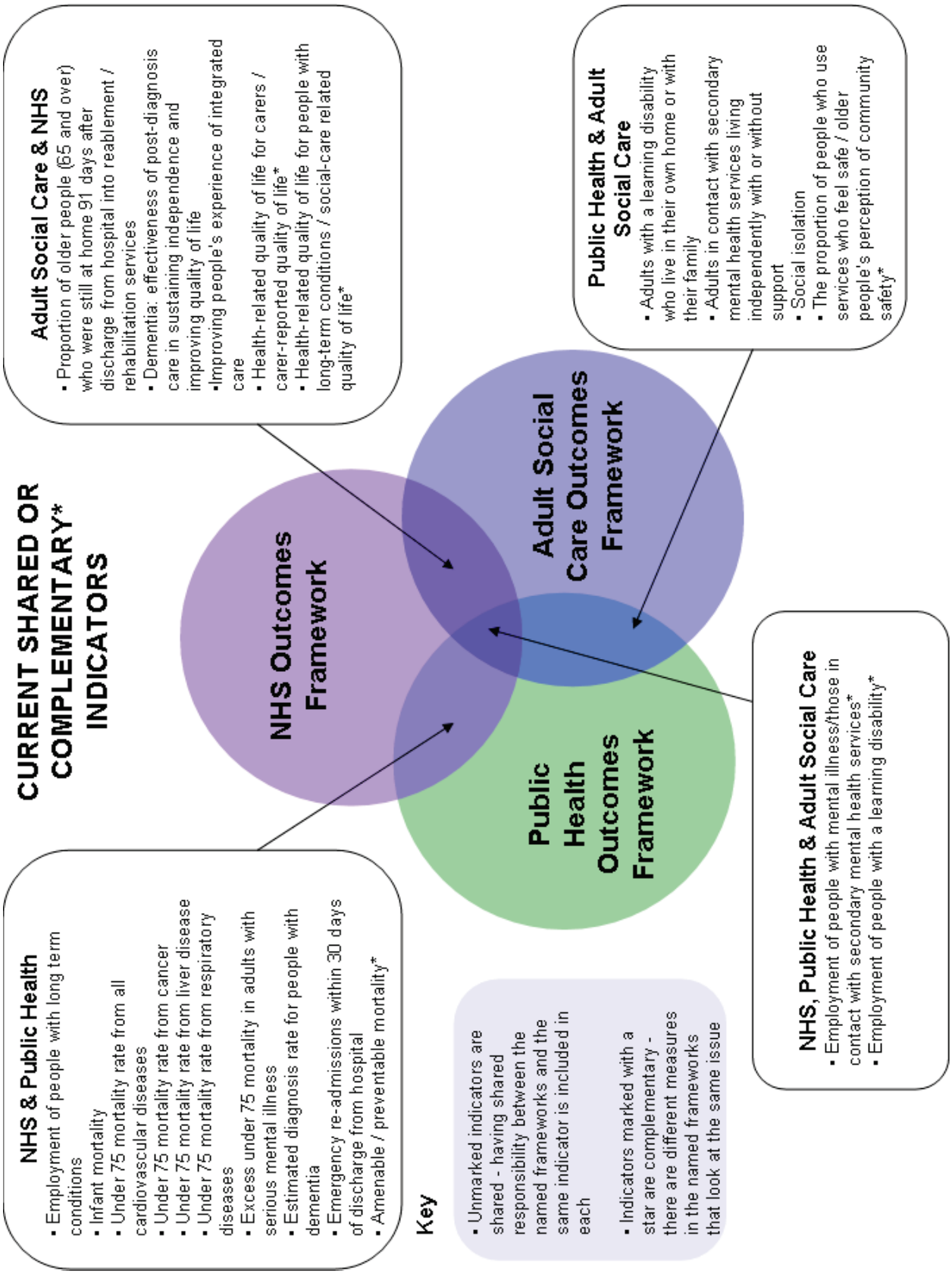
14. However, at present, no direct measurement of people's experience of integrated care exist. In July 2012, we published the social care white paper 'Caring for our Future' which restated our commitment for a clear, ambitious and measurable goal to drive further improvements in people's experience of integrated care[10].

15. Research work aimed at advancing a methodology for capturing patient experience of integrated care is currently underway. Once available, this will be included within the adult social care and NHS outcomes frameworks. We also plan to include shared or complementary measures based upon these indicators within the Public Health Outcomes Framework, where feasible to do so in the next multi-year framework from 2016. For 2013/14, the NHS Outcomes Framework and the Adult Social Care Outcomes Framework share a placeholder on improving people's experience of care and support

Next steps

16. Looking forward, the three outcomes frameworks will play an important role as the changes across the health and care system come into effect from April 2013. The Department of Health will continue to work with the system to improve the alignment of the outcomes frameworks from the overarching level down to the detail of the individual measures.

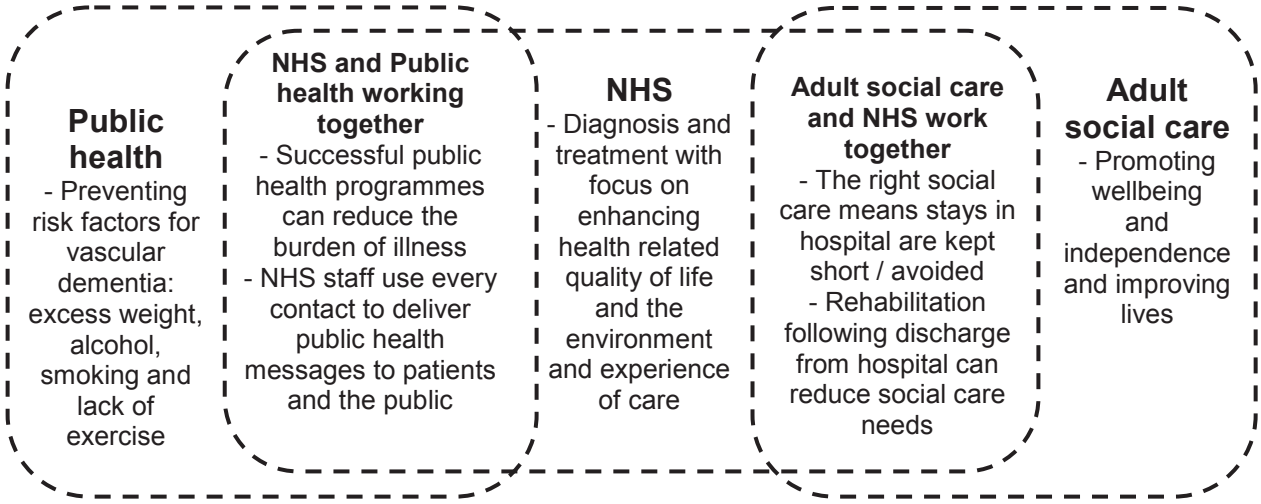
Annex A: The three outcomes frameworks, current shared or complementary* indicators



Annex B

Working across the health and care system on dementia

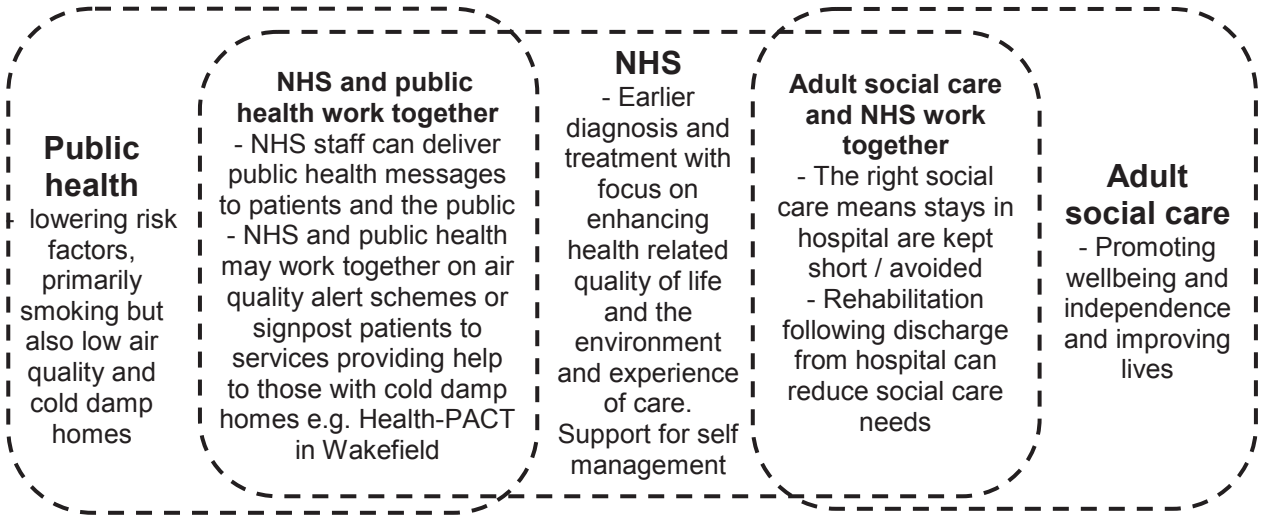
Dementia is a syndrome associated with an ongoing decline of the brain and its abilities including memory, thinking, language, understanding and judgement. There are different types of dementia, currently, only vascular dementia is preventable. Risk factors for vasular dementia are similar to those for other illnesses. For other forms of dementia prevention is less well understood but protective factors may include keeping the brain active. Quick and competent assessment with an accurate diagnosis are important in dementia as well as access to continuing support, good quality information and access to high quality care in the home.



Public health, NHS and adult social care work together
- Successful public health programmes can reduce the burden of illness and care need for Dementia sufferers

Working across the health and care system on COPD

Chronic obstructive pulmonary disease (COPD) is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have trouble breathing in and out. This is referred to as airflow obstruction. Breathing difficulties are caused by long term damage to the lungs, usually because of smoking. Severe COPD can be prevented by making lifestyle changes including stopping smoking, which can also slow worsening of the disease. Treatment for COPD usually involves relieving the symptoms, for example by using an inhaler to make breathing easier.



Public health, NHS and adult social care work together
- Successful public health programmes can reduce the burden of illness and care need for COPD sufferers

References

1Department of Health (November 2012) 'The Mandate: a mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015'

https://www.wp.dh.gov.uk/publications/files/2012/11/mandate.pdf

2 For example, Use of Targets to Improve Health System Performance: English NHS Experience and Implications for New Zealand, Nicholas Mays, NEW ZEALAND TREASURY WORKING PAPER 06/06 JULY 2006

3 In public health, the 2010 white paper, Healthy Lives, Healthy People3 set out the intention for the new public health system to be refocused around achieving positive health outcomes for the population and reducing inequalities in health. In the NHS, the 2010 white paper Liberating the NHS3 set out a plan to move away from processes towards outcomes. In adult social care, the 2012 White Paper Caring for our future: reforming care and support3 highlights the need to shift from a system which intervenes at the point of crisis to one which promotes outcomes including people's independence, connections and wellbeing.

4 Department of Health, (December 2011) 'NHS Outcomes Framework 2012/13' http://www.dh.gov. uk/en/Publicationsandstatistics/Publications/ PublicationsPolicyAndGuidance/DH_131700, Department of Health, (January 2012) 'A Public Health Outcomes Framework for England 2013-16' http://www.dh.gov.uk/en/Publicationsandstatistics/ Publications/PublicationsPolicyAndGuidance/ DH_132358, Department of Health, (March 2011) 'Adult Social Care Outcomes Framework' http://www.dh.gov. uk/en/Publicationsandstatistics/Publications/ PublicationsPolicyAndGuidance/DH_133334 NHS Outcomes Framework 2011/12

5 Air quality alert information for Wakefield from http://www.wakefielddistrict.nhs.uk/news/news/newsArticle/index.cfm?cid=555&fontSize=lrg

6 Department of Health (December 2011) 'Public Health England's Operating Model' http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131892.pdf

7 Department of Health (November 2010) 'A vision for adult social care: capable communities and active citizens' http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121971.pdf

8 Department of Health (November 2010)'Transparency in outcomes: a framework for adult social care': http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_121509

9 The adult social care sector led improvement programme is governed by the Towards Excellence in Adult Social Care Board. The Board's membership is drawn from DH and its social care partners, including ADASS and SOLACE.

10 Department of Health (July 2012) 'Caring for our Future: reforming care and support' White paper http://www.dh.gov.uk/health/files/2012/07/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf

DRAFT HARTLEPOOL JOINT HEALTH AND WELLBEING STRATEGY, 2013-18

Partnership organisations
To be added: Sign-up page with organisations' logos.

Foreword
To be added: To be written by the Health & Wellbeing Board Chair.

Executive Summary
To be added: Summary of Commissioning Intentions / Priorities.

1. Vision

Improve health and wellbeing and reduce health inequalities among the population of Hartlepool.

This will be achieved through integrated working, focusing on outcomes and improving efficiency.

2. Purpose

The Joint Health and Wellbeing Strategy (JHWS) is a high-level summary outlining how Hartlepool Borough Council, Hartlepool Clinical Commissioning Group and other key organisations will address the health and wellbeing needs of Hartlepool and help reduce health inequalities.

The Health and Social Care Act (2011) establishes Health and Wellbeing Boards ('Boards') as statutory bodies responsible for encouraging integrated working and developing a Joint Strategic Needs Assessment and Health and Wellbeing Strategy for their area[1]. The JHWS is underpinned by the Joint Strategic Needs Assessment (JSNA) and together they will provide a foundation for strategic, evidence-based, outcomes-focused commissioning and planning for Hartlepool[2].

3. The case for improving health and wellbeing in Hartlepool

Health in Hartlepool is generally improving. There has been a fall in early deaths from heart disease and stroke; and the rate of road injuries and deaths is better than the England average[3].

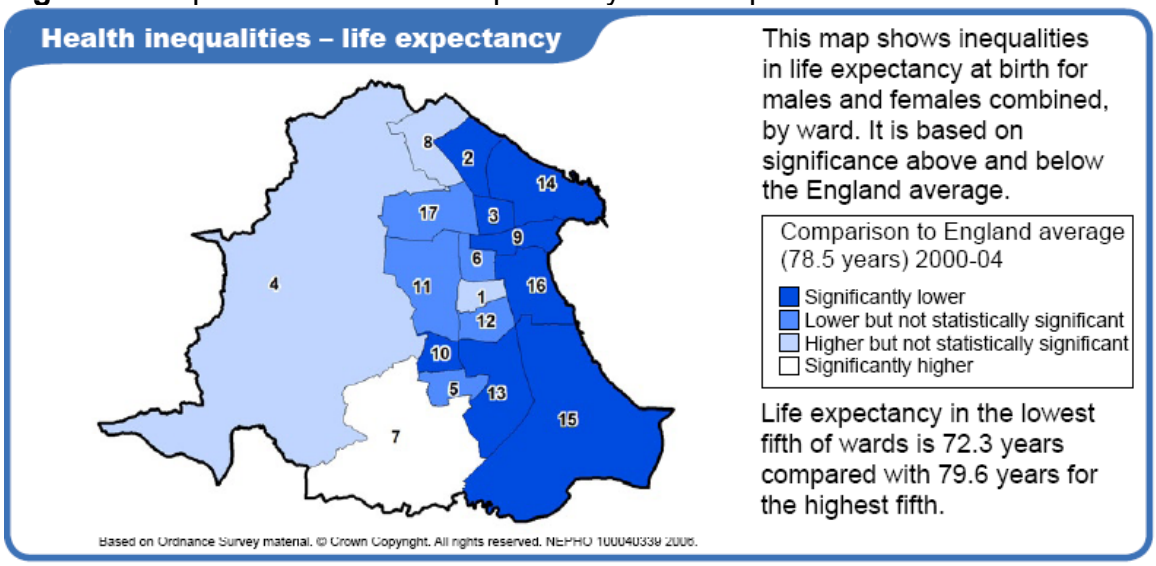
However, there is still much to do (**Box 1**). Health in Hartlepool is still worse than the national average. Levels of deprivation are higher and life expectancy is lower than the national average. **Figure 1** shows the variation in life expectancy

between wards in Hartlepool. This variation reflects the deprivation at ward-level: areas with the highest deprivation have the lowest life expectancy.

Box 1: At a glance: Health initiatives and challenges in Hartlepool[3]

- Levels of deprivation are higher and life expectancy is lower than the England average.
- Inequalities exist: life expectancy is 9 years lower for men living in the most deprived areas, compared to least deprived areas. The difference is 7 years for women.
- Over the last 10 years, the death rate from all causes has fallen for men but has fluctuated for women.
- The early death rate from cancer has changed little over the last 10 years.
- Both the death rate from smoking; and the percentage of mothers smoking in pregnancy are worse than the England average.
- The percentage of physically active children is better than the England average
- Alcohol-related hospital admissions are higher than the national average.
- Childhood immunisations rates are significantly lower than the national average.

Figure 1: Map of ward-level life expectancy in Hartlepool[3]



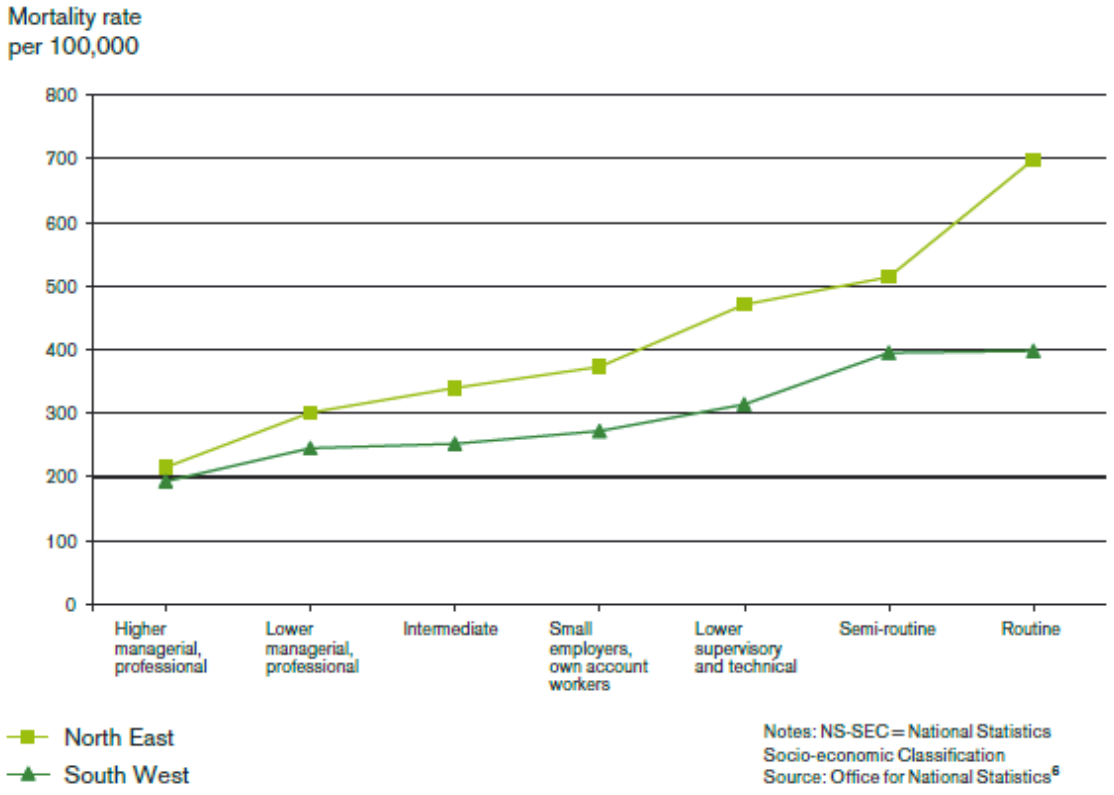
(Based on 2001 census data. Updated data for new ward boundaries should be available in 2013).

Ward legend

1	Brinkburn	7	Greatham	13	Rossmere
2	Brus	8	Hart	14	St. Hilda
3	Dyke House	9	Jackson	15	Seaton
4	Elwick	10	Owton	16	Stranton
5	Fens	11	Park	17	Throston
6	Grange	12	Rift House		

There is a 9 year difference in male life expectancy between the most advantaged and the most disadvantaged wards in Hartlepool[3,14]. We know that socio-economic inequalities lead to inequalities in life expectancy and disability-free life expectancy. Furthermore, the relationship between these is a finely graded – for every decrease in socio-economic conditions, both life expectancy and disability-free life expectancy drop. Social and economic inequalities are important causes of this relationship[4]. In his *Strategic Review of Health Inequalities in England* (2010)[4], Prof. Sir Michael Marmot argues that fair distribution of health, well-being and sustainability will impact positively on the country's economic growth. To improve health and wellbeing, action is needed across all social determinants of health to reduce health inequalities; and to make a difference, action to improve health and wellbeing should be across all socio-economic groups but tailored to a greater scale and intensity as the level of disadvantage increases[4]. As demonstrated in **Figure 2**, the effect of socioeconomic disadvantage on life expectancy is greater in more disadvantaged areas. However, the effect is also more pronounced in the North East compared to the South West, for all socioeconomic groups.

Figure 2: Age-standardised mortality rates by socioeconomic classification (NS-SEC) in the North East and South West regions, men aged 25-64, 2001-2003[4]



We also know that focusing on early years interventions – giving children the best start in life – helps deliver the greatest benefits in health inequalities and

economic terms. Health and wellbeing improvements delivered during childhood can reap benefits both in early life and throughout the individual's life-course[4].

4. What does this Strategy cover?

This Strategy outlines the strategic health and wellbeing priorities for Hartlepool. It builds on the good work already underway, whilst maximising the opportunity for better integration of services and closer partnership working presented by moving much of current NHS Public Health services, into Local Authorities. Working together with other areas in the North East will help achieve better outcomes and value, for the 'big issues' in health and wellbeing[5]. The Strategy supports the ten themes of *Better Health, Fairer Health* (2008)[5,6] – the North East's vision and 25 year plan for improving Health and Wellbeing which is supported by other Local Authorities across the North East (**Box 2**).

Box 2: *Better Health, Fairer Health* (2008)[6]

- Economy, culture and environment
- Mental health, happiness and wellbeing
- Tobacco
- Obesity, diet and physical activity
- Alcohol
- Prevention, fair and early treatment
- Early life
- Mature and working life
- Later life
- A good death

'Health and Wellbeing' has a broad remit and it will be important for a range of partner organisations to work together, to deliver improvement. This Strategy focuses on areas of work impacting directly on health and wellbeing, or acting as clear 'wider determinants' of health and wellbeing. In his review[4], Prof. Sir Michael Marmot proposes the areas organisations should address to improve health and wellbeing and reduce health inequalities. These factors are used as the framework for the Hartlepool Joint Health and Wellbeing Strategy and are:

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

To focus activity in these areas, key outcomes have been selected to drive the Strategy (Section 7).

Other elements of health and wellbeing (initially summarised by Dahlgren and Whitehead in their social model of health[7]) (**Appendix 2**) will be outside the direct remit and influence of the Health and Wellbeing Board and its partner organisations. They will be delivered through associated strategies and work programmes within Hartlepool Borough Council, the NHS and associated partners. Communication and governance processes will ensure links between departments and strategies to limit duplication, further build joint working and integration and enable economies of scale. The work programme underpinning the Strategy will define the activities needed to deliver the outcomes in the Strategy, and the partners responsible. The work will take place in the context of local service provision, including the Momentum project, which focusses on redesigning services and providing care closer to home.

5. Our Values

To work together successfully and achieve the vision set out in this Strategy, it is important that all organisations involved sign up to and work within, a set of shared values[8,9]. For Hartlepool, these values fit with the proposed operating principles for Boards[8] and the Board Terms of Reference. The values are:

- Partnership working and increased integration[2,8] across the NHS, social care and Public Health
- Focus on health and wellbeing outcomes
- Focus on prevention
- Focus on robust evidence of need and evidence of 'what works'
- Ensure the work encompasses and is embedded in the three 'domains' of Public Health practice: Health Protection, Health Services and Health Improvement[10]
- Shared decision-making and priority-setting, in consultation with CCGs and other key groups
- Maintain an oversight of and work within the budgets for health and wellbeing
- Support joint commissioning and pooled budget arrangements, where all parties agree this makes sense
- Maximise the process of democratic accountability and develop the Strategy and related plans in consultation with the public and service users

The new Health and Wellbeing Board and Joint Health and Wellbeing Strategy provide the opportunity to maximise partnerships and evidence base, generating new ways of tackling health and wellbeing challenges. This includes recognising and mobilising the talents, skills and assets of local communities to maximise health and wellbeing[11].

6. Identifying our key outcomes

The Strategy's key outcomes and objectives have been developed in consultation with stakeholders and with the following in mind:

- Services Hartlepool Borough Council will be mandated to provide from April 2013[12]

The services are listed in **Appendix 2**.

- Clinical Commissioning Group draft plans

The Strategy has been developed in close liaison with the Clinical Commissioning Group for Hartlepool and Stockton-on-Tees, whose draft Clear and Credible plan[13] has highlighted key challenges: cardiovascular disease; cancer; smoking –related illness e.g. COPD; alcohol-related disease. These areas reflect the results of a 2010 public engagement campaign, which recorded the views of 1883 people regarding priorities for them and their families. See **Appendix 3** for an overview of the draft CCG commissioning plan.

- Current JSNA commissioning intentions

The 2010 Hartlepool JSNA[14] (currently being refreshed through engaging key partners) outlines commissioning intentions for health and social care.

- Hartlepool Public Health Transition Plan

The transition plan outlines the proposed activity to be funded through the Public Health budget (**Appendix 4**).

<u>Stakeholder engagement and consultation</u>

It is very important that this Strategy reflects both the evidence available about population health and wellbeing need; and the views and priorities of stakeholders. Stakeholders have been involved throughout the development of the Strategy, including the public, service users and partner organisations. The Shadow Health and Wellbeing Board membership which owns the Strategy includes LINkS representation, democratically elected members, NHS organisations and Local Authority representation. A full consultation process provided the opportunity to identify the public's priorities for health and wellbeing in Hartlepool; and the outcomes of the consultation have been reflected in the priorities for the Strategy. The consultation process and a summary of its outcomes is outlined in **Appendix 5**. The consultation generated a list of potential priorities, from which a list of strategy priorities was agreed by the Health and Wellbeing Board, according to a set of robust criteria. The criteria included issues such as evidence base, public opinion, effectiveness and cost effectiveness (**Appendix 6**) and ensure the decisions were based on a clear and auditable process which balanced all key considerations.

7. Key strategic priorities and objectives

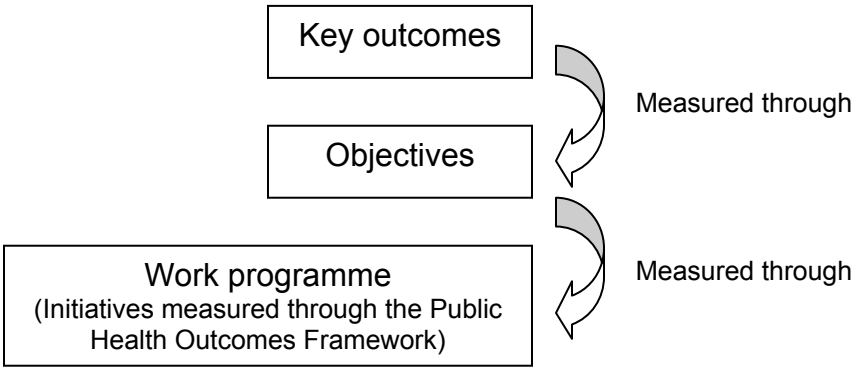
To reflect the consultation outcomes, evidence and subsequent prioritisation process, the key strategic priorities are:

Strategic priorities

- Give every child the best start in life
- Ensure a healthy standard of living for all
- Create fair employment

The evidence base and level of need for each are summarised in **Appendix 7**. To describe how the key priorities will be addressed, a range of objectives have been identified through the consultation process. Delivery on the objectives will be ensured through the work programme which supports this Strategy. The work programme specifies the detailed initiatives to deliver on the objectives and will also ensure coverage of the outcomes expected in the new Public Health Outcomes Framework[15]. **Figure 2** summarises the mechanism for ensuring delivery on the key outcomes.

Figure 2: Delivering on the key outcomes



Due to the broad nature of health and wellbeing, improvements will only be seen if the health and wellbeing agenda is also embedded in wider relevant Local Authority strategies and services. The work programme (**Appendix 8**) outlines how this is being done and **Appendix 9** shows how the Strategy and work programme are linked to theme groups under the Health and Wellbeing Board.

The objectives show how the Health and Wellbeing Board for Hartlepool will deliver on its key strategic priorities, and meet the challenge set out by Marmot's suggested priority area. The objectives are:

Outcome 1: Give every child the best start in life	
Objective A	Reduce child poverty
Objective B	Deliver early intervention strategy
Outcome 2: Enable all children and young people to maximise their capabilities and have control over their lives	
Objective A	Children and young people are empowered to make positive choices about their lives
Outcome 3: Enable all adults to maximise their capabilities and have control over their lives	
Objective A	Adults with health and social care needs are supported to maintain maximum independence.
Objective B	Vulnerable adults are safeguarded and supported while having choice and control about how their outcomes are achieved.
Objective C	Meet Specific Housing Needs
Outcome 4: Create fair employment and good work for all	
Objective A	To improve business growth and business infrastructure and enhance a culture of entrepreneurship
Objective B	To increase employment and skills levels and develop a competitive workforce that meets the demands of employers and the economy
Outcome 5: Ensure healthy standard of living for all	
Objective A	Address the implications of Welfare Reform
Objective B	Mitigate against the impact of poverty and unemployment in the town
Outcome 6: Create and develop healthy and sustainable places and communities	
Objective A	Deliver new homes and improve existing homes, contributing to Sustainable Communities
Objective B	Create confident, cohesive and safe communities
Objective C	Local people have a greater influence over local decision making and delivery of services
Objective D	Prepare for the impacts of climate change and takes action to mitigate the effects
Objective E	Ensure safer and healthier travel
Outcome 7: Strengthen the role and impact of ill health prevention	
Objective A	Reduce the numbers of people living with preventable ill health and people dying prematurely
Objective B	Narrow the gap of health inequalities between communities in Hartlepool

8. Strategy ownership and review

This Strategy is owned by the Shadow Health and Wellbeing Board. It will be reviewed by the Board on a 3-yearly basis.

Next review date: April 2013.

References

1. Local Government Improvement and Development (April 2011) Joint Strategic Needs Assessment: A springboard for action. Available from: http://www.idea.gov.uk/idk/core/page.do?pageId=26995274

2. Nick Goodwin and Judith Smith for The King's Fund / Nuffield Trust (2011) Developing a nation strategy for the promotion of integrated care: The evidence base for integrated care. Slide pack available from: http://www.nuffieldtrust.org.uk/our-work/projects/developing-national-strategy-promotion-integrated-care

3. Department of Health / Association of Public Health Observatories (2006) Health Profile for Hartlepool 2006. Available from: http://www.apho.org.uk/resource/item.aspx?RID=50770

4. The Marmot Report (2010) Fair Society Health Lives: Strategic Review of Health Inequalities in England. Available from: http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

5. Association of North East Councils (2011) Improving Health Task and Finish Report. Available from: http://www.northeastcouncils.gov.uk/global/assets/documents/asset20111011104927.pdf

6. NHS North East (2008) Better Health, Fairer Health. Available from: http://www.northeast.nhs.uk/your-health/regional-strategy/

7. Dahlgren G., Whitehead M. (1998) Health Inequalities. London HMSO

8. NHS Confederation (2011) Operating principles for health and wellbeing boards. Available from: http://www.nhsconfed.org/Publications/reports/Pages/Operating-principles.aspx

9. NHS Confederation (2011) From illness to wellness: Achieving efficiencies and improving outcomes. Available from: http://www.nhsconfed.org/Publications/Documents/illness_to_wellness_241011.pdf

10. Faculty of Public Health. Available from: www.fph.org.uk

11. Glasgow Centre for Population Health. (October 2011) Asset based approaches for health improvement: redressing the balance. Available from:

http://www.gcph.co.uk/assets/0000/2627/GCPH_Briefing_Paper_CS9web.pdf

12. Department of Health (2011) Public Health in Local Government. Available from: http://healthandcare.dh.gov.uk/public-health-system

13. Clinical Commissioning Group (December 2011) Good Health – Everybody's business: A clear and credible plan for commissioning health services for the populations of Hartlepool and Stockton-on-Tees 2012-2017. Copy available on request.

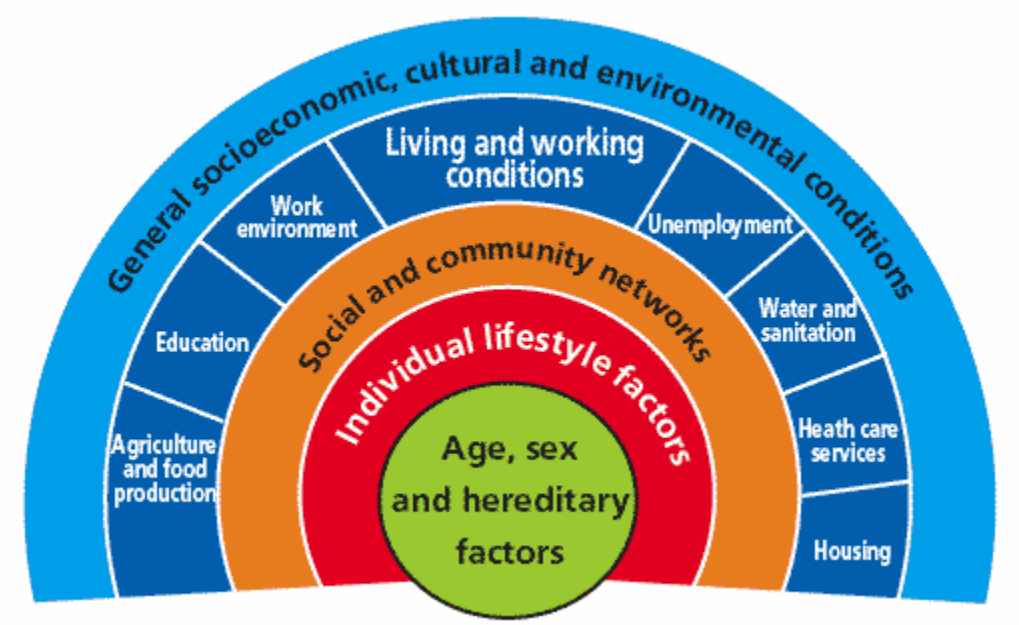
14. Hartlepool Borough Council / NHS Hartlepool (2010) Hartlepool Joint Strategic Needs Assessment. Available from: http://www.teespublichealth.nhs.uk/Download/Public/1012/DOCUMENT/9574/Hartlepool%20JSNA%202010%20Reference.pdf

15. Department of Health (2012) Healthy lives, healthy people: Improving outcomes and supporting transparency. A public health outcomes framework for England, 2013-2016. Available from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

16. Child and Maternal Health Observatory (March, 2012) Child health profile: Hartlepool. Available from www.chimat.org.uk

Appendices

Appendix 1: Social model of health (Dahlgren and Whitehead, 1998)[7]



Appendix 2:

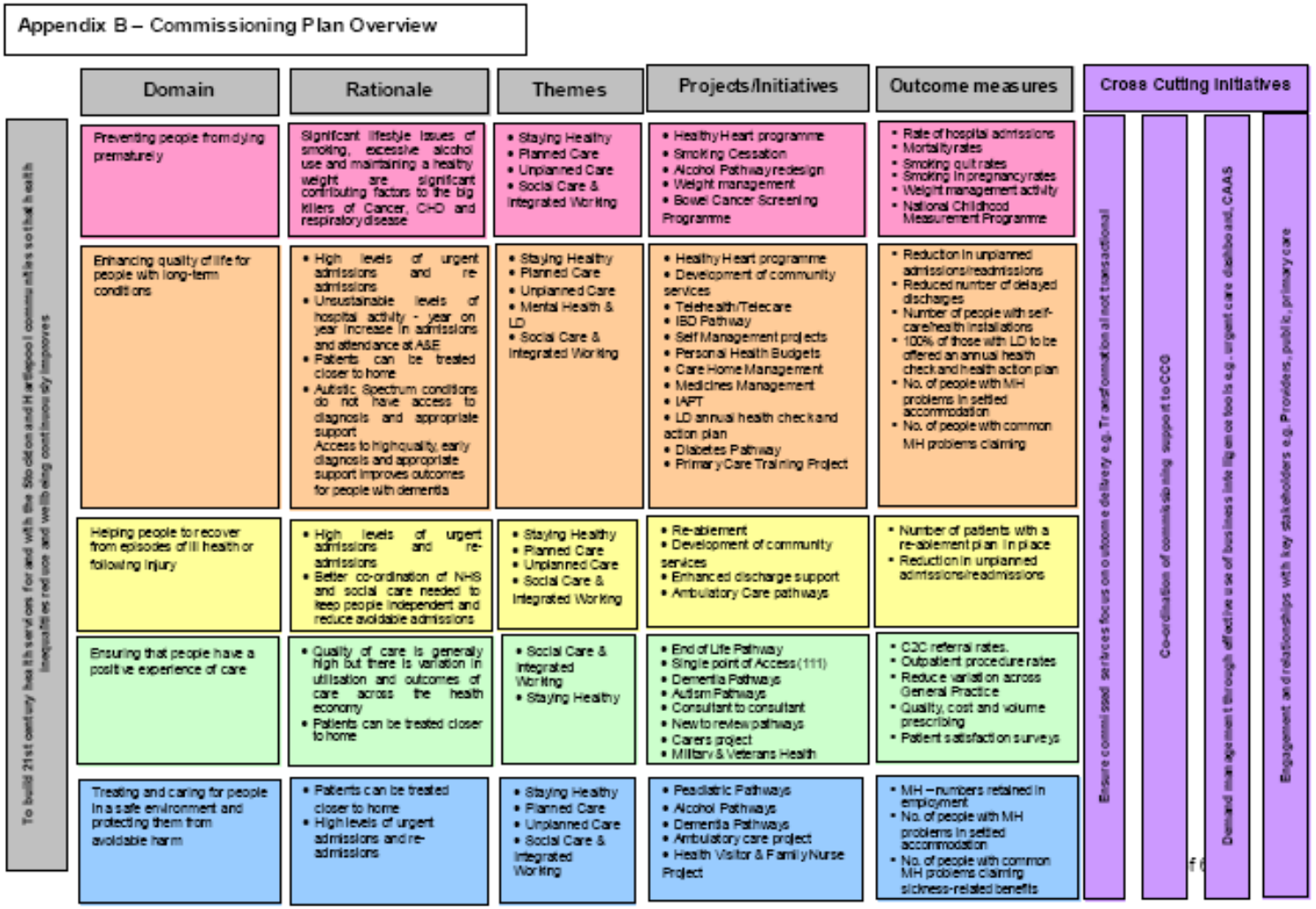
Local Authority mandated services[12]

Under the coalition government's proposals for the new Public Health system, Local Authorities will be mandated to provide the following from April 2013:

- Appropriate access to sexual health services
- Steps to be taken to protect the health of the population, in particular, giving the Director of Public Health a duty to ensure there are plans in place to protect the health of the population
- Ensuring NHS commissioners receive the public health advice they need
- The National Child Measurement Programme
- NHS Health Check assessment

Consideration is also being given locally to the various additional services not covered by this list, which would be important to continue to provide e.g. stop smoking services.

Appendix 3: Hartlepool and Stockton-on-Tees draft CCG commissioning plan overview[13]



Appendix 4: Hartlepool Public Health Transition Plan: Proposed activity to be funded from the Public Health budget
NB: Subject to confirmation of the budgets available.

Public health topic	Proposed activity to be funded from Public Health budget
Sexual health	Testing and treatment of sexually transmitted infections, fully integrated termination of pregnancy services, all outreach and preventative work
Immunisation against infectious disease	School immunisation programmes, such as HPV.
Seasonal mortality	Local initiatives to reduce hospital admissions and seasonal excess deaths
Accidental injury prevention	Local initiatives such as falls prevention and reducing childhood injuries
Public mental health	Mental health promotion, mental illness prevention and suicide prevention
Nutrition	Locally led initiatives
Physical activity	Local programmes to reduce inactivity; influencing town planning such as the design of built environment and physical activities role in the management / prevention of long tram conditions
Obesity programmes	Local programmes to prevent and treat obesity, e.g. delivering the National Child Measurement programme; commissioning of weight management services
Drug misuse	Drug misuse services, prevention and treatment
Alcohol misuse	Alcohol misuse services, prevention and treatment
Tobacco control	Tobacco control local activity, including stop smoking services, prevention activity, enforcement and awareness campaigns
NHS Health check	Assessment and lifestyle interventions
Health at work	Local initiatives on workplace health and responsibility deal
Prevention and early presentation	Behavioural/ lifestyle campaigns/ services to prevent cancer, long term conditions, campaigns to prompt early diagnosis
Children's public	The Healthy Child Programme for school age children, school nurses, health promotion and

health 5-19	prevention interventions by the multi professional team
Community safety and violence prevention and response	Specialist domestic violence services that provide counselling and support services for victims of violence including sexual violence
Social exclusion	Support for families with multiple problems, such as intensive family based interventions
Dental Public Health	Targeting oral health promotion strategies to those in greatest need.

Appendix 5: Consultation process for identifying objectives

The Strategy consultation ran from June – October 2012, in line with Local Authority consultation processes and statutory responsibilities. It consisted of:

A 'Face the Public' event
Approximately 70 people attended, representing a range of organisations from the community, voluntary and statutory sector and elected members.

A resource-allocation exercise
Set up in a range of venues including the shopping centre, the library, children's centres, GP surgeries and youth centres. The exercise asked members of the public to allocate £25 'virtual pounds' across the Marmot policy areas. 465 members of the public took part. 'Giving every child the best start in life' was the most popular priority amongst participants with almost 30% of the total budget allocated to this area.

When broken down by the type of venue, 'giving every child the best start in life' is the most popular priority across all venues, however this percentage is significantly less in the results obtained within libraries, where there was a more even spread across each priority area.

The next most popular was 'ensure a healthy standard of living for all' (16%).

An online survey
Open to the general public, the survey asked respondents to prioritise a range of suggested interventions listed under each Marmot policy area. Respondents were asked to choose the 3 most important issues under each Marmot area. They were:

- Give every child the best start in life – levels of child poverty (60%) and better parenting (62%). Next most popular: early years education (up to age 5) 25%
- Enable all children and young people to maximise their capabilities and have control over their lives – employment and training (60%), educational attainment (48%), aspirations of young people
- Enable all adults to maximise their capabilities and have control over their lives – employment and training opportunities (81%), aspiration levels (58%), educational attainment (57%)
- Create fair employment and good work for all – access to good jobs (78%), access to good quality training (52%), young people not in education or training (46%)
- Ensure a healthy standard of living for all – job opportunities (63%), having the level of income needed for leading a healthy life (55%), unemployment levels (43%)
- Create and develop healthy and sustainable places – levels of anti-social behaviour (53%), access to good quality housing for all (48%), good quality transport (37%)

- Strengthen the role and impact of ill health prevention – levels of obesity (62%), smoking levels (56%), alcohol intake (48%)

Free-text comments generally fitted with the areas of work that were presented as options for responders in the rest of the survey.

Consultation was also carried out with existing members of the LINkS. The draft Strategy was also shared with the CCG, through discussion at the CCG locality meeting, and through CCG membership on the Health and Wellbeing Board.

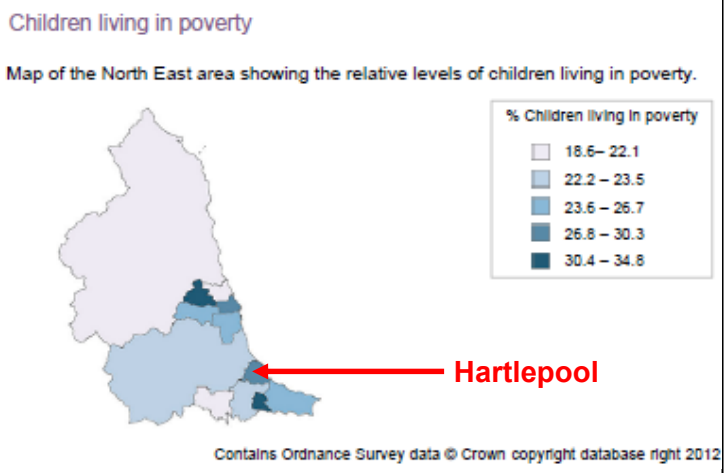
Appendix 6: Prioritisation criteria
To be added once agreed.

Appendix 7: Strategic priorities - Summary of evidence and need

Priority: Giving every child the best start in life

In Hartlepool:
(Sources: JSNA 2010[14], Health profile 2012[16])

- Immunisation: uptake of boosters e.g. 2nd MMR is 79%, compared to 91% uptake of first jab.
- 19% of women smoke in pregnancy compared to an England average of 14%.
- Breastfeeding initiation rate is approximately 42.2% in Hartlepool, compared to the England average of approximately 71.8%
- 13.8% of young people in Hartlepool have recorded substance misuse, compared to 9.8% for England
- Under-18 conception rates continue to fluctuate (59.7 per 1000 females aged 15-17, compared to the England average of 38.1 per 1000)
- The childhood obesity rate for Hartlepool is 22.8% compared to the England average of 18.3%
- 27.3% of Hartlepool children live in poverty
- Parenting and literacy skills: 30% of adults have low numeracy and 28% have literacy problems



(Source: Child Health Profile 2012[16])

Research shows

- Unimmunised children are at a far greater risk of contracting childhood illnesses such as measles, which can have serious health consequences.
- Smoking or exposure to smoke in pregnancy increases the risk of premature birth and low birth weight. Teenage mothers are much more likely to smoke during pregnancy.
- Babies who are breastfed have a reduced risk of illness in the short- and long-term.
- Educational attainment is directly linked to employment prospects. Better employment prospects are linked to better health and wellbeing outcomes.
- Alcohol misuse among parents can impact on children's health and wellbeing. Misuse among children is linked to other risk-taking behaviour e.g. teenage pregnancy. Alcohol admissions to hospital are increasing,
- Teenage pregnancy rates are higher than the national average. Babies born to teenage parents tend to have worse health and wellbeing outcomes. Some STI rates are also increasing.
- Increased confidence in parenting and family literacy skills impact positively on children's health, wellbeing and educational attainment.

What we plan to do

- Increase childhood immunisation rates
- Reduce smoking in pregnancy
- Increase breastfeeding
- Increase the number of young people who are 'work-ready' and increase appropriate employment opportunities
- Reduce the prevalence of alcohol misuse
- Provide sexual health services which are accessible to young people
- Promote parenting and family literacy skills

Priority: Ensure a healthy standard of living for all	
In Hartlepool: INSERT KEY FACTS	**ENTER PICTURE / GRAPH**

Research shows	**What we plan to do**

Priority: Create fair employment	
In Hartlepool: INSERT KEY FACTS	**ENTER PICTURE / GRAPH**

Research shows	**What we plan to do**

Appendix 8: Work programme
To be added.

A work programme will be defined to agree timescales and organisational accountability for contributing towards outcomes. This should include a risk log for the implementing the Strategy.

Appendix 9: Paper to show how the Strategy and work programme are linked to theme groups under the Health and Wellbeing Board
To be added.

Outcome 1: Give every child the best start in life	
Objective A	Reduce child poverty
Objective B	Deliver early intervention strategy
Outcome 2: Enable all children and young people to maximise their capabilities and have control over their lives	
Objective A	Children and young people are empowered to make positive choices about their lives
Outcome 3: Enable all adults to maximise their capabilities and have control over their lives	
Objective A	Adults with health and social care needs are supported to maintain maximum independence.
Objective B	Vulnerable adults are safeguarded and supported while having choice and control about how their outcomes are achieved.
Objective C	Meet Specific Housing Needs
Outcome 4: Create fair employment and good work for all	
Objective A	To improve business growth and business infrastructure and enhance a culture of entrepreneurship
Objective B	To increase employment and skills levels and develop a competitive workforce that meets the demands of employers and the economy
Outcome 5: Ensure healthy standard of living for all	
Objective A	Address the implications of Welfare Reform
Objective B	Mitigate against the impact of poverty and unemployment in the town
Outcome 6: Create and develop healthy and sustainable places and communities	
Objective A	Deliver new homes and improve existing homes, contributing to Sustainable Communities
Objective B	Create confident, cohesive and safe communities
Objective C	Local people have a greater influence over local decision making and delivery of services

Objective D	Prepare for the impacts of climate change and takes action to mitigate the effects
Objective E	Ensure safer and healthier travel
Outcome 7: Strengthen the role and impact of ill health prevention	
Objective A	Reduce the numbers of people living with preventable ill health and people dying prematurely
Objective B	Narrow the gap of health inequalities between communities in Hartlepool

**** Identifies Public Health Outcome Framework Indicators**

OUTCOME 1: GIVE EVERY CHILD THE BEST START IN LIFE

LEAD OFFICER: SALLY ROBINSON, ASSISTANT DIRECTOR (PREVENTION, SAFEGUARDING AND SPECIALIST SERVICES), HBC

CONTRIBUTING STRATEGIES / PLANS / PROGRAMMES:

- Immunisation Strategy
- Breastfeeding Strategy
- Stop Smoking Maternal Action Plan
- Healthy Schools
- Teenage Pregnancy Strategy & Action Plan
- Children & Young People's Plan
- Child Poverty Strategy
- Clinical Commissioning Group Commissioning Plan
- Public Health Transition Plan
- Early Intervention Strategy

CONTRIBUTING ORGANISATIONS / GROUPS:

- Hartlepool Borough Council
- North Tees & Hartlepool NHS Foundation Trust
- Hartlepool & Stockton Clinical Commissioning Group
- Children's Strategic Partnership
- Teenage Pregnancy Strategy Group
- 'Be Healthy' Group
- Immunisation Strategy Group
- Child Poverty Strategy Group

OBJECTIVE A – REDUCE CHILD POVERY

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
**Children living in poverty	HMRC	Annually	No current target as government reviewing measurement
Proportion of children living in workless households	DWP	Annually	
Rate of family homelessness	DCLG	Annually	

REF.	ACTION	ASSIGNED TO	DUE DATE
	Ensure that children who live in poverty are safe	Sally Robinson	March 2015
	Increase the parental employment rate	Anthony Steinberg	March 2015
	Improve skill levels in parents and children	Danielle Swainston	March 2015
	Increase benefit take up rate including in work and out of work benefits	Danielle Swainston	March 2015
	Prevent those at risk falling into poverty	Danielle Swainston/John Robinson	March 2015
	Where it is evident that a family is experiencing poverty, take action to mitigate its effects	Danielle Swainston/John Robinson	March 2015

OBJECTIVE B – DELIVER EARLY INTERVENTION STRATEGY

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
**School Readiness	TBC	TBC	TBC
**low birth weight of term babies	ONS	TBC	TBC
**Breastfeeding	TBC	TBC	TBC
**Smoking status at time of delivery	TBC	TBC	TBC
**Excess weight in 4-5 and 10-11 year olds	NCMP	TBC	TBC
Children achieving a good level of development at age 5	LA	Annual	
**Not in education, employment or training	LA	Annual	6.6%
**Teenage conception rate (age under 18 years)	DoH	Annual	
**Infant Mortality	ONS	Annual	Annual
**Tooth decay in children aged five years	TBC	4 Yearly	
GCSE achieved (5A*-C inc Eng and Maths)	LA	Annual	58%
Children defined as Child In Need	LA	Annual	

REF.	ACTION	ASSIGNED TO	DUE DATE
	Implement Early Intervention Strategy	Danielle Swainston	March 2015
	Embed common assessment as a means to identify and respond to need	Danielle Swainston	October 2013
	Provide a multi agency single point of contact for information, advice, guidance and access to services for children and their families	Danielle Swainston	March 2013
	Implement the Early Years Pathway delivering targeted support to children pre birth to five	John Robinson	September 2013

	Deliver an integrated 0-19 multi agency family support service for children who require support additional to that provided by universal services.	John Robinson	March 2013
	Provide integrated support for young people via the One Stop Shop	Mark Smith	March 2013

OUTCOME 2: ENABLE ALL CHILDREN AND YOUNG PEOPLE TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

LEAD OFFICER:

CONTRIBUTING STRATEGIES / PLANS / PROGRAMMES:

- Children's & Young people's Plan
- Child Poverty Strategy
- Public Health Transition Plan
- Stop Smoking Maternal Action Plan
- Teenage Pregnancy Strategy & Action Plan
- Carers Strategy
- Clinical Commissioning Group Community Plan
- Mental Health / CAM HS Strategy

CONTRIBUTING ORGANISATIONS / GROUPS:

- Hartlepool Borough Council
- Children's Strategic Partnership
- Teenage Pregnancy Strategy Group
- Child Poverty Strategy Group
- North Tees, Hartlepool NHS Foundation Trust
- Tees, Esk and Wear Valley NHS Health Foundation Trust
- NHS Hartlepool & Stockton-on-Tees CCG

OBJECTIVE A: CHILDREN AND YOUNG PEOPLE ARE EMPOWERED TO MAKE POSITIVE CHOICES ABOUT THEIR LIVES

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
**Pupil Absence	School Absence record	6 Monthly	TBC
**First time entrants into youth justice system	PNC	Annual	TBC
**Under 18 conceptions	ONS	Annual	TBC
**Child development at 2-2.5 years	TBC	TBC	TBC
**Percentage of 16 to 18 year olds who are Not in Education, Employment or Training (NEET)	HBC		
**Hospital admissions caused by unintentional and deliberate injuries in the under 18s	Hospital Episodes Stats	Annual	TBC
**Emotional wellbeing of looked-after children	HBC	Annual	TBC
**Smoking prevalence – 15 year olds	TBC		
**Hospital admissions as a result of self harm	Hospital Episode Stats	Annual	
Percentage gap between those young people from low income backgrounds and those that are not progressing to higher education	HBC	Annual	20%
Percentage of young people achieving a Level 2 qualification by the age of 19	HBC	Annual	78.5%
Percentage of young people achieving a Level 3 qualification by the age of 19	HBC	Annual	49.5%
Percentage gap in the achievement of a Level 3 qualification by the age of 19 between those claiming free schools meals at academic age 15 and those that were not	HBC	Annual	21%
Percentage of young people who were in receipt of free school meals at	HBC	Annual	21%

academic age 15 who attained Level 2 Qualifications by the age of 19			
Unplanned hospitalisation for asthma, diabetes & epilepsy in under 19's	CCG	Quarterly	TBC
Emergency Admissions for Children with lower respiratory tract infections	CCG	Quarterly	TBC
SEN children or those with disability with personal budgets and single assessment across health, social care & education	CCG, HBC, SCHOOLS	Quarterly	TBC
Employment rate (16-24) – proportion of 16-24 year olds who are in employment	NOMIS, HBC	Annual	2014 target 46.5%
% of 16-24 year olds who are not in education, employment or training (NEET)	Dept of Education, HBC	Annual	2014 target 6.5%
Youth unemployment rate – the proportion of occupationally active 18-24 year olds who are unemployed.	NOMIS, HBC	Annual	2014 target 14.5%

REF.	ACTION	ASSIGNED TO	DUE DATE
	Reduce the level of young people who are Not in Employment, Education or Training (NEET) by implementing NEET Strategy.		
	Provide support for vulnerable young people to enable them to be economically active.		
	Ensure access to high quality learning opportunities that increase the skills and qualifications of local residents via implementing the Adult Education Service Plan		
	Increase the take up of Apprenticeships by liaising with local employers to increase opportunities		
	Work collaboratively with LA & Schools to review and develop single assessment arrangements for children with SEN or disability	TBC	March 2014
	Develop plans to increase the number of SEN and disabled children with personal budgets	TBC	March 2014

	Develop plans to improve education and support to families and children/young people with chronic health conditions	TBC	March 2014

OUTCOME 3: ENABLE ALL ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

LEAD OFFICER: JILL HARRISON, ASSISTANT DIRECTOR (ADULT SOCIAL CARE), HBC

CONTRIBUTING STRATEGIES / PLANS / PROGRAMMES:

- Vision for Adult Social Care in Hartlepool
- Carers Strategy
- Mental Health Strategy
- Housing, Care & Support Strategy
- Reablement Strategy
- Telecare Strategy
- Clinical Commissioning Group Commissioning Plan

CONTRIBUTING ORGANISATIONS / GROUPS:

- Hartlepool Borough Council
- North Tees & Hartlepool NHS Foundation Trust
- Hartlepool & Stockton Clinical Commissioning Group
- Learning Disabilities Partnership Board
- Safeguarding Vulnerable Adults Board
- Mental Health Consultation Group
- Carers Strategy Group
- Champions of Older Lifestyles Group
- Teesside Vulnerable Adults Board
- 50+ Forum
- Housing Care & Support Group
- Long Term Conditions Planning Group

OBJECTIVE A: ADULTS WITH HEALTH AND SOCIAL CARE NEEDS ARE SUPPORTED TO MAINTAIN MAXIMUM INDEPENNDENCE

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
NI125: Achieving independence for older people through rehabilitation / intermediate care.	HBC	Quarterly	TBC
NI131: Delayed transfers of care attributable to social care	HBC	Quarterly	TBC
NI135: Carers receiving needs assessment or review and a specific carers service or advice and information.	HBC	Quarterly	TBC
NI136: People supported to live independently through social services.			
P050: Access to equipment: percentage delivered within 7 days	HBC	Quarterly	TBC
P051: Access to equipment: users with telecare	HBC	Quarterly	TBC
P066: Admissions to residential care age 65+	HBC	Quarterly	TBC
Patients with a LOS<24hrs with an overnight stay NEL admissions via A&E NEL admissions via GP/Bed bureau A&E attendances ALOS (excl O LOS) ALOS for patients discharged to a different location to admitting location Delays to transfer of care (Bed days) Acute admissions from care homes Emergency readmissions within 30 days of discharge from hospital Emergency readmission rate within 30 days of discharge from hospital No of ambulatory care patients	CCG	Quarterly	TBC
NI125: Achieving independence for older people through	HBC	Quarterly	TBC

rehabilitation / intermediate care.			
NI131: Delayed transfers of care attributable to social care	HBC	Quarterly	TBC
NI135: Carers receiving needs assessment or review and a specific carers service or advice and information.	HBC	Quarterly	TBC
NI136: People supported to live independently through social services.			
P050: Access to equipment: percentage delivered within 7 days	HBC	Quarterly	TBC
P051: Access to equipment: users with telecare	HBC	Quarterly	TBC
P066: Admissions to residential care age 65+	HBC	Quarterly	TBC

REF.	ACTION	ASSIGNED TO	DUE DATE
	Further develop reablement services to meet the needs of all citizens (including people with dementia and disabilities) to prevent hospital and care home admissions or reduce ongoing dependency on health and social care services.	Phil Hornsby, HBC John Lovatt, HBC CCG NT&HFT TE&WV FT	March 2014
	Maximise the use of preventative approaches such as assistive technology to support people to maintain their independence.	Phil Hornsby, HBC CCG NT&HFT	March 2014
	Review services for carers to ensure that carers receive appropriate support to maintain their role, including access to short breaks.	Phil Hornsby, HBC CCG	March 2014
	Further develop reablement services to meet the needs of all citizens (including people with dementia and disabilities) to prevent hospital and care home admissions or reduce ongoing dependency on health and social care services.	Phil Hornsby, HBC John Lovatt, HBC CCG NT&HFT TE&WV FT	March 2014
	Maximise the use of preventative approaches such as assistive technology to support people to maintain their	Phil Hornsby, HBC CCG	March 2014

	independence.	NT&HFT	
	Review services for carers to ensure that carers receive appropriate support to maintain their role, including access to short breaks.	Phil Hornsby, HBC CCG	March 2014

OBJECTIVE B: VULNERABLE ADULTS ARE SAFEGAUREDED AND SUPPORTED WHILE HAVING CHOICE AND CONTROL ABOUT HOW THEIR OUTCOMES ARE ACHIEVED.

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
NI130b: Social care clients receiving self directed support	HBC	Monthly	TBC
NI145: Adults with learning disabilities in settled accommodation.	HBC	Monthly	TBC
NI146: Adults with learning disabilities in employment.	HBC	Monthly	TBC
NI149: Adults in contact with secondary mental health services in settled accommodation.	HBC / TE&WV FT	Monthly	TBC
NI150: Adults in contact with secondary mental health services in employment.	HBC / TE&WV FT	Monthly	TBC
NI130b: Social care clients receiving self directed support	HBC	Monthly	TBC
NI145: Adults with learning disabilities in settled accommodation.	HBC	Monthly	TBC
NI146: Adults with learning disabilities in employment.	HBC	Monthly	TBC
NI149: Adults in contact with secondary mental health services in settled accommodation.	HBC / TE&WV FT	Monthly	TBC
NI150: Adults in contact with secondary mental health services in employment.	HBC / TE&WV FT	Monthly	TBC
**People in prison who have a mental illness or significant mental illness	TBC	TBC	TBC
**Employment for those with a long-term health condition including those with a learning difficulty / disability or mental illness	Labour Force Survey	TBC	TBC

REF.	ACTION	ASSIGNED TO	DUE DATE
	Increase the number of people who direct their own care and support by accessing personal budgets and personal health budgets.	Geraldine Martin, HBC CCG	March 2014
	Further develop local arrangements to safeguard vulnerable adults ensuring continued engagement of all strategic partners and an appropriate and timely response to expected changes in legislation.	John Lovatt, HBC Funding partners – CCG and Cleveland Police All strategic partners	March 2014
	Increase the number of people who direct their own care and support by accessing personal budgets and personal health budgets.	Geraldine Martin, HBC CCG	March 2014
	Further develop local arrangements to safeguard vulnerable adults ensuring continued engagement of all strategic partners and an appropriate and timely response to expected changes in legislation.	John Lovatt, HBC Funding partners – CCG and Cleveland Police All strategic partners	March 2014

OBJECTIVE C: MEET SPECIFIC HOUSING NEEDS

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
**People with learning disabilities in settled accommodation	Mental Health Minimum data set	Quarterly	
**People receiving secondary mental health services in settled accommodation	Mental Health Minimum data set	Quarterly	
**Statutory homelessness: Homelessness applications	HBC		
**Statutory homelessness: Households in temporary accommodation	HBC		

Average waiting time for a Disabled Facilities Grant to be completed	Time Monitoring Spreadsheet HBC	Quarterly	None – monitoring PI to reduce the time taken and set a baseline for future targets

REF.	ACTION	ASSIGNED TO	DUE DATE
HS3B2	Improve partnership working with health and social care in service planning and delivery for older people through the Housing Care and Support Strategy Steering Group	Housing Services Manager Nigel Johnson Head of Service (C&A) Phil Hornsby	March 2013
3B5	Monitor access to new and existing housing care and support schemes for people with disabilities	Head of Service (C&A) Neil Harrison	March 2015
3B9 (proposed replacement action)	Undertake a review of the current Housing Adaptations Policy and gather data to inform the new Policy and Implementation Plan.	Karen Kelly	December 2013
Proposed new action	Assist people to maintain independent living through the provision of minor adaptations.	Karen Kelly	March 2014
HS3B10	Increase the use of Assisted Technology by case finding as a preventative measure	All Registered Providers Head of Service (C&A) Phil Hornsby	March 2014

OUTCOME 4: CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL
LEAD OFFICER: DAVE STUBBS, DIRECTOR OF REGENERATION & NEIGHBOURHOODS, HBC

CONTRIBUTING STRATEGIES / PLANS / PROGRAMMES:

- Economic Regeneration Strategy
- 14 - 19 Strategy

CONTRIBUTING ORGANISATIONS / GROUPS:

- Hartlepool Borough Council
- Economic Regeneration Forum

OBJECTIVE A: TO IMPROVE BUSINESS GROWTH AND BUSINESS INFRASTRUCTURE AND ENHANCE A CULTURE OF ENTREPRENEURSHIP

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
Business stock (business units in Hartlepool)	Annual Business Register / NOMIS, HBC	Annual	2014 target of 2,400
Percentage of newly born enterprises surviving two years	Annual Business Register / NOMIS, HBC	Annual	2014 target of 77.4%
New business registration rate – the proportion of new business registration per 10,000 resident population	Annual Business Register / NOMIS, HBC	Annual	2014 target of 30

REF.	ACTION	ASSIGNED TO	DUE DATE
	Deliver Business Advice and Brokerage – Programme	Mick Emerson	March 2014

	of targeted account management with key businesses. Develop and maintain relationships with individual businesses.		
	Continued provision of Incubation support service including mentoring, pre-start support (Enterprise Coaching), financial assistance, brokerage and other initiatives.	Mick Emerson	March 2014
	Undertake 'Get Serious' awareness raising activities including marketing campaigns and events.	Mick Emerson	March 2014
	Engage with DWP Providers to offer unemployed individuals a wider package of support where appropriate to enter into self-employment.	Mick Emerson	March 2014

OBJECTIVE B: TO INCREASE EMPLOYMENT AND SKILL LEVELS AND DEVELOP A COMPETITIVE WORKFORCE THAT MEETS THE DEMANDS OF EMPLOYERS AND THE ECONOMY.

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
Overall employment rate (proportion of people of working age population who are in employment)	Annual Population Survey, NOMIS, HBC	Annual	2014 target of 63%
Self-employment rate	NOMIS, HBC	Annual	2014 target of 9%
Employment rate (16-24) – proportion of 16-24 year olds who are in employment	NOMIS, HBC	Annual	2014 target of 46.5%
Percentage of 16 to 18 year olds who are in not in education, employment or training (NEET)	Department for Education, HBC	Annual	2014 target of 6.5%
Youth unemployment rate (Hartlepool) – The proportion of economically active 18 to 24 year olds	NOMIS, HBC	Annual	2014 target of 14.1%

who are unemployed			

REF.	ACTION	ASSIGNED TO	DUE DATE
36	Full implementation of the Raising Participation Age (RPA) Strategy	Mark Smith/Tom Argument	March 2014
38	Develop the 14-19 curriculum pathways in conjunction with employers from new industries and identified growth sector areas	Tom Argument	March 2014
39	Fully implement the 11-19 Operational Plan to raise education standards at key stage 4 and 5	Tom Argument	March 2014
49	Development of new partnership arrangements between Hartlepool Borough Council and the National Apprenticeship Service (NAS) to promote apprenticeship programmes to employers	Patrick Wilson	April 2013
N/A	Implementation of the Hartlepool Youth Investment Project	Patrick Wilson/Tom Argument	September 2014

OUTCOME 5: ENSURE A HEALTHY STANDARD OF LIVING FOR ALL
LEAD OFFICER:

CONTRIBUTING STRATEGIES / PLANS / PROGRAMMES:

- Child Poverty Strategy
- Children's and Young People's Plan
- Public Health Transition Plan
- Clinical Commissioning Group Commissioning Plan

CONTRIBUTING ORGANISATIONS / GROUPS:

- Hartlepool Borough Council
- Hartlepool and Stockton Clinical Commissioning Group

OBJECTIVE A: ADDRESS THE IMPLICATIONS OF WELFARE REFORM

REF.	ACTION	ASSIGNED TO	DUE DATE
	Implement and review Discretionary Council Tax Support Framework	Julie Pullman	December 2013
	Respond to Welfare Reform changes by engaging and supporting affected households	Julie Pullman	March 2014
	Develop partnership outreach process to ensure that families understand and plan for Welfare Reform	Danielle Swainston	March 2014
	Support workforce to identify risk factors re: child poverty/welfare reform and implement appropriate packages of support	Danielle Swainston	March 2014
	Implement a programme of Benefits and Free	Julie Pullman	March 2014

	School Meals take up initiatives		
	Develop referral channels for adults to access financial advice services and financial products	John Morton	March 2014

OBJECTIVE B: MITIGATE AGAINST THE IMPACT OF POVERTY AND UNEMPLOYMENT ACROSS THE TOWN

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
**Fuel Poverty	HBC	TBC	TBC
Proportion of children living in workless households	DWP	Annually	

REF.	ACTION	ASSIGNED TO	DUE DATE
	Develop training package for family workforce to identify poverty issues and support parents in poverty	Danielle Swainston	March 2014
	Increase the parental employment rate	Anthony Steinberg	March 2015
	Improve skill levels in parents and children	Danielle Swainston	March 2015

OUTCOME 6: CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

LEAD OFFICER: MAYOR STUART DRUMMOND, PORTFOLIO HOLDER FOR REGENERATION & NEIGHBOURHOODS , HBC

CONTRIBUTING STRATEGIES / PLANS / PROGRAMMES:

- Housing Strategy
- Housing, Care & Support Strategy
- Fuel Poverty Strategy
- Public Health Transition Plan
- Crime & Disorder Strategy
- Local Transport Plan
- Community Cohesion Strategy
- Climate Change Strategy
- Neighbourhood Management and Empowerment Strategy
- Parks and open space

CONTRIBUTING ORGANISATIONS / GROUPS:

- Hartlepool Borough Council
- Housing Partnership
- Safer Hartlepool Partnership

OBJECTIVE A: DELIVERING NEW HOMES AND IMPROVE EXISTING HOMES, CONTRIBUTING TO SUSTAINABLE COMMUNITIES

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
New homes constructed to lifetime homes standard	Housing Monitoring System HBC	Quarterly	50
Sustainable homes constructed	Housing Monitoring System HBC	Quarterly	50
Number of properties improved through the grants or loans schemes	Authority Public Protection (APP) System HBC	Quarterly	None – the numbers of properties improved will depend on funding – the overall aim to reduce waiting list
Number of long term (over 6 months) empty homes brought back into use	Authority Public Protection (APP) System and Council Tax data HBC	Quarterly	10% of long term (over 6 months) empty homes brought back into use annually
Number of social rented houses fitted with renewables such as Photo Voltaic panels and/or cells, solar hot water and air source heat pumps	RP Management Systems All Registered Providers	Annually	50
Number of excess cold HHSRS Category 1 hazards rectified	Authority Public Protection (APP) System	Quarterly	None – the number of complaints received on an

	HBC		annual basis will vary

REF.	ACTION	ASSIGNED TO	DUE DATE
HS1A4 (proposed replacement action)	Monitor the schemes included in the 2011-15 NAHP programme and report any changes to the Housing Partnership.	Nigel Johnson	March 2015
1B1	Continue to achieve an improvement in the number of private sector homes constructed to lifetime home standards and relevant government energy efficiency levels.	Planning Services Manager Chris Pipe	March 2014
HS1C3 (proposed replacement action)	Monitor the progress of acquisition on the Carr/Hopps Street regeneration scheme	Amy Waller; Nigel Johnson	March 2015
New proposed action from 2D4	Work with landlords to prevent homes from becoming long-term empty through early intervention.	Amy Waller	March 2015
HS2E2	Support landlords to carry out energy efficiency works to deal with excess cold hazards through education and promotion of the benefits	Housing Services Manager Nigel Johnson	March 2015
HS2E4	Explore opportunities and options for encouraging property owners to retrofit homes with renewables such as Photo Voltaic panels and/or cells solar hot water and air source heat pumps	Principal Policy Officer Valerie Hastie	March 2015

OBJECTIVE B: CREATE CONFIDENT, COHESIVE & SAFE COMMUNTIES

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
Reduce perceptions of anti-social behaviour	Viewpoint Hartlepool Borough Council	Biannual	Reduce in comparison to baseline year – 29%
Maintain perception level of drunk/rowdy behaviour as a problem	Viewpoint Hartlepool Borough Council	Biannual	Maintain in comparison to baseline year – 25%
Reduce anti-social behaviour (asb) incidents reported to the police	Police recorded (asb) incidents – Cleveland Police	Quarterly	Reduce in comparison to baseline year – 8,779
Increase the number of recorded hate incidents	Recorded Crimes and Incidents – Cleveland Police, Housing Hartlepool and Hartlepool Borough Council	Quarterly	Increase in comparison to the baseline year – 98
**Domestic Abuse	NI32		
**Violent Crime (including sexual offence)	TBC		
**Reoffending	HBC		
**Percentage of population affected by noise	TBC		
** Utilisation of green space for exercise / health	National Environment		

reasons	Survey		
**Social connectedness	TBC		
**Older Peoples perception of community safety	TBC		

REF.	ACTION	ASSIGNED TO	DUE DATE
	Implement the PREVENT action plan as guided by the Silver group.	Sally Forth	March 2014
	Develop new Anti-Social Behaviour Strategy and action plan in line with Government policy	Sally Forth	March 2014
	Monitor the implementation of the community cohesion framework action plan	Adele Wilson	March 2014
	In conjunction with partners improve reporting, recording, and responses/interventions to vulnerable victims and victims of hate crime.	Nicholas Stone	March 2014
	Introduce restorative practice across Safer Hartlepool partners to give victims a greater voice in the criminal justice system.	Sally Forth	March 2014

OBJECTIVE C: ENSURING APPROPRIATE GOVERNANCE IS IN PLACE THAT ENABLES THE MEANINGFUL PARTICIPATION AND EMPOWERMENT OF COMMUNITIES IN LOCAL GOVERNMANT DECISION MAKING PROCESSES

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
Percentage of residents feeling that they can influence decisions that affect their local area	HBC	Annual	Monitored

REF.	ACTION	ASSIGNED TO	DUE DATE
	Support the delivery of Face the Public Events by the Strategic Partners Group and Theme Groups	Catherine Grimwood	March 2014

OBJECTIVE D - PREPARE FOR THE IMPACTS OF CLIMATE CHANGE AND TAKE ACTION TO MITIGATE THE EFFECTS

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
NI185 – CO_2 reduction from local authority operations	NI185 outturn produced by Council	Financial Year	7% (currently under review, and will be smaller for 2013/14)
NI186 – Per capita CO_2 emissions from the local authority area	NI186 outturn produced by Department for Energy & Climate Change	Calendar Year	3.75%
NI188 – Planning to Adapt to Climate Change	NI188 outturn produced by Council	Financial Year	Level 4 by end 2013/14

**Air Pollution	TBC		
**Public Sector organisations with board approved sustainable development management plan	TBC		

REF.	ACTION	ASSIGNED TO	DUE DATE
	Implement actions of the Joint Strategic Needs Assessment (JSNA) Scrutiny review with regard to the environment.	Paul Hurwood	Mar 2014
	Consult and promote a community 'Collective Energy Switching' programme throughout the borough	Dave Hammond / Paul Hurwood	Mar 2014

OBJECTIVE E - ENSURE SAFER HEALTHIER TRAVEL

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
NI47- People killed or seriously injured in road traffic accidents	Cleveland Police & Hartlepool Borough Council	Annually	Yes
NI48- Children killed or seriously injured in road traffic accidents	Cleveland Police & Hartlepool Borough Council	Annually	Yes

REF.	ACTION	ASSIGNED TO	DUE DATE
	Safer Routes to School	Paul Watson/Peter Frost	Annual programme
	School 20mph zones	Peter Frost	Annual programme
	Road Safety education and training	Paul Watson	Annual programme

OUTCOME 7: STRENGTHEN THE ROLE AND IMPACT OF ILL HEALTH PREVENTION

LEAD OFFICER: LOUISE WALLACE, DIRECTOR OF PUBLIC HEALTH, HBC

CONTRIBUTING STRATEGIES / PLANS / PROGRAMMES:

- Immunisation Strategy
- Alcohol Harm Reduction Strategy
- Stop Smoking Action Plan
- Tobacco Alliance Plan
- Cardiovascular Disease Programme Plan
- National Early Detection & Awareness of Cancer Plan
- Flu Plan (Seasonal)
- Clinical Commissioning Group Commissioning Plan
- Public Health Transition Plan
- Breastfeeding Strategy
- Health Schools
- Healthy Weight, Healthy Lives Strategy
- Vision for Adult Social Care in Hartlepool
- Mental Health Strategy
- Drug Treatment Plan
- Health & Safety Service plan
- Food Law Enforcement Plan
- Alcohol Licensing Policy
- Trading Standards Service Plan
- Food Sampling Policy
- North East Outbreak Control Policy

CONTRIBUTING ORGANISATIONS / GROUPS:

- Hartlepool Borough Council
- North Tees & Hartlepool NHS Foundation Trust
- Hartlepool & Stockton Clinical Commissioning Group
- Immunisation Strategy Group
- Coronary Heart Disease Local Implementation Team
- Diabetes Local Implementation Team
- British Heart Foundation Group
- 'Be Healthy' Groups
- Alcohol Strategy Group
- HPA / Public Health England
- FRESH
- BALANCE

OBJECTIVE A: REDUCE THE NUMBER OF PEOPLE LIVING WITH PREVENTABLE ILL HEALTH AND DYING PREMATURELY

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
**Healthy life expectancy	ONS		
** Sickness absence rate: Percentage of employees who had at least one day off sick in the previous week / Number of working days lost due to sickness absence.	TBC		
** Sickness absence rate: Rate of fit notes issued per quarter	TBC		

**Differences in life expectancy and health expectancy between communities	TBC		
**Diet	TBC		
**Excess weight in adults	TBC		
**Successful completion of drug treatment	National drug treatment monitoring system		
**People entering prison with a substance dependence issue who are not previously known to community treatment	TBC		
2.18 Alcohol related admissions to hospital	Hospital Episode Stats		
2.17 recorded diabetes	Quality management analysis system		
2.18 Alcohol related admissions to hospital	Hospital Episode stats		
**Access to non cancer screening programmes : infectious disease testing in pregnancy – HIV, syphilis, hepatitis B, and susceptibility to rubella	TBC		
**Access to non cancer screening programmes : Antenatal sickle cell and thalassaemia screening	TBC		
**Access to non cancer screening programmes : Newborn blood spot screening	TBC		
**Access to non cancer screening programmes : Newborn hearing screening	TBC		
**Access to non cancer screening programmes : Newborn physical examinations	TBC		
**Access to non cancer screening programmes :Diabetic retinopathy	TBC		
**Take up of the NHS Health Check programme – by those eligible	TBC		
**Self reported wellbeing	TBC		

**Chlamydia diagnoses	TBC		
**Population vaccination coverage	TBC		
**People presenting with HIV at a late stage of infection	TBC		
**Treatment completion for tuberculosis	TBC		
**Comprehensive inter-agency plans for dealing with public health incidents	TBC		
**Mortality rate from causes considered preventable	ONS		
**Under 75 mortality rate from all cardiovascular diseases	ONS		
**Under 75 mortality from cancer	ONS		
**Under 75 mortality from liver disease	ONS		
**Under 75 mortality from respiratory disease	ONS		
**Mortality from infectious and parasitic diseases	ONS		
**Emergency readmissions within 30 days of discharge from hospital	ONS		
**Preventable sight loss	Certificate of Visual impairments		
**Health related quality of life for older people	TBC		

REF.	ACTION	ASSIGNED TO	DUE DATE
	Commission a comprehensive healthy heart check programme for all eligible people across Hartlepool	Director of Public Health	March 2014
	Commission a comprehensive range of accessible and equitable sexual health services	Director of Public Health	March 2014
	Develop a comprehensive health protection plan for Hartlepool and provide assurance that the health of then population is comprehensively protected	Director of Public Health	March 2014
	Commission a comprehensive range of services to	Substance Misuse Joint	March 2014

	reduce the individual and community impact of alcohol related harm	Strategy Group / Director of Public Health	
	Commission services to ensure people maintain a healthy weight and a healthy life.	Healthy Weight Healthy Lives Strategy Group	March 2014
	Deliver a comprehensive programme to improve workplace health	Director of Public Health	March 2014
	Ensure effective integrated treatment of drug and alcohol services	Chris Hart	March 2014

OBJECTIVE B: REDUCE THE HEALTH INEQUALITY GAP BETWEEN COMMUNITIES ACROSS HARTLEPOOL

Performance Indicator	Data Source & Responsible Organisation	Collection Period	Annual Target
**Fuel Poverty	English Housing Survey		
**Proportion of physically active and inactive adults	TBC		
**Smoking prevalence adults	Integrated Health Survey		
**Cancer diagnosed at stages 1 & 2	TBC		
**Cancer screening coverage	TBC		
**Injuries due to falls in people aged 65 and over	TBC		
**Under 75 mortality rate from al cardiovascular diseases	ONS		
**Under 75 mortality from liver disease	ONS		
**Under 75 mortality from respiratory disease	ONS		
**under 75 mortality rate from cancer	ONS		
**Excess under 75 mortality rate in adults with serious mental illness	TBC		
**Suicide rate	ONS		

**Hip fractures in people aged 65 and over	Hospital Episode Stats		
**Excess winter deaths	ONS		
**Dementia and its impacts	TBC		

REF.	ACTION	ASSIGNED TO	DUE DATE
	Commission a comprehensive range of services to enable people to stop smoking	Director of Public Health	March 2014
	Develop a comprehensive systematic approach for addressing excessive winter deaths	Director of Public Health	September 2014
	Commission services to promote positive mental health and well being	Director of Public Health	March 2014
	Promote the early detection and awareness of signs and symptoms of cancer across Hartlepool	Director of Public Health	March 2014
	Develop a comprehensive programme of accident prevention	Director of Public Health	March 2014

Department	Division	Section	Owner/Officer
Child and Adult Services	*Public Health*	*Public Health*	*Louise Wallace*

Function/ Service

Hartlepool Joint Health and Wellbeing Strategy 2013-18

The NHS reform requires the Local Authority with partner agencies, including the Primary Care Trust (PCT) and Clinical Commissioning Group, to develop a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment (JSNA). The final draft of the strategy must be completed by April 2013. The strategy should focus on not only protecting the health of the population but improving it through a range of evidence based interventions.

The Joint Health and Wellbeing Strategy (JHWS) is a high-level summary outlining how Hartlepool Borough Council, Hartlepool Clinical Commissioning Group and other key organisations will address health and wellbeing needs of Hartlepool and help reduce health inequalities.

The Health and Social Care Bill (2011) establishes Health and Wellbeing Boards as statutory bodies responsible for encouraging integrated working and developing a Joint Strategic Needs Assessment and Health and Wellbeing Strategy for their area. The JHWS is underpinned by the Joint Strategic Needs Assessment (JSNA) and together they will provide a foundation for strategic evidence-based, outcomes-focused commissioning and planning for Hartlepool.

The JHWS supports the ten themes of *Better Health, Fairer Health* (2008) – The North East's vision and 25 year plan for improving health and wellbeing. The ten themes being:

- Economy, culture and environment
- Mental health, happiness and wellbeing
- Tobacco
- Obesity, diet and physical activity
- Alcohol
- Prevention, fair and early treatment
- Early life
- Mature and working life
- Later Life
- A good death

The strategy focuses on areas of work impacting directly on health and wellbeing, or acting as clear 'wider determinants' of health and wellbeing:

- Health care services (including health protection)
- Social care services
- Individual lifestyle factors
- Social and community networks
- Housing

	• Employment • Environment The strategy is underpinned by the Marmot Report 2010.
Information Available	*You should consider what information you hold in order to give proper consideration to the Equality Duty. You will need to draw upon local, regional and national research particularly if internal information is scarce. Include any consultation carried out* Whilst health in Hartlepool is generally improving, it is still worse than the national average. Levels of deprivation are higher and life expectancy is lower than the national average. Both the death rate from smoking; and the percentage of mothers smoking in pregnancy are worse than the England average. Alcohol-related hospital admissions are higher than the national average and childhood immunisation rates are significantly lower than the national average. Key outcomes and objectives for the strategy have been developed in consultation with the public, service users and partner organisations, through the Local Involvement Networks (LINks) membership on the Health and Wellbeing Board, democratically elected member representation on the Board and a consultation process. The Strategy consultation ran from June – October 2012. It consisted of: A face to face public event – attended by approximately 70 people representing a range of organisations from the community, voluntary and statutory sector and elected members. A resource-allocation exercise – set up in a range of venues including the shopping centre, the library, children's centres, GP surgeries and youth centres. The exercise asked members of the public to allocate £25 virtual pounds across Marmot policy areas these being: • Give every child best start in life; • Enable all children and Young People to maximise capabilities; • Enable all adults to maximise capabilities; • Create Fair Employment and good work for all; • Ensure a healthy standard of living for all; • Create and develop healthy and sustainable places; • Strengthen the role and impact of ill health prevention. A total of 465 participants took part in the exercise. 'Giving every child the best start in life' was the most popular priority across all the venues with 'ensuring a healthy standard of living for all' was second most popular. An online survey – asked respondents to prioritise a range of suggested interventions listed under each Marmot policy area.

	Respondents were asked to choose the 3 most important issues under each Marmot area. Data from the survey was aggregated together with the findings from the resource-allocation exercise and consultation with the LINk to become the basis of the draft strategy. The draft strategy was also shared with the Clinical Commissioning Group. Key outcomes and objectives have been developed with the following in mind: • Local authority 'mandated' services • Clinical Commissioning Group draft plans • Current JSNA commissioning intentions • Hartlepool Public Health Transition Plan.	
Relevance *Identify which strands are relevant to the area you are reviewing or changing*	**Age**	√
	Disability	√
	Gender Re-assignment	
	Race	√
	Religion	√
	Gender	√
	Sexual Orientation	
	Marriage & Civil Partnership	
	Pregnancy & Maternity	√
Information Gaps	*Are there any gaps in your information and, if so, what further information do you need? What involvement or consultation is needed? How will it be done? You must also ensure compliance of any third parties which carryout functions on you behalf.* As demonstrated, we have undertaken a considerable consultation exercise and we are able to analyse the data collected from the different locations where the consultation took place. However, we are aware that we are not able to analyse the data to ascertain demographic information and identify any particular characteristics that we might not have involved. It is possible that the data might be skewed as a result of the venue where the consultation took place. We have not consulted with any specific user groups such as people with a learning difficulty, those with mental health issues or people form the LGBT community. However, we are aware that the work undertaken for the JSNA has included consultation with these groups and as the strategy is underpinned by the JSNA, we can assume some input from those groups.	

What is the Impact	*Consider the impact of the policy/service/function in respect of the three aims of the Equality Duty, this must form an integral part of your decision making process and in such a way that influences the final decision.* The strategic key outcomes for the strategy have been identified as being: • Every child has the best start in life • Reduce the gap in life expectancy • Improving wellbeing for those with long-term conditions Work on these outcomes will begin through tackling health inequalities and building social capital. A work programme is being developed that will support these objectives and ultimately improve the outcomes of the population of Hartlepool. Whilst some of the key strategic outcomes identified target a specific equality group or community such as children, the cumulative impact of the outcomes is beneficial to the population of Hartlepool as a whole. We would anticipate that implementation of the strategy would help fulfil the aims of the Equality Act 2010 by improving the health and wellbeing, reducing health inequality and improving efficiencies for the whole population of Hartlepool.
Addressing the impact	*The outcome of the impact assessment may be one or more of the following four outcomes; You must clearly set out your justification for the outcome/s.* **1. No Impact- No Major Change -** *It is clear that there is no potential for discrimination or adverse impact on the above Protected Characteristics. All opportunities to promote Equality have been taken and no further analysis or action is required.*
	~~**2. Adjust/Change Policy** - *You may have to make adjustments to address potential problems or missed opportunities that impact adversely on those with protected characteristics.*~~
	~~**3. Adverse Impact but Continue** - *Your decision may be to continue without making changes, this may be the right outcome even if your assessment identifies the potential for adverse impact. (E.g. Cabinet decision to withdraw a service).*~~
	~~**4. Stop/Remove Policy/Proposal –** *Your assessment reveals unlawful discrimination it must be stopped and removed or changed.*~~

Actions

It will be useful to record and monitor any actions resulting from your assessment to ensure that they have had the intended effect and that the outcomes have been achieved.

Action identified	Responsible Officer	By When	How will this be evaluated?
Consider	**Louise Wallace**	**March 2013**	**Broader involvement in the**

broader consultation of the strategy to include specific characteristics such as older people and people from the BME communities			**development of the strategy.**
Look at the consultation undertaken as part of the JSNA and ensure broad involvement/identify gaps.	**Louise Wallace**	**March 2013**	**Gaps identified for future consultation.**
Consider targeted consultation on such groups as people with a learning disability and people with mental health difficulties.	**Louise Wallace**	**March 2013**	**Broader involvement in the development of the strategy.**

Date sent to Equality Rep for publishing	00/00/00
Date Published	00/00/00
Date Assessment Carried out	00/00/00

Report of: Director of Child and Adult Services

Subject: Supporting People with Hearing Loss

1. PURPOSE OF REPORT

1.1. To present the draft Supporting People with Hearing Loss strategy and ask the Board to endorse the report to confirm their support and commitment to the actions and outcomes.

1.2. The strategy is attached to this report.

2. BACKGROUND

2.1. Hearing loss can have a significant impact on an individual's health and wellbeing. For children who are born with a hearing impairment, their language development, educational attainment and life chances can be affected. For adults with sudden or age-acquired hearing loss there is the risk of loss of employment, social isolation, depression and mental health problems.

2.2. Just over 16% of the population suffer a hearing loss. This amounts to 1 in 6 people or around 14,700 people in the Hartlepool population.

2.3. To better understand the needs of the deaf and hard of hearing in Hartlepool and to supplement the work of the Joint Strategic Needs Assessment (JSNA), a review was held which considered the current provision of health and social care services to Hartlepool residents and made a number of recommendations. These recommendations were used to inform the content of the JSNA whilst being taken forward at an operational level.

2.3. The review made three strategic and overarching recommendations that have been the subject of further consideration by officers. These are:

a) To create a visible focal point in the town for people with hearing loss to meet, obtain information and support.
b) To review the commissioning of British Sign Language (BSL) interpreter services and consider the value of redesigning these in consultation with other partners across Teesside and with members drawn from the Deaf community.
c) To develop a strategic approach to the engagement of people from the Deaf and hard of hearing communities, enabling them to be fully involved in decisions and changes to services that affect them.

2.4. The review coincided with the publication of a national hearing loss strategy and a major programme of work recently announced by the county's largest deaf charity *Action on Hearing* (formerly known as the Royal National Institute for Deaf People).

2.5. This publication included a call to local commissioners and providers to "*develop local hearing loss strategies and plans in partnership with local health, social and voluntary organisations and people with hearing loss"*

2.7. As a response to this recommendation, a report was sent to Cabinet in November 2011 requesting approval to develop a 'Hartlepool Hearing Loss Strategy'. This approach was approved by Cabinet.

3. PROPOSALS

3.1. The draft Hearing Loss Strategy is attached. The strategy has been prepared following consultation with the Deaf and hard of hearing community and contributed to by Tracey Sharp, Deputy Regional Director, Public Health Delivery, Public Health North East.

3.2. By signing the strategy and endorsing its contents, the Health and Wellbeing Board will:

- Ensure accountability of its actions;
- Demonstrate its commitment to working with and being responsive to the needs of Deaf and hard of hearing people in Hartlepool;
- Provide focus and strategic direction for all partner agencies in responding to the future needs of a significant group of Hartlepool residents across their life course.

6. RECOMMENDATIONS

6.1 That the statutory is endorsed by the Health and Wellbeing Board and that members of the board agree to the inclusion of organizational logos in the strategy.

10. CONTACT OFFICER

Neil Harrison,
Head of Service, Child and Adult Services
Email: neil.harrison_1.hartlepool.gov.uk

Supporting people with hearing loss

Hartlepool Borough Council
Child and Adult Services

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Appendices

Cover photograph courtesy of www.careimages.com

Welcome to our first Deaf and Hard of Hearing Strategy

This strategy is important to you if you live in Hartlepool and require support and advice on health and social care services.

It will help to shape how we work with local people who are Deaf or Hard of Hearing to ensure they are engaged in securing a healthier future for us all.

We developed this strategy with the support and co-operation of the local Deaf and Hard of Hearing community and as such reflects what is most important to those who live, work and contribute to Hartlepool's continued success.

We are committed to working with our partners to deliver better services to people who are Deaf or Hard of Hearing and I am proud to announce that Hartlepool is one of the first areas to develop a Deaf and Hard of Hearing Strategy.

Councillor John Lauderdale
Portfolio Holder for Adult Services and Public Health

Introduction

The aim of this Supporting People with a Hearing Loss Strategy is to ensure that the needs of people in Hartlepool who are Deaf, Deafened and hard of hearing are included in and needs are met in the planning and development of services in the town by all agencies including Hartlepool Borough Council, the local NHS Trust and Clinical Commissioning Group (CCG).

The strategy has been developed by Hartlepool Borough Council following a programme of consultation. The strategy will use the term 'hearing loss' to refer to all of the following groups:

▪ **Hard of Hearing**	Those for whom hearing loss is usually acquired in later life. People who are hard of hearing are usually defined as having a deficit of at least 25dB in their better ear. They comprise the largest group of people with hearing loss.
▪ **Deaf**	The use of this term with a capital D is used to define those who communicate predominantly through British Sign Language (BSL). Deaf people see themselves not as being disabled but as belonging to a distinct community with a common language and cultural history. With English being a second language, some Deaf people may have difficulty reading English and have a low reading age.
▪ **deaf**	The use of this term, with a lowercase 'd' is often used as a generic term for those who are both hard of hearing, Deafened or Deaf.
▪ **Deafened**	Deafened people are those who have suffered a profound hearing loss later in life and have usually acquired oral skills, using spoken English as their first language.
▪ **Deafblind**	Those who are Deafblind have dual sensory loss which they may have experienced since birth, or alternatively, as a result of Usher's syndrome which results in hearing loss and blindness in later life.

» Background

Hearing loss can have a significant impact on an individual's health and wellbeing. For children who are born with a hearing impairment, their language development, educational attainment and life chances can be affected. For adults with sudden or age-acquired hearing loss, there is the risk of loss of employment, social isolation, depression and mental health problems.

Just over 16% of the population suffer a hearing loss. This amounts to 1 in 6 people or around 14,700 of the Hartlepool population.

In 2011 the Strategic Health Authority and Hartlepool Borough Council commissioned a review of services for deaf people in Hartlepool, and as a result, identified a number of recommendations on how services could be improved. The recommendations were grouped into 4 main categories:

1. Greater engagement of deaf people with the council.
2. Improving the support that is offered to people (from children to adults).
3. Improving communication support.
4. Prevention – early identification of issues.

These recommendations were considered by Hartlepool Borough Council's Cabinet in November 2011 who wholeheartedly supported each one. In addition, the Cabinet made a commitment to develop this hearing loss strategy which looks at how we could offer longer term support to the 1 in 6 people, or 14,700 people who were thought to have a hearing loss in Hartlepool.

The strategy has been developed around the four key recommendations outlined above and the priorities for actions identified in the consultation. The strategy is structured to outline the policy objectives and what actions will be taken to support each main recommendation.

Whilst the development of this strategy has been led by Hartlepool Borough Council, its aim is to work with partners including the Primary Care Trust, Clinical Commissioning Group (CCG) and voluntary and community sector to build on the services that are currently provided (Appendix 1). It will not be achieved in isolation and will work alongside other strategies and policies such as:

- The Joint Strategic Needs Assessment
- Moving Forward Together – the vision for adult social care in Hartlepool 2011-2014

The strategy is linked to and will be monitored by the Health and Wellbeing Board and will help support the Board's key aim:

> *"To work in partnership with the people of Hartlepool to promote and ensure the best possible health and wellbeing."*

Policy objectives

» Policy objective 1: improving engagement

People said:

With the closure of the Deaf centre some years ago, there was no focal point in the town for people to obtain information and support with issues relating to their deafness. The closure also meant that there was nowhere for people to hold meetings and support groups, and for those who were concerned that they might be suffering from early signs of hearing loss, there was nowhere easily accessible for them to obtain advice.

Our response:

Hartlepool Borough Council will support the creation of a visible focal point in the town for people with hearing loss to meet, obtain information and support.

To do this, Hartlepool Borough Council and its partners will:

- Continue working with Hartlepool Deaf Centre users, Hartlepool Families First and the North Regional Association for Sensory Support (NRASS) to establish a focal point in the town.
- Establish a means by which we can consult with the Deaf and Hard of Hearing communities on service developments and issues that matter to them.
- Work with the Deaf and Hard of Hearing community to improve access to our services.

» Policy Objective 2: improving support

People said:

People who are deaf may struggle at school, have lower educational attainment and are less likely to be employed. People told us that they were very concerned about being able to find jobs, particularly in the current climate. It was also felt that some of the support that might be available to people in helping them find work and also to stay in work may not be widely known about.

Our response:

All employment agencies will work with Job Centre Plus and other partners to help people into work and further education, supporting them in reaching their full potential and we will raise awareness and improve uptake of the Access to Work programme. We recognise the need to take a 'life-course' approach to assessing and supporting people's needs.

To do this, Hartlepool Borough Council and its partners will:

- Review the peripatetic service to ensure it meets the needs of children, and families of children identified with a hearing impairment ensuring that it provides appropriate levels of information and support.
- Review, with members of the Deaf community, the support they receive from North Regional Association for Sensory Support (NRASS) to determine whether there is a need to extend this service
- Assess the need for a Hard of Hearing Support Group.
- Review the provision of mental health services available for both Deaf adults and children.

» Policy objective 3: communication support

People said:

That improving deaf awareness across Hartlepool was vitally important.

Whilst our initial proposal was focused on improving awareness amongst council staff, the people we consulted felt that it was important to have a broader scope including deaf awareness training for businesses, transport and health. Such training would then help to improve equity of access to all services in the town.

Our response:

Hartlepool Borough Council will work to increase the number of frontline staff completing BSL level 2 and explore the potential of deaf awareness training becoming a mandatory part of staff induction programmes. In addition, Hartlepool Borough Council and its partners will promote deaf awareness training more widely across all sectors in the town.

To do this, Hartlepool Borough Council and its partners will:

- Co-design the contract specification for communication support (including BSL, speech to text, lip-speaking) with the Deaf and hard of hearing communities to ensure their needs are taken into consideration, including availability of interpreters in emergency situations.
- Encourage greater uptake and maintenance of loop systems across all sectors.
- Work with the hard of hearing community to determine the need for lip-reading classes.
- Improve the availability of information about the support and equipment we can offer to people with hearing loss.
- Work with nursing and residential homes to ensure training in basic hearing aid care and maintenance is provided along with deaf awareness training.

» Policy objective 4: improving prevention and early identification of problems

People said:

People in the Deaf community may have greater difficulty accessing health services and health information and we firstly need to assess and then respond to their needs in this area. In addition, we know that many people who develop a hearing loss, for one reason or another, are reluctant to seek help and to wear hearing aids despite the fact that this can vastly improve their quality of life and prevent increasing social isolation. We therefore need to improve the uptake of hearing tests and the range of hearing aids and other means of support that are available to people with a hearing loss.

Our response:

Hartlepool Borough Council and Hartlepool Families First will review the health needs of the Deaf community in order to better inform the 'Focus on Health' Project aimed at improving the physical and emotional wellbeing of Hartlepool's Deaf community.

We will explore, with the commissioners of NHS services, ways in which we can improve the take-up of hearing aids and assistive technologies including the range of choice for In-The-Ear (ITE) and Behind-The-Ear (BTE) hearing aids.

To do this, Hartlepool Borough Council and its partners will:

- Raise awareness amongst our children and young people of the dangers of noise-related hearing loss.
- Work with GPs to improve early detection of and intervention with those people with a hearing loss.
- Work with the media to encourage people to regularly check their hearing and take action on their hearing loss sooner.
- Encourage employers to uphold their legal duty to protect employees from noise and to offer hearing checks to staff in high risk occupations.

Governance

To ensure that our commitment to the Deaf and Hard of Hearing communities is honoured, we will take this strategy forward by embedding it within the Joint Strategic Needs Assessment, making people accountable to the Health and Wellbeing Board for its delivery.

Name
Health and Wellbeing (Chair)

APPENDIX 1

Current services

» Newborn Hearing Screening Programme (NHSP)

Aims to identify moderate, severe and profound hearing impairment in newborn babies. The programme automatically offers all parents the opportunity to have their baby's hearing tested shortly after birth. Early identification, via the programme, gives babies a better life chance of developing speech and language skills and of making the most of social and emotional interaction from an early age.

» National Deaf Children's Society

Operates a free telephone helpline on 0808 800 8880 (open between 10am and 5pm, Monday to Friday).

» Focus on Health Project

Hartlepool Families First Centre offers classes including healthy eating, cookery and yoga, as well as providing access to BSL DVDs on a range of topics including general health, depression, breast cancer, stress and relaxation. The sessions are supported by a BSL interpreter and written information is more accessible through the use of BSL graphics.

For more information contact Wendy on 07872 607124 or email wendy@hartlepoolfamiliesfirst.org.uk.

» North Regional Association for Sensory Support (NRASS)

Provides a drop-in advocacy and welfare rights service. The service operates from the Hartlepool Central Library and is available for two hours every Monday.

For further information contact NRASS:

- Telephone: 0191 490 916
- Fax: 0191 490 9167
- Minicom: 0191 490 9165
- Email: office@northregions.org.uk

» Hartlepool Job Centre Plus

Offers a service for disabled workers by putting them in touch with a Disability Employment Advisor (DEA). A DEA will help you to find work or gain new skills for a job. They can help with work preparation, advocacy, recruitment, and even confidence building. DEAs offer an employment assessment to find out what kind of work would suit you best.

For more information contact Hartlepool Job Centre Plus:

- **Telephone:** 0845 604 3719
- **Textphone:** 0845 600 1770

» North Tees and Hartlepool Audiology

The department provides a complete diagnostic and hearing aid rehabilitation service making special provision for deaf and hearing impaired patients and offering guidance and support to patients and their families.

» South Tees ENT and Audiology Department

Regional cochlear implant service as well as NHS treatment for those patients with more complex hearing disorders.

The peripatetic services for teachers of the Deaf provide support for children and young people throughout their education.

» Durham Deafened Support

Promotion for the relief, integration, rehabilitation, welfare and education of people who have become isolated because of hearing loss, enabling them to cope with their disability through advocacy, support, education, information, the teaching of lip-reading skills and other ways of helping them to understand and meet their communication needs.

» Hartlepool Now (www.hartlepoolnow.co.uk)

A website that provides information on a range of services available in Hartlepool. Offers advice on the wide range of equipment and adaptations that are available to help people carry out daily tasks and help people live as independently as possible.

Action plan

Outcome	Policy objective	Action	Nominated lead	Date
Enable greater engagement with the Deaf and hard of hearing community	*Improving Engagement*	▪ Review the options and establish a focal point in the town.	Wendy Harrison	April 2013
		▪ Arrange quarterly meetings to review strategy development and local issues	Neil Harrison	Ongoing
		▪ Translate the strategy to BSL and make available through a range of channels	Leigh Keeble	April 2013
Improve the support that is offered to people	*Improving Support*	▪ Evaluate the impact of Welfare Reform and changes in demand on the NRASS service and address increases in activity.	Neil Harrison/ Jackie Wanless	December 2013
		▪ Continue the provision of the Focus on Health project.	Phil Hornsby	April 2013
		▪ Assess the need for a Hard of Hearing support group.	Neil Harrison	March 2014
		▪ Review the provision of mental health services available for Deaf adults.	Geraldine Martin	March 2014
		▪ Monitor the provision of mental health services available for Deaf children.	Ian Merritt	March 2014
Improving communication support	*Improving Communication*	▪ Co-design the contract specification for communication support with the Deaf and Hard of Hearing communities	Christine Armstrong	April 2013
		▪ Review and increase the number of front line staff in Hartlepool Borough Council completing BSL level 2.	Gwenda Cullen	March 2014
		▪ Encourage greater uptake and maintenance of loop systems across all sectors.	Neil Harrison	Ongoing
		▪ Work with the hard of hearing community to determine the need for lip-reading classes.	Ian Merritt	March 2014
		▪ Improve the availability of information about the support and equipment HBC can offer to people with hearing loss.	Neil Harrison	March 2014

Outcome	Policy objective	Action	Nominated lead	Date
		▪ Work with nursing and residential homes to ensure training in basic hearing aid care and maintenance is provided along with deaf awareness training.	Brian Ayre	March 2014

Raising awareness of hearing loss	*Improving Prevention and Early Identification of Problems*	▪ Raise awareness of dangers of noise-related hearing loss	Ian Merritt	March 2014
		▪ Work with GPs to improve early detection of and intervention with people with a hearing loss	CCG-nominated representative	March 2014
		▪ Work with the media to encourage people to regularly check their hearing and take action on their hearing loss	Leigh Keeble	March 2014
		▪ Encourage employers to uphold their legal duty to protect employees form noise.	Patrick Wilson/ Chris Horn	March 2014