HARTLEPOOL HEALTH AND WELLBEING STRATEGY 2013-18

Foreword

Healthy people living longer, healthier lives is the aspiration of the Hartlepool Health and Wellbeing Board.

This newly created Board brings together a range of agencies, including the Council and the Clinical Commissioning Group for the NHS, with a joint ambition to support people to make healthier choices, maximise opportunities for wellbeing and ensure a healthy standard of living for all.

This Strategy sets out how the Health & Wellbeing Board for Hartlepool intends to achieve this ambition.

The Strategy is not all about treating illness, although high quality accessible services are vital when needed; it is also about helping people to make healthier choices. Detecting illness early and ensuring people get effective and timely treatment is essential. Equally important for health is the need for people to live in good quality, affordable housing, with education and employment opportunities to maximise control and capabilities, as well as achieving a good standard of living for all.

This Strategy intends to address the challenges of ill health and premature death in Hartlepool. In Hartlepool there is a 9 year gap between affluent and deprived communities in how long a man might expect to live. This life expectancy gap is 7 years for women. This is a great social injustice, which is unfair and needs tackling through all of the interventions and actions proposed through this Strategy.

This Strategy is based on what you, the people of Hartlepool, have told the Health & Wellbeing Board matters. The public consultation that was undertaken when developing this Strategy showed that the people of Hartlepool wanted their children to have the “best start in life”.

Through the energy, effort and drive of all involved in this Strategy, that is what we aim to do. Not only give the “best start in life”, but the best health and wellbeing throughout life and make Hartlepool a healthier, happy and vibrant town.

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

1. Vision

The vision of the Hartlepool Health & Wellbeing Strategy is to:

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 strategic document outlining how Hartlepool Borough Council, Hartlepool and Stockton Clinical Commissioning Group and other key organisations, through the Health and Wellbeing Board, will address the health and wellbeing needs of Hartlepool and help reduce health inequalities.

The Health and Social Care Act (2012) 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[1]. The Strategy 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

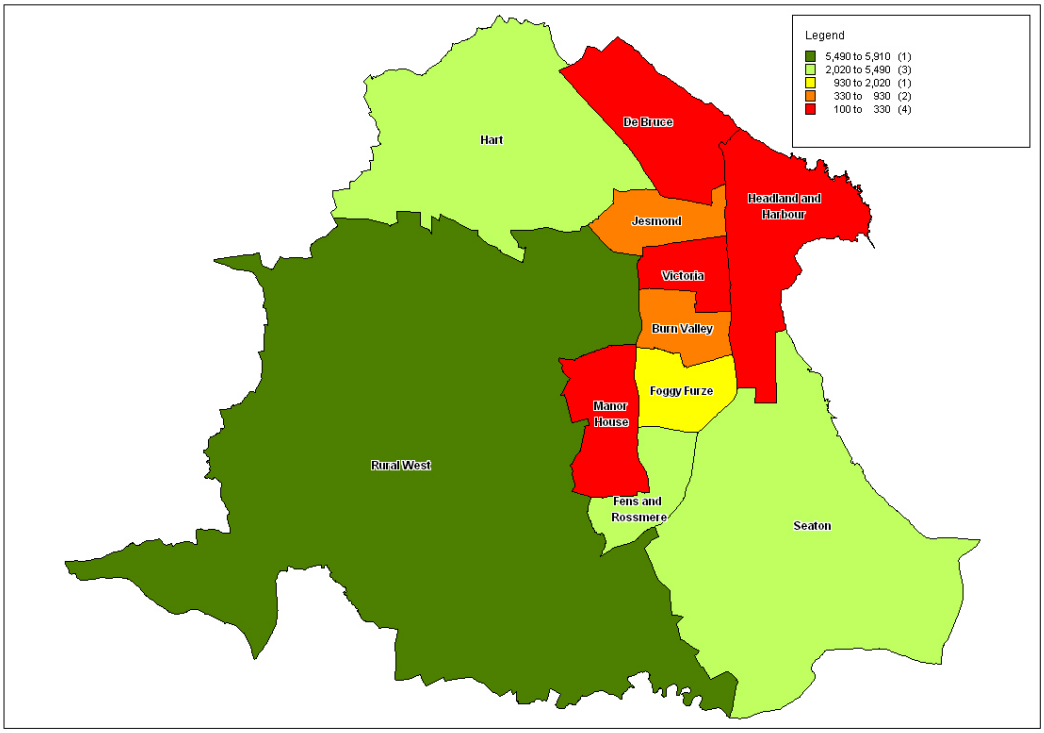
Health in Hartlepool is generally improving. There has been a fall in early deaths from heart disease and stroke; and the rate of road injuries and deaths is better than the England average[3].

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 levels of deprivation in Hartlepool and **Figure 2** shows the difference in Standard Morality Ratio (SMR) between the deprived and more affluent areas of the Borough.

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.
- Alcohol-related hospital admissions are higher than the national average.
- Childhood immunisations rates are significantly lower than the national average.
- 25% of Year 6 pupils are classed as obese, this is the highest in the Tees Valley.

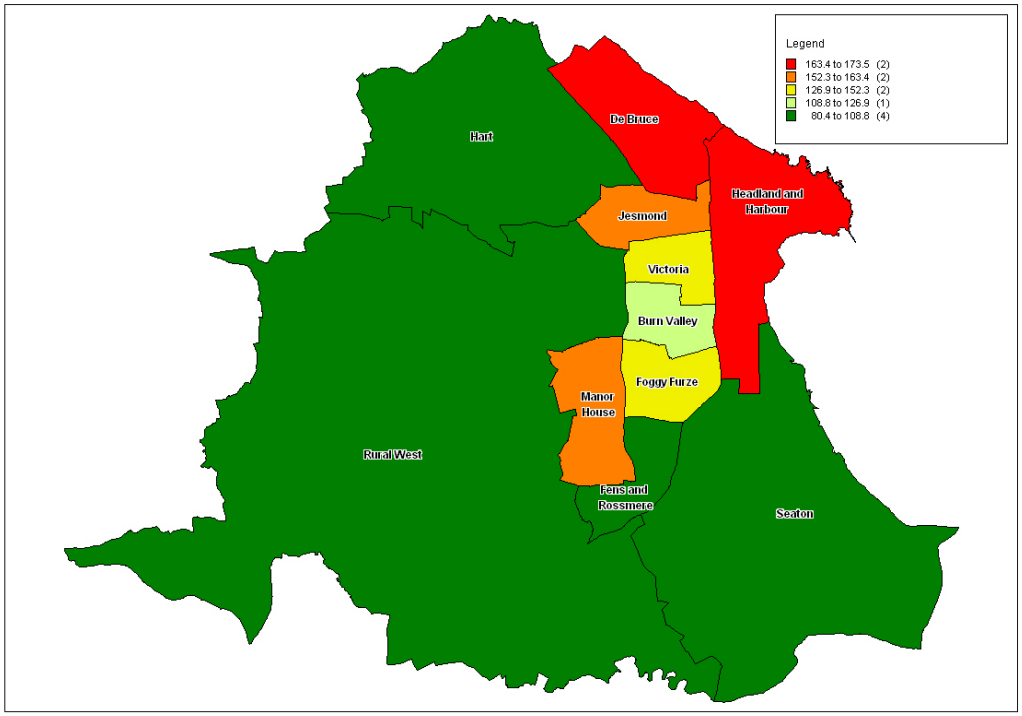
Figure 1: Index of Multiple Deprivation at Ward level in Hartlepool



The Index of Multiple Deprivation provides a relative measure of deprivation in small areas across England. They are based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on whereas deprivation refers to general lack of resources and opportunities. The above map shows the levels of deprivation within Hartlepool by Ward. The IMD 2010, tells us that there are high levels of deprivation within six of Hartlepool's eleven wards; those being De Bruce, Headland and Harbour,

Victoria, Manor House, Jesmond and Burn Valley. There is a clear correlation between levels of deprivation and poor health. The lower a persons social position the more likely it is that his or her health will be worse.

Figure 2: Standard Mortality Ratio in Hartlepool (Ages 0 – 64)

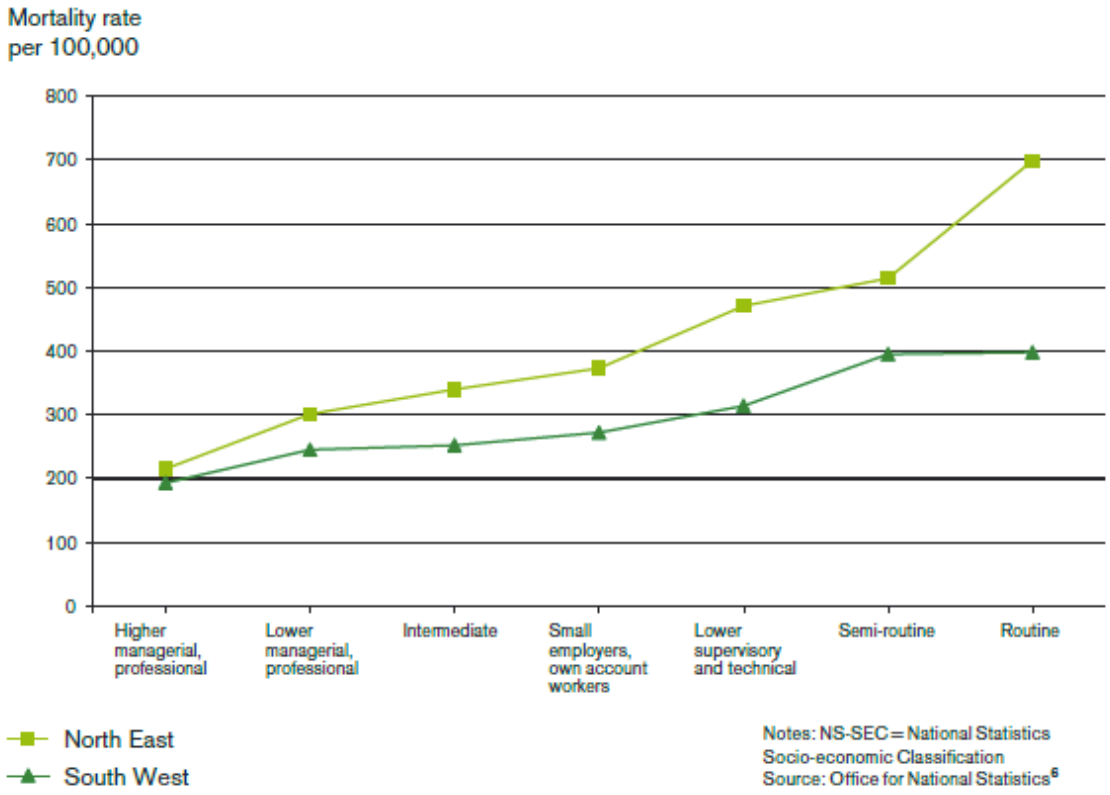


The Standard Mortality Ratio (SMR) compare local death rates with national ones. They are calculated by dividing the actual number of deaths in an area by the number that would be expected using National death rates by ages and sex of the population. The resulting number is multiplied by 100. If an area has an SMR of 100, this indicates that local death rates are similar to National rates. If they are greater than 100, this indicates higher death rates than the national average and vice versa. SMRs are often used as proxy indicators for illness and health within an area. Clearly there is a link between SMR and levels of deprivation with Hartlepool's most disadvantaged Wards having a significantly higher score than the national average.

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 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, wellbeing 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 3**, 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 3: 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 the 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.

The National Review of Health Inequalities, 'Fair Society, Healthy Lives', led by Prof. Sir Michael Marmot, drew on extensive global research into Health inequalities. Reflecting on inequalities in our society and health inequalities in particular, Prof. Sir Marmot stated: *'To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. Greater intensity of action is likely to be needed for those with a greater social and economic disadvantage. But focussing solely on the most disadvantaged will not reduce the health gradient, and will only tackle a small part of the problem'.*

The Marmot review identified six 'Areas for Action'. These 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 a healthy standard of living for all;
- Create and develop healthy and sustainable places and communities;
- Strengthen the role and impact of ill health prevention.

To focus activity in these areas, the key outcomes within this strategy reflect these wider determinants.

Other elements of health and wellbeing (initially summarised by Dahlgren and Whitehead in their social model of health[7] - **Appendix 1**) 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 action plan 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 Health and Wellbeing Board and the 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.

- The Health and Wellbeing Strategy should be read in conjunction with the Joint Strategic Needs Assessment (JSNA). The JSNA is currently being refreshed through engaging partners and will outline the commissioning intentions for health and social care. The JSNA website address is http://www.teesjsna.org.uk/hartlepool/

- Hartlepool Public Health Transition Plan

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

Stakeholder engagement and consultation

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 owned the Strategy included 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**.

7. Strategic priorities and objectives

The outcomes outlined within the Strategy reflect the 'areas for action' identified by Marmot reflecting the wider determinants of health and wellbeing.

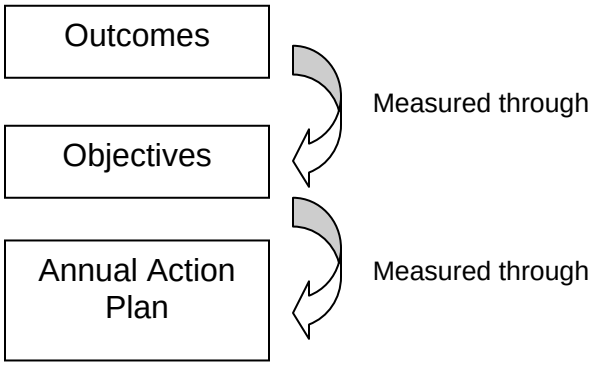
The key objectives that sit beneath each outcome are aligned with a number of key strategies being delivered across the Borough to ensure the effective coordination of delivery. The objectives show how the Health and Wellbeing Board for Hartlepool will deliver on the outcomes identified, and meet the challenge set out by Marmot's suggested 'areas for action'. The key 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
Objective B	Develop and deliver new approaches to children and young people with special educational needs and disabilities.
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

Delivery on the objectives will be ensured through an annual action plan which supports this Strategy. The action plan specifies the detailed initiatives to deliver on the objectives and will also include, amongst others, the indicators identified in the 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 action plan outlines how this is being done.

8. Strategy ownership and review

This Strategy is owned by the Health and Wellbeing Board. Although the Strategy is a 5 year document it will be reviewed by the Board every 3 years to ensure that it remains relevant and continues to reflect local priorities.

Each year the Board will agree an action plan setting out how the Strategy will be delivered. The action plan will set out agreed timescales for delivery and clear ownership for the actions. The action plan will also include a number of performance indicators which will be used to assess the progress being made. The key risks for implementing the Strategy will also be identified. The Board will monitor progress through quarterly performance reports and seek to maximise resources and secure new resources into the Borough.

The next review of the Health & Wellbeing Strategy will take place by April 2016.

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. http://www.hartlepoolandstocktonccg.nhs.uk/includes/documents/About_Us/7239%20CCP%20north-m.pdf

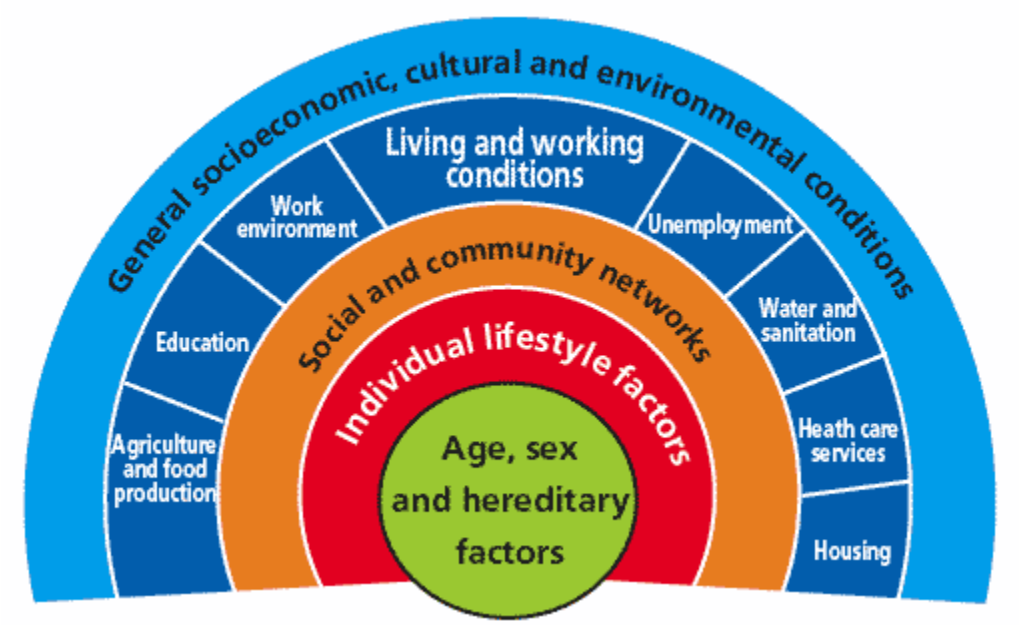
14. Hartlepool Borough Council / NHS Hartlepool Hartlepool Joint Strategic Needs Assessment. Available from: http://www.teesjsna.org.uk/hartlepool/

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: NHS Hartlepool and Stockton-On-Tees CCG – Plan on a Page 2013/14

Vision (CCP page 7)

To build 21st century health services for and with the Stockton-On-Tees and Hartlepool communities so that health inequalities reduce and wellbeing continuously improves.

Strategic Aims (CCP page 12)

- Bringing care closer to home
- Tackling Health Inequalities
- Caring for an aging population
- Addressing our priority health conditions
- Improving quality in primary care
- Ensuring quality and patient safety
- Improving patient experience
- Seeking best value for money within budget

Transformational Work Streams & Cross cutting themes (CCP page 12)

- **Health and Wellbeing**
  - ***Priority*** Maternal smoking at delivery
- **Out of Hospital Care**
  - ***Priority*** Emergency Readmissions within 30 days of discharge From hospital
- **Acute In-Hospital Care**
- **Mental Health, Learning Disabilities and Dementia**
  - ***Priority*** Estimated diagnosis Rate for people with Dementia
- **Medicines Optimisation**

Personalisation; Carers; PPI; Prevention; Innovation

Prioritised Initiatives (Commissioning Intentions) [link to outcome framework domains]

- Commission sufficient capacity to meet the demand of the screening programmes
- Work with Primary Care Providers to increase uptake of bowel screening
- Reduce Hospital Admissions in relation to alcohol;
  - Signposting to support services offered to patients identified
  - Collaborate with Public Health in relation to delivery of the alcohol strategy and determine future requirements for commissioned services
- Reduce smoking prevalence;
  - Collaborate with Public Health to develop a joint strategy in relation to smoking cessation services to improve access and attendance and focus on improving the quit rate of women smoking at time of delivery
  - Ensure the smoking cessation services are linked to the Community Renaissance Teams
- Reduce COPD Admissions
  - Carry out a review of acute and community respiratory services
  - Commission a range of preventative initiatives such self care packs and patient education

---

- Improve the Quality of Care within Residential and Nursing Homes
  - All residential/ nursing home patients will have a regularly reviewed Health Care Plan (HCP)
- Triage and signpost patients who are not appropriate to be seen in A&E to the relevant care provider in order to support the re-education programme
- Implement management plans for all patients identified by the LACE tool as being at high risk of readmission
- Review and audit of the new community services model
- Developing integrated health care facilities in Stockton, Billingham, Hartlepool and Yarm
- To improve the quality and capacity in Primary Care
  - Better understand capacity and demand within Primary Care to determine future commissioning intent
  - Continue to support Primary Care in reducing variation in General Practice, both in terms of quality and financial spend
- Reduction in readmissions

- Continued Reduction in C2C Referrals
- Reduction in N:R ratio and review of Nurse delivered clinics
- Extend the Hartlepool plastics service to include access for Stockton patients
- Choose & Book
  - Ensure letters are reviewed prior to clinics to ensure patients are attending correct clinics
  - Ensure patients are redirected to most appropriate clinics where wrong referral has been made
  - Ensure advice and guidance is available via Choose and Book
- Implement revised MSK pathway
  - Pathway to include direct access to core Physiotherapy and direct access to MSK
  - The CCG expects where referral is sent to incorrect, referral will automatically refer on to appropriate service without sending back to GP or requesting a re-referral
- Work with providers to reduce the number of delayed discharges
- Review of Commissioner Requested Services (CRS) to establish any additional services the CCG required
- Work with Provider to ensure that routine services are offered 7 days a week

---

- Robust and accurate registers of patients with Dementia
- Development of a pilot memory clinic within a primary care setting
- Perinatal Mental Health – to ensure compliance with NICE guidance including potential for specialist community service
- Continued development of Mental Health Payment by Results
- Ensure CAMHS services meet NICE requirements and improves assessment to diagnosis waiting times
- Review of 'Stepping Forward' model for vulnerable, high activity MH patients
- Out of Area specialist placements/rehab services - to identify potential opportunities for developing services for low volume/high cost cases closer to home
- TEWV Primary Care Therapy Services - align both the funding and contract management to the existing Any Qualified Provider
- Development of alternative rehabilitation and recovery services to support complex individual residents
- Review current commissioning arrangements for specialist sensory assessments and develop local pathway
- E-Communications
  - Implementation of e-discharge solution which transfers information directly into clinical system (inpatient and outpatients)
  - Implementation of Choose and Book, including advice and guidance
- Provide independent assessments of individuals with Learning Disabilities to establish to most appropriate packages of care that fulfils their needs
- Movement of patients from autism inpatient and assessment of treatment beds into community based settings
- Work collaboratively with Social Care Commissioners to deliver improved, joined up services to people whose needs are complex and whose behaviour is challenging to services
- Identify all young people that require a Health Action Plan
- Support Health funded individuals through bridging packages
- Support the us of quality checkers to advise on and highlight areas that may require reasonable adjustment

---

- Improve Costs in relation HCD spend
  - Commissioned services will continue to use defined and standard list of drugs and indications that will be accepted for pass-through payment
  - Existing contracts held by providers will be reviewed, and the CCG will be consulted on these prior to entering or re-negotiating a contract, for the provision of specialist drugs via a third party provider
- To improve the quality of discharge information and medication supply
  - Patients will be provided with at least 28 days supply of long-term medicines, appliances and nutritional supplements on discharge
  - Patients will be supplied a "monitored dosage system" where this was in use prior to admission, or has been deemed necessary by valid assessment during the in-patient stay
  - Patients will be supplied full treatment course for all drugs where a defined treatment course is indicated e.g. antibiotics, steroids
- Self administration of medication in secondary care

Outcome framework

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions.
- Helping people recover from episodes of ill health or following injury
- Ensuring that people have positive experience of care
- Treating and caring for people in a safe Environment and protecting them from harm:

Risks

- Monitoring effective partnership and membership engagement
- Balancing capacity and demand to counter the financial pressures of an ageing and growing population and technological advances
- Contract Signature for 13/14
- Impact of transition of specialist commissioning to NHSCB
- Transition and pace of change
- Delay in implementing Momentum: Pathways to Healthcare

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.

	Proposed activity to be funded from Public Health budget
health	Testing and treatment of sexually transmitted infections, fully integrated termination of pregnancy services, all outreach and preventative work
	School immunisation programmes, such as HPV.
	Local initiatives to reduce hospital admissions and seasonal excess deaths
	Local initiatives such as falls prevention and reducing childhood injuries
	Mental health promotion, mental illness prevention and suicide prevention
	Locally led initiatives
	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
	Local programmes to prevent and treat obesity, e.g. delivering the National Child Measurement programme; commissioning of weight management services
	Drug misuse services, prevention and treatment
	Alcohol misuse services, prevention and treatment
ontrol	Tobacco control local activity, including stop smoking services, prevention activity, enforcement and awareness campaigns
alth check	Assessment and lifestyle interventions
	Local initiatives on workplace health and responsibility deal
	Behavioural/ lifestyle campaigns/ services to prevent cancer, long term conditions, campaigns to prompt early diagnosis
h	The Healthy Child Programme for school age children, school nurses, health promotion and prevention interventions by the multi professional team
	Specialist domestic violence services that provide counselling and support services for victims of violence including sexual violence
lusion	Support for families with multiple problems, such as intensive family based interventions
blic 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.