A Strategy for Health in Gateshead……

‘The Big Shift’

2011 – 2013

Gateshead Council

[Inside Front Cover]

Our ‘Must Dos’

Our top four ‘must do’ areas for action are:

1. **Health Checks –** ***the quickest win***
2. **Smoking –** ***the biggest single impact on health inequalities***
3. **Physical Activity –** ***the biggest health gain across the population***
4. **Emotional Health & Wellbeing –** ***the foundation stone for overall quality of life***

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Foreword

I am pleased to introduce the Health Strategy for Gateshead 'The Big Shift'. The Big Shift sets out what the Council needs to do to improve the health and wellbeing of Gateshead residents over the next three years through working in partnership with local agencies and local communities. We will use the Big Shift strategy to discuss further with our partners the contributions we can all make, both individually and collectively, to achieve our aspirations for an active and healthy Gateshead as set out in Vision 2030 – our vision for Gateshead.

As its name suggests, a significant step change is needed in our approach to address the gap in health inequalities both within Gateshead itself and between Gateshead and the rest of the country. This is the case despite the encouraging progress being made in improving the health of Gateshead people generally.

The Big Shift addresses the actions we can take over the next three years to drive up life expectancy, to address lifestyle issues as well as investment in health in the longer term. The accompanying action plan is a 'live' document and will be reviewed and updated on an on-going basis to include the contributions of our partner organisations.

We are also committed to working with local communities, ensuring that they are at the heart of all our work programmes and that everyone in Gateshead will benefit.

Councillor Mary Foy
Cabinet Member for Health

1. Introduction

‘The Big Shift’ health strategy is an overarching framework that brings together key actions to improve the health of Gateshead residents and to narrow the health inequalities gap, with an initial emphasis on the role of the Council – whether through direct actions or through its community leadership role working in partnership with local organisations and local communities.

We will use the document to discuss further with our partners how we can all contribute to achieving the milestones for an active and healthy Gateshead that were agreed as part of the 2010 refresh of Vision 2030 – our vision for Gateshead.

We want to make sure that this strategy enables us to achieve the ‘big shift’ needed to secure a sustainable change in the health of Gateshead residents. Only in this way can we ensure that the most vulnerable people in Gateshead are receiving the services they need and that health inequalities are being addressed at every opportunity.

We want to embed a ‘health’ focus culture in everything we do – when developing policy and new initiatives or allocating resources - whether financial, human or physical resources.

We have identified actions which have the potential to benefit the whole of Gateshead as well as more targeted actions to reach our most vulnerable communities. Together, we want to deliver better health outcomes for all local people.

Purpose of ‘The Big Shift’ Health Strategy

The aim of the Big Shift health strategy is to:

‘maximise opportunities to improve the health and wellbeing of local people and tackle inequalities in health’

As a key member of Gateshead Strategic Partnership, the Council needs to lead by example to support the step changes required if we are to achieve the Active and Healthy Gateshead outcomes set out in ‘Vision 2030’.

The Big Shift strategy needs to act as a ‘prompt’ for discussion at all levels, to co-ordinate and stimulate activity, and to ensure the ‘story’ of improving health and tackling inequalities is embedded in everything we do. Only in this way, can we secure the transformational changes needed.

2. Strategic & Local Context

The national landscape surrounding health and wellbeing has changed significantly, both in terms of policy direction and the architecture in place to deliver it. In particular, this change is landscape has been driven by:

The NHS and Public Health White Papers

The NHS White Paper 'Equity and Excellence: Liberating the NHS' and Public Health White Paper 'Healthy Lives, Health People' have heralded significant changes to public health and commissioning arrangements, including proposals to:

- Establish a new Public Health Service;
- Transfer responsibilities for local health improvement to local authorities, including leading on strategic needs assessment, joining-up commissioning for NHS services, social care and health improvement;
- Ringfence health improvement funds
- Establish local Health & Wellbeing Boards and HealthWatch (to replace LinKs); and
- Transfer commissioning responsibilities to GP Consortia

This will have significant implications for the development, co-ordination and delivery of local programmes to improve health and wellbeing and tackle health inequalities. The Public Health White Paper 'Healthy Lives, Healthy People provides opportunities for the Council to embed its community leadership role by securing join-up and integration of public health planning, commissioning and delivery.

Marmot Review of Health Inequalities

Sir Michael Marmot's seminal review of health inequalities 'Fair Society, Healthy Lives' (February 2010) is highly significant because it identifies the importance of the 'wider determinants of health' (such as poverty, access to education, housing and healthcare) to tackling inequalities in health. This is further explored in Chapter 3: 'Framework and Approach'. The review recognised the failure so far to reduce the gap in both life expectancy and infant mortality despite national targets to do so.

Inequalities are shaped by a wide set of factors and experiences, so that early years experience, levels of education, family and social life all have a significant impact on health. Levels of income are closely linked with levels of health inequalities. In short, the Marmot Review aims to shift the focus of action to tackle health inequalities in the period beyond 2010 to the 'wider determinants' of health.

Marmot argues that actions to reduce health inequalities should have a universal focus (i.e. apply 'across the board' to all communities/groups), but should be

implemented in such a way that the scale and intensity of work undertaken recognises the levels of disadvantage of different groups/communities.

The Review identified six key policy objectives and a raft of interventions delivered across the life course:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a fair standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

Local authorities are identified as having a key role to play both in their own right and as community leaders in addressing these policy objectives.

National Audit Office findings

In July 2010, the National Audit Office published a report examining the impact and cost-effectiveness of the Department of Health's initiatives to reduce the gap in life expectancy between areas such as Gateshead and the rest of the country. Its recommendations include:

- Commissioners need a clear understanding of local population needs and adopt more sensitive targeting of health inequalities initiatives with appropriate monitoring mechanisms
- Greater investment in prevention is necessary if the NHS is to contribute to tackling health inequalities now and in the future; spending on prevention needs to be more readily identifiable
- There is a need to undertake a baseline assessment of compliance with National Institute for Health and Clinical Excellence (NICE) guidance on preventative interventions. More use needs to be made of cost benefit analysis when assessing the impact of public health interventions on reducing inequalities

Local Context

The local context relating the health and wellbeing, as well as being shaped by the national drivers identified above, is also set by:

Vision 2030 – Gateshead's Sustainable Community Strategy:
The Gateshead Strategic Partnership through its Sustainable Community Strategy 'Vision 2030' sets out an ambitious and aspirational vision for Gateshead:

"Local people realising their full potential, enjoying the best quality of life in a healthy, equal, safe, prosperous and sustainable Gateshead".

It is underpinned by six Big Ideas including 'Active and Healthy Gateshead', a picture for the health and wellbeing of people living in Gateshead, to be realised over the next 20 years. It includes the following outcomes:

- Gateshead residents have the longest and healthiest lives in England

- All residents have a positive attitude to physical activity and incorporate it into their daily lives
- Vulnerable and older residents lead fulfilling lives with support of their choice
- Gateshead is recognised as a healthy community in which to live
- People make positive lifestyle choices across all of Gateshead to improve their physical and mental health
- The unacceptable health and inequality gaps across the Borough and with England have been eradicated, particularly in relation to life expectancy
- Gateshead residents have improved mental health and emotional wellbeing.

The 2010 refresh of Vision 2030 confirmed these outcomes as still relevant for Gateshead and identified priorities for the next three years (see Chapter 5. Priorities and Delivery).

Council's Corporate Plan:
In parallel with Vision 2030, the Council has developed a Corporate Plan for the three year period 2010 – 2013 – *Delivering Wellbeing and Equality of Opportunity in Gateshead through Vision 2030*.

The Corporate Plan is the Council's statement of intent – our priorities and action to deliver Vision 2030. It identifies our corporate priorities, corporate values and improvement targets for the 3 year period 2010-2013, to be reviewed annually.

The corporate plan is structured around 3 priorities, the first of which has a specific focus on health 'Deliver Vision 2030, focusing on environment, **health** and economy'.

Gateshead Joint Strategic Needs Assessment::
The Gateshead Joint Strategic Needs Assessment (JSNA) is a blueprint for the way the Council and the local NHS develop and understand the health, wellbeing and social care needs of people who live in Gateshead. It is built on a wealth of information about Gateshead that is gathered both locally and nationally. It is used to highlight top issues where Gateshead stands out from similar areas or where the trends suggest increasing problems. The 2010-11 JSNA identified the following key issues:

- health screening and pre-school children's services
- illness and chronic conditions
- mental health and emotional well-being
- lifestyle (drugs, alcohol, tobacco and sexual health)
- poverty and exclusion
- domestic violence
- services for specific groups

These issues were fed into the refresh of Vision 2030 and have shaped priorities to meet health, wellbeing and social care needs in Gateshead.

Overview & Scrutiny Review, Audit Commission Review and Gateshead Conference Review of Health Inequalities in Gateshead:

A review of health inequalities undertaken by Healthier Communities Overview & Scrutiny Committee (OSC) was completed in June 2008. The review examined a 10-year difference in life expectancy between neighbouring areas of Gateshead and made eight recommendations to address inequalities in health covering:

- Health impact assessment
- Community-based approach to tackling health inequalities
- Financial inclusion
- Smoke free Gateshead
- Lifestyles
- Minimising harm from alcohol
- Mental health and wellbeing
- Health equity audit

Service improvement plans were developed to take the recommendations forward and 2010/11 is the third year covered by the plans.

The Audit Commission carried out a review at the end of 2009 of local arrangements between the Council, Gateshead PCT and other partners to tackle health inequalities in Gateshead. The review covered under-18 conception rates, drugs and alcohol misuse, smoking, obesity and participation in sport. The main conclusions of the report were that:

- People in Gateshead suffer from poor health and there are significant inequalities in Gateshead. While there has been some improvements, far more people in Gateshead continue to suffer illness and early death than the national average.
- The Council and partners have several plans and projects in place to tackle health inequalities. However, it is not always clear what action has been taken and what improvements have been achieved because of that action. Also, targets in such areas as obesity and stopping smoking have not been met.
- Accurate information to identify health inequality 'hot spots' is not always available. There is a risk that local strategies are not targeted at the right people or the right geographic areas – this is relevant to under-18 conceptions, drug and alcohol misuse and obesity. The extent to which the success of strategies and projects can be evaluated is also limited because information is not available or measurable milestones have not been identified and agreed.
- It is difficult for partners to demonstrate a clear link between spending and improvement, by showing that current initiatives are providing value for money.

A Gateshead Health Inequalities conference held in July 2010 considered the issues and areas for action to inform the next phase of work to be taken. Details of the findings of the conference are set out at Appendix 3, which have informed the action plan set out at Appendix 1.

3. Framework and Approach

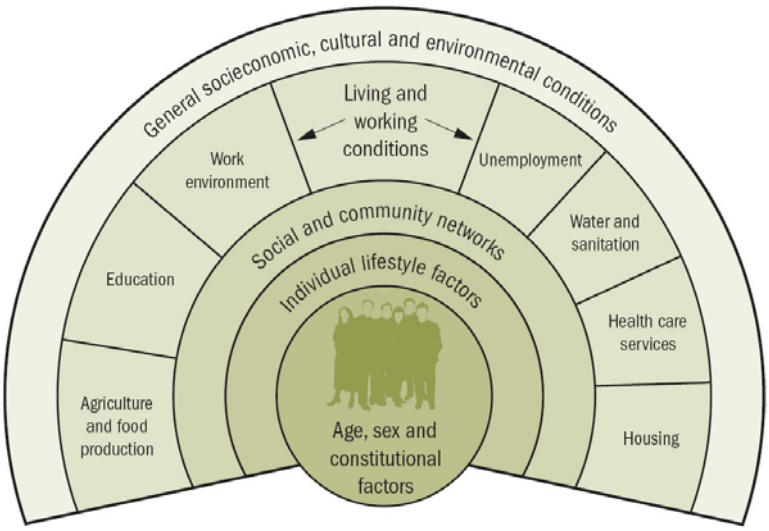
Promoting Health and Wellbeing

A complex interaction of factors determine how long someone will live, and how healthy they will be throughout their lifetime. They include lifestyle factors (such as smoking, nutrition, and exercise) and what is referred to as the 'wider determinants' of health (such as poverty, access to education, housing and healthcare). Health inequalities are stubborn, persistent and difficult to change. A frequently used way to explore these factors is shown in figure 1 below.

There are aspects of the Council's role that relate to all of the 'determinants of health' identified in the layers of this diagram:

- "living and working conditions" for example through education, housing, employment services, environmental services, spatial planning and political lobbying.
- "social and community networks" for example through the community development and cohesion strategy, compact with the voluntary sector, tenants associations, community centres, community groups etc.
- "lifestyle factors" (health related behaviour) through sport and leisure (including health trainers), catering and school meals
- "secondary prevention" (early identification and prompt treatment to cure, reduce harm from or slow progress of a condition) through encouraging uptake of screening services among staff and clients

Figure 1: Determinants of Health[1]



[1] Dahlgren G and Whitehead M 1992 Policies and Strategies to Promote Equity in Health

Tackling Inequalities in Health

If we simply focus on improving health and wellbeing, the gap in health experience is likely to widen. Tackling inequalities in health can be defined in three ways:

- **Narrowing the health gap** between the best off and worst off groups. This is measured by the gap in life expectancy between communities with the highest and lowest life expectancy
- **Working to achieve positive change in the most disadvantaged groups** through changes in their life chances, social conditions, risk behaviours and ultimately their health
- **Reducing the 'health gradient'** across all socio-economic groups i.e. health improves as income increases, so the focus is on reducing those differences in health across income groups

All are valid goals, but the three ways of measuring inequality inform slightly different strategies to address them.

Narrowing the health gap in life expectancy will be achieved through:

- Incorporating targeted interventions into mainstream work related to Cardio-Vascular Disease (CVD), COPD (diseases of the lungs in which the airways become narrowed), Cancer, including risk taking behaviours and uptake of screening/early treatment
- Tackling infant mortality
- Tackling excess seasonal deaths
- Ensuring effective community engagement in these issues so that local communities are designing solutions
- Targeted work in neighbourhoods
- Ensuring evidence of local need and predicted impact is consistently used to focus interventions

Work to achieve the national target on reducing the gap between the best and worst off has focused attention on the first of these areas of activity (narrowing the health gap). Appendix 4 sets out details of the range of supporting work initiated through the OSC Healthier Communities Review of Inequalities in 2008.

Working to achieve positive change in the most vulnerable groups will be addressed through:

- Use of predictive work around vulnerability
- Consistent approach to marginalised groups including: people with learning disabilities; people with mental health problems; victims of domestic violence; travellers; migrants; ex-prisoners; homeless people etc.

Much of the targeted work undertaken in neighbourhoods by Council services has centred around achieving positive change in the most disadvantaged groups in terms of life chances, social conditions etc.

Reducing the health gradient (reducing differences in health across socio-economic groups) will be achieved through mainstream working.

Marmot's focus on the social gradient and 'proportionate universalism' has refocused attention on the third area of activity above.

Our Approach to Improving Health and Wellbeing for All

Our approach to improving healthy and wellbeing for all is based upon an acknowledgement that:

- A 'whole population' health perspective is needed that looks beyond the immediate health needs of individuals and actively promotes health and well-being across the population as a whole
- A holistic approach to tackling the wider determinants of health is required - promoting and protecting health, preventing ill health and working collaboratively across all sectors to reduce health inequalities
- Greater investment in prevention is necessary across partner organisations to tackle health inequalities now and in the future (i.e. 'moving resources upstream' from treatment to prevention)
- Mental health and wellbeing is the foundation stone of all work to address healthy lifestyles. Because self esteem is a prerequisite to many choices about other aspects of a healthy lifestyle, mental health needs to be woven into our consideration of alcohol, smoking, sexual health, physical activity and weight management
- We need to engage with local communities and work to widen access to services. We need to connect with "hard to reach" groups, recognising that the most disadvantaged and marginalised are often least likely to seek help and that a 'one size fits all' approach will not meet peoples' diverse needs
- There needs to be greater scope to discuss the root causes of ill health and signpost individuals towards appropriate support and services, both within and outside the health sector

Focus of 'The Big Shift' Health Strategy

A strategy that creates change has:

- a vision for the way things could be;
- a recognition that current approaches will not, in themselves, secure the step changes needed to achieve our vision; and
- some practical first steps as well as measures for the medium and longer term

'The Big Shift' health strategy has been developed to confirm our commitment to reducing inequalities and improving health outcomes for the population as a whole as well as those communities in Gateshead with the greatest health need. We want to make the step changes needed to achieve our vision with a focus on **preventing early deaths in the short term, promoting healthy lifestyles over the medium term, and tackling the wider determinants of health in the longer term**.

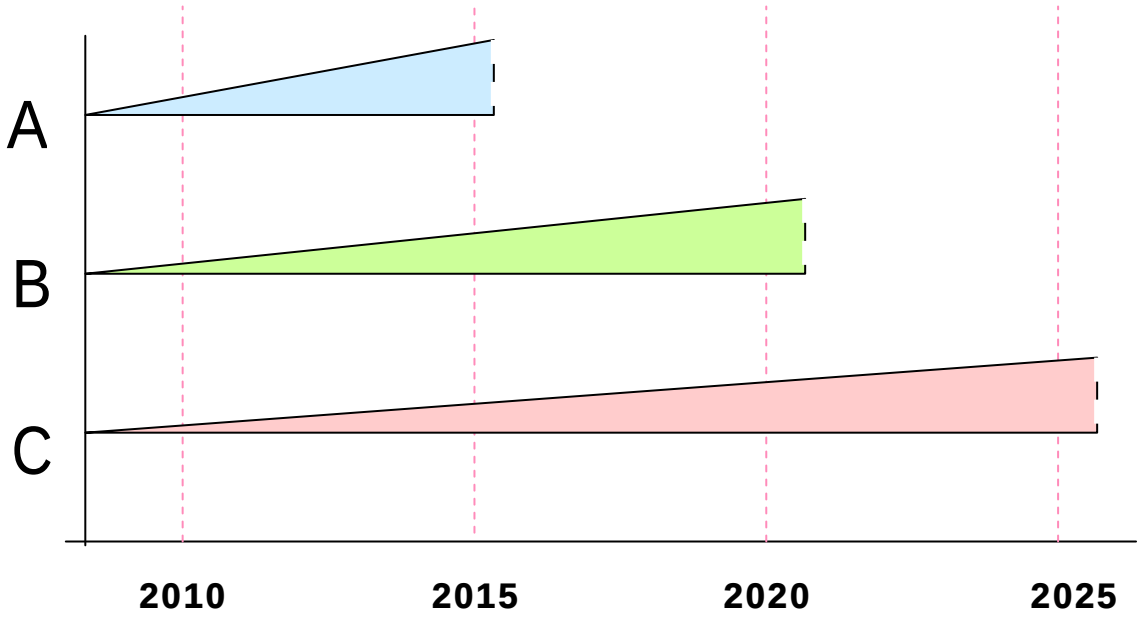
Figure 2 overleaf illustrates this three pronged focus:

Figure 2: Focus of the Big Shift Health Strategy - a cumulative effect from short term to long term

A - Short Term e.g. health checks, tobacco control, physical activity

B - Medium Term e.g. strengthen primary care, housing, community Engagement

C - Long Term e.g. spatial planning, investment in health, cultural change etc.



4. Intelligence Led Policy Development & Resourcing

Using Intelligence

Access to good quality information and analysis about health related issues in Gateshead is essential to inform our policy direction, to inform resource allocation and to assess the success or otherwise of initiatives to improve the health of our communities and reduce health inequalities.

Gateshead Profile - at a Glance

The health of the people of Gateshead is generally improving, but it is still worse than the England average. One key measure is life expectancy which is low compared to England as a whole, but the gap is closing on the England average.

The latest figures are for 2007-09: for men, the gap between Gateshead and England is 1.8 years (76.4, compared to 78.3 for England) and the gap for women is 1.7 years (80.6 compared to 82.3 for England).

We are on track to reduce the life expectancy gap for females between Gateshead and the rest of country by 10% (over the period 1996 to 2010). As for males, we are on the borderline (we were on track last year, but new data shows we have slipped a little).

The health profile of Gateshead also shows that:

- There are inequalities within Gateshead e.g. life expectancy for men living in the most deprived areas of Gateshead is nearly 10 years lower than for men living in the least deprived areas. For women it is nearly 6 years lower
- Over the last ten years, the death rates from all causes, and early death rates from cancer, heart disease and stroke have all continued to improve
- The standardised mortality ratio for COPD (diseases of the lungs in which the airways become narrowed) has fallen for the 3rd year in succession in Gateshead, but remains significantly above the national average
- Excess winter deaths in Gateshead is lower than the north east, but higher than national levels
- Over 75,000 40-75 year olds in Gateshead are eligible for a ‘Health Check’
- Currently two-thirds of adults are overweight or obese. Obesity levels are linked to socio-economic factors, with people from more deprived areas more likely to be obese. The percentage of children identified as being overweight or obese (children in reception class and children in Year 6) is higher than the national average
- In 2007/08, 86% of schoolchildren aged 5-16 years were participating in a minimum of 2 hours of high quality PE within school, which is lower than the national average

- Deaths under the age of one year have risen in the 2005-07 period compared with the previous three year band 2004-06. However, on the positive side, the uptake of immunisation in children across Gateshead is increasing and for many routine vaccinations the rate is significantly higher than the England average
- The percentage of mothers initiating breast feeding is lower than the England average
- The teenage conception rate has reduced by 13.8% since the 1998 baseline with the latest data (2007) demonstrating a slight increase in conceptions
- The percentage of children gaining 5A*-C GCSEs (including English and Maths) is similar to the England average
- Prevalence of severe mental illness remains significantly higher than that for England

More detailed analysis of a wide range of health issues have been drawn from the following sources:

JSNA 2008-09 (refresh due March 2011):
The JSNA is particularly valuable as it is developed through a multi-agency Steering Group, and signed off by Directors of Children's Services and Adult Services, as well as the Director of Public Health. It seeks to use population projections, benchmarking and modelling to help highlight local priorities. It also includes small area statistics for 5 neighbourhoods with poor life expectancy, and an analysis for resource usage to monitor the transfer of resources upstream from acute to community based and preventive services.
www.gateshead/gov.uk/jsna

Director of Public Health Annual Report:
The Public Health Annual Report is discussed at all 4 thematic partnerships, and was used to inform the development of the Healthier Communities OSC programme for 20010-11. It focuses on: driving up life expectancy (1-3 years impact); choosing health/ lifestyles (2-5 years impact) and addressing the determinants of health (5-15 years impact).
www.sotw.nhs.uk/aboutus/publications

Health Profile:
This snapshot is produced by the Association of Public Health Observatories, and gives an overview in which Gateshead can be compared with indicators from other local authorities.
www.apho.org.uk/resource/view.aspx?RID=91936

Healthier Communities OSC review of health inequalities:
This work was reported in December 2007. It seeks to explain the 10-year difference in life expectancy between neighbouring areas. The review included local intelligence and an assessment of the evidence. It made eight recommendations based on local prioritisation to address inequalities in health.
http://online.gateshead.gov.uk/docushare/dsweb/Get/Document-26880/Item+05+-+Health+Inequalities+Service+Improvement.doc

GENIE: is the Council web-based system for sharing intelligence about Areas and Neighbourhoods. It includes a domain related to Health and Social Care, and also health-related information under other thematic headings such as Children and Young People, Economic Regeneration etc.

GENIE Web Pages:
http://www.gateshead.gov.uk/genie

GENIE Maps Online:
http://gis.gateshead.gov.uk/genie/Maps.aspx

Health Impact Assessment, Equity Audit and Good Practice

We are committed to embedding the application of toolkits and relevant guidance to inform decision making on health improvement and reducing health inequalities across Gateshead, including:

Health Impact Assessment:
Health Impact Assessment (HIA) is a tool which can be used to assess the health impact of a physical development, proposed change to service delivery, policy or strategy.

When a HIA has been completed, practical recommendations can be made to:
- enhance the positive health gains of a project or proposal
- reduce/minimise any potential negative impacts on health

A guide has been produced on carrying out a Health Impact Assessment (including a quick reference HIA checklist), as well as an annual report on HIA work undertaken to-date.

Health Equity Audit:
Health Equity Audit (HEA) is about fair access – identifying measures of need for a service and ensuring service uptake reflects need. A guide has also been produced on the application of HEA across service areas. Audit findings can be used to target services to particular population groups/neighbourhoods to ensure equity of access to those services.

NICE Clinical Guidance:
The National Institute of Clinical Excellence (NICE) has produced good practice guidance on a range of topic areas linked to health improvement. We are working with NICE on the application of this guidance within various settings which has informed the Big Shift Action Plan.

Further information on these toolkits can found under the ‘Guidance’ section of the following webpage:
http://www.gateshead.gov.uk/Care%20and%20Health/jsna.aspx

5. Priorities and Delivery

This chapter brings together our key priorities and delivery arrangements.

PRIORITIES

Active & Healthy Gateshead Big Idea Priorities:

The key outcomes of the Active and Healthy Gateshead Big Idea, which underpins Vision 2030, have already been identified in Chapter 2 'Strategic and Local Context'. The 2010 refresh of Vision 2030 strengthened the Active and Health Gateshead pathways and identified the following priorities for the next 3 years:

- Ensure residents are involved in healthy initiatives and benefit from the best possible facilities
- Safeguard children, young people and vulnerable adults
- Promote active and healthy lifestyles, including in schools
- Ensure easy access to 'local' leisure facilities by foot or bus, including more informal keep-fit activities e.g. gyms in public parks
- Improve the opportunities for an aging population informed by research and innovation in products and services to support vitality and wellbeing
- Increase opportunities for people to grow their own food in community allotments or gardens

Corporate Plan Priorities:

The Council has also refreshed its Corporate Plan for the period 2010 – 2013. In taking forward Priority 1 'Deliver Vision 2030, focusing on environment, **health** and economy', the Council will work with partners and local communities to ensure that people remain healthier for longer and that health inequalities are reduced by:

- Reducing child obesity
- Reducing alcohol misuse
- Reducing smoking
- Promoting Active & Healthy Lifestyles
- Safeguarding vulnerable young people and adults

Joint Strategic Needs Assessment Priorities:

Further details of our priorities are provided by the 2010 Joint Strategic Needs Assessment. The JSNA identified a number of key issues and priorities for children and young people, and for adults and older people which fed into the recent refresh of Vision 2030 and, in particular, the Active & Healthy Gateshead Big Idea:

Priorities for children and young people:

- Promote service improvements and early intervention with children and young people to support their mental health and emotional well being

- Promote healthy lifestyles, to reduce childhood obesity
- Work with partners to address issues around alcohol, drugs and tobacco, including cultural and social aspects
- Minimise the impact of domestic violence on children and young people
- Narrow the gap between the most disadvantaged and the average, particularly on educational aspiration and attainment, early years and developmental screening
- Continue work with all relevant partners to reduce teenage pregnancies and the underlying causes
- Modernise our sexual health services, particularly to reduce the rate of Chlamydia
- Understand the scale and nature of needs among migrant, asylum seeking and refugee children and adults.

Priorities for adults and older people:

- Prevent isolation and loneliness in old age through schemes to encourage inclusion and involvement
- Promote the health and well being of older people with dementia and their Carers
- Tackle circulatory disease through early identification of those at high risk and working closely with NHS projects to reduce risk factors
- Work with partners to address issues around alcohol, drugs and tobacco, including cultural and social aspects
- Ensure that accommodation options promote choice and control for clients, maintain independence and help to support ageing family carers
- Work to eradicate homelessness, through innovative methods to enable householders to remain at home and avoid the need to apply as homeless
- Maximise the impact of housing on improving health through: new builds, creating options for client groups, Decent Homes standards, the Private Sector Housing Renewal Strategy, and the Warmzone scheme
- Ensure continuity of care in relation to health, housing and employment for people coming out of prison

Health Inequalities National Support Team Priority Actions:

Consideration has also been given to the eight priority actions identified to address issues raised by the Health Inequalities National Support Team in November 2009. They form part of the NHS South of Tyne & Wear strategy to tackle inequalities in health (focussing on quick wins) and are shaping the next phase of work on addressing health inequalities in Gateshead. The priority actions focus upon:

1. NHS Health Checks for people aged 40-74
2. Consistent treatment of patients with cardiovascular disease
3. Cardiac rehabilitation (for patients following a cardiovascular event)
4. Chronic Obstructive Pulmonary Disease (people with chronic bronchitis, emphysema, or both)
5. Diabetes
6. Atrial Fibrillation (abnormal heart rhythm).
7. Stroke/TIA (Mini-Stroke)
8. Cancer early awareness and detection

DELIVERY

The fundamental and deep-rooted causes of ill-health and health inequalities mean they can only be addressed by working in partnership. This requires joined up working across all partners to tackle the root causes, especially poverty and deprivation.

Supporting organisations who deliver health, social care and other services to work more effectively together is central to securing better health and wellbeing outcomes for local people. Actions already under way, include:

- Work with partners to address the 'wider determinants of health'
- Work around the transfer of resources towards prevention and community care
- Work linked to the Government's proposed NHS reform agenda, including the proposed transfer of public health responsibilities to the Council and the establishment of a Health & Wellbeing Board
- Work to develop and integrate our approach to commissioning, including the development of closer links with our local GP Practice Based Commissioning Group and responding to the Government's Modernising Commissioning Green Paper
- Work to develop the role of the community and voluntary sector through the new Gateshead Compact, including capacity building and ensuring the role of the third sector is taken into account at each stage of the commissioning cycle
- Work to ensure services reach those groups where take-up levels have been low e.g. people with learning disabilities often do not make full use of screening services
- Work to build capacity across the Council and Gateshead Strategic Partnership to ensure 'every contact is a health improvement contact'
- Work to develop our approach to communications and social marketing to ensure that we are reaching our target audiences and getting key messages across
- Work to involve agency representatives and local people in developing fresh, community based approaches to tackling low life expectancy and wellbeing issues

Role of Active & Healthy Gateshead Directors Group:

The actions identified within this strategy document will help steer the work of the Council to improve the health and wellbeing of local people and eradicate the unacceptable health inequalities in Gateshead.

Pending the establishment of a Health & Wellbeing Board for Gateshead, overall progress in delivering the milestones will be monitored by the Health & Social Care Partnership as lead thematic partnership for the Active & Healthy Gateshead Big Idea pathways.

The Active & Healthy Gateshead Directors Group has an important role to play in driving forward the Council's strategic health and wellbeing agenda, ensuring synergy, join-up and clarity of focus. In particular, it will drive forward the "Must

Dos" to secure the step changes needed in our approach - key interventions that will have the biggest impact.

'Must Dos'

The top four 'must do' areas to address are:

1. **Health Checks** – *the quickest win*

2. **Smoking** – *the biggest single impact on health inequalities*

3. **Physical Activity** – *the biggest health gain across the population*

4. **Emotional Health & Wellbeing** – *the foundation stone for health creating choices / overall quality of life*

Underpinning each of these top four 'must do' areas is our work around engaging and working with communities.

The Active & Healthy Gateshead Directors Group will be supported by an operatonal management group to ensure that:

- the Council leads by example as a responsible employer through work place programmes/ initiatives to improve health aimed at Council staff
- the Council adopts a joined-up approach in addressing health improvement and health inequality and works with partner organisations and community groups
- health and wellbeing and 'narrowing the gap' are recognised as key themes within Council action plans
- 'every contact is a health improvement contact' is rolled out across the organisation and that health improvement is embedded within everything we do as a Council – at policy level, in designing projects/ initiatives linked to the wider determinants of health and in allocating resources, whether financial, human or physical resources
- service areas use appropriate tools, such as Health Impact Assessment and Health Equity Audit to inform policy development and decision making on projects/ initiatives which impact on health and where resources should be directed
- service areas learn from and share best practice, using an evidence based approach about what works to inform decision making
- progress towards milestones under the Active & Healthy Gateshead pathways is communicated and performance managed, any blockages are identified and resolved
- the Health Pledge is implemented (see Appendix 2) and the legacy of 2010 Year of Active & Healthy Gateshead continues assisted by a robust marketing plan

In this way, the Active & Healthy Gateshead Directors Group will help ensure we are on track to achieve our aspirations relating to health and wellbeing and reducing health inequalities in Gateshead.

Appendix 1

Action Plan

Action Plan Structure

The Action Plan is divided into three sections and centres around the refreshed pathways and milestones for the Active & Healthy Gateshead Big Idea of Vision 2030:

Section one (pages 19 - 27) sets out milestones around driving up life expectancy in the SHORT TERM – Adding 'Years to Life'. Its focus is what can be done now to prevent early deaths in Gateshead.

Section two (pages 28 - 40) sets out milestones around driving up life expectancy in the MEDIUM TERM and Adding 'Life to Years' – Choosing Health. It considers the major lifestyle factors and behaviours that contribute to ill-health and early deaths in Gateshead and how these can be addressed.

Section three (pages 41 - 59) sets out the milestones around driving up life expectancy in the LONG TERM and Adding 'Life to Years' – Investment in Health. It examines what investment needs to be made in the longer term to develop and sustain health creating environments and links to the wider determinants of health.

Clearly, the milestones cannot be achieved by the Council alone, some requiring significant input from our partners, not to mention local communities themselves. Currently, the action plan sets out the Council's contribution to the delivery of the milestones in conjunction with Gateshead PCT.

For each milestone, the following details are provided:

- Target date for completion
- Lead officer(s)
- Whether the milestone has a universal focus (i.e. 'across the board' aimed at Gateshead residents/communities as a whole) and/or a targeted focus (i.e. aimed at particular groups or communities)
- What the Council itself will do to achieve the milestone and through working in partnership
- How we will measure the impact of our actions

The Action Plan is a 'live' document and we will develop it further to incorporate the contributions of other partner organisations to achieve the milestones for an active and healthy Gateshead, agreed as part of the 2010 refresh of Vision 2030 – our vision for Gateshead. The Action Plan will also be reviewed and updated on an annual basis.

Section 1: Driving Up Life Expectancy in the SHORT TERM – Adding Years to Life

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
Regional campaign against illicit tobacco commenced Illegal Tobacco selling no longer an issue in Gateshead	2010 2015 Natalie Goodman, CBS & Alison Brydon, D&E	Whole population targeted to secure information/intelligence to feed enforcement activity Areas of high inequality more likely to have 'tab houses'. Enforcement activity is targeted accordingly	Raise awareness of illegal tobacco and how to report "tab houses" Follow intelligence leads and investigate offences discovered Increase capacity for action working with Regional Intelligence Officer, Neighbourhood Wardens and Police Regional Tobacco Enforcement Initiatives with Smokefree Alliance Illicit Campaign	Increase in intelligence reports Number of warrants executed Number of prosecutions
Outcomes of health inequalities pilot projects rolled out to a further 5 communities across Gateshead	2012 Alison Rigg, CBS	Targeted intervention in a small number of neighbourhoods with worst life expectancy – Bensham & Saltwell, Teams & Derwentwater, Highfield, Wrekenton, Sunderland Road & North Felling Regular analysis of life expectancy in neighbourhoods across Gateshead will be undertaken and work will be	Multi-agency groups in each area are piloting a community engagement approach to tackling health inequalities. This work is being led and monitored by the respective Area Forums Integrate this approach to community engagement with the refresh of the Community Development and Community Cohesion Strategy Following evaluation of the 5 pilots, a need has been identified to consolidate work in existing	Evaluation of Pilots using a methodology developed with the University of Durham Local Process evaluation and updated JSNA profiles

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		carried out in additional neighbourhoods as necessary	pilot areas before consideration is given to further roll-out. This will be kept under review following the update on Life Expectancy at a neighbourhood level in early 2011 Each pilot area will develop a revised plan for 2011 Develop a 'community of practice' across the 5 pilot areas (involving the Council, PCT, voluntary sector and local communities) and, in due course, add to this network to include frontline practitioners working on any aspect of health improvement	Attendance/ activities, documented increase in uptake of services around healthy lifestyles, number of community champions
Excess winter deaths in Gateshead reduced to 80 Excess winter deaths in Gateshead eliminated	2015 2030 Mark Overton, Public Health and Doug Basen, D&E	Whole population information and advice interventions regarding access to affordable warmth measures Vulnerable and at risk patients/clients also identified for a range of interventions aimed at reducing risk of Early Winter Deaths Targeting of geographic areas	Work with Warm Zone to ensure joined up referral pathways for home visiting staff to refer identified vulnerable clients for affordable warmth measures Target hard to heat houses and areas of high levels of fuel poverty for affordable warmth interventions Assessment for affordable warmth interventions including energy efficiency, household income and fuel cost to be included in service assessment	Warm Zone programme intervention: (a) reduction in fuel costs per intervention (b) level of benefit uptake resulting from intervention

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		with high levels of fuel poverty and hard to heat homes with specific affordable warmth measures by Warm Zone	for vulnerable people Address fuel poverty within Older People's and Financial Inclusion Strategy action plans Regular review of benefits entitlement and uptake amongst vulnerable groups Promote uptake of annual flu and pneumococcal vaccinations Assessment and support programme to prevent falls Assessment for appropriate assistive technologies, e.g. alarm pendants to call for help	Inclusion of affordable warmth assessment questions in client assessment process for clients Number of clients benefiting from referral as a result of assessment Annual monitoring of trends
Infant mortality – Gateshead amongst the best 10% performing areas (over 5 year rolling average)	2015 Lisa Dodd, Public Health & Martin Anderson, L&C	Maternity Services, Health Visiting, General Practice and Children's Centres generally Targeted approach through Family Nurse Partnership (FNP), Young Women's Outreach Project, Smoking Cessation during Pregnancy initiatives, Aquila	Healthy schools 'whole school' approach to reducing childhood obesity Workforce development – 'every contact a health improvement contact' Raise profile of Infant Mortality across Council Services and Children's Trust Board	Key actions / interventions identified in the NST IM 'Scarf' diagram are consistently addressed Robust

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		Housing Young Fathers Project	Maternity services to provide advice and guidance Implement recommendations from national support team visits: health inequalities, infant mortality, childhood obesity and teenage pregnancy Implementi 4 key interventions which will contribute to narrowing the gap by 7 percentage points: reducing obesity, reducing smoking in pregnancy, reducing SUDI and reducing teenage conceptions Raise the profile of Infant Mortality in key strategies and plans e.g. Child Poverty Strategy	monitoring arrangements in place for High Impact changes JSNA informs priority planning and commissioning, with data reviewed on an annual basis to measure impact (e.g. women who smoke during pregnancy, low birthweight babies etc.)
Smoking quit rates in Gateshead are amongst the top 10% in England	2015	NHS Health Checks, GPs, Pharmacies and other community providers support a whole population approach to stop smoking Targeted approach in communities experiencing health inequalities, people with existing	Achievement of this milestone requires a 20% improvement on the 2010/11 position. SoTW PCT are currently reviewing and refocusing its cessation services to direct activity towards community interventions In 2010/11/ 12 improvements in community delivery are expected: • Refresher training for all community based	More People Stopping Smoking Monitoring progress of community delivery arrangements

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		conditions (e.g. women who smoke who are pregnant) and vulnerable groups Targeted approach within workplace settings	Tier 2 advisors • Recruitment of extra Tier 2 community providers • Increased incentives for Tier 2 providers • NHS Health Check screening for 40-74 year olds to include smoking questions • Continued specialist service delivery Tier 3	
The female smoking rate for Gateshead is the same as England average	2015	Targeted approach through secondhand smoking messages to parents and carers of children and young people, Tier 2 and Tier 3 stop smoking services	The Smokefree Alliance will focus on community based messages around cessation, secondhand smoke, protecting children, education in schools, enforcement activity and social marketing activity Take forward activity detailed in the Smokefree Alliance Action Plan 2010/11	Female smoking prevalence changes will be monitored in ongoing community work in Wrekenton and other areas
Gateshead is amongst those areas with the 10% lowest smoking rates in England	2020 Natalie Goodman, CBS & Ben Seale, Public Health	Whole population approach	Joint working with all partners across the full range of intervention topics, as identified in the Smokefree Gateshead annual action plan.	Measure smoking prevalence annually through national and local surveys

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
Death rates from cancers and circulatory diseases in Gateshead is amongst the lowest 10% in the country	2025 Amanda Healy, Public Health, GP Commissioners	Universal approach to cancer prevention via tobacco control and obesity programmes Targeted approach to early identification and detection of cancers Implementation of Health Inequalities 8 priority interventions – NHS Health Checks, Stroke, Diabetes, Atrial Fibrillation, CVD Four Treatment, Cardiac Rehabilitation – universal and targeted approach Implementation of NICE Guidance on CVD Prevention – universal and targeted approach	Cross reference other actions regarding tobacco and obesity Implementation of National Pharmacy pilot early detection of cancer Completion of cancer awareness measures – social marketing approach and strategy Targeted approach with GP's to identify cancer patients early NHS Health Checks scaled up Hyperacute stroke services in place 24/7 in Gateshead Improved management for local people with circulatory conditions NICE Guidance on CVD embedded across partners	Mortality rate from all circulatory diseases at ages under 75 and Mortality from all cancers at ages under 75 Improvement in 5 year cancer survival rates All age all cause mortality rates
Lowest Obesity rate in the UK	2030 Ken Youngman, L&C & Caroline	School nursing, Early Years settings, Health Visitors, Maternity Services, General Practice, NHS Health checks	Ensure that all schools continue to participate in the Enhanced Healthy schools programme Increase school meals uptake	Obesity among primary school age children in reception year

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	Luck, CBS Lisa Dodd & Ben Seale, Public Health	programme generally Targeted approach: Children: Tier 2 - Balance it programme; Tier 3 - Specialist Management Teams Adults: Tier 1 – Universal Services (e.g. Sport & Leisure Activities); Tier 2 – Community Weight Management Programme, including physical activity and a slimming on referral programme; Tier 3 – Exercise on Referral Programme; Tier 4 – Specialist Weight Management Service which includes psychology, dietetics and physical activity; Tier 5 – Bariatric Surgery	Implement Gateshead Council Travel Plan, including Green Travel Plans for schools and other major developments in Gateshead Develop the school environment as a key health environment for communities Place Early Years settings at the heart of cultural change Implement activities identified in the Gateshead Obesity initiative profiles – actions directly linked to the outcomes of the NHS SoTW Obesity Action Plan	Obesity among primary school age children in Year 6 Prevalence of obesity during pregnancy routinely measured and reduced Achievement of 5% weight loss for those completing structured Weight Management/ Physical activity programmes Increase in number of people taking part in regular sport and active recreation

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				Successful completion of referrals into tier 2 services Increase uptake of health school meals across primary and secondary schools Sustainability of weight loss routinely measured and increased
Gateshead Top of the Life expectancy table and life expectancy gap across Gateshead addressed	2030 Alyson Learmonth, Director of Public Health	Combination of universal measures and priority interventions underpinned by a targeted approach based on high impact changes to reduce inequalities Use of JSNA, primary care and clinical dashboards, social marketing to target interventions	Implement the 8 priority actions (identified by the Health Inequalities NST) to reduce inequalities and the gap in life expectancy in a scaled and systematic way across Gateshead. Also, mainstream health inequalities work Use primary and clinical dashboards to target interventions to reduce mortality and life expectancy gap (the dashboards are a toolset of visual displays to provide relevant and timely	Life expectancy target Review of 8 priority actions against timescale and impact Overall progress against this

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		linked to priority neighbourhoods	information to clinicians to inform decision making on patient care, improve quality and reduce variation in care) Achievement of the other measures in this action plan will deliver this overarching milestone on life expectancy. In particular, see milestone on 'Death rates from cancers and circulatory diseases' above.	Health Strategy Action Plan

<u>Section 2</u>: Driving Up Life Expectancy in the MEDIUM TERM & Adding Life to Years – Choosing Health

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
Major health education programme in schools and community education hubs launched – Your Health, Your Life'	2010 Don Sweeny & Anne-Marie Quigley, L&C	Major programme in schools and community education hubs – Your Health Your Life – is open to all, but addresses local needs and young peoples requests and interests Also, a targeted approach in line with youth service targets	Advice to schools through Healthy Schools Advisor All schools to have a programme around the 'Be Healthy' agenda (tobacco, alcohol, emotional wellbeing etc) Schools supported in achieving identified outcomes in relation to their chosen health priorities Increase emotional wellbeing and resilience through targeted mental health in schools project Promote and circulate audit of health education work undertaken with young people within youth community centres Programme of sessions to be delivered across youth and community centres around healthy eating, Sexual & Relationship Education (SRE) Produce a policy document on SRE for all youth centres	Number of schools implementing the 'Be Healthy' agenda Timescales for schools to achieve their health priority outcomes Early Success Indicators (ESI's) to ensure schools are on track Bespoke outcome measures identified with each school Records of health intervention work undertaken by

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			Schools supported through signposting to partner agencies / organisations that can help them achieve their health priority outcomes	community centres When centres gain 'healthy centre' status (National Youth Agency)
Health Trainers available to all who want to improve their health Gateshead Health Trainer Champion programme implemented, recruiting 90 volunteers (30 annually)	2010 2013 Caroline Luck, CBS	The work of Health Trainers is targeted at the 20% most deprived areas of the Borough in order to reduce health inequalities Health Trainer Champions will come from those same local communities	Engage with a minimum of 700 individuals to set a health improvement goal Reach over 3,000 individuals annually to provide information, signposting and referral to appropriate services	Number of 'maintenance checks' completed (i.e. for individuals who set a health improvement goal at 12 weeks) Number of Volunteer Health Trainer Champions recruited Number of people who are in touch with a HT champion, where they are referred

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				to and other data as appropriate
Campaigns to promote volunteering highlight health and well-being benefits	2010 Neil Smith, Chief Executive's Dept	An across the board approach to raise the profile and awareness of volunteering opportunities across Gateshead. Also, a targeted approach directed at particular groups (including those who, traditionally, are less likely to participate in volunteering): - Young people aged 16-18 who are currently studying and could engage in volunteering as an opportunity to gain work experience/new skills; - People aged 18-45 who are currently in employment and who could volunteer in their spare time - People currently unemployed who could use volunteering to gain valuable work experience - People who have retired and have free time to volunteer within their community	A range of measures are being put in place to take forward our generic and targeted approaches, including: • Section on 'Volunteering' to be developed on Council's Facebook site • Council's webpage to be expanded to include more 'pages' on volunteering • Council News will include features on volunteering • Promote and implement the Council's Employer Supported Volunteering Scheme • GSP partners to run volunteer features across their publications and corporate plans	Participation in regular volunteering Number of 'hits' on Council's Facebook and relevant webpages Number of Council employees who participate in the workplace volunteering scheme Data collated by Volunteer centre on number of users etc.
Completion of Gateshead International Stadium	2011	Gateshead International Stadium is not only a Gateshead facility,	Improvement works are currently underway at Gateshead International Stadium (GIS) and are	Adult participation in

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	Gary Livsey, CBS	but also a regional and international facility. It serves Gateshead as a whole as well as particular sports and other groups	due to be completed in 2010/11 The scope for further developments on the site, including a 'sports village', is also being explored. The sports village concept is currently being consulted upon, with a view to appointing a developer for the site Use recommendations from Health Impact Assessment Evaluation of GIS to inform our approach	sport Number of events at GIS increases Increase in local club membership Increase in GO members based at GIS
By the end of the academic years 2010-11 and 2012-13, 40% and 60% of young people respectively take part in five hours a week PE and sport (three hours for 16 -19 year olds)	2010/11 academic year (40%) 2012/13 academic year (60%) Yvonne Hoyland/Alex Perkins, L&C & Caroline Luck, CBS	All young people aged 5-19 regardless of gender, ethnicity or disability within a Gateshead LEA setting. Gateshead College can also access provision	Continue to deliver the PE and Sport Strategy for Young People through the Gateshead/ Whickham School Sport Partnership until August 2011 (Note: The recent CSR has revealed all direct funding for School Sport Partnerships will end from August 2011) Support schools beyond August 2011 within available resources	Children and young people's participation in high quality PE and sport Local measurements to be developed as national survey will no longer be undertaken Individual programme KPIs (e.g. Sport

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Increased range of choice in physical activity in schools, a minimum of 6 are non-standard	2015 Yvonne Hoyland/Alex Perkins, L&C	Opportunities for all children/ young people to participate in a wide range of festivals and tournaments with a focus on physical activity to address obesity	Work with schools to increase the number of children and young people participating in festivals, galas and tournaments e.g. skipping, cheerleading, cross country, athletics, dancing, swimming galas Develop Quality Assurance measures for individual school programmes	Unlimited, School Sport Coaching, Local Delivery Agency figures Individual school cluster plans and reports Number of schools/pupils involved in festivals, galas and tournaments Application of quality assurance measures developed Data recorded for children/ young people - height/ weight (Reception - Yr6)
10 physical activity sessions available each week for the children's 'Balance It'	2012	Targeted approach to ensure that 'Balance It' members can access activities	Increase the number of physical activity opportunities to 'Balance It' members on an annual basis	Young peoples participation in positive activities

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programme 15 family based leisure activities taking place each week across the borough	 2013 Caroline Luck, CBS		Build greater awareness of the 'Balance It' programme and the physical activity opportunities that are directly linked to it Increase the family based physical activity opportunities for 'Balance It' members annually	Number of young people accessing the Balance It programme Number of family attendances at sessions
Most children who live less than 2 miles from school, walk to school	2025 Ian Gibson, D&E	All schools supported in developing School Travel Plans/ Walking Buses	Support all schools to develop walking buses and School Travel Plans (inc cycle to school) Ensure safe, well lit pathways	Number of school 'walking buses' Data on number of children who cycle to school Number of School Travel Plans
Teenage pregnancies – Gateshead amongst the best 10% performing areas (5 year rolling average). Comprehensive sex and relationships education programme within school curriculum Gateshead has the lowest	2012 2020	Universal approach through Education (SRE delivery), Sexual health services, Youth Service and Children's Centres generally Targeted approach through Young Women's Outreach Project, Teenage Pregnancy Options Advisor and Family Nurse Partnership	Develop multi-agency targeted interventions to geographical hotspot areas and identified 'at risk' groups Increase CASH signposting and service uptake to prevent unwanted, second and sequential pregnancies Increase delivery of positive alternative activities for young people, raising aspirations and self	Under 18 conception rate Chlamydia screening in under 25 year olds Timetabled, quality assured

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teenage pregnancy rate (5 Year rolling average) in England	Martin Anderson, L&C and Lisa Dodd, Public Health	Targeted interventions and resources to geographical hotspot areas	esteem, delivery by Schools and integrated services Develop comprehensive SRE programme to be audited on a regular basis Develop links with mental health in schools initiative to increase emotional wellbeing and resilience Develop comprehensive Risk and Resilience Strategy supported by needs assessment and evidence of effective interventions	SRE delivered in all schools across Gateshead Monitoring arrangements in place for multi-agency Teenage Pregnancy Improvement Action Plan Reduction in alcohol related A&E attendances for young people Increase in numbers of young people accessing c-card scheme
'Traffic light' system developed by Council in-house catering services to graphically illustrate healthy menu options and roll-out to GSP partners	2011 Dave Lindsay, LES and Julie Wilson, L&CS	All employees and the general public	Work with Gateshead PCT to analyse the nutritional content of meals provided through in-house catering provision (Bewicks, Old Town Hall and Central library) GDA guidelines will be used as an alternative to a traffic light system which will provide more	Trend information on take-up of healthy meals through internal catering provision to be analysed

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			information to the customer on each of the major food groups. This will allow customers to make more informed decisions about the food they purchase and consume so that they can achieve a balanced diet	
All people have access to '7 steps to healthy eating' training 75% of Gateshead residents eat 5 or more portions of fruit and vegetables each day	2012 2020 Caroline Luck, CBS; Kevin Hills & Michael Harte, LES; Peter Wright, D&E; and Mark Overton, Public Health	Broad (universal) and targeted approach being taken Universal approach to encourage all residents to eat '5 a day' and to grow their own (e.g. through allotment associations and community garden volunteers)	Identify and secure funding to ensure the roll out of this programme continues Ensure the number of courses offered meet demand, looking at most cost effective methods of delivery Map '7 steps to healthy eating' training sessions currently delivered to identify gaps in training provision and to enable a targeted approach to be made Ensure that 'Gateway to a Healthier Lifestyle' weight management programme is incorporated into future '7 steps' training to increase awareness of specialist support programmes Annual campaign to promote 5-a-day linked to local food production Provision and Promotion – advice on growing own produce, explaining how easy it can be and the benefits	Number of people trained to deliver the information Number of courses delivered each year The variety of venues and locations where the course is delivered Behaviour change measured by course feedback/ follow-up questionnaire Increase in: - availability of locally grown

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			Develop baselines and link to Climate Change Strategy	produce (commercially produced and by community projects) - number of food businesses offering locally sourced fruit and veg (inc. ingredients) - number of allotments supplying community centres etc.
50% of residents between ages 40-74 access health checks	2013 Amanda Healy/ Renuka Godawatta, Public Health	All 33 GP practices in Gateshead offering NHS Health Checks 12 pharmacies in Gateshead offering NHS Health Checks (Pharmacies in Gateshead are located in areas with a high proportion of rejecters and deniers of the service) Targeted Media campaign in	Residents signposted to council interventions following an NHS Health Check e.g. Health Trainers or Exercise on Referral Work with area managers to increase the number of NHS Heath Checks done in their areas by promotion and linking into events and key partnerships Council employees (aged 40+) to be offered the opportunity to have a Health Check in the	Number of NHS Health Checks carried out Number of high risk patients identified through NHS Health Checks Number of people

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		January & February 2011 focusing on areas with the lowest life expectancy and areas with the highest proportion of 'rejecters and deniers' Also, work with community area managers to target wards / areas in line with locality plans In line with social marketing findings, the community delivery team will be offering NHS Health Checks across community venues in target areas across Gateshead	workplace Build on initial links with Health Trainers to promote the NHS Health Check programme Support for community/third sector organisations commissioned by PCT to signpost people into NHS Health Checks	signposted and invited for an NHS Health Check Number of Council employees who have had a Health Check at their workplace
15,000 Gateshead residents will have accessed the 'Gateway to a Healthier Lifestyle' programme	2013 Caroline Luck, CBS	Both a targeted and broad approach will be implemented to achieve this milestone	Raise awareness of the programme with GPs and other health professionals Ensure continuity of funding for the programme is put in place Continue to develop the workforce to ensure that numbers of people completing the programme remain as high as possible Continue to develop opportunities for people on the programme to be physically active and make positive lifestyle choices	Number of people accessing the programme Number of people completing the programme Number of people who sustain the lifestyle changes over a minimum of 2 years

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All people are engaged in regular physical or leisure activities	2015 Caroline Luck	A range of leisure and sports activities are provided across the borough in various settings, including informal settings Both a broad and targeted approach is taken. Certain identified groups will be specifically targeted to increase physical activity, while other areas of work will be openly accessible	Promote the benefits associated with being physically active Increase the number of opportunities to be physically active, being creative with existing resources Support people to continue to exercise on a regular basis through staff training on behaviour change and motivational interviewing	Health Related Survey data Uptake of Active Cards and Active Access Cards Increase in GO (leisure membership) scheme
Screening uptake for breast, cervical and bowel cancer in Gateshead amongst the top 10% in the country	2015 Angela Hannant and Lisa Dodd, Public Health	Extend breast screening programme (to include 47-50 year olds and 70-73 year olds) Extend bowel screening from 70 to 75 year olds Full implementation of HPV programme	Implement screening extensions Health Improvement Practitioner to reduce health inequalities in screening programmes Introduce digital screening for breast screening to improve quality of screening Targeted work in bowel cancer screening in areas of deprivation Secure high level of uptake of screening programmes	Mortality from all cancers Uptake levels of programmes

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Every resident has easy access to a choice of cardiac rehabilitation options	2015 Amanda Healy, Public Health, GP Commissioners	Targeted approach to all patients eligible for cardiac rehabilitation	Participate in National Cardiac Rehabilitation programme with NHS Improvement Offer menu of choice for all patients Ensure Cardiac Rehabilitation commissioned	Increase in number of patients offered cardiac rehabilitation Increase in the number of patients completing cardiac rehabilitation Reduction in patient re-admissions for another cardiac event More patients will be satisfied with the service
An overall reduction in the percentage of residents drinking alcohol in excess of recommended levels	2021 Ruth Gaul, CBS and Joint Commissioning	Work is focused on addressing the harms caused by alcohol misuse in terms of health, community safety, criminal justice and social exclusion. It incorporates a	The refreshed Alcohol Harm Reduction Strategy sets out new opportunities for partnerships to integrate plans, actions and resources to reduce alcohol related harm in Gateshead for people living, working and learning in the borough	Alcohol-harm related hospital admission rates Alcohol-harm

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	Manager, Public Health	targeted approach as well as 'across the board' measures	The thirteen recommendations identified by the Healthier Communities OSC review (March 2010) have been incorporated into the refreshed Alcohol Harm Reduction Strategy and supporting action plan, including milestones and SMART targets which will be reviewed and up-dated annually	related admissions to A&E Health lifestyles survey Perceptions of drunk or rowdy behaviour as a problem Assault with injury crime rate Monitoring of other SMART targets set out in Alcohol Harm Reduction Strategy

Section 3: Driving Up Life Expectancy in the LONG TERM & Adding Life to Years – Investment in Health

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
Council Health Strategy agreed for Gateshead	2010 John Costello, Chief Executive's Dept	The Health Strategy addresses health improvement for all residents/all areas of Gateshead It also focuses on securing health improvement in communities most in need in order to narrow the health inequalities gap	Review progress against action plan milestones and update annually Review performance against impact measures Implement Phase 2 of Big Shift Strategy – develop strategy to incorporate actions across Gateshead Strategic Partnership	Health Strategy agreed by Council Phase 2 of Health Strategy agreed by GSP Monitoring of progress against milestones
Health Equity Audit developed to target the delivery of services	2010 Alyson Learmonth, Director of Public Health	Health Equity Audit (HEA) to be applied across service areas. Audit findings to be used to target services to particular population groups/neighbourhoods to ensure equity of access to those services	Review HEA as part of commissioning and service delivery Develop the application of HEA within Council settings, working with Heads of Service and following priorities within the Joint Strategic Needs Assessment Embed HEA within Council processes (e.g. as part of OSC reviews) Develop training and awareness events, building on the HEA guide produced, to get the message	Inclusion of HEA within commissioning plans Evaluation of HEAs applied within Council settings Feedback from training and awareness

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			across that HEA is about fair access – identifying measures of need for a service and ensuring service uptake reflects need Review strategic approach to HEA and develop a three year plan 2011-14	events Healthier Communities and CYP OSCs include HEA as part of their review of 'narrowing the gap' Monitoring of three year plan for period 2011-14
Tailored health services to neighbourhoods targeting disadvantaged areas Asset based community development piloted in 5 neighbourhood management areas with an Active & Healthy focus	2010 2011 Alison Rigg, CBS and Alyson Learmonth, Director of Public Health	The focus of these milestones is a targeted approach – targeting areas of disadvantage and adopting a pilot approach	This is being addressed through the 5 Health Inequality pilot projects (see section 1 of this Action Plan) The Bensham & Saltwell pilot project has a specific focus on asset based community development, although all 5 pilots seek to build on the resources of the communities in which they are based and address local priorities linked to the wider determinants of health Develop a 'community of practice' across the 5 pilot areas (involving the Council, PCT, voluntary	Evaluation of Pilots using a methodology developed with the University of Durham Local Process evaluation and updated JSNA profiles Numbers

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			sector and local communities) and, in due course, add to this network to include frontline practitioners working on any aspect of health improvement	participating in 'community of practice' approach
'Building an Active Future' Programme implemented, providing £29m investment in sport and leisure facilities	2011 Gary Livsey, CBS	The programme relates to 5 leisure facilities across the Borough – Gateshead Leisure Centre, Dunston Pool, Blaydon Pool, Felling Pool and Birtley Pool	Action plan and programme works well underway to achieve full completion of the programme	Increased GO Memberships and new and refurbished leisure facilities Active People Survey data Sustained increase in use of new leisure facilities by local people Increase in Active Cards and Active Access Cards issued
Robust multi-agency framework for dealing with allegations of adult abuse	2011	Largely targeted approach focusing on vulnerable people	Work collaboratively with partners through the Gateshead Safeguarding Adult Partnership to implement the Safeguarding Action Plan which	Increase in number of appropriate

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
embedded into practice	Julie Walls, CBS		addresses: - recommendations arising from CQC inspection of adult social care - actions arising from the Peer Review undertaken by IDeA (now LG ID) Review and monitor efficacy of procedures for dealing with allegations of adult abuse Implement new multi-agency governance structure Revise and implement full Policy and Procedural Framework Implementation of Quality Assurance Framework Development of comprehensive training strategy	referrals Take-up of training by multi-agency partners on revised safeguarding procedures (i.e. 'Summary Procedural Guidance' document)
Robust pathways are in place to support families where domestic violence has been identified as an issue	2012 Ruth Gaul, CBS	Targeted service to support families (linked to Safer Families Project, Family Intervention Project, Domestic Abuse Support Service within housing services) including clear referral pathways and prevention work. Also, interventions with those responsible for the abuse	Implement adoption of a zero tolerance approach to Domestic Abuse as agreed by Gateshead Strategic Partnership Undertake audit of services provided to victims of domestic abuse. The outcomes of this audit will identify: • Gaps in service provision • Identification of preventative approaches	Repeat incidents of Domestic Violence

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
		A multi agency partnership raises awareness and works to enhance the protection, justice and support for victims and their children There are a range of services linked to High Risk or Criminal Justice Cases	• Clear referral pathways • Enhanced co-ordinated approach across the council and partner agencies This work we will be completed by March 2011 In line with new government policy, develop a Violence Against Women and Girls Strategy, subject to national guidance	
'Every contact is a health improvement contact' capacity building rolled-out across GSP partners	2011 Jayne Norwood, L&CS and Mark Overton, Public Health	Broad approach across all council services initially but then extending to partner organisations following engagement with the GSP. The Capacity Building Strategy will set out how services and organisations can contribute to improving health and well-being with a focus on the 4 'must-do' actions from 'The Big Shift' strategy Targeted activities will also engage Heads of Service as health improvement champions to prioritise frontline staff for health related training	Identify the specific and generic skills/knowledge required across services to deliver "Every contact is a health improvement contact" Establish a health skills escalator to show progression routes and accumulated health knowledge Expand the range of health related courses being delivered by or through the in-house training service and Public Service Academy Support and embed health awareness and leadership for health at Head of Service level and above	Workforce development training directory includes a 'branded' health section and skills triangle model Establish a baseline of staff taking up health related training Increase in the number of employees providing health advice or signposting to

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
				health activities
Public transport system 'fit for purpose' to meet needs of all users	2011 Andrew Haysey, D&E	The public transport system addresses the needs of all users, including the needs of vulnerable groups e.g. children, elderly and people with disabilities	Invest in public transport improvements through the Local Transport Plan, having regard to the needs of all users, including those of vulnerable groups Work with bus operators to improve services through, for example, the east Gateshead partnership Progress bid for park and ride at Lobley Hill and Follingsby, together with associated improvements Progress Nexus Metro reinvigoration project Progressive introduction of 'smart' ticketing	Number of public transport passengers Level of investment in new public transport facilities Public transport accessibility assessment
Council has achieved 'Silver' level and 'Gold' level of NE Better Health at Work Award	2010 (Silver) 2011 (Gold) Julie Wilson, L&CS	Aimed at all employees	To achieve Silver Level (2010): - Review of policies and procedures relating to Health - Introduce a healthy eating guidance booklet for employees - Draft a healthy eating statement for employees - Run a minimum of 4 health related events	Evaluation of the impact of events and initiatives throughout the year to determine changes in behaviour and eating habits and

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
			To achieve Gold Level (2011): - Run a minimum of 5 health related events - Health topics to be promoted in the wider community and to families of the workforce - Employees to be encouraged to have annual health checks - Sharing of good practice and encouraging others to participate in the Better Health at Work Award	to assess the level of understanding of employees pre and post event
Alcohol, Obesity and Sport & Physical Activity Strategies and Smoke Free Gateshead, Emotional Health and Wellbeing Action Plans implemented	2011 *Lead Officer:* Ruth Gaul, Caroline Luck & Natalie Goodman, CBS, Ken Youngman, L&C and Lisa Dodd and Mark Overton, Public Health	These strategy documents have both a 'universal' focus on all Gateshead residents and a 'targeted' focus on groups/areas with particular needs	Implement action plan milestones linked to these strategy documents Review and up-date action plans annually	Relevant indicators identified within this action plan and within the strategy documents Review of progress against action plan milestones
5% reallocation of resources from acute care to prevention/community care	2011 Kate Israel & Louise Rule,	Whole population to receive care closer to home where possible, including preventative interventions to reduce need for	Use a person centred approach to provide services to help people to remain in their own homes (e.g. disability aids or home adaptations)	Monitoring of expenditure (including focus on heart disease,

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
	CBS and Alyson Learmonth, Director of Public Health	hospital/residential admission Residential or hospital stays reduced for those for whom there was previously no other option	Improve discharge procedures to allow easier or faster transfer from acute stay Undertake joint assessments of need and joint consideration of whole patient or client pathways Planned joint expenditures to reduce duplication and allow effective use of limited resources Piloting an integrated Short Term Assessment and Reablement Team for people who need a package of care to learn or relearn daily living skills in order to maximise their independence Build reallocation of resources towards prevention/community care within commissioning arrangements for children and adults	COPD, musculo-skeletal conditions and mental health) Investment in Reablement Impact on demand for long term services
Design awards to encourage best design of healthy environments	2011 Anneliese Hutchinson, D&E	The design awards are for all those involved with development at a variety of scales including housebuilders, architects, developers and smaller builders. The awards will recognise the contribution they can make in creating high quality healthy environments for all people,	Agree arrangements for Design Awards, how the competition will work etc. Establish working group tasked with setting up design awards Publicise design awards Spring 2011 Launch design awards Summer 2011	Number of entrants Number of entrants Publicity generated by awards

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
		including vulnerable groups	Judging and selection of winners Summer 2011	Monitoring of how good design principles are translated in practice
Good design embedded within planning system documentation	2012 Anneliese Hutchinson, D&E	This work will encourage a 'quality of place' approach and help create health enabling environments for all people, including vulnerable groups	Requirement for good design will be embedded through the Local Development Scheme - in particular, the Joint Core Strategy, Urban Core Area Action Plan and a supplementary planning document for urban design Proposals for development will be expected to demonstrate how they conform with the requirements for good design as set out in the Local Development Scheme 2011 - Consultation Draft Core Strategy 2011 - Consultation Urban Core Area Action Plan 2011 - Consultation on Urban Design Supplementary Planning Document	Annual Monitoring reports such as building for life and associated scoring (number of housing schemes achieving 14 points or more) Audits of new housing built Annual design review of significant developments
Green Infrastructure Strategy developed to underpin health creating	2012	The Green Infrastructure Strategy will cover all areas of Gateshead and seek to promote health	The emerging Joint Core Strategy includes a requirement for the Green Infrastructure network to be protected, maintained and enhanced	Annual monitoring reports,

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
environments	Anneliese Hutchinson, D&E	enabling environments for all communities	Development proposals will be assessed to ensure they protect and enhance the existing network and/or provide new green infrastructure as appropriate Development contributions will be obtained in order to provide new green infrastructure (when required) in appropriate locations 2011 - Consultation Draft Joint Core Strategy 2011 - Consultation Urban Core Area Action Plan 2011 - Completion of Green Infrastructure Study, Strategy & Delivery Plan	sustainability appraisal and health impact assessments Appropriate monitoring of planning conditions Implementation of the Delivery Plan in line with identified timescales
A community allotment/ garden in each neighbourhood management area in conjunction with local community (incorporating disabled access)	2013 Kevin Hills & Michael Harte, LES	Universal approach being taken so that all members of the community have an opportunity to access a community allotment or garden	A community allotment with disabled access is being installed within Saltwell Park The Saltwell Park community allotment will be used to assess the viability of such schemes Work with interested volunteers in East & Inner West to develop community gardens Develop partnership working with voluntary and community sector led allotment groups	Increase in number of community allotments/ gardens % with disabled access Reduction in number of people on allotment waiting lists

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
				Reduction in number of allotment plots not in use
The 'Disability Sport Championships' legacy event of the UK School Games is established as an annual event in the borough Gateshead leads on aspiration to hold a future Special Olympics of Great Britain event at various venues across the NE region	2013 2030 Caroline Luck and Geoff Haggon, CBS	A targeted approach both in Gateshead and across the NE Region for young people with a disability to be involved in the Games A targeted approach is being taken in work to host a future Special Olympics of Great Britain event	The North East Legacy Games will become an annual event in the NE Region Relevant partners to be identified and discussions to be held on overall approach Work to secure the necessary funding so that such an event can be successfully held in the Region	The games are held each year in the NE Region A future Special Olympics of GB event takes place in the NE region Numbers of athletes / sporting individuals taking part in the event
360 frontline staff trained annually to provide Stop Smoking Brief Intervention Advice	2013 Jayne Norwood, L&CS and Natalie Goodman, CBS	All frontline staff from partner agencies will be offered stop smoking Brief Intervention training. However, initial focus will be those employees who have most contact with target population groups	Map health topic training among council staff and review current prioritisation of topics Develop Level 2, RSPH for frontline staff and recruit candidates to receive Brief Intervention (BI) training	Number of employees trained in Brief Intervention advice

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
			Review modular BI training across topics and identify ways of supporting staff to make brief advice interventions Investigate with employees (who do not smoke) the reasons why and the benefits they feel from not smoking Also, see milestone on 'Every contact is a health improvement contact' capacity building rolled out across GSP partners (earlier in Section 3)	
100% of schools have achieved enhanced healthy school award outcomes	2015 Don Sweeney, L&C and Kirk Green, Public Health	The enhanced healthy school award applies to all Gateshead Schools.	Oversee the Healthy Schools Enhancement programme until 1 April 2011 – the government has confirmed that it will not continue beyond this date Develop a local version of the national healthy schools enhancement model in consultation with schools Secure sign-up of schools to the new model and develop a timetable for its roll-out and implementation across schools Provide intensive and tailored support to schools and signposting to local initiatives to support schools in achieving their chosen health priorities	Reduction in health related absence amongst pupils A timetable for the engagement of schools has been developed and agreed Participating schools have completed a Health Needs Assessment

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
				Targeted support and advice has been identified with the Healthy Schools Advisor
100% coverage across Gateshead of Community Hubs – community, health and activity centres	2015 Kate Israel, CBS and Maggie Woodward, Public Health	All communities in Gateshead	Implement review of community centres Implement Wrekenton Area Review to develop a co-ordinated, joined-up approach to service delivery, targeting local need Input to cross cutting review of neighbourhood services	Rationalised network of community centres in place Evidence of thriving 3rd sector across Gateshead
25% reduction in the number of children requiring child protection plans for neglect 50% reduction in the number of children requiring child protection plans for neglect	2018 2025 Frances Powell, L&C	Universal approach provided by Maternity Services, Health Visitors, Children's Centres and Schools. Targeted approach provided by Social Work teams, Family Intervention Projects, Children's Centres and through the Common Assessment Framework (CAF) / Team Around the Family (TAF).	Early identification of families with multiple risk factors through Signs of Safety approaches. Also, multi agency training to support early intervention Roll-out 'Signs of Safety' Model across area based working Ensure appropriate support is provided using a multi agency TAF model Raise awareness through Local Safeguarding Children's Board and Children's Trust Board	Reduction in number of children requiring child protection plans for neglect Child protection plans lasting 2 years or more % of children becoming the subject of a Child

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
				Protection Plan for a second or subsequent time Increase in number of CAF/TAF recorded on database. Number of comprehensive training programmes rolled-out and number of practitioners attending Number of Health Visitors initiating CAF
Comprehensive integrated network of cycle routes	2020 Andrew Haysey, D&E	Addresses the needs of all people	Invest in improved cycle routes and facilities Implement Gateshead Cycling Strategy, including proposed development of cycle network for Gateshead	Number of cyclists Level of investment in new cycle facilities

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
			Implement new Local Transport Plan targets relating to cycling	
Most residents satisfied with health and support services	2025 Active & Healthy Gateshead Directors Group	**Across the board** Opportunities for engaging with communities generally and responding to issues raised e.g. Local Engagement Boards, Patient, User, Carer and Public Involvement Groups **Targeted** Consultations on reprovision of services and patient pathways involve all relevant stakeholders	Take Health Strategy to partners including GVOC and Practice Based Commissioning Group Work closely with Health Watch Support the development of GP led patient Forums Create more opportunities for communities to engage through Gateshead Consultation portal, community events Establish systems to involve patients in the GP commissioning process Involve Gateshead Community in the design and delivery of the proposed central Gateshead PCC Work in partnership with public health community engagement team to ensure community views inform strategic plans	Monitor stakeholder involvement Monitor service changes adopted arising from feedback/ involvement of stakeholders: 'You said , we did'
Equality for disabled people achieved	2025	The approach will be targeted as it will specifically meet the needs of	Reach 'Excellent' on the Equality Framework for Local Government	Accreditation from IDEA

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
	Mark Cheetham & Nitin Shukla, Chief Executive's Dept.	a particular community Approaches will need to be flexible as Disabled People are not a homogenous group and will require a range of interventions relative to their individual needs	Publish a Single Equality Scheme Reduce the incidence of Disability Hate Crime in Gateshead Undertake a review of the accessibility of communications across the Council	Publication of a Single Equality Scheme Figures from the ARCH system Report on Accessible Communications to SMG
Cleaner, greener Gateshead encourages people to be more active	2025 Kevin Hills and Michael Harte, LES	Universal approach being taken so that all members of the community have an opportunity to be more active	Complete Allotment and Fixed Play Reviews, implement recommendations to ensure equality of provision across the borough Implement the Open Spaces Strategy - progress strategic development of Parks and implement action plan milestones	Improved street and environmental cleanliness Number of allotment allocations Improved access to allotments and fixed play facilities Number of 'Friends of Park'

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
				groups established Park visitor/user statistics
Gateshead has the lowest rate of people unable to work due to ill health in England	2025 Paul Grey, Public Health and Sarah Douglas, Economic Development	Targeted initiatives to support those with mental health issues to remain in / enter employment Focus on workplace settings to help businesses manage sickness absence Schemes to address specialist employment needs of carers People who are 'fit for work' are supported into employment that meets their specific health needs	Establish baseline information on numbers and the types of work people are being assessed as being fit to do e.g., office work, driving etc. Identify skills gaps and training routes to meet these gaps Identify other barriers and patterns e.g. transport, childcare Develop interventions for clients moving from ESA/IB to JSA following work capability assessment and deemed 'Fit for Work' Contribute appropriate information to the Gateshead Information Network (GIN) portal in all GP surgeries Develop greater awareness/involvement of GPs and Pharmacists in supporting people to return to work Place information in GP surgeries/pharmacies	Increase in number of people supported to remain in work/enter employment Feedback from GPs/Pharmacists Number of referrals to return to work programmes Number of people remaining in employment Year on year increase in number of businesses

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
			e.g. leaflets, posters Implement Increasing Access to Psychotherapy (IAPT) Programme in Gateshead Use the Better Health @ Work to improve workplace support Support more businesses to retain the Better Health @ Work award Develop and launch a tailored package of support, including information, guidance, training and employment pathways such as self employment, distance learning Train staff and provide information to those working with carers e.g. Education Welfare Officers, employers to improve understanding and information about the range of support available	signed up to BH@W % of people assessed as' fit to work' actually securing employment
Pilot Mental Health 'First-Aid' initiative rolled across 5 geographical areas	2011 Maggie Woodward, Public Health	Initiative to be rolled out across all 5 geographical areas	Provide a 'train the trainers' course for Mental Health First Aid. Two trainers will be identified to complete the course and deliver across the 5 geographical areas Review and evaluate courses delivered	Number of people trained in Mental Health First Aid

Vision 2030 Milestones	Achievement Date & Lead Officer	'Across the board' and/or targeted approach?	What will we do to achieve / work towards these milestones (April 2010–March 2013)	How we will measure impact?
All residents who experience mental health problems or emotional distress will have access to a range of interventions	2025 Maggie Woodward, Public Health and Rosemary Wilson, CBS	Services are available for all residents, although particular groups are also targeted Funding is to be made available to target IAPT (Improved Access to Psychological Therapies) take up in the older person's population For residents who experience more severe forms of mental distress a range of phyco/social interventions are available from specialist mental health staff working across health and social care (i.e from formal Cognitive Behaviour Therapy to Brief Solution Focussed Therapy as well as a range a practical/emotional benefits etc. debt counselling) Emotional Resilience Training is currently being developed and will be disseminated widely	(Note: Primary Care Mental Health Services are currently under review) Enable as many people as possible experiencing mental distress to access the help they require in community/ primary care settings if possible Increase the take up of IAPT services for older people Continue to work within the Care Co-ordination framework across health and social care to clarify the role of the lead professional and avoid duplication/ confusion for the client. Streamline discharge planning processes within an outcome based framework Emotional Resilience Training courses will be offered to residents. 'Train the trainers' courses will also be offered to frontline workers	Lodex Well-being tool will be used to evaluate interventions Numbers of people attending ERT courses

Appendix 2

Gateshead Health Pledge

The Council and Gateshead Strategic Partnership have signed up to the following health pledge as part of the legacy of 2010 – Year of Active & Healthy Gateshead.

Six Health Pledges
changing hearts and minds

Highlight the benefits of eating '5-a-day' through health at work programmes and our work in the community

Encourage people to be more active for 30 minutes five times a week

Ask people around me how they are at least once a day and encourage social contact between people

Roll out 35,000 health checks for people aged 40-74 living or working in Gateshead by 2011

Train a third of our employees in health improvement by 2011

Speak about health and well-being at any public event we attend, and listen and act upon what people have to say

and ...we will implement these by:

Making the pledges a top priority within our organisation

Involving and engaging employees and local communities

Noting and assessing the impact on health of the work we do in 2010

Demonstrating leadership and 'leading by example'

Sharing learning and best practice with our partners

Appendix 3

Health Inequalities Conference - July 2010

Summary of Workshop Sessions

A summary of the finding of the four workshops addressing health inequalities is set out below:

- Children and Young People
- Older People
- Vulnerable People
- Employment and Economy

Children and Young People

What can we do now?

- o Look to assess the long term impact of service delivery and interventions. An Impact Assessment Tool is used to record child / family lifestyle changes and distance travelled at initial point of engagement
- o Progress towards effective use of data e.g. GENIE profile data, activity evaluation data, attendance data. Youth and Community Learning EYS Management Information System will support targeted engagement work with families
- o Data is used to target Children's Centre services.
  - - Child Health Data
  - - Children's Centre Registration Database
  - - Super Output Area Data
- o Youth and Community Learning EYS Management Information System provides regular reports outlining progress against targets
- o Family support and outreach work enhances engagement with local communities:
  - - Home Visits
  - - Adult Learning / Family Learning
  - - School Engagement
  - - Local Business Engagement
- o Individual Children's Centres & Youth and Community Learning Centres have a directory of key contacts within their locality areas

Include within action plans:

- ° Audit of current methods of engagement linked to
  - - Referral and Allocation Meetings

- Service Delivery
- Outreach
- Family Support
- Community Development

- Identify specific areas of targeted work e.g. breast feeding, obesity, smoking, teenage parents, substance misuse *(identified themed leads 0-19Yrs).* Also, use data to define and prioritise target based working
- Train workers to use appropriate methods of communication with service users *(building confidence)*
- A 'whole system approach' e.g. marketing, publicity, communication to support effective signposting to relevant partner and voluntary organisations
- Implementation of area based Referral and Allocation Meetings (RAM) linking to social care teams
- Community engagement strategies to support a wholistic approach to extend the 'reach' of Children's Centres and Youth and Community Learning to vulnerable families
- Build capacity through embedding positive 'working together' practices with partner agencies in following fields:
  - Job Centre
  - Health
  - Education
  - Voluntary / Community Groups
- Need to focus on long term sustainability of service delivery and provision of services – exploration of commissioning arrangements

Other issues to be addressed:

- Specific programmes, such as:
  - Young Mums To Be (accredited)
  - Breast Feeding Support
  - Parents With Prospects (accredited)
  - Young People With Disabilities (transition)
  - Accredited Young Peoples' achievements
  - 'Henry' (Obesity)
- Evidence based practice to demonstrate impact and positive outcomes: Impact Tool – Case Study – Evidence
- Ensure service users 'voice' influences and shapes service delivery
- Ensure that programmes are in place to support transition through education pathways
  - Nursery → School
  - Primary → Secondary

What can we do now?	Include within action plans	Other issues to be addressed
Audit current route ways of engagement	Community engagement strategies support effective 'Team' engagement	'Non users' of services are identified, staffing resources deployed to support increase of 'reach' (0-19yrs)
Further embed the use of Impact Tool Assessment	Impact Assessment Tool captures planned outcomes – achievement evaluation – evidence	Awareness of what is working well – best value – cost effective – to enable informed decisions to be made to allocate resources
Full implementation of area based Referral and Allocation Meetings	Robust pathways in place to support early intervention services to families 0-19yrs	Expand awareness across services
Continue 'Best Practice' working – CAF / TAF	Co-ordination of services – multi-agency framework. Families have improved access to services	Clear pathways understood and available to service users
Outreach work enhances engagement and raises service profile	Regular schedule of outreach contacts are in place – publicity materials disseminated with local contact users	Profiles of service delivery is raised within locality areas
Effective use of data to identify priority areas	Statistics and targets focus resource delivery	Targeted working approaches

Older People Breakout Sessions Feedback

What can we do now?

- 'Health checks' - links to Age Concern shops and provision of information
- Signposting e.g. Fire & Rescue service signposting to Turning Point. A key focus for the Fire and Rescue service is older people in the community
- Role of Information services (e.g. library services) for people who are housebound, carers. (Quick Win - could be used to pass on information for other service areas)
- Need to link up opportunities to provide information in ways that secure 'quick wins'
- Residents panels – ensure older people are represented

- Make more use of the Older Peoples Assembly and the ‘voice’ publication

Include within action plans:

- Promote what is freely and widely available, from welfare checks to lunch clubs to art classes
- Information – make it easier for people to get the right information. This needs central co-ordination and a small amount of money
- Think about the language used to describe older people. Focus on ‘assets’ of older people
- Address isolation
- Address knowledge gaps around service availability e.g. volunteering opportunities. Scope for quick wins – promotion / information sharing via Practice Based Commissioning
- Breast Screening not automatic for people over 70 – need information to explain how services are accessed
- Address issues associated with the engagement of older men
- Promote benefits of an active life for life skills / mobility. Linking older people services with physical activity services
- Encourage staff going into peoples’ homes to think about health inequality issues through training / awareness raising
- Promote and support key sources of information
- Develop more opportunities for intergenerational work
- Older people and younger people have more in common than not - promote positive aspects
- Future proofing new developments. Lifetime home standard – enable people to stay in homes longer
- Alcohol misuse – often hidden as an issue

Other issues to be addressed:

- Linking up – taking a partnership approach
- Ensure work/interventions are ‘Needs’ driven – link into JSNA
- Making sure all older people have the same opportunities
- Engage in volunteering e.g. walk leaders
- As an organisation – promote strengths / benefits of older people in community
- Its 24/7 for a person experiencing social isolation - services are often Monday-Friday, 9am-5pm
- Encourage people to talk to one another / make friends
- Older people living on their own
- Looking out for signs of alcohol misuse
- More decent and suitable housing for people in their own communities
- Convincing people that benefits / services are a right, not a charity
- Developing friendship networks
- Integrated care organisation – across all sectors. Avoid duplication, facilitate a One-Stop -Shop to get what you need. Practitioners have a central role. Needs to be focussed at a neighbourhood level
- Re-connecting communities – an important area of focus
- Look at ways of ‘selling’ volunteer opportunities and the benefits of volunteering

- Talk, listen and continue to learn at neighbourhood level. A focus on inclusion, friendship and support

Vulnerable People Breakout Sessions Feedback

Topic Questions:

Participants were asked two questions:

1) How can I really make a difference?
2) How can my organisation help (through its own work and working in partnership)?

Feedback comments: (Individual comments, Qn 1)

What can we do now?	Include within action plans	Other issues to be addressed
Audit current options around working environments and risk assess new venues. Consult service users	Links to be identified	Users can be met in venues they feel safe in

- Outreach work is crucial – work in environments in which people feel comfortable, including home visits
- Take time to build trust with service users and potential service users

What can we do now?	Include within action plans	Other issues to be addressed
Support the mental health strategy and promote across all sectors	Robust multi-agency framework for dealing with allegations of **adult abuse** embedded into practice Robust pathways are in place to support families where **domestic violence** has been identified as an issue	Expand awareness across service areas Enable a wide range of service areas to contribute to the safeguarding of vulnerable people

- Each one of us must champion the needs of vulnerable people and use community champions to promote mental health and wellbeing issues

- Every opportunity should be taken to raise awareness around the safeguarding of vulnerable people and this should be made explicit in appropriate safeguarding procedures

What can we do now?	Include within action plans	Other issues to be addressed
Discuss with mental health service providers how we can link action plans to their programmes and improve signposting knowledge Ensure the universal service web page links to this priority	Pilot mental health first aid course across 5 geographical areas All residents who experience mental health problems or emotional distress will have access to a range of interventions.	Service users and those affected to receive a quick response at the 'acute onset' stage of illness and a clear pathway of care

- Train workers to use appropriate methods of communication with service users
- Work with service users to encourage independency and help build confidence and self esteem
- A 'whole system approach' is needed to signpost people to relevant statutory and voluntary organisations
- Essential to support service users to acquire the right life skills to deal adequately with everyday challenges
- Engage with family and friends to ensure people with mental health problems receive appropriate support from them
- Work with service users and people who experience mental health problems to maximise benefit uptake
- Early detection of people with mental health problems will help identify appropriate interventions

Feedback comments: (Organisations, Qn2)

What can we do now?	Include within action plans	Other issues to be addressed
	Pilot mental health first aid course across 5 geographical areas	Ensure all people accessing a mental health service/contact point are treated with respect and receive high quality care

- Equality Impact Needs Assessments and Health Impact Assessments should be undertaken by services to mitigate any adverse impact on vulnerable people

- There should be a commitment to challenge stigma and stereotyping associated with mental health

What can we do now?	Include within action plans	Other issues to be addressed
Consult the working group developing the mental health strategy on how we can link up action plans	Need to link up relevant action plans	Improved quality of care Clear pathways understood and available to service users

- Organisations should invest in training and development for their staff who work with vulnerable people and ensure appropriate methods of communication are used
- Organisations should take a 'joined up' approach to working with vulnerable people and avoid duplication
- Appropriate support should be given to the third sector to make it sustainable
- Need to focus on sustaining own partnerships, including building financial capacity
- Ensure there are relevant services for young people during transition to adulthood, particularly those with learning disabilities
- Organisations must maximise the appropriate use of technology to engage with vulnerable people
- The local authority should play its rightful role - place shaping and providing leadership
- Voluntary and community groups provide invaluable help and support to people, so it is important to build capacity within these groups

What can we do now?	Include within action plans	Other issues to be addressed
Investigate how current data is collected	To be addressed	Number of service interventions recorded Enhanced cost benefit analysis to inform decisions on resource allocation

- Service areas need to focus on delivering measurable outcomes, backed by evidence
- Ensure there are robust monitoring systems in place on how data is collected, shared and understood. Also, ensure data is used in appropriate ways to influence decision making

- Ensure service users are involved in influencing the provision of responsive services

Employment & Economy Breakout Sessions Feedback

What can we do now?

- Targeted Recruitment and Training is being used to ensure local people can secure local job opportunities. Economic Development are negotiating clauses into new development contracts in order to secure employment opportunities for Gateshead residents
- A team of Health Trainers are available to Gateshead residents offering a range of health checks and assessments. Advice is given on an individual basis to explain how individuals can be healthier as well as promoting healthier lifestyles for families too
- Economic Development's Job Linkage Team deliver regular confidence building courses to Gateshead residents. This is followed-up with a range of employability support measures to make residents more 'job ready' in preparation for a return to employment. Signposting to other specialist providers is also provided
- Economic Development work closely with partner organisations to ensure provision or funding is not duplicated, ensuring individuals are able to access a range of tailored support aimed at moving them closer to the labour market, or into work
- Address specific links to the health agenda - an example would be a recent planning application for a fast food takeaway being refused on the grounds of it being too near a school
- Education and training opportunities should be more readily available to allow residents to gain the necessary skills to return to work. Adult Learning and Economic Development to continue their work to ensure residents know what support they can access to upskill and gain meaningful qualifications
- More support for those residents that move into work to ensure they are able to remain in work, be it social support or monetary support. Economic Development's Job Linkage Team offer residents who have moved into work 'ongoing support' whilst in work, with the offer of liaising with their employer to aid retention when problems occur. The council's back to work grants are easily accessed and often remove the main barriers faced by individuals returning to work, thereby increasing the sustainability of jobs in the borough

Include within action plans:

- Support residents to get the necessary skills to avail of employment opportunities linked to the building and renovation of fit for purpose housing
- Encourage people (through workplace policies) to use alternative methods of transport, such as walking or cycling, and when going for a bus, to walk to the next bus stop
- Highlight good examples of healthy families in some of our deprived areas, so that other families see the benefits and create a knock-on effect, ultimately creating healthier neighbourhoods

- Get out there and promote the benefits of working, not just wage earning i.e. highlight the social benefits and the health benefits too
- Economic Development Job Linkage officers actively promote the benefits of having a job during drop-in sessions and one-to-one interventions
- Organisations working together reduce duplication and secure efficiencies. Resources can also be refocused to provide more tailored support
- Scope for regeneration projects in Gateshead to incorporate healthy eating venues (i.e. as distinct from takeaways and fast food outlets)
- New legislation to be utilised and enforced to refuse planning permission for unhealthy businesses
- Health Impact Assessments need to be more robust and more frequent
- The skills required to take advantage of emerging local employment opportunities should be impressed at schools and colleges so pupils can work towards acquiring the necessary skills sets

Other issues to be addressed:

- Health checks for local people in workplaces, examining blood pressure, cholesterol levels and lifestyle issues
- Work in a smarter way to get services to work together to benefit employees and local residents
- Volunteering should be used to motivate those gradually returning to work, and as a stepping stone back into permanent work
- Develop links between the Department of Health and DWP to influence the Government's 'Work Programme'
- An ethos of equality throughout organisations from the very top to the very bottom, with the whole workforce getting on board
- The Council taking on responsibility for Public Health, providing more opportunities to impact on the health agenda by engaging with people locally
- A new 'Equalities Charter' could be drawn up, with organisations signing up voluntarily
- Making all areas of Gateshead more easily accessible. For some areas, such as the West, a bus journey can take over an hour to reach the town centre and, in many cases, a two bus journey is needed
- Investigate the tourism opportunities in Gateshead, although transport and parking would need to be addressed

Appendix 4

Partnership Working Related to Health, Wellbeing and Inequalities in Health

There are a number of tiers of partnership activity taking forward the 'health and wellbeing' and 'inequalities in health' agendas:

Beyond The Gateshead Agreement (LAA)

The Gateshead Agreement (Gateshead's LAA) has been the Gateshead Strategic Partnership's delivery vehicle for Vision 2030 priorities for the three year period 2008/09 – 2010/11. Progress against these priorities have been monitored by the LAA Strategic Implementation Group, which has included representation by the Director of Public Health.

The Government has announced that from 2011 there is no longer a requirement to produce a new Local Area Agreement (LAA) and the National Indicator Set (NIs) is also being replaced. Our performance framework is being reviewed to ensure it is fit for purpose and aligned with local priorities.

The new performance framework will need to integrate Central Government requirements (e.g. Open Government and the new national framework), as well as monitoring and challenging the delivery of Active & Healthy Gateshead priorities.

As the Gateshead Agreement comes to an end in March 2011, the Gateshead Strategic Partnership will need to agree how delivery against our priorities can be monitored and managed. This can be on a number of levels including:

- Individual pathway milestones
- Priorities for 2010-2013
- Outcomes – long term

Thematic Groups, Health and Wellbeing

The Gateshead Strategic Partnership Steering Group is supported by four thematic partnerships, each with a role to play in promoting health and wellbeing and reducing health inequalities: Health and Social Care Partnership; Children's Trust Board; Safer, Stronger Communities and Culture Partnership; and Economy, Skills, Housing and Transport Partnership. Our partnership arrangements are currently

being reviewed to ensure that they remain 'fit for purpose' for the challenges that lie ahead, as well as addressing the Government's proposals around NHS reform and an enhanced public health and health improvement role for local authorities.

A conference on Health Impact Assessment (HIA) was organised in November 2009 as part of the Gateshead Strategic Partnership development programme, with an international speaker. The aim was to encourage the work of HIA Champions in each thematic area, celebrate success in the form of a set of case studies of HIA work and strengthen links between the four themes and the health and wellbeing agenda.

More recently, a Health Inequalities Conference was held in Gateshead in July 2010 to take stock of progress to-date and emerging new drivers, as well as to identify key issues and a way forward for the next phase of work in this area (Appendix 3 refers).

Healthier Communities OSC Review of Health Inequalities

Healthier Communities Overview and Scrutiny Committee undertook a review of health inequalities in Gateshead in 2007. This review included local intelligence and led to eight Service Improvement Plans, which were signed off in June 2008. These are available on the Council's website through Council papers online. The milestones of the eight Service Improvement Plans have been reviewed by OSC every six months over a three year period.

The Health Inequalities Core Group monitors progress and supports lead officers in each of the following eight areas:

- Health Impact Assessment (Guidelines develped. Development programme also underway with the University of Durham)
- Community engagement (Gateshead Strategic Partnership is refreshing its Community Development and Community Cohesion Strategy. It will then need to be embedded within service delivery arrangements)
- Financial inclusion (led through Economic Development)
- Smokefree Gateshead (delivered through the Smokefree Gateshead Alliance)
- Alcohol (delivered through the Alcohol Steering Group and subject to an OSC Review)
- Lifestyle/obesity (new partnership established in January 2010)
- Mental health (has also been the subject of an OSC Review in its own right, and a Mental Health Needs Assessment)
- Health Equity Audit (action learning set held, guidelines have been developed which now need to be embeded within knowledge management)

Implementation

A tier of working groups are responsible for taking forward actions across agencies relating to specific issues or population groups. These working groups account to one of the four thematic partnerships at the next tier, and may influence more than one theme. Topic areas with active partnerships are: Obesity, Smokefree Gateshead, Alcohol, Mental Health. Groups include: Older People, Improving Wellbeing (Children).

Area Forums

Another important way to address health and wellbeing issues and tackle health inequalities is through the Area Forums. Each Area Forum has a Health Impact Assessment (HIA) Champion, and a Public Health representative. Each Area Forum also covers one of the 5 pilot neighbourhoods working to tackle inequalities in health through a community engagement approach. Review days have taken place to monitor progress, exchange ideas and to evaluate work undertaken to-date.

Next Steps:

Partnership working related to Health and Wellbeing:

- Invite the 'Health Family' to take part in a high level discussion about the Big Shift Health Strategy for Gateshead and ways it can be strengthened through both commissioning and provider activities
- Complete review of partnership working, develop the strategic partnership role relating to Health and Social Care and clarify links with sub-groups and client groups
- Gateshead Strategic Partnership implements the 'Health Pledge'
- Gateshead Strategic Partnership agrees a new performance management framework
- Monitor and performance manage the refreshed Vision 2030 milestones systematically
- Build good practice through collaboration with the academic sector
- Extend the Area Forum role in improving health
- Plan to recruit systematically to the North East Leading to Improve Health and Wellbeing programme over the next 3 years
- Ensure mental health, sexual health and safeguarding issues are addressed strategically, alongside physical lifestyle and behaviour issues

Partnership working related to Inequalities in Health:

- Complete implementation of the Health Inequalities Service Improvement Plans for 2010/11 and monitor on an ongoing basis through the action plan of this strategy (Appendix 1)
- Place mental health and wellbeing as central to overall health
- Embed community engagement in service delivery, with a particular focus on the five neighbourhoods with lowest life expectancy

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