

# Health and Wellbeing Strategy 2013 – 2016

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**Making it happen together in Tameside**

**Our vision for health and wellbeing**

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# Foreword

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The health of any given population is determined by how communities live, work and play.

According to the Department of Health, health services (whilst vitally important to health and wellbeing) contribute only 20% of the health status of the population. The other 80% is determined by access to good housing, education, transport, employment, income and supportive social networks.

All aspects of our everyday lives therefore have an impact on our health and wellbeing. This means that working together to improve community health and wellbeing is everybody's business and in everybody's interest. It also means that the health and wellbeing strategy needs to be a strategy that covers actions for improving health both within and outside of NHS services.

From April 2013 the Tameside Health and Wellbeing Board will be a statutory partnership board of Tameside Council, acting as a forum where commissioners across the NHS, public health and social care, elected members, voluntary and community representatives of Healthwatch agree how to work together to achieve better health and wellbeing for local people.

The Health and Wellbeing Board will be the principal statutory partnership through which this strategy will be managed and to which partners will be called to account for delivery.

Throughout Tameside each of our partner organizations already have strategies and plans to address specific health and wellbeing needs. We believe that the value of the Health and Wellbeing Board is in identifying those issues we can influence and effect most as a partnership. As such, this strategy identifies a number of priorities and actions that are shared across the Borough and across organizations, for which working together as a Health and Wellbeing Board can add the most value.

The shared priorities identified in this strategy will help us to go beyond organisational boundaries and work in creative and innovative ways to improve outcomes for and with local people.

**Cllr Kieran Quinn,**  
**Executive Leader of the Council and Chair of the Health and Wellbeing Board**



# Our Plan on a Page

Summary Challenges	Underpinning Principles	Priority Actions	Outcomes
<p><b>Unacceptable variations in health and social inequalities</b></p> <p><b>Worklessness</b></p> <p><b>Growing elderly population</b></p> <p><b>Child poverty</b></p> <p><b>Child and adult obesity</b></p> <p><b>Smoking</b></p> <p><b>Drugs &amp; alcohol</b></p>	<p>No health without mental health</p> <p>Focusing on prevention and early help</p> <p>Working together to tackle inequalities</p>	<p><b>Starting Well:</b></p> <ul style="list-style-type: none"> <li>• <b>School readiness</b></li> <li>• <b>Breastfeeding</b></li> <li>• <b>Child Poverty</b></li> <li>• <b>Domestic Abuse</b></li> </ul> <p>Developing Well:</p> <ul style="list-style-type: none"> <li>• Troubled families</li> <li>• Lifestyle: weight, physical activity, drugs &amp; alcohol</li> <li>• Sexual Health</li> </ul>	<p>Improved school readiness</p> <p>Increased rate of breastfeeding</p> <p>Reduction in domestic violence</p> <p>Reduced teenage conceptions</p> <p>Reduced sexually transmitted disease</p> <p>Reduced obesity in children &amp; adults</p>
<p><b>Physical inactivity</b></p> <p><b>Premature deaths</b></p> <p><b>Current economic climate</b></p>	<p>Value community assets</p> <p>Robust governance for health and wellbeing</p>	<p><b>Living Well:</b></p> <ul style="list-style-type: none"> <li>• <b>Homelessness</b></li> <li>• <b>Empowerment</b></li> <li>• <b>Long Term Conditions</b></li> <li>• <b>Lifestyle support</b></li> <li>• <b>Learning disabilities</b></li> <li>• <b>Reducing re-offending</b></li> <li>• <b>Supporting carers</b></li> </ul> <p>Working Well:</p> <ul style="list-style-type: none"> <li>• Worklessness</li> <li>• Income maximization</li> <li>• Workplaces</li> </ul> <p><b>Ageing Well:</b></p> <ul style="list-style-type: none"> <li>• <b>Responsive integrated services</b></li> <li>• <b>Managing demand</b></li> </ul> <p>Dying Well:</p> <ul style="list-style-type: none"> <li>• Dignity, choice, quality care</li> </ul>	<p>Reduction in premature deaths</p> <p>Reduction in smoking</p> <p>Reduction in problem drinking</p> <p>Improved mental wellbeing</p> <p>Reduction in re-offending</p> <p>Increased employment</p> <p>Increased healthy life expectancy</p> <p>Improved dementia care</p> <p>Improved housing</p> <p>Increased proportion of deaths at home</p>

## Section 1: Introduction

This is the first Joint Health and Wellbeing Strategy for Tameside, produced by the Health and Wellbeing Board. It sets out the overarching plan through which the public, private, community and voluntary sectors, as well as residents themselves, will work together to improve the health and wellbeing for and with local people over the next 3 years.

Tameside Health and Wellbeing Board is a new statutory sub committee of the Council that carries a responsibility to drive improvement in the health of the people of the Borough. The Board is chaired by the Leader of the Council, and its members include health commissioners and providers, Community and Voluntary Action Tameside, Healthwatch, and TMBC councillors and executives.

Our priority programme areas and key outcomes identified in the strategy and particularly the action plan will be reviewed and refreshed annually, and re-evaluated in the light of feedback we receive and on-going consultation with members of the public and other stakeholders. This will ensure that the Health and Wellbeing Strategy remains effective and reflects what matters most to the people of Tameside.

The strategy sets the framework for the commissioning of health, social care and wellbeing services in the Borough. It does not replace existing commissioning plans, but comes at a time when both the Council and the new NHS Clinical Commissioning Group

(CCG) are developing significant new plans for the medium term, and will ensure that these are aligned to the needs based priorities set out in this strategy. The Health and Wellbeing Board will also use its new powers and duties to promote joint commissioning and the integration of health, adult and children's social care, and wellbeing services to maximize the benefits for residents. It will therefore be a key driver towards meeting the overarching health outcome for both the CCG and the Council, of improving local life expectancy and reducing the health inequalities gap.

The strategy identifies 6 priority issues that the Health and Wellbeing Board has committed to work together on, to make our shared vision a reality. The strategy is not about tackling everything at once, but about setting priorities for joint action and making a real impact on people's lives, particularly in relation to reducing health inequalities. Although not all of the health and wellbeing challenges facing the Borough have been identified as specific priorities, the strategy aims to improve outcomes for all residents.

The strategy has prevention of ill health and building community resilience at the heart of its approach. To improve outcomes for all residents, it will be important to influence a wide range of issues including housing, the environment, lifestyle, employment, crime, poverty and beyond. It also identifies how we intend to monitor our progress as the strategy is delivered over the next three years.





## Section 2: Strategic Context

This Health and Wellbeing Strategy will link strongly with key strategies for Tameside over the next ten years, supporting delivery of the Community Strategy through its contribution to the aspiration for a more prosperous, supportive, learning, attractive, safe and healthy place.

### Our challenges

The Borough of Tameside faces key challenges over the next decade that will impact on the lives of our residents and our communities. There are significant social challenges facing our communities with continuing high levels of relative deprivation and disadvantage being compounded by government changes to welfare and increasing unemployment.

The greatest challenge we face is to increase the health of those in poorest health to the level of those in best health. We must take positive action in favour of both deprived places and deprived people to meet their needs, working with a scale and intensity proportionate to the level of disadvantage. Tackling unjust and unfair inequalities remains central to all that we do.

The Tameside Community Strategy highlights the issues that will be the focus for building better lives for local people including: building sustainable communities; helping people live independently; diversifying the economic base; raising school attainment; environmental sustainability; reducing crime; improving healthy life expectancy; and reducing the burden of chronic disease.

The Community Strategy also highlights the need to tackle the determinants of health - the social determinants of health or 'the causes of the causes' of good health. These are the social, economic and environmental conditions that influence the health of

individuals and populations.

Tameside faces considerable challenges to reduce deprivation and inequalities which are heightened by the current economic conditions.

To realise our vision of Tameside as a place where everyone is both physically and mentally healthy we need to achieve reductions in inequalities and better health outcomes through our commissioning for health improvement. Integration of services to ensure maximum efficiency and impact is especially important in the current environment of shrinking budgets and increasing demand for public services.

The physical and mental health of our community is strongly influenced by our social and economic environment, so this strategy will play an important part in minimising the impact on local health of the current economic environment. It aims to improve the health of:

- people of working age and enable them to find and keep work
- children and young people to enhance their readiness for independence
- people of all ages to maintain their independence and avoid the need to call on care services

The Joint Strategic Needs Assessment (JSNA) provides the basis of a robust evidence base upon which to shape strategic decisions on the health and well-being of the population of Tameside. It provides a comprehensive picture of health in the Borough by reviewing a wide range of health indicators and influences.



## People

Tameside's population has grown in recent years, is currently estimated at 216,900 residents, and is predicted to continue to grow. There will be growth particularly in the number of people over 65 yrs by 13% by 2015 and 33% by 2025.. Older people often have an increasing need for health and social care as they grow older, but promoting health and independence can help avoid unnecessary dependence and treatment.

There has also been an increase in the birth rate which has increased the demand for maternity, health visiting, early years and primary education services.

## Local Economy

Access to work is critical to the health of communities, families and individuals. Good health contributes to economic prospects. Over the last 20 years the borough has experienced the continuing loss of local employment and opportunities in neighbouring areas. Principal local employers are manufacturing, retail and wholesale, health and social work, and property and business

services. Whilst there are some signs of change for the better, local improvements has lagged behind other areas so far.

## Community

The Borough faces considerable challenges to reduce deprivation and inequalities which are heightened by the current economic conditions. Good housing is one of the social determinants of health, and poor health conditions undermine the health of families and older people through cold, damp, infections and accidents. The Tameside Housing Strategy emphasises a need to re-invigorate communities, including tackling worklessness, community cohesion, community development, support for children and young people, and tackling anti-social behaviour.

## Place

The Borough is a predominantly urban, industrial area of nine towns between Manchester and the Pennines. Tameside Housing Strategy notes that housing quality and supply are better than many areas whilst highlighting the need to provide more affordable housing, support people to live

independently, and improve access for vulnerable people to social housing and the private rented sector, including preventing homelessness. Housing tailored to need and income enables people to achieve sustainability and improve the quality of their lives and reduces the fear and risk of losing their home.

## Health and Inequalities

The economic, social and environmental challenges that are woven into the fabric of Tameside provide strong influences on the current and future health of our citizens, throughout their life course.

Overall life expectancy in Tameside for both males and females is below the average for Greater Manchester, the North West and England. Tameside MBC is ranked at 309 for male life expectancy, and 310 for female life expectancy, out of 326 Local Authorities. There has been no marked improvement in life expectancy in Tameside since 2006-2008.

Deprivation is a major factor influencing our population's health needs, influencing health



inequalities and life expectancy and there is link between areas of higher deprivation and areas with low life expectancy levels. This link can be seen in Tameside: Ashton St Peters and Hyde Godley are two of the most deprived wards and correspondingly they suffer some of the lowest rates of life expectancy 73.9 years and 74.9 years respectively. Within Tameside there is over an eight year difference between the wards with the highest (Denton West 81.8years) and lowest (Hyde-Godley 74.9years) life expectancy.

### Children and Young People

Addressing the health needs of children and young people provides a crucial foundation for the future health and wellbeing of Tameside.

Low birth weight reflects the health of mothers and babies and is associated with poor outcomes for babies including increased infant mortality. Good maternity and infant health care can make a significant difference, as can good social and family support. There is a strong social gradient for low birth weight, with lower income groups more likely to have babies with low birth weight. There is also variation between ethnic groups.

Low birth weight is more common in Tameside than in the North West (NW) and England. However, this is not associated with higher infant mortality, which is consistently below the NW and England averages. Obesity is linked with long term increased risk of diabetes, heart disease, high blood pressure, cancer and joint and mobility problems.

Levels of child poverty in Tameside are higher than both the North West and England (national Child Poverty Data from 2007). Local data indicates that levels of child poverty in Tameside have continued

to climb over the past four years and now stand at an estimated 29%.

Rates of obesity in children at primary school entry and leaving are close to the rates for England but below the NW averages.

The percentage of young people smoking is 5%, which is above the England and NW averages, and for alcohol, 23% reported having been drunk in the previous month, the highest rate in England. The percentage reporting using drugs was twice the rate for England.

Low rates of breastfeeding and high rates of smoking in pregnancy present significant challenges to a healthy start in life, but the rate of family homelessness is among the lowest in England.

For some families poor housing will have a significant impact on their health. The most deprived areas of Tameside have the poorest health and the poorest housing.







## Adults

Over the next ten to fifteen years key factors will impact on health and health inequalities, including the increasing numbers of older and very old residents.

The current economic recession is likely to have a significant impact on local health. Worklessness, job insecurity, lower wages, reduced benefits and services all put pressure on families and individuals, and on their ability to support themselves and each other, and mental and physical health will be adversely affected.

Diabetes, obesity and smoking are more common in Tameside than England and the NW, and fewer than average Tamesiders eat a healthy diet or do enough physical activity. Self harm and alcohol-related hospital admissions are more common in Tameside. Rates of chronic liver disease related to alcohol have increased in recent years, particularly in younger adults in their 30's and 40's.

The Borough experiences significant challenges in relation to the impact of alcohol. Hospital admissions for alcohol-related harm are above the England and NW averages, and have nearly trebled since 2002, but the rate of higher risk drinking is in line with the England average and better than the NW. Smoking rates are high, the percentage of adults smoking and the rate of smoking-related deaths are above the England and NW averages. Participation rates in physical activity are below the England and NW averages. Drug misuse is on a scale that presents a significant challenge to health, with over 1600 local problem drug users using crack cocaine or opiates

Life expectancy in Tameside is below the England and NW average, mainly due to early deaths from heart disease, stroke and cancer. But Tameside is better than average for winter deaths, infant deaths and road accident deaths.

Heart disease and strokes are responsible for about a 1/3 of all deaths in Tameside.

Cancer is the most common cause of death in Tameside for males and females, and there are significantly more deaths than there should be, given the population age and gender profile.

Cancers are the commonest cause of early death in Tameside – responsible for 36.5% of all deaths in males under 75 years, and 42.7% of deaths in females under 75 years in 2006.



## Section 3: Our vision for health and wellbeing

Tameside Health and Wellbeing Board have an ambitious vision that has been strongly endorsed via an extensive consultation with local people and partners. Our vision is:

*“We want Tameside to be a place where everyone is both physically and mentally healthy. We want to reduce inequalities and deliver high quality health and social care services which protect our most vulnerable and offer people greater choice, independence and control.”*

Our strategy adopts a life course approach detailed in the Marmot Review, “Fair Society, Healthy Lives, a Strategic Review of Health Inequalities in England”.

- Starting well** - ensuring the best start in life for children
- Developing well** - enabling all children and young people to maximise their capabilities and have control over their lives
- Living well** - creating a safe environment to build strong healthy communities and strengthening ill health prevention
- Working well** - creating fair employment and good work for all
- Being well** - promoting independence and working together to make Tameside a good place to grow older
- Dying well** - ensuring access to high quality care to all who need it

Maintaining a focus on reducing inequalities and improving equity is crucial and needs sustained and ongoing commitment from the NHS, government and our whole society. We will be working hard to influence partners to contribute to maximising health and wellbeing outcomes for the borough. In the past the focus of efforts has all too often been towards working with individuals, whilst well intended, this approach offered limited consideration of the wider influences and impacts that may affect and influence their wellbeing, resulting in a failure to deal with the root cause of health and wellbeing. Through the combined efforts of our partnership and by working with whole families (children, parents, grandparents, carers) and the wider community we intend to support change and make a real difference together.

We will seize the opportunity to impact through Influencing policy for a range of decisions – around transport, environment and planning, licensing and enforcement. By making policy with health inequalities in mind, we can make a significant long term impact on improving people’s quality of life. We recognise that achieving a shared commitment to improved health and wellbeing requires innovative and new ways of working. We recognise that through enhancing our shared approach to joint working we can design and deliver services that maximises health and wellbeing outcomes and meets needs.



## Section 4: Our principles

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In changing the way that services work together and with residents, to meet the local challenges, six principles have been agreed locally that will help us to achieve the priorities identified in this strategy. These principles are:

- **There is no health without mental health and wellbeing:**

Without mental health and wellbeing, people find it very difficult to engage in positive activities, including accessing the help and support that is available. The promotion of mental health and wellbeing across the population of Tameside is essential if we are to achieve the diverse challenges that face our society.

- **Focusing on prevention and early help**

A shift to preventing problems occurring in the first place and detecting problems early when they do occur. This involves ensuring universal access to resources for health, whilst providing targeted support to enhance access for those most at risk.

- **Working together to tackle inequalities**

Action on the wider determinants of health requires joint approaches across public, private and voluntary sectors and with resident themselves in order to fully address the causes of poor health and wellbeing.

- **Integration**

Residents should receive the support they need when and where they need it. They should not experience the artificial barriers that result from organisational boundaries. This will be achieved by taking a whole system approach whereby all partners, including residents themselves, agree and define how they can best integrate their resources to improve health and wellbeing for and with local people.

- **Value community assets**

All actions by the public, private and voluntary sectors should build on the strengths, support, skills and knowledge already in communities, be responsive to the priorities of local communities, accountable to them and involve them in planning and development.

- **Robust governance for health and wellbeing**

A joined up approach to improving health and wellbeing will require new forms of governance that maximize accountability and provide greater transparency to the public.

Proposals to improve health and wellbeing will need to demonstrate sufficient return on investment in line with the Public Sector Reform programme in Greater Manchester.





## Section 5: A model for health and wellbeing

Maintaining health and wellbeing is important for individuals to maximize their potential and enable them, to lead active, fulfilled lives and participate fully in their local community. Physical and mental health are closely linked and both are important for wellbeing.

Figure 1 illustrates how lots of different aspects of our environment and community have a significant impact on our health and wellbeing and influence our behaviour. These include employment, education, housing, local community space or green areas, and transport. The health and behaviours of an individual are influenced more widely by the communities in which they live: their social networks, perception of safety and ability to contribute to the local neighbourhood. Our approach to health and wellbeing includes recognizing that the best way to ensure participation, sustainability, and ownership of local initiatives is to work directly with local communities to enable them to develop local services and activities that are important to them and their community.

When people are experiencing problems with their health or with caring for themselves, we will work together to ensure that appropriate local health and social care services are available to support people when they are needed. We will aim to ensure that these are integrated, and focused on the needs of the individual person.



Figure 1: Model of wider determinants of health & wellbeing

## Section 6: Delivering **sustainable** improvement

Delivering large scale change for sustainable health improvement and achieving lasting reductions in health inequalities means we need to get the basics right. Listening to our communities is a key part of the action that will make this work. We are committed to working together to provide effective community engagement opportunities that help services better respond to need. In addition, we are committed to secure lasting improvement through the delivery of nine underpinning programmes that will provide a foundation for positive outcomes for all:



### • **Asset based community development**

Continuing to give priority and support to community development work that creates opportunities for local people and third sector organizations to grow and do more together by valuing assets, skills, strengths and capacity within our communities. Engaging and empowering communities and individuals living and working in Tameside to take responsibility for their own health and wellbeing

### • **People take responsibility for own health & wellbeing**

Providing active support of local people, communities and organisations to add more living well value to what they are doing in ways that are appropriate and feasible.

### • **Health outcomes**

Working in partnership to identify real solutions to deliver improved health outcomes – recognising we need outcome measures which are evidence based and measure changes as a result of an intervention

### • **Health intelligence**

Working directly with our communities through needs assessment programmes enabling intelligence to be co-produced with communities and presented in ways that are easy to access, understand and use

### • **Make every contact count**

Preventing ill health and working together to encourage independence and personal control, making every contact with a health and social care professional a health promoting contact with clear advice, support and sign-posting to appropriate services to prevent illness or recurrence of illness.

### • **Integrated wellness service**

Maximising opportunities and outcomes by drawing together existing resources and aligning expertise on smoking cessation, alcohol brief intervention, weight management, stress management with support on finding work, managing debt, occupational health, family welfare, schools, leisure services, housing as well as ensuring that primary healthcare continues to contribute to health and wellbeing.

### • **Health protection**

Assuring we are getting the basics right and that the wider range of threats to human health such as harmful environments, accidents, violence prevention are also addressed.

### • **Sustainable development**

Meeting the needs of today without compromising the ability of future generations to meet their needs.

### • **Safeguarding**

Ensuring that children and vulnerable adults are safe in our communities, and effective action and help is to hand if it is needed to keep them safe.

## Section 7: Our programmes for action

Implementation of the foundation programmes described in the previous section will provide the backbone to more targeted programmes of actions across the lifecourse.

Our focus is to ensure that all people can have a good start and enjoy a long, healthy and happy life. It is impossible to commit to delivering progress on all issues at the same time. For this reason, we have worked hard to identify where our energy and resources should be channeled over the next 3 years:

Priority Programme	This means	Tameside focus	So that
<b>1. Starting well: Ensuring a positive start to life for children, young people &amp; families.</b>	We will intervene early where our children, young people and families need help and we will strengthen the support provided during pregnancy and the first five years of a child's life.	We will focus on early intervention and identification of vulnerable children and families.	Every child is given the best start in life and is fit to learn and able to fully develop their potential, communication, language and literacy skills.
<b>2. Developing well: Encouraging healthy lifestyles and behaviours in all actions and activities.</b>	We will develop high quality services to encourage healthy habits, prevent and reduce harmful alcohol consumption, substance misuse, obesity, physical inactivity, smoking and sexual health.	We will combine existing resources and expertise towards developing an integrated wellness service model.	Individuals and communities are equipped and empowered to live healthy lives.
<b>3. Living well: Creating a safe environment to build strong communities, wellbeing and mental health.</b>	We will implement early interventions and accessible and appropriate services for mental wellbeing.	We will create a safe environment and help to build strong communities, wellbeing and mental health.	People are helped to achieve positive mental wellbeing and can access support services when and where they need them.
<b>4. Working well: Creating fair employment and good work for all.</b>	We will improve access to work as this is critical to the health of communities, families and individuals, and better health will improve work opportunities.	We will focus on increasing employment and employability.	Increased employment will improve health, and improved health will improve economic prospects.
<b>5. Ageing well: Promoting independence and working together to make Tameside a good place to grow older.</b>	We will ensure that services work together to promote integrated support where needed in order to promote independence into old age.	We will focus on strengthening integrated working between health and social care providers and housing related support services.	Older people are helped to participate fully in community life and can choose to live in high quality accommodation appropriate to their needs.
<b>6. Dying well: Ensuring high quality care to all who need it.</b>	We will ensure careful joining up of all sources of support, and sensitivity to the vital importance of autonomy, choice and control during this usually vulnerable and dependent time.	We will focus on building the capacity of services and communities to know how best to help, and where to draw it from.	During the last year of life intensive support will be available from family, health and social care, community organisations and friends for those who need and want it.



## Priority 1: Our focus on **starting well**. Ensuring the best start in life for children

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### We will focus on:

- **Ensuring children are ready for school:** We will support positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children. Young children's earliest experiences and environments set the stage for future development and success and can influence their life chances.
- **Initiating and maintaining breastfeeding:** In Tameside breastfeeding rates are below the national average. Breastfeeding is the healthiest way to feed your baby and has significant health benefits for Mums too.
- **Reducing Child Poverty:** Levels of Child Poverty in Tameside are higher than both the North West and England. A child growing up in poverty has a greater likelihood of experiencing health problems from birth and of accumulating physical and mental health problems throughout life. Poverty and inequalities increase the chances that someone will develop a disability or life limiting illness and ultimately decrease their life expectancy.
- **Domestic abuse:** Physical and emotional abuse continue to blight homes in Tameside, and we need to continue to work together to improve prevention and protection.



## Priority 2: Our focus on **developing well**. Enabling all children and young people to maximize their capabilities and have control over their lives

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### We will focus on:

- **Encouraging a multi-agency approach to troubled families:** We need to continue to support families that are struggling, especially where there is a pattern of worklessness over several generations, maximise school attendance and create a more effective learning environment for families.
- **Tackling obesity, smoking, physical inactivity, smoking, and alcohol in school age children and young people:** We need to increase the numbers of children with a healthy weight by encouraging healthy eating and physical activity, discourage them from starting to smoke and protect them from alcohol harm.
- **Promoting sexual health, reducing teenage pregnancy rates and improving outcomes for teenage parents and their children:** More needs to be done to promote sexual health which links to poverty and social exclusion. Teenage pregnancy rates have fallen in Tameside over the last year, but there is still much more to do to improve outcomes and ensure all young people reach their full potential.
- **Emotional wellbeing:** There is a need to identify opportunities in relation to improving our commissioning and delivery systems to achieve better outcomes for children and young people with respect to emotional well-being and mental health, and review the whole system from prevention through to specialist services to make sure we are providing better outcomes.



## Priority 3: Our focus on **living well**. Creating a safe environment to build strong healthy communities and strengthening ill health prevention

### We will focus on:

- **Reducing homelessness and addressing the effect the changes to welfare benefits has on vulnerable groups:** Access to good quality, affordable and housing is important to people's health and wellbeing. We also want to make sure that people from all communities and of all ages are supported through difficult economic times. We want to provide practical support and guidance on dealing with economic uncertainty, including welfare rights support and the take up of benefits.
- **Developing engagement, empowerment and responsible citizenship within local communities; supporting the voluntary, community and faith sector; and promoting inclusion of marginalised groups and individuals:** Stronger community networks play an essential role in supporting vulnerable families and individuals.
- **Ensuring people with long term conditions including heart and lung diseases have access to appropriate care pathways and lifestyle support services:** Long-term conditions are chronic illnesses that can limit lifestyle and quality of life. Wherever possible we will take actions which support the prevention of poor health and wellbeing outcomes for people with long term conditions, while providing effective support to those who need it. This includes delivering appropriate and targeted interventions to increase early diagnosis within at risk groups and improve their ability to manage their own health.
- **Supporting people to choose healthier lifestyles with particular focus on smoking, alcohol, physical activity, obesity, mental health and wellbeing:** We want to support people in Tameside to live healthy lives, engaged and empowered to make decisions about their own health and wellbeing and play active roles within their local communities.
- **Enabling people with disabilities to lead fulfilling lives:** People with learning disabilities have poorer health than their non disabled peers and these differences in health status are, to an extent avoidable. There is increasing evidence that people with disabilities such as autism are being excluded from community life both socially and economically.
- **Reducing reoffending:** Feeling safe is a top priority for our residents and businesses. In Tameside we have transformed the way we work with and manage offenders. Offenders, including those on probation and their families represent one of the most socially excluded groups in our society, with considerable and complex physical and mental health needs compared to the general population, particularly young offenders.
- **Supporting carers:** An ageing population and longer life expectancy for those with disabilities and long term conditions means the chance of becoming a carer also increases. We estimate that at least 21,000 people in Tameside are carers. Carers are more likely than the rest of the population to suffer depression and develop other health problems. Supporting carers of all ages improves both their health and wellbeing and that of those for whom they care.





## Priority 4: Our focus on **working well**. Creating fair employment and good work for all

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### We will focus on:

- **Reducing worklessness for all age groups:** Work is good for your health. Work has been undertaken to address youth unemployment through the Apprenticeship Strategy. Unemployed people have increased rates of limiting long term illness, mental illness, and cardiovascular disease. Some groups have reduced employment opportunities and need more support; they include disabled adults, people with mental health problems, those with caring responsibilities, lone parents and young people.
- **Financial inclusion and income maximization:** People need support and advice to maximise their income, including welfare rights and debt management advice particularly in priority neighbourhoods and for target groups including vulnerable people and carers. Having insufficient money to lead a healthy life is a highly significant cause of health inequalities. There is a wealth of evidence to show there is a social gradient in health. The poorest people live the shortest lives with the worst health.
- **Promoting healthy workplaces:** The workplace has a powerful effect on the health of employees. How healthy a person feels affects his or her productivity, and how satisfied they are with their job affects their own health.

## Priority 5: Our focus on **ageing well**. Promoting independence and working together to make Tameside a good place to grow older

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### We will focus on:

- **Preventative interventions that reduce demand for costly acute admissions:** Emergency admissions to hospital are distressing and costly, so better management that keeps people well and out of hospital should lead to a better patient experience. Maintaining wellness and independence delivered through community initiatives prevents deterioration in conditions and therefore results in better health outcomes.
- **Integrating delivery models and ensuring strong community health and social care services that promote independence and reduce demand for costly health and social care services:** The number of unplanned admissions to hospital continues to increase at a steady rate. This analysis raises the question of whether the needs of our most elderly and frail residents would be better met by shifting resources into more responsive and integrated health and social care services, based within communities. We want to make sure our residents are given the support they need to live at home as long as they want.
- **Improving outcomes for people with long term conditions in particular the frail elderly, falls and dementia:** Improving care at home for older people is important for their quality of life. People with long term health needs and those at risk of falling can be supported effectively in the community if responsive and accessible services are available.





## **Priority 6:** Our focus on **dying well**. Ensuring access to high quality care to all who need it

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### **We will focus on:**

- **Dignity in care:** Respecting people's needs for support and care in a polite manner ensures people feel valued and optimises their sense of physical and mental wellbeing.
- **Supporting people to die where they choose:** Most people would choose to die at home. More people reaching the end of their life die in hospital in Tameside compared to other areas so creating support that enables people to choose is important.
- **Providing good end of life care consistently:** When people are at the end of their life both they and their carers should feel supported. They should receive the best possible care to die with dignity and as free from pain as possible.





## Section 8: Making a difference

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The priorities in this strategy focus on improving the health and wellbeing of vulnerable individuals, families and communities in Tameside across our whole life cycle from cradle to grave. Through continuing consultation we will identify the key actions to be delivered that will achieve outcomes.

Existing local strategies will drive progress towards many of our aspirations for improved health outcomes. Through our Priority Programmes and our Underpinning Programmes we will ensure added traction on the key focuses for this Strategy.

Detailed actions and expected outcomes to deliver our identified priority programmes, with their connections to our underpinning programmes and existing Tameside strategies.

The actions that the Health and Wellbeing Board will concentrate are outlined in the table overleaf.



## Action Plan: Making it happen together in Tameside

Priority programmes	Actions to be overseen by the Health and Wellbeing Board	Existing local strategies
<p><b>starting well</b></p> <ul style="list-style-type: none"> <li>- school ready</li> <li>- breastfeeding</li> <li>- child poverty</li> <li>- domestic abuse</li> </ul> <p><b>developing well</b></p> <ul style="list-style-type: none"> <li>- troubled families</li> <li>- Lifestyle: smoking, weight, physical activity, drugs &amp; alcohol</li> <li>- sexual health</li> <li>- emotional wellbeing</li> </ul>	<p>Changes to health visiting and other early years services will mean parents receive enhanced offers of support following their child's Healthy Child Programme assessments.</p> <p>More support will be offered to mothers to breastfeed their babies.</p> <p>Providers of assessment and support for troubled families will work more closely together meaning that the right help is available more efficiently.</p> <p>Efficient, effective response to domestic abuse.</p> <p>Readily accessible sexual health services for young people.</p>	<p>Children &amp; Young People Plan</p> <p>Clinical Commissioning Group Strategic Plan</p> <p>Child Poverty Strategy</p> <p>Safeguarding Children Borad Business Plan</p> <p>Domestic Violence Strategy</p> <p>Healthy Weight Strategy</p> <p>Sexual Health Strategy</p>
<p><b>living well</b></p> <ul style="list-style-type: none"> <li>- homelessness</li> <li>- empowerment</li> <li>- long term conditions</li> <li>- lifestyle support</li> <li>- learning disabilities</li> <li>- reducing re-offending</li> <li>- supporting carers</li> </ul>	<p>A programme of training will enable staff and volunteer workers to make every service contact one that promotes health and independence.</p> <p>Carers' knowledge and experience as an expert partner in providing care will be better recognised and valued.</p> <p>Effective multi agency systems and procedures in place to ensure vulnerable people are safeguarded will be in place.</p> <p>Children and young people will be protected from inappropriate caring roles.</p>	<p>Homelessness Strategy</p> <p>Community Strategy</p> <p>Health Improvement and Inequalities Strategy</p> <p>Five ways to Wellbeing</p> <p>Reducing Reoffending Strategy</p> <p>Community Strategy</p> <p>CCG Strategic Plan</p>

<p><b>working well</b></p> <ul style="list-style-type: none"> <li>- <b>worklessness</b></li> <li>- <b>income maximisation</b></li> <li>- <b>workplaces</b></li> </ul>	<p>Implementation of the revised Tameside Apprentice Programme &amp; Work Experience Scheme will enable unemployed, NEET and young residents to gain work experience/skill development to gain suitable employment.</p> <p>75% of Council employees live within the borough, so continuation and development of the Council's commitment to the Good Work, Good Health Charter will support the improvement of health outcomes for residents.</p>	<p>Apprenticeship Strategy</p> <p>Enterprising Tameside Strategy</p> <p>Local Development Framework</p>
<p><b>ageing well</b></p> <ul style="list-style-type: none"> <li>- <b>preventing admissions</b></li> <li>- <b>responsive integrated services</b></li> <li>- <b>frailty, falls, dementia</b></li> </ul>	<p>Increase the number of older people who engage with and are supported by universal prevention and health and wellbeing services.</p> <p>By providing more support at home, reduce the number of older people who need to be admitted to long term residential and nursing care.</p> <p>Reduce the number of non-elective emergency admissions to hospital and support more people to be treated within community settings.</p> <p>Improve our arrangements in primary care regarding early diagnosis and treatments for those who encounter dementia and ensure that older adults with dementia have access to intermediate care services.</p> <p>Reduce the number of people who are subject to falls and accidents in their own homes.</p> <p>Effective multi agency systems and procedures in place to ensure older people are safeguarded.</p> <p>Ensure that dignity in care is a key cornerstone to the provision of all health and social care services in Tameside.</p> <p>We will make continued progress to ensure that health and social care services are effectively integrated in the interest of improved outcomes for service users and patients.</p> <p>Support older adults who are at risk of or are experiencing social isolation and loneliness within their communities.</p>	<p>Community Strategy</p> <p>Clinical Commissioning Group Strategic Plan</p> <p>Health Improvement and Inequalities Plan</p>



<p><b>dying well</b></p> <ul style="list-style-type: none"> <li>- <b>dignity</b></li> <li>- <b>choice</b></li> <li>- <b>good care</b></li> </ul>	<p>Increase the numbers of people who can be effectively supported to die at home.</p> <p>Teaching and training for clinical staff in primary, community and secondary care to ensure that patients receive the best possible care to die with dignity and as free from pain as possible.</p> <p>Ensuring joining up of all inputs from family, health, social care, community organisations and friends to support the person who is reaching the end of their life and all have an understanding of the patient's wishes.</p>	<p>Dignity in Care initiative</p> <p>Multi agency End of Life Care Strategy</p> <p>Dignity in Care Programmes</p> <p>Dementia Strategy</p>
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## Section 9: Demonstrating success



The Health and Wellbeing Board will be the principal statutory partnership through which this strategy will be managed and monitored.

The CCG and the strategic partnership groups identified in the Action Plan will be called to account for delivery of the seven priority programmes.

This first health and wellbeing strategy has been developed during a period of preparation for the Council to take on new statutory public health responsibilities, from April 2013. With leadership from the Director of Public Health, and co-ordinated by the specialist public health team through its annual business plan, the Council will develop new local approaches to public health delivery, including:

- Health in All Policies – key Council and NHS policies and programmes will be reviewed to identify opportunities to add public health value.
- Introducing health impact assessment to identify opportunities to enhance or mitigate wellbeing and health impacts, as appropriate.
- Developing a settings based health programme for schools, hospitals, neighbourhoods etc.
- Working with the CCG to develop their commissioning plans and to ensure alignment with the health and wellbeing strategy.