

TITLE OF REPORT: Refresh of the Health and Well-being Strategy

Purpose of the report

The purpose of this paper is to set out both the progress made, and the plans and timescales for the next steps, in the refresh of the Gateshead health and wellbeing strategy.

Background

1. The existing strategy, '*Active, Healthy and Well Gateshead*', was written in 2013 and covered the period up till 2016. Since it was written much has changed.
2. 10 years of Austerity means that organisations dependant on public funding have had to develop new ways of working.
3. During 2017 / 18 partners of the Health and Well-being Board signed up to the pledge to '***make Gateshead a place where everyone thrives***'.
4. The Thrive pledge provides a central policy position by which decisions, across the partnership, will be considered and made. Specifically, the board pledged to:
 - a. Put people and families at the heart of everything we do
 - b. Tackle inequality so people have a fair chance
 - c. Support our communities to support themselves and each other
 - d. Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough
 - e. Work together and fight for a better future for Gateshead.
5. In addition to the Thrive pledge, the DPH annual report for 2016/17 set out a range of challenges to address the issue of inequalities in Gateshead. Key strategic recommendations included;
 - 'The Health and Wellbeing Strategy should be renewed, adopting a much longer-term approach, with a **strengthened vision to address inequalities**. This needs to include measures to address the **social determinants of health** alongside prevention and early intervention at every level.
 - Partners in Gateshead should **shift the focus** from managing the burden of ill-health to promoting actions that **create the right conditions for good health** through employment of a robust health in all policies approach.
 - The Council and its partners should **target resources to those individuals and communities most in need**. Robust evaluation of reach and impact should be undertaken regularly using a Health Equity approach.

Progress

6. The Health and Well-being Strategy is a critical document which sets out the aspiration for health and well-being across Gateshead.
7. It is therefore of critical importance that the strategy is developed and owned by the board whilst also engaging the contribution of key strategic influencers. This relates, particularly, to those who lead action on the wider determinants of health (e.g. Community Safety Board, Housing Company Board, LSCB and LSAB amongst others).
8. To ensure people have enough opportunity to shape, and subsequently own, the strategy several phases have been identified.
9. A steering group has been established which includes a wide range of stakeholders with strong links to all key groups including:
 - Elected members
 - Health
 - Social Care
 - Public health
 - Poverty
 - Development and public protection
 - Academia
 - Economic development
 - Policy and Communication
10. A conference, ***'Thriving in Gateshead: Rethinking Health and Wellbeing'*** was held in January 2019 (full write up included in appendix A).
11. Sir Michael Marmot was the key note speaker (a video of his full speech is available at: https://www.youtube.com/watch?v=TkAeT1tUF_s). Marmot reminded delegates that, even though the national report is now 9 years old, the call to action remains the same.
12. Central to the Review is the recognition that disadvantage starts before birth and accumulates throughout life. This is reflected in the 6 policy objectives and to the highest priority being given to the first objective¹:
 - a. giving every child the best start in life
 - b. enabling all children, young people and adults to maximize their capabilities and have control over their lives
 - c. creating fair employment and good work for all
 - d. ensuring a healthy standard of living for all
 - e. creating and developing sustainable places and communities
 - f. strengthening the role and impact of ill-health prevention.

¹ <http://www.instituteofhealthequity.org/>

13. Delegates then heard about the work that Coventry City have been doing to embed action on the priorities identified in the 2010 report and the impact that this was having.
14. Finally, there was a speech from Warren Heppolette who has played a central role to bring devolved powers and budgets to Manchester over recent years. He now plays a central leadership role in the Greater Manchester Health and Social Care Partnership.
15. Following the conference, the steering group reconvened to reflect on what was heard at the conference, from speakers and delegates, and start to shape the new strategy.
16. The key messages across all themes can be summarised as:
 - Make Gateshead a place people want to live in
 - Local residents empowered to be involved in the conversation about what Gateshead needs.
 - Give every child the best start in life.
 - Families supported to stay together.
 - Poverty markers are removed – e.g. High interest loan companies no longer on the high street, reduction in bookmakers.
 - Breaking intergenerational cycles of poverty.
 - Strong focus on prevention and early intervention to reduce frailty
 - Care closer to home and relevant to need.
 - Tackling big organisations in the tobacco, alcohol and food industries by campaigning as a society for change on a bigger scale.
 - Improve jobs, housing and transport
 - Ensure health is included in all policies

Next steps and proposed timescale

17. The steering group aim to be ready to publish the new strategy in early Autumn 2019.
18. There is currently a rough draft of the themes and content for the strategy. At the conference there appeared to be a consensus that we need to refresh the strategy under our strategic policy of 'Thrive' but include action on the 6 policy areas set out in the 2010 Marmot report.
19. To build further the coalition required for this ambitious strategy the focus of work over the next couple of months is further engagement. The steering group plan to take the draft content through existing forums so people can comment (suggested groups in Appendix B).
20. This engagement process will culminate in a final discussion at the Health and Wellbeing Board on July 19th, 2019.

Recommendations

21. The Health and Wellbeing Board is asked to consider and comment on:
 - a. The conference.
 - b. The progress made and suggested next steps.
 - c. The list of suggested forums to engage.

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Appendix A

Thriving in Gateshead – rethinking Health and Wellbeing Conference

Wednesday 23 January 2019

In his presentation, Sir Michael Marmot gave us a very clear message, stating that in the years since he published 'Fair Society, Healthy Lives' (2010), the call to action remains the same.

Marmot looks beyond economic costs and benefits towards a goal of environmental sustainability. The Review contends that creating a sustainable future is entirely compatible with action to reduce health inequalities through promoting sustainable local communities, active transport, sustainable food production, and zero carbon houses, all of which have health benefits.²

Central to the Review is the recognition that disadvantage starts before birth and accumulates throughout life. This is reflected in the 6 policy objectives and to the highest priority being given to the first objective³:

1. giving every child the best start in life
2. enabling all children, young people and adults to maximize their capabilities and have control over their lives
3. creating fair employment and good work for all
4. ensuring a healthy standard of living for all
5. creating and developing sustainable places and communities
6. strengthening the role and impact of ill-health prevention.

Marmot's challenge to the medical professional is:

“What good does it do to treat people and send them back to the conditions that made them sick?”

To the local authority and other agencies:

“Inequalities in health arise because of inequalities in the conditions in which people are born, grow, live, work and age.”

The event workshops enabled a wide-ranging discussion about the current challenges in Gateshead and to draw out some key themes about our priorities and what we could aspire to achieve in the next 20 years.

There was no doubt that everyone in the room recognised the Thrive agenda and the need to ensure that the 30% of our population who are just coping, as well as the 30% who are already vulnerable should be the focus for our strategic planning. At the root of our approach to becoming a 'Marmot City' we recognised the need to deliver universal services at a scale and intensity proportionate to the degree of need.

² <https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives>

³ <http://www.instituteofhealthequity.org/>

‘Proportionate universalism is an approach that balances targeted and universal population health perspectives through action proportionate to needs and levels of disadvantage in a population. It can address burden of disease across a number of determinants of health to narrow the gap in health inequality.’⁴

Our Health Behaviours and Lifestyle

There was general agreement that tobacco, overweight and obesity, alcohol and drugs remain priorities. They were seen to be both risk factors, causes and consequences of other issues, such as inequality, which makes them difficult to tackle and highlights the complexity of these issues.

Participants agreed that they are not lifestyle choices, but the consequences of people’s circumstances, and that our attitudes towards “behaviours” and “lifestyles” don’t help:

‘Let’s stop the individual choice label once and for all’

Children and young people were highlighted as at particular risk in this respect:

‘Children’s drug and alcohol use are usually a consequence of something else e.g. generational, Adverse Childhood Events, families etc.’

The view was expressed that it is not just about changing behaviour, but about understanding the story behind them. One participant illustrated this:

‘We need to remember that drinking too much or smoking are logical and good decisions for people within the context of their particular life - we need to understand the context and not assume we know things.’

These risk factors are largely a result of deficits in self-worth and value - filling a gap. Another challenge was that the system and services need to change:

‘If we continue to work as we are we won’t get anywhere, we need to ask people what they want. You can change perceptions and thinking but only be shifting what we do’.

‘We have evidence of working in and with communities that it has impact but how do we turn these projects into everyday work. We need a solution to scale this up in a long-term approach’.

For our children a focus on denormalization around tobacco, alcohol, fast food and poor financial decision making:

- to reduce the likelihood that children are exposed to these and then continue this behaviour as they grow older
- to reduce pressure to conform to perceived social norms, e.g. social media stereotypes, body image etc

It was agreed that the overall purpose must be:

- Make people feel like they are worth something.
- Change the culture of Gateshead.

⁴ <http://www.healthscotland.com/uploads/documents/24296-ProportionateUniversalismBriefing.pdf>

- Make health everyone's interest and responsibility. Changing the aspirations of the people of Gateshead.
- Let's stop our current conversations and start again from the beginning.
- Stop downplaying the opportunities and good things about the North East. Change other people's perceptions.
- Prevention is vital

Wider Determinants of Health

The wider determinants of health, housing, employment, transport, education and environment were discussed as fundamentally underpinning how people, think, feel and respond to where they live, their community and their opportunities to live well and thrive.

The link between the social and economic costs of health inequalities was recognised and discussion focussed on how Gateshead could become a place in which young people would want to stay to live, work and raise their families. The need to give every child the best start in life underpinned much of the discussion about how our families can be better supported.

Housing

The need for a secure tenure, in a safe and healthy environment was recognised. It was agreed that the needs of younger persons were not represented in the workshop and that the perception of housing need may vary across generations.

“is the drive to accrue equity in housing the same for young people who cannot afford to buy? Is security of tenure actually more important?”

There was also a strong focus on the quality of housing and the need to manage private sector landlords better. Examples were given of poor quality unsafe housing and also of older persons being admitted to hospital as a direct result of cold homes.

It is recognised that planning for future housing need is essential and that it must include homes that are accessible for all and suitable for the changing age profile of the population. There was extensive discussion about 'different' housing models such as retirement villages and flexible tenures that might facilitate communities of interest etc. Also the need for appropriate supported housing and care related accommodation and the need to include dementia friendly design aspects in all new buildings.

We know that in deprived areas housing can be high density and impersonal. We need smaller scale housing which does not isolate people from the community they are in and encourages the use of outdoor spaces. Such developments are available in private sectors settings, they should also be available in new social housing.

Employment and education

The need for varied, secure employment, opportunities for personal development and the need to retain skilled and talented young people was a common theme.

‘we need to focus on good employment as in work poverty exists in Gateshead.’

‘A decent job is key to social and economic security’

The need to develop the Gateshead Brand and perception that Gateshead is positive place to live and work was raised in all workshops. If people aspire to improve or gain something positive in their lives they are likely to be more engaged in their community and lead healthy lives.

A strong emphasis on developing business enterprise – start-ups and development trusts. The need for long term planning and investment as a part of the long term strategy. Linked to this was the need to focus on efficient and environmentally friendly transport systems.

As a system we should aspire to improve child readiness for school and work to empower parents to give their children positive support to fulfil their potential in education. Adverse childhood experiences have costs to society.

The loss of Sure Start and community youth services was raised repeatedly as an issue, in the context of diverting young people away from risk taking and supporting positive engagement. It was pointed out that parents and teachers could not meet all needs unsupported.

Transport

The issues relating to transport are well known in Gateshead with many areas no longer being able to rely on local bus services. Delegates recognised the issues in rural areas in West Gateshead and problems with congestion and air pollution in central areas.

It was agreed that a robust plan to encourage cycling and walking was needed and that investment in the public transport network was critical to help change people’s perceptions and change car usage.

Investment in electric infrastructure was seen as a positive step to meet changing demand.

Many thought that investment in school walking and cycling educational programmes would produce young persons with positive attitudes to active travel. The need to improve cycling and walking infrastructure around this was key. Suggestions also included ‘free bike loan’ and enablement of cycling offers for all.

It was widely agreed that the road and metro infrastructure development needed a regional footprint. Extension of the Metro / rail to Gateshead Quayside was seen as a priority

‘we need to sell ourselves, people should want to get off at Gateshead.
Our Metro station is a disgrace’

Wider discussion also touched on the role of employers and transport planning.

Place and community

How people perceive Gateshead as a place drew varied observations, in particular that a high quality built environment is needed and it must include culture and aspirations in people's lives. That motivating individuals to value a place is extremely important. This extended to both the built and green environment, with many commenting on the value of open space and facilities to support mental wellbeing.

The message 'fix the place not the person' was strongly endorsed, reminding us that building community cohesion is about individuals perception of place and community.

'Every person measures their life experience differently, we all differ from each other.

We must not make assumptions that people or communities are homogenous.'

Social isolation and lack connections are challenges that many in our community face. We increasingly spend time in our own home and are not connected to the community in which we live. Children are growing up in a society which is intolerant of other people and normalises hatred.

There is a need for people to be reconnected to their communities again on different levels and to ensure that people feel safe in their homes and able to engage with their neighbours.

Community engagement:

- There are reasons why people don't access services, so we need to look at how we provide services.
- Empower and listen to communities.
- Are our priorities those of our residents?
- Whatever the solutions might be we need to engage people proactively in deciding what needs to be done and stop the approach of just telling people what is best for them.
- Start where the community is, and the rest follows.

'Where there is creativity, let people get on with it (and deal with any 'mess' afterwards). Don't constrain creativity.'

An integrated health and care system.

As our health and care system becomes more integrated there are a range of opportunities and challenges which will require us to build trust and relationships between organisations and teams who may work in very different ways.

Addressing organisational culture and expectations will be critical and it will rely on the commitment of senior managers to new ways of working and their ability to manage change throughout the organisation.

The aim is to secure seamless care for the 'whole' person within the system, to remove the need for duplicate assessments and hand-offs and to ensure that our new models of care maximise our resources and deliver the best possible care for people in Gateshead.

Our priorities have been identified through the Gateshead health and care system, these are:

- Children and young people's mental health and wellbeing,
- Frailty
- People with multiple and complex needs.

This will allow us to focus on complex families and to be much more creative in our approach and to keep resources in Gateshead.

We identified significant challenges, these include:

- The need to develop trust based commissioning and pooled resources so that we develop ways to get more out of the money we're investing.
- Organisations are generally more 'self-interested' than they are in people they are serving.
- Risk aversion in organisations is deep rooted and systems are set up which are slow and inefficient.
- Council's ability to be transparent and open. Council comes across as very protective, risk averse and that it needs to control the message. In addressing this, there is a need to get the message to middle management.
- Moving away from a fixation on the short term (fuelled by short term funding arrangements that VCS have to negotiate). Traditional funders are wedded to short termism.
- There are delays and waiting lists across many parts of the existing systems which need to be managed.
- Everyone says they want to do it (integrate care). But when it comes down to it, do you see the evidence e.g. CAMHS - appointments can be done within schools - where children are.
- Lack of continuity, even within single service areas. Lack of integration within individual services (i.e. before you consider cross service integration).
- Different 'language' used in different sectors. Stop talking about "integration"; change the whole language.
- Balance between universal support and targeted support. There are times when universal support is the right support.
- Ensuring people involved in the delivery of universal services are absolutely at the heart of the system development.
- Do we understand what we are trying to fix?
- VCS - everything is project based and over short periods of time (due to funding requirements). Move away from over micro performance monitoring.

- Giving staff permission, but it needs to be proportional.
- A focus on complex families is particularly important. We can be much more creative in our approach.
- Demographics - 75% of hospital beds at the QE are occupied by older people. Also, the complexity of patient's needs
- Service thresholds - people with co-existing needs. Dual diagnosis - if people have drug and alcohol issues they often can't access other services

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Appendix B

Group / Board
Gateshead health and care system
Poverty Board
Corporate Management Team (Council)
Leaders meeting
VCS
Health Watch
Group Management Teams
CCG Corporate Management Team
QE Governing Body or CMT
NTW CMT or locality forum?
Community Safety Board
LSCB
LSAB
The Gateshead Housing Company Board