

<b>Public Health Development Officer District Priority Summary Sheet: Cannock Chase</b>	
<b>Context</b>	<ul style="list-style-type: none"> <li>• Cannock Chase covers over 7,000 hectares on Northern fringe of the West Midlands conurbation.</li> <li>• Cannock Chase has a unique mix of urban developments, expanses of brownfield post-industrial sites, green belt and an Area of Outstanding Natural Beauty at the heart of the District (40% urban 60% green belt mix).</li> <li>• The 2011 census showed that there were 97,462 people and 40,664 households.</li> <li>• Population density is high with over 12 persons per hectare (PPH). This compares to 3.2 PPH in Staffordshire and 4.1 PPH in England.</li> <li>• The population is expected to grow by almost 4,000 people by 2031.</li> <li>• The number of Cannock Chase residents aged above 85 increased by 55% between 2001 and 2011 and set to rise substantially in the District.</li> <li>• Cannock Chase has the lowest life expectancy at birth for both males and females of all the Staffordshire districts (77.3 males, 81.7 females).</li> <li>• Men in deprived wards live 6.7 years less than those in the least deprived.</li> </ul>
<b>Health Challenges</b>	<ul style="list-style-type: none"> <li>• High levels of health inequality</li> <li>• Shorter life expectancy for men and women compared to national average</li> <li>• Significant growth of people over the age of 65 and in particular 75</li> <li>• High levels of long term conditions in 9 of the 15 wards</li> <li>• Adult obesity higher than national average</li> <li>• Childhood obesity (reception and yr. 6) statistically worse than England</li> <li>• High prevalence of smoking</li> <li>• High rates of teenage pregnancies in some wards</li> </ul>
<b>Priority Areas</b>	<p>CCP 4 priorities:</p> <ul style="list-style-type: none"> <li>• Physical Activity / nutrition</li> <li>• Long term conditions</li> <li>• Dementia</li> <li>• Diabetes</li> </ul>
<b>Key 'hot spots' within District</b>	<p>The Blake area which encompasses the following wards: Hednesford North, Hednesford Green Heath, Cannock North and Cannock East.</p> <p>West Chadsmoor / Pye Green and Etching Hill and the Heath.</p>
<b>Key Partners</b>	<p>Cannock Chase CCG, Staffordshire Public Health, Cannock Chase Commissioning Partnership, Chase Community Partnership, Elected Members, SSOT Partnership Trust, Voluntary and Community Sector, Wigan Leisure and Culture Trust.</p>

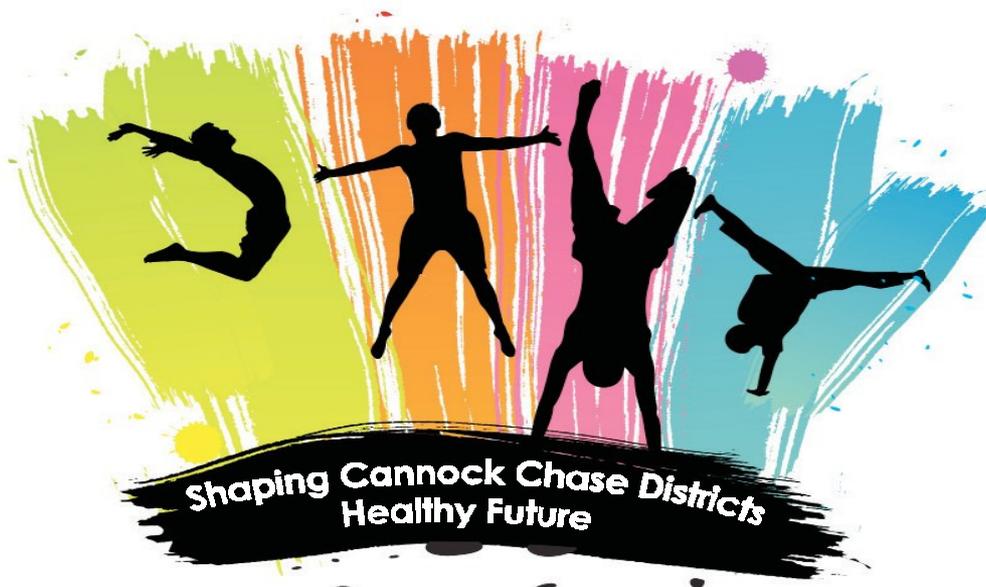
**ITEM NO. 6.2**

<p>Successful projects</p>	<ul style="list-style-type: none"> <li>• The Good Life</li> <li>• Route to Health</li> <li>• Escalator safety campaign to reduce falls</li> <li>• Community wellbeing: Sports Development. District based activity programmes to increase active participation in leisure, sport and physical activity (Chase It!, Aiming High, Back to Sports Events, Play Fit).</li> <li>• Community Wellbeing: Arts (Party in the Park, Walk to Win, Funsteps), Community Games.</li> <li>• Dance – Zumba-fest</li> </ul>
<p>Up and coming projects</p>	<p>Chase Fit Scheme, Waistlines, dance initiatives (zumbafest, dance troupe), Nurture Health Website, ‘Takeaway or stay away’, Workplace Health Award, cook and eat sessions, ‘Love Your Streets’ promoting the ‘Healthy Start’ Scheme and Change for Life Smart Restart, Further development of the Good Life and Route the Health.</p>
<p>Areas for Development</p>	<ul style="list-style-type: none"> <li>• Staffordshire Lifestyle Hub</li> <li>• Further promote and encourage sign-up to the workplace health award</li> <li>• Alignment of shared priorities and funding / joint commissioning?</li> <li>• CCDC website – link to PH website of SCC</li> <li>• Develop health and housing project. Innovative input into the ‘Warm Homes’ scheme</li> <li>• Sport and recreation hub on former Pye Green Stadium site</li> <li>• Scope feasibility of launching ‘Lets Work Together’ in Cannock Chase</li> <li>• Rugeley town centre regeneration – Give PH input into proposed plans</li> <li>• A wider launch / awareness raiser of the healthy start programme</li> <li>• Paper detailing clear commissioning intensions for each of the priority areas</li> </ul>
<p>Key community assets</p>	<p>Cannock Chase Children’s Centre, Chase CVS, Community Wellbeing – Sports Development and the Arts (district based activity programmes), Chase and Rugeley leisure centres, community artificial turf pitch, SNAP (Special Needs Adventure Playground), Cannock Chase AONB, The Good Life, Cannock Community Fire Station, Cannock, Hednesford and Rugeley parks, Ravenhill park and pool, Cannock Chase Hospital, Independent Futures, Families First.</p>
<p>District focus for role</p>	<p>Get Cannock’s Health and Wellbeing Strategy endorsed and signed off.</p> <p>Refresh the alcohol harm reduction strategy, populate action plan further align and embed this within the health strategy to ensure actions are delivered</p> <p>Identify priorities for Cannock Chase and put in place project initiation plans</p> <p>Identify opportunities for joint working and to offer public health input and steer in health and wellbeing groups and partnerships</p>

# Cannock Chase

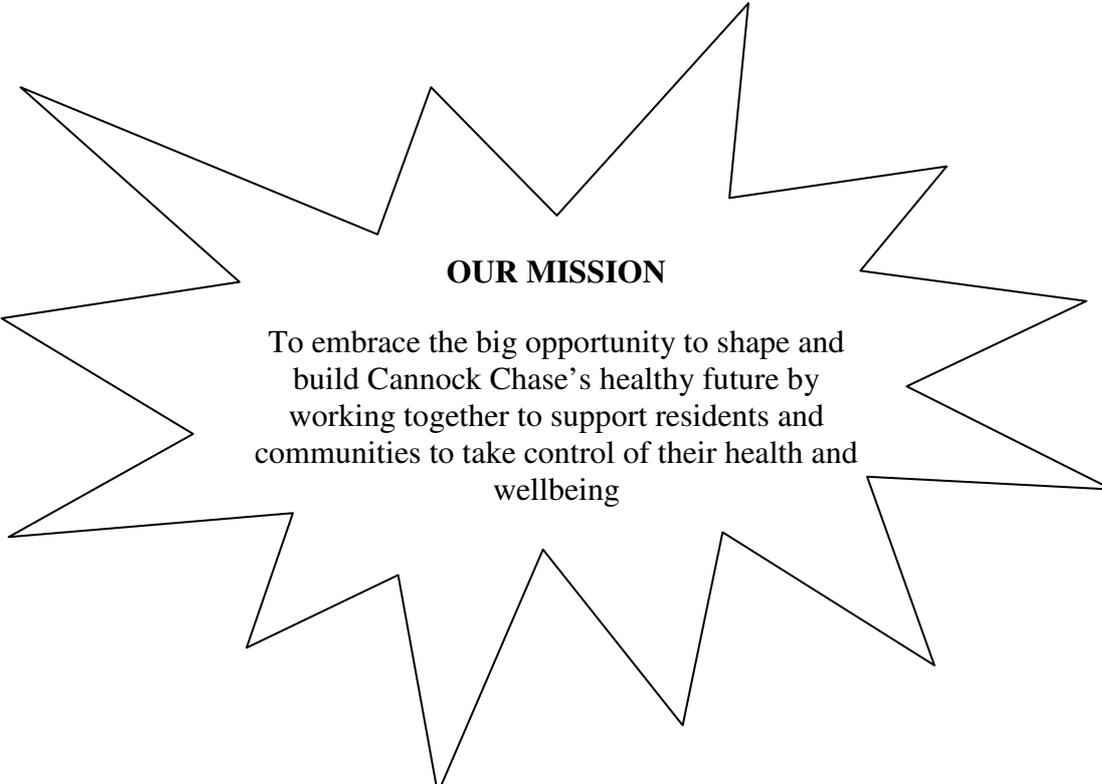
## Health and Wellbeing Strategy

2013 - 2018



**Cannock Chase**  
**Health and Wellbeing Strategy 2013 – 2018**

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**OUR MISSION**

To embrace the big opportunity to shape and build Cannock Chase’s healthy future by working together to support residents and communities to take control of their health and wellbeing

## Foreword

‘Central Support Local Action’ is a model embraced by Staffordshire Public Health. There is recognition of the need to work at district level in order to make a real difference to people’s lives, and as such District Public Health Development Officer roles have been created. One of the key responsibilities of this new post is to work collaboratively with and support partners to influence the wider determinants of health and to enhance the districts’ role in improving health outcomes for local residents.

This strategy has been developed as a local response to tackle health and wellbeing issues, it aims to compliment the Staffordshire Health and Wellbeing Strategy by alignment with the ‘*Staffordshire Public Health Healthy Staffordshire, Healthy People Strategic Plan 2013 – 2018*’. Having a strong local partnership and good integrated working with *Cannock Chase Commissioning Partnership* and *Chase Community Partnership* in delivering better health and well being outcomes for the people within the district, is of paramount importance to ensure the success of this strategy.

As a district council we have a vital role in improving the public health outcomes for all, in particular the poorest fastest, by focussing on the wider determinants of health in order to reduce the widening health inequality gap. Not only this, but we also seek to have a positive impact on health improvement and health protection and our adopted approach to this will be one of enabling and re-enabling the people of the District so that they are healthier, more independent, safer, happier and more supported in and by their communities. To achieve this Public Health Staffordshire, as part of Staffordshire County Council seeks to redirect their resources to increase the focus on prevention and early intervention and away from treatment and expensive specialised services.

By working together and using a prevention model that addresses all stages of life across a variety of settings, health outcomes and life chances will be improved.

## Suggested signatories

### For Public Health Staffordshire

Dr. Alison Teale, Consultant in Public Health, Staffordshire County Council

### For Cannock Chase Council

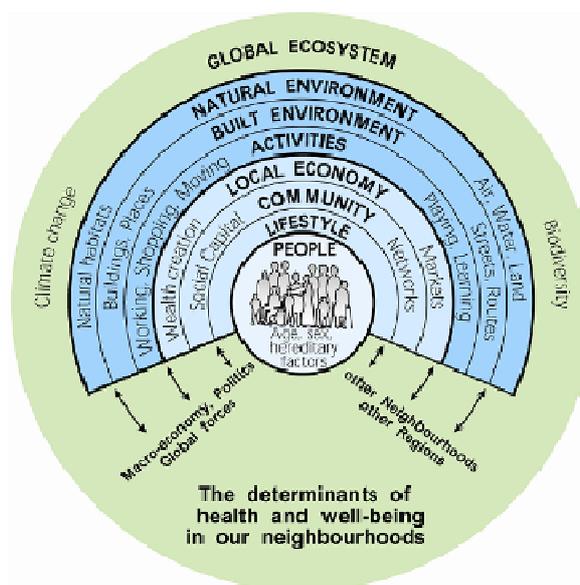
Mr Steve Shilvock, Head of Environmental Health, Cannock Chase Council

### For Cannock Chase Community Partnership

Councillor Muriel Davies, Portfolio Holder for Health and Wellbeing

## Introduction

An individual's health and wellbeing can be impacted upon throughout every stage of life; from birth through to childhood; into adulthood and working life through to retirement. So it must be recognised that disadvantage can start before birth and accumulate throughout life (*Fair Society Healthy Lives*, Marmot). The health of individuals and populations can be further influenced by a wide range of social, economic and environmental factors; *The Wider Determinants of Health* and this strategy seeks to embrace the big opportunity, we along with partners, have in shaping Cannock Chase's healthy future by outlining the plan that will mobilise action.



We are not working in isolation in tackling health and wellbeing issues within the district and therefore share the vision, mission and underpinning public health approach of Public Health Staffordshire. Thus the wellbeing pathway diagram captures the shared direction of travel whilst highlighting our five goals and the key partners who will be fundamental in achieving this and realising the County Councils outcomes at local level.

Over the next five years this strategy through the Chase Community Partnership will be used to inform local priorities and commissioners of local services, as it seeks to guide commissioners and providers to allocate, develop and plan delivery programmes to tackle local health and wellbeing needs so that residents and communities are able to take control, and make positive life choices and changes to improve their own health and wellbeing. This strategy does not seek to solve everything but focuses on those priorities that are required to reduce inequalities.

**The Wellbeing Pathway**



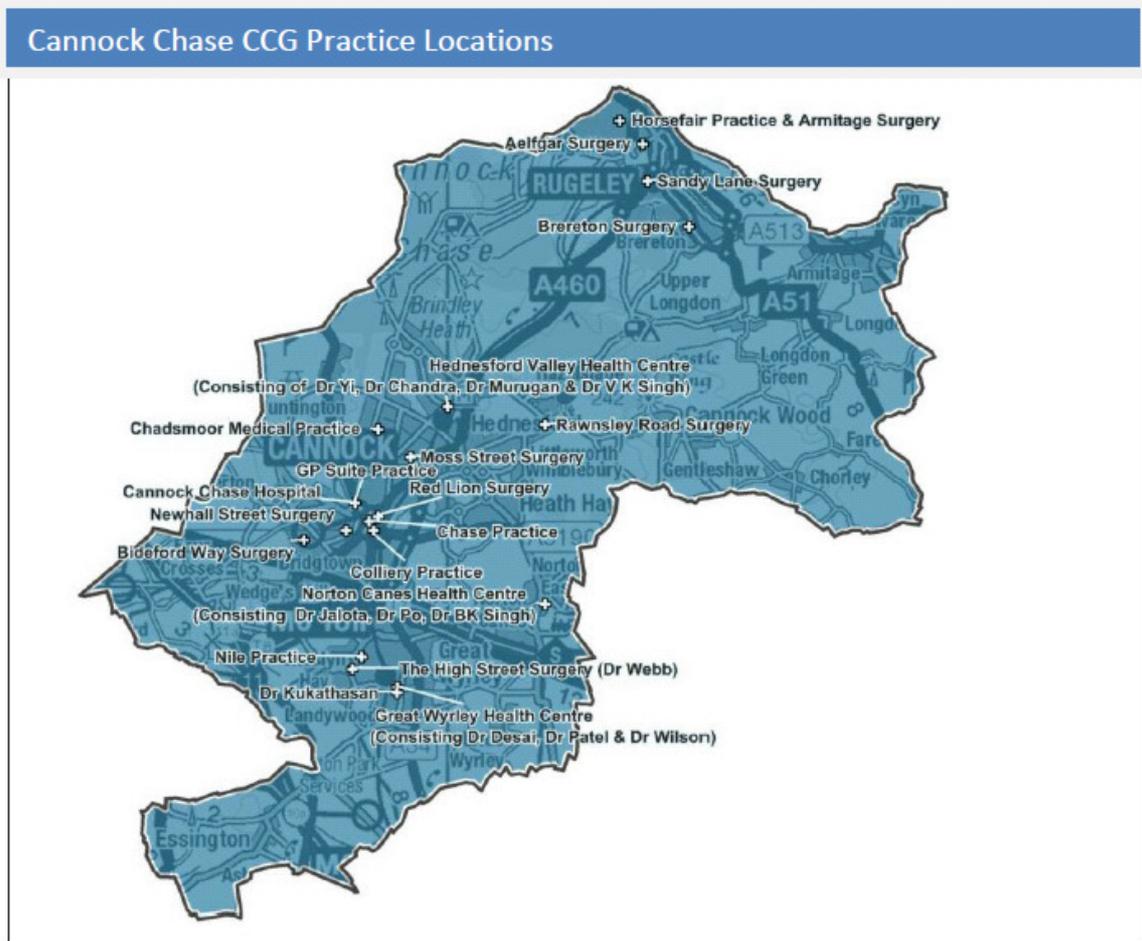
**Why Do We Need a Strategy?**

Each locality within Cannock Chase has its own health challenges in terms of poor health outcomes, high levels of health inequality and pockets of deprivation. Avoiding illness as well as treating it and taking action to address the underlying social factors which can contribute to poor health throughout life are the basis of the strategy.

The choices that people make in how they live their lives has a huge impact on their health and wellbeing both now and for the future. Too many people take risks or expose themselves to harm through their choices linked to alcohol, drugs, smoking, eating and physical activity. Our intention is to transform the way in which we empower and enable people to make good choices.

Our priority areas are informed by the Joint Strategic Needs Assessment (JSNA), the 2013 Enhanced Joint Strategic Needs Assessment (eJSNA) and the Locality Profile and focuses on the major health challenges across the lifespan that the people of Cannock Chase face.

Cannock Chase Council will seek to provide advice and expertise to Cannock Chase Clinical Commissioning Group (CCG) on how to ensure that the health services commissioned best improve population health and reduce health inequalities. The Cannock Chase CCG is led by local General Practitioners (GPs) that are responsible for the 27 GP practices in the area, as shown by the map below, however note that this area is larger than the Cannock Chase Council area.



### **The Key Public Health Priorities:**

The key public health priorities for our population include:

#### ***Reduce smoking and alcohol intake***

There is a long established association between premature mortality from heart disease and stroke and smoking. Cannock Chase had the highest rate of adult smokers in the County at 26% between 2006 and 2008. 1580 people in the district accessed smoking cessation services during 2010/11.

The rate of persons admitted to hospital with conditions specifically related to the consumption of alcohol showed an increasing trend in Cannock Chase between 2007 and 2011. The 2012 Local Alcohol Profile for Cannock Chase shows that the District had a significantly worse rate than England for alcohol-specific hospital admission among under 18s and for alcohol attributable hospital admission among females.

#### ***Reducing levels of Obesity***

Almost 3 in 10 adults in the District are obese which is above the national rate. Estimated levels of adult healthy eating and obesity are worse than the England average.

In addition to this, around 23% of Year 6 children are classified as obese which is above the England rate of 19.2%

#### ***Reducing the number of early deaths from Cancer***

Early deaths from cancer within the District is significantly worse than the England average. CCG indicators show that Cannock Chase had the second highest under 75 mortality rate from cancer of the six Staffordshire Cluster CCGs in 2011.

#### ***Reducing the number of people with long term conditions in particular diabetes***

The percentage of the Cannock Chase population on GP practice registers with diabetes has risen steadily since 2007 and Cannock has the second highest rate of mortality from diabetes in Staffordshire.

#### ***Increase Physical Activity and Promote Better Nutrition***

Evidence suggests that a fall in physical activity participation occurred between 2010/12. The Health Impact of Physical Inactivity (HIPI) indicator estimates that around 20% of emergency hospital admissions for coronary heart disease, breast cancer and colorectal cancer could be prevented in Cannock Chase if the population aged 40-79 undertook recommended levels of physical activity.

## The Challenges for Cannock Chase

In addition to the above priorities, in trying to reduce the health inequality gap which sees men in deprived wards living 6.7 years less than in the least deprived, we must also consider the wider issues which can impact negatively upon peoples lives such as housing, employment, education, transport, environment, community life, changes to welfare reforms etc. As these wider determinants can have a detrimental effect on health throughout the life course. Other specific challenges faced are:

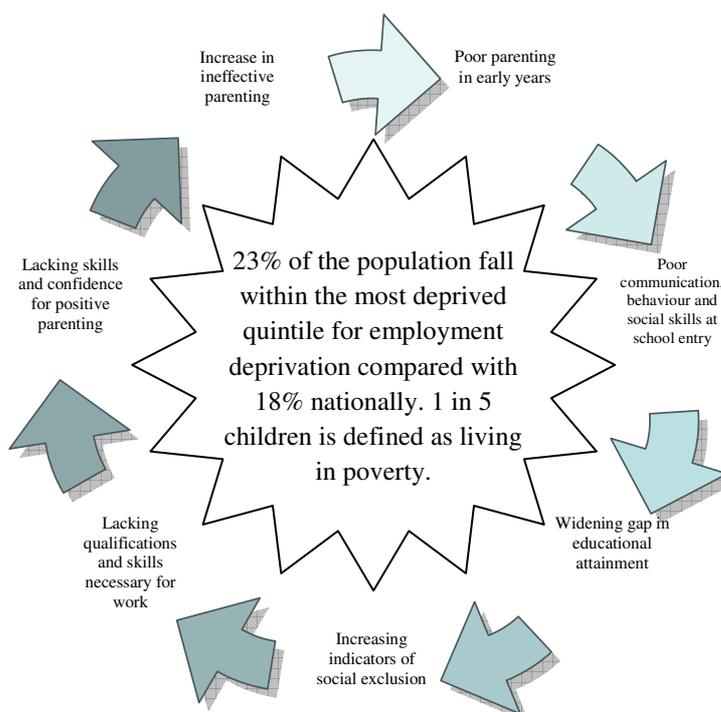
### *An Ageing Population*

The number of Cannock Chase residents aged above 85 increased by 55% between 2001 and 2011. As such, the District is set to see a significant growth in those aged 65 and over. The rise indicates a potential increase in health conditions associated with older age particularly dementia, stroke and injury from falls and thus a rising demand for health and social care. Data tells us that the last years of life are often affected by years of poor health, on average 8 years for men and 10 years for women. This trend of an aging population indicates an important dynamic in future service demand and provision in Cannock Chase. A growing ageing population will impact upon housing needs. The overall need for housing with care in the District is projected to almost double between 2011 and 2028 from 1,211 to 2,415 and those living in fuel poverty are also set to increase. In addition, work is needed to put services in place to make a dementia friendly society to support people and their carers in their homes.

### *Breaking the cycle*

The development of actions that are truly capable of improving the physical and mental health and wellbeing of individuals need to take account of their employability prospects and the geographical inequalities inherent in where they live.

Over a third of the population fall within the most deprived quintile of England for education, skills and training. Not only this but levels of teenage pregnancy, GCSE attainment, alcohol specific hospital stays among those under 18 and breast feeding initiation are worse than England average. Effective action to break the vicious cycle of poor parenting skills, poor educational attainment, poor skills and worklessness which fuels the health inequalities seen in Cannock Chase is a challenge that we need to meet together.

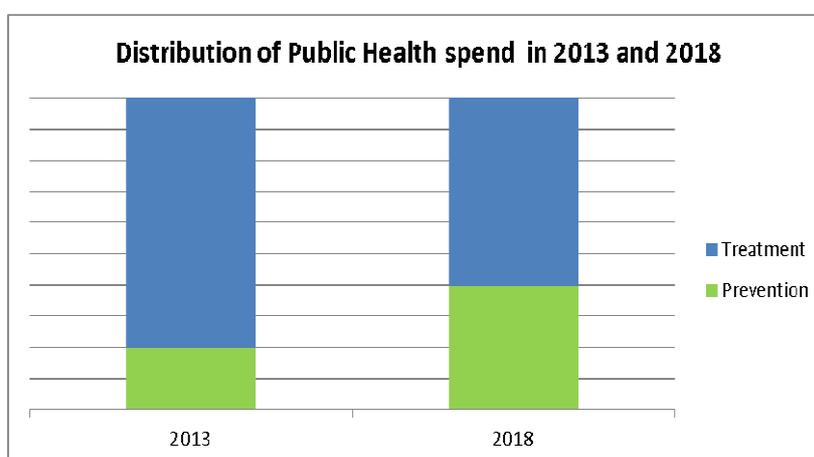


### **Difficult Times**

Service providers are all facing difficult financial times with limited resources, increased demands, and the need to make financial efficiencies. There is a recognition that new ways of delivery are called for if we are to improve health standards and adopt appropriate life choices. Commissioners and service providers need to adopt new ways of working and use of available resources in a way which can demonstrate cost savings and added value.

### **New Ways of Working**

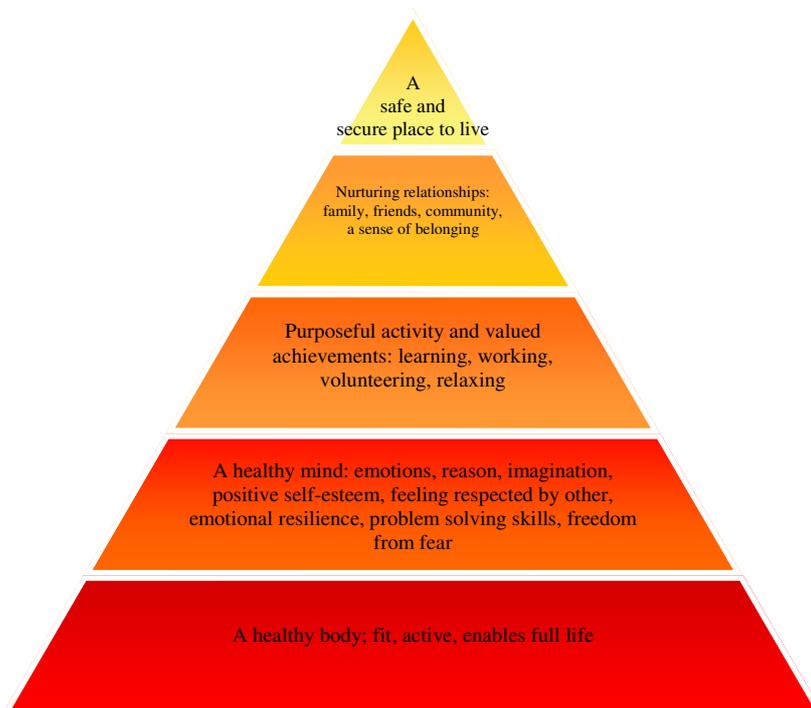
One of the CCGs four values regarding prevention is that they seek to increase the years of quality living through targeted interventions. Currently resources are predominately invested in re-enabling activities, however Staffordshire Public Health intend to facilitate a stepped change increasing the investment in enabling activities.



No single agency can be responsible for shaping Cannock Chase District's healthy future. Service providers need to rethink their traditional responsibilities to consider wider health impacts and how they can work jointly to develop cohesive integrated approaches to tackle them.

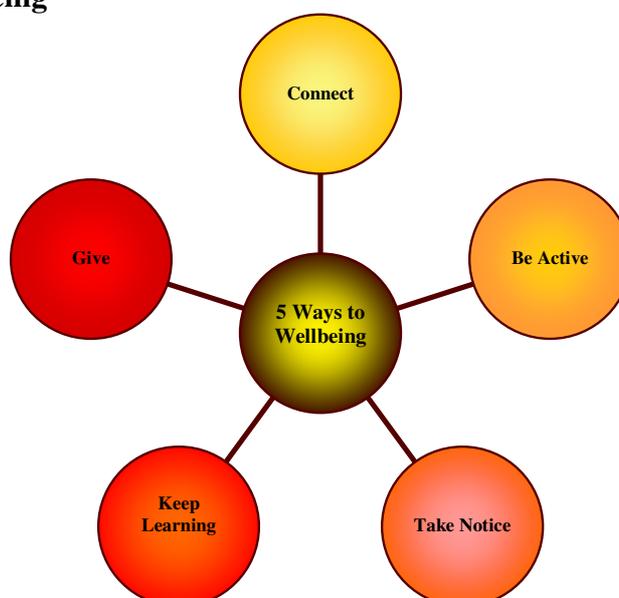
### Meeting the Health and wellbeing challenges together

If we are to develop a co-ordinated joined up approach to improving health and wellbeing we need to start with a shared understanding of what wellbeing means to people. While different things matter to different people and vary at different stages of life, there are some common themes which people identify as important to their wellbeing. Using Maslow's Hierarchy of Need as the starting point, we have identified the factors which, taken together, lead to positive health and wellbeing for most people:



Taking this a stage further, many of the themes above have subsequently been developed in to a practical model that can be applied here in Cannock Chase called the 'Five Ways to Wellbeing.' We hope that by joint working, supporting local communities and using local assets we can enable people and communities to adopt the Five Ways to Wellbeing.

### Five Ways to Wellbeing



### **Approach to Developing the Strategy**

Since responsibility for the public health agenda was given to Local Authorities, they take the lead for improving health and coordinating local efforts. The core task is to put health and wellbeing at the heart of everything local government does. Almost all the activities of the Council have the potential to have a positive impact on the health and wellbeing of the residents of Cannock Chase. Thus starting with the leadership of the Council, portfolio holders, directors and heads of service all have a key role in shaping the understanding and behaviours of the organisation to make the ambition of this strategy a reality for a larger and larger number of residents.

Due to the need for strong local partnership to ensure that there is good integrated working between statutory agencies and non statutory partners to deliver better health and wellbeing outcomes for all, the local commissioning partnership bringing together key strategic leaders, has been established. Three key functions for the local partnership have been identified; visioning, commissioning and advisory.

The local commissioning partnership seeks to be responsive to local and changing needs, listening to the voices of residents and the priorities identified by the County Health and Wellbeing Board. These sources of intelligence will be used alongside local knowledge and intelligence to inform commissioning outcomes and assist the CCG in commissioning high quality and safe services to ensure people live healthier longer lives.

In order to work in alignment with the Health and Wellbeing Board a life course model has been adopted. This allows the identification of health and wellbeing inequalities and local issues across all the life stages from pre-conception to end of life. Innovation across all agencies will be critical to promote new ways of working and fresh approaches to tackling the long standing priorities. We must have the confidence to challenge the norm and give new opportunities the ability to grow. We need new solutions at a local level that are built upon the foundations of prevention and early intervention in order to decrease the need for more intensive health and social care interventions.

## **How we plan to work together**

### Stage 1: Priority Setting

The priorities outlined in this strategy have been jointly agreed and locally determined they are the first step towards a new way of working. Consideration of the Strategy and priorities should be reflected in and inform others relevant local plans.

### Stage 2: Mapping Assets

We will build upon the assets within each community and strengthen the responsibility and ability of individuals and communities to generate change in behaviour and culture. To do this, we will need a greater understanding of existing resources and how they are deployed in order to develop new ways of delivery. This will require a greater understanding of the financial and service pressures that exist locally. Mapping of current spend on priorities will give greater scope when commissioning. Commissioners will be expected to take a wider asset based approach considering social capital and community resources, reaching beyond the realms of the public sector.

### Stage 3: Collective Delivery

Stakeholders and providers need to be brought together to deliver as a collective. This new way of working will look to develop a collective approach to delivering outcomes. This may involve sharing resources, aligned or shared budgets, disinvestment in order to reinvest in a gap in provision, and single procurement arrangements. The collective approach will lead to better use of resources, added value across agencies, avoid duplication and have a more effective approach to monitoring and reporting. The new 'Partnership' post working between Cannock Chase Council and Staffordshire County Council to support the delivery of this strategy and assist 'Priority Leads' is in place.

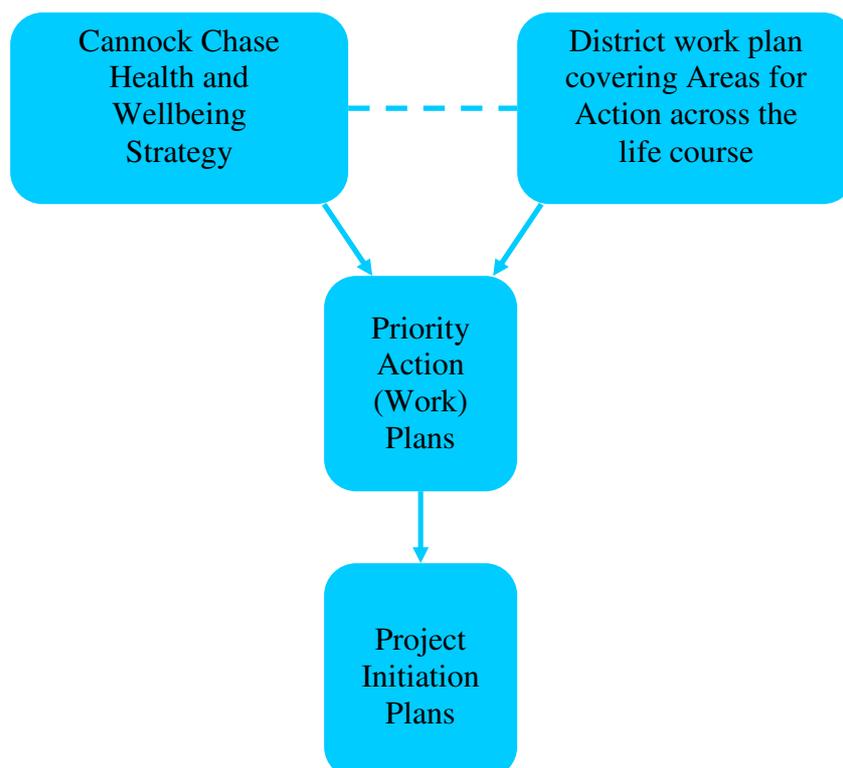
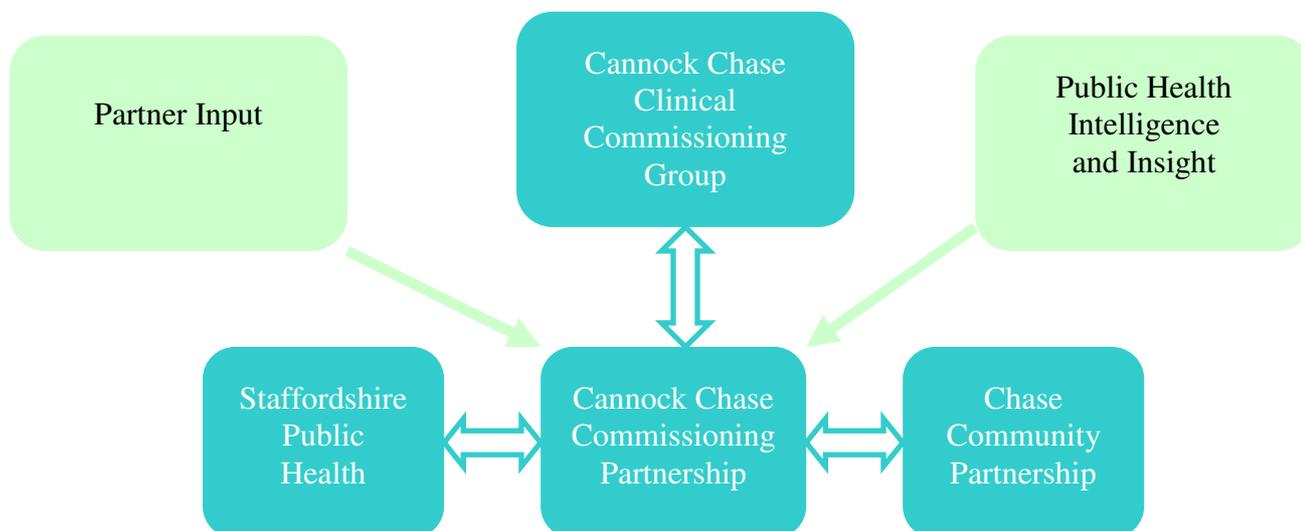
### Stage 4: Communication

Community consultation and stakeholder engagement is key to the successful delivery of this strategy.

### Stage 5: Monitoring Impact

We need to move towards an outcome based approach which targets those outcomes that will really make a difference to residents and communities. To be truly effective individuals and the communities at a local level should be at the heart of every outcome and will be able to articulate how the outcome has resulted in greater control. Anything that we do will need to demonstrate how we have empowered individuals and local communities to take control of their own health and wellbeing; "nothing about me without me."

**The Structure for Delivery**



## **Implementation and Monitoring**

The Health and Wellbeing strategy for Cannock Chase seeks to balance short-term and long-term impact by identifying short-term recommendations for action that can support long term sustainable change. It will be supported by a district public health locality work plan which will be underpinned by individual priority action plans and project initiation plans.

Some priorities are well coordinated locally and already demonstrate positive outcomes. However, some priorities are new and will require time to embed their approach. For each priority a lead has been identified and it will be their responsibility to ensure that progress against key milestones is being made.

The development of priority action plans are required as they drill down into the detail on what is already in place (the current picture), what needs to be done and by when, initial outcomes, longer term outcomes and public health and partner input. It is important that each priority then has a sufficient evidence base and that local resources and funding have been mapped, with consideration to a wider asset approach, and there are clear monitoring arrangements, this detail will be documented in the Project Initiation Plans. Establishing the baseline position is crucial for monitoring and evaluating the impact that has been made.

Our longer term priorities across the life course are summarised in Appendix A. However to focus action in 2013/14 key priorities for action are:

- ❖ Physical activity and nutrition in children, young people and adults
- ❖ Alcohol
- ❖ Mental Health
- ❖ Cancer

Detailed plans are under development for all these areas and will be completed by March 2014.

Our priorities for supporting others are in the areas of:

- ❖ Emotional wellbeing
- ❖ Sexual Health
- ❖ Housing and Health
- ❖ Healthy weight and healthy eating
- ❖ Cardiovascular Disease (CVD) risk – NHS health checks
- ❖ Long term conditions in particular diabetes

When demonstrating the impact, consideration will be given to the National Outcomes Frameworks for the NHS, adult social care and public health (and at CCG level, the commissioning outcomes framework). As these set out high level areas for improvement, alongside supporting indicators to help track progress without overshadowing locally agreed priorities. They will help to ensure that common challenges are highlighted at the local level across the health and social care system, informing local priorities and joint action, whilst reflecting the different accountability mechanisms in place.

The Cannock Chase health and wellbeing strategy outcomes will underpin the improvements identified in the three national outcome frameworks (see Appendix B).

**Appendix A - Priority Summary Sheet**

	<b>Priority Outcome 1</b>	<b>Priority Outcome 2</b>	<b>Priority Outcome 3</b>	<b>Priority Outcome 4</b>
<p><b>Start Well</b></p> <p>To give every child the best start in life</p>	Parents know how to provide a supportive, safe and stable childhood	Increased take up of breast feeding to support good early childhood development	To reduce the number of low birth weight babies being born	Reduce smoking in pregnancy
<p><b>Develop Well</b></p> <p>To enable all children, young people and adults to maximise their capabilities and have control over their lives</p>	Children and young people have improved emotional wellbeing	Children and young people have a BMI within a healthy range and engage in regular physical activity	Children and young people are kept safe from substance and alcohol misuse	Fewer children and young people contracting STI's
<p><b>Live Well</b></p> <p>To ensure a healthy standard of living for all</p>	People in Cannock Chase have access to good quality housing and influence planning	People in Cannock Chase have a BMI within a healthy rang, engage in regular physical activity and live a life free from diabetes.	Continue to reduce smoking prevalence and increase numbers accessing stop smoking services	Fewer people report feelings of isolation and low self esteem and have improved access to services. In particular reduce the higher than average rates of self harm admissions in Cannock Chase
<p><b>Age Well</b></p> <p>To create and develop healthy and sustainable places and communities</p>	Older people in Cannock Chase lead healthy active lives in a dementia friendly society where support is available to people and their carers in their own homes	Fewer people in Cannock Chase will have accidents and falls	People in Cannock Chase are better protected against the risk of excess winter deaths	Improve cancer detection and early intervention
<p><b>End Well</b></p> <p>To strengthen the role and impact of ill health prevention</p>	People in Cannock Chase will have greater choice and control during the end of their lives	People in Cannock Chase have better access to information, awareness and communication	People in Cannock Chase have a greater understanding of the end of life	To improve and ensure a high quality end of life service provision

## Appendix B – National Outcomes Frameworks

1. Public Health Outcome Framework	1. NHS Outcome Framework	3. Adult Social Care Outcomes Framework
<ol style="list-style-type: none"> <li>1. Improve the wider determinants of health</li> <li>2. health Improvement</li> <li>3. Health Promotion</li> <li>4. Healthcare public health and preventing premature mortality</li> </ol>	<ol style="list-style-type: none"> <li>1. Preventing people from dying prematurely</li> <li>2. Enhancing quality of life for people with long term conditions</li> <li>3. Helping people to recover episodes of ill health following injury</li> <li>4. Ensuring that people have a positive experience of care</li> <li>5. Treating and caring for patient in a safe environment and protecting them from adverse harm</li> </ol>	<ol style="list-style-type: none"> <li>1. Enhancing the quality of life for people with care and support needs</li> <li>2. Delaying and reducing the need for care and support</li> <li>3. Ensuring that people have a positive experience of care and support</li> <li>4. Safeguarding adults who are vulnerable and protecting them from avoidable harm</li> </ol>

**Appendix C – Key Documents**

*Fair Society Health Lives*, Marmot Review. 2010

*Healthy Lives, Healthy People: Our Strategy for Public Health in England*. HM Government, 2010

*Living Well in Staffordshire Our Five Year Plan 2013 – 2018*. Staffordshire Health and Wellbeing Board, 2013

*Healthy Staffordshire, Healthy People: Public Health Draft Strategic Plan 2013/18*. Staffordshire Public Health, 2013

*Making Staffordshire Healthier – The Annual Report of the Director of Public Health for Staffordshire*. Staffordshire County Council, 2012

*Working Together for Better Health: Staffordshire Joint Strategic Needs Assessment*, 2012

*Active Staffordshire*. Staffordshire County Council, 2013

*Health Profile: Cannock Chase*, 2012

*Enhanced Joint Strategic Needs Assessment*. Cannock Chase Council, June 2013

*Commissioning Prospectus 2013-2014*. Cannock Chase Clinical Commissioning Group. 2013

*Cannock Chase Community Partnership, Local Health and Wellbeing Commissioning Partnership Terms of Reference*

*Stafford and Surrounds Health and Wellbeing Strategy 2013 – 2015*