
Tameside Health and Wellbeing Strategy 2013 - 2016

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Starting Well –Ensuring the best start in life

The evidence base for the life course approach is strong. What happens early in life affects health and wellbeing in later life. There is increasing evidence that, in England, we are not doing as well as we should to achieve good health and wellbeing outcomes for our children and young people – when we compare both historically and within and between countries for mortality, morbidity, wellbeing, social determinants and key indicators of health service provision.

Chief Medical Officer, Dame Sally Davies
Our Children Deserve Better: Prevention
Pays, 2012



Starting Well –Ensuring the best start in life

Increased proportion of children ready for school:

Improved by 5% up to 63% this year, still below the national average but closing the gap with the NW and England average

Increased rate of breastfeeding (14/15 data): Breastfeeding Initiation England 74.3%, Tameside 59.6%

Still breastfeeding at 6-8 weeks: England 43.8%, Tameside 32%

Drop off % from initiation to 6-8 weeks: England 30.2%, Tameside 27.6%

Reduction in domestic abuse: Rate fell over the most recent 12 month period from 23.5/100 to 22..5/100. Still higher than the England average.



Developing Well - Enabling CYP to maximise their capabilities and have control over their lives

Reduced teenage conceptions: rates almost halved in the past 5 years, now below the NW average. Since 2013 equates to (85) fewer females under 18 years getting pregnant

Sexually transmitted disease: Increase over the most recent 12 months from 875/100,00 in 2014 to 962/100,00 in 2015. significantly above England rates by nearly 20%

Obesity in children and adults: Over the most recent 12 months

Reception – decreased by 1% to 23.6% - 1-2% higher than England average

Year 6 - increased by 1% to 34.6%, slightly higher than the England average

Adults - 7% decrease to 19.7%, nearly in line with the England rate of 19.1%

Other good news since 2013:

GCSE achievement has shown significant improvement equating to an extra (64) 16 year olds leaving school with good GCSE results

Mental Health: Improved offer for CYP, parents and Carers through enhanced work with third sector and additional funding, widened access to counselling, delivered wellbeing sessions in schools and supported national mental health campaigns



Other Improvements for CYP

Infant Mortality: significantly lower than the NW or England average. Infant mortality has reduced again from 3.2/1000 live births to 2.8, Child mortality has also significantly reduced from 14.8/100,000 to 9.2.

Child Poverty: Reduced for the 5th year from 22.7% to 22.3% - 100 fewer children under 16 now living in poverty in Tameside.

Low Birth weight: Low birth weight has reduced again from 6.5% to 3.7%.

Immunisations: immunisation rates for MMR (under 5) continue to improve year on year. Now above the England average.

Smoking in Pregnancy: In 2015/16, 16.1% of mums smoked at time of delivery compared to 18.5% in the previous year.

Flu Vaccination in pregnancy: Flu vaccination uptake in pregnant women in Tameside is 49% compared to the England average of 40%.

Government 2-year-old early education entitlement: increased steadily from 53% in Summer 2014 to 89% of eligible children now accessing their free place.



Living Well - Creating a safe environment to build strong healthy communities and strengthening ill health prevention

- **Mental Health Champions:** improving understanding of MH issues and support in communities
- **Workplace HWB:** supporting local employers to gain Workplace Wellbeing Charter
- **National MH Campaigns:** Time to Change, National Suicide Prevention Day, World Mental Health Day.
- **Community Grants:** for local groups that contribute to the positive mental health of participants.
- **Community Assets:** trained front line workers to develop and maximise assets
- **Participatory Budgets:** local communities choosing which groups should receive grants. High anxiety scores for adults have fallen from 22% in 2011/12 to 19.8% in 2014/15.
- **Alcohol Admissions;** remained steady since 2012/13 at just over 2,800/100,000 people, still higher than the England average, which was 2,139 in 2014/15.
- **Lifeline Commissioned:** provide a more holistic treatment and support service to tackle alcohol harm
- **Smoking Prevalence:** continues to fall, but remains higher than the England average.
- **Premature Death:** The rate of n Tameside has fallen from 97.4/100,000 people in 2008/10 to 83.5 in 2012/14, due to improved lifestyle choices, such as reduced smoking rates, and better treatment.

Time to change

Ageing well - Promoting independence and working together to make Tameside a good place to grow older

- **Dementia Friends:** increased across Tameside, which was an action taken up as one of the Leader's pledges during 16/17.
- **Post Dementia Diagnosis** offer for local people and their families and carers, including support for those newly diagnosed.
- **Arts and culture activities for people living with dementia** and for people affected by loneliness, e.g. community operas
- **Investigating community based interventions:** those that reduce dementia behaviours that challenge and potentially reduce prescribing of anti-psychotic drugs.
- **Pilot Bereavement Service:** open to the whole community, but managed by Willow Wood Hospice.



Dying Well - Ensuring access to high quality care to all who need it

Priorities: Dignity, choice, quality care

Outcomes: no change in % of deaths at home

Progress:

- Dignity - rapid discharges from hospital, including hospice staff in-reach on hospital wards and transfer patients from hospital to hospice
- Choice - Tameside and Glossop patients better supported when choosing their place of care by GP, district nurses and community Macmillan team, Marie Curie (night care) and Willow Wood Hospice
- Quality
 - new Consultant in End of Life Care and Macmillan GP in post
 - adoption of Gold Standards Framework in primary care improving dignity, choice and quality

What next?