

CONSULTATION DRAFT

North Somerset's People and Communities Strategy 2017-2020



Contents	Page
Chairman's welcome	
1. Introduction	1-2
2. Challenges	3
3. Principles	4
4. Priority Themes	5-18
Overview	5-6
Priority theme one: Enabling the best start in life	7-9
Priority theme two: Adding life to years and years to life	10-12
Priority theme three: Ageing well	13-14
Priority theme four: Enabling communities to thrive	15-18
5. Going Forward and Reviewing progress	19

How to access this draft consultation strategy

Copies of this strategy are available online from:

<http://www.northsomersetpartnership.org.uk/whoweare/people+and+communities+board/index1.asp>

Other formats:

This document can be made available in large print, audio, easy read and other formats. It can also be emailed to you as a plain text file. Help is available for people who require this information in languages other than English.

For more information contact Kay Sandy:

Telephone: 01275 885132; E-mail: kay.sandy@n-somerset.gov.uk

Chairman's Welcome



As Chairman of the People & Communities Board, I welcome you to the second People and Communities Strategy for North Somerset.

The strategy sets out the Board's joint priorities to enable North Somerset residents to improve their health and well-being throughout the life course, and to increase community safety and cohesion. Bringing together these areas of work enables the Board to tackle complex issues in a coherent and integrated way. It also ensures partnership activity aligns with the priorities of the North Somerset Strategic Partnership.

Produced by a range of partners which comprise the People & Communities Board, at the heart of the strategy are the needs and views of the local population, which will be sought through consultation.

In general, people in North Somerset enjoy good health and levels of crime are low. There have been improvements in recent years including reduced premature deaths from heart disease, stroke and cancers and reductions in school absences and the number of local young people entering the youth justice system. However, there are significant challenges that need to be addressed now, including the rise in obesity amongst children and adults and rising demand for domestic abuse support. The increased reporting of domestic abuse to the Police could be viewed positively as it tends to be a hidden and an under reported crime, but it is obviously distressing. It is also concerning that people and families are experiencing this harm, even in their own homes.

Everyone in North Somerset should have the right to be safe and enjoy good health and well-being so that they lead fulfilling and active lives. Some groups and communities experience poorer outcomes than others. Whilst this strategy aims to improve the well-being of everyone in the area, it will focus particular attention on making faster improvements for those experiencing poorer outcomes and lower quality of life. This requires efforts to support those facing challenges such as adverse social and economic circumstances and rurality. Planned regeneration in specific areas of North Somerset provides opportunities for some improvements.

The strategy does not seek to cover everything that impacts on health and well-being, community safety and cohesion and will not capture a range of current activities which already bring about such benefits. It focuses on collective priorities which need a shared vision and joined-up action to address them. Such integrated working yields the greatest benefit for a given level of overall resource - vital during the life of this strategy.

As Chairman of the People & Communities Board, I have witnessed the enthusiasm and commitment of all partners in the production of the strategy and I am sure that this will continue in the collaboration to carry it forward. I am pleased to present this strategy and the priority themes it identifies. I look forward to us working together to make North Somerset a healthier, safer and more vibrant place to live and work.

Councillor Nigel Ashton
Chairman, North Somerset People & Communities Board

1. Introduction

1.1 Purpose

This People & Communities (P&C) Strategy for North Somerset sets out the priorities and actions for the P&C Board from 2017 to 2020, to improve the safety, health and well-being of local residents and to reduce inequalities. The strategy does not seek to include all the current activity relating to a priority area, but focusses instead on what more can be done to improve outcomes. Effective partnerships are key to successfully implementing the strategy, including those between Board organisations and beyond such as communities, voluntary groups, educational establishments and health service providers.

P&C Board Membership:

North Somerset Council;
Association of Town & Parish Councils;
North Somerset Clinical Commissioning Group;
NHS England;
Healthwatch North Somerset;
Avon & Somerset Constabulary;
Police & Crime Commissioner for Avon & Somerset;
National Probation Service;
Community Rehabilitation Company;
Avon Fire & Rescue Service;
Voluntary Action North Somerset;
Alliance Homes.

Successful Partnerships:

Community Development work

Initiatives in Weston-super-Mare's South & Central wards have brought local organisations & residents together to build on the skills, experience & enthusiasm of local people in order to strengthen communities & improve health and well-being. Residents' funding panels oversee & approve small grants to local groups & individuals. These have helped to launch initiatives such as Weston Incredible Edible, a community radio station & photography exhibition. The projects have also been awarded external funding from the Department of Community & Local Government & the Quartet Foundation.

We recognise that public services are in a period of significant change across the UK, with budgets reducing or remaining the same for several years. At the same time, our population is growing, with a significant proportion of the population getting older, requiring more care. These pressures signal the need to improve the efficiency and effectiveness of our services, diverting more resources to improving prevention and working in more coordinated ways with partners and communities. Board members also recognise the role of their organisations in championing the aims of the strategy through working practices, including providing local employment and promoting staff health and well-being.

The Board combines the roles of three previous partnerships: the Health & Well-being Partnership; Safer, Stronger Partnership and Children & Families Partnership. It has statutory responsibilities for producing a Joint Strategic Needs Assessment (JSNA); a Joint Health & Well-being Strategy (Health & Social Care Act 2012); a Community Safety Plan & Crime & Disorder Strategic Assessment (Crime & Disorder Act 1998) and a Child Poverty Strategy (Child Poverty Act 2010).

Successful Partnerships: North Somerset Crisis Care Concordat (CCC)

The CCC has made significant progress in improving access to appropriate support for individuals experiencing, or at risk of, a mental health crisis. The outcomes have been improved patient experience & patient safety & better use of public sector resources. The successes of the local Group enabled them to secure additional funding from the Department of Health and Home Office to accelerate progress.

This strategy meets the requirements for producing a Joint Health & Well-being Strategy & Community Safety Plan. A North Somerset Police and Crime Plan will also be produced by the Police and Crime Commissioner for Avon and Somerset

and the People and Communities Board. This will detail how our shared local priorities will be delivered. The Crime and Disorder Strategic Assessment requirement is met through JSNA chapters and the Police and Crime Commissioner's Strategic Assessment.

The North Somerset Child Poverty Strategy is a separate document available from the North Somerset Partnership website, with updates included in the JSNA:

<http://www.northsomersetpartnership.co.uk/whoweare/people+and+communities+board/children+andfamilies/child+poverty+strategy1.asp>.

1.2 Strategy development and consultation process

This draft strategy has been developed based on a review of the previous People and Communities Strategy, information from the local Joint Strategic Needs Assessment (JSNA) <http://www.n-somerset.gov.uk/my-council/statistics-data/jsna/joint-strategic-needs-assessment/>, feedback from Board members and an engagement workshop with Board members and key partner organisations.

The strategy will be shaped through a consultation process to capture the views of stakeholders who have not yet been involved in the developing the strategy and members of the public. Consultation feedback will be considered by P&C Board and agreed changes will be included in the final strategy. A timeline of the strategy development and consultation process is provided below. In future years we will follow a full co-production process, engaging with stakeholders, including the public, in the early stages of considering content and structure.



2. Challenges

Area

North Somerset is diverse, with areas in both the most and least deprived 1% in England. This is the third widest range in deprivation scores in the country.

Inequalities exist for differing communities, with poorer health outcomes in Weston-super-Mare and amongst some population groups. Areas of higher deprivation are also associated with above average crime rates.

Population change

The population is expected to reach 250,000 by 2035, growing faster than the regional and national average.

North Somerset has an older population compared to the England profile, with 1 in 5 people aged over 65. There is also a growing younger population due in part to new housing and development.

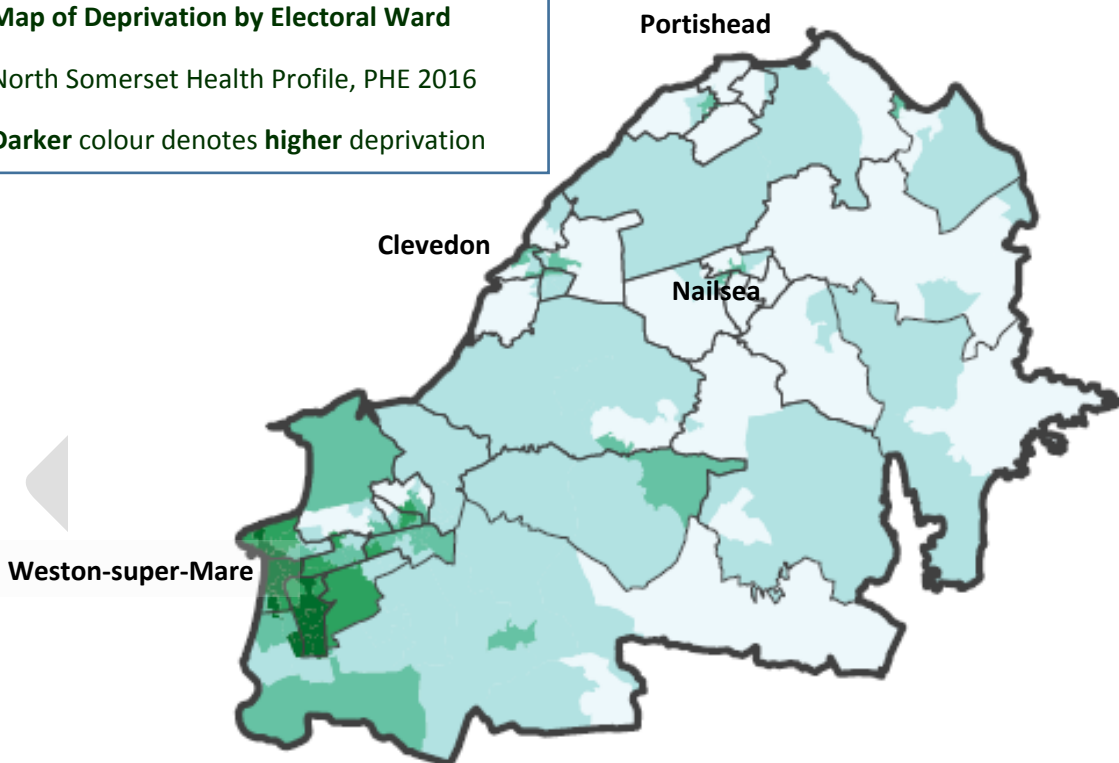
Population increases put pressure on infrastructure and demand for services, requiring new housing and creating new communities.

North Somerset

Map of Deprivation by Electoral Ward

North Somerset Health Profile, PHE 2016

Darker colour denotes **higher** deprivation



Financial pressure

Achieving financial sustainability in the face of rising demand and reduced resources due to funding cuts calls for focussed priorities and creative solutions.

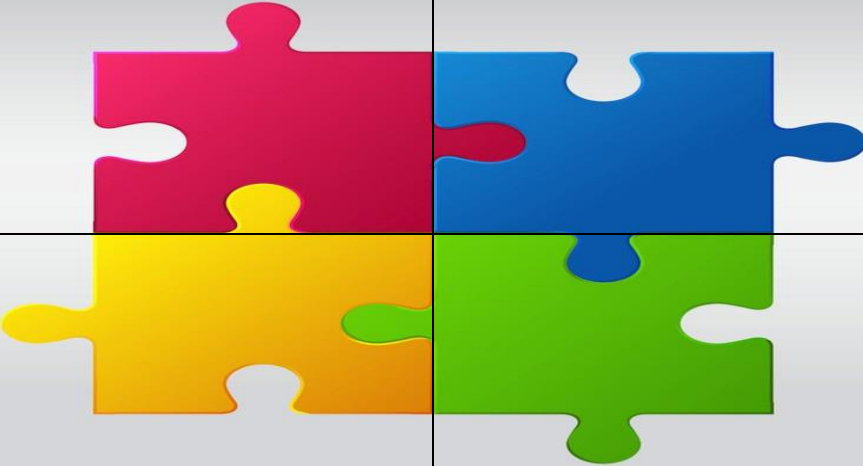
Rising concerns

Rising obesity in children & adults increases the risk of developing diabetes, cardiovascular diseases and cancers. Excessive alcohol use contributes to more liver and cardiovascular diseases, behavioural and social problems.

Domestic abuse reports to the Police & referrals to support services increasing. It is positive that more people feel able to report abuse - the challenge is for services to meet the rise.

3. Principles

The following four principles guide the Board’s work and have been considered in choosing the themes and actions for inclusion in this strategy:

<p>Prevention, Self-Care & Promoting Independence</p> <p>Our actions will facilitate choices which enable people to be safe & feel safe & to be healthy & economically secure. Through focussing on prevention we aim to reduce the chances of unwanted outcomes occurring.</p> <p>We will empower individuals & communities to promote independence & self-care approaches & we will maximise opportunities for digital communications to enhance access to information</p>	<p>Reducing Inequalities</p> <p>Services & interventions will be provided universally where appropriate & effective. They will also be of sufficient scale & tailored to the areas, groups or individuals that need them most</p>
	
<p>Partnership working</p> <p>We will work collaboratively to secure improved outcomes & ensure efficient use of resources</p>	<p>Effectiveness and Evaluation</p> <p>Activities and services will be evidence-based & local impacts and outcomes will be assessed. Where innovative approaches are used, which by their nature have limited evidence, we will build a local evidence base through evaluation & we will act on the findings</p>

4. Priority themes

Overview

The Board has chosen strategic priority themes and actions which focus on reducing variations in outcomes between key population groups. It has considered health and well-being from before birth to older age, taking into account the wider factors that can affect people's health and well-being and reflecting the framework presented in the Marmot Review, 'Fair Society, Healthy Lives, a Strategic Review of Health Inequalities in England'.

A brief description of each of the priority themes is provided, followed by tables summarising the strategic actions for each theme.

Priority theme 1. Enabling the best start in life - *enabling children and young people to thrive and develop skills to lead healthy lives and achieve their full potential*

We aim to create a culture where it is easy for parents to give children the best start in life through preventing problems before they arise. Prevention of ill-health in childhood provides the greatest benefits in avoiding later health problems and improves life chances.

Most brain development occurs within the first two years of a child's life. We are born with 25% of our adult brain mass and this is increased to 90% by our third birthday. It develops and changes with stimulation from our environment and the relationships with those close to us.

Investing in the early years, improving early cognitive and non-cognitive development and children's readiness for school, is vital for later educational outcomes. Once at school, as well as attaining qualifications, it is important that children and young people are able to develop skills for life and for the transition to work.

At all stages when children are not healthy their ability to learn, thrive and develop is affected. We must pay special attention to supporting children and young people with complex health needs, looked after children and care leavers who may be especially vulnerable.

Priority theme 2. Adding life to years and years to life - *creating the right conditions to facilitate healthy lifestyles, enabling good quality lives to be enjoyed for longer*

Significant improvements to health and well-being can be achieved by making healthy lifestyle changes including stopping smoking, healthy eating and maintaining a healthy weight, being physically active and drinking alcohol in moderation. There is a strong association between poor health and deprivation, due in part, to an increased 'clustering' or combination of unhealthy behaviours amongst individuals, greatly increasing disease risk and premature death. Our lifestyle choices are influenced by a range of factors including our family and friends; social norms; policies and pricing, such as smoke free policies and alcohol pricing and environmental and structural interventions, such as safer routes for active travel and designing open public spaces when building new communities. Therefore, it is important that the places we live our lives, including our homes, communities, schools and workplaces, are as conducive as possible to making healthy choices, easier choices.

Healthy lifestyles add 'life to years' by improving the quality of life and increasing the number of years of life free of illness, known as 'Healthy life expectancy'. This is the average number of years lived in 'good' or 'fairly good' health as captured in the 2011 Census. Lifestyle improvements also add 'years to life' by increasing life expectancy through avoiding early deaths, especially amongst the

five leading causes of premature deaths: cancers, heart diseases, stroke, lung diseases and liver diseases.

North Somerset residents enjoy a good average life expectancy at birth - 80.3 years for males and 83.8 years for females (compared to England 79.5 and 83.2) and healthy life expectancy is 66.8 for males and 64.6 for females. However, more detailed analysis reveals significant variations within North Somerset. There are sharp contrasts in ward level life expectancy, being lowest in Weston-super-Mare Central ward - 67.5 years for males and 76 years for females, and highest in Clevedon Yeo ward. The difference in life expectancy between these wards is 18.6 years for males and 16.5 years for females. Across the deprivation deciles, males living in the least deprived areas of North Somerset can expect to live 9.1 years longer than those living in the most deprived areas and females 6.5 years. England average figures are 9.2 years for males and 7 years for females.

Priority theme 3. Ageing well - *enabling people to maintain independence, live longer, good quality lives, with access to appropriate care and support when needed*

The population profile of North Somerset is older than the national average. One in five (20%) people in North Somerset is aged 65 or over, compared to 18% in England. Between 2001 and 2014 the size of the population aged 65 and over increased by almost a third. With more people living for longer, the number of people living with long-term and/or multiple health conditions has also increased, as has the demand on health and social care services. It is therefore imperative that new models of care are developed which improve the quality of care provided and reduce the increasing pressures in the care system.

People who have complex health and social care needs are often living with multiple long-term conditions, significant disability and high levels of frailty. In addition to the complexity of individual needs, the current health and care system itself is complex and can be difficult for individuals and carers to navigate. This, along with variable quality of care delivered in care homes and high staff turnover, can adversely impact people's experiences and outcomes. New models of care, including a greater focus on prevention, advice for people and carers, improved early interventions and alternatives to hospital admissions are required to overcome these challenges, simplify access to care and improve people's experience.

Priority theme 4. Enabling communities to thrive – *Enable people to live safe, healthy and independent lives*

This is a wide ranging theme to enable people to live healthy, safe and independent lives. We know that some communities and individuals are at greater risk of poor outcomes including higher crime levels and that some crime is under-reported. Since we value the knowledge and skills of local residents, we will encourage community and person-led solutions to tackle local issues whilst providing support where it is needed. We will particularly focus on areas of greatest need, including growing communities and those experiencing poorer outcomes, in order to increase resilience. Examples include providing peer support to survivors of domestic abuse or establishing mentoring opportunities to increase young people's confidence and aspirations, alongside working with communities and residents groups to enable community-led approaches.

Priority theme 1. Ensuring the Best Start in Life

What is the issue?	Why is it an issue for North Somerset?	How will we address the issue?	What impacts/outcomes are we aiming for?
<p><u>1.1 Early years</u> Increased demand is predicted for ante/post-natal services and early years' support due to increasing birth rates and population growth.</p> <p>Children who thrive in the early years are more likely to develop positive relationships and better emotional and physical health throughout their lives.</p> <p>The economic return on investment for programmes targeted to the early years tends to be greater than those based in later life.</p>	<p>The North Somerset population has been increasing and is predicted to continue to increase over the next 15 years. This is due to new development in the area and increases in the general fertility rate.</p> <p>Overall, most health outcomes amongst young children are good in North Somerset compared to the national average. However, there is variation across North Somerset, e.g. in breastfeeding and obesity rates.</p>	<p>Continue to develop integrated and well-coordinated systems for early years' services which draw on the strengths of midwifery, health visiting, Children's Centre staff, school nursing and the voluntary sector.</p> <p>Deliver the universal & targeted Healthy Child Programme, focussing on these high impact areas:</p> <ul style="list-style-type: none"> -Transition to parenthood & the early weeks, maternal mental health. -Breastfeeding, healthy weight, nutrition, physical activity. -Managing minor illness & reducing injuries. -Health, well-being & development reviews for children aged two years -Support to be 'ready for school'. 	<p>-improved outcomes in key Healthy Child Programme indicators such as breastfeeding duration, height and weight measurement in primary school and physical activity levels (See action 'healthy weight, being active & eating well' under priority theme 2).</p> <p>-evidence of sustained performance in the Early Years Foundation Stage profile, indicating children are beginning school with the best chances of achieving their potential.</p>
<p><u>1.2 School age children and young people</u> Good health in children contributes to positive educational outcomes which in turn result in better health and opportunities throughout adult life.</p>	<p>North Somerset schools educate around 30,000 children and young people. Overall educational attainment in schools is good and has been improving, remaining about the regional and national average. In 2016, 63.5% of pupils in</p>	<p>Continue working in partnership with schools, colleges, health, police and other agencies to build greater resilience and positive mental health amongst young people.</p>	<p>-increased educational attainment at Key Stage 1 and 2.</p> <p>-continued improvement in GCSE outcomes, especially for the most vulnerable groups (including those</p>

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	<p>North Somerset taking GCSEs achieved 5 or more A*-C grades including English and maths. However, large differences exist locally between schools, areas and groups.</p> <p>In 2014/15, overweight and obesity levels in North Somerset were 21.6% and 29.4% for Reception-aged children and Year 6 children respectively.</p> <p>17.5% young people in North Somerset report that they are engaged with three or more risky behaviours such as drug misuse, alcohol and smoking, similar to the England average (2014-15). There have been positive trends in declining rates of teenage pregnancy rate over recent years, in line with the South West average, and decreases in the chlamydia detection rate among 15-24 year olds in North Somerset.</p>	<p>Continue to deliver the Healthy Schools Programme across North Somerset in partnership with schools and academies.</p> <p>Focus on addressing childhood obesity through the multi-agency childhood obesity action plan.</p>	<p>receiving Free School Meals and Children Looked After).</p> <p>-reduced levels of childhood obesity. (See priority theme 2 action 2.1 'healthy weight, being active & eating well').</p> <p>-maintained downward trends in poor health outcomes from use of alcohol, substance misuse, unsafe sexual health, and teenage pregnancy.</p>
<p>1.3 <u>Supporting children who are looked after or who are leaving care</u> Children and young people who are looked after and care leavers have</p>	<p>North Somerset Council, is the statutory agency charged with supporting this group. As corporate parents we need to ensure that the</p>	<p>Working with young people, we have developed a pledge to which partners have committed. Further</p>	<p>-increased partner engagement in the pledge and in work to support young people to achieve outcomes.</p>

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<p>experienced adversity and often significant trauma.</p> <p>They require additional support to improve their life chances and to grow to become happy, healthy, successful adults.</p>	<p>best possible outcomes are secured for these young people via a wider partnership with police and health colleagues, with probation and youth justice services and with the voluntary sector.</p> <p>Often it is the systems and processes which we collectively operate which challenge young people and prevent them from achieving their potential. As young people move towards independence and closer to the labour market they face particular barriers which we can address by attempting to reduce barriers across all services and agencies in our partnership.</p>	<p>work is needed to broaden the group of signatories to:</p> <ul style="list-style-type: none"> -drive work to remove barriers for children and young people in making the best possible progress -honour our commitments for ongoing support set out in our pledge. 	<p>-improved outcomes for education, employment and training.</p>
<p><u>1.4 Promoting opportunities for young people at risk of long-term unemployment</u></p> <p>Certain groups of young people experience higher unemployment rates than the general population, and face additional barriers in accessing work.</p>	<p>This is particularly the case for young people leaving care and those with physical and learning disabilities in North Somerset.</p>	<p>Work with partners to support the employment journey of young people leaving care and young people with physical and learning disabilities through:</p> <ul style="list-style-type: none"> -providing opportunities through work experience, taster sessions, apprenticeships or appropriate, paid employment. -reducing barriers preventing access to the labour market. 	<p>Improvements amongst these key groups of young people in relation to:</p> <ul style="list-style-type: none"> -increased works experience and employment. -reduced barriers to finding worker and achieving independence. -increased self-confidence, skills and employment.

Priority theme 2. Adding Life to Years and Years to Life

What is the issue?	Why is it an issue for North Somerset?	How will we address the issue?	What impacts/outcomes are we aiming for?
<p><u>2.1 Healthy weight, being active & eating well</u></p> <p>Overweight, obesity and being active have wide ranging impacts on people's physical health and well-being, including increased risk of cardiovascular diseases, type 2 diabetes, cancer & musculoskeletal problems.</p> <p>Musculoskeletal problems are a leading cause of workplace sickness absence.</p> <p>Levels of inactivity are growing, with fewer people achieving the target healthy physical activity of 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity per week (UK Chief Medical Officers' Physical Activity Guidelines).</p>	<p>22% of Reception year and 29% of Year 6 children in North Somerset are overweight or obese.</p> <p>Breastfeeding helps to reduce the risk of obesity in children. Half (51%) of North Somerset babies are breastfed at 6-8 weeks.</p> <p>21% of local, pregnant women were obese (BMI 30+) at the time of booking their pregnancy (2015).</p> <p>63% of North Somerset adults are estimated to be overweight (PHOF 2012-14), with 25% estimated to be inactive, participating in less than 30 minutes of moderate physical activity per week (Active Lives Survey). Both measures are higher in areas of higher deprivation.</p> <p>In 2013/14, 5.7% of adults in North Somerset were identified with Type 2 Diabetes, increasing from 4.9% in 2008/09.</p>	<p>Jointly implement actions in the multi-agency Childhood Obesity Action Plan.</p> <p>Develop and implement a Whole System Healthy Weight Strategy and Action Plan, incorporating adaptations to the built environment which promote healthy lifestyle choices.</p> <p>Develop partnership delivery of Go4Life initiatives to encourage physical activity, such as the Chequebook Scheme, Go4Free (Weston focussed), Health Walks for ranging abilities and Staying Steady exercise classes for Older People.</p>	<p>Breastfeeding:</p> <ul style="list-style-type: none"> -maintain breastfeeding initiation rates above 80% (2014/15 PHOF: 82%). -increase 6-8 week breastfeeding rates by 2% (2014/15 PHOF: 51%). <p>Childhood obesity:</p> <ul style="list-style-type: none"> -reduce Reception year obesity rates and year 6 obesity rates by 2% (2014/15 PHOF: 22% & 29% respectively). <p>Adult obesity:</p> <ul style="list-style-type: none"> -reduce overweight and obese rates in adults (PHOF 2.12 - Excess weight in adults). -reduce diabetes rates in adults (PHOF 2.17 - Recorded diabetes). <p>Physical Activity:</p> <ul style="list-style-type: none"> -decrease the proportion of physically inactive people in North Somerset (Active Lives Survey).

What is the issue?	Why is it an issue for North Somerset?	How will we address the issue?	What impacts/outcomes are we aiming for?
<p>2.2 <u>Mental health</u> 1 in 4 people will encounter mental health problems at some point in their lives. The national strategy 'No Health without Mental Health' sets out approaches to improve population mental health and well-being and to provide high quality services that are widely accessible. Nationally the incidence of self-harm has increased over the last few decades. The South West has experienced a recent increase in self-harm admission rates, exceeding the national average since 2013/14. Repeat episodes of self-harm is a risk factor for subsequent suicide attempts.</p>	<p>-Over 15,800 people in North Somerset are registered with their GP as depressed. -5.3% of all North Somerset patients are registered with a long-term mental health condition. -Between 2012 and 2014, a total of 59 people died from suicide and undetermined death in North Somerset. In 2008-12 we experienced higher than expected suicide rates which have since reduced to similar to the South West and England average. -In 2014/15, 464 people (246 per 100,000 population) were admitted to hospital for intentional self-harm, a significantly higher rate than average for England.</p>	<p>Review the Public Mental Health Strategy and implement the updated actions. These include mechanisms to promote well-being and contribute to preventing common mental health issues.</p> <p>Implement the North Somerset Suicide Prevention Group multi-agency action plan. Actions include training for frontline staff; supporting those bereaved by suicide; working with groups at higher risk of suicide (including those who self-harm); improving services for those suffering from mental health problems and using media strategies to reduce mental health stigma.</p>	<p>-improvements in a range of public mental health measures.</p> <p>-reduction in rates of suicide and emergency admissions for self-harm.</p> <p>-increased staff awareness of mental health issues, with over 180 people trained in Applied Suicide Intervention Skills Training (ASIST) and registered as ASIST caregivers.</p> <p>-improved understanding of needs of people attending hospital due to self-harm.</p> <p>-improved support services for local people who are bereaved by suicide.</p>
<p>2.3 <u>Reducing tobacco harms</u> Smoking is the single biggest cause of preventable ill-health and premature death in the UK and is the biggest cause of inequalities in death.</p> <p>Encouraging and supporting pregnant women to stop smoking is</p>	<p>Estimated smoking prevalence in North Somerset is 12%, lower than the England average 18% (ONS). GP Practice data estimates the prevalence in North Somerset to be higher at 16%.</p> <p>Smoking prevalence is concentrated in areas of higher deprivation.</p>	<p>-Audit maternity services support for local women smoking in pregnancy, including the accuracy of smoking status at delivery records.</p> <p>-Strengthen joint services to encourage and support pregnant women to stop smoking. This contributes to the local Maternity Review Action Plan and the Saving Babies care work stream. Actions</p>	<p>-audit completed and improvement plan produced.</p> <p>-reduced rate of smoking at time of deliver across North Somerset in line with the national ambition of 11% (↓1.4%).</p> <p>-increased quit dates set to 140 quit dates for pregnant women referred</p>

What is the issue?	Why is it an issue for North Somerset?	How will we address the issue?	What impacts/outcomes are we aiming for?
<p>important for the health of the mother and the unborn baby.</p>	<p>Nationally, 10.6% of pregnant women smoke at time of delivery, compared to 12.4% in North Somerset, equivalent to 217 women smoking (HISC, 2016). This is mainly due to high (24%) and increasing rates recorded at the Weston Area Health Trust.</p>	<p>include providing brief intervention training for midwives and commissioning specialist support to stop smoking services for pregnant women. -Support wider tobacco control measures including reducing illegal tobacco. Review local partnership actions to align with new national Tobacco Control Plan, due in 2017.</p>	<p>to support to stop smoking services at booking appointments. -increased quit rate for pregnant women accessing cessation support to 40% (↑1.4%). -partners commit to actions to support an updated local Tobacco Control Plan.</p>
<p><u>2.4 Reducing alcohol & drug harms</u> Substance misuse affects mental and physical health and is related to a range of social and economic problems (accidents, blood borne viruses, liver disease, hypertension, depression, anxiety, neglect, crime, exploitation, unemployment and marginalisation).</p> <p>Nationally 27% of adults are estimated to regularly drink at levels which increase their risk of health harms.</p> <p>Preventing substance misuse problems and providing effective treatment benefits individuals, families and communities.</p>	<p>-45,080 adults in North Somerset are estimated to be drinking at levels which increase their risk of health harms. -Alcohol related harm is an important cause of hospital admissions (n=1,387 in 2014/15). -Over 60% of assaults recorded during night-time economy hours are linked to alcohol. -Prevalence estimates for opiate use are higher in North Somerset than the regional and national averages. -A high proportion of people in substance misuse specialist treatment live in areas of higher deprivation and have complex needs. Housing, unemployment & health problems can reduce their chances of treatment success.</p>	<p>Update the joint strategic alcohol action plan for North Somerset.</p> <p>Increase the provision of alcohol brief advice and early interventions, including approaches such as Making Every Contact Count (MECC).</p> <p>Improve joint working between substance misuse and mental health services to tailor support to individuals.</p> <p>Develop pathways into treatment with a range of partners. For example, hospital discharges for individuals with alcohol and drug problems.</p>	<p>-updated joint strategic alcohol action plan for North Somerset.</p> <p>-more people trained to deliver alcohol brief advice.</p> <p>-reduced alcohol and drug related crime and offending.</p> <p>-improved coordination of support for people with both mental health and alcohol and/or drug problems.</p> <p>-clear pathways to appropriate levels of support for individuals with alcohol and/or drug problems.</p>

Priority theme 3. Ageing Well

What is the issue?	Why is it an issue for North Somerset?	How will we address the issue?	What impacts/outcomes are we aiming for?
<p><u>3.1 Increasing care needs</u> In 2015, 8% of over 75s were living in a care home in North Somerset compared to 6% in England. By 2030 it is projected this will increase to 9% of the over 75 population, with associated increases in the number of those living with co-morbidities, disability and dementia.</p>	<p>Emergency admissions are higher for people over 75 in areas with a higher number of care home beds. This increases pressure on hospital services.</p> <p>North Somerset is currently served by 110 care homes (69 residential and 41 nursing), with 3000 beds. There are local challenges relating to workforce recruitment and retention in care homes.</p>	<p>Encourage the adoption of healthy lifestyles throughout the life course (See priority theme 2).</p> <p>Deliver education and training to support health & social care staff to recognise when an individual's condition is deteriorating at an earlier stage.</p> <p>Develop alternative pathways of care to prevent people being admitted to hospital.</p> <p>Further improve communication between care providers including standardised documentation and discharge summaries.</p>	<p>-living for longer and with more years of life in good health (increased life expectancy, increased 'disability free life years' & able to live independently for longer).</p> <p>-new models of care that improve community-based services in order to reduce the demand on hospital-based services.</p> <p>-reduced delayed transfers of care between providers to avoid people staying longer in hospital than is necessary.</p> <p>-reduced repeat admissions to hospital where this could be avoided by having more efficient, integrated health and social, primary and community care.</p>
<p><u>3.2 Dementia</u> An increasing number of people are living with a diagnosis of dementia.</p>	<p>There are low level of public awareness of early signs of dementia and ways that individuals and communities can support those living with dementia.</p>	<p>Deliver dementia awareness training within communities and amongst partner agencies.</p>	<p>-increased proportion of people with dementia supported in the community to maintain independent lives.</p>

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<p>3.3 Carers Formal and informal carers play a vital role in supporting individuals to maintain quality of life when their ability to carry out activities of daily living or to care for themselves is impaired by ill-health.</p> <p>Nationally it is estimated that the contribution of carers is worth over £130 billion per year.</p>	<p>Recently there has been an increased reporting of mental health challenges faced by those registered as carers within North Somerset.</p> <p>Supporting the health and well-being of carers is important for them as individuals and to ensure they are enabled to continue caring for others.</p>	<p>Improved recognition of carers in order to increase provision of support, including education and information of how to handle crisis situations.</p> <p>Health and social care staff to receive 'Making Every Contact Count' (MECC) training to ensure they are aware of the opportunities for carers to access services, support and community activities to support their own health and well-being.</p> <p>Encourage employers to recognise their role in supporting and assisting those with caring responsibilities.</p>	<p>-carers are recognised and supported as an expert care partner.</p> <p>-improved health and well-being of carers.</p> <p>-carers are not financially disadvantaged through their caring role and are treated with dignity and respect by services, employers and communities.</p>

Priority theme 4. Enabling communities to thrive

What is the issue?	Why is this an issue for North Somerset?	How will we address this issue?	What impacts/outcomes are we aiming for?
<p>4.1 <u>Crime types, locations and victims where there are particular concerns</u></p> <p>Areas of North Somerset with high levels of deprivation also record above average crime rates.</p> <p>The risk of becoming a victim of crime is not evenly distributed across the population.</p>	<p>Weston-super-Mare town centre has a recorded crime rate of 337 per 1,000 population and Weston-super-Mare South Ward has a rate of to 160 per 1,000 population. This compares to 49 per 1,000 population in North Somerset as a whole.</p> <p>Alcohol-related violent crime is high in Weston-super-Mare town centre. Around 1/3 of ‘violence against the person’ crimes occur within Weston-super-Mare town centre, most frequently during the night-time economy period.</p> <p>Young people, people from Black and Ethnic Minority Communities and people with complex needs are at most risk of victimisation and are less likely to report their victimisation to the Police.</p>	<p>Develop a North Somerset Police and Crime Plan with the Police and Crime Commissioner for Avon and Somerset by April 2017, setting out details of local community safety activity to address shared priorities.</p> <p>Continue to implement a multi-agency evening & night-time economy (NTE) action plan.</p> <p>Retain Purple Flag status in Weston-super-Mare. (Purple Flag is awarded to towns and cities which meet or surpass standards of excellence in managing the evening & NTE. It is an indication of an entertaining, diverse, safe and enjoyable evening & NTE).</p> <p>Build on opportunities arising from regeneration in Weston-super-Mare town centre to establish a more diverse evening & NTE.</p> <p>Develop a One Team approach in Weston-super-Mare South Ward, with agencies working together to</p>	<p>-local Police and Crime Plan produced.</p> <p>-reduction in recorded crime levels in locations which currently experience disproportionately high levels of crime.</p> <p>-reduction in the gap between the rate of recorded crimes in ‘hotspot’ locations and the North Somerset average.</p> <p>-retention of Purple Flag accreditation.</p>

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		support the community and co-ordinate local activity. (The One Team takes a whole family approach, recognising that issues are often complex involving different family members and need addressing simultaneously).	
<p>4.2 Supporting vulnerable victims Personally targeted offences such as domestic and sexual abuse, exploitation and hate crime remain substantially under-reported. These areas of ‘hidden harm’ present significant safeguarding risks to vulnerable victims. Domestic abuse has the highest repeat victimisation rate of any crime.</p>	<p>Domestic abuse reports to the Police are increasing (38% increase between 2014/15 and 2015/16), as are referrals to support services. For example, referrals to the Independent Domestic Violence Advisory Service rose from 244 in 2014/15 to 364 in 2015/16.</p> <p>Police and other agencies report increased service demands from complex cases.</p>	<p>Implement the domestic abuse action plan including implementing the Identification and Referral to Improve Safety (IRIS) project to improve the safety of people experiencing domestic abuse.</p> <p>Share quality, multi-agency data to predict future needs and enable more effective joint prevention and shared resource allocation.</p> <p>Share good practice and policies amongst Board organisations in supporting employees who may be experiencing abuse; identifying appropriate venues to act as safe reporting centres for hate crime and domestic abuse and ensuring staff receive the appropriate level of training so they know how to ask, risk-assess, and respond to disclosures of abuse, where to</p>	<p>-increased proportion of successful prosecutions, increased confidence in reporting and increased satisfaction with support services.</p> <p>-reduction in repeat victimisation.</p> <p>-increased number of safe reporting centres.</p> <p>-increased awareness of and confidence in identifying and dealing with disclosures of abuse among the partnership workforce.</p>

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		signpost and/or how to support individuals, as appropriate to their role.	
<p>4.3 <u>Meeting the needs of communities (particularly new and expanding communities) by increasing community resilience</u></p> <p>North Somerset's population is expected to grow faster than the national or regional average with more older people and children than at present.</p> <p>North Somerset has lower than average unemployment overall. In some communities people are disadvantaged by a range of circumstances that prevent them entering employment.</p>	<p>As a whole, North Somerset is 'predominantly rural', with over 50% of the population living in rural villages or the 'large market towns' of Nailsea, Clevedon and Portishead (ONS classifications).</p> <p>Weston-super-Mare is our largest town and the third largest settlement in the West of England. Significant expansion is planned for Weston including developing new communities.</p> <p>Demands on services are increasing as resources are reducing.</p>	<p>Recognise and value residents' knowledge and skills, through approaches such as co-production, Asset-Based Community Development and community-led activity which increase resilience.</p> <p>Increase community influence within Town Centre regeneration activity and in the development of a joint estate strategy.</p> <p>Consider further development of the One Team approach in specific communities.</p> <p>Continue to support community groups e.g. Partners and Communities Together (PACT) and Speedwatch.</p> <p>Support the Voluntary and Community sector to address social isolation including through buddying/mentoring schemes, raising the profile of community-led</p>	<p>-communities have greater influence over how their physical and social environment develops.</p> <p>-successful implementation of One Team action plan.</p> <p>-effective operation of PACT and Community Speedwatch groups.</p> <p>-increased awareness and uptake of voluntary sector and community-led initiatives across North Somerset.</p> <p>-increased number of people experiencing disadvantage engaged and supported into work.</p> <p>-increased recruitment and retention of a local workforce.</p>

What is the issue?	Why is this an issue for North Somerset?	How will we address this issue?	What impacts/outcomes are we aiming for?
		<p>initiatives to encourage involvement.</p> <p>Ensure employment opportunities arising from regeneration in Weston-super-Mare town centre are available to local people who are most distant from the labour market.</p> <p>Share good practice amongst Board organisations to maximise local employment opportunities.</p>	

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4. Going Forward & Monitoring Progress

The strategy has identified four priority themes for partnership working to improve the health, well-being and safety of North Somerset residents. The Council and partners have a number of existing strategies in place that support the delivery of the priority themes. Throughout the period covered by this strategy, the Board will continue to identify further opportunities for joint working and to influence existing work programmes and commissioning plans.

The People and Communities Board will oversee and drive forward the delivery of this strategy through its partner organisations, including member organisations. Partner organisations will be requested to ensure their own organisational strategic and commissioning plans are consistent with this strategy. Ongoing review of performance, objectives and challenges will ensure the strategic actions are kept alive within work programmes and are responsive to changing circumstances.

Many of the strategic outcome measures are reported within the existing outcome frameworks for the NHS, Adult Social Care and Public Health, which are subject to routine monitoring. Since these outcomes frameworks only provide a North Somerset average figure for each outcome, further local data will be needed where the action seeks to show differences in outcomes between population groups.

The People and Communities Board will require partner organisations to report progress against each priority area identified in the strategy, at least annually. Partner organisations will need to report on progress and challenges to date, along with key performance indicators. The Board will also consider the effectiveness of mechanisms for enhancing integration in commissioning and delivering services to deliver the strategic actions.

Where partner organisations identify significant challenges to progressing individual priorities they will be expected to report to the Board more frequently on an exception reporting basis. Exception reports should summarise the nature of the challenge and any remedial actions required or taken. Partners will also be invited to share key successes with the Board throughout the life of the strategy.

A programme of appreciative enquiries will be developed to enable Board members to carry out an in-depth review of individual topics including progress to date and opportunities for enhancing partnership working between agencies.