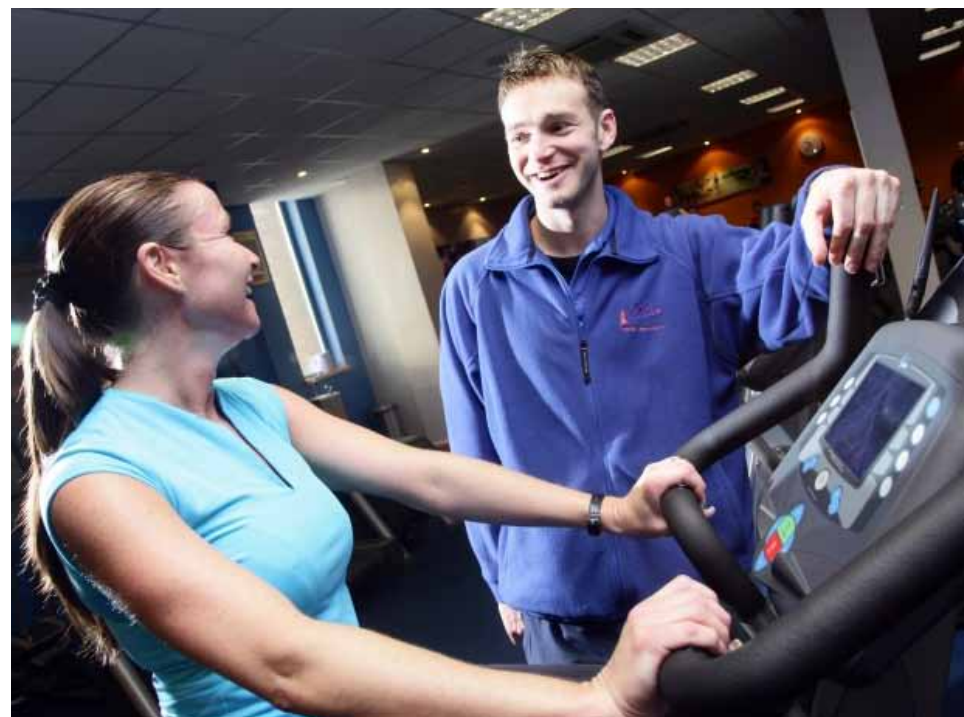


# Our Life in Tameside 2009 - 2019



Tackling health inequalities and improving health

*Tameside is a great place to live. We will make it even better. It will continue to be a borough where the people who live here feel at home, are able to get involved in the life of the community, where they can contribute to a prosperous local economy, feel safe and healthy, and take active responsibility for their environment.*

**TSP Vision**

# Foreword

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Health is improving in Tameside. Local people can now expect to live to 75.7 years if you are a man, or 79.6 years if you are a woman. However, within some areas of Tameside inequalities exist with people from more deprived areas living 5-6 years less than people from a less deprived area.

The reasons for these differences are complex but many can be, and are being, addressed. If we are to reduce health inequalities effectively there is a need to deliver change by taking a joined-up approach with the help of all key partners. We need to ensure all residents have equitable access to environments, opportunities, and services that promote health and well-being and support individuals to make healthier life choices. This includes support for groups experiencing disadvantage or exclusion.

This strategy summarises our approach to improving health and addressing local health inequalities, focussing on key areas for intervention. It embraces action across a wide range of organisations across the Tameside Strategic Partnership which contribute to tackling health inequalities, both through targeted mainstream activity, and specific activity in communities and groups of highest health need.



**Councillor Kieran Quinn**  
Chair of the Tameside Strategic Partnership



**Steven Pleasant**  
Chief Executive, TMBC



**Dr Tim Riley**  
Chief Executive, NHS Tameside and Glossop

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# Introduction

The purpose of this document is to outline the approach that will be taken by Tameside Strategic Partnership to further improve health and reduce health inequalities, so that in the future, all residents of the Borough will be able to experience healthier lives. Inequalities are unnecessary differences between people that often have an impact on health. Some of these differences can be decreased and these are the inequalities this strategy will focus on.

Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes. It is rare for someone to suffer from a single type of inequality. Health inequalities are the result of a complex and wide-ranging network of factors. People who experience material disadvantage, poor housing, lower educational attainment, insecure employment or homelessness are among those more likely to suffer poorer health outcomes and an earlier death compared with the rest of the population.

## Vision

That all residents within Tameside:

- Experience long and healthy lives
- Chose to live healthy lives
- Have an equal chance of being healthy and fair access to services and support

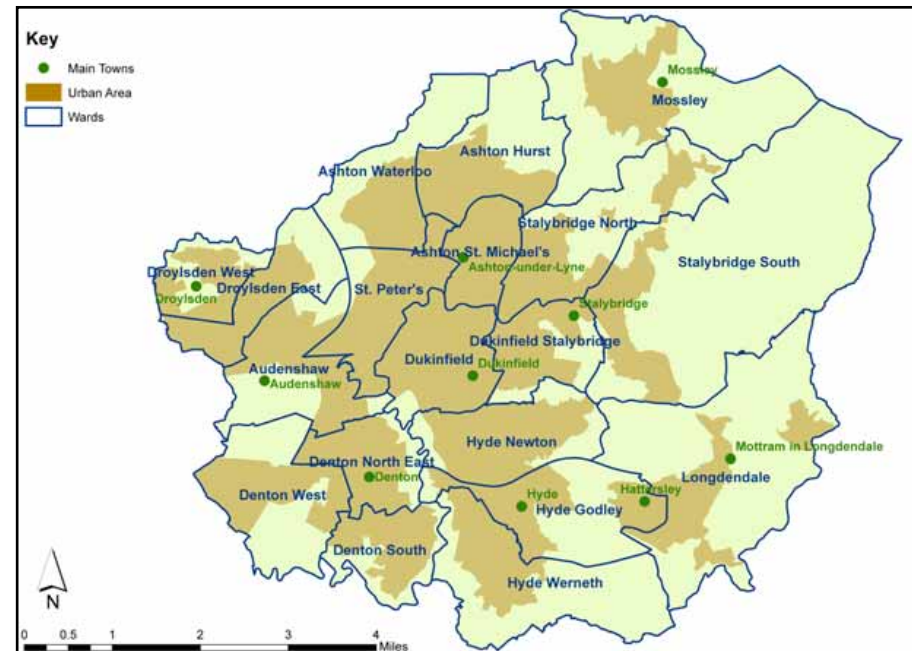


# Context

## Tameside the place

The borough of Tameside lies to the east of Greater Manchester, stretching inland from the urban hub of Manchester to the moors of the Peak District. Tameside shares borders with Oldham, Manchester, Stockport and the Derbyshire Borough of High Peak. Tameside is well connected to the region and beyond by the M60 and M67 motorways and quality rail links to Manchester and Yorkshire.

Tameside consists of nine towns in a mainly urban area and is home to approximately 215,500 people. This is a rise from the figure of 213,043 recorded in the Census of 2001. It is predicted that Tameside's population will continue to grow and by 2029 it will have risen by 8% since the Census in 2001. Over the next 25 years the older population (60+) is set to increase in Tameside, this trend is mirrored nationally. Currently it is estimated that 49% of Tameside's population is male and 51% is female. The urban and rural landscapes, Tameside wards, and nine towns are shown in the map opposite.



Map 1: Tameside Borough

# National Context

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## Tackling Health Inequalities

The Acheson report (1997), reviewed the evidence on inequalities in health in England, detailing the extent of the problem and identifying areas for development that were likely to reduce inequalities. It highlighted the need for action on poverty, education, employment, housing and the environment – as well as through the NHS. This led to the setting of the first national targets to reduce inequalities. The cross government strategy ‘Programme for Action’(2003) established the foundations required to achieve the challenging national target for 2010 to reduce the gap in infant mortality across social groups, and raise life expectancy in the most disadvantaged areas faster than elsewhere.

Progress towards the national targets has been monitored regularly through a series of independent status reports. The final report was published in March 2008. The report found that despite absolute improvements in health, inequalities remain. Health improvements among better off groups have occurred at a faster rate than other groups within the population. The less affluent have seen much smaller improvements in their health, so that the health inequality gap between rich and poor has increased.

‘Health Inequalities: Progress and Next Steps’ (2008) set out what will be done to sustain a focus on health inequalities beyond the life of the 2010 national health inequalities target. It recognised the success of the Programme for Action in creating momentum and innovation to reduce health inequalities and feel that with the right tools and levers, evidence and learning in place, there was now the opportunity to build on this work into the next decade.

In November 2008, the Secretary of State for Health, announced that Professor Sir Michael Marmot, Chair of the WHO Commission for Social Determinants, will lead a Post 2010 Strategic Review of Health Inequalities. The review was wide ranging and required the Department of Health leadership across government to develop a joint approach to tackling health inequalities. Local government, the NHS, health and social care system and local community organisations were also identified as important partners to help meet the challenge post 2010.

The key objective of the Marmot review, ‘Fair Society, Healthy Lives’<sup>1</sup> published in February 2010 is to focus on the social determinants of health and in particular, the way they influence health inequalities.

The independent report ‘Enabling Effective Delivery of Health and Wellbeing’<sup>2</sup> also published in February 2010 offered recommendations on how better to enable the delivery of improved health and wellbeing. The report included an assessment of the current opportunities and barriers in delivery systems, to identify where practical changes could be made to improve effectiveness.

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<sup>1</sup> The Marmot Review: Fair society, healthy lives, strategic review of health inequalities in England post 2010, Feb 2010.

<sup>2</sup> Bernstein, Cosford and Williams (Feb 2010), Department of Health: Enabling effective delivery of health and wellbeing.

# Local Context

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The Sustainable Community Strategy, the Tameside Strategic Partnership's (TSP) overarching strategy for improving quality of life in Tameside, includes reducing health inequalities as a key area. There is a corresponding outcome in the Local Area Agreement (LAA), the agreement between the TSP and the government based around the objectives of the Sustainable Community Strategy.

Tameside Strategic Partnership has had a Health Improvement and Health Inequalities Strategy since 2003 with progress towards reducing health inequalities in Tameside overseen by the Partnership's Health Partnership Board, working with other Thematic Boards of the partnership.

Health has cross cutting links to several other key strategies across the TSP. These include lifestyle strategies such as the Obesity, Alcohol Harm Reduction, Teenage Pregnancy and Sport and Physical Activity Strategies as well as strategies that look at the wider determinants of health such as the Housing Strategy, Affordable Warmth Strategy and Child Poverty Strategy. This strategy will be delivered in conjunction with these other areas and this will be highlighted through the multi agency action plans.



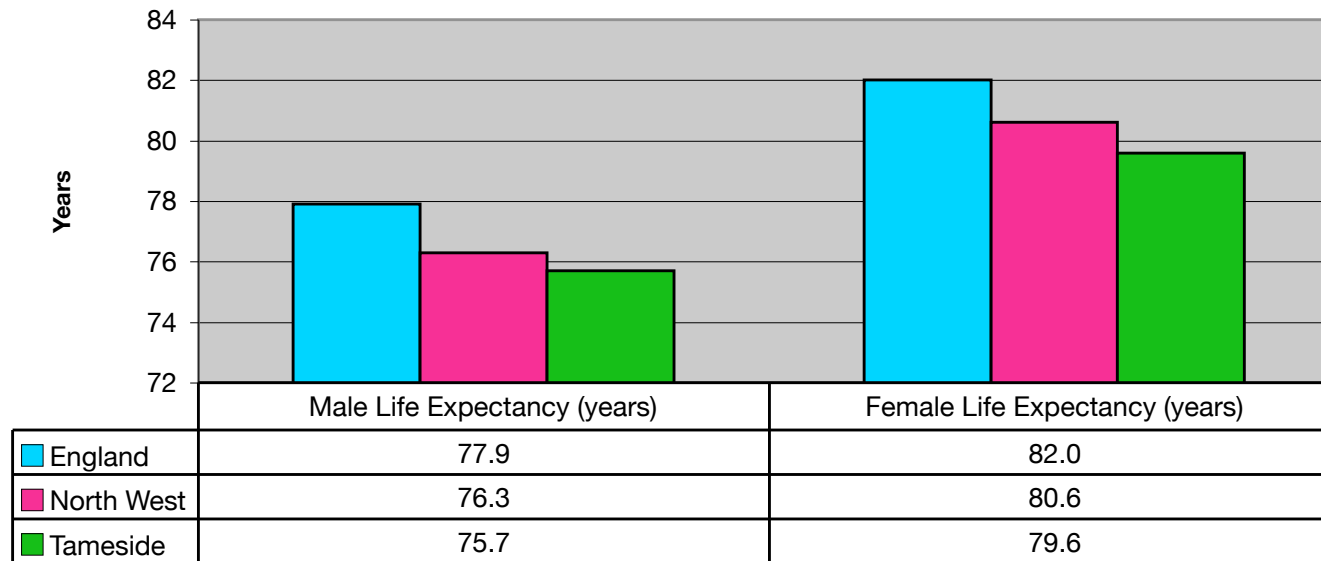
# Life expectancy in Tameside

Compared to the England average, more of Tameside's population die every year than should be expected given its age structure. Tameside's residents are also more likely to die prematurely, before they are 75 years old.

The main causes of death in Tameside are circulatory diseases, including coronary heart disease (CHD), stroke and cancers. Other significant causes are respiratory diseases including chronic obstructive pulmonary disease, digestive diseases including liver cirrhosis, and external causes including accidents.

It is well recognised that lifestyle factors can significantly affect an individual's risk of developing such diseases or even dying from such causes. Lifestyle factors that affect health include smoking, poor diet and nutrition, physical inactivity and harmful levels of alcohol consumption. Tameside's population has high levels of these lifestyle behaviours and is therefore more susceptible to poor health. As a result, life expectancy in Tameside is lower than the national and regional average<sup>3</sup> as demonstrated below.

Local and National Life Expectancy at birth, in years by gender, 2006-08\*



\* [www.statistics.gov.uk](http://www.statistics.gov.uk)  
last accessed Jan

**Fig 1: Local and national life expectancy at birth, in years, by gender, 2006-08**

<sup>3</sup> Tameside and Glossop Primary Care Trust: Tameside Joint Strategic Needs Assessment 2007/8 released February 2009.

Between 1995/97 and 2005/07, life expectancy for Tameside's males increased by three and a half years; encouragingly closing the gap with the national average.

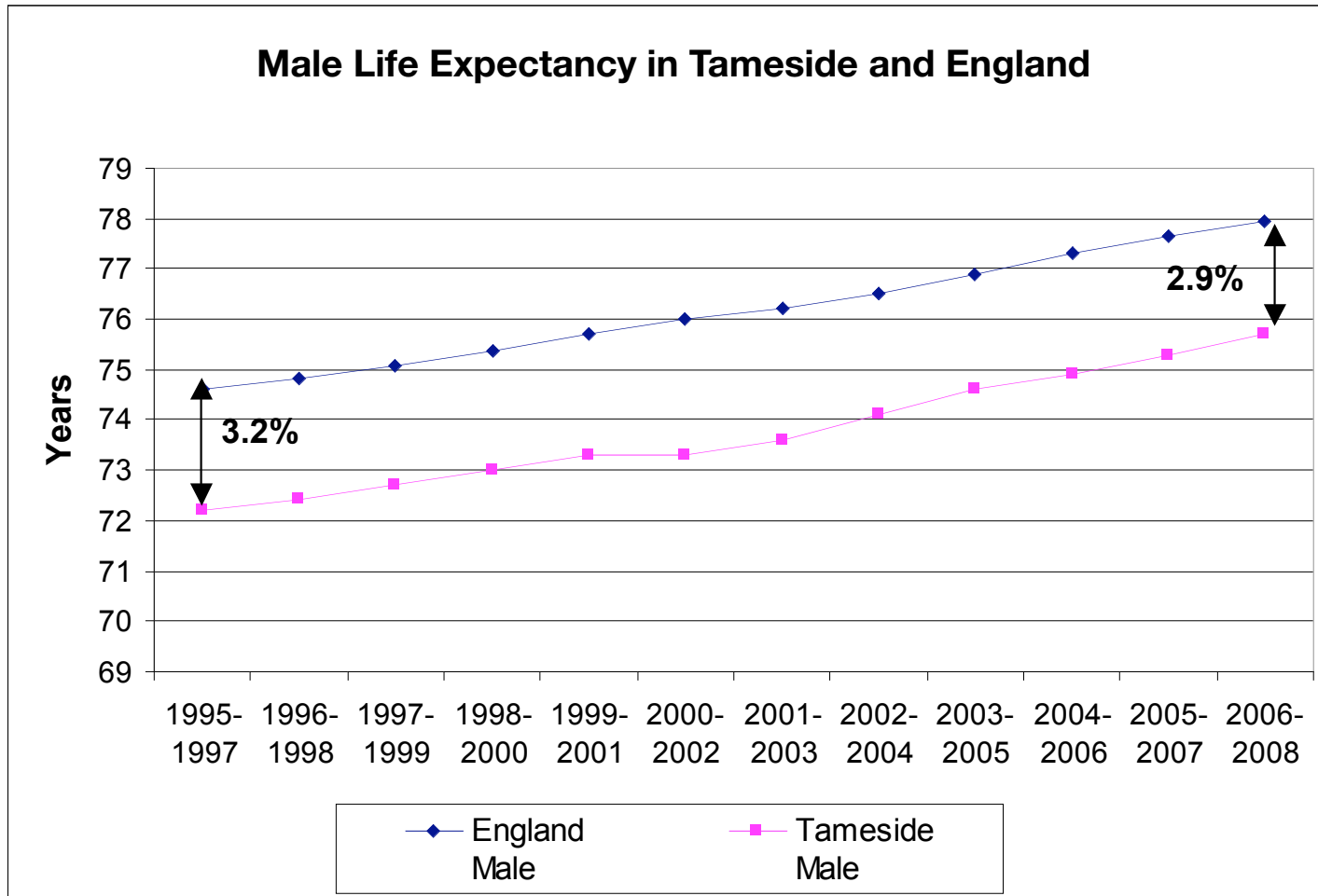


Fig 2: Male life expectancy in Tameside and England

Female life expectancy in Tameside has increased over the same period, however it has not done so at the same rate as the England average therefore, the gap has increased.

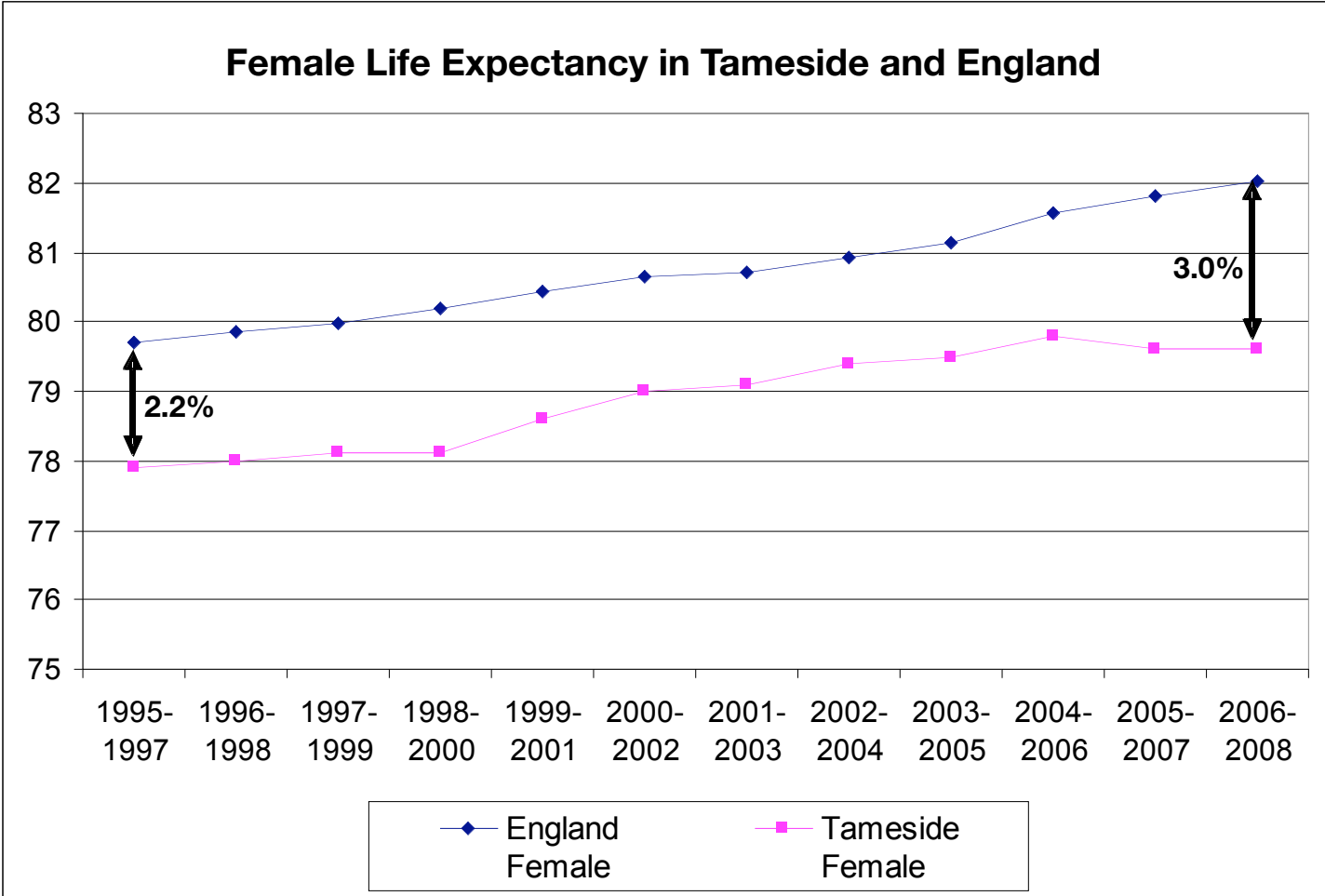


Fig 3: Female life expectancy in Tameside and England

# Achievements so Far

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- Between 1993 and 2008 overall death rates have reduced by 20.9%. This equates to 305 fewer deaths in Tameside.
- Deaths from circulatory diseases for those aged under 75 have halved between 1993 and 2008. This has led to a closing of the gap between Tameside and the England average.
- Deaths from cancer for those aged under 75 in Tameside has reduced by 28.9% between 1993 and 2008 with the gap closing between Tameside, the Northwest and England average.
- Participation in sport and active recreation has increased in Tameside between 2005/6 and 2008/9 from 17.9% to 20%. Tameside has led the way in creating a Sports and Physical Activity Alliance (SPAA) which puts in place a delivery infrastructure for sport and physical activity and brings together all the major players in sport and physical activity. As a result 7,700 adults are now more active as a result of specific new interventions being delivered by the SPAA, in total there are 27,266 more children and adults active in Tameside.

*“There is evidence of strong leadership across the partnership with a clear commitment to improving health and reducing health inequalities.”*

**Feedback from National Support Team for Health Inequalities May 2009**

*“Effective engagement with a wide range of partners and Council departments is improving the health of local people. Life expectancy along with coronary heart disease is improving.... Good progress is being made in promoting exercise and initiatives to improve health are well targeted to areas of need.”*

**Tameside Corporate Area Assessment, November 2009**

# Reflections on our successes

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A number of key approaches have contributed to the reductions in inequalities within Tameside. These include the following:

## Early Intervention and Prevention

We recognise that key to addressing a more healthy population is a significant investment and prioritisation in 'wellness' services and flexible personalised services closer to home. As most of NHS funding and a fair proportion of partnership funding are spent on demand for 'sickness' or 'crisis' services this will mean a change in the investment profiles and service redesign to ensure a preventative approach to improving health and tackling health inequalities.

Through our transformation of social care we have set out a clear direction – *“to make... a strategic shift towards early intervention and prevention, the cornerstone of public services”*. The vision for adult social care in Tameside is to:

- Facilitate access to universal services
- Build social capital within local communities
- Making a strategic shift to prevention and early intervention
- Ensure people have greater choice and control over meeting their needs

Tameside's Opening Doors for Older People is an innovative programme which provides person-centred and integrated support for older people through investment in preventative approaches which promote health, well being and independence for older people. The programme engaged over sixteen hundred

older people in it's first year through social marketing, case finding and assertive outreach approaches. The programme has significantly increased capacity in local communities providing peer to peer support and access to support services to address wider health issues such as welfare rights, befriending, falls prevention, medication reviews, crime prevention, home and fire safety, assistive technology and TELECARE. The programme is looking to deliver support via social prescribing in accessible settings such as primary care and GP surgeries and other non-traditional setting to promote and maintain wellness and independence.

## Tackling the wider determinants of health

In Tameside the neighbourhood is the critical level at which local people engage and where change can be delivered on the ground. In order to deliver improvements to Borough wide outcomes it is critical that we know where to target delivery at a local level. The successes we have delivered in Tameside are a direct consequence of this strong understanding, a willingness to target our work where we know it will make the biggest difference, effective delivery mechanisms and strong relationships with the Communities we serve which are the direct consequence of a long history of effective working at a neighbourhood level.

Characteristic of the strength of our approach to working with communities to deliver change where it is most needed is the neighbourhood management approach which has been adopted within the Borough. Neighbourhood Agreements in Priority Areas are informed by analysis of demographic, socio-economic and performance data at a local level, along with

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consultation with residents and key stakeholders and are an effective means of maintaining and continuing the gains of previous regeneration schemes without the need for vast additional resources. Neighbourhood Agreements draw on the specifically targeted resident's survey undertaken in priority areas. The agreements are negotiated, delivered and tracked by local Neighbourhood Partnerships which are made up of local residents and representatives from Tameside MBC, Housing Associations, Greater Manchester Police, NHS Tameside and Glossop, Children's Centres the Third Sector Coalition, Groundwork, Trust and Ward Councillors.

Our Neighbourhood Agreements offer a unique opportunity to work to improve health and reduce inequalities through reinvigorating local economies, helping people compete for jobs, tackling antisocial behaviour and crime, and strengthening existing service delivery programmes.

## Social Marketing

We recognise the importance of communication and engagement between all stakeholders and in particular all sections of our local community. This includes a shared understanding of our health challenges and an emphasis on social marketing and community engagement. Key to our approach is analysis of the different population segments in terms of lifestyle, attitudes, beliefs and motivation to allow us to support local people in a meaningful way.

Tameside Health Partnership has worked with Dr Foster social marketing research company to effectively understand how best

to target our resources and activities at those neighbourhoods and groups which are most disproportionately impacted by poor health outcomes and developed a marketing strategy and service redesign in response to this understanding. This work has underpinned the delivery of a series of powerful outcomes which have effectively positioned us to make real inroads into long term health outcomes and facilitated the delivery of our smoking cessation targets in 2008/09. The success of our efforts has been recognised by the National Social Marketing Centre (a Strategic Partnership between the Department of Health and Consumer Focus) which has awarded Tameside in recognition of Excellence and Achievement at the learning demonstration sites awards ceremony 2009 for the way in which we target community engagement in various areas of health. Our local Smokefree Service was also found to be in the top eight in the country in helping people give up, with a quit rate of over 65%.



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## Health Intelligence: identifying areas and groups of greatest need

The Tameside Joint Strategic Needs Assessment helps local agencies understand the health and social care needs of their local communities and identify where inequalities exist. This helps determine local priorities and supports the commissioning of services to meet these needs. There is a concentration of inequalities in particular areas which would benefit from strengthened neighbourhood action in terms of delivery and accessibility of mainstream and targeted services. There is a consistent finding that a high number of people at risk or with existing health problems have multiple and complex needs. This has implications for how health and social care is provided through integrated, holistic services which are sufficiently flexible to respond to individuals circumstances. This supports our vision which relates to the wider determinants of health which impact on the context in which people live their lives by outlining the changes needed to deliver supportive social and environmental conditions which improve health and wellbeing.

The JSNA is supported through Tameside's Partnership Information Portal (PIP) which provides easy access to statistics and indicators at differing geographical levels across the borough. The statistics cover a number of themes including demographics, educational achievement, health, employment and public perceptions.

Our successes in terms of providing services which allow the most vulnerable in our Community to maintain their independence are in no small part driven by an effective shared understanding of

data and intelligence which supports a longer term understanding of demand and allows partners to allocate shared resources effectively. An innovative "Whole Systems Data Model for Older People" is used across the Partnership which supports the analysis of demand and demand prediction. This system operates across health and social care, primary and secondary care. The information contained within this system underpins joint commissioning and procurement processes and supports investment decisions across the whole economy, and is populated by data supplied by a range of partner organisations (Tameside MBC, NHS Tameside and Glossop, Tameside Foundation Trust, Age Concern Tameside and the North West Ambulance Service).



# Framework for Action

Tameside Strategic Partnership has had a Health Improvement and Health Inequalities Strategy since 2003 and works across the strategic partnership to improve health and tackle inequalities through the delivery of the LAA and Sustainable Community Strategy. Action planning will be focussed on need, ensuring equitable and universal access to high quality services.

The social determinants of health have been described as ‘the causes of the causes’. They are the social, economic and environmental conditions that influence the health of individuals and populations. They include the conditions of daily life and the structural influences upon them. They determine the extent to which a person has the right physical, social and personal resources to achieve their goals, meet needs and deal with changes to their circumstances.

Dalgreen and Whitehead (1991) developed a model that showed how health is influenced, either positively or negatively, by a variety of factors (see figure 4). At the centre are age, sex and hereditary factors – genetic or biological and relatively fixed. However, these are nested within the wider determinants of health which arise from social, environmental and economic conditions. These include household living conditions, conditions within communities and workplaces and healthcare, along with policies and programmes affecting any of these factors. Such factors can either directly influence our health or can have a bearing on the lifestyle decisions we make and our ability to make such choices.



**Figure 4: The Social Determinants of Health**

Source: Adapted from Dahlgren and Whitehead (1991)



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The strategy will also prioritise action towards vulnerable groups highlighted through our Joint Strategic Needs Assessment including:

- Children and families
- Older people
- People with disabilities
- BME communities
- People with mental health problems
- People living in poor housing conditions.

Many of these groups will be living in our most deprived areas and some local resource already targets support for these groups.



# Community Engagement

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Whilst the strategy has been in development, a number of stakeholder events have taken place including community events, a 'Health Improvement: Everybody's Business' Conference and a conference for the 3rd Sector. Lead Officers from partner organisations within the Health Partnership have contributed to this important engagement activity as well as supporting with the development of the draft outcomes.

*"I think services should be easy to access in local communities, and open to everyone regardless of circumstance....and people shouldn't be blamed for the situation they may find themselves in"*

**community member**

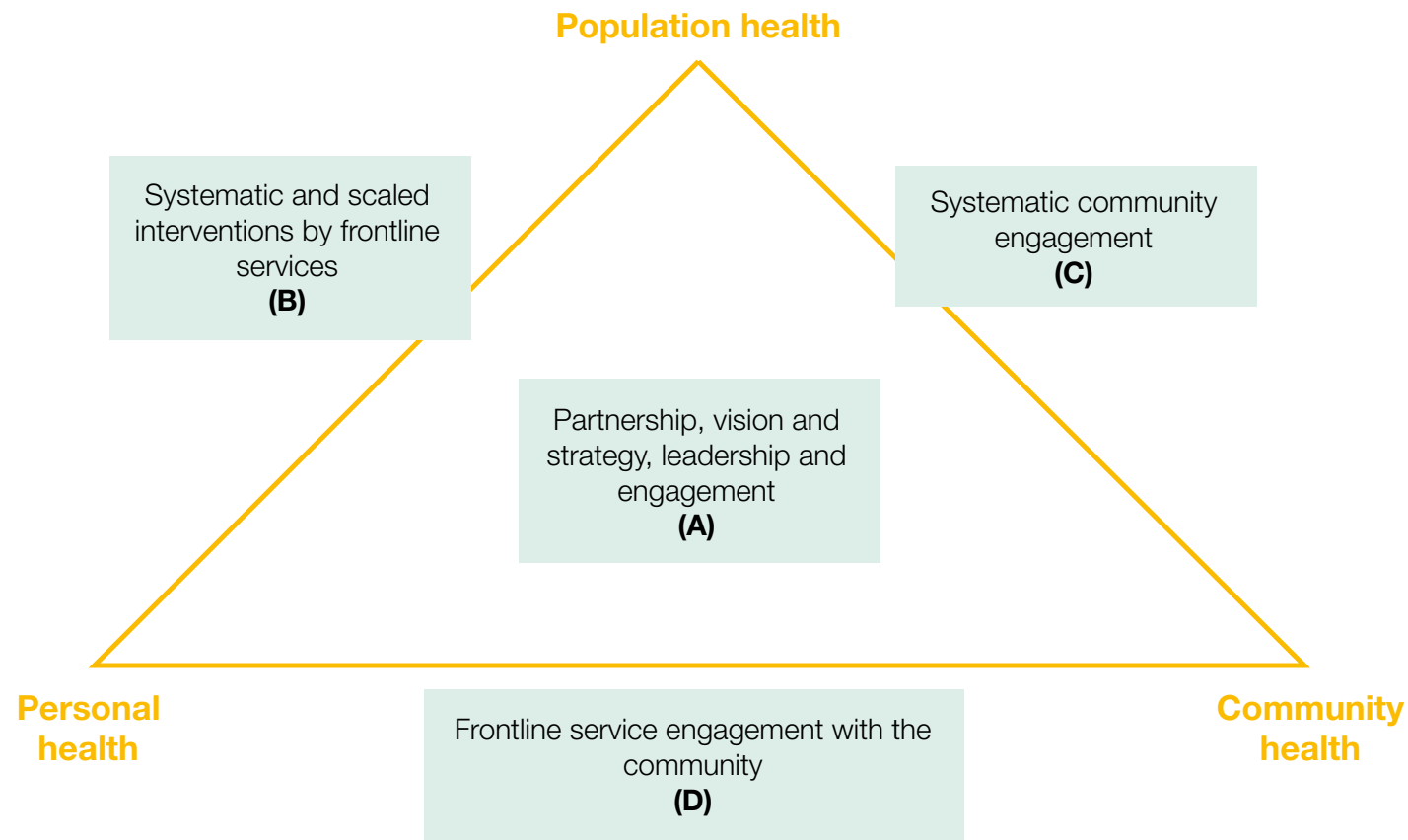
A key part of making this strategy a success will be to engage with local people themselves. We need to share with local communities the information we have available about health and wellbeing and indicate some of the priorities for their particular community. We will do this through our Joint Strategic Needs Assessment process and through the delivery of our Community Strategy, LAA and Neighbourhood Agreements. Gaining genuine local ownership both by our partners and by local people is crucial. We recognise the importance of involving local people in order to achieve change and improve health outcomes.

Tameside has an excellent track record of involving local people and stakeholders in priority setting and directing and shaping the borough's future. There is a wide reaching infrastructure of existing groups and networks who take part in such engagement with strategic partners.

A Tameside Strategic Partnership wide engagement strategy has recently been compiled. 'Empowering Tameside' sets out the way the Partnership involves local people in shaping delivery of high quality services across the borough. It aims to help ensure that a co-ordinated and strategic approach to engagement is undertaken on a partnership wide basis. This builds on our commitment to shared engagement and consultation bringing together skills, information, events and resources across the partnership to develop a Tameside wide understanding of our communities. One of the key objectives in the engagement strategy is to reduce inequalities in the Borough.

# Whole-systems Approach

A challenge for all partners delivering interventions in disadvantaged communities is to identify appropriate mechanisms for coordination to maximise impact on inequalities. The visit by the DoH Health Inequalities National Support Team has helped focus our framework. Using whole-systems approaches to the outcomes and areas for action will enable us to create large scale cultural change. The diagram below describes this process.



## KEY:

- A.** We will have committed leadership fostering engagement through Tameside Strategic Partnership, with a locally owned, coherent vision and strategy.
- B.** We will provide effective interventions with system and scale by frontline services proactively pursuing health outcomes.
- C.** Community development will be addressed in a systematic way, rather than ad hoc, targeting engagement and support to target groups and areas
- D.** Arrange of processes will connect frontline services into the heart of communities, reaching out to 'seldom seen, seldom heard' groups and individuals

Source: Systematically addressing health inequalities. Department of Health, 2008

# Key Objectives

**Our vision has come from our understanding of the needs of our local population, and our desire to ensure that we are able to deliver on six key objectives linked to our Sustainable Community Strategy.**

Key Objectives	Sustainable Community Strategy links
<b>1</b> Ensure children, young people and their families achieve the best possible health to reach their maximum potential	<ul style="list-style-type: none"> <li>• Supportive Tameside</li> <li>• Learning Tameside</li> </ul>
<b>2</b> Reduce income inequalities and poverty	<ul style="list-style-type: none"> <li>• Prosperous Tameside</li> <li>• Learning Tameside</li> </ul>
<b>3</b> Increase the potential for people to access work and community activities	<ul style="list-style-type: none"> <li>• Prosperous Tameside</li> <li>• Learning Tameside</li> </ul>
<b>4</b> Empower and support individuals to take action to improve their health and wellbeing	<ul style="list-style-type: none"> <li>• Healthy Tameside</li> </ul>
<b>5</b> Improve the health of vulnerable people in particular those at risk of or with long term conditions and disabilities	<ul style="list-style-type: none"> <li>• Healthy Tameside</li> <li>• Supportive Tameside</li> </ul>
<b>6</b> Promote Tameside neighbourhoods and towns as healthy and safe places to live, work and visit	<ul style="list-style-type: none"> <li>• Supportive Tameside</li> <li>• Attractive Tameside</li> <li>• Safe Tameside</li> </ul>

- We will through our Joint Strategic Needs Assessment, data intelligence, health impact assessments and the use of health equity audits, identify target areas and groups at risk of poor health outcomes. We will deliver work in an integrated way at a local level to ensure that tackling health inequalities is a priority, incorporated into strategic, service and local plans.
- We will recognise the wider social determinants of health inequalities.
- We will build the capacity and skills of individuals and communities to take control of their own health and play an active role in the wellbeing of others through brief intervention training and recruitment of Community Champions.
- We will support effective community-led approaches to improving quality of life for people in Tameside and responding to health challenges.
- We will recognise and support the voluntary and community sector in tackling health inequalities.
- We will create more opportunities for people in Tameside to adopt healthier behaviours including those related to emotional wellbeing, food, physical activity, tobacco use, alcohol and sexual health in particular in priority neighbourhoods.
- We will improve distribution of health and wellbeing information and raise health awareness in a range of settings and through diverse media and cultural activities.

# 1

## Ensure children, young people and their families achieve the best possible health to reach their maximum potential

### How will we know we have achieved this?

The general health of children in Tameside will have improved particularly for families in priority neighbourhoods. Children will be given the best start in life. We will have excellent services for pregnant women and family support services to support increased breastfeeding rates, improved oral health and reduced childhood obesity and teenage pregnancy.

Improving the health and well-being of children and young people is very important to reducing long-term health inequalities. Giving children a good start in life, followed by a sound education, is perhaps the most effective way of breaking the cycle of deprivation in the long term. We also want to help prepare young people for healthy adulthood.

### What key successes will contribute to this?

- A needs assessment will be done to learn more about which children, young people and families are most at risk of poor health outcomes and inequalities and target interventions appropriately. To do this, we need to actively work with, and listen to, these groups.
- We will use locality data to concentrate efforts and resources appropriately for example through teenage pregnancy 'dash boards' where hotspot schools, colleges and wards have been identified.
- We will provide our workforce with the information and skills to support children, young people and families so that they can get the right information and services when they need them. Training will be promoted and delivered to target professionals in all agencies who work with young people in order to equip them with the skills needed to perform brief intervention and prevention work.
- We will integrate and modernise our services so that they are quick to respond to the needs of the most disadvantaged with early intervention to prevent health inequalities worsening.
- We will target the children and families most vulnerable and at risk.
- We will deliver work in an integrated way at a local level to ensure that tackling health inequalities is a priority, incorporated into strategic, service and local plans.
- We will deliver targeted programmes of work to address these priority areas, including: strengthening the role of Children's

Centres in tackling health inequalities, ensuring effective delivery of the Healthy Start programme, increasing smoking cessation support for pregnant women and young people and strengthening our partnership with schools to address health inequalities through the Healthy Schools Programme.

- We will deliver targeted programmes of work to address health priorities described in Tameside's Children and Young People Plan focussing particularly on the priorities of childhood obesity, emotional wellbeing, teenage pregnancy and oral health.

### How will we know we are heading in the right direction?

- Reduced obesity in primary school children in reception and Year 6.
- Increased number of schools achieving Healthy Schools award.
- Increased breastfeeding initiation and maintenance.
- Early access for women to maternity services.
- Reduced under 18 conception rate.
- Increased free school meal take up.
- Reduced alcohol admissions to hospital in under 18.
- Improved Oral health – decayed missing and filled teeth data.



## 2

## Reduce income inequalities and poverty

### How will we know we have achieved this?

People will have support and advice to maximise their income, including welfare rights and debt management advice particularly in priority neighbourhoods and for target groups including vulnerable people and carers. Child Poverty will be tackled so that all families in Tameside can reach their full potential.

Having insufficient money to lead a healthy life is a highly significant cause of health inequalities. There is a wealth of evidence to show there is a social gradient in health. The poorest people live the shortest lives with the worst health.

### What key successes will contribute to this?

- We will improve access to timely advice and support to those at risk of or in poverty, including improving take-up of tax credits and benefits. Lead a Tameside campaign on income maximisation, raising awareness of entitlements, increasing take-up of benefits and tax credits, particularly for pensioners and carers, and improving provision of timely debt management advice.
- We will implement the Borough Benefit take up strategy. This strategy sets out the aims and objectives of the Council

and partners in endeavouring to maximise benefit take-up, and ensures that activities are evaluated by monitoring the effectiveness of planned actions.

- The continuing economic recession means many more home owners face potential difficulties. The Debt Advice Service will continue to take the lead in promoting the government's mortgage rescue scheme, as an incentive to home owners to seek early advice if their household income falls.
- We will protect people on low incomes from the negative health and social impacts of the economic downturn. Support programmes to improve financial inclusion and literacy and increase financial security for people at points of transition in their lives.
- We will target information and support in 'non-traditional' settings such as primary care and GP surgeries.
- We will develop and support initiatives that encourage healthy lifestyles for people on low incomes, for example, those promoting leisure and recreation, green spaces and healthy food.
- We will support families to reduce the number of children living in poverty in Tameside through our Child Poverty Strategy.

## How will we know we are heading in the right direction?

- Increase in overall employment rate (working-age).
- Increased DLA and AA/ PC/ CTB – benefit claims.
- Reduction in proportion of children in poverty.
- Increased take up of formal childcare by low-income working families.
- Increase in young people from low income backgrounds progressing to higher education.
- Reduction in the inequality gap in the achievement of a Level 3 qualification by the age of 19 (% point gap).
- Reduction in the inequality gap in the achievement of a Level 2 qualification by the age of 19 (% point gap).
- Reduction in the percentage of 16 to 18 year olds who are not in education.



# 3

## Increase the potential for people to access work and community activities

### How will we know we have achieved this?

Tameside will be a place where more and better jobs are available for everyone, local people are able to access these jobs and where new and established businesses can flourish. Everyone will have an opportunity to learn and develop new skills.

The benefits of improving health and reducing health inequalities are economic as well as social. The cost of ill health can be measured in both human terms – lost years of life and active life, and in economic terms – the cost to the economy of additional illness. Unemployed people also have increased rates of limiting long term illness, mental illness, and cardiovascular disease. Some groups have reduced employment opportunities; they include disabled adults, people with mental health problems, those with caring responsibilities, lone parents and young people.

### What key successes will contribute to this?

- We will increase opportunities for people affected by health inequalities to access the potential benefits of work and other forms of meaningful activity.

- We will extend opportunities for skill development and progression at work, particularly for employees with health problems or disabilities, and those on low incomes.
- There will be support for effective interventions to promote retention or early reintegration of people at risk of exclusion from work because of illness, caring responsibilities or other life changes.
- There will be support for the development and implementation of effective workplace health and wellbeing initiatives in both paid and unpaid work settings.
- There will be increased recognition of the value of unpaid activities that contribute to Tameside's social and economic prosperity and offer some of the benefits of 'good' work.

## How will we know we are heading in the right direction?

- Reduction in working age people on out of work benefits.
- Reduction in working age people claiming out of work benefits in the worst performing neighbourhoods.
- Reduction in flows onto Incapacity benefits.
- Reduction in out of work benefits – 50+.
- Increased new business registration rate.
- Increased self employment/ small enterprise.
- Increased supported business start ups.
- Increased people resident in priority neighbourhoods filling jobs from inward investment.
- Increased participation in regular volunteering.
- Increased Working age population gaining Level 2 or higher.
- Increased Working age population gaining Level 3 or higher.
- Increased number of adults with learning disabilities entering into employment.
- Increased number of adults receiving secondary mental health services entering into employment.



# 4

## Empower and support individuals to take action to improve their health and wellbeing

### How will we know we have achieved this?

People will feel in control of their own health and know where to get support and advice. Local people will feel that the healthy choice is the easy choice and will support each other to play an active part in their communities.

People's lifestyles can have a significant effect on their health and well-being. In particular smoking, alcohol consumption, poor diet, and lack of physical activity are significant risk factors for a number of significant health problems, notably circulatory diseases and cancers. Lifestyle factors are affected by background and socio-economic circumstances, modified by personal knowledge and choice. Additionally, genetic and environmental factors are also important influences on health and this is where screening programmes, and working closely in partnership is critical to supporting the prevention of poor health.

#### Our priorities for action are:

- Smoking and Tobacco Control
- Alcohol
- Weight Management  
(including healthy eating and physical activity)
- Mental Health and Wellbeing
- Sexual Health

### What key successes will contribute to this?

#### Smoking and Tobacco Control

- Smokefree Tameside Alliance will drive this agenda with a good range of partners. A SMART action plan will be used to monitor progress against our local Tobacco Harm Reduction Strategy. The recommendations from the National Support Team for Tobacco and a local health needs assessment for tobacco control will be used to inform priority setting.
- There will be a focus on protecting children from harm through the Smokefree Homes programme which encourages people not to smoke where children are present, targeted support for pregnant women and their families to give up smoking, a focus on reducing under age sales of tobacco and work with young people to discourage them from starting smoking.
- A spotlight on illicit and illegal tobacco will be developed based on AGMA initiatives with a local perspective to reduce this trade.

#### Alcohol

- The refresh of Tameside's Alcohol Strategy and action plan will build on recommendations from the alcohol needs assessments and the National Support Team for Alcohol

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recommendations. Through this existing services will be reviewed and recommissioned based on local needs to ensure access to effective support and treatment. Systematic support through primary care will be provided to support local people to moderate their drinking.

- A communication plan for the Alcohol Strategy will be developed. A segmented social marketing approach will be taken forward targeting young people plus the wider population to raise awareness of safe, sensible levels of drinking.

### Weight Management

- General Practices in Tameside will deliver a practice based one to one weight management service, and group weight management sessions will be widely available particularly targeting areas of socio-economic deprivation in Tameside.
- Tameside Sport and Physical Activity Strategy will contain objectives specifically relating to delivering improved health outcomes and reducing health inequalities aiming to deliver a programme of interventions to close the gap between the borough's most active and the least active.
- Area based action plan to tackle childhood obesity will be developed with key partners to ensure that a healthy diet and physical activity opportunities are available to all, with a strong inequalities focus.

### Sexual health

- Screening young people for Chlamydia infections will continue. There will be a concentration on people and groups who are not effectively being included based on a health equity audit of access to testing.
- A review and redesign of contraceptive and sexual health services will be taken forward based on a health equity audit and an understanding of the barriers facing local people. The aim is to have a service which is readily available for people who need it.
- A sexual health promotion plan will be developed to raise awareness of people about the need to protect themselves from sexually transmitted diseases and raise awareness about the importance of getting early treatment. This will focus on groups known to be at high risk.

### Mental health and wellbeing

- Significant additional funding has been attracted to the area to increase access to psychological therapies. This service will be targeted to support people in disadvantaged areas and vulnerable groups to improve their mental health This will be followed by further reviews of other mental health services based on equity audits to ensure that people who need help are able to get it.

- A social prescribing programme will be in place in primary care to increase access to a range of supports which will improve mental wellbeing.
- A wellbeing strategy will be produced in 2010 to focus on the wider issues that impact on mental wellbeing. This will be a programme that works across a wide range of partners. It will have a specific focus on awareness raising, increasing understanding, showing people how to improve their own mental health and focussing on reducing suicide through a targeted approach for higher risk groups.



## How will we know we are heading in the right direction?

- Reduced All Age All Cause Mortality.
- Mortality rate – reduced inequalities gap (between 20% most deprived IMD and Tameside average).
- Reduced premature mortality – CVD and Cancer.
- Reduced alcohol related harm hospital admissions.
- Reduced numbers of people smoking.
- Increased numbers of young people being tested for Chlamydia.
- Increased adult participation in sport and active recreation.
- Increased numbers of people participating in behaviour change support programmes.
- Increased numbers of people maintaining lifestyle change - % sustaining after 3 and 6 months.
- Increased numbers of people reporting increased levels of mental wellbeing.

# 5

## Improve the health of vulnerable people in particular those at risk of or with long term conditions and disabilities

### How will we know we have achieved this?

Tameside will be a place where everyone feels healthy – both physically and mentally – and positive about the future regardless of their circumstances. All people will have access to excellent health and social care provision and feel involved in the process.

There are a number of disease groups which are particular causes for concern in Tameside. The Local Area Agreements have attempted to bring together key targets to enable us to effectively focus our attention on these areas.

As well as some specific disease groups being a priority for action, some particular population groups are particularly in need of services. This could be because they generally have greater health needs; because their health needs are not adequately addressed; or because they are at risk of social exclusion and ill health if additional services are not provided for them.

### What key successes will contribute to this?

- We will promote the equitable provision of high quality health, social care and other public services.

- We will improve access to Tameside's health and social care services, particularly for people who have poorer health outcomes.
- We will improve local access to affordable and responsive services planned around individual needs and based on comprehensive Joint Strategic Needs Assessments including health equity audits.
- We will develop useful approaches to user involvement, especially with vulnerable people at risk of health inequalities, to improve service commissioning and monitoring from their perspectives.
- We will aim to improve quality across Primary Care – for example more vulnerable and 'at risk' groups identified through systematic Cardio Vascular Disease risk assessment. A local benchmark tool will be implemented to drive up performance.

### Our priorities for action are:

- Cardiovascular Disease
- Cancer
- Excess seasonal deaths
- Supporting vulnerable groups

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## Cardiovascular Disease (CVD)

- The CVD Practice Priority Tool will be used with all practices to improve performance starting with those that need greatest support.
- The results of the Integrated Care Pilot will be used to consolidate best practice in the discreet programme area followed by rolling out to all practices and then to approaches to other long term conditions.
- Vascular risk checks will be taken forward across the whole area to improve early identification of people at high risk of cardiovascular disease then support them with lifestyle programmes and appropriate clinical interventions.

## Cancer

- The local Cancer Strategy will be refreshed ensuring prevention and inequalities issues are addressed.
- Social Marketing strategies will be used to inform service delivery and gain insight to design interventions to engage with hard to reach groups.
- Additional survival data will be analysed with a view to targeting vulnerable groups who are coming forward for care at an advanced stage of disease to raise their awareness of the benefits of early treatment.

## Excess seasonal deaths

- Partners will work together to deliver the Affordable Warmth strategy to focus on vulnerable people living in fuel poor households. The aim being to increase the uptake of energy efficiency measures to reduce the impact of cold homes throughout the area.
- We will explore the possibility with regional colleagues to develop a Local Enhanced Service to enable GPs to refer vulnerable patients to AWARM – a service to help them move out of fuel poverty.
- We will establish a register made up of a ‘list-of-lists’ of most vulnerable elderly and disabled people drawn from complex caseloads e.g. of community matrons, social workers. These people will be offered a range of measures to keep them well including:- assessed for affordable warmth interventions, regular review of benefits entitlement, annual flu and pneumococcal vaccine, medication reviews, health plans, and falls assessments.

## Supporting vulnerable groups

- We will target outreach activities into communities of deprivation to support and signpost into local existing health improvement and community activities.
- We will work with BME communities to identify unmet health needs and ensure effective engagement and involvement in planning of community health initiatives.
- We will provide accessible information, in a range of formats depending on need. Use of interpreter services will be available locally.
- We will support and improve the health and wellbeing of local Carers.
- We will address the poorer physical health of people with mental health problems by proactively promoting access and support of local health improvement services.
- We will support people with disabilities with appropriate information and improve access to preventative services and health care.
- We will give information and support to vulnerable groups to improve access to work and social opportunities.

## How will we know we are heading in the right direction?

- Reduced All Age All Cause Mortality.
- Mortality rate – reduced inequalities gap (between 20% most deprived IMD and Tameside average).
- Reduced premature mortality – CVD and Cancer.
- Reduced alcohol related harm hospital admissions.
- Reduced numbers of people smoking.
- Increased adult participation in sport and active recreation.
- Reduced excess winter deaths.
- Increased screening programme uptake.
- Increase in people supported to live independently through social care services.
- Increase in numbers of people accessing Self Directed Support (DP/IB).

# 6

## To promote Tameside neighbourhoods and towns as healthy and safe places to live, work and visit

### How will we know we have achieved this?

Tameside will be seen as a healthy safe place for all – from homes, to neighbourhoods to the Borough as a whole.

Communities are important for physical and mental health and well-being. By fully integrating the planning, transport, housing, environmental and health systems we can address the social determinants of health our communities. Locally developed, evidence based community regeneration programmes can remove barriers to community participation and action and reduce social isolation. We acknowledge the impact that crime and fear of crime can have on our communities.

### What key successes will contribute to this?

- We will further develop and promote Tameside as a healthy safe place for all – from homes, to neighbourhoods, to the Borough as a whole.
- We will promote community cohesion through our Community Cohesion strategy.
- We will ensure new developments are designed and constructed in ways that improve health and reduce health inequalities.
- We will invest in physical improvements in Tameside, in particular in priority areas.
- We will ensure that addressing health inequalities are a key priority in our neighbourhood agreements.
- We will promote the effective management of places to make them safe, accessible, and encourage community cohesion.
- Planning and action on the environment, climate change and public health will be co-ordinated to maximise health benefits and engage a wide range of partners in action.
- We will promote greater participation by people in priority neighbourhoods in active recreation including use of green spaces and countryside. We will support delivery of new and improved facilities for sport, walking, cycling, play and other forms of physical activity, including maximising opportunities associated with the 2012 Olympic and Paralympic Games.
- We will promote and develop urban design and spatial planning for 'Healthy Towns' that have an environment planned to encourage physical activity integral to everyday life.

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- We will ensure that we engage with vulnerable groups such as young people, older people and those in geographical crime hot spots to ensure that interventions are designed to reduce the risk of harm in those communities.
  - We will implement a reducing reoffending strategy to ensure that focussed services are in place to drive this agenda.
  - We will continue to intervene to deliver decent homes in both the social and private sector using a range of tools.
  - We will continue to assist specific groups such as the elderly and disabled to live as independently as possible in their own homes.
  - We will provide a range of support to other vulnerable groups to help them maintain independent tenancies.
  - We will review allocations policies to ensure that make best use of social housing stock in meeting needs.
  - We will work with the private rented sector to improve quality and choice for tenants.
  - We will deliver affordably warm homes to alleviate fuel poverty in line with the affordable warmth strategy.
  - We will increase development of new homes particularly affordable homes by working in partnership with housing providers and developers.

- We will develop housing, which is suitable to meet the demands of an aging population and people with additional needs and disabilities.

### **How will we know we are heading in the right direction?**

- Decent homes.
- Homelessness cases prevented.
- Reduction in EWD.
- Reduction in crime and anti-social behaviour.
- Reduction in crime inequalities in priority neighbourhoods.
- Reduction in arson incidents.
- Increase in people from different backgrounds getting on well together.
- Increase in satisfaction with local areas (priority neighbourhoods).
- Increase in household recycling.
- Reduction in CO2 emissions.
- Increase in number of green flags/pennants.

# Governance Arrangements

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The strategy will be delivered through Thameside Strategic Partnership and the partnership Thematic Partnership Boards. Following the publication of the strategy, an action plan will be developed and performance monitored by Thameside Health Partnership Board and relevant subgroups. The strategy and action plans will be reviewed annually.



# Conclusion

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Tameside Strategic Partnership takes pride in our commitment to improve health and reduce health inequalities. We recognise the challenge to reduce health inequalities further through all our key partners will need a strengthened co-ordinated effort.

In order to make sustainable changes to the lives of people in Tameside and reduce health inequalities health needs to be everyone's business. This includes the need to communicate, engage with and put our local residents at the heart of our plans.

If we get this right,  
it will mean better  
health and wellbeing  
for Tameside  
residents







