24th Annual Public Health Report for Stockport

2017/18

SECTION F: Recommendations
24th Annual Public Health Report for Stockport - 2017/18

SECTION F: Recommendations

Contents

The report is broken down in to levels and sections.

There are now six sections:

- **Section A** describes and considers an overview of the health of the people of Stockport.
- **Section B** covers the diseases which cause death and disability in Stockport.
- **Section C** explores the major risk factors for disease, death and disability so we understand how we can address the issues described in section B.
- **Section D** looks at these issues as part of the life-cycle, considering the health of children through to healthier aging.
- **Section E** summarises our response; how we are addressing the causes of ill-health and reducing health inequalities for the people of Stockport.
- **Section F** sets out the recommendations for action by agencies and individuals within Stockport.

This report presents the Section F of the report

Within this section there are four levels:

- **Level 1** are a series of tweets sent by @stockportdph over the autumn of 2015.
- **Level 2** is an overview in which each chapter of the report is summarised in a paragraph.
- **Level 3** gives key messages where each chapter is summarised in one or two pages.
- **Level 4** contains the full report and analysis.
A full content list follows, and you can access any level of the report by clicking the chapter name in the content list. Each page contains a “return to contents” button to enable you to return to this list and navigate to other levels and sections of the report easily.

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SECTION F: Recommendations

LEVEL 1

Tweets
LEVEL 1 (Tweets) Section F: Recommendations

1.29. Advice to Individual Citizens of Stockport

- #Lenin said the health of the people is the concern of the people themselves. So what can you do for yourself #Stockport?
- Note how #Lenin’s individualist response complements Disraeli’s more collective response tweeted last wk #Stockport.
- For the next fortnight we will be tweeting what you can do to improve your own #health #Stockport.
- ↑ your health follow the #5WaysToWellbeing – connect, be active, take notice, keep learning & give #Stockport.
- CONNECT with friends, family & others. As cornerstones of your life – invest time in them #5WaysToWellbeing #Stockport.
- BE ACTIVE everyday. Walk, run, cycle, swim, play, garden, dance. Key is find what you enjoy #5WaysToWellbeing #Stockport.
- TAKE NOTICE. Be curious. Savour the moment & appreciate what matters to you #5WaysToWellbeing #Stockport.
- KEEP LEARNING. Try something new/rediscover an old interest for fun to boost confidence #5WaysToWellbeing #Stockport.
- #5WaysToWellbeing - GIVE – Smile at a stranger / volunteer your time. Boosts their health & yours. #Stockport.
- Commit to reducing your #stress #Stockport.
- Commit to releasing your #stress #Stockport.
- Commit to having more fun #Stockport.
- Commit to taking more exercise as part of #5WaysToWellbeing #Stockport.
- Maintain your social support networks with family & friends as part of #5WaysToWellbeing #Stockport.
- Health is about yes not no. Yes to the wellbeing that follows exercise #5WaysToWellbeing #Stockport.
- Health is about yes not no. Yes to the alertness of being fit #5WaysToWellbeing #Stockport.
- Health is about yes not no. Yes to the fun that relaxes & eases stress #5WaysToWellbeing #Stockport.
- Health is about yes not no. Yes to the tang and crunch of real healthy food #Stockport.
- Health is about yes not no. Yes to the fellowship of social support #5WaysToWellbeing #Stockport.
- Health is about yes not no. Yes to revitalised taste buds from becoming smoke free #5WaysToWellbeing #Stockport.
- Health is about yes not no. Yes to the joy of having a purpose in your life #5WaysToWellbeing #Stockport.
- #Stockport. #StopSmoking. Use Healthy Stockport / join /form a group. If necessary use nicotine gum / patches.
Both sexes new advice is 14 units max of alcohol per week, spread over 3 days. Don't save up to binge drink #Stockport

Let #HealthyStockport help you with these

Eat healthily. Eat #FreshFood simply cooked and less processed food. Eat at least #5aday #Stockport

Choose low-sugar, low-fat, low-salt, high-fibre foods #Stockport

Eat fruit and vegetables. Don't stop at #5aday #Stockport

Keep a #HealthyWeight. Eat sensibly, be active, #SitLess #StandMore & #Move More #Stockport

Let #HealthyStockport help you with these

We can do more together than we can alone #Stockport

Together we can make our streets & workplaces greener #Stockport

Together we can create #LivingStreets #Stockport

#GreenGyms combine physical activity with improving environments #Stockport

Together we can change attitudes to #disability and accept #diversity #Stockport

Together lets change attitudes to old age & help people expect to #Live Longer instead of giving up early #Stockport

We can work together to help the most vulnerable among us. #Stockport

Together we can change attitudes to mental illness. #Stockport

Create local groups to connect more. Research shows in hard times togetherness helps #5WaysToWellbeing #Stockport

We can help each other learn how to live a #SustainableLifestyle #5WaysToWellbeing #Stockport

We support & help each other learn how to use the health service better #5WaysToWellbeing #Stockport

We can share things with friends and neighbours #5WaysToWellbeing #Stockport

Dispel the myth that accidents just happen. The reality is most are preventable #Stockport

Do you have a fire evacuation plan for your family & regularly check your smoke and CO2 monitor? #Stockport

Don’t drink before driving, operating dangerous machinery or doing skilled tasks #Stockport

After heavy drinking you may still be over the limit next day. Takes 1 hr per unit to eliminate alcohol #Stockport

Drive at 20mph on side roads, wear seat belts in cars, #crashhelmets on motorbikes & #cyclehelmets on bikes #Stockport

Talk to your health visitor about making your home safer for young children #Stockport

Ask sales assistants about the safety features of goods purchased for your family #Stockport

Multiple sexual partners ↑the risk of HIV/AIDS, gonorrhoea, syphilis, cervical cancer & pregnancy. Condoms help

#Stockport Take up all invitations to participate in NHS screening programmes

#Stockport Ensure children receive all the vaccinations recommended and keep your own vaccinations up to date

When coughing or sneezing, catch those germs in your tissue, bin that tissue & then clean your hands
• #Melanoma is not selective. Don’t let your guard down when the summer sun comes #Stockport
• Protect the environment. Walk, cycle, use public transport #Stockport
• Use environmentally friendly products #ReduceReuseRecycle & refuse unnecessary packaging. Protect #Stockport.

Overview

1.30. RECOMMENDATIONS FROM THE 2017/18 REPORT
• Antimicrobial resistance is a major public health concern. Unless we tackle the issue now, the consequences could be severe
• Antibiotics are essential medicines for treating bacterial infections in both humans and animals but, antibiotics are losing their effectiveness at an increasing rate.
• The key to tackling the problem is to use antibiotics less and particularly to avoid using them when they are not needed. Many antibiotics are prescribed and used for mild infections when they don’t need to be. All colds and most coughs, sinusitis, otitis media (earache) and sore throats get better without antibiotics.
• Individuals (the public, healthcare professionals, educators and leaders) can take action by choosing a pledge and becoming an Antibiotic Guardian (www.antibioticguardian.com)
• Motor vehicles are the greatest preventable threat to air quality.
• Harmful emissions from motor vehicles contribute to breathing and lung problems.
• It is important to inform the population of the impact of air pollution and target those particularly susceptible.
• I recommend the need to improve air quality through linking to other issues such as obesity.
• I recommend reducing the use of the car and promoting a healthier transport system.
• I recommend wider use of green walls and green security to mitigate effects of air pollution.
• Cold housing contributes to cardio-vascular, respiratory, rheumatoid diseases, hypothermia and poor mental health.
• Cold is not just winter - death rates rise when the temperature falls below that of a spring day.
• Structural defects (eg poor lighting, or lack of stair handrails) increase risk of accidents and falls.
• Damp and mould are bad for health.
• Overcrowded housing has adverse impacts on mental health, accidents and spread of infection.
• 41 per cent of homeless people have long term physical health problem (cf 28% in the general population).
• 45 per cent of homeless people have diagnosed mental health problem (cf 25% in general population)
• Frequently moving tenancy provides insecurity, stress and disruption to education and relationships.
• Ratio between house prices and earnings is still increasing (hard for young people).
• Quality of new homes fails to meet expectations far more often than it should.
• Gypsies and Travellers have life expectancies 10-12 years shorter than the general population.
• 9% of private rented stock in Stockport has some form of disrepair.
• Stockport Council’s comprehensive fuel poverty strategy halved fuel poverty 2011-2016.
• 10 people are actually sleeping on streets in Stockport but would be about 40 if it weren’t for The Wellspring.
• About 100 people in Stockport are sofa surfing.
• Lack of provision for people of nomadic lifestyle pausing to stay amongst us leads to unsuitable encampments
• Around 1,000 new houses a year are needed in Stockport. We need a proper mix not just numbers.
• There is a growing number of single person households.
• An increasing elderly population which would benefit from extra care housing.
• Affordable housing is a major need.
• Unmet market niches include car free housing, flats close to stations, and purpose built cooperative communities.
• We need to view housing need not just as one total figure, but as the sum of a number of specific needs.
• Green infrastructure improves air quality by absorbing greenhouse gases.
• People are more likely to walk and cycle if the route is attractive with green infrastructure.
• Exercise taken in green surroundings may have more health benefit than exercise in drab city surroundings.
• Greenery reduces the urban heat island effect and reduces flood risk.
• Greenery raises the human spirit, and sight of greenery reduces stress. We need tranquil areas.
• Greenery contributes to biodiversity, much of which is vital for health.
• Green infrastructure can contribute to nutrition (e.g. allotments, fruit trees).
• Urban drainage is improved and flood risk diminished by green roofs, ponds and wetlands.
• Drives and car parks can be surfaced with lattices to support the vehicles whilst allowing grass to grow through.
• Roof gardens and earth-sheltered buildings allow pressure for development land to be met with much less loss of open space.
• Linear green passages or tree-lined routes can form good walking routes.
• Floral displays and water features particularly raise the human spirit.
• Thorny hedges, or thorny plants on walls are an effective means of security.
• Most people should see greenery most of the time.
• There should be a network of green walking and cycling routes throughout the borough.
• All of the Borough should be within a short walk of a green corridor into the countryside.
• All of the Borough should be within a short walk of recreational greenspace.
• District centres and the town centre should have a green feel to them.
• The emotional wellbeing of children is equally as important as their physical health.
• Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.
• Feeling trusted, understood, valued and safe is key for our young people’s well being.
• In Stockport by 2025 there is a predicted 15% rise in the proportion of the population who are over 65, and a predicted rise of 30% of those aged over 90.
• Stockport is commitment to joining the WHO international network of Age Friendly Places
• We recognise the importance of an age-friendly culture which promotes positive images and high expectations for old age and also value the importance of the arts for healthy ageing
• We are working to embed age-friendliness in the Stockport Local Plan to work to make the built environment and planning functions fit for our population.
• Social interaction is key to successful healthy ageing and a good quality of life. We want a diverse range of social activities on offer for older people across the borough.
• Currently, at least 1 in 5 adults aged 50-65 are out of work, the largest proportion of this is due to health reasons.
• To promote independence, we will create more age-friendly workplaces to support people to remain in work & support people aged 50 & over who are out of work, to return.
• The likelihood of being a carer increases with age. To ensure that carers are supported & valued Stockport has developed a Carers’ Charter which should be embedded.
• Steady in Stockport is our approach to falls and fracture prevention & bone health improvement. This will reduce the harm from falls and fractures.
• Physical activity is key to healthy ageing, Stockport is part of a Greater Manchester programme to increase physical activity in older adults.
• Stockport will be using the PaperWeight armband to raise awareness of issues with malnutrition and dehydration.

Overview

1.31 RECOMMENDATIONS FROM THE 2016/17 REPORT
• I recommend we consider health and leisure estate together and move towards Healthy Living Centres
• I recommend we extend the Health Hub concept successfully trialled at Avondale Leisure Centre
• I make recommendations to enhance recycling
• I recommend planning protection for the aesthetically attractive pedestrian route network
• I recommend the strategic objective that most people have sight of greenery most of the time
• I recommend flow optimising variable speed limits on Greater Manchester motorways
• I make various recommendations as to health impact assessment
• I recommend much more use of home zones rather than speed humps in traffic calming
• I recommend a public debate about a 20mph speed limit throughout the Borough
• I recommend creating a culture and environment that reduces obesity
• I recommend much wider use of green walls and green security measures
• I congratulate Stockport NHSFT on the Baby Clear programme and recommend it continues
• I recommend continuation of the smoking in pregnancy financial incentive scheme
• Concerned at geographical variation in rates of smoking in pregnancy I recommend support tailored to local behavioural insights
• I recommend that if a pregnant woman prefers e cigarettes to other forms of nicotine replacement she shouldn’t be discouraged
• I recommend structured education to all newly diagnosed diabetics
• I recommend various improvements in the identification of people at risk of diabetes
• I recommend we ensure 100% participation in the national diabetes audit
• I recommend steps to ensure all people with diabetes are treated in accordance with NICE guidance
• I recommend the commissioning of an integrated service for people with diabetes
• I recommend all agencies including police and probation develop care pathways for people with suicidal distress
• I recommend harm reduction in high risk suicide locations
• I recommend use of the SAFE tool to improve suicide awareness and response by front line workers
• I recommend all relevant agencies participate in an annual suicide audit
• I recommend real time suicide data surveillance
• I recommend pathways for self harm meet NICE guidance including for those not diagnosed with mental illness
• I recommend bereavement support is available proactively to people affected by suicide
• I recommend review of the Suicide Prevention Strategy
• I congratulate Stockport Homes on its contribution to public health & recommend further steps through health impact assessment
• I recommend consideration of the role of housing in the provision of care

• The debate on health service funding should consider Keynesian fiscal multipliers
• The debate on health service funding should include the implications if social care is underfunded
• The debate on health service funding should consider incompatibility between an emphasis on prevention and a cut in public health grant
• The debate on health service financing should include population growth and demographic change
• I recommend health professionals & people in leadership roles set an example by 20minutes brisk walking a day & cutting sugar
• I recommend a Know Your Numbers campaign using Stockport String
• I recommend tailored support to patients with a learning disability
• I congratulate the coroner on recent steps to proactively identify hazards to health and I recommend continuation

Overview

1.32. PROGRESS FROM 2016/17

• There are no tweets for this section

Overview
LEVEL 2

Overview
LEVEL 2 (OVERVIEW) SECTION F: RECOMMENDATIONS

2.29. ADVICE TO INDIVIDUAL CITIZENS OF STOCKPORT

I advise individuals to follow the Five Ways to Well Being. I also ask them to stop smoking, drink sensibly, eat a healthy diet, be physically active, maintain a healthy weight, make use of NHS preventive services such as vaccination and screening, take sensible steps to avoid accidents and infections, deal with stress, keep good social relationships and have fun.

Go to key messages or go to full analysis

2.30. RECOMMENDATIONS FROM THE 2017/18 REPORT

See full analysis

2.31. RECOMMENDATIONS FROM THE 2015/16 REPORT

I welcome the commitments of the Council and other agencies to the Stockport Health Promise, the formation and strategic direction of Stockport Together and the work undertaken at Stepping Hill Hospital on public health standards for hospitals and recommend that they continue. I make 4 recommendations relating to resource strategy covering prevention, resilient communities, health impact assessment and multi-agency working. I make 10 recommendations to MPs and political parties. I urge all agencies to consider the information about behaviour change contained in chapter 25 and make some specific recommendations. I urge the NHS to contribute to healthy ageing and the welfare to work initiative and make a recommendation relating to smoking. I make a number of other recommendations to the Council relating to public realm and green infrastructure and I recommend further action on child safety.

Go to key messages or go to full analysis

2.32. PROGRESS FROM 2014/15

A progress report on last year’s recommendations to Stockport Council shows good progress.

Go to key messages or go to full analysis
24th Annual Public Health Report for Stockport - 2017/18

SECTION F: Recommendations

LEVEL 3

Key messages
LEVEL 3 (KEY MESSAGES) SECTION F: RECOMMENDATIONS

3.29. ADVICE TO INDIVIDUAL CITIZENS OF STOCKPORT

- **Follow the five ways to wellbeing**
  - **Connect** – with friends, family, colleagues and neighbours – think of these people as the cornerstones of your live and invest time in them
  - **Be active** – go for a walk, run. Step outside, play, garden or dance. Find an activity you enjoy and suits you make, being physical makes you feel good,
  - **Take notice** – be curious. Savour the moment and appreciate what matters to you.
  - **Keep learning** – try something new or rediscover an old interest. Learning new things is fun and boost confidence.
  - **Give** – do something nice for a friend, or a stranger. Smile. Volunteer your time.

- **Stop Smoking**
  Use our smoking cessation service if you need help. If you can’t give up on your own then try a Quit Smoking Group. If you are addicted to nicotine, consider other sources of nicotine, such as nicotine chewing gum or nicotine patches. You are more likely to successfully quit if you get help from the NHS Stop Smoking Service. Help is available at your GP practice, from some pharmacies in Stockport and also from our specialist advisers in the Healthy Stockport service. Visit [http://www.healthystockport.co.uk/](http://www.healthystockport.co.uk/) for more information or call 0161 426 5085

- **Be physically active**
  Adults should aim to be active daily. Over a week, activity should add up to a minimum of 150 minutes (2½ hours) of at least moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week. Use the stairs and walk those short journeys. Cycling is a great way to get more exercise over slightly longer journeys, consider using Stockport’s leisure services for a swim or fitness class or go to a dance class with your friends.
  Children over walking age should be physically active for at least three hours a day, and 5-18 year olds should be physically active for at least an hour a day. Again, this should be at least moderate intensity. Visit [http://www.healthystockport.co.uk/](http://www.healthystockport.co.uk/) for more information.
  For babies not yet walking, physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
  Both adults and children should minimise the amount of time they spend being sedentary (e.g. sitting) for long periods (except when sleeping).

- **Eat a healthy diet**
  Choose low-sugar, low-fat, high-fibre versions of the foods you eat and eat less red meat. Eat at least 5 portions of fruit & vegetables each day. You should also add less salt in cooking and at table.

- **Keep a healthy weight**
Maintain, or aim for, a healthy weight (adult BMI healthy weight range is 18.5-25kg/m2; healthy BMI for children is within the 2nd-90th percentile for their age and gender). BMI can be calculated by weight (kg) divided by height (m) squared (i.e. kg/m2).

- **Drink sensibly**
  If you drink alcohol, have no more than 2-3 units a day (women) or 3-4 units a day (men), with at least 2 alcohol free days per week. Use this website to calculate your units and keep track of your drinking: [http://www.nhs.uk/Livewell/alcohol/Pages/Alcoholtracker.aspx](http://www.nhs.uk/Livewell/alcohol/Pages/Alcoholtracker.aspx). For example the following are all about 3 units: a pint of 5.2% lager; or a pint and a half of 3.2% beer; or a large (250ml) glass of 12% wine.

  However a small amount of alcohol is beneficial for heart disease so after the age of 40, provided you don’t have health or other problems related to alcohol or any problems with balance or stability, drink one small (125mls) glass of red wine most days but not every day.

- **Look after your sexual health**
  Sexual health is not just about avoiding unwanted pregnancy or sexually transmitted infections - but using a condom will help with both. Remember that having multiple sexual partners increases the risk of HIV/AIDS, gonorrhoea and syphilis, cervical cancer and pregnancy.

- **Use NHS screening services**
  Take up opportunities whenever you are invited to participate in NHS screening programmes.

- **Take up opportunities for vaccination and immunisation**
  Ensure children receive all the vaccinations recommended and keep your own vaccinations up to date – especially tetanus. Take health advice before overseas travel and have appropriate vaccinations, malarial protection etc. If you are over 65, if you are pregnant, or if you are under 65 and in an at-risk group, have your annual flu immunisation.

- **Protect yourself from sunburn**
  Enjoy the sun safely. Protect yourself by using shade, clothing (including a hat, t-shirt and UV protective sunglasses) and high SPF (sun protection factor) sunscreen, and by avoiding the sun during the middle of the day. Avoid artificial ultraviolet radiation such as sunbeds or sunlamps.

- **Reduce stress**
  Talking things through, relaxation and physical activity can help. Find time to relax and share your worries with friends and partners. Demand training for responsibilities of which you are unsure.Try to plan your work to reduce pressure around deadlines. Developing interests outside of work can help reduce stress and improve productivity.

  You can also minimise stress by socialising and by contributing to your society. Release stress: Have fun. Take exercise. Maintain your social support networks with family and friends.

- **Avoid accidents**
Install and regularly check smoke alarms in your home. After drinking, allow one hour for each unit you have drunk before driving, using machinery or undertaking any other dangerous task requiring care. Drive at 20mph on side roads and wear seat belts in cars, crash helmets on motor cycles and cycle helmets on bicycles. Talk to your health visitor about preventing home accidents to toddlers. Always ask sales people about the safety features of products.

- **Protect the environment**
  You can help to protect the environment by using public transport whenever possible (this also helps you get more physically active). Use environment-friendly products and recycle wherever possible. You can even refuse to accept unnecessary packaging on products you buy.

- **Avoid infectious diseases**
  Keep up to date with all vaccinations, and wash your hands regularly when visiting or caring for sick people. You should observe good respiratory hygiene (when coughing or sneezing, catch those germs in your tissue and then bin it).

For more detail about staying healthy, visit: [http://www.healthystockport.co.uk/](http://www.healthystockport.co.uk/) where you can access advice, tools to help you manage your own health, and free, confidential local support to make positive lifestyle changes.

Go to Full Analysis

3.30  RECOMMENDATIONS FROM THE 2017/18 REPORT

See Full Analysis
3.31 RECOMMENDATIONS FROM THE 2015/16 REPORT

Public Health Processes within Agencies

1. I congratulate the Council, and the other agencies party to the Stockport Health Promise, on the commitments they have entered into in the Health Promise and I recommend that they continue wholeheartedly to pursue those commitments.

2. I congratulate the various agencies party to Stockport Together on adopting a strategy which has a strong preventive component and which also seeks to pursue a balance of care which acknowledges the importance of proactive early intervention. I recommend that they continue wholeheartedly to pursue this strategy.

3. I congratulate the Stockport NHS Foundation Trust on its work, as a pilot area, on developing public health standards for hospitals and I recommend that it formally adopts them and continues to pursue a high level of achievement of these standards.

Resource Strategy

4. I congratulate the Council on pursuing a public sector reform strategy focused on reducing need through prevention, on the promotion of resilient communities, on the optimisation of resources to focus on outcomes and on radical service redesign. I recommend that it continues to do so. Indeed I believe that in current financial circumstances any other approach would have highly damaging consequences.

5. I recommend that a health impact assessment tool be incorporated into the integrated impact assessment of Investing in Stockport business cases.

6. I recommend that Stockport Together aims to optimise resources across the whole of the health and social care system rather than treating the NHS and social care separately. Otherwise the consequences of reductions in social care expenditure will seriously add to pressures on the NHS.

7. I value greatly the roles currently played by the police in local communities, in mental health, in crime prevention, and in the enforcement of laws relating to health.

National Action to Improve Health

8. I recommend that Stockport MPs and political parties fully support the Government’s strategic welfare to work objective and debate how to improve its implementation.

9. I recommend that Stockport MPs and political parties pursue the adoption at national level of a strategy based on the principles set out in recommendation 4.

10. I recommend that Stockport MPs and political parties debate the implications of Government protecting NHS budgets but cutting social care budgets in a situation where the two services operate as a coherent whole, increasingly with combined budgets.

11. I recommend that Stockport MPs and political parties also question the description of public health as a “non-NHS” service when it is part of the comprehensive health service which has, ever since 1948, been called “the NHS”, when the bulk of its expenditure is with NHS bodies and when prevention is central to NHS financial strategies.
12. I recommend that Stockport MPs and political parties carefully consider and debate the implications of the scientific evidence on austerity and its implications for consideration of unconventional financial strategies.

13. I applaud the government on the successful implementation of the recent ban on smoking in cars with a person under 18 present and on smoke free prisons. I recommend that Stockport MPs and political parties acknowledge that effective national strategies on tobacco, alcohol, and obesity (including sugar and physical activity) must be an essential part of containing NHS costs and that opposition to such strategies can therefore be viewed as carrying heavy financial costs which must be accounted for.

14. I recommend that Stockport MPs and political parties fully understand and support the NHS Five Year Forward View.

15. I recommend that Stockport MPs and political parties consider the proposals put forward by the North West Directors of Public Health as to priorities for Government action to improve health.

16. I recommend that Stockport MPs and political parties consider the Due North report and also consider the opportunities for public health opened up by the Northern Powerhouse.

17. I recommend that Stockport MPs and political parties warmly welcome the increase in the national minimum wage and support further progress towards the living wage as originally defined (what is increasingly becoming called “the real living wage” although I dislike that term and would prefer a better one)

**Behaviour Change**

18. I present to the people of Stockport the advice contained in chapter 29 as to how they can improve their own health and I ask all agencies to consider how they can contribute to educating, encouraging, enabling and empowering this process, supported by engineering and enforcement where appropriate.

19. I recommend that all agencies consider how they can make healthy choices the most prominent choices.

20. I recommend that all agencies consider whether there are areas where they can make healthy choices the default choices.

21. I recommend that all agencies consider how they can indicate a welcoming approach to healthy choices, for example by displaying notices welcoming breastfeeding.

22. I recommend that steps be taken to ensure that the implications of loss aversion as a cognitive bias, and its implications for change strategies, are more fully understood.

**Some Further Contributions of Health & Social Care Systems to Prevention**

23. I recommend that Stockport Together considers how the health and social care system can contribute to healthy ageing by avoiding iatrogenic ageing. The word “iatrogenic” means “caused by healthcare” and what I mean by “iatrogenic ageing” is the situation where people prematurely become dependent and frail as a result of a treatable illness being attributed to old age, or as a result of advice being given which encourages people to prematurely consider themselves old.
24. As a specific example I recommend that Stockport Together considers how the health and social care system can contribute to healthy ageing by the better identification of frailty and its treatment by physical activity.

25. I recommend that Stockport Together considers how the health and social care system can contribute to welfare to work strategies and to the well-being of sick and disabled people by recognising the therapeutic potential of helping keep people in work when they become chronically sick and work is appropriate.

26. I recommend that Stockport Together considers how, by promoting work and other forms of meaningful life activity where appropriate, the health and social care system can contribute to welfare to work strategies, to the well-being of people with mental health problems, and to resource optimisation in mental health services.

27. I welcome the steps that have been taken to make NHS sites completely smoke free. I recommend stricter enforcement by Stockport NHSFT of its existing policy and I recommend that other providers follow its lead.

Some Further Contributions of the Council to Prevention

28. I recommend that providers of ‘built’ and ‘green’ infrastructure more closely co-ordinate their outputs in order to work towards a liveable and climate-resilient Town Centre including attention to Urban Heat Effect.

29. I recommend that in its work on public realm the Council fully appreciate the social, environmental and economic benefits of trees.

30. I recommend that there be serious consideration of much more widespread adoption of 20mph speed limits within the borough.

31. I recommend that the Council commit to a Council led development showcasing an exemplar approach to Green Infrastructure (including a green roof, green walls and accessible public space) to provide a local leading example of the economic, social and environmental benefits of such an approach.

32. I recommend that Stockport Family considers how it can further develop its approach to promoting child safety and preventing child injury.

Go to Full Analysis
PROGRESS FROM 2014/15

A progress report on last year’s recommendations to Stockport Council shows good progress. In particular:

- The delivery of cancer screening questions by Stockport Homes staff during their assessments was a welcome development. This built on the Making Every Contact Count agenda but it took time to embed this approach within service delivery, although it was noted that Stockport Homes had shown significant commitment to this agenda.

- Efforts to promote healthy ageing were welcomed. It was commented that the promotion of physical activity/non-sedentary activity was an important aspect of this agenda as it was the only recorded treatment for frailty. It was also commented that Stockport had significant assets that made it relatively easy for people to be physically active, such as parks and walking/cycling routes, but that more could be done to promote these facilities and opportunities.

- The ‘Stockport String’ campaign was welcomed as it was a simple idea but provided a talking point.

- It was important that as well as public sector staff using contact with the public to deliver health messages, that the public themselves took greater responsibility for their own health and care. The contrast between levels of spend on health services as compared to outcomes between the UK and other European countries such as Sweden was illustrative of the different levels of health literacy amongst the general public.

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SECTION F: Recommendations

LEVEL 4

Full Analyses
LEVEL 4 (FULL ANALYSIS) SECTION F: RECOMMENDATIONS

4.29  ADVICE TO INDIVIDUAL CITIZENS OF STOCKPORT

Follow the five ways to wellbeing

- **Connect** – with friends, family, colleagues and neighbours – think of these people as the cornerstones of your live and invest time in them
- **Be active** – go for a walk, run. Step outside, play, garden or dance. Find an activity you enjoy and suits you make, being physical makes you feel good,
- **Take notice** – be curious. Savour the moment and appreciate what matters to you.
- **Keep learning** – try something new or rediscover an old interest. Learning new things is fun and boost confidence.
- **Give** – do something nice for a friend, or a stranger. Smile. Volunteer your time.

Stop Smoking
Use our smoking cessation service if you need help. If you can’t give up on your own then try a Quit Smoking Group. If you are addicted to nicotine, consider other sources of nicotine, such as nicotine chewing gum or nicotine patches. You are more likely to successfully quit if you get help from the NHS Stop Smoking Service. Help is available at your GP practice, from some pharmacies in Stockport and also from our specialist advisers in the Healthy Stockport service. Visit http://www.healthystockport.co.uk/ for more information or call 0161 426 5085

Be physically active
Adults should aim to be active daily. Over a week, activity should add up to a minimum of 150 minutes (2½ hours) of at least moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week. Use the stairs and walk those short journeys. Cycling is a great way to get more exercise over slightly longer journeys, consider using Stockport’s leisure services for a swim or fitness class or go to a dance class with your friends.

Children over walking age should be physically active for at least three hours a day, and 5-18 year olds should be physically active for at least an hour a day. Again, this should be at least moderate intensity. This activity can be achieved in different ways, visit http://www.healthystockport.co.uk/ for more information. For babies not yet walking, physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.

Both adults and children should minimise the amount of time they spend being sedentary (e.g. sitting) for long periods (except when sleeping).

Eat a healthy diet
Choose low-sugar, low-fat, high-fibre versions of the foods you eat and eat less red meat. Eat at least 5 portions of fruit & vegetables each day. You should also add less salt in cooking and at table.

Keep a healthy weight
Maintain, or aim for, a healthy weight (adult BMI healthy weight range is 18.5-25kg/m²; healthy BMI for children is within the 2nd-90th percentile for their age and gender). BMI can be calculated by weight (kg) divided by height (m) squared (i.e. kg/m²).

**Drink sensibly**
If you drink alcohol, have no more than 2-3 units a day (women) or 3-4 units a day (men), with at least 2 alcohol free days per week. Use this website to calculate your units and keep track of your drinking: [http://www.nhs.uk/Livewell/alcohol/Pages/Alcoholtracker.aspx](http://www.nhs.uk/Livewell/alcohol/Pages/Alcoholtracker.aspx). For example the following are all about 3 units: a pint of 5.2% lager; or a pint and a half of 3.2% beer; or a large (250ml) glass of 12% wine.

However a small amount of alcohol is beneficial for heart disease so after the age of 40, provided you don’t have health or other problems related to alcohol or any problems with balance or stability, drink one small (125mls) glass of red wine most days but not every day.

**Look after your sexual health**
Sexual health is not just about avoiding unwanted pregnancy or sexually transmitted infections - but using a condom will help with both. Remember that having multiple sexual partners increases the risk of HIV/AIDS, gonorrhoea and syphilis, cervical cancer and pregnancy.

**Use NHS screening services**
Take up all opportunities for screening whenever you are invited to participate in NHS screening programmes.

**Take up opportunities for vaccination and immunisation**
Ensure children receive all the vaccinations recommended and keep your own vaccinations up to date – especially tetanus. Take health advice before overseas travel and have appropriate vaccinations, malarial protection etc. If you are over 65, if you are pregnant, or if you are under 65 and in an at-risk group, have your annual flu immunisation.

**Protect yourself from sunburn**
Enjoy the sun safely. Protect yourself by using shade, clothing (including a hat, t-shirt and UV protective sunglasses) and high SPF (sun protection factor) sunscreen, and by avoiding the sun during the middle of the day. Avoid artificial ultraviolet radiation too – don’t use sunbeds or sunlamps.

**Reduce stress**
Talking things through, relaxation and physical activity can help. Find time to relax and share your worries with friends and partners. Demand training for responsibilities of which you are unsure. Try to plan your work to reduce pressure around deadlines. Developing interests outside of work can help reduce stress and improve productivity. You can also minimise stress by socialising and by contributing to your society. **Release stress** Have fun. Take exercise Maintain your social support networks with family and friends.

**Avoid accidents**
Install and regularly check smoke alarms in your home. After drinking, allow one hour for each unit you have drunk before driving, using machinery or undertaking any other dangerous task requiring care. Drive at 20mph on side roads and wear seat belts in cars, crash helmets on motor cycles and cycle helmets on bicycles. Talk to your health visitor about preventing home accidents to toddlers. Always ask sales people about the safety features of products.

**Protect the environment**
You can help to protect the environment by using public transport whenever possible (this also helps you get more physically active). Use environment-friendly products and recycle wherever possible. You can even refuse to accept unnecessary packaging on products you buy.

**Avoid infectious diseases**
Keep up to date with all vaccinations, and wash your hands regularly when visiting or caring for sick people. You should observe good respiratory hygiene (when coughing or sneezing, catch those germs in your tissue and then bin it).

For more detail about staying healthy, visit: [http://www.healthystockport.co.uk/](http://www.healthystockport.co.uk/) where you can access advice, tools to help you manage your own health, and free, confidential local support to make positive lifestyle changes.
4.30 RECOMMENDATIONS FROM THE 2017/18 REPORT

Recommendations Relating to Children’s Mental Health

• I congratulate Stockport CCG and SMBC in their development of a whole school approach to mental wellbeing and recommend that this approach continues. I strongly recommend that schools support these programmes. I am encouraged by the partnership work that is in place and the priorities that schools are giving to this area of work.
• I am keen to encourage further consideration and encouragement of local Voluntary Sector organisations and Statutory Sector organisations on shaping a future Voluntary Sector model for promoting young people’s mental wellbeing.
• I recommend partnership work with our schools and young people to consider further how technology could be used to scale up wellbeing and resilience interventions.
• I recommend partnership working to better align resources in order to improve early support for children and young people with mental health concerns.

Recommendations Relating to Antimicrobial Resistance

• I recommend that the Health and Wellbeing Board champion Antimicrobial Stewardship in Stockport.
• I recommend that the Council, CCG and Foundation Trust participate actively in all national campaigns to raise public awareness of using antibiotics only when needed.
• I recommend that the Council, CCG and Foundation Trust encourage members of the public to become antibiotic guardians, with champions in every neighbourhood.
• I recommend that the Council, CCG and Foundation Trust identify antibiotic Guardian champions in every general practice, community clinic and ward.
• I recommend that the CCG and Foundation Trust continue to work together to identify inappropriate prescribing and put controls in place to reduce this.
• I recommend that the Foundation Trust ensure that hospital in-patients on empirical IV antibiotics receive a comprehensive review within three days and the IV therapy is stopped and patients moved to oral therapy or directed therapy where possible.
• I recommend that the Council, CCG, Foundation Trust, Viaduct Health and Pennine Care work collaboratively to prevent infections by maximising the uptake of required vaccinations (especially influenza) in at-risk patient groups, care home staff, children and all community and hospital healthcare workers.
• I recommend that the CCG continues to review and improve variation in prescribing in primary care by:
  o Using national recommended diagnostic support FeverPAIN for patients over age 3 years presenting with sore throat, to guide management
  o Using no or delayed / back-up antibiotic strategies for respiratory tract infections including sore throat
  o Using the TARGET Treating Your Infection patient information leaflet to promote both self-management of respiratory tract infections and safety netting
  o Using the TARGET Patient information leaflets for parents of children, particularly ‘Caring for children with cough’ which can be distributed within childhood vaccination programmes.

Recommendations Relating to Healthy Ageing
• I recommend that all partners commit to supporting and delivering an Ageing Well Strategy for Stockport.
• I recommend that all partners seek to identify and reduce age discrimination in their practice.
• I recommend that in developing the Local Plan, Stockport Council ensures that the needs of an ageing population are properly accounted for, that increase the opportunities for residents to remain physically and socially active and independent for as long as possible.
• I recommend that local employers, include public sector partners are encourage to become age-friendly workplaces and offer support for employees in planning retirement.
• I recommend that all partners adopt and implement the Stockport Carers’ Charter.
• I recommend that all partners seek to promote volunteering opportunities, particularly identifying where older adults could be engaged as volunteers.
• I recommend that Stockport Together/Stockport Neighbourhood Care partners promote the Wellbeing Planning tool for use.
• I recommend that all partners promote the falls prevention messages set out through Steady in Stockport: https://www.mycaremychoice.org.uk/steady-in-stockport
• I recommend that Stockport Together partners, Life Leisure, the Prevention Alliance and the Wellbeing and Independence Network work together to deliver an active ageing pilot, if successful in securing funding from Sport England.
• I recommend that START and the Healthy Stockport range of services promote healthy ageing messages as part of their lifestyle support and behaviour change services.
• I recommend that the PaperWeight Nutrition Armband project is used as a starting point to engage partners in addressing the issue of malnutrition in older adults.

Recommendations Relating to Housing
• I congratulate Stockport Homes on its commitment to health and recommend that this approach continues.
• I recommend that in adopting targets for housing development we recognise the particular kinds of housing that are in need instead of simply assuming that the total will be met entirely by family houses of a conventional type. We should recognise in particular the need for affordable housing, the need for housing for young single people, the need for extra care housing and the need for particular market niches such as traffic free developments and cooperative communities.
• I recommend continued attention to housing quality, and a continued recognition of the importance of enforcement.
• I recommend that Stockport MPs and political parties support the APPG Report on Quality of New Homes and in particular the creation of a New Homes Ombudsman.
• I recommend a continued focus on the creation of communities, using the principles laid out in this report.
• I commend the Council and its various partners on their work on affordable warmth and I recommend this issue continues to have priority
• I recommend the designation of sites for travelling families
• I recommend that we explore the scope for residential development above retail and (where appropriate) industrial development
• I recommend joint funding of supported housing between Adult Social Care and housing providers, including remodelling of existing low demand accommodation to create more flexible options for step up and down accommodation, as well as commissioning of new build schemes in areas of highest demand.

• I recommend the Council and Stockport Homes explore the scope for increasing the extent to which new homes are designed in such a way as to minimise the need for future adaptations if occupiers become frail or disabled.

• I recommend recognition of the significant role non-health providers can play in reducing hospital admissions and speeding up discharge, particularly for older people. This would support and enhance the existing intermediate care work prioritised by Stockport Together and emphasise the positive impact of partnership working in delivering outcomes for health commissioners whilst saving money through prevention.

• I recommend greater commissioning of specific support for dual diagnosis patients who struggle to sustain tenancies but are frequently unable to access the support they need to cope with both their mental health and substance misuse issues. This should include both floating support such as H4/Positive Engagement Officers and building on learning from successful more dedicated accommodation to support recovery, such as the Acorn project.

• I commend Stockport Homes for its proactive work in preventing people from becoming homeless and engaging people who are homeless and addressing the related health problems, resulting in Stockport Council being one of the first ten authorities to achieve Gold Standard for its homelessness and housing advice service and I recommend that a high priority continues to be given to avoiding homelessness.

Recommendations Relating to Green Infrastructure

• I recommend that the full range of benefits of green infrastructure are fully appreciated, that Stockport continues to be proud of its past achievements in this area and that it fully reaffirms its commitment to seeing this as a major priority not a luxury.

• I recommend we set the following goals:
  • Most people should see greenery most of the time
  • There should be a network of green walking and cycling routes throughout the borough.
  • All of the Borough should be within a short walk of a green corridor into the countryside.
  • All of the Borough should be within a short walk of recreational greenspace.
  • District centres and the town centre should have a green feel to them.
  • Greenspace should not be lost to development – greenspace-compatible development technologies should be used to avoid this.

  • I recommend that whenever work is carried out on public realm or on highways or whenever a planning application is considered the opportunity to taken to ensure that
    • greenery is visible from any point in the borough
    • the network of aesthetically attractive pedestrian routes continues to be protected and to develop
    • cycle routes should also be aesthetically attractive
    • the highway system should be progressively greened
• I recommend an ambitious programme of fruit tree planting should be developed.
• I recommend members of the public be encouraged to adopt small patches of land to grow things on. This could include food, following the example of Incredible Edible in Todmorden.
• I recommend that all employers and businesses encourage the placing of pot plants or similar in indoor areas and that the Council and the NHS take a lead in this.
• I recommend that the principles of greenspace-compatible development be built into the Local Plan and be rigorously insisted on in any development on open space or in areas of open space deficiency.
• I recommend the development of green infrastructure in the Town Centre by
  • Transforming Mersey Square
  • Engaging with businesses to provide more greenery such as green roofs and canopies and tree lined avenues
  • Additional tree planting in Wellington road and Portwood Street
  • Linking centres with nearby parks and gardens,
  • Creating a pocket park within the Town Centre
  • Creating a public green area on the roof of the bus station.
  • Ensuring the River Mersey in the Town centre is more of an asset
  • Encouraging raised beds in right places
  • Providing places to rest and enjoy the greenery for example via street planting, new public squares and furniture
• I recommend the vigorous promotion of green walls and green security
• I recommend protection of the accessibility from all parts of the borough of recreational greenspace and of country corridors
• I reiterate the recommendation from Country City that we consider situating a central building in each park to draw people into and through the park. In the current financial climate it could also help resource the park.

Recommendations Relating to Air Quality
• I endorse, and recommend continued implementation of, the Air Quality Strategy
• I recommend that there be firm commitments to measures to reduce road traffic, to optimise traffic flows, and to improve active travel and public transport
• I recommend that it is important to inform the local population of the impact of air pollution on health and to tailor messages to target those members of the public particularly susceptible to air pollution.
• I recommend raising awareness of the need to improve air quality through linking to other public health issues such as obesity and through working with Health and Wellbeing Boards to include air quality in Joint Strategic Needs Assessments and Health and Wellbeing Strategies.

Recommendations Relating to Roadbuilding
• I reiterate the advice I have given in the past, both in past Annual Public Health Reports and in my comments supportive of the planning application for the A6 Manchester Airport Relief Road (A6MARR) as to the circumstances in which roadbuilding is beneficial to health by increasing access or avoiding damaging traffic flows and the circumstances in which it merely opens up unmet demand for relocation until the congestion levels stop this by returning to original levels.
The Council has in the past accepted this advice and indeed built into the A6MARRscheme complementary measures based on it, but I fully appreciate that it is difficult to know what should consequentially be done when, as is currently the case in the east of the borough, there are serious traffic congestion problems and national funding may be available for new highways schemes but cannot readily be redirected to public transport or active travel solutions due to the nature of national transport funding. To address that dilemma:

- I recommend that in the context of the SEMMM Strategy Refresh and further development of the business case for the A6 to M60 Relief Road, there should also be examination of a public transport/active travel-led solution based on the principles set out above, as well as a highways-led approach. If it is demonstrated that it would be more cost-beneficial to adopt the public transport/active travel-led approach, priority should be given to it due to the wider societal and health benefits it would likely deliver. In order to deliver this, and if direct funding opportunities are not available under existing funding programmes, the Council, Stockport political parties and MPs should present a case that financial silos should not preclude the transfer of funds from highways-focused funding streams.
- I recommend that a broad range of options are considered and reviewed as part of the public transport/active travel-led option, including those consulted upon as part of the recent Stockport Transport Issues and Options consultation. Without in any way wishing to constrain the range of options being considered in the alternative business case I recommend that options considered should also include those which I recommended in my 2006 Annual Public Health Report, those which I had suggested in previous reports and any other proposals likely to benefit the traffic flows in question.

Recommendations Relating to Health and Social Care Resource Optimisation

- In my last two Annual Public Health Reports I have recommended that all the resources of the health and social care system be considered as an integrated whole and used in the way that best benefits the system as a whole, instead of being considered by the NHS and the Council separately. As this recommendation has been accepted on both of the previous two years both by the Council and the CCG, I was disappointed that Stockport Together did not consider the savings programmes of the NHS and of social care and public health together but instead left them to be determined by the two agencies separately. The effect of this, given the financial situation of the Council, was inevitably that social care and public health were cut disproportionately to cuts in the NHS. For the avoidance of doubt I do not believe that the Council had any choice but to do that once the decision had been made that each agency would address its own issues Given the interaction between the different parts of the system, the extent to which NHS problems result from rising demand and from inefficiencies in patient flow, the fact that every £1 of public health expenditure saves on average £14 of NHS expenditure and the significance of social care to patient flow, it seems to me that there is at least scope to debate whether allowing this to happen was in the interests of the system as a whole, or indeed even of the NHS in isolation. It may be that it would have been better to use NHS funds to ameliorate the situation. It also seems to me that there is a need to consider the compatibility of this approach with the financial plans for the NHS over the next few years which are dependent on whole system transformation and demand management.
• For the third consecutive year I recommend that the Council and the NHS aim to optimise the use of resources across the health and social care system in a way which emphasises outcomes rather than agency boundaries and which focuses on reducing need. If this recommendation is accepted for the third time I request that it be implemented in the financial planning of the pooled budget by addressing the financial problems of the system as a whole in a shared process.

It seems likely at the moment that resources for the NHS and the Council will be extremely difficult over the next few years. I have in the past commended the Council and the NHS locally for their acceptance of the principle that this situation cannot be addressed by incremental change but only by transformational change focused on outcomes. However for this to be given effect in actual budget decisions it is necessary that outcome-oriented visions are developed in sufficient detail to ensure that annual budget decisions pursue them rather than being a separate process.

• I reiterate my congratulation to the Council and the NHS locally on their commitment to outcome-oriented transformational change and I recommend that there is further development of the visions necessary to enable that change to be consistently pursued.

I recommended the year before last that Stockport MPs and local political parties debate various aspects of health service funding and last year I reiterated this recommendation and urged them to consider some specific issues. In again reiterating this advice, I would request this year that it be pursued on a cross party basis in view of the emergence nationally of cross party back bench alliances on these issues.

• I recommend that Stockport MPs and political parties conduct cross-party discussions aimed at achieving a local consensus which can then be pursued in national discussions concerning the following:
  • The impact on health service demand from population growth and demographic change
  • The adequacy of funding of social care and the burden placed on the NHS if social care is inadequate
  • The cross-party recommendations of the Health Select Committee of the House of Commons and in particular its view that funding of the whole of the health and social care system should be considered together
  • The emphasis on prevention in the financial plans of the Five Year Forward View on which NHS funding was based and whether this is consistent with the reductions that have taken place in funding of public health grant and Public Health England
  • Recent research findings which suggest the Keynesian multiplier for health and care expenditure (and also for various other aspects of public services including education, cultural services and environmental services) to be
4.31 RECOMMENDATIONS FROM THE 2015/16 REPORT

Recommendations for 2015/16

Public Health Processes within Agencies
The process whereby the Annual Public Health Report makes recommendations which the various agencies respond to is well established and is recognised in various formal processes. However public health has become more fully integrated into the working of the Council, Stockport Together increasingly adopts a preventive orientation, and one of the Deputy Directors of Public Health (Vicci Owen-Smith) is increasingly developing her role as being also the Clinical Director (Public Health) of the CCG and Associate Medical Director (Public Health) of Stockport NHS Foundation Trust. Hence most interaction between public health advice and the various agencies of the town now takes place in a much more integral process than just a report and a response. My first few recommendations reflect this and acknowledge those other processes.

1. I congratulate the Council, and the other agencies party to the Stockport Health Promise, on the commitments they have entered into in the Health Promise and I recommend that they continue wholeheartedly to pursue those commitments.

2. I congratulate the various agencies party to Stockport Together on adopting a strategy which has a strong preventive component and which also seeks to pursue a balance of care which acknowledges the importance of proactive early intervention. I recommend that they continue wholeheartedly to pursue this strategy.

3. I congratulate the Stockport NHS Foundation Trust on its work, as a pilot area, on developing public health standards for hospitals and I recommend that it formally adopts them and continues to pursue a high level of achievement of these standards.

Resource Strategy

Resources are tight in all organisations. The pressures on the NHS are considerable and far exceed the resources made available to it, generous though those resources are by the current standards of the public services. The Council faces very severe financial reductions and it would be untruthful to suggest that they can be achieved without adverse consequences. The police also face severe pressures and I note with particular concern that it has not been possible this year to pursue vigorously the issue of illicit tobacco.

4. I congratulate the Council on pursuing a public sector reform strategy focused on reducing need through prevention, on the promotion of resilient communities, on the optimisation of resources to focus on outcomes and on radical service redesign. I recommend that it continues to do so. Indeed I believe that in current financial circumstances any other approach would have highly damaging consequences.

5. I recommend that a health impact assessment tool be incorporated into the integrated impact assessment of Investing in Stockport business cases.

6. I recommend that Stockport Together aims to optimise resources across the whole of the health and social care system rather than treating the NHS and social care separately. Otherwise the consequences of reductions in social care expenditure will seriously add to pressures on the NHS.
7. I value greatly the roles currently played by the police in local communities, in mental health, in crime prevention, and in the enforcement of laws relating to health.

**National Action to Improve Health**

I have always included in my Annual Public Health report recommendations to local MPs and political parties. This reflects the impact that national policy has on the health of the people and the fact that our capacity as a town to influence that impact is channelled through our MPs and political parties. The recommendations are, of course, pursued without regard to political party considerations. The more controversial they are the more careful I am that they can be professionally justified. It is impossible to properly consider the matters which impact on the health of the people without considering resource optimisation, impossible to discuss issues of resource strategy without addressing the national context and impossible to discuss that context without entering areas of controversy. I have therefore very carefully considered the following professional recommendations.

8. I recommend that Stockport MPs and political parties fully support the Government’s strategic welfare to work objective and debate how to improve its implementation.

9. I recommend that Stockport MPs and political parties pursue the adoption at national level of a strategy based on the principles set out in recommendation 4.

10. I recommend that Stockport MPs and political parties debate the implications of Government protecting NHS budgets but cutting social care budgets in a situation where the two services operate as a coherent whole, increasingly with combined budgets.

11. I recommend that Stockport MPs and political parties also question the description of public health as a “non-NHS” service when it is part of the comprehensive health service which has, ever since 1948, been called “the NHS”, when the bulk of its expenditure is with NHS bodies and when prevention is central to NHS financial strategies.

12. I recommend that Stockport MPs and political parties carefully consider and debate the implications of the scientific evidence on austerity and its implications for consideration of unconventional financial strategies.

13. I applaud the government on the successful implementation of the recent ban on smoking in cars with a person under 18 present and on smoke free prisons. I recommend that Stockport MPs and political parties acknowledge that effective national strategies on tobacco, alcohol, and obesity (including sugar and physical activity) must be an essential part of containing NHS costs and that opposition to such strategies can therefore be viewed as carrying heavy financial costs which must be accounted for.

14. I recommend that Stockport MPs and political parties fully understand and support the NHS Five Year Forward View.

15. I recommend that Stockport MPs and political parties consider the proposals put forward by the North West Directors of Public Health as to priorities for Government action to improve health.

16. I recommend that Stockport MPs and political parties consider the Due North report and also consider the opportunities for public health opened up by the Northern Powerhouse.

17. I recommend that Stockport MPs and political parties warmly welcome the increase in the national minimum wage and support further progress towards the living wage as originally
defined (what is increasingly becoming called “the real living wage” although I dislike that term and would prefer a better one)

**Behaviour Change**

I have always included in my Annual Public Health Report advice addressed to the people of Stockport as individuals and I do so again. This year however, with the new chapter on behaviour change, I also ask all agencies to consider how we can educate, encourage, enable and empower people to pursue this advice, supported by engineering and enforcement where appropriate. The recommendations included here are intended to lead to discussions which will help shape some further Health Promises in the 2016/17 Health Promise.

18. I present to the people of Stockport the advice contained in chapter 29 as to how they can improve their own health and I ask all agencies to consider how they can contribute to educating, encouraging, enabling and empowering this process, supported by engineering and enforcement where appropriate.

19. I recommend that all agencies consider how they can make healthy choices the most prominent choices.

20. I recommend that all agencies consider whether there are areas where they can make healthy choices the default choices.

21. I recommend that all agencies consider how they can indicate a welcoming approach to healthy choices, for example by displaying notices welcoming breastfeeding.

22. I recommend that steps be taken to ensure that the implications of loss aversion as a cognitive bias, and its implications for change strategies, are more fully understood.

**Some Further Contributions of Health & Social Care Systems to Prevention**

A wide range of contributions of the health and social care system to prevention are contained in recommendations 2 , 3, 6 and 18-22 but nonetheless there are some further strategies that need to be developed to address the wider strategies of healthy ageing and welfare to work

23. I recommend that Stockport Together considers how the health and social care system can contribute to healthy ageing by avoiding iatrogenic ageing. The word “iatrogenic” means “caused by healthcare” and what I mean by “iatrogenic ageing” is the situation where people prematurely become dependent and frail as a result of a treatable illness being attributed to old age, or as a result of advice being given which encourages people to prematurely consider themselves old.

24. As a specific example I recommend that Stockport Together considers how the health and social care system can contribute to healthy ageing by the better identification of frailty and its treatment by physical activity

25. I recommend that Stockport Together considers how the health and social care system can contribute to welfare to work strategies and to the well-being of sick and disabled people by recognising the therapeutic potential of helping keep people in work when they become chronically sick and work is appropriate.

26. I recommend that Stockport Together considers how, by promoting work and other forms of meaningful life activity where appropriate, the health and social care system can contribute
to welfare to work strategies, to the well-being of people with mental health problems, and to resource optimisation in mental health services.

27. I welcome the steps that have been taken to make NHS sites completely smoke free. I recommend stricter enforcement by Stockport NHSFT of its existing policy and I recommend that other providers follow its lead.

Some Further Contributions of the Council to Prevention

A wide range of contributions by the Council to prevention are contained in recommendation 1, 4, 5, and 18-22. I also recommend the following additional actions to be considered for inclusion in the 2016/17 Health Promise.

28. I recommend that providers of ‘built’ and ‘green’ infrastructure more closely co-ordinate their outputs in order to work towards a liveable and climate-resilient Town Centre including attention to Urban Heat Effect.

29. I recommend that in its work on public realm the Council fully appreciate the social, environmental and economic benefits of trees.

30. I recommend that there be serious consideration of much more widespread adoption of 20mph speed limits within the borough.

31. I recommend that the Council commit to a Council led development showcasing an exemplar approach to Green Infrastructure (including a green roof, green walls and accessible public space) to provide a local leading example of the economic, social and environmental benefits of such an approach.

32. I recommend that Stockport Family considers how it can further develop its approach to promoting child safety and preventing child injury.
The following pages set out other key recommendations I endorse for Stockport

Stockport Health and Well Being Strategy 2017-2020


The strategy recognises that Stockport, like other local areas across the country, is facing a number of issues which mean we need to change how health and social care services are delivered. These issues include:

- an ageing population with increasingly complex care needs and at higher risk of isolation and loneliness, as more people live on their own without direct family support
- a population where birth rates have risen, especially in areas of deprivation leading to more children and young people living in low income households where health outcomes are poorer
- changes in the most common health issues experienced by the population, to those linked to lifestyles or are otherwise preventable
- a period of economic challenge affecting the incomes and entitlement to and amount of economic support for the most vulnerable people in Stockport
- fragmented services which are complicated to access, has duplications and aren't as focussed on the individual’s needs as they could be
- a system where too many people are admitted to hospital, when they would be better and more appropriately cared for at home
- increasing financial pressures with deficits forecasts for Stockport as demand growth continues if service delivery is not improved.

The key themes of the strategy therefore are to deliver a health and care system which is:

- prevention focussed
- community asset based
- person centred
- integrated
- delivered through neighbourhoods
- financially sustainable

The vision is complex, and cannot be delivered through a single plan. Instead a range of programmes including Stockport Together, Stockport Family and Greater Manchester Devolution as well as many topic themed strategies and partnership approaches will help the systems in Stockport evolve. The strategy sets out the ways in which we will develop the health and social care system in Stockport to meet these needs and vision over the next three years.

The strategy has been produced jointly by Stockport Council, NHS Stockport CCG, Stockport Healthwatch and many other contributors from partners, other professionals and voluntary and community sector representatives.
Key recommendations of the Stockport JSNA 2016-19

I endorse the recommendations of the Joint Strategic Needs Assessment which were as follows:-

http://www.stockportjsna.org.uk/

Priorities for Health and Wellbeing

The overarching objectives for health and wellbeing in Stockport are to:

- Improve life expectancy and healthy life expectancy
- Reduce health inequalities

These remain unchanged since the previous JSNA review in 2011.

The priorities identified by the 2015/16 JSNA to help us achieve these objectives are to:

![Priorities 2016-2019](image)

These priorities have been identified as a result of the review of the evidence base and in consultation with the JSNA partnership organisations, through meetings with key stakeholders and via online consultation with wider groups. These priorities of course cannot fully describe all the health and wellbeing needs of the population of Stockport, but do highlight the key strategic issues for the next three years.
Copy of my para 171 letter on spatial planning

Para 171 of the National Planning Policy Framework requires the Council to seek the advice of its public health department on health implications of spatial planning and in May 2013 I was asked for this advice and submitted the following letter in response

I would suggest that

- A health impact assessment should be carried out for any major development. The methodology should be agreed in advance with the Director of Public Health.
- A health impact assessment should be carried out for any development which contravenes any of our health-relevant policies and where the developer argues that other considerations should be weighed in the balance to justify non-compliance. Again the methodology should be agreed in advance with the DPH. We probably ought to prepare a list of the policies that we regard as health-relevant.
- Best practice in relation to spatial planning and health should be viewed as a material consideration with a standing akin to that of a policy. This is likely to evolve over the next 12-18 months as various national bodies are working on this, but for the moment it should be regarded as embodied in the Greater Manchester Directors of Public Health document “Some Key Issues in Health and Spatial Planning, April 2013”
- We need to clarify the extent to which “Country City” is a material document. Over the next 12 months it will be revised.
- We need to work on developing policy in some areas of it, such as greenspace-compatible development. Planning Policy has for some years now advised against developing policy on this issue in case it was seen to be undermining the protection of open space. However we have recently granted two applications which bring about a net loss of open space and I was disappointed that it didn’t occur to anybody to refer back to Country City.

I am not sure how far this advice becomes material merely by being presented pursuant to para 171, how far the council should follow some procedure of accepting it, and how far it would need to follow some process of making it known and seeking objections. There seems to be a lack of clarity here in the NPPF but it cannot be without significance that in a generally deregulatory document, health was added as a new policy.
The Prevention and Empowerment Strategy of Stockport Together.

Overall Prevention and Empowerment Vision for 2020

• Our purpose is to reduce health inequalities and enable more people to live healthy lives for longer
• Our approach will build and strengthen individual and community assets and resilience through:
  o Increasing the availability and take up of support for adopting healthier ways of living, addressing both mental and physical aspects of health
  o Working with communities and organisations to develop social, economic and physical environments that are more conducive to health and well-being.
• This will lead to reduction in both the overall prevalence and the inequalities in illness, disability and premature mortality

Design Challenges
1. Increase the range, capacity and accessibility of behaviour change support across 5 levels of intervention
2. Develop effective ways to proactively seek out people with undiagnosed conditions or health-risk behaviours
3. Increase numbers engaging with health behaviour change support
4. Empower communities to gain more control over the drivers of their own health and wellbeing
5. Support staff in embedding prevention in all their interactions with people using services

Financial Challenges
• There is considerable uncertainty about future financial resources for prevention and empowerment due to:
  o Public Health grant reducing significantly in current and future years
  o Council financial settlement for next year not yet known
  o Unknown local impact of Devo Manc prevention work
  o Implications of NHS funding increase to be determined
• The proposals in this document are based on additional funding of £3M above current levels, as proposed in the original Stockport Together vision. The pace and scale of implementation will depend on the availability of such resources.

Overview of benefits
• The future model of care for Prevention and Empowerment is designed to
  o Prevent disease and illness before they occur by empowering the population to take control of their health as far as possible – giving them tools, skills and information to address unhealthy behaviours and manage their own health as far as possible.
  o Prevent premature death and chronic disability by increasing early identification
  o Build healthy communities, which improve social connections and support healthier ways of living
  o Reduce health inequalities within Stockport
  o Reduce reliance on the health and social care system.
• Delivery of the model requires a significant cultural shift in attitudes and behaviours from both the population and the workforce, and for prevention to be embedded across all health and social care pathways in Stockport.
High level objectives

- Increase numbers of people engaging with individual lifestyle & wellbeing support to, and increase % of successful outcomes year on year
- Increase numbers of successful completions of alcohol and drug treatment and recovery interventions
- Increase numbers accessing online/app based lifestyle and well-being support
- Find and treat more people with previously undiagnosed hypertension, AF or pre-diabetes by 2017-18
- Increase rates of screening and immunisation

Overview description of model
The model includes five service components:
• Behaviour change support: we will increase the accessibility and capacity of support services to deliver individual and group support to address the lifestyle factors including smoking, alcohol misuse, diet, physical activity and mental well-being.

• Early intervention and prevention: building the capacity of front-line health, social care and other services to identify health behavioural risks and early symptoms, provide appropriate brief advice and facilitate access to further information and support, utilising ICT and skills development to embed prevention in every pathway.

• Healthy Communities: we will work with communities of place or of interest to help develop the assets and networks which provide access to support and resources, thereby promoting healthier ways of living and increasing resilience at community as well as individual level.

• Health protection: enhanced immunisation and infection control activity to improve health at both individual and population level by preventing and controlling epidemics and outbreaks.

• Healthy cultures and environments: this component addresses the factors in our physical, social and cultural environment which impact on our health and well-being directly or through affecting our behaviours. This includes issues of inequalities and social exclusion as well as the built and natural environment and social norms.

Delivery of these components will be founded on a strategic staff development programme which clearly articulates a consistent model for promoting health and facilitating behaviour change, including a range of levels and content tailored for different broad groups within the workforce. This will need to be underpinned by effective leadership and embedding of prevention in new and existing job roles and supervision.

Behaviour change support
This includes the following service components and developments

• Healthier living hub providing information, advice and referral, (face to face, by phone or online) on lifestyles and wellbeing issues

• Simple integrated electronic referral system to connect people to the healthier living and self-care hubs

• Healthy Living Pharmacies to provide enhanced support for prevention and self-care

• Renewed Healthy Stockport service, providing one to one and group support to help people address their lifestyle and behaviour issues. This will include new neighbourhood-based health trainer roles in all neighbourhoods, with provision weighted to more deprived areas

• Increased capacity for social prescribing, including Arts on Prescription, Walking for Health

• Promotion of cancer screening take up and early symptom checking

• Specialist support for people with entrenched behaviour issues including drug or alcohol dependency, low mental well-being, physical inactivity and eating disorders

• Increasing capacity of the Targeted Prevention Alliance of voluntary sector providers to enable prevention activity particularly for vulnerable people to be tailored to and delivered at a local level
Early identification and prevention

Key to the P&E model is the identification of need and motivation of people to access preventive support and services and this will be delivered by means of:

- Prevention embedded in every pathway, facilitated by integrated IT, to facilitate the capture of opportunities for preventive advice and support. All health and social care services will be commissioned to include this as core business. This will require a holistic approach to the person which takes account of wider needs, circumstances and assets, to enable them to achieve better health.

- Find & Treat: Development and testing of risk modelling tools which utilise GP, health, and social care records to extend risk stratification approaches to proactively target those at risk such as people with no recorded blood pressure (BP) readings, those at risk of diabetes and those with mental health concerns

- Increasing the reach of the older people’s health check questionnaire, which will help identify needs and opportunities for prevention

- Building the capacity and reach of the Know Your Numbers project, to deliver health checks, BP testing and brief advice in non-medical settings in the community.

- Targeted social marketing to engage identified segments of the population whose lifestyles are more likely to be risking their health, Promoting take up of appropriate screening programmes.

- We will also work in partnership with other public service providers such as housing providers, Benefits Agency, GMFRS and Police to engage people in health promotion and support.

Healthy Communities
Individual and community empowerment are interdependent and at community level engagement will support development of community assets, capacity and resilience across the borough, including volunteering. This will be integrated with the Proactive Care programme work including Targeted Prevention Alliance and Well-being and Independence Network, as well as the Investing In Stockport Locality Working model, and encompass:

- Settings based approaches, including workplaces, communities, hospitals, schools and public services, which have potential to combine individual, group and wider population approaches to health promotion and improvement, and in the process address issues such as social isolation and build capacity for promoting health.

- Community engagement activities may be targeted at population groups with increased risk of unhealthy behaviours or particular harms, to deliver changes in normative beliefs, attitudes and behaviours. This could include:
  
  o Activities and campaigns within workplaces: Stockport Together partners will seek to be exemplar employers, setting an example for others to follow in taking the health and well-being of all our employees seriously and reviewing and extending a range of activities that enable our staff to make positive health choices and take control of their own health.
  
  o Engaging target groups within communities to promote healthy lifestyles or participation in screening programmes by going to the places where they are, such as supermarkets, sports venues, religious institutions, community activities
  
  o Developing Champions for Health and peer supporters in communities and other settings
  
  o Campaigns, including: Know Your Numbers (hypertension)/ Stockport String/Diabetes/ Stop Before the Op etc.

### Health Protection

- Immunisation and infection control work will be enhanced with additional capacity to undertake
  
  o Immunisations to prevent Flu, HPV, MMR etc. order to prevent outbreaks and epidemics
  
  o Infection control including work with residential and nursing care

### Healthy Cultures and Environments

- This element will focus on creating healthier environments, including homes, workplaces, schools and communities so that people can live longer, healthier and more productive lives and ultimately reduce the reliance on health and social care services. The Stockport Health Promise is a vehicle for securing potential health promoting/protecting impacts of a range of council services. This work area will
  
  o Identify system wide factors that are currently contributing to poor health outcomes in Stockport and use our local knowledge and (inter)national evidence base to achieve sustainable change.
  
  o Ensure a public health contribution to policy decisions relating to employment, the local economy, infrastructure, education and housing to facilitate healthier ways of living and healthier social, economic and physical environments. Pay specific attention to addressing wider determinants in our deprived communities using the intelligence and experiences of local residents.

### Workforce development
Delivery of the prevention agenda depends on cultural change, including engagement of the Stockport Together agencies and other partners’ workforces to develop the attitudes, skills and processes required to deliver an empowering, prevention-focused approach to health and social care. This and will include:

- **Making Every Contact Count (Patient Activation):** Train and empower the workforce to deliver positive and consistent health promoting messages, primary prevention interventions and motivational support proactively and holistically wrapped around the person’s needs.
- **Building on Stockport Health Chat, Patient Activation model and Connect 5 and develop more advanced behaviour change techniques incorporating motivational interviewing and patient activation approaches that can be used in clinical and non-clinical settings, by appropriately trained staff, professionals or volunteers in health, social care and related fields such as housing or Police.**

This will be interdependent with the wider cultural change objectives of Stockport Together, as well as the workplace health initiatives, to create rewarding and engaging workplace cultures in which staff are empowered, skilled and motivated to actively capture opportunities for prevention and it is recognised as a core part of their role.

This will be supported with the identification of and support for a prevention and empowerment lead in every setting: neighbourhood/practice/team.

Taking a population approach means seeking to deliver wider social change which creates new norms of healthier ways of living. This involves addressing the wider determinants of health, such as:

- Planning and environmental work to make active travel easier and more attractive
- Housing conditions including heating and insulation and shared spaces
- Promoting attitude and cultural changes including in our workplaces, in our relationships with food, alcohol and tobacco, attitudes to exercise, and looking after our own emotional health and well-being
- Addressing the availability of goods and services that are health promoting (e.g. healthy food) and health harming (e.g. alcohol)
The Stockport Health Promise 2015/16

Introduction.

As part of the comprehensive health service established under the National Health Services Acts, Stockport Council has responsibility for ensuring measures to improve the health of the people. Whilst in part this is discharged by commissioning certain specific services, it is also a function which requires the commitment of the whole of the Council and the collaboration of its partners.

The following Health Promise reflects this breadth of commitment given by the Council and partners to improving health. It is expected that this will be added to year on year as the commitment of other partners to achieving Public Health outcomes increases.

Children and Young People: The best start in life.

1. As part of the Health Promise Stockport Council’s staff who work with vulnerable children and families have started new ways of working to increase integrated working for the most effective use of resources and improve outcomes for children, young people and families. Under the ‘Stockport Family’ approach workers will use restorative approaches that support relationships to be built, maintained and repaired when differences arise, and work with families to support their solutions for children’s well-being.

2. Front line workers will be trained in ‘Health Chat’ in order to maximise the benefits of this strength based approach. Stockport Homes is also committed to continuing to offer this training to staff and will include it within its annual training programme.

3. Stockport Council staff in Children’s Centres and Children and Family Centres work closely with Health Visitors jointly providing skilled and effective targeted support to parents of babies and young children.

4. Stockport Council’s staff working with vulnerable children and families will continue
   - Promotion of breastfeeding, working with local communities, especially in parts of the borough where this is low, following close joint analysis of data and evidence.
   - Support to reduce ante natal and post natal smoking
   - Support for maternal mental well-being via targeted delivery of group based interventions including ‘Living Life To The Full’
   - Support for early years social, emotional, behavioural cognitive and physical development
   - Integrated work towards a reduction in teenage conceptions and increase in positive personal relationships
   - Supporting work to reduce childhood accidents including the promotion of home safety with parents of early years
• Actively work to promote strong parenting for secure and healthy parent/child relationships, including the delivery of the Family Nurse Partnership programme
• Actively work with substance misusing parents to promote healthy development of their children
• Promotion of healthy eating with parents of early years
• Actively work with parents to promote healthy weight in children and families
• Actively work with children and parents to reduce obesity levels through promoting increased physical activity and encouraging healthy eating choice
• Actively work to reduce alcohol and substance misuse by young people.
• Actively work with children affected by parental substance misuse, including promoting improving health and emotional wellbeing and promoting healthy lifestyle (healthy eating, exercise, hygiene, prevention of substance misuse, developing positive coping strategies)
• Actively work with parents and grandparents of substance misusing children, to improve mental wellbeing, and reduce further ill health by developing positive coping strategies and reducing negative coping strategies to stress.

5. Stockport Council’s children’s social care staff will work with colleagues across Stockport Council and partnerships to develop our health provision to our Care Leaving population to ensure that they have timely access to mainstream and specialist health services, which meet their physical and mental health needs.

6. Stockport Council’s children’s social care staff will work with our partners to develop the extended offer to meet our corporate parenting responsibilities to our children up to 25-28.

7. As part of the Stockport Health Promise Stockport Council’s children’s social care staff have already started to develop links with health prevention and promotion services to improve the health of Stockport’s most vulnerable children. In particular Stockport Council part funds the Health Visiting post within the front-door into social care recognising the significant impact that an integrated approach to assessment and risk analysis has.

8. Stockport Council’s children’s social care staff will continue to
• Promote good physical health through involvement of LAC specialist nurse and safeguarding HV
• Promote emotional health and mental well-being and services such as KITE and Child and Adolescent Mental Health Services, (CAMHS).
• Promote a healthy diet and lifestyle in team around the child, child protections and Looked After Children plans and reviews
• Reduce drug, substance and alcohol misuse through links with MOSAIC
• Reduce smoking through links with MOSAIC
• Promote sexual health awareness and education
• Improve awareness and education about risk and healthy relationships
• Reduce teenage pregnancy and reduce unplanned pregnancies
• Improve access to local community services and self-help groups/support.
9. Stockport Council’s youth offending service will promote healthy lifestyles/choices visual and promotional materials displayed throughout the service.

10. Stockport Council’s youth offending service will involve children and young people in physical activities through reparation: eg sports, horticultural activities.

11. Stockport Council’s youth offending service will
   - Help young people make positive choices e.g.: sexual health (including distribution of condoms) diet, mental wellbeing and keeping safe incorporated into supervision and intervention plans.
   - Ensure young offenders can access speech and language services.
   - Provide direct input from youth offending service health practitioner to all young people on the caseload re. GPs and dentistry.
   - Provide a dedicated LAC social worker to ensure the needs of the LAC population known to the youth offending service receive appropriate health support and guidance.

12. Stockport Council’s youth offending service will deliver the Respect DA programme working with children and young people in order to reduce potential for domestic abuse towards parents/carers.

13. Stockport Council’s youth offending service will deliver one-to-one and group work programmes around alcohol and substance misuse in partnership with MOSAIC.

14. Stockport Council will:
   - Commission activities for children and young people with a disability that promote physical exercise and well being
   - Promote healthy lifestyles for children and young people with a disability via our frontline staff
   - Provide and promote short breaks for parents and carers to increase mental health and wellbeing and to enable them to continue to care effectively for their son/daughter
   - Support children and young people with a disability to access appropriate services to meet their health needs
   - Promote healthy eating options for children with autism
   - Personalise services that better meet health and care needs of children and young people with a disability/additional needs

15. As part of the Health promise Stockport Council has already started
   - Development of the local offer to enable young people with a disability and their parent/carers to understand what is available and how they can access it
   - Have more of an emphasis on healthy eating in faddy food groups for children with autism and sensory issues
   - Work more effectively with CAMHS and other services to ensure services for children and young people are accessible, timely and meet identified need

16. Stockport Council will continue
A variety of short break programmes that introduce and encourage children with disabilities to engage in sporting activities
- Work with partners to develop the new mental health service for children
- Work to implement the new 0-25 agenda for children and young people with disabilities that will better coordinate planning, assessment, resource and transition.
- Introducing personalisation for children which will put families more in control of provision and how this can meet need. This will be done via the introduction of personal budgets.

17. Stockport Council will promote improvements in the dental care of vulnerable children by
   • Working with partners to encourage families to register with a dentist
   • Providing toothbrushes and toothpaste to buy at cost in Children’s Centres
   • Raising information about dental care in multi-agency meetings, e.g. Neighbourhood Boards
   • Making every contact count and think about positive dental care with the children we work with
   • Promoting awareness of dental advice and support with early education providers.

18. Stockport Homes will work with the Childhood Accident Co-ordinator to consider the best approach in promoting home safety and continue to install home safety equipment funded by Public Health.

19. Stockport Council will explore promoting and developing the Play Streets programme in targeted neighbourhoods

20. Stockport Homes will continue the provision of ‘Your Local Pantry’, linking with local groups to expand availability further, providing families with access to healthy and affordable food. The ‘Your Local Pantry’ scheme will also explore the viability of provision of items via ‘Healthy Start’ vouchers.

21. Stockport Homes will promote healthy lifestyles to residents through a range of media including via ‘Stockport at Home’ newsletter and online messages

   Schools Health and Well Being

22. The Council will encourage and support schools to recognise the importance of healthy lifestyles including having a healthy diet, maintaining good oral health and maintaining a healthy weight.

23. The Council will continue to encourage and support schools to deliver better educational outcomes, promote healthy behaviours and reduce risky health behaviours such as smoking, behaviour likely to cause injury and alcohol and drug misuse among children and their families.
24. The Council will continue to support schools to develop life skills such as problem-solving, tolerance and confidence in order to build self-esteem and resilience to peer and media pressure and bullying.

25. The Council will ensure that schools are aware that physical activity improves educational attainment.

26. The Council will encourage and support schools to incorporate more physical activity within and beyond the curriculum, in order to increase children’s moderate and vigorous activity levels and reduce levels of sedentary behaviour.

27. The Council will encourage and support Stockport schools to implement a planned, age appropriate, progressive programme of Relationship and Sex Education.

28. The Council will support schools in continuing and developing dissemination of good practice and sharing intellectual resources in order to incorporate public health messages across the school curriculum.

29. The Council will establish a steering group to develop a cohesive approach to service provision to support all pupils but particularly those at risk which will enhance the Stockport Family approach. This will consider best practice in developing robust and well communicated pathways to support early intervention.

30. Stockport secondary schools will continue to develop and deliver a high quality relationships and sexual health education as part of their PSHE curriculum. This will continue to support young people in Stockport to keep themselves healthy and give them an age-appropriate understanding of healthy relationships, and how to stay safe from abuse and exploitation.

31. Stockport Schools’ Sport Partnership will support the increase of children and young people’s participation in high quality physical education, physical activity, competition and community links in schools and colleges.

32. Stockport Schools’ Sport Partnership will use Change4Life to increase participation for the least active in schools/colleges.

33. Stockport Schools’ Sport Partnership will deliver targeted activities in schools/colleges.

34. Stockport Council will provide delivery support for School Travel Plans.

35. Stockport Schools’ Sport Partnership will support school staff to promote and model physical activity in a positive way.

36. Feeding Stockport will develop growing groups in schools as an alternative to sports based activities and link into community based projects.

Active and Safe travel.
37. The Council will continue to organise the Walk-a-day programme of rambles on our ROW network.

38. Through the Greenspace Forum the Council will foster links between Friends Groups (who need volunteers) and disadvantaged groups who need outlets.

39. The Council will provide walking routes on line for people to download and promote the ‘Green A-Z’.

40. The Council will offer Health Watch, FLAG, Stockport4Health and other health-based organisations the opportunity to promote health & fitness to the public by notices in our car parks.

41. The Council will set up/encourage more ‘social’ exercise groups for lunchtime including walking, swimming, dancing, climbing etc.

42. The Council will provide more cycle stands in car parks.

43. Stockport Homes will work with Transport for Greater Manchester and The Council to increase the number of public cycle storage opportunities in estates.

44. The Council will support and encourage healthy and sustainable modes of transport.

45. The Council will continue to pursue the development of linked-up walking and cycling networks.

46. The Council will ensure that walking and cycling is built into any strategic development proposal on the borough’s highway network.

47. Stockport Homes will support this initiative by linking in with tenants and residents associations.

48. Stockport Council will utilise external grant opportunities to further develop the quality of existing walking and cycling routes, including Public Rights of Way.

49. Stockport Council will develop an enhanced Guided Walk programme.

50. Stockport Council will increase awareness of and access to active travel as an attractive and viable form of transport.

51. Stockport Council will provide cycle and walk leader training.

52. Stockport Council will establish evidence of the costs to public health and other Council budgets of developers not implementing existing sustainable transport (including active travel) related planning policies.

53. Stockport Council will establish an active travel working group.
54. Stockport Council will review the Stockport Council Travel Plan to ensure the promotion of physical activity is a priority.

55. Stockport Council will support the continued development of active travel to and from school/college.

56. Stockport Homes will support this initiative further by being an active member of the Physical Activity Strategy Steering Group.

**Health and Spatial Planning.**

57. The Council will further develop its new system for including public health advice in relation to planning applications.

58. The Council and Stockport Homes will offer and promote healthy and sustainable food choices as part of the Sustainable Food Cities Programme. This will include the appointment of a co-ordinator in January 2014, employed by the Kindling Trust, the establishment of ‘Feeding Stockport’ Partnership in 2014 and the agreement of 3 year Sustainable Food Action Plan in 2014.

59. The Council will ensure wider understanding of the legal basis for considering health as a material factor in planning decisions and will seek to identify a group of councils prepared to share the costs of test cases.

60. Stockport Council will attach high priority to ensuring that all new major developments have walking and cycling designed into them.

61. Stockport Council will review design guidelines to make them more appealing for active play and promote clear connectivity to greenspaces.

62. Stockport Council will undertake an evidence based revision of supplementary planning documents with a focus on design to encourage physical activity and reduce sedentary behaviour.

63. Stockport Council will consult on planning applications to continue to include Public Health and to include reference to physical activity and the promotion of non-obesogenic design (including new schools).

64. Stockport Council will ensure inclusion of the streetscape when looking at ways that planning can assist in promoting physical activity.

65. Stockport Council will review indicators in the annual Authority’s Monitoring Report around the provision of new development that enables improvement to new sustainable transport, children’s play, open space, green infrastructure, indoor and outdoor sports and recreation facilities.

66. Stockport Council will ensure greater focus on stair location and design in planning applications.
67. Stockport Council will endorse sustainable design and construction approaches which support developments that result in enabling daily activity

68. Stockport Council will ensure policies result in development which contributes to integrated walking and cycling networks

69. Stockport Council will review local planning policy to support delivery of a Living Streets programme

70. Stockport Homes will continue to work with Stockport Council, communities and key stakeholder to raise awareness of the social, environmental and well-being benefits of greenspaces including parks, open spaces, allotments and play spaces.

*Country City*

71. The Council will review and refresh Country City and formally establish its status in the planning system.

72. By the summer of 2016 it will secure the basis for a recommendation to members to support the principle of greenspace-compatible development, revise the Council’s existing Sustainable Design & Construction Supplementary Planning Document (SDC SPD) to ensure it reflects the approaches outlined in Country City as well as containing an updated business case for sustainable design and construction methods that support good public health and re-launch revised SDC SPD with support for approaches from relevant Portfolio holders as well as Executive Council backing. It will hold a launch event for developers

73. By the summer of 2016 it will co-ordinate provision of low cost / no cost locally available training on sustainable design and construction to enable local developers to embrace the design approach and understand the benefits. This work should include local and/or national best practice examples of all the aspects of green space compatible development outlined in this section of the Action Plan. This work should tie in with planning work around raising the profile of Green Infrastructure.

74. By the summary of 2016 it will ensure that existing relevant planning policy and any revisions of such are robustly evidenced in terms of cost benefit and social benefit of greening the built environment, including public sector budget implications, in order to provide robust information in terms of viability discussions.

75. Over the next two years it will ensure that the JSNA and other Council strategies / policies and action / implementation plans reflect the need for green space compatible development acknowledging the public sector budget benefits as well as social / economic and environmental benefits to Stockport’s residents / businesses.

76. The Council will continue to encourage green roofs. Within the next two and a half years it will establish links to a building project that could incorporate a green roof into the design; engage relevant project’s lead officer to take forward green roof as part of development.
77. On the issue of Green Security the Council will engage Greater Manchester’s Directors of Public Health to approach GM Police regarding Secure by Design Standard and any health implications that this standard may engender.

78. On the issue of Green Security the Council will produce a promotional leaflet for developers.

79. The Council will seek low cost methods of making council buildings aesthetically attractive.

80. The Council will encourage staff to make their workplace more aesthetically attractive and run a competition for those doing the most in staff areas and those front line departments doing the most in public-facing areas.

81. The Council will encourage schools to make the school more aesthetically attractive and run a competition.

82. The Council will adopt procedures which will allow communities to improve public realm.

83. Stockport for Health and Well Being will encourage other organisations to take part.

84. The Council will promote JSNA work on supportive text for planning regarding Green Infrastructure, sustainable transport, sustainable urban drainage and measures to address urban heat effect.

85. The Council will review its approach to urban heat effect.

86. The Council will pursue the development of local guidance and provision of training for planners and developers on the process of HIA and the importance of green space compatible development.

87. The Council will articulate during the development of the GMSF and then implement in its own Local Plan measures to develop an evidence base that supports successful implementation of health relevant planning policies, develop an appropriate and deliverable HIA Policy for local plans, assess existing Planning Policy and local Guidance for robustness and capacity in terms of promoting green security and green infrastructure, promote greenspace-compatible development.

88. The Council will ensure that walking and cycling are prioritised in TCAP.

89. The Council will explore using the new simplified powers for definitive map adjustments to pursue the lost ways project more actively and see if it is possible to complete the map for the former CB area.

90. The Council will empower volunteers to work on rights of way improvement.
91. The Council will carry out exploratory work for partial pedestrianisation of the A6 between Heaton Lane and Longshut Lane, subject to appropriate arrangements for buses, cyclists and access to Stockport Station and Stockport Exchange

92. Stockport Homes and Feeding Stockport will increase opportunities for community gardening and growing spaces

93. Stockport Council, Stockport Homes and Life Leisure will provide a range of green space and leisure facility environments that are appealing and conducive for physical activity for all ages within the Borough

94. Stockport Council will work in partnership with stakeholders, such as Friends Groups to encourage active use of parks and greenspaces

95. Stockport Homes will continue to build new homes for both rent and shared ownership. All the new build properties will meet or exceed building regulation requirements in relation to insulation, heating and comfort levels.

96. Stockport Homes will continue to invest in existing stock in particular targeting properties with expensive to run inefficient heating systems and replacing them with new efficient heating systems. Stockport Homes will also continue with insulation programmes and the installation of renewable technology such as PV panels. These programmes are designed to address fuel poverty and the comfort levels of customers’ homes

Resilience and Inclusive communities

97. Council services and Stockport Homes will access and will support groups and organisations to access and manage funding that promotes health & wellbeing, most recent examples being the Big Lottery Wellbeing Fund (Stockport’s Food & Fitness for Families), Adult Social Care accessing various EU funds around sustainable living and NHS Homeless Discharge Fund.

98. The Council will continue to lead on input to Manchester MHealth Ecosystem and ECH Alliance.

99. Stockport 4 Peace in conjunction with Stockport 4 Health will organise a programme of work on awareness of international public health issues.

100. Stockport Homes will expand the provision of physical activity within community settings

101. Stockport Schools’ Sport Partnership will develop leadership and volunteering opportunities within schools and colleges

102. Life Leisure and Sport Stockport will support the development of the community voluntary sector to promote physical activity
103. Stockport Schools’ Sport Partnership and Life Leisure will develop improved school/community sports and activity partnerships

104. Stockport Council, Life Leisure and Stockport Schools’ Sport Partnership will support practitioners working with all age groups to develop their physical activity knowledge and expertise

105. Stockport Council will work with community development to support the growth of grass-roots community-led physical activity

106. Stockport Homes will continue to offer training via the successful Skills for Life programme aimed at improving healthy lifestyles.

Workplace Health

107. The Council will promote services to businesses (eg the “Good Work: Good Health Charter) that will improve the health and wellbeing of their workforce and promote the health and well-being of the Council staff.

108. Stockport Homes is committed to supporting and enhancing the social, physical and psychological well being of all its employees based on the national Investors in People, Health and Wellbeing good practice Award which was achieved and has been retained following review since 2012

109. The Council will support the growth of the low carbon business sector in Stockport through our grant scheme and business support.

110. The Council will support the establishment of healthy food outlets in the town centre through our grant scheme and business support.

111. The Council will facilitate and encourage businesses to develop collaborative healthy offers and alternatives.

112. Stockport Council, Stockport Clinical Commissioning Group, Stockport NHS Foundation Trust and Life Leisure will support workplaces to be active places including encouraging the use of stairs in buildings

113. Stockport Council, Stockport Homes, Stockport Clinical Commissioning Group, Stockport NHS Foundation Trust and Life Leisure will encourage regular active breaks during work time

114. Stockport Council will offer cycling and walking incentive schemes

115. Stockport Council and Stockport Homes will link with Cycle loan to develop ‘bike loan’ schemes

116. Stockport Council and Life Leisure will promote the Workplace Challenge with major employers
117. Stockport Council will provide opportunities for staff to be physically active through the Workforce Health and Wellbeing Group

118. Life Leisure will use Acti-life to promote an active lifestyle within the workforce

119. Stockport Council will promote physical activity as part of the Stockport Together Health and Wellbeing programme for all staff

120. Stockport Council will promote workplace building design to support active commuting

121. Stockport Council, Stockport Clinical Commissioning Group, Stockport Homes, Stockport NHS Foundation Trust and Life Leisure will promote 2x10 minute walk breaks per day for staff with sedentary occupations

122. Stockport Council, Stockport Clinical Commissioning Group, Stockport NHS Foundation Trust and Life Leisure will promote the option of standing workstations and standing meeting rooms within the workplace

123. Following on from the success of the ‘Fitness 15’ initiative, Stockport Homes will widen the scope of what’s on offer for staff in 2016 under the rebranded ‘Wellbeing 16’.

124. Stockport Homes will develop its pool of Mental Health First Aiders under the ‘Active Listeners’ scheme, offering additional support to staff who may be experiencing emotional distress and poor mental wellbeing.

125. Stockport Homes will provide additional ad hoc health opportunities including free fruit, blood pressure checks and massages

**Other**

126. The Council’s Trading Standards and Licensing teams will continue to work with the Police and other partners to tackle the problems of illicit tobacco and the impact that is has on communities.

127. The Council will erect signs in selected areas within parks (such as children’s play areas) indicating that they are smoke free.

128. Life Leisure will develop an active and professional fitness and sports workforce through accredited providers

129. Stockport Council, Stockport Homes and Life Leisure will use both traditional and social media to promote the benefits of physical activity and the risks of being sedentary

130. Stockport Council will promote physical activity through the Health Chat programme with providers
131. Stockport Homes are committed to signing up to a set of Health and Wellbeing Pledges devised by all housing organisations across Greater Manchester.

**Healthy Ageing**

132. Build on the work to date to promote increased awareness of social isolation and loneliness of older people as a significant risk factor to health and wellbeing, by extending this approach more widely to people with physical and sensory disabilities, people with mental health problems and carers.

133. Continue to expand our knowledge of the factors which reduce independent living and the factors which promote resilience and wellbeing through insight gathered from the new preventative contracts and the early work through the multi-disciplinary teams. Capture this for wider use across providers, the Council and partners.

134. Improve the awareness of the benefits and promotion of appropriate physical activity across the domiciliary care sector and residential care settings, identifying appropriate partnerships through which to promote these messages, including promotion of the home exercise guide.

135. Continue to seek opportunities to apply the principles and content of the Health and Wellbeing Check (for older people) to other appropriate settings and contacts with older people, including Stability Services and hospital wards / clinics.

136. To ensure that a series of appropriate public health / lifestyle questions are incorporated into the initial conversation with service users who are being supported through the integrated health and social care hubs.

137. To improve the understanding and identification of falls risk amongst social care practitioners, in particular with a view to intervening early with aids and adaptations in the home environment

138. Stockport Homes supports the healthy ageing strategy and will continue current events in sheltered schemes and seek to explore other opportunities to run specific programmes to the within the wider community through the continuation of an Older Person’s Activities Co-ordinator.

139. Stockport Council and Age UK Stockport will ensure access for older / vulnerable people to locality level activities

140. Age UK Stockport, Step Out Stockport and Life Leisure will support activities for more vulnerable people for maintaining / improving balance and mobility

141. Stockport Council will promote regular physical activity, as an effective means by which to support healthy ageing
142. Stockport Homes will continue with the delivery of the Older Persons Strategy and Action Plan in collaboration with partners

143. Stockport Homes will review support services delivered to Older People and seek to ensure services are delivered on a wider footing

144. Stockport Homes will deliver roles within the Wellbeing and Independence Network focusing on older people, disabled people and carers, work will include the provision of practical advice and support to sustain independent living including adaptations, repairs and maintenance, income maximisation, wellbeing and independence in the community and additional activities.

145. Stockport Homes will provide an annual winter welfare check for vulnerable elderly tenants ensuring they are ready for the colder winter months.

146. Stockport Homes will promote dementia awareness in local communities

**Prevention in Social Care**

147. Substantially enhance the social model of self-care through the preventative commissioning work and the Proactive Care workstream by taking steps to grow social action and community capacity which will create informal but organised support for individuals, families and communities

148. To continue to work towards addressing the health inequalities of people with learning disabilities through an annual review of the Learning Disability Self-Assessment Framework

**Lifestyle and Behaviour Change.**

149. The Council will train front line staff in the public health skills necessary for making every contact count.

150. Stockport Homes will seek to make every contact count, for example, reviewing access points into services with a view to forming links to, and promoting, use of primary care services and/or other appropriate programmes.

151. The Council has recently submitted the CLEAR self-assessment on how we are locally progressing the tobacco control agenda. We will be assessed on this in March 2014 and following this will consider all of the recommendations alongside the Local Government Declaration on Tobacco Control.

152. Stockport Homes will continue to work with relevant agencies to promote and support customers and staff in knowing about and being able to access smoking cessation services, as well as linking in with the Family Nurse Partnership, to help reduce the number of younger mums smoking in pregnancy.
153. The Council’s Trading Standards and Licensing teams will continue to work with the Police and other partners to tackle the problems of illicit tobacco and the impact that it has on communities.

154. The Council will erect signs in selected areas within parks (such as children’s play areas) indicating that they are smoke free.

155. Life Leisure will encourage a more physically active Stockport across all ages, through the provision of high quality leisure facilities.

156. Life Leisure will work in partnership with external agencies to provide sport and physical activity opportunities which can impact positively upon criminal activity and anti-social behaviour.

157. Life Leisure will continue to develop innovative and forward-thinking initiatives such as the Health Hub, PARiS and All Together Active to support inactive children and adults with chronic illnesses to better manage their health through physical activity.

158. Life Leisure will focus on addressing health inequalities and develop partnerships with external organisations to reinforce positive health messages within the Neighbourhood Management priority areas.

159. Life Leisure will offer and promote family offers within leisure facilities across the borough.

160. Life Leisure will ensure that leisure facilities are accessible to all across the borough.

161. Life Leisure will develop large scale and targeted community interventions (including the big event series).

162. Life Leisure will provide support for voluntary sector sports club infrastructure development in priority areas.

163. Life Leisure will deliver events in green spaces where participation involves physical activity.

164. Stockport Council, Age UK Stockport, Stockport Homes and Life Leisure will engage with older people to provide and promote opportunities to reduce sedentary behaviour.

165. Stockport Council will work with parents/carers to limit the amount of time young children are restrained in highchairs, pushchairs or car seats.

166. Stockport Council and Stockport Homes will develop family and home-level interventions targeted at reducing screen-based sedentary behaviours in children and young people.
167. Stockport Clinical Commissioning Group, Stockport NHS Foundation Trust, Life Leisure and Stockport Council will support sedentary people with moderate medical conditions to increase their physical activity levels (including referral to Physical Activity Referral in Stockport [PARiS])

168. Life Leisure will deliver targeted sports opportunities within the community

169. Life Leisure and Stockport Homes will utilise grants and external funding opportunities to support doorstep activity

170. Stockport Clinical Commissioning Group, Stockport NHS Foundation Trust, Life Leisure and Stockport Council will support overweight or obese children and young people aged 5 – 13 years to increase their physical activity levels (including referral to All Together Active [A2A])

171. Stockport Council and Stockport NHS Foundation Trust will ensure physical activity is addressed within all lifestyle intervention and support programmes

172. Stockport Council will use both regional and national physical activity initiatives to help address wider health determinants

173. Stockport Council, Stockport Homes, Stockport Clinical Commissioning Group, Stockport NHS Foundation Trust and Life Leisure will promote and support the use of Apps, pedometers and accelerometers to change behaviour

174. Life Leisure will develop and expand the use of Acti-life to change behaviour within the wider population

**Stockport Clinical Commissioning Group.**

175. The Stockport Clinical Commissioning Group and the Council will continue the integration of health and social care through Locality Hubs and in that context will seek to put in place a pattern of care which optimises resources through prevention, early diagnosis and the more efficient harmonisation of services and clinical pathways.

176. The Stockport Clinical Commissioning Group will pursue a campaign to increase levels of early diagnosis of hypertension.

177. The Stockport Clinical Commissioning Group and NHS Greater Manchester will explore developing the role of community pharmacists in prevention.

178. The Stockport Clinical Commissioning Group, the Stockport NHS Foundation Trust the Council and Stockport Homes will pursue a “making every contact count” programme.

*Health Protection.*
179. The Council’s Neighbourhood Management Teams and Stockport Homes will encourage local people to make full use of immunisation and screening services.

180. The Council’s social care staff and Stockport Homes will promote the importance of the pre-winter flu immunisation amongst staff and service users.

181. The Stockport Clinical Commissioning Group, Stockport NHS Foundation Trust, local GPs, NHS Greater Manchester, Stockport Homes and the Council will aim to further increase uptake levels of flu vaccination in Stockport in the 2014/15 programme, especially where it is lower than the generally excellent levels in the Borough as a whole

Public Health resources.

182. The Council is currently engaged in a major exercise to ensure that its services achieve the best outcomes that are possible within increasingly limited resources. In that exercise it will ensure that the value of preventive approaches both to achieving outcomes and to reducing cost will be fully recognised.

183. The Council is currently engaged in a major exercise to ensure that its services achieve the best outcomes that are possible within increasingly limited resources. In that exercise it will ensure that the health of the people is seen as an important outcome wherever its services can assist.

184. The Council is currently engaged in a major exercise to ensure that its services achieve the best outcomes that are possible within increasingly limited resources. In that exercise it will recognise the value of empowered and resilient communities.

Drug and Alcohol Misuse.

185. Stockport Homes is committed to tackling anti-social and other related behaviour as a result of substance misuse and will join the Substance Misuse Group.

186. As part of this membership Stockport Homes will consider an improved offer to those affected by substance misuse issues (specifically alcohol related) where housing is ‘key’ to recovery.

187. Stockport Homes will also continue to work in close partnership with drug and alcohol services in Stockport and continue to provide home detoxes within temporary accommodation schemes

188. Stockport Homes will contribute a package of training in schools around homelessness and anti-social behaviour.

189. Stockport Council, Stockport Homes and Life Leisure will work with other services to promote and engage hard to reach groups in physical activity

Mental Health and Well Being.
190. The Council will extend the pathways access and recovery model already used in mental health to people with long term conditions as part of the integrated care model.

191. Stockport Homes will promote the destigmatisation of mental health and the promotion of well-being through its staff: - health and wellbeing events, training and wider staff support. Opportunities to access support will also be offered to customers.

192. Stockport Homes will play an active part in the Stockport Suicide Collaborative Group and support and promote Wellbeing Week.
Standards For A Healthy Hospital

Introduction

The current crisis in the NHS rests in part upon growing demand and this in turn rests upon not taking full advantage of opportunities for prevention. It is not sufficient to transform and rearrange services unless this is accompanied by a public health programme for preventing the illnesses that create these demands.

A public health programme includes a range of steps from social policy to specific public health services to public health within healthcare.

The purpose of this paper is to address the contribution that hospitals can make to public health within the areas in scope of Healthier Together.

It rests upon three basic themes

• - Making Every Contact Count
• - Recognising the Preventive Implications of Clinical Findings
• - Ensuring Hospitals Are a Health Promoting Environment.

Purpose

To ensure that clinical contacts in hospitals are used fully for their preventive potential so as to reduce further demand by preventing its causes

Greater Manchester public health in hospitals standards

These standards were developed for Greater Manchester at Stepping Hill Hospital

<table>
<thead>
<tr>
<th>Ref</th>
<th>Area</th>
<th>Standard</th>
</tr>
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<tbody>
<tr>
<td>PH1</td>
<td>BREASTFEEDING</td>
<td>The hospital should have baby-friendly status which would require the Trust to:</td>
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<tr>
<td></td>
<td></td>
<td>• Have a written breastfeeding policy that is routinely communicated to all health care staff.</td>
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<td></td>
<td></td>
<td>• Train all health care staff in skills necessary to implement this policy.</td>
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<td></td>
<td></td>
<td>• Inform all pregnant women about the benefits and management of breastfeeding.</td>
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<td></td>
<td></td>
<td>• Help mothers initiate breastfeeding within one half-hour of birth.</td>
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<td></td>
<td></td>
<td>• Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.</td>
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</tbody>
</table>
|     |            | • Give new-born infants no food or drink other than breast
milk, not even sips of water, unless medically indicated.

- Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

1.2 If breastfeeding initiation rates are below 80% this should be regarded as grounds for investigating and enhancing work in this field.

1.3 Hospital should have places where women who are visiting the hospital can breast-feed.

1.4 There should be arrangements to screen and refer for tongue tie where it is likely to adversely affect breastfeeding.

<table>
<thead>
<tr>
<th>PH2</th>
<th>SMOKING, ALCOHOL AND WEIGHT IN PREGNANCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>All women should have their smoking recorded.</td>
</tr>
<tr>
<td>2.2</td>
<td>Women should be warned of the impact of smoking on their baby.</td>
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<tr>
<td>2.3</td>
<td>Women who smoke should receive an intervention to assist in changing their behaviour.</td>
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<tr>
<td>2.4</td>
<td>Midwives should:</td>
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<td></td>
<td>• Assess the woman’s exposure to tobacco smoke through discussion and use of a CO test.</td>
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<td></td>
<td>• Explain that the CO test will allow her to see a physical measure of her smoking and her exposure to other people’s smoking.</td>
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<tr>
<td></td>
<td>• Ask her if her or anyone else in her household smokes.</td>
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<tr>
<td></td>
<td>• To help interpret the CO reading, establish whether she is a light or infrequent smoker. Other factors to consider include the time since she last smoked and the number of cigarettes smoked (and when) on the test day.</td>
</tr>
<tr>
<td></td>
<td>• Provide information (for example, a leaflet) about the risks to the unborn child of smoking when pregnant and the hazards of exposure to second hand smoke for both mother and baby. Information should be available in a variety of formats.</td>
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<tr>
<td></td>
<td>• Explain about the health benefits of stopping for the woman and her baby. Advise her to stop – not just cut down.</td>
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<tr>
<td></td>
<td>• Explain that it is normal practice to refer all women who smoke for help to quit and that a specialist midwife or</td>
</tr>
</tbody>
</table>
adviser will phone and offer her support.

- Where appropriate, for each of the stages above record smoking status, CO level, whether a referral is accepted or declined and any feedback given.
- The above should be recorded both in the woman’s handheld and computer record.

2.5 If smoking rate at the time of delivery is above 10% or the proportion of women drinking more than 7 units a week during pregnancy exceeds 10% this should be regarded as grounds for investigating and enhancing work in this field.

2.6 Almost all notes will contain a record of a conversation about the harms of smoking, alcohol and weight on the health of the mother and baby.

2.7 Women should be warned of the impact of alcohol on their baby.

2.8 Women should avoid alcohol altogether and receive an intervention to assist in changing their behaviour.

2.9 Trusts should comply with the CMACE/RCOG Joint Guideline on the Management of Women with Obesity in Pregnancy (March 2010)

<table>
<thead>
<tr>
<th>PH3</th>
<th>ALCOHOL IN A&amp;E AND OTHER ACUTE PRESENTATIONS</th>
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<tbody>
<tr>
<td></td>
<td>There should be arrangements to address alcohol problems which manifest themselves by A&amp;E attendance as follows:-</td>
</tr>
<tr>
<td>3.1</td>
<td>All persons who attend A&amp;E having consumed alcohol should receive a warning about the risk.</td>
</tr>
<tr>
<td>3.2</td>
<td>Patients presenting with alcohol related harm receive screening with an appropriate tool and a brief intervention or have one arranged.</td>
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<tr>
<td>3.3</td>
<td>Clear pathways exist for providing help to those who repeatedly attend A&amp;E with alcohol related harm and are used.</td>
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<tr>
<td>3.4</td>
<td>There should be screening for domestic violence using an intimate partner violence routine enquiry protocol.</td>
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<tr>
<th>PH4</th>
<th>HEALTHY BEHAVIOURS</th>
</tr>
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<tbody>
<tr>
<td>4.1</td>
<td>90% of front line staff will have received training within 3 years on current recommendations for healthy behaviours and empowered/supported to ask people if they are concerned about their behaviours and would like help to do something</td>
</tr>
</tbody>
</table>
4.2 General advice on behaviours will be readily available and visible in wards, clinics, reception areas etc. As a minimum this would include a) leaflet displays on every ward and outpatient area about smoking and alcohol and where to go for advice and b) public displays in corridors.

4.3 A patient’s screening history for the population screening programmes for which the patient is eligible will be checked, unless this is inappropriate, and advice given.

4.4 The following further health screening tests will be carried out on patients, unless inappropriate:

- MRSA screen
- Water low assessment
- VTE screen
- MUST nutritional screen
- Fracture risk assessment
- Moving and handling assessment
- Depression
- Patients over 65 years will be asked about and reminded that they can access free sight tests
- Patients will be asked whether they have any hearing problems

4.5 Clinical systems will ensure that blood pressure, pulse rhythm, cholesterol, HBA1C and creatinine readings will be included in the electronic discharge summary.

<table>
<thead>
<tr>
<th>PH5</th>
<th>PRE-OPERATIVE SMOKING AND WEIGHT LOSS</th>
<th>The potential to use surgery to stimulate smoking cessation and weight loss should almost always be taken.</th>
</tr>
</thead>
</table>
| PH6       | ENCOURAGEMENT OF ACTIVE TRAVEL TO HOSPITAL | 6.1 Hospital information leaflets and websites should always include active travel information.  
6.2 Stairs should always be clearly indicated and poster encouraging their use should be clearly displayed.  
6.3 Cycle parking should be provided. |
| PH7 | CORPORATE CITIZENSHIP | 6.4 A cycling mileage rate should be paid.  
6.5 Walking routes to the hospital within one mile will be identified, improved and signposted |  
| PH8 | PATIENT NUTRITION AND HYDRATION | Hospitals will have strategies for acting as good corporate citizens.  
7.1 Recycling  
7.2 Reducing energy use  
7.3 Reducing carbon emissions  
7.4 Creating employment in deprived local areas  
7.5 Acting as partners with local communities |  
| PH9 | A HEALTHY AGEING STRATEGY | Nutrition and hydration will be seen as important elements of professional care with real impacts on outcomes and not just as peripheral aspects of quality.  
8.1 The importance of adequate hydration and nutrition of patients will be ingrained into all ward staff.  
8.2 Attractive and nutritious food will be provided. This should comply with the National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland.  
8.3 Wastage rate above 10% will be regarded as evidence of a need to review this process as will poor satisfaction scores from patients.  
8.4 Patients who cannot feed themselves will be properly fed. |  
| PH10 | NICE GUIDANCE | NICE public health guidance and quality standards will be assessed within 3 months of publication against baseline audit tools. |
| PH11 | HYGIENE | Hospitals should comply with epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England |
| PH12 | FLU IMMUNISATION | 80% of staff and volunteers will be immunised against flu. |
| PH13 | AESTHETIC SETTINGS IN WARDS | In the light of the work of Ulrich (who showed that post-operative recovery was enhanced by a view of trees from a window)  
13.1 Greenery will be planted in hospital grounds.  
13.2 Wards will be aesthetically attractive.  
13.3 If there are thought to be grounds to ban flower this will be weighed against these considerations. |
| PH14 | HEALTHY EATING | 14.1 Healthy snacks will be on sale in hospital shops and trolleys and more prominently on display than unhealthy (high fat and sugar) alternatives.  
14.2 Sugary drinks will not be sold. If patients require isotonic drinks, these should be provided.  
14.3 Salt content of all meals (to patients and staff) will be within healthy limits. |
| PH15 | PHYSICAL ACTIVITY | Staff will be able to give advice about the therapeutic benefits of physical activity |
4.32 PROGRESS FROM 2014/15

I published my 21st annual report in January 2014 and invited the Executive of Stockport Council to provide a formal response to the recommendations, which they did in February 2014; in October 2015 they provided an update on progress with implementing the recommendations.

The table on the following pages sets out the recommendations from the 21st Annual Public Health Report to Stockport Council; and the respective responses in February 2014 and October 2015.

The Health and Wellbeing Scrutiny Committee have also reviewed the responses and have commented that overall progress in delivering on the response of the Executive had been good.

The following comments were made by the Scrutiny Committee in addition to the main report:

- The delivery of cancer screening questions by Stockport Homes staff during their assessments was a welcome development. This built on the Making Every Contact Count agenda but it took time to embed this approach within service delivery, although it was noted that Stockport Homes had shown significant commitment to this agenda.

- Efforts to promote healthy ageing were welcomed. It was commented that the promotion of physical activity/ non-sedentary activity was an important aspect of this agenda as it was the only recorded treatment for frailty. It was also commented that Stockport had significant assets that made it relatively easy for people to be physically active, such as parks and walking/cycling routes, but that more could be done to promote these facilities and opportunities.

- The ‘Stockport String’ campaign was welcomed as it was a simple idea but provided a talking point.

- It was important that as well as public sector staff using contact with the public to deliver health messages, that the public themselves took greater responsibility for their own health and care. The contrast between levels of spend on health services as compared to outcomes between the UK and other European countries such as Sweden was illustrative of the different levels of health literacy amongst the general public.
<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>I welcome the strategies described in chapter 25 and recommend continuation. I recommend that all agencies intensify the process of developing a system of public sector reform focused on resilient communities and the principles set out in chapter 23. I recommend investment in 2014/15 in preventive programmes which will produce early results to ease the pressures in 2015/16. I welcome interagency work on integration of children’s preventive services and of health and social care and recommend continuation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Executive Portfolio / Lead Officer(s)</th>
<th>Response February 2014</th>
<th>Update October 2015</th>
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</thead>
<tbody>
<tr>
<td>Health and Wellbeing</td>
<td>This recommendation is supported by the Local Authority. The ‘Prevention and Maximising Independence’ theme within the Health and Wellbeing Strategy runs through a wide range of work programmes and has helped to emphasise the strategic importance of activity intended to maintain wellbeing and promote independence, alongside the role played by formal health and social care services for adults. This work will be strengthened and refined going forward so that preventative activity in Stockport in all its forms is seen as a co-ordinated programme, made up of formal and informal community support.</td>
<td>The introduction of the Care Act 2014 has reinforced the need for a focus on wellbeing and independence and preventing, reducing and delaying the need for formal care and support. Adult Social Care has completed the redesign of its preventative services for adults and 6 new services are now in place. The work to grow community level support is still in progress and the strategy to enable and facilitate its development is being aligned with the complementary work being undertaken as part of the Locality Working model, with the Place Directorate.</td>
</tr>
</tbody>
</table>

| I welcome Stockport CCG’s planned work on detection of hypertension. I recommend continuation. |

| Health and Wellbeing | This recommendation is supported by the Local Authority. It is noted that there have been a number of productive meetings with the CCG to discuss how the Local Authority can support this important initiative to ensure that all residents in Stockport know their blood pressure readings and can access services that will support them maintaining a healthy blood pressure level. The Local Authority is supporting the CCG in the introduction of blood pressure monitoring kiosks in key community sites and will support the CCG in the active promotion of these. The Neighbourhood Management teams are also playing a key role in encouraging members of the public to have their blood pressure checked and helping them access local services. |

<p>| The BP ‘know your numbers’ initiative continues to reach into communities and workplaces by offering a BP reading and opportunistic health/lifestyle advice. The initiative has quality assured training delivered by Stepping Hill FT cardiac team led by Dr Lewis. Over the last period (April – July) over 400 people have been given BP reading and had discussions on lifestyles issues at 6+ community sites and 3+ workplace sites. There are currently 15 non-clinical colleagues trained and from Oct 7th 2015 a further 15 will be trained. The initiative has incorporated the ‘Stockport String’ work giving people a simple way to understand the importance of maintaining a healthy weight. Discussions are underway to include lung capacity testing at future intervention sites |</p>
<table>
<thead>
<tr>
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<th>Executive Portfolio / Lead Officer(s)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>I recommend that Stockport CCG, Stockport MBC and Public Health England, in their respective areas of responsibility, vigorously pursue improved screening programme uptake in deprived areas.</td>
<td>Health and Wellbeing</td>
<td>This recommendation is supported by the Local Authority. This is one of the key outcomes of the new Health Inequalities pilot, and specific programmes to address screening uptake will be included in the delivery plan of the pilot. Neighbourhood Management Boards have a key role in helping to deliver this action; and their unique insight in working differently with local communities will be instrumental, particularly in supporting those residents who do not regularly access screening programmes. In addition it is expected that links between PHE and CCG will be extended, particularly around those areas where uptake is lowest.</td>
<td>The Health Inequality Programme was established in each of the 4 Neighbourhood Management areas in September 2014. In each area a Health and Wellbeing Officer is embedded in the NM team to deliver a local plan to increase uptake. Initiatives have included Brinnington’s bowel cancer awareness month and Central’s Health Week focusing on cancer awareness raising amongst older people. Offerton and Adswood and Bridgehall have targeted women in the locality who are to be invited for breast screening in 2015. 22 local residents have received cancer champion/health champion training. Public Health have delivered two masterclasses for General Practice to increase cancer awareness and encourage proactive approaches to screening. A course was delivered for Stockport Homes staff followed up with electronic information. Both Stockport Homes and Healthy Stockport now have a cancer screening question on their Customer Health Assessment forms. PH also organised visits from the Cancer Research UK nurse to Central and Offerton areas. The Public Health Enhanced Scheme for NHS Health checks has been reconfigured to target the ‘never screened.’ PH is identifying practices with a low screening uptake and offering a programme of support including input from Cancer research UK and the National Bowel Cancer Screening GM team</td>
</tr>
<tr>
<td>Recommendation</td>
<td>Executive Portfolio / Lead Officer(s)</td>
<td>Response February 2014</td>
<td>Update October 2015</td>
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<tr>
<td>I recommend that Stockport MBC signs the Local Government Declaration on Tobacco Control</td>
<td>Health and Wellbeing</td>
<td>The Local Authority has recently submitted the CLEAR self-assessment on how we are locally progressing the tobacco control agenda. We will be assessed on this in March 2014 and following this a series of recommendations will be presented to the Health and Wellbeing Scrutiny Committee and the Health and Wellbeing Board. The Local Authority will consider all of the recommendations alongside the Local Government Declaration on Tobacco Control.</td>
<td>The Council has signed the Local Government Declaration on Tobacco Control. The CLEAR assessment went ahead as planned in March 2014 and a number of strengths were identified along with a set of recommendations. On March 11th 2015 (No Smoking Day) the 1st meeting of the Stockport Tobacco Alliance took place. This multi-agency group will oversee the implementation of a broad programme of tobacco control work, taking into account the recommendations from the CLEAR report. A series of sub-groups covering smoking cessation and harm reduction, maternal smoking, communities and social marketing and smoke free places have all been established.</td>
</tr>
<tr>
<td>I recommend that the relevant enforcement agencies prioritise the issue of illicit tobacco.</td>
<td>Communities and Sustainability</td>
<td>This recommendation is supported by the Local Authority. The Council’s Trading Standards and Licensing teams work with the Police and other partners to tackle the problems of illicit tobacco and the impact that is has on communities. The Council’s Trading Standard and Licensing Team would be keen to discuss opportunities for funding further work from within the Public Health area. This could increase capacity to deal with enforcement and enable us to carry out other preventative work.</td>
<td>Trading Standards continue to work in partnership with GMP on this issue. Enforcement is conducted on an intelligence led basis and appropriate action is taken. In June this year AGMA Public Protection funded the use of an illicit tobacco sniffer dog for a day to conduct searches at premises suspected of selling illicit tobacco. On the day a small quantity of illicit tobacco was recovered and the proprietor received a formal caution. Unfortunately due to the need to balance demands upon the service, it is not currently possible to devote any further resources to enforcement work around illicit tobacco. Work around illicit tobacco feeds into the Stockport Tobacco Alliance and a report on the level of enforcement work has been delivered to that group. No additional funding to resource further work around illicit tobacco has been forthcoming.</td>
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<td>I urge people to declare their homes and cars smoke free. To support the continued denormalisation of tobacco use I recommend smoke free areas in parks.</td>
<td>Communities and Sustainability</td>
<td>The installation of ‘no smoking’ or smoke free area signs may help to promote a healthier attitude in those who would normally smoke in open spaces, particularly within children’s play areas. This will be discussed further, including opportunities for funding such initiatives.</td>
<td>The programme of work to promote smoke free homes and cars is continuing with a particular focus on publicising the new legislation around smoke-free vehicles that comes into force on October 1st 2015. A consultation with the public about smoke-free play areas is underway. Discussions regarding the funding and placement of signs in parks are continuing.</td>
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<td>I welcome Stockport’s participation in the national ‘Sustainable Food Cities Programme.’ I recommend continuation.</td>
<td>Communities and Sustainability</td>
<td>This recommendation is supported by the Local Authority. A co-ordinator has recently been appointed by the Kindling Trust to take this initiative forward in Stockport. We welcome the active support of Public Healh in this important area.</td>
<td>The ‘Feeding Stockport’ programme is supporting the development of a community growing hub at Woodbank Park, the feasibility of a food enterprise centre and the establishment of community meals social enterprise in Marple.</td>
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<td>I recommend that Stockport MBC continue to pursue the development of linked-up walking and cycling networks and that walking and cycling be built into any strategic development proposal on the borough’s highway network.</td>
<td>Economic Development and Regeneration</td>
<td>This recommendation is supported by the Local Authority. The Local Authority will continue to pursue the development of linked-up walking and cycling networks and ensure that walking and cycling is built into any strategic development proposal on the borough’s highway network.</td>
<td>Facilities for walking and cycling are being built into all Town Centre Access Plan schemes. Several schemes link with Cycle City Ambition Grant schemes to provide useful commuting routes. One scheme will also address gaps in Greater Manchester and National cycle/bridleway routes. Stockport Council has been working closely with Transport for Greater Manchester to implement as far as is practicable, design guidance that recognises the needs of less confident cyclists, including being segregated from motor traffic. The Council strives to ensure that schemes connect and are not just seen in isolation. Already built schemes include cycle infrastructure on Brinksway/Chestergate and Newbridge Lane which provide safe commuting routes into the town centre as well as through routes linking with the Transpennine Trail and NCN55. Planned/in progress schemes include upgraded and new pedestrian/cycle crossings in Heaton Norris.</td>
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<td>I recommend that local MPs and political parties press for reversal of the Government’s abandonment of a minimum unit price for alcohol and also for plain packaging of tobacco products.</td>
<td>Health and Wellbeing</td>
<td>The Health and Wellbeing Scrutiny Committee has responded to previous consultation on minimum unit pricing for alcohol and plain packaging of tobacco products and indicated their full support for this initiative. The Scrutiny Committee supported the AGMA health commission’s campaign for a GM wide by-law in 2011 and endorsed proposals from the AGMA Health Commission in relation to standardised packaging for tobacco products in June 2012. In addition a Council resolution was passed in July 2012 to request the Chief Executive to write to the Secretary of State for Health, asking him to bring forward legislation to introduce standardised packaging of tobacco products.</td>
<td>The GM Alcohol Strategy (2014-17) includes a recommendation that the GMCA continues to lobby the Government for Minimum Unit Pricing (MUP) for alcohol. During the Scrutiny Review of alcohol misuse services (February 2015), the Health and Wellbeing Scrutiny Committee maintained a commitment to support MUP. The Committee expressed its belief that it would be an effective tool to mitigate some of the excesses of alcohol consumption and that it is something the Council should continue to lobby for.</td>
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<td>I welcome Stockport MBC’s intention in the coming year to enhance arrangements for public health input into planning applications and to review and renew Country City. I recommend continuation.</td>
<td>Economic Development and Regeneration</td>
<td>The Local Authority will continue to ensure that consideration is given to public health through planning applications and planning policy. Systems have now been developed to extend the role of the public health team in offering public health advice in the planning process. The Local Authority will consider any reviews of the Country City initiative the Director of Public Health wishes to present</td>
<td>The Council’s public health and planning teams have co-operated on a process for public health professionals and public health funded transport roles to comment on planning applications, resulting in the establishment of an informal Healthy Planning Team. In October 2013 a process was finalised and training was provided to several public health colleagues on the planning application commenting process. The Council has been recognised nationally for its work in this area and have been an integral part of the work of the Town &amp; Country Planning Association on reuniting health with planning:</td>
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<td>I recommend the development of an enhanced programme of work on healthy ageing by the Health and Well Being Board and its member agencies.</td>
<td>Health and Wellbeing</td>
<td>This recommendation is supported by the Local Authority. A wide range of services and support contribute to the healthy ageing agenda, some of which are explicitly commissioned by the Council, others which are facilitated and supported in a variety of ways, often by residents and communities themselves. Going forward, the opportunity which may have the greatest potential to support and promote healthy ageing is our ability within the public sector to stimulate community action, both amongst older people themselves and amongst younger generations. Adult Social Care is in the early stages of exploring the potential of local befriending schemes, peer support and community navigation and Public Health is about to embark on a new programme of community development-led approaches to addressing health inequalities. What we learn from these methods will help us to grow and support community-led approaches to healthy living and healthy ageing.</td>
<td>Promoting the importance of healthy ageing amongst the 65+ population, and creating programmes of support which help to achieve this remains a priority. The work is largely led by Adult Social Care, but requires the support and collaboration of the wider public and voluntary sector partners to implement effectively. The focus is on addressing risk factors such as social isolation and loneliness, lack of physical activity, poor nutrition and hydration etc (and promoting the same as protective factors which support healthy ageing) with suitable and simple interventions e.g. the Health and Wellbeing Check, local visiting and befriending schemes. The work to grow community support is also very relevant here as part of the solution to healthy ageing is for communities to be as inclusive as possible. A good example of this is the support to expand ‘dementia-friendly communities’ across the borough.</td>
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<td>I recommend that all schools have a programme of SRE consistent with best practice guidance.</td>
<td>Health and Wellbeing</td>
<td>This recommendation is supported by the Local Authority. The Local Authority is aware that there is national evidence that the delivery of Sex and Relationships Education (SRE) is not consistently delivered by schools. This national research was reflected in the analysis in Stockport by the Health Scrutiny Committee who supported the development of a curriculum approach for Stockport Schools for the delivery of SRE. A planned progressive programme of SRE gradually and appropriately prepares children and young people for adult life. The delivery of effective SRE in schools is a fundamental part of an integrated approach in the public health programmes to reduce unplanned under 18s conceptions, and reduce the prevalence of chlamydia, HIV and other sexually transmitted infections. Stockport MBC will encourage Stockport schools to implement a planned progressive programme of SRE. We will continue to provide appropriate resources. Stockport schools have been provided with the Relationship Education Spiral Curriculum developed for use at Key Stage’s 1, 2, and 3. We have developed a matrix (years 7-11) for secondary schools to support their delivery of SRE including Child Sexual Exploitation and Domestic Abuse. Schools with higher risk of under 18s conceptions have been supported with additional capacity from School Nursing and Contraception Clinics. School Nursing capacity to support SRE programmes has also been strengthened by the development of a bespoke programme of SRE which they can deliver in their own schools.</td>
<td>Public Health has funded a new specialist SRE Worker post to support all Stockport secondary schools to build capacity to deliver effective planned programmes of SRE. An audit of all secondary schools SRE programmes and capacity is currently underway. Public Health has supported a School Nurse growth programme to increase the services capacity to enable up to two drop in clinics at each secondary school to offer public health support for the school. A drop in service is now available at 15 secondary schools in Stockport.</td>
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<td>I recommend that the Council and the major local NHS organisations intensify programmes of workplace health and they include attention to issues of mental health and mental well-being by reducing stress, facilitating the adoption of the Five Ways to Well-Being, enhancing the arrangements to employ people with mental health problems, and enhancing the confidence and capacity of staff to integrate wellbeing into routine contacts with patients and clients.</td>
<td>Corporate, Customer and Community Services</td>
<td>This recommendation is supported by the Local Authority and will be promoted through health and wellbeing events and wider staff support. Stockport Council will be working to promote the Good Work Good Health charter across the business community of Stockport. The charter includes mental health and lifestyle issues as areas for attention in order to secure accreditation.</td>
<td>The Council established a new Health, Safety and Wellbeing function in January 2015 in order to increase capacity in this area. We have also established a Wellbeing Management Steering Group which is jointly chaired by the Deputy Director of Public Health and the Deputy Chief Executive to ensure that wellbeing continues to have strategic ownership. We have recently published ‘Live Well, Work Well’ which is the Council’s strategic framework for health, safety and wellbeing. This key document and the associated action plan are aligned to the Good Work Good Health Charter and the 5 Ways to Wellbeing. We have a network of internal facilitators who support Stockport Health Chat training, and this training has been rolled out in an effort to ensure that staff have the confidence to integrate wellbeing into routine contacts with service users.</td>
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<td>I recommend the local NHS embed prevention and lifestyle into corporate and professional cultures.</td>
<td>Health and Wellbeing</td>
<td>This recommendation is supported by the Local Authority. The Council will promote health and wellbeing events, training and wider support to staff in the NHS.</td>
<td>The Council uses all available internal communication channels to promote national, regional and local health campaigns. An annual communications plan has been developed as part of our ‘Live Well, Work Well’ strategic document. We have recently sponsored and organised a ‘Wellbeing Festival’ as part of Stockport Wellbeing Week. In April 15 we also reviewed our Smoke Free Policy (stopping staff from smoking anywhere on Council premises). This Policy change was re-inforced by a programme of training and support to help people stop smoking.</td>
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<td>I endorse the co-production approach to mental health, congratulate the Council on pursuing it, recommend continuation and urge that links be drawn between this programme and programmes of community well-being and</td>
<td>Adult Care Services Health and Wellbeing</td>
<td>This recommendation is supported by the Local Authority and links are indeed being drawn between the co-production approach tested out in mental health and shown to be successful and the wider integration programme between health and social care. A key element of the programme is known as People Powered Health, with a focus on growing resilience of vulnerable people.</td>
<td>People Powered Health and co-production approaches have been embedded in Stockport’s Targeted Prevention Alliance contract. This alliance is made up of 6 local organisations with a deep understanding and track record of working with local communities, assets and vulnerable groups. This forms a key strand of the integration of health and</td>
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<td>resilience.</td>
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<td>and improving community wellbeing. There is close collaboration between Adult Social Care and Public Health particularly in the co-design forum where further joint activities are being developed for example working with carers. Mental well-being is a priority outcome in the health inequalities programmes and this supports programmes of community well-being and resilience.</td>
<td>social care. Work to increase asset based approaches individually with community connectors and with communities as part of locality focused work is well underway.</td>
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