































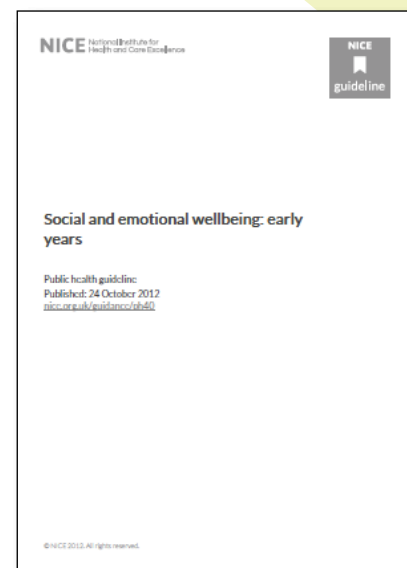


# Early Years

## NICE guideline “Social and emotional wellbeing: early years (2012)”

NICE guideline PH40 describes ‘vulnerable’ children under 4 years old as children who are at risk of, or who are already experiencing, social and emotional problems and need additional support. The guidance puts forward a number of evidence based recommendations to improve social and emotional wellbeing for vulnerable under-fives. These relate to:

- the role of health and wellbeing boards and scrutiny committees in the development of strategy and commissioning plans, and in reviewing the delivery of those plans;
- identifying vulnerable children and assessing their needs;
- the provision and content of antenatal and postnatal home visiting for vulnerable children and their families;
- the provision of early education and childcare; and
- the approach to be taken in the delivery of services.



# School Life

## School Aged Years High Impact Area 1: Resilience and emotional wellbeing (Public Health England, 2016)

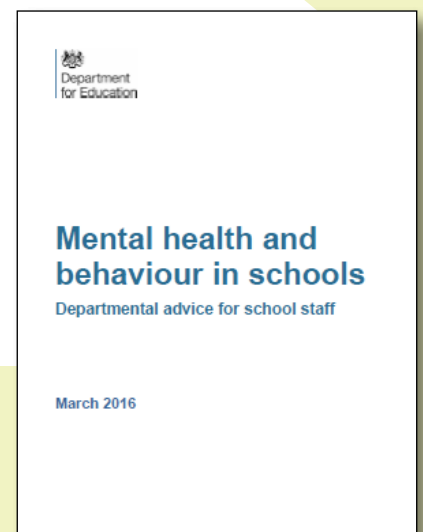
This series of documents is intended to highlight the role of school nurses in positive mental health promotion. This can be achieved by:

- Recognising the importance of good relationships with family, friends and others is paramount in building resilience
- Recognising that parental wellbeing can affect the child’s emotional health and wellbeing and resilience
- Ensuring early identification of need and provision of evidence based family centred support
- Focusing on early intervention and early help – both in early years and at trigger points during school-aged years
- Identifying and consideration of strengths versus risk when working with families.
- Actively supporting children and young people across – providing a joint and holistic approach to support the child and family.



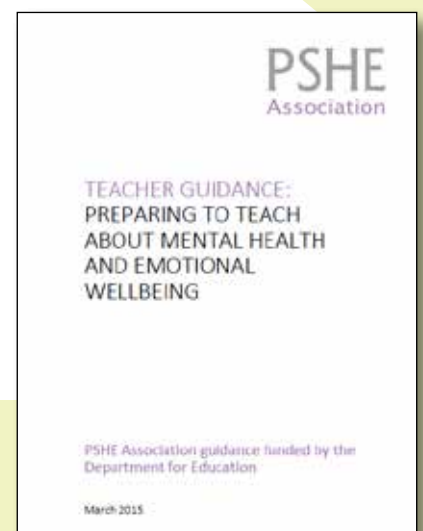
## **Mental health and behaviour in schools: departmental advice for schools (Department for Education, 2016)**

Departmental advice which clarifies the responsibility of the school, outlines what they can do and how to support a child or young person whose behaviour - whether it is disruptive, withdrawn, anxious, depressed or otherwise - may be related to an unmet mental health need.



## **Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (PSHE Association, 2015)**

Teaching pupils about mental health and emotional wellbeing as part of a developmental PSHE education curriculum can play a vital role in keeping pupils safe. This guidance helps teachers plan lessons which can act as a vehicle for providing pupils who do develop difficulties with strategies to keep themselves healthy and safe.



## **Case Study 3: Social Norms approaches**

In our annual report for 2011-12 we reported that a social norms approach to alcohol and drug education was introduced in secondary schools. This tackles inaccurate beliefs about alcohol use. The approach specifically challenges peer pressure and undermines any sense that alcohol use and misuse is normal. The importance of social norms work is to feedback to young people the actual behaviours of their peers so they can appreciate this is different to commonly held perceptions. As a result in Darlington, there have been reductions in reported alcohol and drug use for each of the last four years. There is also evidence to show that young people are increasingly aware that most of their peers don't use alcohol or drugs.



## Healthy Lifestyle Survey

A Healthy Lifestyle Survey was undertaken between 2015/2016 with almost 4,500 secondary school children in Darlington taking part. Analysis of the results broadly showed that the majority of young people reported that they are not engaging in risk taking behaviours involving smoking, alcohol, substance use or sexual activity. It also showed widespread use of social media and the internet although high levels of awareness of safe internet and social media practices was also reported.

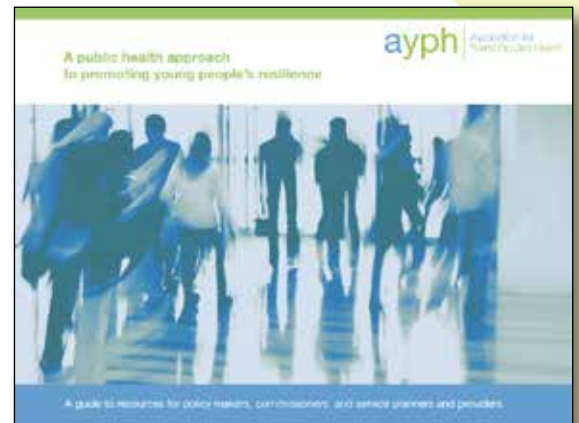
A minority of both primary and secondary pupils reported experiencing bullying with the majority of those in both groups reporting that they had good support networks that helped them make informed choices. The vast majority of those taking part in the survey reported that they were happy with their lives.

## **This resource on Promoting young people's resilience from Association for Young People's Health, focuses on public health approaches to supporting young people's resilience.**

It builds on Public Health England's framework for young people's health, Improving young people's health and wellbeing which was published in 2015, and on a range of other PHE tools and resources including their national youth campaign, Rise Above, which also focuses on improving young people's resilience and helping them make positive health decisions.

It highlights the key settings for actions including schools, families, out of schools and leisure provision, and communities and recommends:

- Establishing a local culture that prioritises resilience
- Enhancing the availability and quality of local support; and
- Picking the moment to intervene (such as stress points and transitions in life, and ensuring that extra resilience training is available for those young people faced with significant challenges)



# Chapter 3

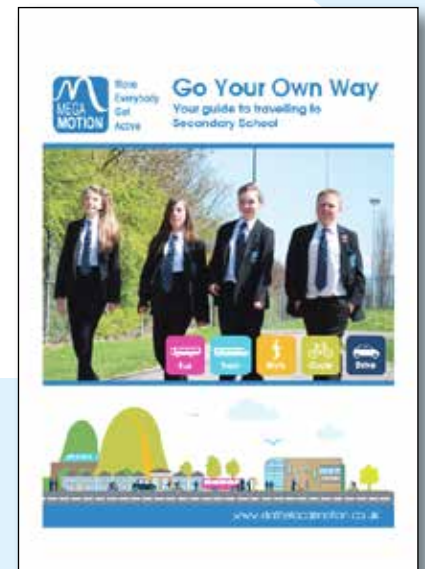
## Promoting good mental health

### Physical activity and active travel

There is evidence that regular physical activity is associated with improved mental health outcomes and better quality of life for healthy individuals as well as those already experiencing mental ill health. The Department of Health<sup>17</sup> recommends that children and young people aged 5-18 years should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day. One way of doing so is to promote active travel in the daily routine of children and young people. Active travel refers to human-powered modes of travel such as walking and cycling as opposed to motorised ones.

### Local Motion is Darlington's sustainable transport programme, which aims to increase the number of people walking, cycling and using public transport in Darlington and the wider Tees Valley.

Local Motion supports schools and families in making smarter travel choices to and from school, providing advice and information to young people to encourage them to travel independently and safely.



### Obesity and the environment: increasing physical activity and active travel (PHE, 2013)

This document contains a number of 'Ideas for Action' such as:

- Identifying a senior councillor responsible for active travel;
- Working with colleagues in transport to review the local transport plan and prioritise active travel;
- Setting targets for walking and cycling and making environments safer and more appealing for walking
- Reviewing all local policies for their impact on physical activity.



17. Department of Health (2011). Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers. <https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers>

# Physical activity and active travel

## Working together to promote active travel: A briefing for local authorities (PHE, 2016)

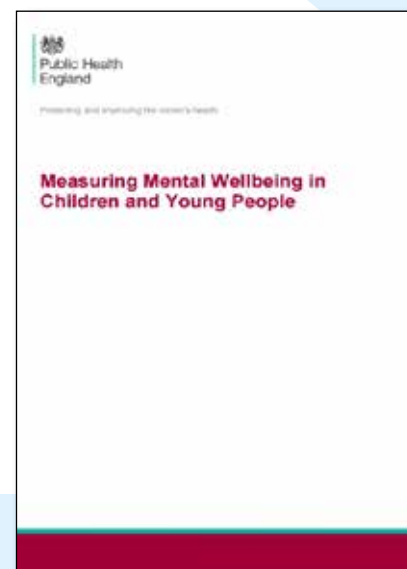
This guide suggests a range of practical action for local authorities, from overall policy to practical implementation. It highlights the importance of community involvement and sets out key steps for transport and public health practitioners.



## Measuring mental wellbeing in children and young people (PHE, 2015)

A document which provides guidance on the use of intelligence to measure mental wellbeing in children and young people.

It includes suggestions for Joint Strategic Needs Assessments and the evaluation of interventions which improve the mental wellbeing of children and young people.

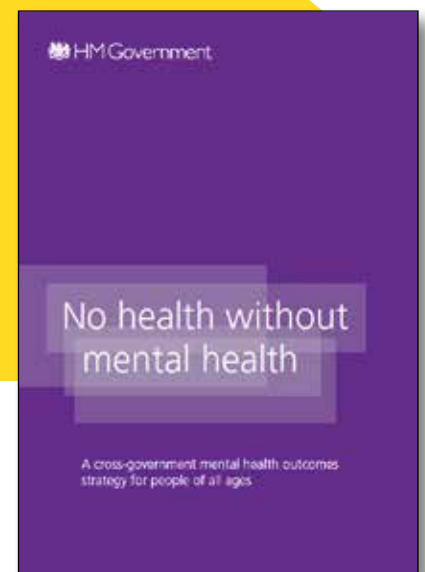


## Treating mental ill health

**A range of guidance has been published in recent years relating to the care and treatment of people with mental health problems and mental illness.**

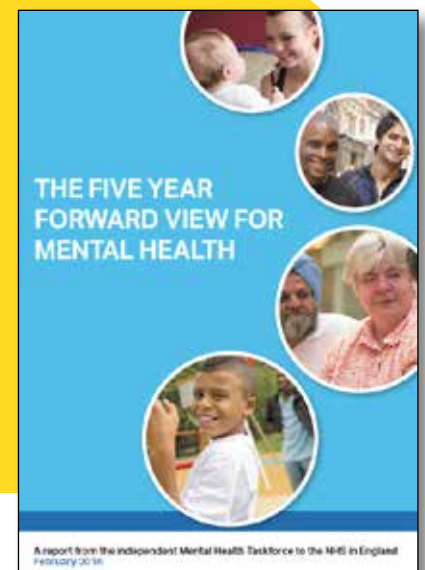
### No Health without Mental Health (DH, 2011)

Published in 2011, emphasises the crucial importance of early intervention in emerging emotional and mental health problems for children and young people.



### Five Year Forward View for Mental Health (Mental Health Task Force, 2016)

The report of an independent task force reporting to NHS in England, sets out a ten year plan for the transformation of mental health care. Recommendations were made for NHS services, wider action on social determinants and the need to tackle inequalities. It is supported by an implementation plan that was published later in 2016.



# Treating mental ill health

## Future in Mind; Promoting, protecting and improving our children and young people's mental health and wellbeing (NHS England, 2015)

The output of a cross-Government taskforce, established to look at the mental health of children and young people and to set out a whole system approach to the prevention of mental ill health, early intervention and recovery.

As a result of its recommendations, every local area is expected to develop its own local plan for supporting the mental health of children and young people.



## Prevalence of mental health problems in Darlington

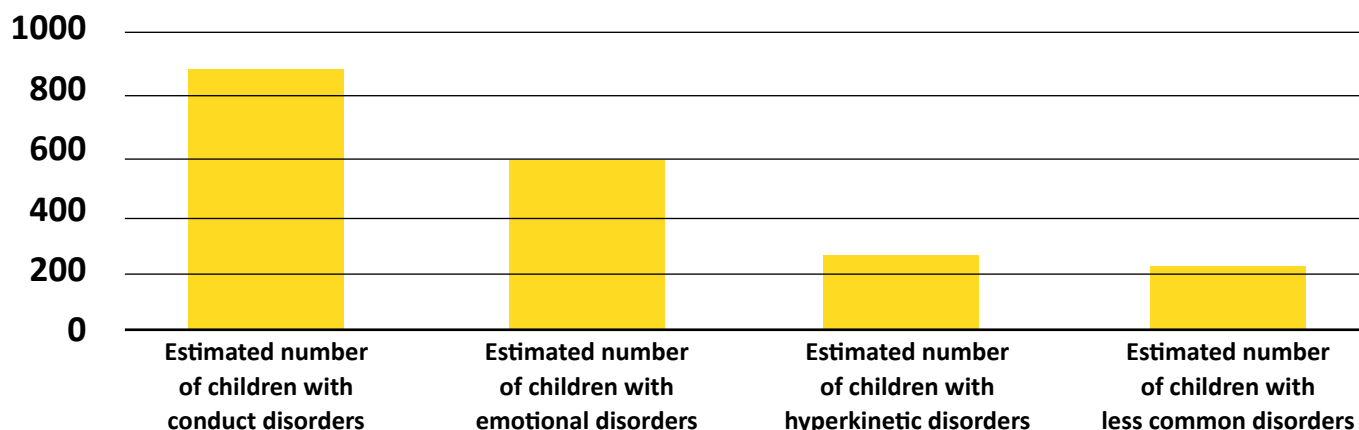
The exact prevalence of mental health and emotional disorders in children and young people is unknown but is estimated to be around 1445 in 2014.<sup>18</sup>

	Estimated number of children aged 5-10 yrs with mental health disorder	Estimated number of children aged 11-16 yrs with mental health disorder	Total
NHS Darlington CCG	595	850	1,445

**Source:** Local authority mid-year resident population estimates for 2014 from Office of National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004)

18. Darlington Transformation Plan, 2015

## Child and Maternal Health Observatory estimates of prevalence 5-16 years (2014)



**Source:** Local authority mid-year resident population estimates for 2014 from Office of National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004)

### **Future in Mind; Promoting, protecting and improving our children and young people's mental health and wellbeing: National**

Future in Mind; Promoting, protecting and improving our children and young people's mental health and wellbeing, responds to the national concerns around provision and supply of services and support for children and young people.

Future in Mind identifies key themes fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people. The themes are;

- Promoting resilience, prevention and early intervention
- Improving access to effective support; a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Within these themes, 49 recommendations are detailed that, if implemented, would facilitate a whole system approach to ensure that the offer to children, young people and families is comprehensive, clear and utilises all available resources.

Local benchmarking against the 49 recommendations detailed within Future in Mind, indicates the following areas require further consideration;

- Early years provision;
- Perinatal mental health;
- Early intervention/enhanced training for schools;
- Named contacts in schools/CAMHS;
- Crisis service not formally commissioned in Darlington;
- Self-care / peer support for children and young people and parents;
- Community Eating Disorder Service;
- Intensive home treatment;
- Integrated Looked After Children pathway;
- Post-traumatic stress disorder pathway;
- Challenging behaviour – multi-agency pathway;
- Transition care for vulnerable groups – e.g. Learning Disability, Care Leavers.

## Case Study 4: Peer Support

Our Future in Mind Transformation Plan outlines the importance that peer support can have in order to empower children and young people who can become active players in teaching social and emotional skills, providing support for each other. Peer support/peer mentoring has been proven to have a positive impact on both mentors and mentees in terms of the facilitation of increased emotional and social skills, positive attitudes towards self and others, more positive social behaviours, fewer conduct disorders, and lower levels of emotional distress. It has also been shown to improve academic performance of children and young people and help to facilitate their engagement with learning.

We are currently supporting 11 schools (primary and secondary), to develop peer projects, all being relevant to the school's needs. Specific programmes or education support that is evidence based has been funded that supports children/young people to become a buddy, peer supporter or peer mentor throughout this Academic Year (2016/17).

Following the publication of Future in Mind, partners have worked together to develop and deliver local transformation plans. These plans focus on the whole spectrum of mental health and wellbeing from health promotion and prevention to support and interventions for those young people with emerging or existing mental health difficulties.

**Key elements for CAMHS within the transformation plan that enhance resilience and early intervention include:**

- Delivery of a mental health awareness training programme. CAMHS provide an annual training programme for other providers such as teachers, health visitors, parents and carers focusing on promoting good mental wellbeing and resilience, prevention and early identification.
- Improving access and reducing waiting times to CAMHS. We have a Single Point of Access, promoting an open referral system and processes to ensure that all referrals are responded to within 24 hours.
- Access to crisis and out of hours mental health services. Darlington have commissioned CAMHS crisis 8am – 10pm 7 days a week. The service responds (within 4 hours) to the needs of young people and their families who present in mental health crisis improving quality of care and patient experience, reducing Tier 4 and paediatric services the likelihood of admissions to clinical risk for vulnerable children.
- Development of the enhanced community Eating Disorders service.

### Colin Martin

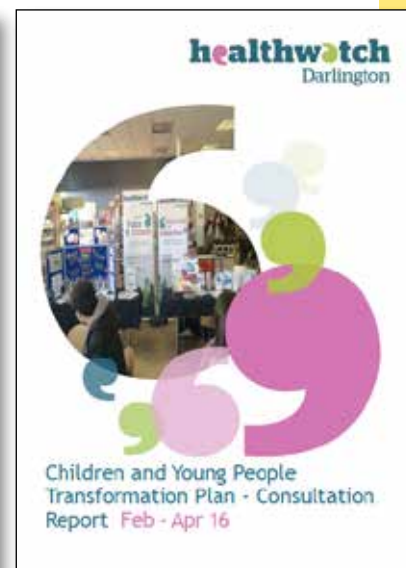
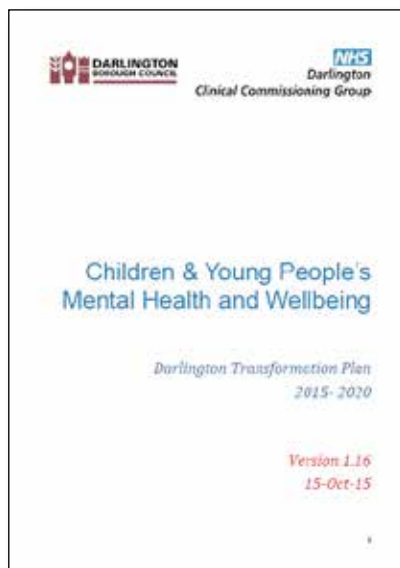
CEO of Tees, Esk & Wear Valley NHS Trust



## Future in Mind, Local Transformation Plan: Local

Following the publication of the national Future in Mind policy, there was a requirement for every local area to produce their own local plan focusing on improving access to help and support when needed and improve how children and young people's mental health services are organised, commissioned and provided.

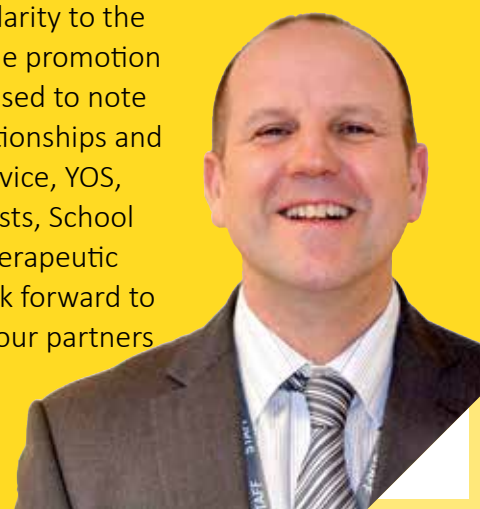
In response, the Darlington Children and Young People's Mental Health and Wellbeing Plan 2015-20 was developed; building on the foundations of previous work and being supported by a consultation and engagement exercise lead by Healthwatch Darlington.



“The ‘Future in Mind’ strategy has given renewed cohesion and clarity to the long-standing commitment of all schools in Darlington towards the promotion of positive attitudes towards adolescent mental health. I am pleased to note that schools have already established fruitful and productive relationships and partnerships with many organisations such as DISC, the Youth Service, YOS, Barnados, HealthWatch PHSE Association, Educational Psychologists, School Counselling services, CAHMS and we welcome the work of the therapeutic family workers within the Family Intervention (FIT) teams. We look forward to building upon these strong foundations and to work closely with our partners to develop the Early Help Model.”

**Dean Judson**

Headteacher, Hurworth School



# Case Study 5: Mindfulness in Schools



## Case Study 5: Mindfulness in Schools

**Two recent studies have reported benefits arising from mindfulness training in both primary and secondary school children.**

The Mindfulness in Schools programme is designed to help support participants to learn new ways of handling difficult physical sensations, feelings and moods. Mindfulness is a way of learning to relate directly to whatever is happening in your life, a way of taking charge of your life, a way of doing for yourself what no one else can do for you, consciously working with your own stress, pain, illness, and the challenges and demands of everyday life.

We are therefore looking to commission a Mindfulness programme for our schools. This will initially involve training staff who volunteer for the programme (e.g. teacher, school counsellor) to equip them with the necessary knowledge and skills to deliver a 6 – 10 week mindfulness course to pupils within their school. Each school will preferably have up to 2 staff trained.

Pre and post questionnaires with all participants will be carried out along with a training impact assessment with delegates 3 and 6 months post training. Further impact evaluation will be carried out with CYP in schools where staff have accessed the training.

## Case Study 6: Youth Mental Health First Aid Training

**During November 2016 four Youth Mental Health First Aid (MHFA) training courses were delivered in Darlington for staff working with children and young people. This resulted in a total of 64 staff who became fully trained mental health first aiders and who worked with children both in school and community settings.**

The courses were fully funded as part of the NHS England budget to implement the children's mental health strategy: Future In Mind and jointly commissioned by Darlington Local Authority and NHS Darlington.

The youth MHFA course is an internationally recognised course designed specifically for those people that teach, work, live with or care for young people aged 8 to 18 years. The course aims to provide information, tools and techniques to promote a young person's mental and emotional wellbeing. It also teaches practical skills to support a young person who might be experiencing mental and emotional distress. It is run over 2 days and comprises of four modules:

- What is mental health?
- Depression and anxiety
- Suicide and psychosis
- Self-harm and eating disorders

Within each section there is clear focus on the issues faced by young people today, including bullying/ cyber bullying and substance misuse. The course also teaches the importance of promoting wellbeing and protective factors.

The course also goes a long way to giving mental health parity of esteem with physical health by recognising the need for first aiders in the same way. This therefore tackles the stigma associated with poor mental health alongside providing practical skills to help children and young people.

### Evaluation Results

The evaluation consisted of a pre and post course questionnaire and also a 3 month follow-up to assess if the training had been put into practice. Participants were asked to make a pledge at the end of the 2 day course which will be followed up by the trainer in 3 months to assess implemented changes. A further 6 month follow up will be done with any exemplar schools/individuals that are identified at the 3 month stage.



# Appendix 1: Health Profile for Darlington

Annually, Public Health England publishes health profiles for every Local Authority across the country. Below are the key headlines from the latest health profile published in September 2016.

## 1. Deprivation

Darlington has a similar proportion of population in the most affluent national quintile and a higher proportion of population in the most deprived national quintile.

## 2. Inequalities in life expectancy at birth

The size of the gap in life expectancy between the richest and the poorest people in Darlington is:

- 11.8 years for men
- 9.4 years for women

## 3. Inequalities in premature deaths (under age 75 years)

### Trend over time in premature death rate

- The local rate is reducing but is still higher than England both for men and women.
- Inequalities in premature death rate
- The gap is narrowing between Darlington and England both for men and women.
- The gap is narrowing between the poorest and richest groups in Darlington for women but not for men.
- Death rates are higher for men than women.



## 4. Overview of routinely available annual indicators

When compared with the other local authorities in Tees Valley in 2016, Darlington has:

- The lowest number of red indicators (12).
- The highest number of amber indicators (10) making it the most similar local district to England.

## 5. Priorities to reduce inequalities in health and wellbeing

To continue to reduce inequalities in health between Darlington and England, attention needs to focus on indicators that reflect risks to health and wellbeing that are consistently significantly worse locally than in England:

### a) Employment and regeneration

- Deprivation
- Long-term unemployment

### b) Maternal and child health

- Smoking status of mothers during pregnancy
- Breastfeeding initiation at birth

### c) Adult nutrition and misuse of alcohol and drugs

- Poor adult nutrition (and the implications for higher rates of obesity, diabetes and blood pressure)
- Hospitalisation for harm caused by excess alcohol consumption
- Drug misuse

### d) Mental health

- Hospitalisation for self-harm

## Best Start in Life

My recommendation	Actions in 2015-16
<p><b>Focus stop smoking support via the Baby Clear programme to reduce rates of smoking in pregnancy.</b></p>	<ul style="list-style-type: none"> <li>• Maternity services were provided with training and access to Nicotine Replacement Therapy to help women stop smoking during pregnancy.</li> <li>• Women recorded as smoking at time of delivery in Darlington has steadily reduced and is now at 14.8%. This is still higher than the average for England however it is now lower than the average for NE local authorities.</li> <li>• Stop smoking support Health Needs Assessment (HNA) undertaken which recommended that sustainable and evidenced based support for pregnant women was available.</li> <li>• Following a national report on still births a recommendation was made to the Clinical Commissioning Group (CCG) that a performance / incentive target (CQUIN) related to stop smoking support in pregnancy would be an effective action.</li> </ul>
<p><b>Share Key Lines of Enquiry (KLOEs) about child obesity with partners across sectors.</b></p>	<ul style="list-style-type: none"> <li>• The Director of Public Health supported Health and Partnership Scrutiny in undertaking a review of Obesity services.</li> <li>• Darlington is taking a, 'whole systems approach' to tackling obesity by working together to address the obesogenic environment; environments that encourage people to eat unhealthily and do not promote physical activity.</li> <li>• A Darlington Action Plan is to be collaboratively produced following the recent publication of the national childhood obesity strategy.</li> <li>• Regional work with PHE and the obesity leads across NE is being done to ensure consistent messages are provided around sugar reduction.</li> <li>• The proportion of children in Reception year who were measured as being overweight or obese in Darlington schools was 23.3% for the academic year 14/15. This is statistically similar to the England and NE regional average.</li> <li>• In Year 6 children, the proportion who are measured as overweight or obese in 14/15 was 34.5%. This is similar to the England and North East averages.</li> </ul>

# recommendations in 2014-15

<b>My recommendation</b>	<b>Actions in 2015-16</b>
<b>Develop an Oral Health Strategy as part of a Tees Valley wide approach</b>	<ul style="list-style-type: none"><li>• The Oral Health Survey for 2015/16 focused on children and young people. This showed significant levels of poor dental health and dental decay in children and young people in Darlington with only 64.6% of children under 5 years being free from dental decay. This is significantly worse than England which shows 75.2% being free from dental decay. This information has been used to inform the development of the new 0-19 Healthy Child Service in Darlington with a focus not only on breastfeeding as part of primary prevention but specific outcomes for dental health promotion. Registration with a local dentist at an early age is included in the performance management framework.</li></ul>
<b>In partnership design and 'test' a 0-19 years pathway for health and wellbeing for children and young people.</b>	<ul style="list-style-type: none"><li>• Following a procurement process a 0-19 service was commissioned to deliver the Healthy Child Pathway in Darlington. A contract was awarded to a new provider to deliver the Healthy Child Service in Darlington which is known as "Growing Healthy in Darlington"</li></ul>
<b>Share Key Lines of Enquiry about self-harm with partners across sectors.</b> <b>Explore a mental health resilience model with the Children and Young People Collective.</b>	<ul style="list-style-type: none"><li>• A report examining the hospital admissions relating to self-harm was taken to Prevention from Harm Group, a sub group of the Local Safeguarding Children's Board. The report informed the local Future in Mind transformation plan including many preventative and resilience building elements.</li></ul>

# Appendix 2: Action arising from my

## Health Behaviours and Prevention

My recommendation	Actions in 2015-16
<p><b>Address causes of early deaths by promoting physical activity, tackling harm caused by alcohol, tobacco control and promoting a balanced diet.</b></p>	<ul style="list-style-type: none"><li>• A Prevention Strategy was shared with NHS partners which set out the shared agenda of health improvement and the actions respective partners could take.</li><li>• A more targeted approach has been taken in addressing health behaviours through the programmes commissioned by Public Health.</li><li>• The Healthy Darlington programme has been successful in targeting children and young people through promoting the uptake of sport and physical activity as part of a healthy lifestyle message. This has included engaging with over 3000 children and young people in activities in schools and other settings within the Borough. Feedback from participants shows high levels of retention of positive health messages.</li><li>• The authority led successful multiagency campaigns targeting alcohol and tobacco including Stoptober which encourages and supports individuals to stop smoking and Dry January which promotes and supports individuals to abstain from alcohol for a month. Both these campaigns provide more opportunities to promote wider messages about the harm caused by alcohol and tobacco in the local community.</li></ul>
<p><b>The principle of mental health and emotional wellbeing should be included in all programmes for improvement.</b></p> <p><b>Additional actions include:</b></p> <p><b>Consolidate the work on suicide audits, surveillance and prevention into a Darlington Suicide Prevention Plan.</b></p> <p><b>Use the Strategic Needs Assessment to understand local health variations within the Borough and propose actions to address the differences.</b></p>	<ul style="list-style-type: none"><li>• A draft suicide prevention plan has been developed and partnerships established to ensure the plan is a multi-agency approach. including CCG and voluntary sector support.</li><li>• The Strategic Needs Assessment was refreshed in 2015/16 with further work to do in 2017.</li></ul>

## A Shared Agenda with NHS Partners

My recommendation	Actions in 2015-16
<p><b>Public Health, Darlington CCG, NHS England and member practices should work together to ensure that all patients registered with their GP have access to initiatives to improve their health needs.</b></p>	<ul style="list-style-type: none"> <li>• The sexual health service procurement was a good example of real collaboration with NHS England, Clinical Commissioning Group (CCG) and Public Health England (PHE) in terms of engagement in consultation on new model, feedback on proposed service specification and involvement in tender review process. The process ensured a pathway approach to the commissioning of sexual health services.</li> <li>• The NHS Health Check programme in Darlington was updated to incentivise targeting of specific conditions which contribute to early morbidity and mortality in Darlington. This included assessing and tackling behaviours related to smoking, alcohol consumption and physical activity with over 3400 individuals receiving an NHS Health Check in Darlington in 15/16. This resulted in 30.8% of the total eligible population receiving a NHS Health Check in Darlington by the end of 15/16, compared to 27.4% for England.</li> </ul>
<p><b>Informed by practice data, promote targeted prevention services, using practice registers as a monitoring tool for population health and health inequalities.</b></p>	<ul style="list-style-type: none"> <li>• A Health Needs Assessment was undertaken by the Public Health team around Stop Smoking services. This included practice level data with respect to prevalence of smoking and potential demand and outcomes. The Needs Assessment is being used to inform the development of a new specification for stop smoking services in Darlington for 2017.</li> </ul>
<p><b>Support NHS services to act as a focus within local communities. Primary care should be supported in this role as a contribution to integrating services and promoting healthier communities.</b></p>	<ul style="list-style-type: none"> <li>• Darlington was successful in being awarded a Healthy New Town pilot in March 2016. This is a partnership between the local authority, Darlington CCG, County Durham and Darlington Foundation Trust and a housing developer which aims to shape the future development of the Red Hall area of Darlington so that it contributes to improved health and wellbeing outcomes for local residents. This has supported the CCGs plans for the future configuration and delivery of primary care services to local communities in Darlington.</li> <li>• The Public Health team continues to support the CCG in its strategic aims including improving outcomes for those with known disease. Public Health has been part of the Cancer Services Review in Darlington which was a partnership project between the CCG and Macmillan Cancer Support charity providing specialist Public Health input into the project and support to professionals.</li> </ul>

## Health Protection and Inequalities

My recommendation	Actions in 2015-16
<p><b>Health protection risks affect some individuals and communities disproportionately resulting in poorer health. Use the measures in place, such as the local partnerships to address the inequalities in health protection eg.</b></p> <ul style="list-style-type: none"> <li>• <b>Under immunising of children</b></li> <li>• <b>Groups disproportionately affected by some sexually transmitted infections</b></li> <li>• <b>Travelling communities who have lower rates of immunisation</b></li> <li>• <b>People who are homeless, substance dependent or living in overcrowded housing are at increased risk of some infections</b></li> </ul>	<ul style="list-style-type: none"> <li>• An improved performance framework for GUM service was agreed to monitor access and uptake amongst specific groups.</li> <li>• Contraceptive service new model is focussed on targeting those at greatest risk of poorer sexual health.</li> <li>• HIV home sampling offered to facilitate earlier diagnosis and particularly amongst high risk groups.</li> <li>• Darlington continues to achieve immunisation uptake to ensure 'herd immunity' in the population. This includes key childhood immunisations for diseases such as Measles, Mumps, Rubella and Meningitis with 95.6% of children receiving Hib/Men C booster by 5 years old.</li> <li>• The uptake of seasonal influenza vaccinations in key risk groups remains comparable with England and the North East at 71.3% of over 65s receiving a vaccination in Darlington. However this is still short of the target of 75% that is required to provide maximum protection to the population.</li> </ul>
<p><b>Work closely with NHS England and PHE to improve overall uptake in screening and immunisation programmes with a focus on the most vulnerable groups. i.e. universal and targeted.</b></p>	<ul style="list-style-type: none"> <li>• Key Public Health Services that have been commissioned include requirements for providers to promote and improve access to key screening and immunisation programmes. The new Community Contraception Service will provide opportunities for women who are not registered with a GP to access cervical screening when attending for their contraceptive care.</li> </ul>

## Social Causes of Poor Health

**Last year, I also made a series of recommendations based on the need for us to work together to address some of the longer-term social causes of poor health.**

These entrenched 'wicked problems', of housing, employment, education and factors affecting social mobility can be compounded by decisions we make as policy makers and require longer term planning in order to tackle the inequalities our communities face. For this reason, I am suggesting these recommendations are 'rolled-on' each year, allowing me to continually assess our progress and impact on some of our longer term programmes of work.

## My recommendations

**The Health and Wellbeing Board should recognise the impact of the way we live our lives as individuals, as well as population health.**

**All strategies and programmes for health and wellbeing should consider their potential impact on health inequalities.**

**Support all partners to recognise that tackling health inequalities requires action on the wider, social determinants of health.**

**An asset based approach is needed, where the assets of individuals, communities and organisations are built on to improve health.**

**My recommendations will stand and are recognised as being long term as they address the wider, social determinants of health.**

- Health and Wellbeing Board has addressed a varied agenda and will develop a new Health and Wellbeing Strategy in 2017.
- A more structured approach to Health Needs Assessments and Equalities Impact assessments will be introduced in 2017 building on learning from the assessments conducted in 2015/16.

# Acknowledgements

## My thanks to all the many people who have contributed to this report including:

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