

Better Health, Fairer Health

A Strategy for 21st Century Health and Well-being in the North East of England



Foreword

The health of people living in the North East has been too poor for too long.

We are consistently top of the health league table for all the wrong reasons, partly as a legacy of heavy industry and partly because of our lifestyles.

It would be easy to accept our lot as inevitable and shrug our shoulders.

But radical improvements can be made, as we have seen from the remarkable transformation in heart disease and cancer figures for the region.

It is to the credit of Dr Singleton and his colleagues that they have taken an unrelentingly optimistic approach to what can be achieved - and I look forward to the day when the North East is the healthiest region in the country.



Nick Brown,
Minister for the North East

Nick Brown

Introduction



Dr Stephen Singleton
Regional Director of Public Health

Four months ago at St James' Park I launched a consultation on whether the North East should have an ambitious strategy for health and well-being – one that would aim to make the health of this region the best of any in the country over the next 25 years.

We received responses from all quarters, covering a broad range of public, private, voluntary and community organisations and groups, and from many individuals. The responses were overwhelmingly positive.

If, before, there were doubts about support for the principle of a regional strategy, they have been effectively dismissed.

Today we take the next step in this process with the launch of the first formal edition of our strategy. This is built upon the proposals that formed the basis of the consultation, reshaped by that exercise.

It is still an early stage and is by no means an 'end product'. It describes our direction of travel and our initial actions to move in that direction, but there is much detail still to be developed.

To this end, this first edition of the strategy identifies priorities across the key themes, but recognises the need for continuing work. The eight key themes of the consultation are now ten and comprise:

- Economy, culture and environment
- Mental health, happiness and well-being
- Tobacco
- Obesity, diet and physical activity
- Alcohol
- Prevention, fair and early treatment
- Early life
- Mature and working life
- Later life
- A good death

Some of the proposed actions within these themes were soundly endorsed, and will form our initial programme of action. Others were more controversial. Our challenge in this next phase will be to act where the appropriate actions are clear, and to build evidence and agreement on the nature of appropriate actions when they are less so.

This will be a dynamic process, and to support it, I will establish (or develop existing groups to become) Regional Advisory Groups in each of the ten key theme areas. These advisory groups will meet a minimum of twice yearly with membership and chairs drawn from across the sectors. All the responses received in the consultation have been compiled and are available from our website (see address on back cover) along with an analysis of their content and commentary where appropriate. The original consultation document will also remain on our website for future reference.

Responses to specific key areas will be used in shaping thinking by the Regional Advisory Groups, so even if this first edition of the strategy has not been modified by a particular suggestion or view, those ideas will not be lost.

The strategy as a whole will be reviewed on a three-yearly basis, but specific policy areas will be developed flexibly.

Potential new commitments arising from the consultation

Within the responses that we received in the consultation were a great variety of views, possible changes or additions to the (already significant) list of actions that had been proposed. Some of these, where there was clearly a large body of support, have been incorporated into this first edition. Others are now listed under the key themes as 'actions for development'. Since any actions proposed in individual responses would not have been subject to consultation, they require further work and will be more appropriately pursued by the Regional Advisory Groups.

Branding and strategic leadership

In taking forward regional action on health and well-being, most respondents to the consultation recognised the value of branding the office of the Regional Director of Public Health and supported action to do this, but were strongly in favour of retaining this title. Some identified the need for this brand to be associated with local Directors of Public Health and with others such as, for example, Health Trainers.

However, there was strong overall agreement that we should actively market The Regional Office of Public Health and the role of the Regional Director of Public Health as a 'brand' for health and well-being improvement and advocacy, working closely with colleagues across the region to maximise impact.

This will be done, but we have also made progress on two other key aspects of supporting infrastructure for implementation:

1. **Social Marketing** – A regional infrastructure for social marketing in health and health services, providing expert support and an administrative infrastructure for coordination is being established. This will be linked closely to the National Social Marketing Centre, which will be a partner in this collaboration.

This will formally support a network across the region of those interested and active in the use of social marketing techniques in improving health and well-being.

2. **Public Health and Well-being Research** – In December 2007 we received the wonderful news that a collaboration of the five North East Universities, supported by the NHS, Association of North East Councils, Regional Development Agency, VONNE and others had secured £5 million of national funding to establish a Public Health Centre of Research Excellence. It will be one of only five nationally, and is the only one based upon a substantial regional collaboration.

This success may be regarded as a first significant step in implementing this strategy, since the synergies across the region that made it viable are those that have informed consultation and feedback, and will form the basis of continuing progress. Evidence-based change, and our efforts to establish an evidence base where none exists, are crucial to delivering the best health to the North East.

Within the next ten years, I believe that the North East can and should become an international reference point for coherent advancement of public health and well-being.

A vision for Health and Well-being

The NHS in the North East has already published its vision:

- No barriers to health and well-being
- No avoidable deaths, injury or illness
- No avoidable suffering or pain
- No helplessness
- No unnecessary waiting or delay
- No waste
- No inequality

Many of these aims are actively pursued by this strategy and I would like to offer a simple statement of the vision for health and well-being which informs all the actions proposed.

I believe this unites us all:

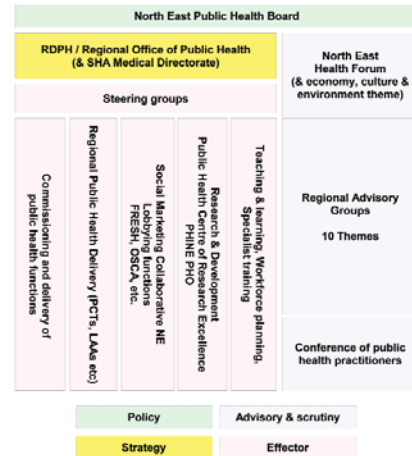
Vision: The North East will have the best and fairest health and well-being, and will be recognised for its outstanding and sustainable quality of life.

I look forward to working with all of those who have participated thus far, and those who will work with us in the future to achieve this.



Implementation and governance structures

The North East Strategy for Health and Well-being will be overseen by a Public Health Board which will be chaired by Sir Liam Donaldson, Chief Medical Officer for England and Honorary Professor of Applied Epidemiology at Newcastle University. Advice and guidance will be provided through the North East Health Forum, currently chaired by Sir Peter Carr, and this will be significantly broadened by the formal establishment of Regional Advisory Groups. Implementation will be achieved through education and training; workforce development; research, development and monitoring; specific initiatives; regional public health structures and commissioning. The Regional Office for Public Health will provide support and strategic coordination.



For expanded graphic see inside back cover

Principles for regional action

The following principles have been, and will be, used to determine actions. We will ensure that our regional commitments:

- improve health for all, achieve equal health where possible, and ensure fairness always
- add value to local and national action
- move the North East further and faster in improving health
- address fundamental causes of health and well-being and their absence
- take a long view – looking ahead by 10 to 25 years
- remain consistent over time
- prioritise action on evidence-based change
- avoid action that does not work
- actively seek evidence where it does not yet exist, supporting organisations to obtain it
- take a broad view – working with and across organisations
- where necessary, identify organisation-specific regional shortfalls in action
- deliver value for money – and avoid pursuit of diminishing returns
- are reasonable and deliverable
- are part of a sustainable future for our region

Mechanisms

The actions described throughout this strategy fall within the seven cross-cutting approaches to change at a regional level which were outlined in the consultation. These are:

- G** Governance
- R** Research and development, analysis
- S** Service redesign & funding
- A** Advertising and social marketing
- L** Lobbying activity
- Po** Policies and planning
- Pe** Performance management of services

Key themes

The following pages describe in brief bullet points the initial commitments of our strategy for health and well-being. Throughout these, the use of the pronoun 'we' may be taken to indicate the collective agencies and individuals working to promote public health in the North East, operating within the implementation and governance structure described above. Each commitment is labelled according to the specific category of mechanism within which it falls.

Economy, culture and environment

Vision: The North East environment will be the most conducive to health in the country, maximising its natural resources to the best advantage of its people, and designing its economy, buildings, spaces, transport and other infrastructure to maximise health and well-being in a sustainable fashion.

- The Regional Advisory Group for economy, culture and environment will be the Health Forum itself, augmented by specific task groups appointed to examine specific thematic areas. This group will also play a role in synthesis and oversight of all health and well-being themes, and will maintain an overview of action on inequalities and fairness.

Economy

- R** • We will support a regional debate on how value for money should be judged, and how cost-effectiveness should be defined when considering health and well-being objectives in our region.
- Po** • We will press the case that the primary purpose of the North East economy should be to improve the health and well-being of its population, and that the region's "clear and succinct set of priorities" for the forthcoming Integrated Regional Strategy should reflect this. As a consequence, we will aim to include within those priorities measures such as 'Gross Quality of Life', employment quality in terms of locus of control, social capital and employer/workplace health-improving behaviours.
- We will promote measures of regional success to facilitate prioritisation of health and well-being.
- We will develop health and well-being criteria to be used in assessing regional economic and structural developments.

Regional research and development

- R** • We will integrate public sector health and well-being research and development with regional needs, so that we pursue a common agenda across organisations.
- As part of the forthcoming Integrated Regional Strategy for the North East, we will work with the region's universities and the NHS to help develop a single, collaborative strategy to achieve world-class health and health care research status for the North East.

Health care research in the region

- R** • We will work at least to double NHS North East's share of national health and health care-related R&D investment over the next five years.
- Since involvement in clinical studies improves clinical standards, such involvement will become available to all patients in all health care facilities in the region. With NHS chief executives in the region we will set standards to ensure that this becomes the case.
- S** • We will establish a collective, annually renewable, contract to specify regional research work geared to public health delivery needs. This will be a formal commissioning agreement comprising an infrastructural (people and support) and activity (specific projects) element based on full economic costing.

Buildings, warmth and energy efficiency

- S** • As part of the Annual Winter Health Protection Plan for the Region (see Later life theme) we will promote far more actively the uptake of Warm Front and other insulation schemes across the region.
- Pe** • In collaboration with key partner agencies we will set targets for uptake of Warm Front and other such grants.

Economy, culture and environment



Energy

Po

- We will work with regional partners to establish regional energy goals, related to the alleviation of fuel poverty, reduction of inequalities in health and wealth and minimisation of excess winter deaths.
- We will aim to set a goal over several decades, as technologies and their efficiency improve, to achieve the lowest possible energy-dependence and greatest energy-independence for households in the North East, seeking to place health and well-being of individuals at the heart of policies for regional sustainability.

Pe

- We will work to agree targets for our region to have the warmest homes with lowest energy consumption.

A physically active environment

S

- The North East will effect the most rapid implementation of NICE guidance on physical activity and the environment.
- We will establish a collaboration to support and fund the governing bodies of all the region's schools in improving their play areas and in other design activities that will increase physical activity.

Po

- We will develop a regional policy for increasing access to casual opportunities for non-school based, safe, supervised play and develop an approach to returning 'domestic' streets to their former use as communal areas and not merely thoroughfares.
- We will work to ensure that regional strategies incorporate standards and targets for creating supervised play space, including domiciliary road usage.
- We will work to ensure that regional strategies specify that all new buildings should be constructed with prominence and preference given to design aspects that will favour, without detriment to disabled access, physical activity among those able to benefit.

Transport

L

- We will lobby for cycle lanes to be given 'double yellow line' status to prevent their obstruction by parked vehicles; and for the norm in road building within the region to be the development of separate cycle lanes alongside motor vehicle provision.

Po

- We will work to establish measures for assessing cost-effectiveness of road and traffic schemes that allocate values in accordance with health and well-being objectives, removing the current tilt toward car usage in assessments. We will lobby for these considerations to be built into national decision-making.
- We will address the ways in which costs and benefits of new traffic schemes and other urban design issues are calculated to remove biases and perverse incentives that obstruct shifting priority to walking, cycling and public transport.

Pe

- We will develop regional targets to increase walking, cycling and use of public transport, and will work to ensure that within the forthcoming Integrated Regional Strategy high priority is given to developments that increase these modes and discourage car usage.

- *Potential areas of action for RAG consideration: Pollution – Climate change – Green spaces – Natural environment – Extension of Darlington's experience and expertise in transport modal shift – Reconciling business and economic expansion with a healthier environment – Regional Employability Framework*

Mental health, happiness and well-being

Vision: The North East will have the most favourable measures of mental health and happiness in the country.

- G** • We will establish a Regional Advisory Group for Mental Health, Happiness and Well-being.
 - S** • Sufferers of poor mental health will have access to individually funded physical activity support.
 - We will provide access to bereavement counselling and support to all who need it.
 - We will provide support for parenting and specified best practice in relation to prevention, recognition and response to post-natal depression.
 - A** • We will undertake media campaigns to promote recognition of depression and suicide risk, and will establish routes of action for concerned 'recognisers' of such problems.
 - Po** • We will work to ensure that all Local Strategic Partnerships in the region have a clear focus on social capital in their Community Strategies, together with policies for maximising this.
 - We will develop within the North East a clear focus on valuing and improving individual mental health that will inform all strategic and policy decisions.
 - Pe** • Measures and targets of 'Gross Quality of Life', Locus of Control, Social Capital, and Workplace Health-Improving Behaviours will be established for the region.
 - We will establish formal agreements between Local Strategic Partnerships and regional bodies identifying appropriate shared funding for agreed collective goals for health and well-being.
 - We will develop appropriate measures to allow publication of an annual regional progress report on social capital in the North East.
-
- *Potential areas of action for RAG consideration: How best to improve social inclusion? – What should be done about accommodation needs? – Physical health needs of mental health sufferers – Needs of migrants and asylum seekers – Action to support carers – Availability of talking therapies – Appropriate funding rates – Specific issues in early and later life – Linkage to worklessness action – Stigma reduction*



Tobacco

Vision: The North East will reduce its overall smoking prevalence to the lowest in the country and will narrow the gap in smoking prevalence between social groups.

- G** • The Regional Advisory Group for Tobacco Control will be the Steering Group of FRESH: Smokefree North East.
- R** • We will undertake research on reducing the supply of smuggled and counterfeit tobacco products.
- We will study and assess the added value of regional tobacco campaigns.
- S** • Regional activity will continue to be coordinated by FRESH: Smoke-free North East.
- We will establish regional standards for quantity and quality levels of Stop Smoking Service provision that require the less well performing areas to increase their activity to match those achieved by the best, and to continue improvement in all services to ensure that those in the North East continue to be the most effective in the country.
- A** • We will publicise and reinforce the messages behind recent legislation on smoking to maximise and maintain its benefits.
- We will undertake a broader marketing campaign to highlight the dangers to babies of smoking during and after pregnancy.
- L** • We will lobby and campaign on content of cigarettes and the availability of tobacco for other uses such as chewing.
- We will lobby to ensure that the UK adopts Reduced Ignition Propensity (RIP) cigarettes, to reduce the risk of smoking-related fires.
- We will lobby for emphasis through the Quality Outcomes Framework on recording smoking status.
- Po** • We will establish a regional smoking prevalence target – aiming for an overall regional prevalence of no more than 23% by the end of 2010, of 20% or a level below the national average by 2015 and an absolute level of only 10% by 2032. These targets will be measured against registration of smoking status by GPs in their practice registers, with an appropriate region-wide quality control standard for registration.
- We will collate on a six-monthly basis statistics on smoking in pregnancy in the region.
- We will establish a regional target for reduction of lung cancer deaths as a long-term indicator of progress on tobacco.
- Pe** • We will formally assess regional smoking action to test for added value over and above implementation elsewhere in the country.
- We will report specifically on rates of smoking in pregnancy and progress to reduce these.



- *Potential areas of action for RAG consideration: Age-specific targets – Identifying reasons for the excess of female smoking in the North East*

Obesity, diet and physical activity

Vision: The North East will curtail its increase in average body mass index and increase the proportion of people whose weight is within safe limits, eradicating the differential between social groups.

The North East population will be the most physically active in the country, both in its activities of daily living and in its recreational choices. The support available for individuals to alter their activity levels will be clearly and fairly defined and will be provided according to individual need.

Note: *With regard to action on diet and physical activity modification we will distinguish two major categories of our population:*

- o *Current risk: those who have signs, symptoms, established risk factors or manifest disease which may be altered by activity-based changes*
- o *Future risk: those who do not have those characteristics*

G

- We will establish a Regional Advisory Group for Obesity, Diet and Physical Activity in conjunction with regional specialists and agencies, voluntary and community sector organisations and key businesses in food supply. This group will look both at the service needs of current risk individuals and will liaise closely with the RAG for Economy, Culture and Environment on environmental design and other policies.



S

- We will establish comprehensive, integrated, community-based obesity treatment and support services. These will be supported by a regionally agreed specification of best practice.
- An infrastructure across the region will be established to support family interventions for seriously obese children and families, together with a clear specification of best practice in delivering these.
- Access to bariatric surgery, orlistat and sibutramine will be greater than the national rates of uptake of those treatments, exceeding the proportional excess of obesity and overweight within our region.
- For current risk individuals we will establish a formal referral system for individuals from the NHS to registered, licensed, performance-monitored deliverers of evidence-based and cost-effective 'lifestyle alteration packages of care' across the public, private and voluntary and community sectors, setting in place an appropriate, accompanying per-patient payment by the NHS to those providers.
- We will broaden rehabilitation services to establish an entitlement to access across a range of conditions including psychiatric illness, chronic angina, post-cardiac surgery, diabetes and glucose intolerance, peripheral vascular disease, chronic obstructive airways disease, asthma, stroke and hypertension. Entitlement will be determined on the basis of our strategic principles.

Obesity, diet and physical activity

- S** • For the general population of future risk individuals we will sustain across the public, private, voluntary and community sectors a formal network of health trainers to assist individuals and groups in improving their health related behaviours. At present Health Trainers are predominantly employed by the NHS, but it is rational both that the future base of these workers should be much more diverse, and that NHS funding should be concentrated on current risk individuals. Future recruitment of health trainers will focus on local authorities and other sectors, with training and network support provided by the NHS to assure an appropriate level of health competence.
- We will work with all public sector bodies to develop personnel and estate plans for increasing physical activity, to include promotion of walking, cycling and public transport as the normal mode of travel, with advice, support and financial incentives to discourage car usage, and targeted behavioural change support.
- A** • In conjunction with the proposed social marketing campaign relating to smoking and pregnancy, we will conduct similar work to influence pre-conceptual diet and diet during pregnancy.
- L** • We will undertake specific and funded lobbying of MPs, MEPs, ministers, commissioners and the Food Standards Agency regarding: alterations to food content, limitation of portion sizes, consistent labelling, and promotion of food to children.
- Po** • Our principal way of influencing the lifestyles of the future risk group will be through a programme of interagency work to design physical activity into the environment.
- Pe** • We will monitor and report upon entitlement and access to rehabilitation support.



- *Potential areas of action for RAG consideration: Malnutrition – Folate supplementation – Potential workplace-based interventions – Value of cooking skills training – Action on trans-fats – The role of access to food in different communities – Quality of nutrition in care environments – Appropriate actions on diet in pregnancy – What determines long-term changes in physical activity – How to engage disenfranchised groups and individuals*

Alcohol

Vision: The North East will enjoy a culture and environment conducive to safe drinking. Its services for problem drinkers will be the best and most effective available.

- S** • We will establish a regional Office for the Safe Consumption of Alcohol to coordinate social marketing, lobbying and collective action in relation to alcohol for the North East.
- G** • The Regional Advisory Group for Alcohol will be the steering group of the regional Office for Safe Consumption of Alcohol.
- S** • We will develop comprehensive, integrated, alcohol treatment and support services, supported by a regionally agreed specification of best practice.
- We will expand services to deliver ready availability of brief interventions to reduce alcohol abuse in all parts of the region.
- By 2010, the North East should have the highest per capita availability of brief interventions in the country.
- A** • Through social marketing approaches we will build the conceptual link between alcohol and domestic or public violence. Our aim will be to establish strongly in the perception of the region's population the importance of that connection as part of a broader understanding that alcohol is not merely a choice of your own poison, but also a poison that damages those around you (secondary harm).
- In the longer term we will aim to build public antipathy to drunkenness, to promote an image of it as being both unhealthy and uncool.
- L** • The Office will lobby for an increase in taxation on alcohol, particularly to reduce excess usage.
- The Office will lobby for greater regulation of alcohol outlets and restrictions on cut-price sales.
- Pe** • The Office will report, on a local basis, levels of investment and action. In particular, it will highlight the relative provision of treatment across the region and between this region and the nation as a whole.
- The Office will publish an annual report about consumption of alcohol in the region.



- *Potential areas of action for RAG consideration: Promoting a non-bingeing economy – Lobbying for restrictions on prices of water and soft drinks when sold alongside alcohol – White van sales – Targets and standards for longer-term interventions*

Prevention, fair and early treatment

Vision: The North East will have the best preventive services. These and treatment services will be distributed fairly and geared to reducing inequalities in health and well-being. Individuals will receive the information and help needed to recognise health problems and act as early as possible.

G

- NHS North East will establish a Regional Advisory Group for Prevention, Fair and Early Treatment which will guide NHS change in pursuit of public health and well-being aims.

S

- We will set a regional target ahead of national action to ensure that all stroke sufferers can receive rapid, damage-limiting treatment, building on regional stroke services that are already among the best in the country.
- We will achieve rapid access to emergency treatment of stroke across the North East.
- We will achieve a level of regional preventive spend and allocation which is beyond national norms.
- We will establish the necessary education, training, and support to achieve the aim that every health service encounter should be a health-promoting encounter.

A

- We will undertake a sustained social marketing campaign to promote cancer awareness in the North East. This will focus upon those cancers for which there is evidence of poorer outcomes as a result of late presentation to health care services.

Pe

- We will undertake a sustained campaign to raise stroke awareness and develop public understanding of symptoms and appropriate responses.
- With the North East Cancer Registry we will develop an indicator of average stage at diagnosis of cancer for patients presenting in the North East and elsewhere, against which we can measure progress in improving early presentation.
- We will establish a measure both of regional preventive spend (in line with Health England recommendations) and of the cross-agency health and well-being revenue spend.
- We will establish regional targets for preventive spend and for overall spend on health and well-being across agencies in excess of proportional targets set nationally, reflecting the worse health of the region and the greater need for investment in preventative action.
- We will aim to establish agreed norms for the proportion of health care spend that should be devoted to programmes in each area of the region and publicise and report on these on an annual basis.



- *Potential areas of action for RAG consideration: Oral health and health services – Chronic Fatigue Syndrome – Sexual health – Podiatry – Eye tests – Psychosis – Carers*

Early life

Vision: The North East will be the safest and best place to be born and to experience early life.



- G** • Together with children's agencies, providers and carers, and with the participation of children and young people within the region, we will establish a Regional Advisory Board for Early Life.
- The Early Life RAG will be take a view of action within all theme areas to ensure that the specific needs of children are being appropriately addressed and will identify key actions in the role of preconception and antenatal care in lifelong health.
- S** • We will support and develop the work of the Regional Child Poverty Steering Group in early delivery of the national target of abolishing child poverty.
- R** • We will identify and implement the most effective interventions for preventing uptake of smoking in children and young people.
- Through the new Public Health Centre of Research Excellence we will identify and implement the most effective interventions for preventing alcohol abuse in children and young people.
- S** • Health services will primarily support the academic curriculum and the ability of children to learn. Using the curriculum as a means of delivering health messages will be a secondary consideration.
- A** • We will extend successful social marketing approaches to the promotion of breastfeeding across the region.
- A key strand of cross-agency social marketing in the North East will be to build aspirations and expectations of our children's potential.
- We will support and further develop social marketing and campaigning approaches to mental health promotion in children to recognise mental illness and alleviate stigma.
- We will campaign to increase awareness of the importance of emotional well-being and improve the skills of young people to help each other and access services.
- Po** • We will aim to become the region with the greatest educational attainment, and the fewest possible left behind. We will work to ensure that improving educational attainment is seen by all public sector organisations as a shared goal. In particular, the engagement of health services with education should pursue a primary goal of assisting all children to achieve their personal, academic and skills potential.

- *Potential areas of action for RAG consideration: Substance abuse – Emotional health – Accident prevention – Sexual health – Specific support to schools – Problems related to transitions (home to school, school to work etc) – Contraception and unwanted pregnancy – Self-esteem – Mental health needs of children and adolescents – Breastfeeding*

Mature and working life

Vision: The North East will achieve the best possible balance of life and work. Public policy decisions will be designed to achieve maximum benefit to the health and well-being of the population.

- G** • Together with the Regional Development Agency, TUC, Chambers of Commerce, major employers and other representative bodies we will establish a Regional Advisory Group for Health and Well-being in Working Life.
- R** • We will support research into the most effective approaches to combating worklessness.
- S** • We will develop regional policies for appropriate and full access to benefits for those in need.
- S** • We will develop a coherent approach to the promotion and support of health and well-being in the workplace.
- S** • We will develop new services to support victims of domestic violence.
- A** • We will undertake a sustained campaign and programme of professional education to increase recognition of domestic violence, coupled with a cross-agency funded programme of evidence-based preventive interventions.
- Po** • We will develop policies to support and sustain health and well-being during transitions to and from work.

• *Potential areas of action for RAG consideration: Sexual health – Accidents – Environmental exposures – Prisoners' health - Migrant and asylum seekers' health – Impacts of lifelong education*



Later life

Vision: The North East will be the safest, healthiest and happiest place to grow old.

G

- Together with voluntary and community sector organisations, service commissioners and providers for older people, we will establish a Regional Advisory Group for Later Life.

R

- We will work to further develop the growing regional academic base for tackling the problems of ageing, with the intention of consolidating the North East as a world leader in this field.

S

- We will develop an interagency annual Winter Health Protection plan. This will address personal protection against cold; campaigns to be conducted; actions to alert behaviour change in cold snaps; support further action on insulation and housing design and further promote access to relevant benefits.

A

- We will achieve maximum appropriate immunisation uptake among older people.
- We will explore the possibility of social marketing to alter perceptions of old age within the region.

Pe

- We will establish regional targets for uptake of Warm Front Grants and for winter health protection.
- We will measure and report upon local progress towards the abolition of excess winter deaths.



- *Potential areas of action for RAG consideration: Measures to increase independence, choice and control – Grandparenting – Increasing the civic role of older people*

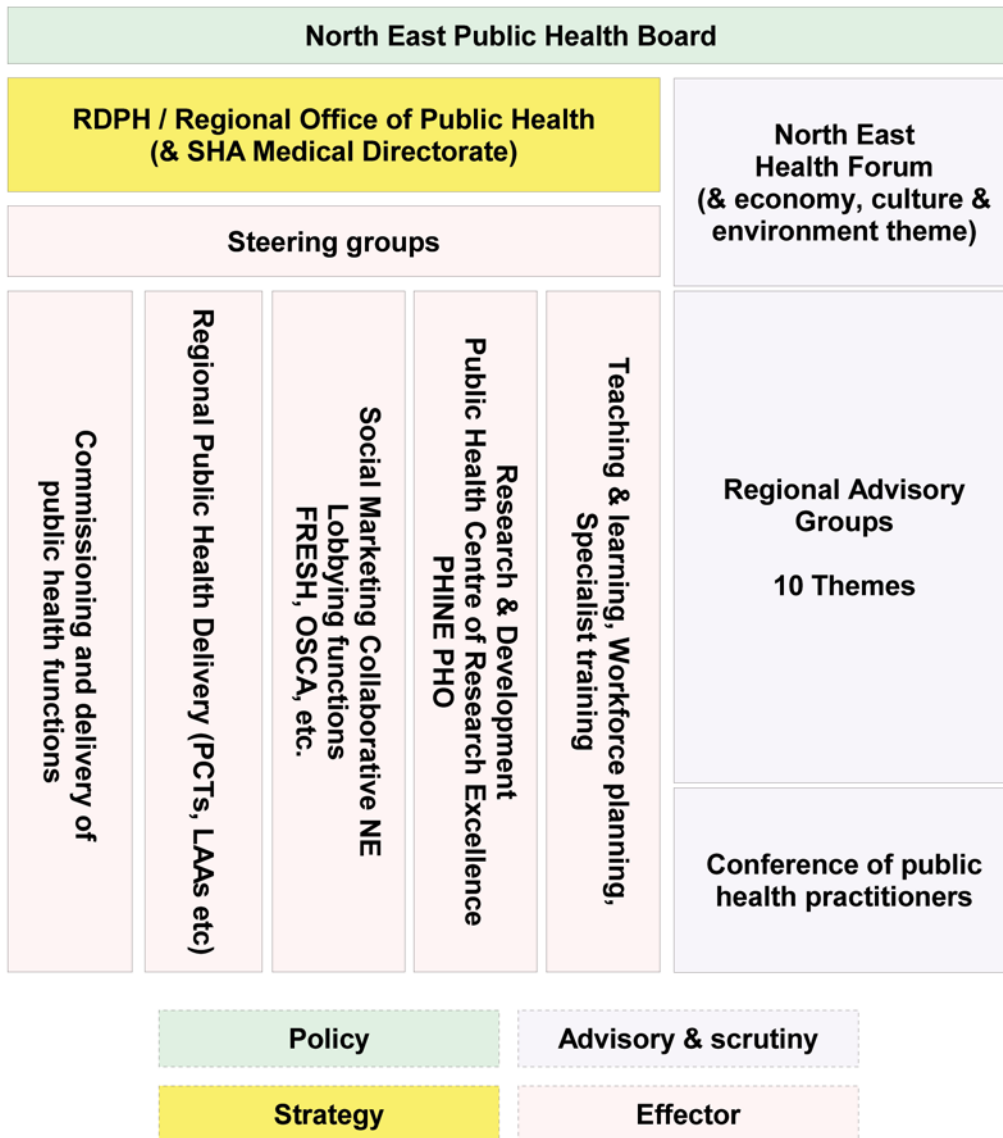
A good death

Vision: The North East will have the highest quality services to support individuals (along with their families and carers) in their choices as they approach death. By a good death we mean one which is free of pain, with family and friends nearby, with dignity and in the place of one's choosing.

- G** • Together with existing networks, hospice services, providers of terminal care, NHS commissioners, lay carers and patients, we will establish a Regional Advisory Group for Achieving a Good Death. This group will consider the needs of individuals of all ages, and will oversee implementation of the national strategy for end of life care.
 - S** • We will establish an agreement between health and social care providers specifying the level of public sector funding that should be regarded as appropriate in support of terminal care services.
 - We will establish standards and expectations of training and education for those who deal with end of life and bereavement issues.
 - The charter will define entitlement to bereavement support/counselling available to all who need it especially following anniversary of loss and other significant dates, forming a key component in safeguarding mental health for this very vulnerable group.
 - Po** • We will establish a charter for end of life care, with a statement of the rights and entitlements that should be honoured both for the individual preparing for death, and for their carers and families. This should relate not only to medical and nursing care, but to the behaviours of all agencies and sectors who deal with these issues.
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- *Potential areas of action for RAG consideration: Implementing Darzi NHS Review of End of Life Care – Clarifying social and health contributions – New models for professional teams – Guiding the implementation of the Craft/Killen Report on Palliative Care Services for Children and Young People in England*



Implementation and governance structures



Public Health North East
Government Office for the North East
7th Floor, Citygate
Gallowgate
Newcastle upon Tyne
NE1 4WH

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A copy of this document and a larger print version are available in the public health section of the Government Office for the North East website: www.go-ne.gov.uk
Different language versions, including braille, can be supplied on request.