

Consultation: Joint Health and Wellbeing Strategy 2020-24

Priorities on a page

The Stoke-on-Trent Joint Health and Wellbeing Board would like to hear your views on the priorities it has identified for the Joint Health and Wellbeing Strategy 2020-2024.

The board wants our city to be a healthy and caring city which supports its citizens to live more fulfilling, independent and healthy lives. The board's Joint Health and Wellbeing Strategy sets the vision for the leadership and delivery of local public services. It will determine the actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing, such as housing, transport, environment and the economy.

The Joint Health and Wellbeing Strategy will recognise and support those who are most vulnerable. It will help us work towards being a caring city where children enjoy the best start in life and everyone lives more fulfilling, independent and healthy lives.

The Joint Health and Wellbeing Strategy will support people to live with fair access to high quality, integrated health and social care services when they need them. The strategy aims to improve the health and wellbeing of the local community and reduce inequalities for all ages. It will also help and encourage people into work, and to help them be healthy when they are in work, leading to a healthier working population and lower absenteeism.

The Joint Health and Wellbeing Board has identified ten priorities for its new strategy. These are grouped into four key themes aligned to the life course and wider determinants of health. Most of the priorities cover lots of things so for each we have identified objectives to focus on during 2020-2024. We have also outlined why each has been identified as a priority and provided examples of the outcomes and measures to help us identify if progress is being made.

Now we want you to have your say on the key priorities for the coming years. Have we got them right? Are the measures the right things to count? How would you like to contribute? This strategy is for the whole city to work together on behalf of our residents.

Please read this 'priorities on a page' document. Share it, discuss it, but most importantly, let us have your views and comments. You can do this by **completing our brief online survey by Thursday 12 November.**

For more information about the Joint health and Wellbeing Board visit [Stoke-on-Line](#)

Diane Thompson

Stoke-on-Trent Joint Health and Wellbeing Board, Independent Chair

Overview of priorities

Themes	Priorities	Objectives
Start well	Getting the best start in life	<ul style="list-style-type: none"> • Reduce infant mortality • Children meet their early development milestones • Supporting parents
Start well	Developing well into adulthood	<ul style="list-style-type: none"> • Adolescence and transition to adulthood • Reduce teenage pregnancy
Live well	Promoting good physical health	<ul style="list-style-type: none"> • Reduce obesity • Reduce smoking • Increase physical activity • Reduce drug and alcohol misuse
Live well	Promoting good mental health	<ul style="list-style-type: none"> • Increase mental health awareness • Improve wellbeing • Improve access to mental health services
Live well	Supporting people to maintain independence	<ul style="list-style-type: none"> • Older people have access to a safe and secure home • Carers are recognised, valued and supported • Young people with additional needs receive the information and support they need to develop and maintain independence
Age well	Living well into old age	<ul style="list-style-type: none"> • Older people have a voice in the design and delivery of services related to ageing • Plan for frailty on a continuum • Supporting people with dementia to live well
Age well	Providing the best end of life care	<ul style="list-style-type: none"> • Coordinated end of life planning • Personalised clinical care in emergency medical situations • Proactive, personalised care for residents in care homes
Healthy city	Building strong communities	<ul style="list-style-type: none"> • Improve community safety • Improve community cohesion • Community development
Healthy city	Living in a healthy home and environment	<ul style="list-style-type: none"> • People live healthily in good quality and safe homes • Prevent and reduce homelessness • Increase use of greenspace
Healthy city	Supporting sustainable employment, skills and local economy	<ul style="list-style-type: none"> • Increase employment, particularly youth employment • Increase numbers of apprenticeships and work based learning • Increase the number of higher skilled jobs, raising skill levels and productivity amongst the city's workforce

How we will work

- Apply an asset based approach – using strengths and providing support that stems demand
- Ensure robust system delivery with accountability and strong partnership relationships
- Focus on prevention and early intervention to address the causes of poor health and wellbeing
- Routinely engage people and communities
- Understand and address inequalities
- Utilise new and integrated approaches to deliver change across the system

Priority		Getting the best start in life	
Why it is a priority	We need to focus on the first years of life to improve long-term life chances of local children and help them fulfil their potential		
Evidence	Children aged 0-5 years in Stoke-on-Trent have significant challenges to their health and wellbeing. The city has had one of the highest birth rates in England and Wales in recent years and local babies had a low birthweight. The infant mortality rate is the second highest in the country and almost twice as high as the average for England. Despite the proportion of women smoking during pregnancy being the lowest it has been in nearly a decade, figures remain above the national average (17.6% vs 10.6%).		
Factors	Giving every child the best start in life is crucial for securing health and reducing health inequalities across the life course. The first 1,000 days of life, from conception to age 2, is a critical phase during which the foundations of a child's development are laid – physical, intellectual and emotional. What happens in these early days has life-long effects on many aspects of health and wellbeing and life chances including educational achievement, progress at work and physical and mental health.		
Wider determinants	Children growing up in Stoke-on-Trent have to overcome more economic problems and barriers than those in most other parts of the country. Higher levels of poverty create serious difficulties for families and put those children at a great disadvantage. Families already at risk of poorer outcomes have suffered the most during the Covid-19 pandemic – those with lower incomes; from Black, Asian and minority ethnic communities; and young parents.		

Objectives	Reduce infant mortality	Children meet their early development milestones	Supporting parents
Outcomes (examples include)	<ul style="list-style-type: none"> • Improve the rates of initiation and continuation of breastfeeding • Parents feel able to parent well and confidently • Reduced still births and deaths in infants before their first birthday 	<ul style="list-style-type: none"> • Improved integration of pathways across early years landscape • Improved parental understanding of development milestones • Children are able to access learning and development opportunities 	<ul style="list-style-type: none"> • Parents are able to access the right support at the right time • Parents are equipped to give their child the best start in life • Parents views shape early help and support
Measures (examples include)	<ul style="list-style-type: none"> • Number of babies born with low birth weight • Reduce demand for emergency mental health support • Levels of smoking in pregnancy • Breastfeeding rates at 6 weeks 	<ul style="list-style-type: none"> • Ages and Stages Questionnaire (ASQ) 3 outcomes • Achievement against the national benchmark for school readiness 	<ul style="list-style-type: none"> • Increase the range of preventative and early help services available to meet the needs of parents • Engagement in 'coping with crying' • Engagement in perinatal mental health support
Enablers	Children and Young People's Strategic Partnership Board and the Early Help and Prevention Board	Children and Young People's Strategic Partnership Board and the Early Help and Prevention Board	Children and Young People's Strategic Partnership Board and the Early Help and Prevention Board

Priority	Developing well into adulthood
Why it is a priority	We want to empower young people to make good choices and ensure they receive the right support to achieve good physical, mental and emotional wellbeing.
Evidence	Children in the city are more likely to be admitted to hospital for a range of health problems, including controllable long-term conditions and injuries. They are more likely to experience mental health and emotional wellbeing problems; increasing numbers of children are overweight or obese; not enough young people are fulfilling their educational potential; and are more likely to be involved in the Youth Justice System than children in the rest of England. The numbers of teenage conceptions more than halved between 2009 and 2018/19 but the rate in the city remains significantly higher than the national average.
Factors	Young people experience significant physical, psychological and behavioural changes as they progress to adulthood – it is a critical period for their mental health and wellbeing. Appropriate and timely support at this point in a child’s life can prevent problems from escalating and continuing into adulthood. One in seven 11 to 16-year olds have a diagnosable mental health disorder and over half of all mental health problems are established by age 14 and 75% by age 24. Many teenage mothers struggle to raise their child, are less likely to finish education and more likely to live in poverty and experience worse physical and mental health than older mothers. Health and social outcomes for children of teenage parents are often poorer.
Wider determinants	Particular groups of children are more likely to experience poor outcomes linked, for example, to gender, socioeconomic status, ethnicity, disability, sexual orientation, being a young carer, a looked after child or being in the youth justice system. Local young people have to overcome more economic problems and barriers than those in most other parts of the country, with higher levels of poverty creating serious difficulties for families and putting children at a great disadvantage.

Objectives	Prevent serious mental health difficulties amongst teenagers	Reduce teenage pregnancy
Outcomes (examples include)	<ul style="list-style-type: none"> • Young people adopt healthy lifestyles • All children 8 – 18 can access positive social activities • Fewer young people engaged in crime and anti-social behaviour 	<ul style="list-style-type: none"> • Reduction in teenage pregnancy rates • Improved mental health of teenage parents • Improve access to preventative and early help services available to meet the needs of teenage parents
Measures (examples include)	<ul style="list-style-type: none"> • Number accessing positive social activities • Number accessing emotional health advice • Rate of offending and reoffending 	<ul style="list-style-type: none"> • Number of teenage pregnancies • Number accessing contraception services • Number sexually transmitted diseases
Enablers	Children and Young People’s Strategic Partnership, Early Help and Prevention Partnership Board and Stoke-on-Trent Local Transformation Plan	Children and Young People’s Strategic Partnership, Early Help and Prevention Partnership Board and Stoke-on-Trent Local Transformation Plan

Priority Promoting good physical health	
Why it is a priority	Good lifestyle choices, physical activity and exercise can have immediate and long-term health benefits and improve quality of life.
Evidence	The physical health of local people is generally worse than the England average, and health inequalities exist. The prevalence of smoking in the city has increased and the mortality rate remains high. Too many children and adults are an unhealthy weight and too few adults meet recommended levels of physical activity. The city has a high proportion of fast food outlets. Drugs and alcohol misuse impacts on communities and there are high levels alcohol- related and alcohol-specific mortality and hospital admissions.
Factors	The lifestyle choices people make, such as unhealthy diet, overeating, smoking and drinking, coupled with low levels of physical activity and exercise, can impact hugely on an individual's physical health. People with higher levels of wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health. Smoking is a major risk factor for many diseases and alcohol is a causal factor in more than 60 medical conditions. Obesity is a leading cause of premature death, impacts on mental health and is a risk factor for chronic diseases. Being overweight or obese puts many children at greater risk of bullying and low self-esteem in childhood, as well as developing serious health conditions in later life. Lockdown has exacerbated food insecurity and food need; particularly among children. People who are overweight or obese who contract coronavirus are more likely to be admitted to hospital and to die compared to those of a healthy body weight. A positive impact has been seen with more people cycling, but the lasting impact remains to be seen.
Wider determinants	Lifestyle choice, ethnicity and obesity are social determinants of health and can impact on a person's physical health. The city is becoming increasingly ethnically diverse - this will likely have an impact on some long-term conditions such as diabetes and heart disease. The prevalence of obesity is highest in most deprived groups. Alcohol-related harm falls disproportionately on poorer families.

Objectives	Reduce obesity	Reduce smoking	Increase physical activity	Reduce drug and alcohol misuse
Outcomes (examples include)	<ul style="list-style-type: none"> All health, education and social care settings support healthy eating, physical activity and active travel The number of fast food outlets are restricted in key locations 	<ul style="list-style-type: none"> Improved mortality rates from smoking 	<ul style="list-style-type: none"> New health enhancing physical activity programme for priority groups. Increase cycling in the city 	<ul style="list-style-type: none"> Improved access to support services Residents feel safer in their community Reduced hospital admissions
Measures (examples include)	<ul style="list-style-type: none"> Percentage of overweight or obese children and adults Number of takeaways Participation in physical activities in schools 	<ul style="list-style-type: none"> Number of people smoking Percentage of pregnant women smoking at time of delivery 	<ul style="list-style-type: none"> Number of people accessing leisure centres Number of people using local parks for exercise Levels of physical activity 	<ul style="list-style-type: none"> Reduced numbers of people drinking at dangerous levels Reported crime and anti-social behaviour Alcohol related hospital emergency admissions
Enablers	One You Stoke Alliance and Early Help and Prevention Board	One You Stoke Alliance	One You Stoke Alliance	One You Stoke Alliance and Community Safety Partnership

Priority Promoting good mental health	
Why it is a priority	Positive mental wellbeing improves quality of life in many ways including better physical health; higher educational attainment; greater likelihood of employment; and better relationships.
Evidence	The mental health of local people is generally worse than the England average, and health inequalities exist. Children from the city are more likely to experience mental health and emotional wellbeing problems compared to data for England. Predictions indicate that by 2030 the number of people with depression will rise by 18% and the proportion of local people with dementia will increase by over one third. Hospital admission rates for self-harm among children and young adults are increasing and are almost 50% higher than the national average rate.
Factors	There is a spectrum of mental distress that must be recognised – from mild to severe. In addition to continued support for people accessing services, there will be an increased demand for mental health support as a result of the Covid19 pandemic for many reasons including: the impact of isolation, illness and bereavement from Covid-19, economic hardship as well as increased prevalence of hazardous alcohol use. Self-harm is an important indicator of mental distress and one of the most significant risk factors for suicide.
Wider determinants	Genetic factors, education, employment, unemployment, income, debt, housing, lifestyle choices and access to healthcare are examples of social determinants that impact on health and wellbeing, including mental health. Historically there is lower take-up of access to GP services from residents in black and minority ethnic communities.

Objectives	Increase mental health awareness	Improve mental wellbeing	Improve access to mental health services
Outcomes (examples include)	<ul style="list-style-type: none"> • People are aware of the link between their physical and mental health • The principles of Make Every Contact Count are embedded across the city • A mental health plan for the city 	<ul style="list-style-type: none"> • Improved mental wellbeing is promoted within families, communities, schools and workplaces • Preventative approaches to reduce the incidence of mental health disorders 	<ul style="list-style-type: none"> • Simple and timely access to support for people experiencing poor mental health across all care settings • Services delivered as the most local level
Measures (examples include)	<ul style="list-style-type: none"> • Response to citywide mental health awareness campaigns • Number of front line staff trained in Make Every Contact Count • Increase demand for preventative mental health services 	<ul style="list-style-type: none"> • Reduced pharmaceutical prescriptions • Increased referrals to social prescribing and take-up of positive activities • Number of people engaging in self-help 	<ul style="list-style-type: none"> • Increased numbers of those who require clinical intervention accessing services • Increased range interventions catering for mild to moderate and moderate to severe mental distress • Increased sustained recovery rates • Admissions to hospital relating to self-harm
Enablers	Mental Health Strategy Group Stoke-on-Trent Local Transformation Plan	Mental Health Strategy Group Stoke-on-Trent Local Transformation Plan	Mental Health Strategy Group Stoke-on-Trent Local Transformation Plan

Priority Supporting people to maintain independence	
Why it is a priority	We want to enable people to better manage their own health conditions and support them to maintain independence and wellbeing within their local communities for as long as possible.
Evidence	36% of carers in Stoke-on-Trent have a long term illness (England average 28.6%) and over a quarter (26.7%) felt they had no encouragement or support in their role (20.7% in England). Reliance on services is high and services supporting transition between childhood and adulthood, including mental health, are not as joined up as they need to be.
Factors	An estimated 26% of the UK adult population is providing unpaid care and one in five children and young people are young carers. Many carers suffer from deterioration in their health and wellbeing, financial pressures, employment restrictions, education restrictions and social isolation. Having a safe, accessible and warm home helps enable residents participate in society and provides a stable and safe environment for them to flourish. Good housing stock underpins the health of the population, impacting on nearly all aspects of our lives.
Wider determinants	Genetic factors, housing and lifestyle choices are examples of social determinants that impact a person's ability to maintain independence. Employment/income opportunities are an issue for sandwich carers (those caring for children and parents) and, for those who have reduced or given up work to care.

Objectives	People feel safe, secure and maintain their independence within their home	Carers are recognised, valued and supported	Young people with additional needs receive the information and support they need to develop and maintain independence e.g. learning disability, CAMHS, leaving care
Outcomes (examples include)	<ul style="list-style-type: none"> Homes are adapted to prevent the incidence of slips, trips and falls. Improved health and wellbeing A strength based approach to health and social care 	<ul style="list-style-type: none"> Carers of all ages are identified Carers receive advice and suitable interventions to meet their needs Carers maintain a balance between caring and their life outside of caring Supporting young carers through education and transition to adulthood 	<ul style="list-style-type: none"> Children and young people have equal opportunities to health and wellbeing Young people are happy and fulfilled, feeling physically, mentally and emotionally well
Measures (examples include)	<ul style="list-style-type: none"> Number of falls Number of homes adapted (minor and major) Number of people accessing advice and support 	<ul style="list-style-type: none"> Physical and emotional wellbeing Reduction in emergency care Number accessing support Engagement of young carers 	<ul style="list-style-type: none"> Number of young people living in a home that they choose Measures to be developed as part of the Learning Disability Strategy (in development)
Enablers	CCG; Integrated Care Partnership; Public Health; City Council; Registered Social Landlords; voluntary and community sector	CCG; Integrated Care Partnership; City Council; Carers Steering Group; carer support services; Carer's Strategy.	Inclusion Strategy and Children and Young People's Plan

Priority Living well into old age	
Why it is a priority	People can now expect to live for far longer than ever before, but extra years of life are not always spent in good health. We want to support residents to stay healthy for as long as possible, live well and have fulfilling lives into old age.
Evidence	Nearly two thirds of people aged 65-84 have two or more long term conditions. Fewer people aged 65+ have carers than the England average (60% vs 66%), however local carers are more likely to have health conditions or disabilities themselves. Local diagnosis rates for dementia exceed national targets and the proportion of people with dementia is predicted to rise by around one quarter by 2030.
Factors	Older people are now more likely to live with frailty, dementia or multiple and complex long-term conditions, largely as a result of the ageing population and lifestyle factors. This in turn will impact on carers and the need for social care support. Dementia was the leading cause of death for women and the second leading cause of death for men in the UK in 2017.
Wider determinants	Genetic factors, education, employment, unemployment, housing, lifestyle choices and access to healthcare are examples of social determinants that impact on health and wellbeing into adult life and old age.

Objectives	Older people have a voice in the design and delivery of services related to ageing	Clear and concise pathways for supporting people who are frail elderly	Support people with dementia to live well
Outcomes (examples include)	<ul style="list-style-type: none"> Services will be designed in collaboration with older people and their carers based on lived experience. 	<ul style="list-style-type: none"> Older people are living independently or inter-dependently for longer 	<ul style="list-style-type: none"> Increased awareness of dementia Timely diagnosis People living well with dementia
Measures (examples include)	<ul style="list-style-type: none"> A network of engaged older people influencing the design and delivery of services. 	<ul style="list-style-type: none"> Reduction in number of falls Reduction in hospital admissions 	<ul style="list-style-type: none"> Increased numbers of people with dementia have care plans to support their independence and wellbeing Reduction in crisis situations
Enablers (include)	Older people; city council; advocates and VCS organisations	Integrated partnerships (including VCS organisations)	The Joint Dementia Strategy 2020-24; advocates; Integrated Care Partnerships; VCS, peer support and befriending.

Priority Providing the best end of life care	
Why it is a priority	It is important to provide personalised and co-ordinated end of life care in order to improve outcomes and to support people to make choices about their care, including their preferred place of death.
Evidence	<ul style="list-style-type: none"> • In general people would prefer to die at home (or their usual place of residence). There has been a 12.8% increase in the proportion of local people dying at home between 2010 and 2017, however the proportion remains lower than nationally (38.0% vs 46.6%). • 35-40% of emergency admissions of care home residents to hospital are potentially avoidable and are often the result of needs not being assessed and addressed as well as they could be.
Factors	<ul style="list-style-type: none"> • The national 'recommended summary plan for emergency care and treatment' (ReSPECT) initiative is yet to be fully rolled out locally. • Reducing unnecessary admissions helps reduce the number of deaths in hospital and ensure that people's preferences are met. • Coronavirus highlighted: the importance of having a personalised care plan in place; increased use of ReSPECT; decisions must be made on an individual basis according to need; and, with the right support and training, care homes can deliver good end of life care.
Wider determinants	Those who are older, male, from ethnic minority populations, not married, without a home carer, are socioeconomically disadvantaged, and who do not have cancer are all less likely to access community palliative care.

Objectives	Coordinated end of life planning	Personalised clinical care in emergency medical situations	Proactive, personalised care for residents in care homes
Outcomes (examples include)	<ul style="list-style-type: none"> • City-wide application of the Gold Standards Framework • Earlier recognition of patients with life-limiting conditions • Patients live as well as possible and their preferences are met 	<ul style="list-style-type: none"> • City-wide application of ReSPECT documentation in all settings • Patient preferences are met 	<ul style="list-style-type: none"> • Implementation of the Enhanced Health in Care Homes Framework • Care home workforce skilled and confident in end of life care • Patient preferences are met
Measures (examples include)	<ul style="list-style-type: none"> • Number of people identified as being at end of life 	<ul style="list-style-type: none"> • Number of completed ReSPECT documents. • Number of avoidable non-elective emergency admissions • Number of people dying in hospital within 48 hours of admission 	<ul style="list-style-type: none"> • Number of care home staff trained in End of Life care • Number of avoidable non-elective emergency admissions from care homes • Percentage of personalised care plans
Enablers (include)	Stoke-on-Trent Clinical Commissioning Group working with primary and secondary care providers; and local authority social work teams.	Stoke-on-Trent Clinical Commissioning Group working with primary and secondary care providers; and local authority social work teams.	Stoke-on-Trent Clinical Commissioning Group working with primary and secondary care providers; local authority social work teams; and care homes.

Priority Building strong communities	
Why it is a priority	Communities are at the heart of health and wellbeing and have a vital contribution in helping people maximise their independence
Evidence	89% of residents are satisfied with the local area as a place to live, with the biggest problems related to drugs, anti-social behaviour and alcohol. Residents agree that working closely with them to build stronger communities will: increase pride and respect for the local area; reduce risks to young people; and help communities get on better together.
Factors	The COVID-19 pandemic has had both positive and negative impacts on social and community networks. There is evidence of increased civic participation in response to the pandemic and a positive impact on social cohesion. However, social isolation and loneliness have impacted on wellbeing for many. There is limited awareness of the scale and scope of services available to people.
Wider determinants	The community in which a person lives is a social determinant of health. Asset based approaches will promote and build community networks and relationships that provide support and create change.

Objectives	Improve community safety	Improve community cohesion	Community Development
Outcomes (examples include)	<ul style="list-style-type: none"> • Reduced levels of crime and anti-social behaviour • Reduced levels of offences relating to drugs and alcohol • Reduced levels of domestic abuse 	<ul style="list-style-type: none"> • Communities are strong and supportive. • Communities are more inclusive and diversity is valued • People with learning disabilities feel safe within and valued by their community 	<ul style="list-style-type: none"> • People and communities create improved health and wellbeing through community-based solutions • Health-enhancing assets in communities are utilised
Measures (examples include)	<ul style="list-style-type: none"> • Recorded incidents of crime, disorder, anti-social behaviour, substance misuse. • Recorded incidents of drug and alcohol related crimes • Recorded incidents of domestic abuse 	<ul style="list-style-type: none"> • Levels of hate crime • Survey of children in the cohesion sessions completed in educational settings • Feedback from stakeholders active in neighbourhoods. 	<ul style="list-style-type: none"> • The number of people and groups who want to help solve problems that affect them or their neighbourhood.
Enablers	<ul style="list-style-type: none"> • Community Safety Partnership and the Community Safety Strategy 2020-23 	<ul style="list-style-type: none"> • The Community Safety Partnership and the Community Cohesion Strategy 2020-24; Learning Disability Strategy; Autism Strategy 	<ul style="list-style-type: none"> • Developing an approach to place based working through the recovery framework (wellbeing, care and communities workstream)

Priority Living in a healthy home and environment	
Why it is a priority	Having a healthy, safe and good quality home and access to greenspace supports the physical health and mental wellbeing of our residents.
Evidence	The city's population is growing steadily meaning more households will need accommodation. 54% of the population live in areas that are amongst the most deprived in England, 81% of dwellings are within the lowest council tax bands, and 15% of residents are in fuel poverty. People are facing greater challenges in accessing suitable and secure housing, where a third of households owed a homeless duty have additional support needs, most particularly around mental health issues.
Factors	<ul style="list-style-type: none"> • Good quality, affordable and safe housing is a vital component in good physical and mental health. Issues including mental health, substance misuse and anti-social behaviour can result in people becoming homeless and rough sleeping, and experiencing a range of health and social needs. The city has high rates of: pre-1919 construction; private rented housing (27%); overcrowding; disrepair and non-decency; fuel poverty and resident churn. • Access to greenspace has benefits for health and wellbeing including positive mental health benefits. Whilst the city has a large amount of public greenspace, factors such as fear of crime and social isolation can prevent the use of these greenspaces. Research during the Covid pandemic suggests the benefits of green space on mental health may relate to active participation in useable green spaces near to the home and observable green space in the neighbourhood environment.
Wider determinants	The most vulnerable tenants are unable to access credible letting agents; feel unable to report repairs; fear eviction and are reluctant to seek help. Many are unaware of their rights and the support available. During the pandemic people have spent more time at home – this has highlighted inequalities in communities in terms of greenspace and may exacerbate the health impacts of poor-quality housing.

Objectives	People live healthily in good quality and safe homes	Prevent and reduce homelessness	Increase use of greenspace
Outcomes (examples include)	<ul style="list-style-type: none"> • Eradicate serious hazards in the private housing stock in the city • Developing homes to lifetime home standards 	<ul style="list-style-type: none"> • Improve the energy efficiency of private sector housing stock 	<ul style="list-style-type: none"> • Increase in the usage of existing greenspace • Remove barriers to usage of existing greenspaces – steps, paths, lighting
Measures (examples include)	<ul style="list-style-type: none"> • Number of serious hazards eradicated by the Private Sector Housing Team • The percentage of non-decency 	<ul style="list-style-type: none"> • Value of grant and total investment into the city's private housing stock • Percentage of homelessness acceptances prevented • Number of homeless households in temporary accommodation 	<ul style="list-style-type: none"> • Number of adults with mental health conditions • Number of children with mental health conditions • Percentage of overweight adults and children
Enablers	Local authority: Housing Strategy; HRA Business Plan; HRA Asset Management Strategy; Uitas Partnership Board	<ul style="list-style-type: none"> • Homelessness and Rough Sleeping Strategy 2020-25 	<ul style="list-style-type: none"> • Public Health and local authority services relating to greenspaces, housing and planning.

Theme Supporting sustainable employment, skills and local economy	
Why it is a priority	Good work can be good for health. The more we do to help and encourage people into work, and to help them be healthy when they are in work, the more likely we are to have a healthier working population and lower absenteeism.
Evidence	In the last decade the city has experienced economic recovery and growth, outperforming many other parts of the country. Despite reduced levels of worklessness and other improvements over recent years, the city is affected by child poverty; low levels of education, skills and training, and poor health and disability levels. The proportion of people working and disposable incomes remain below the national average. The number of apprenticeships starting in the city has fallen over the past five years by 35.5% (20.8% in England).
Factors	Children living in high poverty households struggle to do well at school. Low educational attainment can reduce the choices and opportunities that children will go on to have as adults and may mean that they end up in less rewarding, lower-paid work, which is linked to a higher risk of poverty, worse physical and mental health, and other problems. With a diverse economic base the city is well positioned to recover from the impact of the coronavirus outbreak, but young workers and low earners have been impacted the most; household incomes have fallen particularly among the lowest earners; and increased numbers have signed up to receive benefits.
Wider determinants	The social determinants of education, employment and unemployment impact on a person's health and wellbeing. Life chances for children in some areas the city is behind the country as a whole and fewer children in the city go on to achieve the higher grades needed to enter the best universities or secure higher-paid work.

Objectives	Increase employment, particularly youth employment	Increase numbers of apprenticeships and work based learning	Increase the number of higher skilled jobs, raising skill levels and productivity amongst the city's workforce
Outcomes (examples include)	<ul style="list-style-type: none"> • More residents, particularly young people aged 18-24 will be in sustainable employment, making best use of their skills and experience, and supporting longer term career ambitions. • A higher proportion of business start-ups across the city, promoting self-employment, innovation and job creation 	<ul style="list-style-type: none"> • More employers recruit apprentices and offer opportunities for work experience, particularly for young people to encourage them to choose vocational pathways in key economic growth sectors. 	<ul style="list-style-type: none"> • Employers invest in their workforce, up-skilling, re-skilling to improve productivity. • Better skilled workers are able to take advantage of more highly skilled and better paid jobs.
Measures (examples include)	<ul style="list-style-type: none"> • Percentage of working population claiming Universal Credit • More businesses start-ups per 10,000 capita 	<ul style="list-style-type: none"> • Number of apprenticeship starts and vocational work placements 	<ul style="list-style-type: none"> • Percentage of 16 to 64 year olds at skills Level 3 and above. • Average weekly salary • Inward investment enquiries and conversations

Objectives	Increase employment, particularly youth employment	Increase numbers of apprenticeships and work based learning	Increase the number of higher skilled jobs, raising skill levels and productivity amongst the city's workforce
Enablers	Department for Work and Pensions, Department for Education, Stoke-on-Trent and Staffordshire Local Enterprise Partnership (LEP), Children and Young People's Strategic Partnership Board, Local Authority, training providers, employers	Department for Work and Pensions, Department for Education, Stoke-on-Trent and Staffordshire Local Enterprise Partnership (LEP), Children and Young People's Strategic Partnership Board, Local Authority, training providers, employers	Department for Work and Pensions, Department for Education, Stoke-on-Trent and Staffordshire Local Enterprise Partnership (LEP), Children and Young People's Strategic Partnership Board, Local Authority, training providers, employers