

Live Well South Tees



Director of Public Health

Annual Report 2018

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Foreword

I am delighted to be presenting the first Joint Director of Public Health annual report for South Tees.

In April 2018, Middlesbrough and Redcar & Cleveland Borough Councils established a joint public health team across both areas. Public Health South Tees is the first joint public health service in the north east region and is among a few such arrangements nationally.

Our ambition is to drive improvements in public health outcomes for our population as well as becoming a centre of public health excellence regionally and nationally. Whilst it is early days for the joint public health service, we already have a number of examples of good practice that have attracted regional and national interest.

This report summarises new ways of working being developed and makes a number of recommendations for further improvements. The report finishes by outlining the public health challenges that our population and communities continue to face and the need to shift the focus from premature deaths to also diseases that impact on quality of life. Addressing these issues requires a shift towards wellbeing and addressing the social determinants as opposed to a sole focus on health and care delivery. The actions outlined in both councils' plans, *Our Flourishing Future* for Redcar & Cleveland and Middlesbrough's *Strategic Plan* provide a clear roadmap for the areas that need to be addressed. It is encouraging that partner agencies are adopting these plans and playing their part in the implementation.

Last year, I produced two separate annual reports for each area, *Dying before our Time* - for Middlesbrough and *Healthy Minds* - for Redcar & Cleveland focusing on premature deaths and mental health and emotional well-being respectively. This report includes a summary of the progress to date. Improving length and quality of life as well as improving mental health requires sustained and relentless efforts across a range of organisations and agencies. Whilst there has been progress, the work on reducing preventable deaths and improving mental health and emotional wellbeing needs to be sustained over time to tackle the health inequalities across both council areas. In future reports, I will continue to report back on progress on these very important issues to ensure they remain at the forefront of our efforts to improve the public's health.

I hope this report provides an opportunity for discussion, debate and challenge on how we can continue to work towards enabling more people in South Tees to Live Well!

Yours sincerely,



Edward Kunonga

Joint Director of Public Health

Middlesbrough Council and Redcar & Cleveland Borough Council



Progress from last years' reports



We said...

We did...

Reducing suicide deaths

Implement the Tees Suicide Prevention Strategy 2017-2020 with a focus on tackling the social determinants, building emotional resilience, mental health promotion and targeted work to reduce the risk of suicide in key high risk groups.

We have revised the suicide prevention strategy and action plan and formed a multi-agency Suicide Prevention Taskforce to address key themes for partners to work together, including for example financial issues, LGBT and gambling. The plans have been highlighted as an example of good practice regionally and nationally. A Tees Suicide Prevention Coordinator was appointed co-funded by all four Tees Local Authorities. Managed to secure NHS funding for suicide prevention across Tees Valley.

Improving life expectancy at birth and healthy life expectancy

Inclusive growth - ensure the opportunities from economic development and regeneration are fairly distributed across all segments of the population.

We have been working with residents and partners to ensure that residents of Middlesbrough are able to access the economic opportunities being created through physical regeneration.

Ensure longer and healthier lives is a critical component of the social regeneration plans of the town.

We have been working with residents and partners to ensure that residents of Middlesbrough are able to access the economic opportunities being created through physical regeneration. The launch of Middlesbrough's Social Regeneration Prospectus will see further focused work with residents and partners to reduce inequalities by tackling issues such as wellbeing, loneliness and isolation.

Implement the prevention strategy for adults and older people, Live Well Middlesbrough with a focus on prevention and early intervention for long term conditions and cancer.

We are working with multi-agency partners across the town including health, VCS and communities to develop and implement robust plans that ensure prevention is integral to any agenda. Tackling Cancer Together partnership continues to lead the local efforts to raise cancer awareness and local campaigns have been endorsed by NHS England and the Jo's Trust (cervical cancer).

Develop and implement a prevention strategy for children, young people and families to address underlying causes of infant and child deaths.

Children and Young People's Plan developed and implementation overseen by the Children and Young People's Partnership. Working with the Child Death Overview Panel (CDOP) a booklet for parents/carers has been developed and will be shared with all parents highlighting the potential risks to babies and young children and how they can be prevented.

Reducing alcohol and drug related deaths

Develop a multi-agency comprehensive plan to reduce drug and alcohol related deaths.

A Preventing Drug Related Deaths action plan has been developed following multi-agency workshops. An officer to lead on the implementation of the plan has been appointed and is part of the Joint Public Health Service.

Reducing deaths from accidents

Develop a multi-agency integrated approach to falls prevention.

A South Tees multi-agency strategy to prevent and reduce falls has been developed and is being implemented by the Integrated Falls Strategy Partnership. The health development team from the public health service also provide a number of sessions suitable for those who have fallen as part of rehabilitation or preventative programmes such as chair based exercise.

Preventing excess winter deaths

Refresh the approach to tackling fuel poverty and affordable warmth across the town.

Middlesbrough's Affordable Warmth partnership has joined forces with colleagues in Redcar and Cleveland to form the South Tees Affordable Warmth Partnership, to take a joint approach to tackling fuel poverty and affordable warmth.

We said...

We did...

Emotional wellbeing and mental health in pregnancy and early years

All services working with pregnant mothers and children in the early years should prioritise perinatal and infant mental health needs of women and their families.

The Perinatal Mental Health Subgroup has refreshed its membership and action plan. Awareness raising events and engagement with new fathers continues and a new partnership with the VCS to survey new dads for their mental health has been established. In addition, processes throughout pregnancy and birth has been reviewed to ensure optimisation of father's engagement opportunities.

Ensure that pregnant women and new mothers who develop severe mental illness are managed by specialist mental health services.

Specialist mental health teams and alternative therapies are provided and prioritised to women identified with (or suspected of) mental health problems. Hospital IAPT provision for direct referral from Midwifery services has also been established.

Ensure approaches for evidence-based support for parenting and family-based interventions include mental ill health prevention, with an increased focus on high risk and vulnerable families and parents.

A South Tees Parenting Strategy for families with children and young people aged 0-19 years and 0-25 year olds with special education needs and disability (SEND) has been developed. The strategy aims to bring partners and communities together to create a culture that supports individuals to be the best parents there can be.

Children and young people's emotional wellbeing and mental health

Services and settings that work with children and young people to be supported to deliver wellbeing and mental ill prevention programmes, with a focus on schools.

The Emotional Health and Wellbeing Framework - directory of quality assured providers has been revised to broaden the scope and quality of early support for children and young people; The Young Health Champions (YHC) programme has been implemented in 24 schools with 460 YHC's trained who have supported 2,740 people with health campaigns/messages; Stepping Up School Transition Project is being piloted in 3 primary schools in Grangetown to prepare year 6 pupils for social and emotional aspects of transition into Secondary School; and At the Love Your Neighbour 2018 Event, nine local schools showcased HeartStone Odyssey Project to overcome tolerance, prejudice and racism.

Implementation of the recommendations of the Future in Mind and CAMHS Transformation Programme.

The South Tees CAMHS Transformation Partnership shares best practice and provide a forum to collectively respond to funding opportunities and policy. The RCBC locality action plan for Future in Mind funding is based on local need and is produced annually.

Emotional wellbeing and mental health in adults and older people

Increase awareness of emotional wellbeing and mental health across the borough.

The Five Ways to Wellbeing approach is being tested as part of Feel Good Loftus project. The Mental Health Training Hub continues to build capacity and improve knowledge and skills in mental health promotion and suicide prevention for the wider workforce. 683 people have received training since April 2017. The Community Health Champions Programme has also trained 104 volunteers to promote positive health messages and create supportive networks.

Continue to develop and deliver high quality, accessible recovery services.

Redcar & Cleveland residents with low/moderate mental health needs can access a range of commissioned preventative and recovery services. Over 70% of clients accessing these services report improvements in their mental health. The Transformation Challenge Team also transform the lives of individual adults with a range of multiple and complex issues. The team has supported 592 individuals since November 2015 and reporting positive outcomes.

Implementation of the Tees Suicide Prevention strategy and to ensure prevention of self-harm is prioritised.

We have revised the suicide prevention strategy and action plan and formed a multi-agency Suicide Prevention Taskforce to addresses key themes for partners to work together, including for example financial issues, LGBT and gambling. The plans have been highlighted as an example of good practice regionally and nationally. A Tees Suicide Prevention Coordinator was appointed co-funded by all four Tees Local Authorities. We secured NHS England Suicide Prevention Transformation Funding to support implementation of locality plans.

Dementia

To develop a coordinated approach under the umbrella of Dementia Friendly Redcar and Cleveland

Dementia Friendly Redcar & Cleveland has been launched and inauguration of the Dementia Friends task group. To date, 52 organisations have committed to becoming Dementia Friendly. The first Dementia Friendly Awards Celebration Event was held at the Community Heart in Redcar and saw 45 organisations receiving their certificates. A total of 446 people have attended a Dementia Friends session and 16 Dementia Champions have been recruited.

1. Introduction and background

Welcome to the first combined DPH annual report for Middlesbrough and Redcar & Cleveland. This follows a decision by both councils in July 2017 to merge the two public health departments and create a joint service that will drive improvements in public health outcomes.

Both councils have clearly set out their ambitious plans to improve the lives of people living across South Tees to live longer and healthier lives. *Fairer, Safer, Stronger Middlesbrough* and *Our Flourishing Future for Redcar & Cleveland* set out the vision, values and key priorities for the two local authorities. Whilst there are specific public health actions and priorities in the plans it is acknowledged that all the areas covered by the plans contribute to the improvement of public health outcomes.



Middlesbrough
moving forward



Fairer, Safer, Stronger Middlesbrough

- Fairness and reduced inequalities in income and health;
- Fair access to secure well-paid jobs and meaningful training;
- Fair access to high quality homes;
- Safer communities - further reduce the impact of crime and anti-social behaviour;
- Safer, independent lives - ensuring our children and vulnerable adults are protected;
- Safer environment - ensuring our town is cleaner and more resilient to a changing climate; and
- Strengthening our cultural sector.



Our Flourishing Future

- Strong and confident communities;
- Prosperity for all;
- A brighter future for our children;
- Longer and healthier lives;
- Attractive and vibrant places;
- Good connections;
- Clean and safe environment; and
- Enriching lives through culture and sport.

The public health team have been progressing the actions from the delivery plans as well as working in partnership with other council departments and external agencies to ensure that our population achieve optimum health and wellbeing outcomes.

This report covers progress with the establishment of the joint public health service, the partnership arrangements, and examples of services and programmes that have been highlighted locally, regionally and nationally as examples of good practice and finishes with a summary of the public health challenges and makes recommendations for further action.

2. Public Health South Tees

In April 2018, Middlesbrough Council and Redcar & Cleveland Borough Council established a joint public health service, Public Health South Tees. This service delivers the public health functions and duties outlined in the Health and Social Care Act 2012 (health improvement, health protection and health service quality) as well as the public protection duties i.e. environmental health, trading standards, environmental protection and housing advice functions.



The service aims to improve and protect the health and wellbeing of the South Tees population by:

- Building strong and resilient communities;
- Reducing health inequalities;
- Reducing premature deaths and preventable illness;
- Improving and protecting health, quality of life and wellbeing.

There are examples of joint public health services nationally, however this is the first joint public health service in the north east region. Public Health South Tees provides a sustainable and cost-effective effective solution to the delivery of public health duties across the two councils. The joint public health service will improve outcomes for the local population by strengthening preventative approaches and reduce health inequalities for the local population. This is being achieved through new ways of working that include:

- a. Shifting focus from universal to targeted community-based public health, retaining local approaches to asset based community development to reduce health inequalities. This includes systematic adoption of the community-based approach to community development and ensuring service planning and delivery is built on a clear understanding of assets and needs in our target communities;
- b. Developing common approaches to improve public health across communities, community settings and build capacity across organisations;
- c. Strengthening public health contribution to commissioning, service delivery and quality improvement through joint working with the NHS commissioners and providers, Voluntary and Community Sector (VCS) and other agencies; and
- d. Championing the adoption of health in all policies approaches to embed public health in the work of council departments as well as external agencies across economic regeneration and growth, employment, skills, education, housing, poverty reduction and licensing.

Recommendation 1:

As the joint public health service becomes more embedded across both organisations, there is need to demonstrate the benefits that were outlined in the business case.

There are a number of examples of progress in these new ways of work and some of these are outlined in more detail as follows:

Creating smoke free environments for the best start in life

Background

The risks of smoking during pregnancy and around children are serious. Although the rates of maternal smoking in Middlesbrough and Redcar & Cleveland has declined, they remain at about twice the England rate.

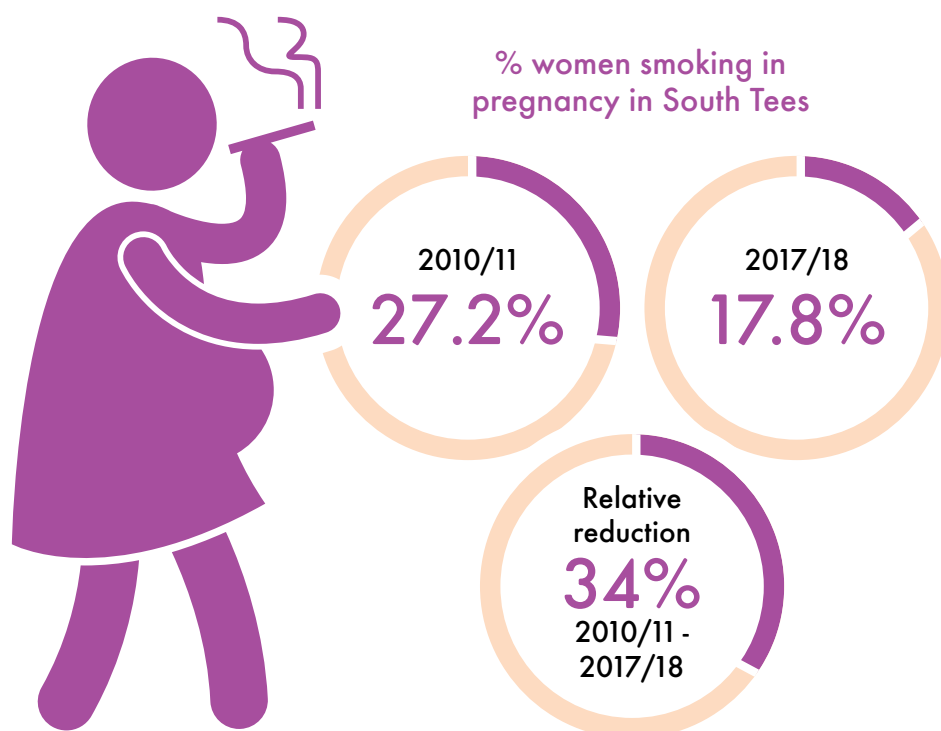
Reducing maternal smoking prevalence involves employing a multi-pronged tobacco control approach, which includes supporting smokers to quit, raising awareness about the dangers of second hand smoke, supporting NHS to become smoke free. The South Tees Stop Smoking Service (SSS) takes this approach.

The Service

The stop smoking service (SSS) works collaboratively with maternity service embedding the Baby CLear pathway in order to address high maternal smoking rates. Baby CLear, is aimed at reducing smoking during pregnancy through tailored support from the midwife including risk perception interventions' at their twelve and twenty week antenatal scans for mothers who smoke.

The scheme has led to a reduction in maternal smoking rate from 25.4% in 2012/13 to 17.8% in 2017/18. However, rates remain high in mothers from deprived communities, up to twenty seven-fold difference higher than those from affluent areas.

Smoking status is assessed as part of inpatient assessment and NRT offered as standard to pregnant smokers. The maternity smokefree pathway has been cited as a best practice model across South Tees Hospitals Trust and has been used as part of smoke free South Tees Trust implementation. The partnership work between SSS and maternity services have been highlighted as an excellent example of good practice in a recent North East LMS (Local Maternity System) report.



Midwifery staff and Specialist stop smoking advisor supporting a smokefree pregnancy at South Tees Hospital Trust



South Tees Hospitals Trust promoting smokefree hospital during Stoptober

Dementia Friendly Programme

Dementia Friendly Middlesbrough

In March 2016, Middlesbrough achieved national recognition for working towards becoming a Dementia Friendly Town and for developing Dementia Friendly communities. Cleveland Alzheimer's Residential Centre (CLEVARC), a specialist dementia provider supporting Public Health South Tees on the dementia friendly programme. In Middlesbrough so far around 120 local businesses and organisations have signed up to become Dementia Friendly.

Dementia Friendly Redcar & Cleveland

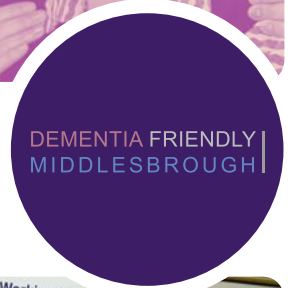
The Dementia Friendly programme for Redcar & Cleveland was established in March 2018 with a vision for the borough to achieve Dementia Friendly Town status by 2020. To date 135 local businesses and organisations have signed up to become Dementia Friendly.

The joint South Tees approach is helping to develop a rolling programme of Dementia Friendly events across the area designed to help to reduce isolation including:

- Weekly sport and physical activity programme at Ormesby Table Tennis Club;
- Monthly dementia cafés and singing for the brain sessions in various locations across the area;
- Dementia Friendly film screenings at Cineworld;
- Quiet room in Middlesbrough Bus Station;
- Dementia Friendly car parks in the Hillstreet Centre;
- Tea dance at Acklam Green Centre; and
- The first Dementia Friendly public house in the Redcar & Cleveland area.

The next stage of the programme will look at broadening our Dementia Friendly approach into an Age Friendly approach, to tackle social isolation and mental wellbeing and increase independent living. This will link with the Ageing Better Middlesbrough Programme and Redcar & Cleveland's Age Well Programme.

Plans are in place to develop a South Tees Dementia Strategy which will look at a coordinated approach to improving dementia awareness, early diagnosis, access to high quality treatment and provide appropriate support to people with dementia and their carers.



Staff from Coulby Medical Practice being awarded their Dementia Friendly Business certificates from the Middlesbrough Mayor



Business Engagement Lead Brian Rowcroft, hosting a Dementia Friendly celebration event



Sue Jeffrey, leader of Redcar & Cleveland Borough Council promoting a dementia friendly borough

Screening Saves Lives: Improving cervical cancer uptake

Background

One in three women in South Tees do not attend cervical screening. Analysis of screening data shows that uptake is lowest in women aged 25 to 44 years and those who live in the most deprived communities. Although there is cure for cervical cancer, late diagnosis reduces the chances of survival.

Women aged 25 to 64 years are invited every three years (every 5 years for those aged 50 to 64) for screening through their GP practices. This opportunity is often missed, and in order to increase uptake a local bespoke campaign was developed based on insight work with women which identified some of the barriers to accessing regular routine screening.

The Campaign

The campaign launched in 2015 (initially in Middlesbrough but now covers South Tees) and consists of the following:

- Community awareness - easy read materials, social media, myth busting, frequently asked questions;
- Development of 'No Fear' GP practices and sexual health clinics aimed at making screening less daunting and services available (e.g. asking for a female to carry out the test, being able to take a friend and booking online);
- Making appointments more accessible - out of hours appointments, dedicated staff clinic at the local hospital (promoting 'Time to Test' support for employees with time off to attend screening);
- Salons for Screening, taking messages to where women go with targeted campaign in over 100 hair salons. Key messages in a bespoke locally produced magazine with real life stories of people's experiences of cervical screening.

There has been an increase in screening uptake in participating GP practices and no further decrease in coverage in Middlesbrough since the start of programme.

Jo's Trust, the leading national charity in cervical screening, has recognised and endorsed the project as 'Highly Commended.' There are plans to adopt the approach region wide. In addition, the project is informing the development of a bowel screening campaign and the wider cancer prevention across South Tees, Reduce Your Risk.

reduce-your-risk.co.uk



Cervical screening saves lives
Don't be the one missing out...



Becky James, Public Health South Tees Health Improvement Specialist receiving the teams' Highly Commended Award from Robert Music, Chief Executive of Jo's Trust



Guido's hair salon, one of the Salons for Screening businesses, taking stock of our 'Beautiful' campaign magazine



The Live Well Centre: Creating a health and wellbeing hub

Background

The Live Well Centre was established in July 2017 as an innovative town centre venue with the aim of delivering a wide range of support services and lifestyle interventions to improve outcomes for our local population. The centre offers state-of-the-art facilities and services delivered by a wide range of small to medium sized organisations. It supports a more integrated approach to providing services and interventions to people with diverse needs.

The Centre

The overarching aim of the centre is to support people in Middlesbrough to lead healthier and happier lives. The centre is founded on the principle that services should be built around people, not people around services. The centre aspires to meet its overarching aim by providing a structure for service integration in which collaboration is supported by the interplay between provider co-location, service user engagement, the physical environment and the governance arrangements set out to support multi-agency working.

The centre hosts over 30 services based on four core offers of support:

- **Quit Well** - (support for addictive or repetitive negative behaviours including substance, smoking, alcohol and risk sexual relationships);
- **Energise Well** - (support for lifestyle and screening);
- **Think Well** - (support for mental health and wellbeing, social mobility and life skills); and
- **Start Well** - (family based support).

Over 70% of the providers are from the voluntary and community sector (VCS) and the centre aims to further support VCS engagement and wellbeing services in the area, in order to strengthen local community capacity to sustainably support people to change. The centre does this through concessionary prices and collaborative working that enables smaller organisations to work alongside larger ones, to improve access and increase local profile.

The centre has a 'no wrong door' philosophy, however services are targeted at those who are less likely to engage with wider public health services and who need support for long-term sustainable behaviour change. It targets people based on needs and refocuses the attention on targeting key behavioural characteristics rather than individual ones.

In its first year, The Live Well Centre has welcomed more than 60,000 people through the floor, seeing significant increases in the number of people accessing lifestyle, screening and employment services. The 2018 Management Journal awarded The Live Well Centre a commendation for public health innovation and improvement and the centre picked-up first prize in the 'Working Together for Middlesbrough' category in the 2018 Middlesbrough Council Team Awards.



Tai Chi classes at The Live Well Centre



Mums attending a Baby Café event



Specialist nurse and quit smoking advisor Fiona Crackell with Coral Danby, who has stopped smoking

Creating easier and seamless access to sexual health services in Redcar & Cleveland

Background

The National Strategy for Sexual Health and HIV recommends the integration of sexual health services, and as such sexual health services have been subject to great change over the past few years. An integrated service aims to bring the different elements of service under one commissioning and delivery framework.

The Tees Sexual Health Service

Since February 2011, the Tees Sexual Health Service has offered, across Teesside, an open access, fully integrated service in a hub and spoke model with outreach provided by seven different commissioning bodies (the four Tees borough councils - Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees, South Tees CCG, Hartlepool & Stockton CCG and NHS England).

The service run by Virgin Care brings together hospital based STI screening services and treatment, contraception services provided in community based family planning clinics within a 'one stop shop' approach and specialist services such as vasectomies. The result is a service that is more holistic and convenient, offering better continuity of care and better able to target those individuals who are not aware of the service. For the commissioners, the service offers economies of scale, seamless patient pathways, removal of duplication, fewer provider contracts and less interagency referrals.

Key elements of the service include:

- **Service outcome related payments to incentivise a population based preventative approach;**
- **Interventions and community based work through a range of subcontracted providers (GPs, community pharmacies, Brook, Marie Stopes);**
- **Cervical screening which is embedded within the service and offered both opportunistically and via a booked appointment; and**
- **24/7 website offering an online booking system, test kit ordering and information to manage the worried well.**

A recent development is the move in March 2018 of the Redcar Hub Clinic at the Primary Care Hospital to a new, purpose designed clinic space in Redcar Community Heart and Leisure Centre to help deliver improvements in care, with longer opening hours. The hub is piloting a rapid testing system called 'The Cepheid Rapid Testing system' (and as such treatment) for gonorrhoea and chlamydia. This system is currently only being used in the Dean Street clinic in London. It offers immediate access to test, analysis of sample, results uploaded in the clinical system and result message sent to patients by SMS with 30-60 minutes. To complete the process any patients with positive/reactive test results are called into clinic for treatment straight away. Since May 2018, Marie Stopes has been operating vasectomy clinics from the hub.



Service provider, public health leads, commissioners and partners at the opening of the new Redcar Sexual Health Clinic at the Community Heart - Spring 2018



Tees Sexual Health conference, 2018

Sport England local delivery pilot

Background

Regular physical activity (PA) is key to improving health and wellbeing and preventing and treating diseases that impact significantly on healthy life expectancy and health inequalities. PA can also have a positive impact on mental health, reduce social isolation, develop positive behaviours and be used as an asset to support connectedness and community resilience to build stronger communities.

Sport England have committed to investing significant time, expertise and money (£130 million) in 12 places across England to develop and deliver local pilot schemes to tackle stubborn inequalities that act as barriers to people getting active. South Tees was successful in securing funding over a four-year period to become one of these 12 places. A key objective of the pilot programme is to encourage wider, collaborative partnerships which will include local communities beyond the sport sector; public and private organisations, faith organisations and housing associations, in order to adopt a 'whole systems approach' to tackling PA.

The South Tees Programme

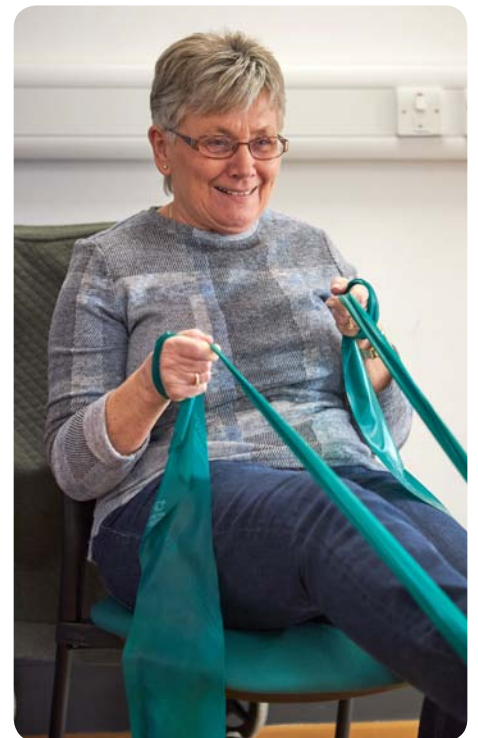
The South Tees proposal focuses on two key elements. The first element focuses on four specific "communities of interest," hidden across the whole area and not geographically defined:

- People waiting for some types of surgery to provide "prehabilitation";
- People with or at risk of developing Type II diabetes;
- People accessing commercial weight loss services; and
- Working with health professionals to change their behaviour and capacity to utilise PA as a first line of intervention on the clinical pathway.

The second element will take a whole community approach to increasing physical activity in four of the wards across the boundary of the two boroughs: Grangetown, South Bank, North Ormesby and Brambles & Thorntree. These wards were identified not only because of the significant levels of need and the stubborn health inequalities that prevail in these places, but also because of the assets and resilience that could be unlocked within these communities. The pilot is still within the planning and development phase however, there has been some success with the prehabilitation, the PREP-WELL programme.



Sport England conference



Participant in the PREP-WELL programme

CASE STUDY

The PREP-WELL Pilot

Adverse lifestyle choices such as sedentary behaviour, poor diet, smoking and hazardous drinking are associated with poor outcomes following surgery, reduced longer-term survival and increased healthcare costs.

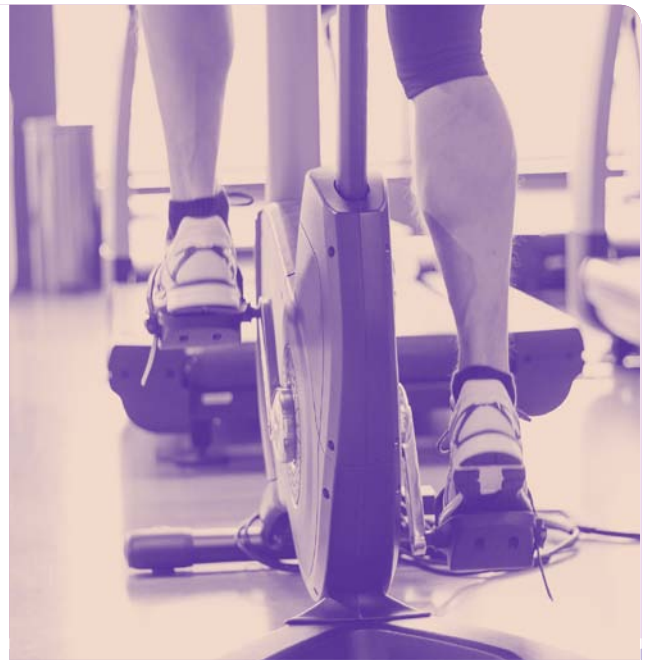
PREP-WELL is a new community based service for patients preoperatively, to capitalise on the 'teachable moment' of impending surgery to encourage behaviour modification. The service will help patients to improve their fitness for surgery and achieve meaningful long-term lifestyle benefits, using a bespoke supervised 'prehabilitation' intervention.

Approximately 100 patients undergoing major surgery going have been identified, routes of referral are through primary and secondary care. To date 80 patients have enrolled onto the programme with the highest intake from orthopaedic and vascular referrals. 53 of these patients have chosen to attend the exercise sessions delivered at The Live Well Centre.

- all patients are inactive and have poor fitness levels;
- 16 have additional risk of respiratory complications;
- 7 smoke;
- 14 have a hazardous alcohol intake; and
- 3 have a BMI >35.

A variety of interventions is offered, ranging from physical activity programmes to smoking cessation to weight management advice and substance misuse support.

Initial results are promising with all patients participating in 150 minutes of PA per week; four have abstained from alcohol and the number of cigarettes smoked per day has also reduced.



Empowering communities

In April 2018, we merged the Council's Health Improvement, Community Development Team, the External Funding Officer and the Transformation Challenge team to create the Empowering Communities team. The team are carrying out the following activities:

- supporting communities to take more responsibility for their health and wellbeing, their environment, community led activities;
- securing external funding;
- involvement with regeneration plans for the area; and
- Supporting individuals to address their issues and become more positively involved within their community.

The Empowering Communities team has strengthened with economic growth and are working much more closely to support the Area Growth Plans. We have embedded a new asset based community engagement approach based on genuine consultation at grass roots level.

There are already some successes observed. The Community Development Officer for Kirkleatham Ward has recently supported the development of a community led programme - Feel Good Loftus.

Likewise some members of the team are extremely well connected and trusted within the Coatham Ward and will be pivotal in communicating the Area Growth Plans for Redcar. The team are currently working with the Coatham Heritage Group to improve the Coatham Green area. Supporting them to secure external funding, an arch has been installed at the entrance to the site and seating installed with further improvement work in development.



Empowering Communities Team in Redcar & Cleveland Borough Council

Transformation Challenge

The Transformation Challenge programme was Initially funded through the Department of Health grant and is a Redcar & Cleveland programme.

The programme is based on a key worker model and asset based community development approaches to support vulnerable adults and individuals with complex/multiple needs. Each Key Worker has a unique range of skills and expertise to support individuals, they include expertise in health and wellbeing, domestic abuse, drugs and alcohol, mental health, crime and anti-social behaviour, housing and debt management.

So far the programme has worked with 592 individuals achieving improved outcomes and demonstrating improved efficiencies. A cost benefit analysis applied to 151 closed cases, demonstrated an estimated £3.9m savings across agencies.

In order to help expand this project, we have recently been successful in joining the Make Every Adult Matter (MEAM) coalition. The MEAM approach is a non-prescriptive framework to help local areas design and deliver better coordinated services. As part of the coalition we will participate in shared learning hubs and networks regionally and nationally with support from the MEAM policy team.



Community Key Worker Ron Wood supporting one of his clients



Community Key Worker Glenn Brady with his client

3. Strengthening partnership working to improve the public's health

Improving public health outcomes requires effective partnership working across a range of agencies and organisations.

Over the last 18 months there has been significant progress in reviewing the partnership arrangements across both local authorities and the establishment of a joint Health and Wellbeing Board as well as joining partnerships for a number of public health priorities such as tobacco control, affordable warmth, maternal and child health.

Effective partnership working is not always about partnership meetings and recently a number of workshops and conferences have been arranged to bring together agencies to join forces in addressing a public health challenge and develop a range of actions to embed within their own organisations.

This section of the report summarizes the new partnership arrangements as well as the multi-agency workshops and conference that were carried out in 2018.



3.1 Partnership arrangements

3.1.1 The Live Well South Tees Board

In June 2018, both councils agreed to establish a joint Health and Wellbeing Board. This followed a series of joint development sessions between the Middlesbrough Health and Wellbeing Board and the Redcar & Cleveland Health and Wellbeing Board to develop the vision and priorities as well as consider the governance implications.

The vision for the Board is to 'empower the citizens of South Tees to live longer and healthier lives' with shared priorities on:

- Inequalities - addressing the underlying causes of inequalities across both boroughs;
- Integration and collaborative planning, commissioning and delivery for health and social care; and
- Information and data sharing across the health and wellbeing system.

The Board is supported by the South Tees Health and Wellbeing Executive in the delivery of its vision and priorities. The executive is a system wide strategic partnership that comprises of senior officers from local agencies and supports the Board. It oversees and ensures progress in implementing the Board's work programme as well as the delivery of the Health and Wellbeing Board's statutory functions.

Focus on addressing the social determinants of health

There are many drivers of inequality including socioeconomic status, ethnicity, gender and mental illness. It has been known for some time that health and wellbeing is determined by a wide range of factors. The conditions in which people are born, grow, work and age have a significant impact on their length and quality of life. The living and working conditions, housing quality, neighborhoods, social and community networks and broader socioeconomic factors play a significant role on health and wellbeing across all age groups. It is through recognising these assets and consideration of the root causes or determinants of wellbeing that we build our approach to addressing health inequalities in South Tees.



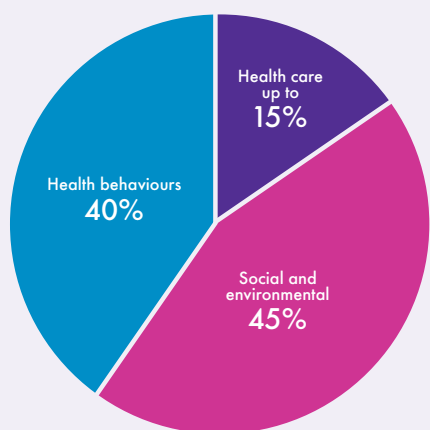
Source: Dahlgren and Whitehead (1993), cited in The King's Fund (2013)

We also know that whilst healthcare is important it only contributes at best 20% of population level health gains. Socio-economic and environmental determinants of health are significant drivers of health, followed by lifestyle and health behaviours, health care, and finally genetic and physiological factors. This makes it important for the focus to improve population health to be on factors that lie outside the health and care system as those within it.

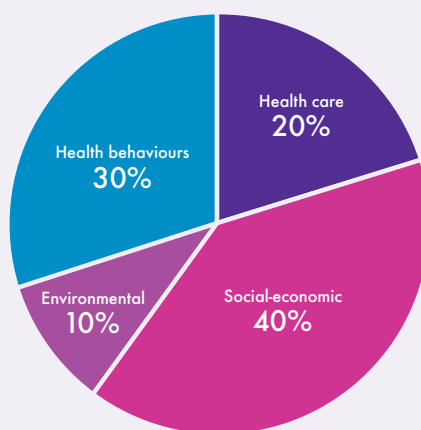
Direct impacts of actions on health outcomes

Area	Scale of problem in relation to public health	Strength of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Quicker	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spacial planning	Highest	High	Highest	Longest	Highest

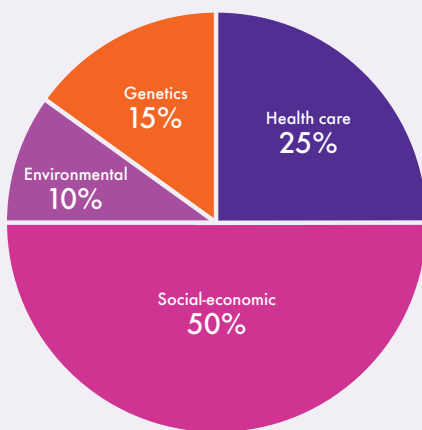
The relative contribution of major determinants to our health



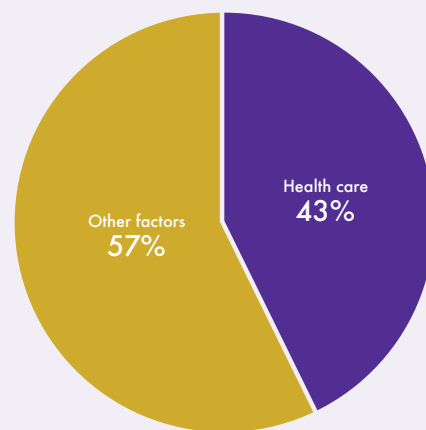
McGinnis et al 2002



Booske et al 2014



Canadian Institute of Advanced Research 2012



Bunker et al 1995

Source: King's Fund, 2018

These issues cannot be addressed through the health and care system alone. We need a whole system approach that moves away from a focus on diagnosing and treating illnesses to a greater emphasis on promoting wellbeing and preventing ill health. There has been a recent rise in interests in population health management and it is important for this latest interest to be informed by an agreed definition of what this approach is and how it should build on work that is already underway within local areas.

There are many assets across South Tees such as our green spaces and coastline, our academic institutions, community and voluntary sector, commercial offer and the experiences and skills of our residents. The diverse communities across our boroughs also contain rich connections and interdependencies. The underpinning determinants of good health are also well established and span across the responsibilities of; council departments, our health and emergency services, the community and voluntary sectors and our communities themselves. These are issues such as safe and secure housing, financial security, social connectedness and reciprocity and finding the right balance between stability and growth in our lives.

Recommendation 2:

The Live Well South Tees Board should enable and promote multi-agency support and delivery of the ambitions set out in the Middlesbrough Strategic Plan and Our Flourishing Future.

In particular further work needs to be carried out on the following:

- a. Develop a plan on addressing the issues associated with work and health;
- b. Strengthen the work between transport and health and maximising the health benefits of sustainable travel;
- c. Develop a multi-agency local clean air plan for South Tees;
- d. Strengthen the work between planning and health to create environments that promote health and wellbeing; and
- e. Refresh the plans for tackling poverty.



3.1.2 Smoke Free South Tees Alliance

Smoking is one of the most preventable cause of poor health, wellbeing and premature deaths. Tremendous work has already been done to reduce the prevalence of smoking across South Tees at a higher pace than both national and regional, however high numbers of people in our population continue to smoke with detrimental effects on the quality of their life.

The prevalence of smoking in adults for Redcar & Cleveland is now similar to the national and lower than the regional average. However, Middlesbrough remains higher than both the regional and national averages.

Similarly, the number of women smoking in pregnancy in South Tees has been reducing for the last six years from 27.2% in 2010/11 to 17.8% in 2017/18. However, this is still higher than the national average. We are working towards the national ambition of less than 6% of women smoking at time of delivery by 2020 and smoking prevalence among adults of 5% by 2020.

The South Tees Smoke Free Alliance was formed in October 2018. The partnership has developed a Smoke Free Action Plan which aims to reduce the harms caused by smoking. The Alliance provides a coordinated and efficient approach to tobacco control with partners sharing information and best practice. The Alliance has met twice with representation from a wide range of partners including the South Tees NHS Foundation Trust, housing providers, pharmacists, regulatory services, education services and Teesside University.

The priority for the Alliance Action Plan is to promote an environment across South Tees where the public expectation is that smoking will not take place - whether it is indoors or outdoors. There is a robust and proactive approach to smoke free regulation across South Tees. Whilst there is a high level of compliance in premises prohibiting smoking in their enclosed spaces, there still remains readily available supplies of cheap illicit tobacco in some wards across South Tees which is creating a barrier to quitting. The specialist element of our stop smoking services delivers a targeted offer aimed at pregnant women, those with mental health problems and supporting children and young people to not start smoking in the first instance.



Public Health South Tees launches Stoptober

3.1.3 Maternal, Infant and Child Health (MICH) Partnership

One of the most effective means of tackling inequalities is to ensure every child has the best start in life. The Maternal Infant and Child Health Partnership (MICH) was established by Public Health South Tees to develop a strategic, overarching vision and delivery plan for the commissioning and delivery of public health services which impact on maternal and infant health outcomes ensuring a coordinated and joined up approach across organisations.

The partnership has a wide range of key partners from early years services, maternity services, the Healthy Child Programme, South Tees Clinical Commissioning Group and Public Health. The structure consists of a strategic board and several subgroups following the recommendations of the 6 high impact areas:

- Maternal smoking;
- Healthy weight;
- Maternal substance misuse;
- 1001 days (including development of a child aged 2);
- Maternal mental health; and
- Infant feeding

In the last three years (2015-18) MICH has driven improvements to local maternal, infant and child health services thanks to all those involved. This has seen expectant and new parents in South Tees get better quality support at a time in their life time where it is needed the most.



New challenges - what the future holds for MICH



Make breastfeeding in public the social norm



Ensure that everyone knows alcohol and pregnancy don't mix



Protect children from the dangers of ingesting medication



Prevent smoking relapse following birth



Give men more of an equal footing in pregnancy and early years



Strengthen local approaches to parenting



Continue to embed public health skills and expertise in the maternal and early years workforce

Source: MICH Partnership Report 2015-2018

3.1.4 South Tees Affordable Warmth Group

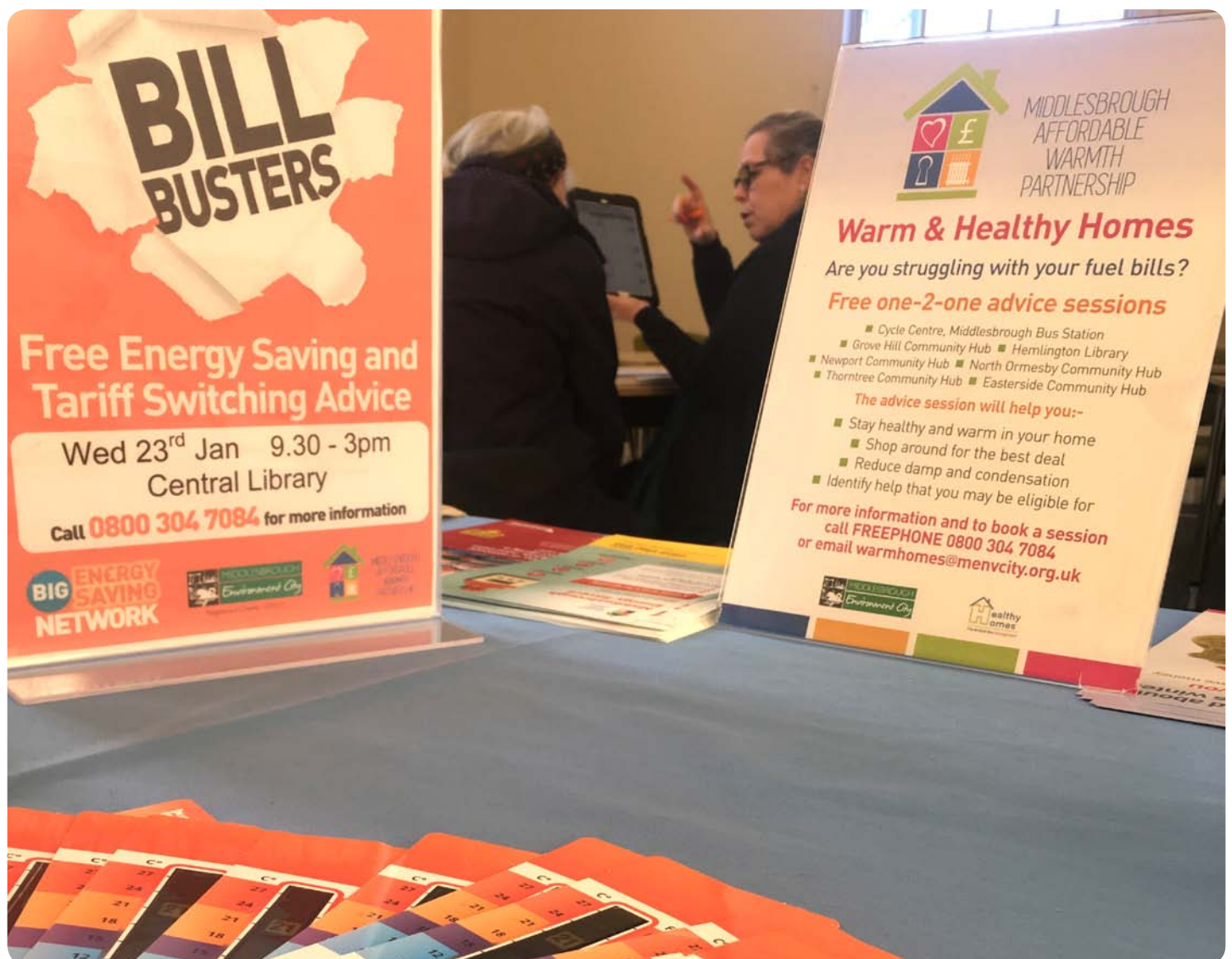
Ensuring that people are able to keep warm in their homes is a Government priority. A home should be warm and comfortable and provide a healthy and welcoming environment that fosters wellbeing¹.

The aim of the affordable warmth group is to work in partnership to ensure a committed approach to improving health and wellbeing for the people of South Tees by ensuring homes have safe and affordable warmth. The South Tees Affordable Warmth Partnership was established in July 2018. The Partnership involves key partners such as Staying Put Agencies, Cleveland Fire Service, housing associations and charities.

The Affordable Warmth Action Plan is currently being refreshed and covers the following themes:

- Ensure a high profile for affordable warmth;
- Promote energy efficiency in housing stock across all tenures;
- Improve affordable warmth through income maximisation and money advice; and
- Improve health and wellbeing through affordable warmth.

The partnership is finalising their action plan and this will be presented to the Health and Wellbeing Board for approval in 2019.



¹ Cutting the cost of keeping warm: A fuel poverty strategy for England, URN 15D/062

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408644/cutting_the_cost_of_keeping_warm.pdf

Accessed 7/1/18

3.2 Multi-agency workshops and conferences on specific public health issues

3.2.1 South Tees Health Protection Assurance Workshop

Public Health South Tees held the first ever health protection workshop event at Redcar & Cleveland College in November 2018. The conference brought together local partners and shared local health protection arrangements, in order to develop community wide resilience when responding to health protection issues such as communicable diseases or environmental health incidents.

Stakeholders identified and mapped key community assets and enumerated challenges or barriers to help protect the public. Attendees came from varied backgrounds such as schools, fire and rescue, elected members, community centres and hubs, voluntary sector, providers to statutory NHS services, health watch and private housing providers.

This inaugural workshop was the initial phase to develop and embed a cohesive community led response to health protection issues in South Tees. A multi-agency health protection partnership is being developed to lead in the production of a health protection plan and to provide assurance to the Live Well South Tees Board of the local plans to protect the health and wellbeing of local residents



Flooding in Redcar & Cleveland



3.2.2 Conference on tackling drug related deaths across Tees

a. You can't recover if you are dead conference

The north east region and Tees in particular have the worst prevalence of drug related deaths in the country. The conference was held to raise awareness of the highest levels of drug related deaths ever recorded and sought to engage key partners in tackling this issue, promote the protective features of treatment and to learn from national and international partners in terms of emerging evidence base and innovative solutions to drug misuse.

There were stakeholders from throughout the UK and Europe, including representation from Public Health, local authorities, police, treatment, prisons and recovery services, health, etc. The Injectable Opioids Treatment (IOT) pilot for Middlesbrough was announced by Cleveland Police and Crime Commissioner (PCC) Barry Coppinger, and many networking/skills exchange relationships were developed.

The event attracted extensive media coverage, including television pieces which helped to raise awareness of these important issues. The event also helped to raise the profile of the work being carried out in South Tees and promote the fact that we are an area that takes a proactive and innovative approach to tackling the harms caused by substance use disorder.

As a result, a revised and improved harm reduction offer for South Tees, including the trailblazing IOT pilot is being developed. A more collaborative approach with key partners such as Cleveland Police, the prison service, probation, NHS England and the Home Office is also being pursued to provide a seamless offer for care and support.

b. Tackling drug related deaths workshop

Drug related deaths in Teesside are currently the highest in the north east and within the top 10 in England. Public Health South Tees led a workshop with local partners to present data on drug related deaths collected from coroner inquests across Teesside and inform key partners of the current issues and formulate a plan of action to prevent future deaths.

There were over 100 persons in attendance from across Teesside and the north east, including representation from different local authorities, Cleveland Police, NHS CCG's, MSCB, HMPS, National Probation Service, Cleveland Police PCC, TEWV, PHE, substance misuse services and more.

Feedback from partners has been used to formulate an action plan to reduce drug related deaths using a multi-agency approach. This action plan will look to reduce the numbers of drug related deaths and improve the local community issues to substance misuse.



Barry Coppinger, Police Crime Commissioner for Cleveland, announcing the launch of the IOT pilot

3.2.3 Culture, art and health collaboration

The most recent Arts Council England research² has shown that people who take part in the arts are 38% more likely to report good health. Arts and culture has been shown through a range of project examples and evaluations to contribute to primary and secondary prevention, which aim to prevent harm occurring, and reduce the impact of a disease or injury that has already occurred.

Arts in health initiatives can help to unblock barriers to cultural participation by offering and promoting arts activities aimed at promoting health and wellbeing. The All-Party Parliamentary Group on Arts, Health and Wellbeing recommends that 'NHS England and the Social Prescribing Network support clinical commissioning groups, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and to redesign care pathways where appropriate.'

Middlesbrough Council and Redcar & Cleveland Borough Council are responding to the national policy developments in Arts in Health, with a view to developing relationships with strategic funders and piloting new ways of using arts as a strategic tool to improve health and wellbeing in South Tees. Commissioned by the Live Well South Tees Board, Redcar & Cleveland Borough Council and Middlesbrough Council worked with Damian Hebron to explore the following:

- Recent Arts in Health policy developments;
- Examples of best practice in the UK and globally;
- Evaluation frameworks and relevant resources;
- Key funding partnerships such as Arts Council England, Nesta, and Esmée Fairbairn; and
- Place based practice, our local assets and how we might use them.

A report is being considered by the Live Well South Tees board and will see the establishment of an arts and health network across South Tees, building on the working that is already underway. There will be opportunities to work with the Arts Council to attract external funding and investment for arts and health.



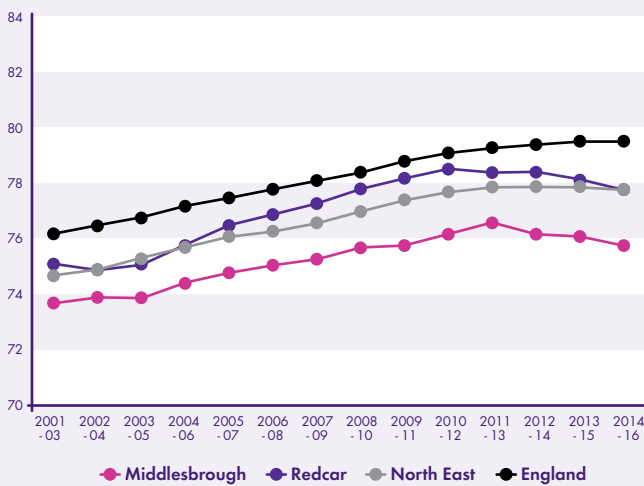
² Arts Council England, Arts, Culture and Wellbeing.
<https://www.artscouncil.org.uk/how-we-make-impact/arts-culture-and-wellbeing>
Accessed 14/12/18

4. The challenges and opportunities for improving population health outcomes across South Tees

4.1 Reducing health inequalities

Over the years we have seen significant improvements in length and quality of life across both Middlesbrough and Redcar & Cleveland with year on year improvements. However, as shown in figures 1 and 2 below, recent figures have started to show a reduction in the duration of life gains for our local populations and health inequalities are widening. Life expectancy at birth and healthy life expectancy are reducing for both males and females in South Tees and the gap between both local authority areas and England is widening.

Life expectancy at birth (male)



Life expectancy at birth (female)

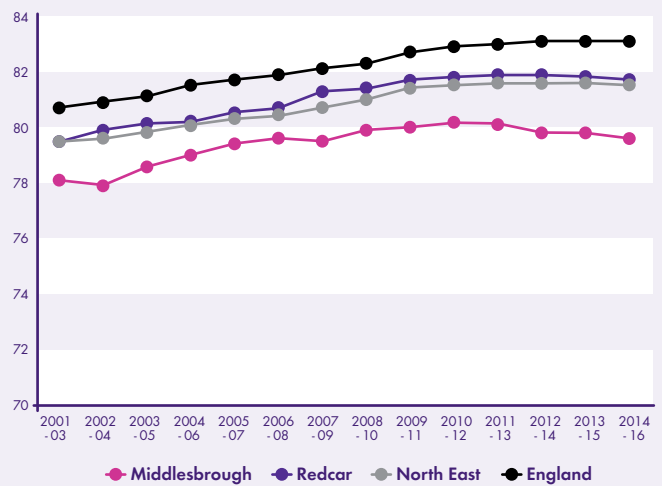
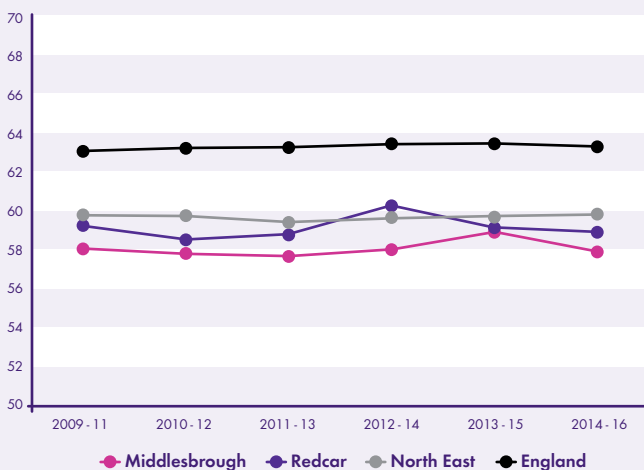


Figure 1: Trends in life expectancy at birth for males and females

Healthy life expectancy at birth (male)



Healthy life expectancy at birth (female)

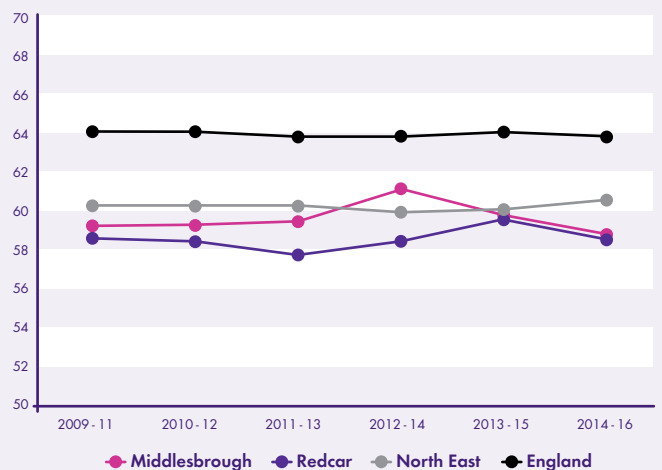


Figure 2: Trends in healthy life expectancy for males and females

The Middlesbrough DPH report for 2017, *Dying Before our Time*, summarized the key areas responsible for the slowing down of progress and made a number of recommendations. A similar report was presented to the Redcar & Cleveland Health and Wellbeing Board highlighting a similar trend and pattern.

The Global Burden of Disease (GBD) 2016 provides a summary of major causes of illness, disability and deaths from 1990 until date at a local level:

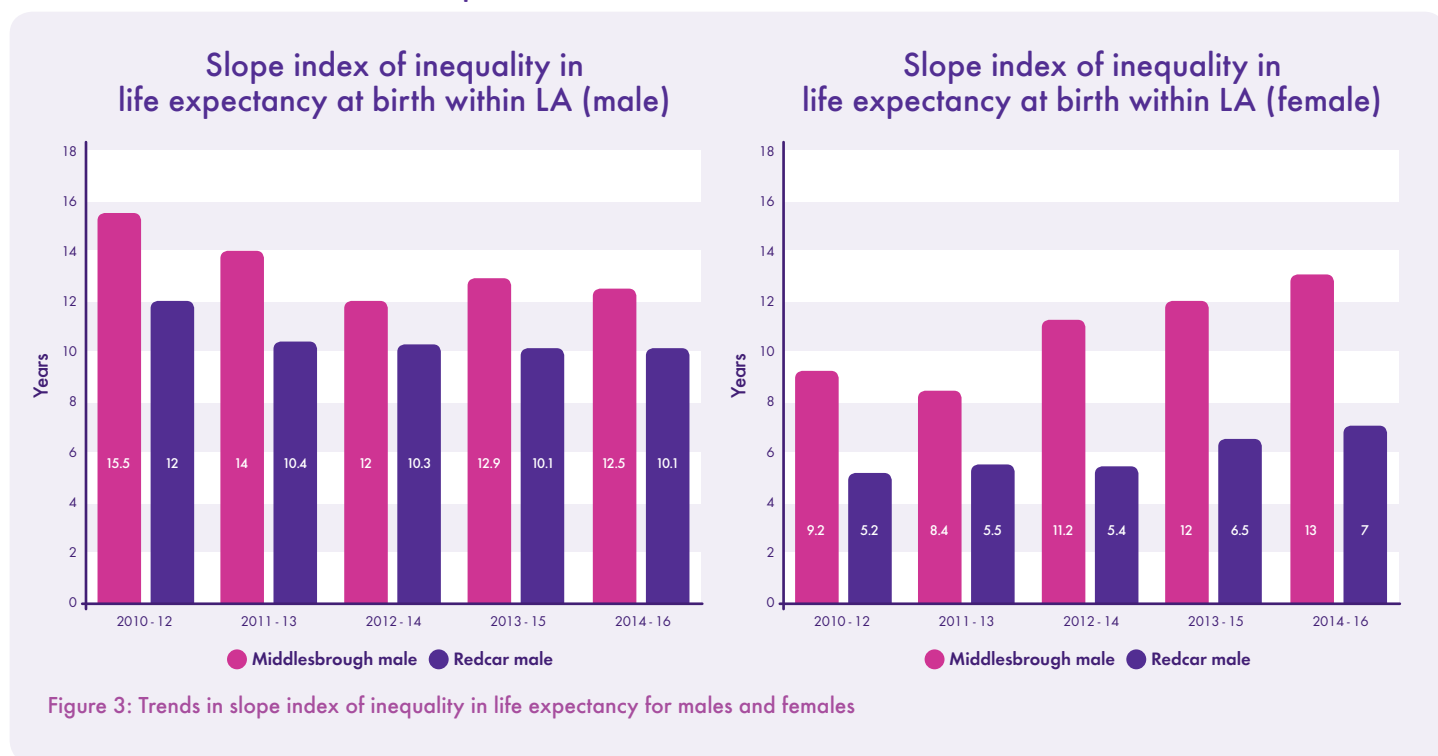
- In South Tees, Cancers are the leading cause of illness, followed by cardiovascular diseases and musculoskeletal disorders;
- Ischemic heart disease, back and neck pain, lung cancer, chronic obstructive pulmonary disease (COPD) and stroke account for a third of all disabilities. There has been significant reductions in disability for cardiovascular diseases and neonatal disorders whilst cirrhosis, neurological and digestive disorders saw increases over the period;
- Cancers are also the leading cause of deaths locally, followed by cardiovascular diseases and neurological disorders. This differs from the national average where cardiovascular is the highest. Nearly half of all deaths locally are from ischemic heart disease, stroke, lung cancer, COPD and dementia. There has been significant reductions in deaths from cardiovascular diseases, neonatal disorders and transport injuries, whilst mental and substance misuse disorders, neurological disorders and cirrhosis have seen the largest increases; and
- We are also seeing a continuing and important shift in the burden of disease, from deaths to long term illness. The biggest health burdens in our population now are deterioration or injuries in the musculoskeletal system (such as back pain and arthritis) and mental ill health.

The key drivers for the stalling of both life expectancy at birth and healthy life expectancy are due to the broader changes in social determinants of health than they are about changes in health care.

National and local research has shown that austerity, changes in the welfare system, and the funding cuts to public and voluntary sector organizations is having an impact on people's health and well-being as well as widening health inequalities.

Figure 3 below shows trends in the inequality gaps in life expectancy between the affluent and deprived wards in Middlesbrough and Redcar & Cleveland. The deprived communities and neighborhoods continue to have significantly lower life expectancy than affluent areas and the gap is widening for females in both areas. Whilst the gap seems to be narrowing for males, it is concerning that this is due to a slowing down of progress in the affluent areas than improvements and gains in the deprived wards.

The relative contribution of major determinants to our health



People living in the most deprived areas spend almost double the proportion of their shorter lives in poor health, compared with the least deprived³.

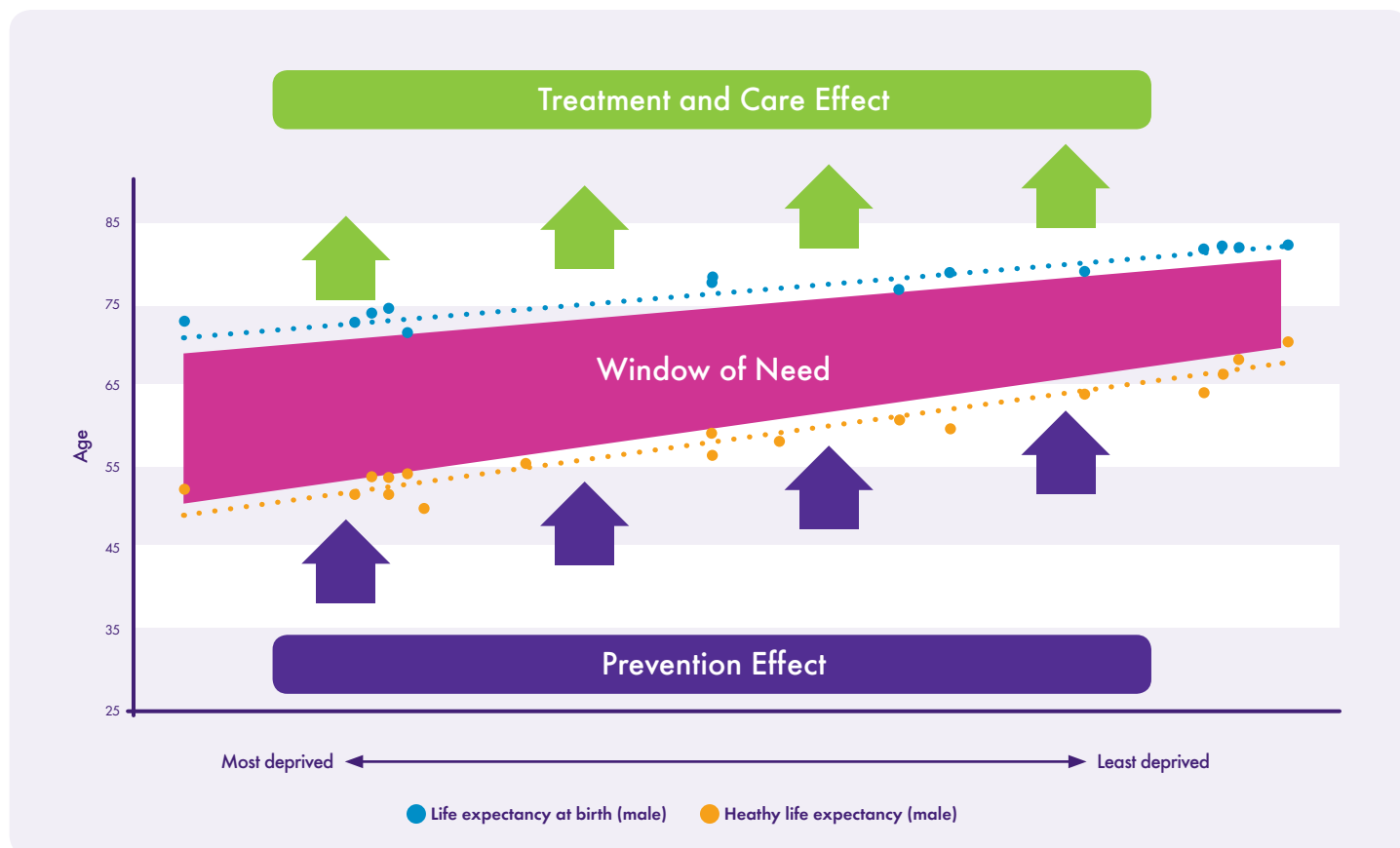
Recommendation 3:

Work needs to continue to reduce the inequalities in life expectancy and healthy life expectancy and to ensure the major contributing factors to the decline in life expectancy figures and the widening inequality gaps continue to be addressed. These include the following:

- Clear plans for reducing the mortality from cardiovascular diseases, diabetes, cancer and respiratory conditions that spans prevention through to specialist treatment and care;
- A clear strategy for improving quality of life and addressing the major causes of low healthy life expectancy to cover musculoskeletal conditions, mental health (anxiety and depression) and the key long term conditions; and
- Continued focus on preventing drug related deaths, suicides and deaths from road traffic accidents.

4.2 The health and care gap

The health and care gap or 'window of need' is the time between healthy life expectancy (HLE) and life expectancy (LE) at birth or the gap between lives lived in a healthy state through to death. It is the time between the onset of ill health and the resolution of that ill health which for most long term conditions is sadly at the point of death. During the phase of the window of need majority of our population in South Tees will be living with multiple illnesses and have complex care needs. It is also the time where individuals utilize health and care resources significantly.



³ ONS (2018) statistical bulletin, Health state life expectancies by national deprivation deciles, England and Wales: 2014 to 2016, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstatelifeexpectanciesbyindexofmultipledeprivationimd/englandandwales2014to2016>
Accessed 17/12/18

Prevention effect: Whilst both prevention and treatment and care approaches will lead to increase in overall life expectancy, only prevention activities increase the duration of healthy life expectancy. Prevention interventions help to either avoid ill health or to delay the onset of certain diseases. Some prevention interventions e.g. screening, also help to detect early signs of subclinical condition to enable early intervention in order to reduce the level of disability and enable improved wellbeing.

Treatment and care effect: Treatment and care approaches support individuals to cope and live longer with the acquired long term conditions. Thus people are supported to improve quality of life but it does not lead to improvements in healthy life expectancy as more people are supported to live with their condition.

The challenges facing our health and social care services include the need to develop new care models to improve the health of our populations, provide better patient experiences and reducing overall cost. The need for health and care varies in the population with a very small amount of people utilising the most resources. More people are presenting with multiple chronic long term conditions⁴. Individual members of the population with the largest numbers of multi-morbidities, are more likely to utilise the most of the health and care resources.

The Live Well South Tees Board has started exploring new ways of working and new models of care that will help make the most use of the South Tees £ (pound). The Board has commissioned the Health and Wellbeing Board Executive to lead on establishing a Health and Social Care Integration programme.

Population health

Population health is an approach that aims to improve health and wellbeing outcomes and reduce health inequalities across an entire population. It focuses on the wider determinants of health and the role of people and communities to achieve good health and wellbeing outcomes. The King's Fund provides a framework for action that is based on four interconnected pillars⁵ and ranks them in order of importance as:

- Wider determinants of health are the most important driver for health;
- Our health behaviours and lifestyles are the second most important driver for health;
- The places and communities we live in and with is an important influence on our health behaviours and outcomes; and
- An integrated health and care system reflects the growing number of people with multiple conditions and the need to provide care and support around their needs rather than in silos.

Current efforts are not in balance across the pillars and there is not enough focus on the interconnections between the pillars as parts of the same system. A more balanced approach is required that distributes efforts across all four pillars and makes the interconnections between them.

Recommendation 4:

The Live Well South Tees Board needs to ensure local plans reflect a stronger focus on:

- a. Wellbeing and healthy life expectancy (quality of life);
- b. Primary and secondary prevention;
- c. Children, young people and families; and
- d. Mental health.

⁴ Sollis (2018), White paper - Understanding Population Health

⁵ The King's Fund (2018), A Vision for Population Health - Towards a Healthier Future

4.3 The latest NHS reorganisation

The NHS has seen a constant change in recent years. In 2016, NHS organizations and local councils came together to form 44 sustainability and transformation partnerships (STPs) covering the whole of England, and set out their proposals to improve health and care for patients.

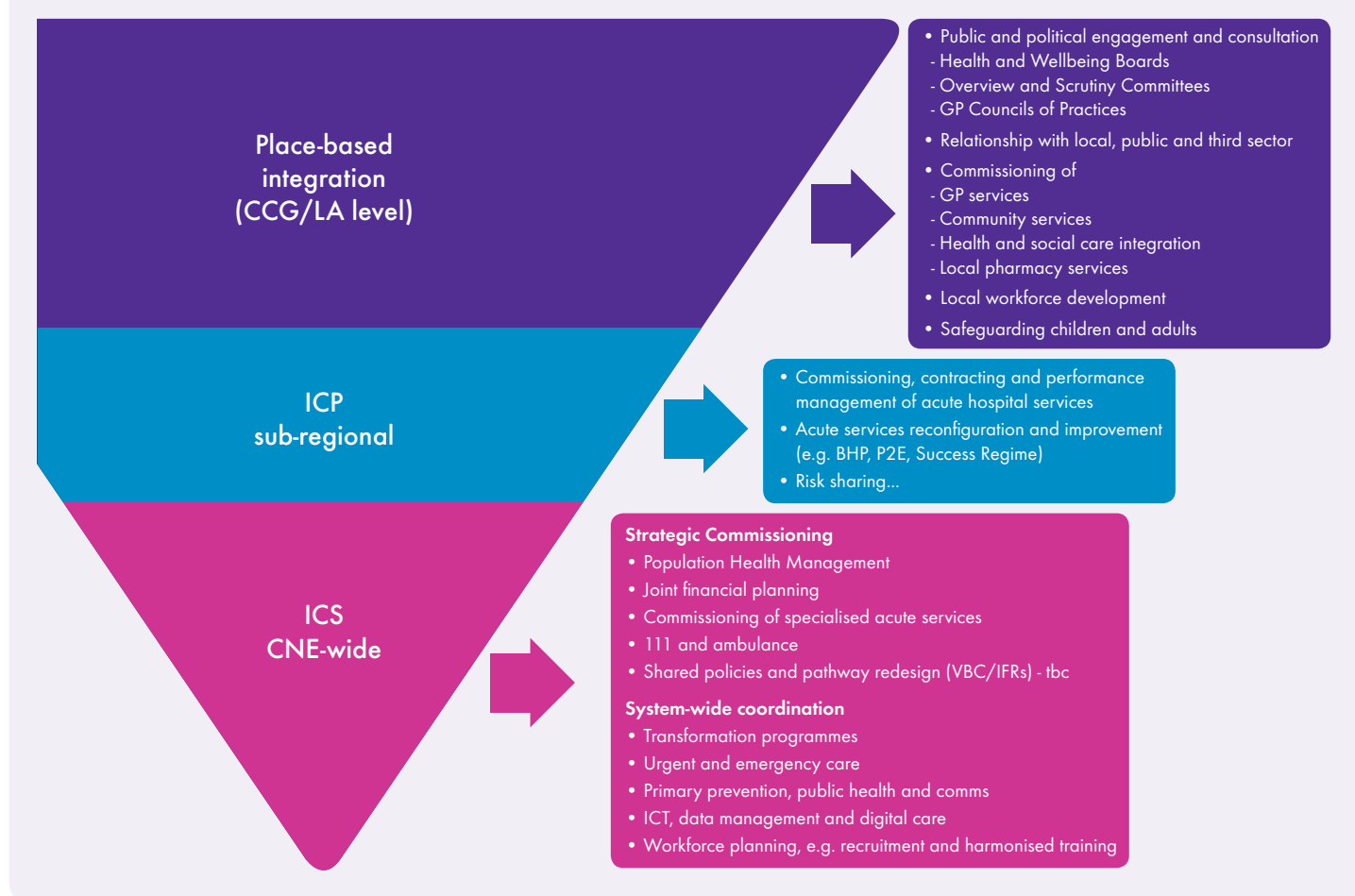
In some areas, such as the North East and North Cumbria, the partnership is evolving to form an integrated care system (ICS), a new type of even closer collaboration. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

The North East and North Cumbria ICS has four sub geographical integrated care partnerships (ICPs) - North Cumbria, North (Northumberland, North Tyneside, Newcastle and Gateshead), Central (South Tyneside, Sunderland and Durham) and South (Darlington, Stockton, Hartlepool, Middlesbrough, Redcar & Cleveland and North Yorkshire). The proposed collaborative delivery model for the ICS is to provide system leadership to facilitate delivery at different levels - ICS, ICP or place-based (local authority/CCG geographical footprint)⁶.

Recommendation 5:

The Live Well South Tees Board will need to continue to hold the Integrated Care System to account for the plans and delivery plans at all the different levels (regional, sub-regional and place based) to ensure the decisions being made lead to improvements in the health of the local population.

What gets done at ICS, ICP and place-based levels



⁶ NHS direction of travel: An integrated care system for the North East and North Cumbria

<https://my.northynteside.gov.uk/sites/default/files/meeting/related-documents/NT%20HWPB%20pres%202022%2008%2018.pdf>

Accessed 17/12/18

5. Summary of recommendations

Recommendation 1:

As the joint public health service becomes more embedded across both organisations, there is need to demonstrate the benefits that were outlined in the business case.

Recommendation 2:

The Live Well South Tees Board should enable and promote multi-agency support and delivery of the ambitions set out in the Middlesbrough Strategic Plan and Our Flourishing Future.

In particular further work needs to be carried out on the following:

- a. Develop a plan on addressing the issues associated with work and health;
- b. Strengthen the work between transport and health and maximising the health benefits of sustainable travel;
- c. Develop a multi-agency local clean air plan for South Tees;
- d. Strengthen the work between planning and health to create environments that promote health and wellbeing; and
- e. Refresh the plans for tackling poverty.

Recommendation 3:

Work needs to continue to reduce the inequalities in life expectancy and healthy life expectancy and to ensure the major contributing factors to the decline in life expectancy figures and the widening inequality gaps continue to be addressed. These include the following:

- a. Clear plans for reducing the mortality from cardiovascular diseases, diabetes, cancer and respiratory conditions that spans prevention through to specialist treatment and care;
- b. A clear strategy for improving quality of life and addressing the major causes of low healthy life expectancy to cover musculoskeletal conditions, mental health (anxiety and depression) and the key long term conditions; and
- c. Continued focus on preventing drug related deaths, suicides and deaths from road traffic accidents.

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The Live Well South Tees Board needs to ensure local plans reflect a stronger focus on:

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The Live Well South Tees Board will need to continue to hold the Integrated Care System to account for the plans and delivery plans at all the different levels (regional, sub-regional and place based) to ensure the decisions being made lead to improvements in the health of the local population.

6. Acknowledgements

I would like to thank all the people for their contribution in the production of this report.

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7. At a glance

Unemployed



Difference in life expectancy (years) between most and least deprived area - male



Difference in life expectancy (years) between most and least deprived area - female



Adults with a long term mental health problem



Admissions due to falls (65+)



All ages living in fuel poverty



Healthy life expectancy at birth (years) - male



Healthy life expectancy at birth (years) - female



All ages with heart disease



All ages with dementia



MMR vaccination coverage for two doses (aged 5)



Adults with diabetes



All ages with stroke



All ages with cancer



Children with special educational needs



If Middlesbrough was a village of 100 people



All ages with asthma



Basic skills need to start school aged 5



All ages alcohol related hospital admission episodes



Babies not breastfed



Under 5 5-17 18-65 65+



Estimated prevalence of opiate and/or crack cocaine use



Babies born to mothers who smoke



Adults who smoke



Year 6 children who are overweight or obese



Children in poverty



All ages living in most deprived 10% nationally



Adults who are physically active



Adults who are overweight or obese



* indicators are age specific and relate to different proportions of the total population

Unemployed



Difference in life expectancy (years) between most and least deprived area - male



Difference in life expectancy (years) between most and least deprived area - female



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Admissions due to falls (65+)



All ages living in fuel poverty



Healthy life expectancy at birth (years) - male



Healthy life expectancy at birth (years) - female



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MMR vaccination coverage for two doses (aged 5)



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All ages with stroke



All ages with cancer



Children with special educational needs



If Redcar & Cleveland was a village of 100 people



All ages with asthma



Basic skills need to start school aged 5



All ages alcohol related hospital admission episodes



Babies not breastfed



Under 5 5-17 18-65 65+



Male

Female

Children

Adults

Population: 136,005

Estimated prevalence of opiate and/or crack cocaine use



Babies born to mothers who smoke



Adults who smoke



Year 6 children who are overweight or obese



Children in poverty



All ages living in most deprived 10% nationally



Adults who are physically active



Adults who are overweight or obese



* indicators are age specific and relate to different proportions of the total population

