



**Legal and Corporate Services**

## **ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL**

<b>Date:</b> Monday 13th April, 2026
<b>Time:</b> 4.00 pm
<b>Venue:</b> Spencer Room, Town Hall

### **AGENDA**

1. Welcome and Fire Evacuation Procedure

In the event the fire alarm sounds attendees will be advised to evacuate the building via the nearest fire exit and assemble at the Bottle of Notes opposite MIMA.

2. Apologies for Absence

3. Declarations of Interest

4. Minutes- Adult Social Care and Health Scrutiny - 23 February 2026

3 - 8

5. Overview and Scrutiny Board Update

The Chair will provide a verbal update on matters considered at the Overview and Scrutiny Board held on 18 March 2026.

6. VAWG - Final Terms of Reference - For Approval (TABLED)

Members are invited to approve the Terms of Reference for the Violence Against Women and Girls review. These have been shaped through previous discussion and are now submitted for formal agreement.

7. VAWG - Further Evidence - Children's Services (Verbal Update)

The Director of Education will be in attendance to provide further evidence and respond to members' questions in relation to the panel's review of 'Violence Against Women and Girls – How to Tackle It'

8. Quarterly Update - Adult Social Care - Care Quality Commission (CQC) Improvement Plan 9 - 16
- The Corporate Director of Adult Social Care and Health will present the quarterly update of the CQC Improvement Plan.
9. Director of Public Health Annual Report 2026 17 - 100
- The Joint Director of Public Health for South Tees will be in attendance to present the 2026 Director of Public Health Annual Report.
10. Any other urgent items which in the opinion of the Chair, may be considered.

Charlotte Benjamin  
Director of Legal and Governance Services

Town Hall  
Middlesbrough  
Wednesday 1 April 2026

#### MEMBERSHIP

Councillors J Kabuye (Chair), D Coupe (Vice-Chair), J Banks, D Branson, D Jackson, T Mohan, S Platt and Z Uddin

#### **Assistance in accessing information**

**Should you have any queries on accessing the Agenda and associated information please contact Claire Jones / Rachael Johansson, 01642 729112 / 01642 726421, [claire\\_jones@middlesbrough.gov.uk](mailto:claire_jones@middlesbrough.gov.uk) / [rachael\\_johansson@middlesbrough.gov.uk](mailto:rachael_johansson@middlesbrough.gov.uk)**

This document was classified as: OFFICIAL

## ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL

A meeting of the Adult Social Care and Health Scrutiny Panel was held on Monday 23 February 2026.

**PRESENT:** Councillors J Kabuye (Chair), J Banks, D Branson, D Coupe (Vice-Chair), D Jackson, T Mohan and Z Uddin

**ALSO IN ATTENDANCE:** T Brittain (OPCC)

**OFFICERS:** R Johansson, C Jones, C Moore and L Price

**APOLOGIES FOR ABSENCE:** Councillor S Platt

### 25/1 **WELCOME AND FIRE EVACUATION PROCEDURE**

The Chair welcomed all present to the meeting and described the fire evacuation procedure.

### 25/2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

### 25/3 **MINUTES- ADULT SOCIAL CARE AND HEALTH SCRUTINY - 12 JANUARY 2026**

The minutes of the Adult Social Care and Health Scrutiny meeting held on 12 January 2026 were submitted and approved as a correct record.

### 25/4 **OVERVIEW AND SCRUTINY BOARD UPDATE**

The Chair provided an update on items discussed at the Overview and Scrutiny Board meeting held on 28 January 2026, which included:

- An update from the Executive Member for Public Health.
- Final Report of the Community Cohesion review.
- Artificial Intelligence Update

### 25/5 **CLEVELAND POLICE AND CRIME COMMISSIONER - PRIORITIES FOR TACKLING VAWG**

At the request of the Panel, a Representative from the Cleveland Police and Crime Commissioner (PCC) attended the meeting to provide an overview of Violence Against Women and Girls (VAWG) as a key priority within the Police and Crime Plan.

The Panel heard that tackling VAWG was a central priority for the PCC and that this work was underpinned by a focus on prevention and education, improving justice outcomes for victims, and holding perpetrators to account. It was explained that this included working with Criminal Justice System partners through Local Criminal Justice Board arrangements to understand and address challenges relating to reporting, victim experience within the justice system, and limitations within policing powers, charging decisions, and judicial processes which affected conviction rates and outcomes for victims. Members were given an overview of the 10-year Tees-wide Tackling Domestic Abuse Perpetration Strategy

Members were advised that improving safety for women and girls was one of the core priorities within the Police and Crime Plan with the following measures noted:

- Use of preventative and protective orders
- Recorded VAWG offences.
- Use of disclosure schemes
- Arrest rates and positive outcome rates.

Performance information was presented which showed that VAWG offences accounted for a significant proportion of recorded crime in Cleveland (22.5% of total recorded crime, 12 months

23 February 2026

to September 2025) It was noted that overall VAWG offences had reduced over the reporting period (an 8.16% reduction, -1,402 offences compared to the previous year).

During the reporting period, VAWG crimes linked to domestic abuse decreased by 4.47% (-403 crimes), while sexual-violence-related VAWG offences increased by 16.22% (+282 crimes). Policing outcomes showed gradual improvement, with arrest rates increasing year-on-year between September 2023 and September 2025, including a 2.0-point rise in the most recent 12-month period.

In the 12 months to September 2025, the force received 2,566 Clare's Law applications, representing a 12% increase on the previous year. 35.5% of applications resulted in a disclosure, reflecting ongoing preventative activity.

Voluntary and community sector services continued to manage high demand and increasing case complexity. In the same 12-month period, services received:

- 723 referrals to the Independent Sexual Violence Advisor Service (5.5% increase)
- 8,518 referrals to the Independent Domestic Violence Advocate Service (0.2% increase)
- 34 referrals to the Independent Stalking Advocacy Service (3% increase)

Members were also provided with an overview of the PCC's commissioning activity to support victims and vulnerable people, including both Middlesbrough-specific and Cleveland-wide services. This included advocacy, crisis intervention, specialist support for different cohorts, and targeted services for children and young people affected by abuse and exploitation.

The Panel was further advised of work underway to tackle perpetrators, including the development of a Tees-wide multi-agency Tackling Domestic Abuse Perpetration Strategy. It was explained that this strategy focused on addressing harmful behaviours, strengthening accountability, and improving workforce capability through a number of key workstreams, including data and insights, communications and engagement, workforce literacy and practice, and 'intervene/disrupt/deter' activity.

The presentation prompted wide-ranging discussion, during which Members raised questions and comments on data, education, prevention and criminal justice responses.

A Member highlighted that Cleveland had the second highest rate of domestic abuse nationally, noted the reported reduction and asked whether this represented good progress. The representative advised that violence against women and girls was significantly under-reported, which remained a substantial issue to be addressed. It was further stated that perpetrators may use controlling or manipulative behaviours which act as a barrier to victims reporting incidents.

Members queried the figures relating to perpetrator engagement. The representative advised that engagement with lower-level perpetrator programmes was under-subscribed, as participation was voluntary. It was reported that there had been around 183 referrals, with around 18 individuals completing the programme. It was further noted that many men were reluctant to engage due to the stigma associated with the term 'perpetrator'.

Members were advised of instances of disguised compliance, most commonly arising through social work intervention where men were directed to engage in order to maintain contact with their children. It was explained that the starting point of the programme required an acknowledgement of behaviour, and that there was a number of systematic barriers which prevented progression to this stage.

A Member questioned whether custodial sentences could be used more widely as a deterrent for perpetrators. The PCC representative advised that the use of imprisonment was constrained by the current legislative framework, with custodial sentences generally reserved for offences involving serious violence. It was noted that sentences of less than 12 months were often served in the community, and that sustained behavioural change was more effectively addressed through longer-term interventions. The representative further advised that the effectiveness of responses was influenced by the scope of existing legislation.

A Member queried the provision and funding of residential accommodation. The Domestic Abuse Strategic Lead advised that funding was derived from a combination of council approved budget and government funding, which was used to commission safe accommodation. It was reported that Changing Lives provided 16 units of two- and three-bedroom properties, with a

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further 15 properties available for victims and their children. Members were advised that a procurement exercise was currently underway for a larger prevention, protect and support contract, with the aim of further increasing the availability of safe accommodation. It was also noted that Middlesbrough had the highest level of provision across the region, with detailed information available on the Council's website.

A Member reflected on the data presented and queried whether, as a society, progress was being made over time as data collection had improved. In response the PCC representative advised that understanding of domestic abuse had significantly developed over the past 10-20 years, supported by sustained awareness-raising campaigns and greater recognition of the nuanced behaviours associated with abuse. The Domestic Abuse Strategic Lead further advised that a data analyst was now in post within the Council and was supporting work on domestic abuse data. It was noted that work was ongoing to enable access to relevant Cleveland Police data, which would support improved analysis and understanding of local trends.

The Member asked what was considered to be the main underlying issue. The Domestic Abuse Strategic Lead commented that, in her view, addressing misogyny and the cultural acceptance of harmful attitudes remained central to tackling violence against women and girls. The Domestic Abuse Coordinator further advised that there were common misconceptions around domestic abuse, including assumptions relating to class, anger or substance and alcohol misuse. It was emphasised that domestic abuse was fundamentally about power and control and that empowering others to recognise and challenge such behaviour was critical. In this context, the importance of early intervention and work with young men and boys was highlighted, including national campaigns encouraging peers to challenge concerning behaviour.

A Member referred to generational cycles of domestic abuse within families and questioned the extent of current education on this issue within schools. The Domestic Abuse Strategic Lead advised that the Council funded provision to both primary and secondary schools, which was delivered by My Sister's Place. It was noted that the national strategy placed increased emphasis on education and early intervention. It was further noted that there was an intention to undertake targeted work with young men and boys identified as being at risk, including through Curve.

**Agreed that:**

- The information provided from the Office of the Cleveland Police and Crime Commissioner, be noted.

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**WHITE RIBBON - OVERVIEW**

At the request of the Panel at its previous meeting, the Panel received a presentation from the Council's Domestic Abuse Strategic Lead, who provided an overview of White Ribbon and the requirements for White Ribbon accreditation.

Members were advised that the White Ribbon was an international prevention campaign focussed on engaging men and boys to challenge attitudes, behaviours and systems that underpinned violence against women and girls. The presentation outlined the preventive and intersectional ethos of the White Ribbon, emphasising cultural change, allyship and shared responsibility in addressing harmful gender norms and expressions of masculinity.

The Panel heard that White Ribbon accreditation would demonstrate the Council's commitment to preventing violence against women and girls through transformational culture change across its workforce, systems and communities and would support alignment with the government's VAWG strategy. Members were advised that accreditation required the development and delivery of a three-year action plan, supported by senior leadership, a steering group and a network of trained ambassadors and champions.

The steps required prior to application were outlined, including the appointment of a lead contact and strategic lead, establishment of a steering group and registration of ambassadors and champions. It was stated that the Domestic Abuse Strategic Lead or the Domestic Abuse Coordinator would act as the lead contact for the accreditation process, and that the Chief Executive had recently expressed an interest in acting as the Strategic Lead.

Members were informed that White Ribbon provided a local authority action plan template covering strategic leadership, engaging men and boys, changing culture and raising awareness and that accreditation was intended to be a long-term commitment rather than a one-off exercise. Members were also advised that, subject to White Ribbon's approval of the local authority's action plan, accreditation would be awarded for a three-year period, the associated accreditation fee of £995 was also noted.

A member queried whether Middlesbrough Council had previously held White Ribbon accreditation. It was advised that the local authority had previously been accredited for a three-year period; however, the accreditation had lapsed due to capacity issues, including staff sickness, and the authority had not reapplied within the required timescales. The member further queried how progress had been measured previously. It was noted that evaluation arrangements had been limited and could have been stronger, and that consideration would be given to developing clearer key performance indicators as part of any new action plan submitted.

A member asked how many neighbouring local authorities currently held White Ribbon accreditation. The Domestic Abuse Strategic Lead advised that there were none locally and undertook to provide members with a list of accredited local authorities. The member further queried the relatively low uptake of accreditation, and it was suggested that this was likely linked to capacity constraints as not all local authorities had a dedicated Domestic Abuse Strategic Lead. It was noted that Middlesbrough now had an opportunity to progress this work further with a Domestic Abuse Coordinator in post.

A member commented that it was important for this work to "become the norm" and to be positively received by young men, including within schools, rather than being perceived as punitive. Reference was made to the need to promote positive role models and challenge harmful influences.

In response, the Domestic Abuse Strategic Lead advised that during the Council's previous period of White Ribbon accreditation, players from Middlesbrough Football Club had worn the White Ribbon during football matches, which had been a highly visible and impactful way of promoting the message and engaging men and boys. It was suggested that similar role model approaches, alongside trusted professionals such as teachers and youth workers, could again support cultural change.

This led to a discussion on education and prevention, including the role of schools and the potential use of welfare leads to support this agenda. It was agreed that further evidence should be sought at a future meeting from Children's Services, potentially at Director level, to provide an overview of current work with schools aligned to the national Violence Against Women and Girls strategy, including engagement with school welfare leads.

Members also discussed White Ribbon Day on 25 November, the International Day for the Elimination of Violence Against Women. While acknowledging the value of awareness-raising activity on the day itself, members emphasised the importance of full White Ribbon accreditation to ensure a sustained commitment to prevention and culture change, rather than reliance on a single annual event.

During the discussion, members expressed strong support for the Council becoming White Ribbon accredited. It was noted that members viewed accreditation as an important step in demonstrating organisational leadership on the prevention of violence against women and girls and in supporting wider cultural change. Members therefore requested that work to progress White Ribbon accreditation be taken forward.

**Agreed that:**

- The information provided on White Ribbon accreditation be noted.
- Officers proceed with the necessary steps to applying for accreditation.
- Further evidence be sought from Children's Services on work with schools relating to healthy relationships, education and prevention, in line with the national Violence Against Women and Girls strategy.

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It was agreed that, following consideration of the further evidence, members would now develop Terms of Reference for the Violence Against Women and Girls review, focussing on education, prevention and approaches to perpetrators. Suggested Terms of Reference should be submitted to the Democratic Services Officer, with formal consideration scheduled for the meeting on 13 April 2026.

25/8 **DRAFT FINAL SCRUTINY REPORT - HEALTHY PLACEMAKING WITH A FOCUS ON CHILDHOOD OBESITY**

The Final Draft Report of the Healthy Placemaking with a Focus on Childhood Obesity review was presented to the Panel.

**Agreed that:**

- Any additional comments or suggested amendments should be submitted to the Democratic Services Officer by no later than 7 March;
- The final report, incorporating any agreed amendments, would be authorised by the Chair; and
- The final report would be submitted to the Overview and Scrutiny Board meeting on 18 March.

25/9 **DATE AND TIME OF NEXT MEETING - 13 APRIL 2026, 4.00PM**

The next meeting of the Adult Social Care and Health Scrutiny Panel had been scheduled for Monday, 13 April 2025 at 4.00 pm in the Mandela Room, Town Hall.

25/10 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

None.

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# ASC Scrutiny

Subject Title: Directorate Improvement Plan Update

Date: 13 April 2026

# BACKGROUND

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- CQC Assessment resulted in Middlesbrough being rated 'Requires Improvement'.
- Triggered development of formal Improvement Plan aligned to CQC themes.
- CQC Report was published Feb 2025.
- Improvement plan is monitored via the Improvement Programme Board and Scrutiny Panel
- Requirement to submit progress updates to the DHSC quarterly which have resulted in de-escalation from formal monitoring

# Governance

- Wrap-around governance with PMO
  - Programme Manager works closely with PMO lead to ensure the programme is aligned to corporate requirements
- Monthly reporting to Programme Board
  - Programme Board is chaired by Director of Adult Social Care and Health Integration
- Risk & performance monitored via project plans
  - Risks and issues are monitored by the programme manager with the relevant project leads
- Closure reports and case studies for evidence are developed as items are complete and closed for evidence

## Key Focus Areas

The Care Quality Commission (CQC) report identified critical areas that required focused improvement

These were:

- Having a **clear vision and strategy** for the Directorate
- Improving **support for unpaid carers**
- Developing a **robust workforce strategy** with a clear emphasis on **equality, diversity and inclusion**
- Tackling **digital exclusion** to ensure residents can access services effectively
- Enhancing the **promotion and visibility of services** to the community
- Embedding **co-production** so that people who use services have a genuine voice in shaping them
- Undertaking a deep dive review of the ACT model to **address homelessness and related vulnerabilities.**

These priorities formed the foundation of our improvement programme and have been translated into formal projects with clear governance and delivery plans to ensure sustainable change.

## Key Focus Areas - Projects

Key Focus Area	Update
Vision and Strategy	<ul style="list-style-type: none"> <li>• Approved &amp; published</li> </ul>
Unpaid Carers	<ul style="list-style-type: none"> <li>• Mobilise – targeting hidden carers to continue</li> <li>• DASS in Redcar and Middlesbrough to co-chair carers forum</li> <li>• Pilot in planning for Redcar carers together to complete carers assessments</li> <li>• Draft bridging plan developed</li> </ul>
Workforce Strategy <i>(inclusive of Equality, Diversity and Inclusions)</i>	<ul style="list-style-type: none"> <li>• Strategy approved</li> <li>• Working group meeting</li> <li>• Care Academy launch 1<sup>st</sup> May – over 100 applications for apprentices</li> <li>• Development of a recruitment mirco-site</li> </ul>

## Key Focus Areas – Projects

Key Focus Area	Update
Tackling Digital Inclusion	<ul style="list-style-type: none"> <li>• Plan in delivery with 4 Key workstreams developed (Digital Champions Programme, Volunteers Programme, Front Door and Community Hubs Digital Offer, Community Digital Support Model)</li> <li>• The project has seen early successes with 24/25 digital champions appointed; Drop in digital sessions established; Partnership with refurb ICT established – some delay following absence of lead</li> </ul>
Promotion of Services	<ul style="list-style-type: none"> <li>• Working group established</li> <li>• Revisions in place to website</li> <li>• Celebration of social work week</li> </ul>
Co Production	<ul style="list-style-type: none"> <li>• Plan in delivery with a Directorate wide co-production framework now developed</li> <li>• Healthwatch have been appointed as our co-production delivery partner with the lead due to be appointed mid December</li> </ul>
Homelessness	<ul style="list-style-type: none"> <li>• Head of Housing Solutions, Prevention and Support recruited.</li> <li>• Plans for move to Broadcasting house</li> </ul>

## Other Key Initiatives

Key Focus Area	Update
Performance Framework	<ul style="list-style-type: none"> <li>New performance framework developed for 26/27 – to be brought to future scrutiny</li> </ul>
Magic Notes (transcription tool)	<ul style="list-style-type: none"> <li>Magic Notes Transcription in place - has resulted in social workers having the ability to have more quality conversations with the people they are supporting and subsequently more accurate and detailed recording</li> </ul>
Conversational Approach to Wellbeing and Care Planning	<ul style="list-style-type: none"> <li>This change in practice and culture is being led by the principal social worker</li> <li>Roll out across the department – now working in Access &amp; Safeguarding along side the review of the front door.</li> </ul>
Growth	<ul style="list-style-type: none"> <li>Investment in areas of focus</li> <li>Service Director – Adult Social Care appointed</li> <li>Growth in review team / audit and practice/ DOLS signatory</li> <li>Review of the front door model in progress</li> </ul>

## Next Steps

- Continue Identifying Improvement Opportunities
  - Investment in continuous improvement- post recruited – to undertake review of reablement
- Form a cross-functional group to explore AI and automation solutions aimed at improving capacity, reducing administrative burden, and supporting frontline staff.
- Develop a Cost Avoidance Impact Model
  - Work ongoing to create a framework to measure and evidence where key initiatives have delivered cost avoidance—linking these outcomes to budget requirements while demonstrating person-centred benefits.
- Strengthen Collaboration with ICT and Corporate Centre
  - Embed regular engagement sessions to align improvement and transformation initiatives with wider organisational digital strategies, ensuring scalability and sustainability.



# Director of Public Health Annual Report 2026

## A Public Health Approach to Prevention

**Mark Adams**

**Joint Director Public Health South Tees**

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Agenda Item 9



# Why focus on prevention?

- This year's report focuses on prevention, highlighting challenges, good practice, and where we have opportunities to strengthen prevention across the system
- Persistent health inequalities driven by high levels of deprivation, unemployment, and poor housing conditions mean that lots of our residents live in poor health.
- We know that many of these health conditions can be prevented or managed in ways that support people to live well and independently for longer.
- There is increasing demand on the health and social care sector to meet these changing needs.

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**DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

**2026**

**A PUBLIC HEALTH APPROACH TO PREVENTION**

# Prevention is everyone's business

- Shared understanding of Prevention
- Role all organisations and areas of society play a vital role.
- The report highlights where different organisations and sectors support prevention across different levels of prevention –
  - NHS
  - Local authorities including Adult Social Care, Public Health, and wider teams
  - Voluntary and Community Sector
  - Research and innovation

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	NHS - PRIMARY AND SECONDARY CARE	LOCAL AUTHORITIES	VOLUNTARY AND COMMUNITY SECTOR ORGANISATIONS (VCSOs)	ACADEMIC SECTOR - HEALTH DETERMINANTS RESEARCH COLLABORATION (HDRC) SOUTH TEES
<b>PRIMORDIAL PREVENTION:</b> Preventing the emergence of risk factors for disease 	<ul style="list-style-type: none"> <li>• Tees Valley Anchor Network working across employment, procurement, sustainability, and estates</li> <li>• Social Prescribing link workers supporting patients to access support, finance, and reduce social isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Tees Valley Anchor Network working across employment, procurement, sustainability, and estates</li> <li>• Safe and affordable housing</li> <li>• Improving access to green spaces</li> <li>• Warm homes schemes</li> <li>• Dementia-Friendly services and support</li> <li>• Healthy Weight Declaration and Eat Well South Tees</li> </ul>	<ul style="list-style-type: none"> <li>• Tackling loneliness and isolation through community support services and groups</li> </ul>	<ul style="list-style-type: none"> <li>• Developing research ideas that focus on the wider determinants of health</li> <li>• Understanding food provision and eating environments in special schools</li> </ul>
<b>PRIMARY PREVENTION:</b> Preventing disease before it occurs 	<ul style="list-style-type: none"> <li>• Embedding Making Every Contact Count (MECC) conversations in the workforce</li> <li>• Improving vaccination uptake</li> </ul>	<ul style="list-style-type: none"> <li>• Smoking cessation services</li> <li>• Weight management and improving physical activity, including Bring It On Boro</li> <li>• Public mental health services</li> <li>• Commissioning 0-5 services to support Best Start in Life</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of mental health training to reduce stigma and improve access to support</li> </ul>	<ul style="list-style-type: none"> <li>• Addressing the importance of physical fitness to reduce health inequalities for children and young people</li> <li>• Understanding the barriers and facilitators to ethnic minoritised groups accessing smoking cessation/ tobacco harm reduction services in South Tees</li> </ul>
<b>SECONDARY PREVENTION:</b> Detecting and intervening early in progression of health problems 	<ul style="list-style-type: none"> <li>• Breast, bowel, cervical and lung cancer screening</li> <li>• Case finding for disease risk factors</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioning Public Health services such as NHS Health checks, and Integrated Sexual Health services</li> <li>• Safe Haven Service</li> </ul>	<ul style="list-style-type: none"> <li>• Health Champions offering blood pressure tests in community venues</li> </ul>	<ul style="list-style-type: none"> <li>• Research on increasing the uptake of breast, cervical, bowel, and abdominal aortic aneurysm screening in ethnic minority communities</li> </ul>
<b>TERTIARY PREVENTION:</b> Managing and reducing the impact of existing health problems 	<ul style="list-style-type: none"> <li>• Cardiac and Stroke rehabilitation</li> <li>• Management of long-term conditions</li> <li>• Alcohol detox initiatives</li> <li>• Emergency Department High Volume User Service</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioning drug and alcohol detox and recovery programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Education programmes for long term condition management</li> </ul>	

Table 2: Organisations working across different levels of prevention in South Tees  
 Table adapted from the King's Fund (2025)

# The Health of our Population

- **Population:** ~295,000 residents across Middlesbrough and Redcar & Cleveland, with ageing trends and high deprivation.
- **Journey through the life course (Start Well, Live Well, Age Well)** – highlighting the issues our residents face through stages of their lives.
- **Life expectancy:** Significantly below England average, with gaps of up to **16 years for men** and **13 years for women** within South Tees.
- **Healthy life expectancy:** Many residents spend **20–25 years in poor health**, driven by smoking, obesity, alcohol harm, and wider social factors.
- **Preventable deaths:** Rates far exceed national average — Middlesbrough ranks **3rd highest in England** for preventable mortality.
- **Deprivation:** Middlesbrough is **2nd most deprived LA nationally**, with nearly half of areas in the bottom 10%; Redcar & Cleveland also highly deprived.

## THE POPULATION OF SOUTH TEES



### POPULATION

	MIDDLESBROUGH	REDCAR & CLEVELAND
<b>Total population<sup>1</sup></b>	156,200	139,200
<b>Growth - 10 years</b>	+12%	+3%
<b>Age - 0-17 proportion<sup>1</sup></b>	23%	20%
<b>Growth - 10 years</b>	+12%	+1%
<b>Age - 18-64 proportion<sup>1</sup></b>	61%	56%
<b>Growth - 10 years</b>	+11%	-1%
<b>Age - 65+ proportion<sup>1</sup></b>	17%	24%
<b>Growth - 10 years</b>	+18%	+16%
<b>Ethnic minority groups<sup>2</sup></b>	+21%	+4%
<b>Growth - 10 years</b>	+53%	+49%
<b>Area<sup>1</sup></b>	54 sq. km	245 sq. km
<b>Density<sup>1</sup></b>	2,800 per sq. km	563 per sq. km



	MIDDLESBROUGH	REDCAR & CLEVELAND
<b>Deprivation rank nationally<sup>3</sup></b>	2nd/296	37th/317
<b>Live in most deprived 10%<sup>3</sup></b>	50%	25%
<b>Child poverty<sup>4</sup></b>	40%	30%
<b>Older people poverty<sup>3</sup></b>	26%	21%



# Life expectancy in South Tees

- Not only do people in South Tees live shorter lives than the national average, but they also spend more of their years living in poor health.

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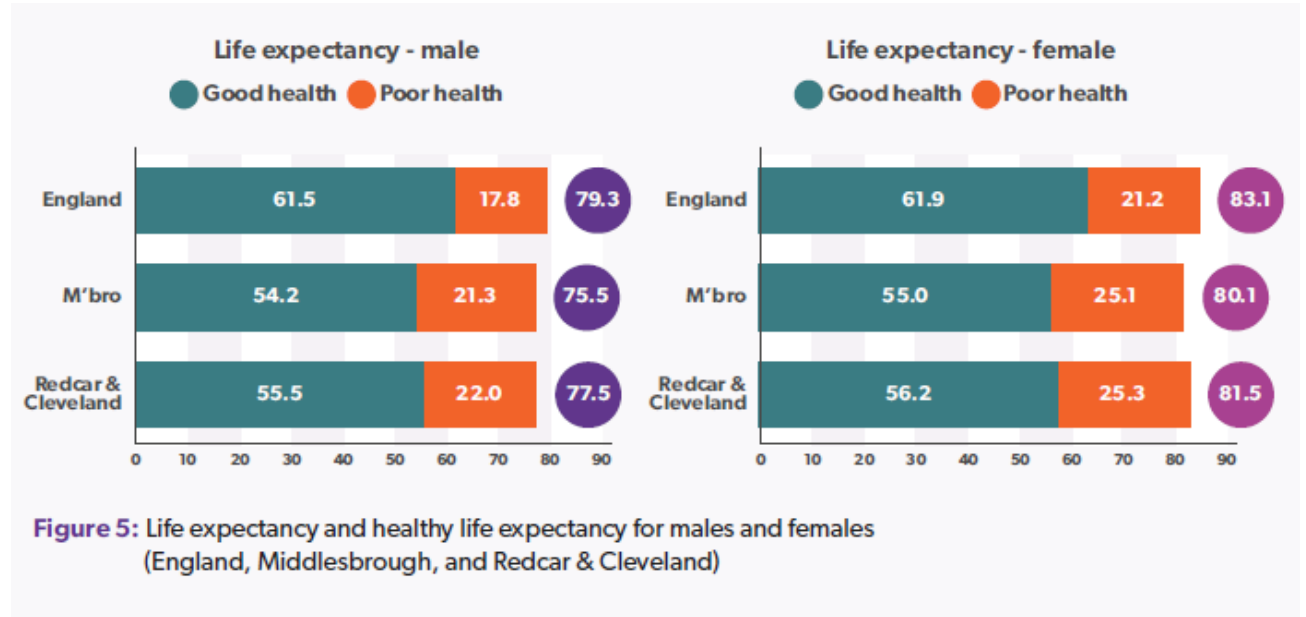


Figure 5: Life expectancy and healthy life expectancy for males and females (England, Middlesbrough, and Redcar & Cleveland)

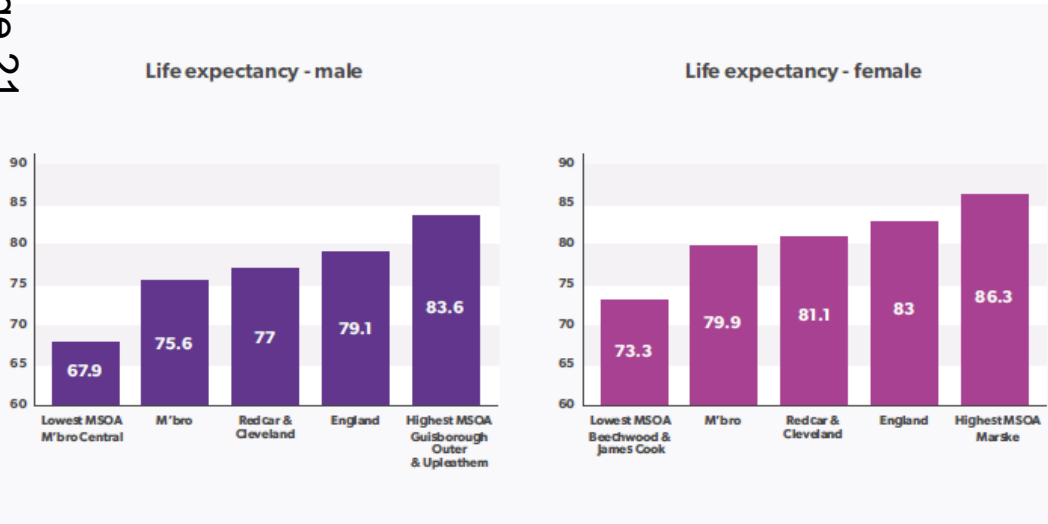


Figure 3: Life expectancy for males

Figure 4: Life expectancy for females

- Improving healthy life expectancy requires a strong focus on prevention across the life course - reducing smoking, obesity, and alcohol harm, and addressing wider determinants such as housing, education, and employment.

# Risk factors – smoking and obesity

In South Tees approximately 480 people die each year from causes associated with smoking that could have been preventable.



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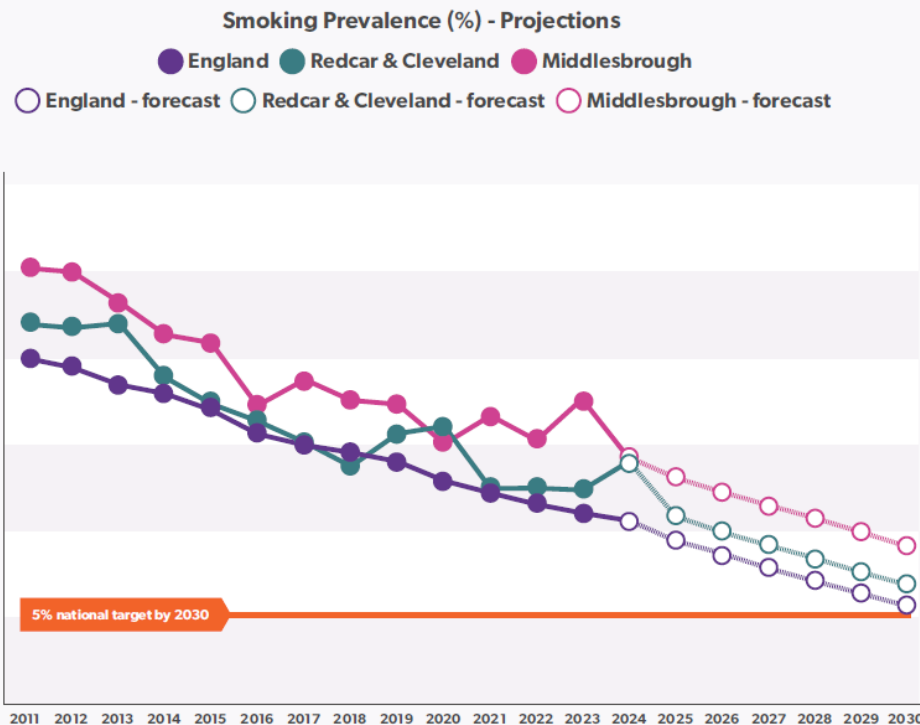


Figure 11: Smoking prevalence (%) projections (England, Middlesbrough, and Redcar & Cleveland)

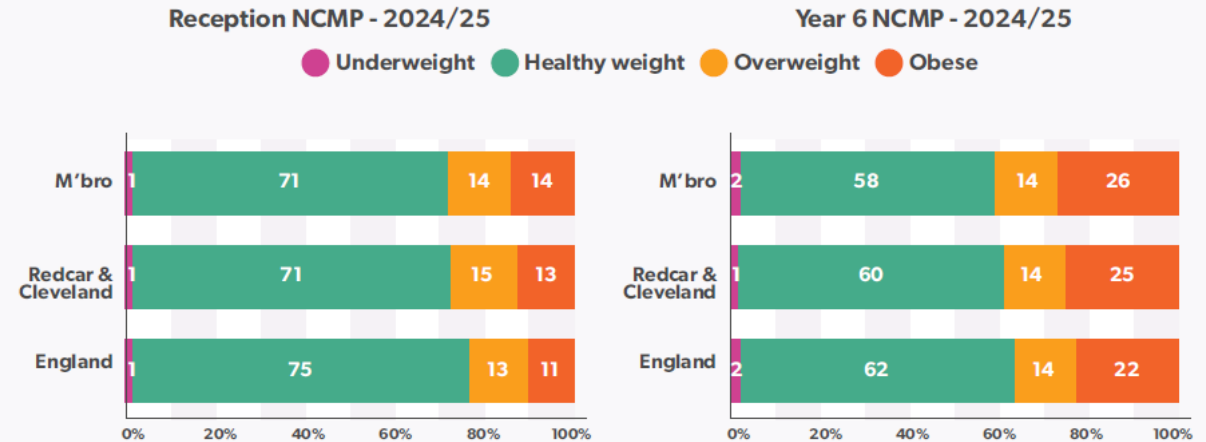


Figure 13: Weight categories for Reception and Year 6 Children - 2024/25 (England, Middlesbrough and Redcar & Cleveland)  
Source: National Childhood Measurement Programme (NCMP)

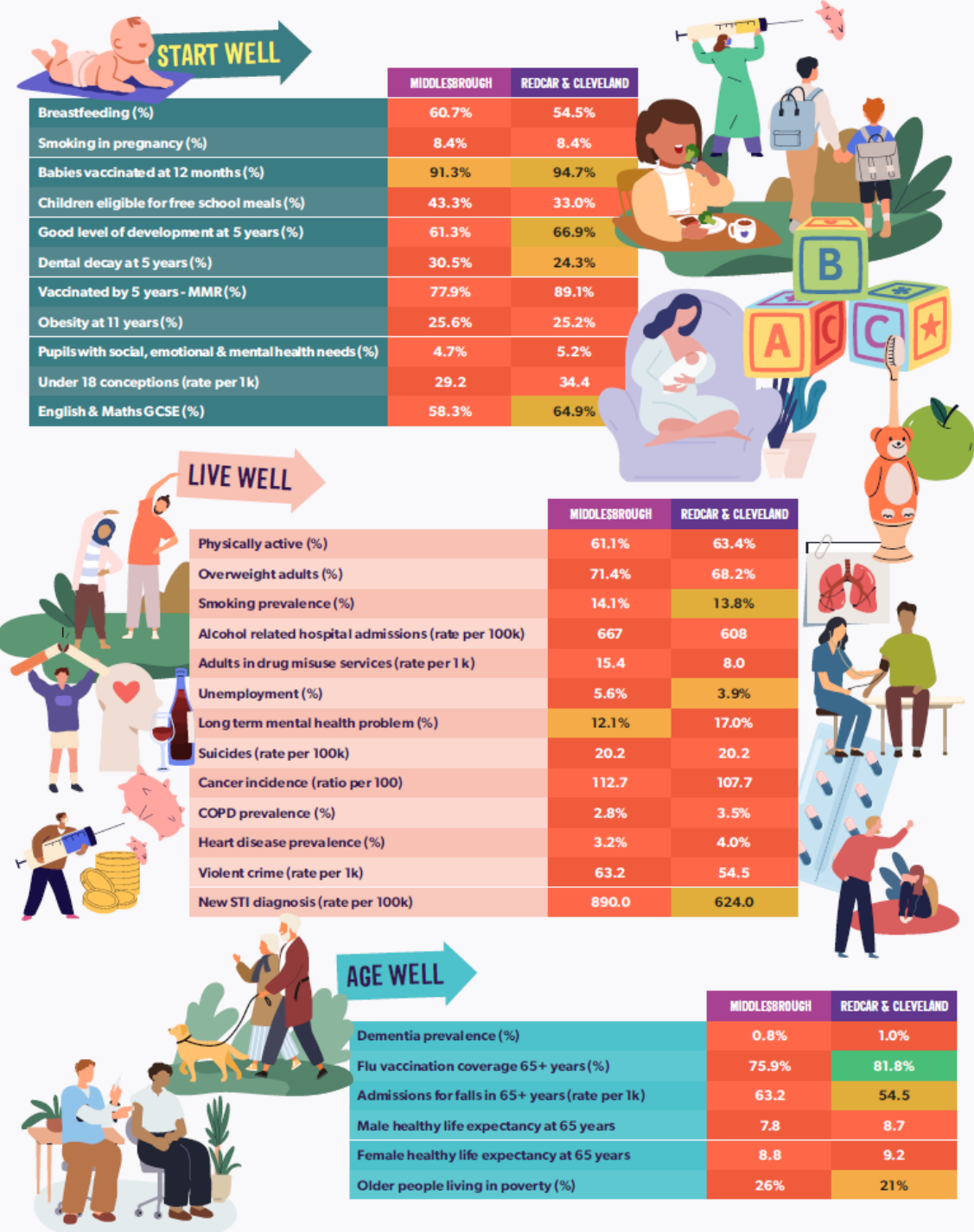
- Obesity remains one of the most complex public health challenges in England and is a key driver of health inequalities across the life course.
- Obesity rates in South Tees are consistently higher than the national average.

# Journey through the life course in South Tees

- Many of the indicators show significantly worse rates compared to England.

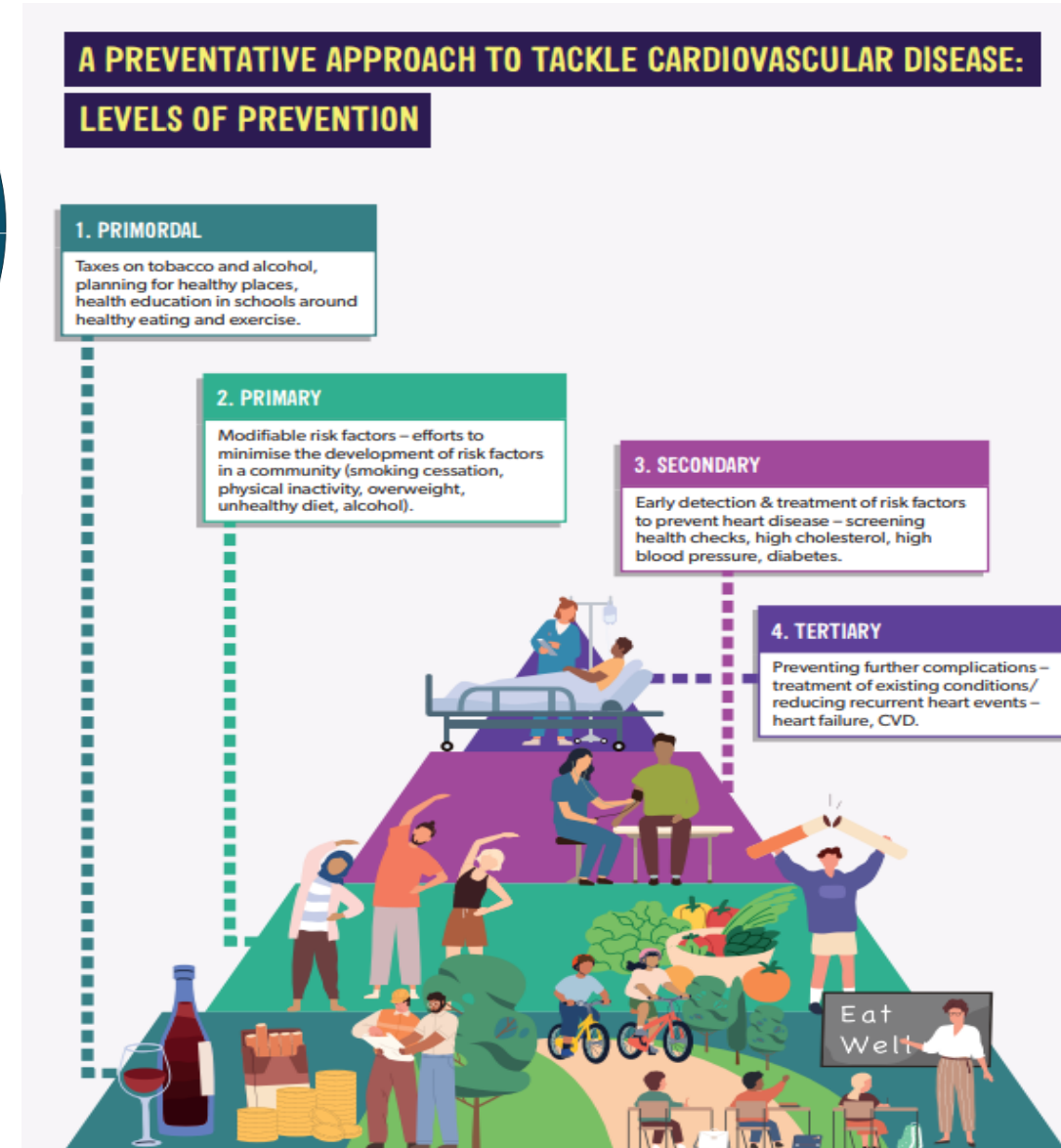
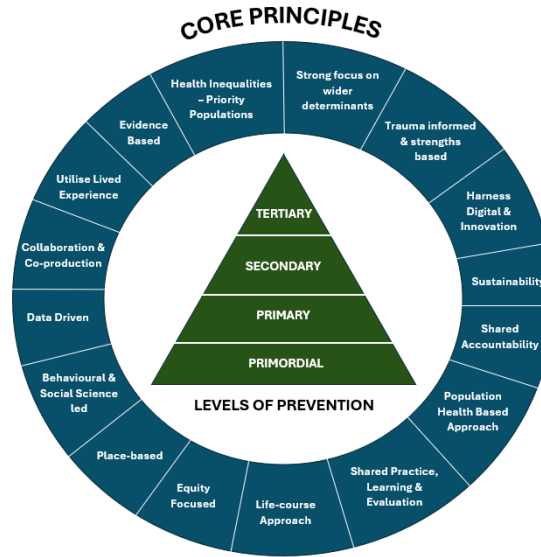
Page 23  
Understanding these inequalities helps us to improve our focus to make sure our residents have the best start in life, live well and age well.

- Taking a life course approach to prevention considers the wider determinants that contribute to health and considers the factors people are born into, live in and work.



# Prevention

- **Four levels of prevention:** primordial, primary, secondary, and tertiary.
- Highlights evidence that prevention is **cost-effective** and essential for reducing health inequalities.
- Emphasises importance of **system-wide collaboration** across health, local authorities, voluntary sector, and communities.
- Introduces key **core principles** that underpin effective approaches to prevention
- Recognises **social and economic factors** (housing, income, education) that are key drivers of poor health.



# Health Behaviours



// Supporting people and communities to build better health by reducing the levels of smoking, harmful alcohol use, physical inactivity and poor diet and obesity will reduce the levels of poor health across South Tees. //

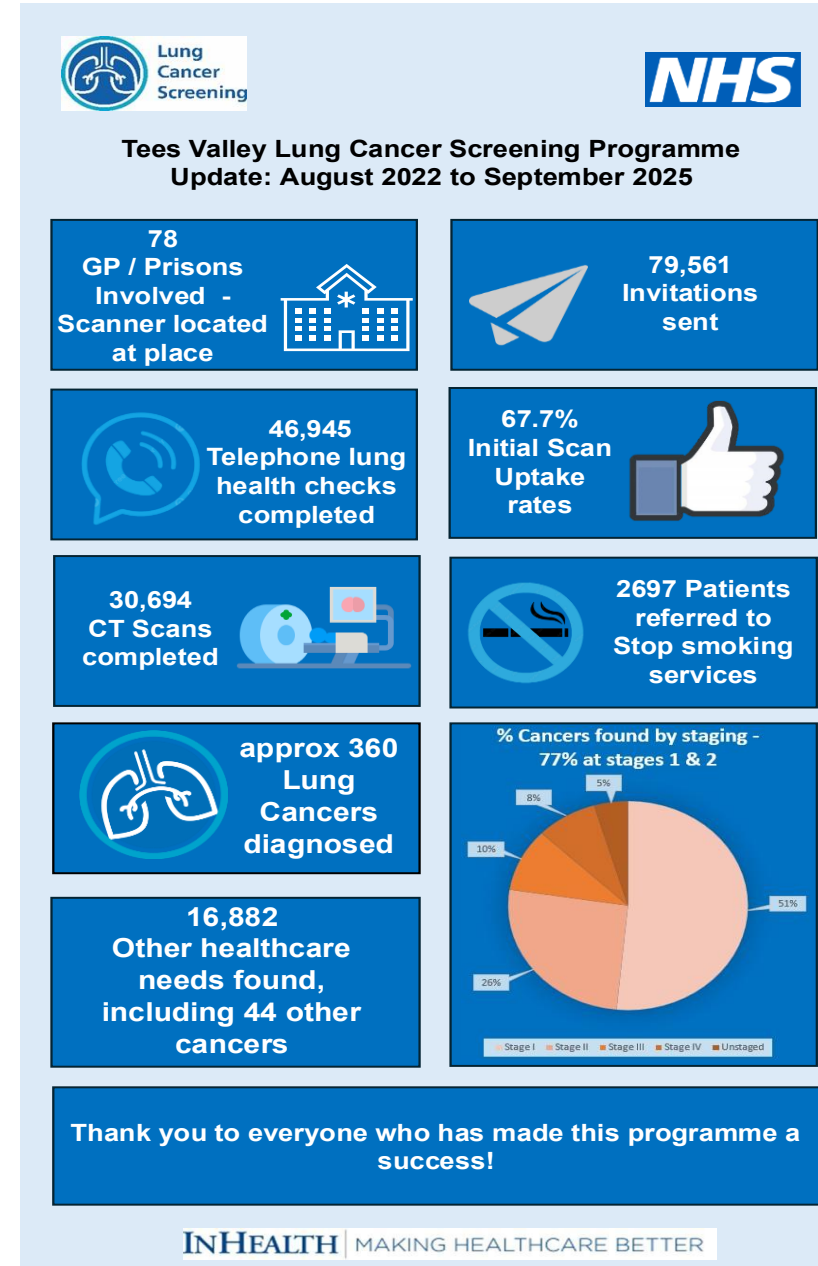
## Case Studies

- ❖ Smoking: Reducing the number of babies born to smoke free homes
- ❖ Obesity: Eat Well South Tees
- ❖ Alcohol misuse: The co-ordinated approach between Recovery Connections, Recovery Solutions, the Blue Light Caseworker, healthcare and social services to support clients with complex alcohol dependency
- ❖ Physical activity: Embedding physical activity in the HAF Programme

# Prevention in the NHS

- NHS partners mainly contributes to **secondary and tertiary prevention**, while working in partnership with local authorities, social care, and other system partners.
- Highlights the importance of addressing **wider determinants of health** and the NHS acting as an **anchor institution** to influence poverty, housing, and employment.
- Focus on **early detection** through health screenings and clinical prevention pathways (e.g., cancer screening, CVD risk detection).
- Aligns with South Tees Health & Wellbeing Strategy and JSNA targets to reduce preventable deaths and improve cardiovascular health.

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**Case Study**

- Lung Cancer Screening Programme

# Prevention in Local Authorities – Adult Social Care

- Social care continues to face challenges –
  - Tighter local budgets
  - An ageing population with increased care needs
  - Workforce shortages
  - Cost of living pressures
- Prevention helps in the long-term to manage these pressures and minimise or delay significant care costs.
- *Prevent, Reduce, Delay* – the Adult Social Care framework for prevention

## Case Study

Ethel's Story  
Meadowgate Intermediate Care Centre  
(Redcar & Cleveland) – Supporting recovery,  
restoring independence

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# Wider Determinants of Health

- Highlights how health is shaped by living conditions and environments.
- Explains the role of community design in preventing illness and promoting wellbeing.
- Shows how planning decisions affect housing, transport, green spaces, and air quality.

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Emphasizes planning as a key tool for reducing health inequalities.

## Case Study

Creating Active & Healthy Places. Embedding physical activity into planning policy across South Tees

- Recruited Creating Active & Healthy Places Lead
- Focus on fostering public health spatial planning collaboration, embedding physical activity into local plan policy whilst providing capacity to apply a health and wellbeing lens to all policies
- Developed award level HIA screening process based on health, MD and open space deprivation



# Working with Communities

- Highlights the need to work closely with vulnerable communities to understand local needs and barriers.
- Explains the community resilience approach, creating links where people live, work, and socialise.
- Shows commitment to partnership through the Health and Wellbeing Strategy and collaboration with VCS partners.
- Emphasises co-creating solutions with communities to build trust, empower individuals, and ensure sustainable prevention.

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## Case Study

### Blood Pressure Testing in Communities

- Working with communities to encourage BP case finding in community settings
- Providing mobile BP kiosks and monitors, training community members to take readings/advise next steps/lifestyle
- Targeting at risk groups in faith centres, hubs and events with hundreds of checks being completed



# Research-led Prevention

Outlines prevention-focused research the Health Determinants Research Collaboration are exploring and supporting:

- Reduce the prevalence of the leading risk factors for ill health and premature mortality
- Find more diseases and ill health earlier and promote clinical prevention and pathways across the system

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# Recommendations

## Smoking

- To achieve the 5% smoking prevalence ambition by 2030, continued investment in the South Tees system wide smoking cessation infrastructure is essential. Strengthening and sustaining our partnership pathways will be critical to ensuring effective identification and targeted support for priority groups across our communities.

## Alcohol

- To improve the early identification of harmful drinking and develop a targeted prevention and harm-reduction campaign for South Tees.

## Physical Activity

- To embed and broaden physical activity offers in care homes and schools, whilst sustaining the collaborative, system-wide physical activity principles established through the You've Got This programme.

## Obesity

- Embed the Healthy Weight Declaration into core South Tees policy and governance so that creating healthier environments becomes a shared, system-wide responsibility across all departments and partners.

# Recommendations

## Health and Social Care

- Strengthen joint working between Public Health and Adult Social Care by improving connections across teams and sharing public health intelligence to support joint approaches for identifying emerging needs.
- Embed a population health, prevention, and health equity lens across clinical pathways with the aim of reducing health inequalities in access, experience, and outcomes.
- Poverty-proofing our public services by ensuring that services are fully accessible and responsive to the needs of low-income households.

## Wider determinants

- Strengthen a 'Health in All Policies' approach across the council by identifying priority policies for review, and work with wider stakeholders to embed preventative and inequalities-focused approaches into work programmes and plans, aligning with the Marmot principles and our socio-economic duties.
- Lived experience – working with our communities and building on existing insights to understand poverty in South Tees, and to design and co-deliver interventions that ensure policies are effective and meaningful.

# Recommendations

## Communities

- Build community capacity for prevention and embed prevention approaches within key communities to address health inequalities.

## System wide

- In our role as anchor organisations, we will work to address the drivers of poverty within South Tees by targeting employment opportunities towards residents in our most deprived wards and ensuring the delivery of social value across all our contracts.
- Develop and implement a Prevention Framework for South Tees to support system partners to embed prevention within their organisations and services, through a shared understanding of prevention, an agreed set of principles, and the use of evidenced based tools.

## HDRC

- Partners to pledge to progress and support prevention focused research to improve outcomes for residents in South Tees.

# Conclusion

- The report makes the case for prevention across our local health and care system, to help South Tees realise its ambition to be a place where everyone starts well, lives well and ages well
- Emphasis on the role of strong and effective partnership working plays in delivering prevention at all levels
- Our case studies highlight areas of good practice, while our recommendations set out how we continue to deliver and strengthen preventative approaches to improve the health and wellbeing of our communities



# Thank you

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**this is  
Redcar & Cleveland**

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# DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

2026

## A PUBLIC HEALTH APPROACH TO PREVENTION

# EXECUTIVE SUMMARY

## DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2026: A PUBLIC HEALTH APPROACH TO PREVENTION

### INTRODUCTION

This year's Director of Public Health Annual Report highlights the progress around preventing ill health prevention and the need to continue to strengthen prevention approaches across South Tees. Many residents continue to live shorter and less healthy lives than they should, often due to conditions that are preventable.

### WHY FOCUS ON PREVENTION?

Prevention is essential for improving population health, reducing pressure on health and care services, and tackling long standing inequalities. Prevention is everyone's business, and examples throughout the report show how partners across the system are contributing to this shared ambition.

This report outlines the four levels of prevention: primordial, primary, secondary and tertiary. There is good evidence for investing earlier in the life course. Prevention requires tackling and improving the conditions that shape health (including housing, education, income, employment), and the design of our environment. The report highlights the importance of system wide collaboration across the NHS, local authorities, businesses, the voluntary sector, and communities.

### HEALTH IN SOUTH TEES

South Tees is home to around 295,000 residents, with some of the highest levels of deprivation nationally and significant gaps in health outcomes between communities. Life expectancy is well below the England average, with gaps of up to 16 years for men and 13 years for women across neighbourhoods. Many people spend 20–25 years in poor health, influenced by smoking, obesity, alcohol harm, physical inactivity, and wider social and economic conditions. Middlesbrough has one of the highest preventable mortality rates in the country, underscoring the need for sustained focus on early intervention and prevention.



## WHAT INFLUENCES HEALTH?

Mental health and wellbeing are fundamental to overall health and are strongly shaped by the social and economic conditions in which we live. These factors include where we live, the quality of our housing, our family and friends, education and skills, access to services, good jobs, nutritious food and whether we have enough money to meet our needs. Together these are the building blocks of health.

The report sets out four key health behaviours that drive poor health in South Tees, which have been identified by the Joint Strategic Needs Assessment (JSNA). These are smoking, obesity, alcohol misuse and physical inactivity. Promoting good mental wellbeing across the life course is also essential to improving overall health, reducing inequalities and supporting individuals, families and communities to thrive. Local case studies, from reductions in mothers smoking at delivery to Eat Well South Tees and community-based immunisation projects, demonstrate the progress being made when partners work together to support healthier choices.

## PREVENTION IS EVERYONE'S BUSINESS

The NHS plays a key role in early detection and management of long term conditions, including cancer screening and cardiovascular risk assessment. A case study on the Lung Cancer Screening Programme highlights the benefits of targeted clinical prevention. As an anchor institution, there are greater opportunities to influence poverty, employment and housing.

Prevention within Adult Social Care is explored through the "Prevent, Reduce, Delay" framework, the development of early intervention services such as the Prevention Hub in Middlesbrough, and the Meadowgate Intermediate Care Centre in Redcar & Cleveland. These approaches help residents stay independent, prevent deterioration, and reduce demand for statutory care.

Wider determinants - including transport, housing, green spaces, planning, and the local environment - remain central to tackling health inequalities. Embedding health into planning policy and supporting early years development through initiatives like Thrive at Five can create healthier communities and long term change.

The report highlights the importance of working closely with communities, building trust, and co producing solutions that reflect local needs and strengths. Community based blood pressure testing is an example of how taking services into neighbourhoods can improve access and reach at risk groups.

Research also plays a central role. Through the Health Determinants Research Collaboration (HDRC), South Tees is developing a stronger evidence base to guide system wide prevention, focusing on reducing key risk factors, improving early detection, and strengthening the link between research, policy, and practice.

## RECOMMENDATIONS

The report concludes with a series of recommendations that set out the next steps for strengthening prevention and reducing inequalities across South Tees. A key recommendation is the co design of a prevention framework that not only guides Public Health practice but embeds prevention principles across the whole system, creating a unified, partnership wide approach. The recommendations will guide the next phase of the prevention strategy, with a focus on reducing preventable illness, narrowing inequalities, and ensuring that every resident has the opportunity to Start Well, Live Well and Age Well.

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# FOREWORD



## Welcome to the 2026 Director of Public Health Annual Report for South Tees.

As Joint Director of Public Health for Middlesbrough and Redcar & Cleveland, it is my role to promote and protect the health and wellbeing of our population. My report aims to raise awareness and understanding of local health issues, highlight areas of specific concern, and make recommendations for change.

I am delighted to share this year's report, which focuses on prevention and shines a light on how we're working together in South Tees to take action to improve the health and wellbeing of our communities.

South Tees is a fantastic place to live and work, but we know the area faces many challenges. Persistent health inequalities driven by high levels of deprivation, unemployment, and poor housing conditions mean that too many of our residents live in poor health. We know that a lot of these health conditions can be prevented or managed in ways that support people to live well and independently for longer.

Our population is slowly changing, growing, and ageing. Combined with the increasing complexity of health needs, we know that the impact on the quality of life for our residents is considerable. There is also an increased demand placed on the health and social care sector to meet these changing needs.

Prevention is everyone's business. All organisations and areas of society play a vital role. Throughout this report, we champion our collaborative and multi-agency approaches to preventing ill health. In our case studies, we showcase areas of innovation and good practice from the NHS, Adult Social Care, the voluntary sector and local authority teams, where a real difference is being made to our residents and communities.

The message is simple: prevention is our growth strategy for better health. It protects budgets, strengthens communities, and creates the conditions for people in our communities to live longer, healthier lives. Prevention is one of the strongest tools we have in South Tees.

I am grateful to everyone who has contributed to this report by sharing their stories and expertise. Thank you to my colleagues and partners for sharing some great examples of the preventative approaches they are taking to support the health and wellbeing of our population.

This report sets out recommendations for Middlesbrough and Redcar & Cleveland Councils, partners, and communities to take action to strengthen prevention across our local health and care system. These recommendations will allow us to keep working towards a South Tees where everyone starts well, lives well, and ages well.

**Mark Adams**

Joint Director of Public Health,  
Middlesbrough and Redcar & Cleveland



# 1. INTRODUCTION

**This year's DPH report focuses on prevention, and highlights how we are leading on preventative approaches to improve the health and wellbeing of everyone living in South Tees.**

But what do we mean by 'prevention'? Prevention, simply put, is about how health and care services and teams can take action to stop people becoming unwell, or reduce the severity of their existing illness.

The Live Well South Tees Health and Wellbeing Board has a strategy to improve the health and wellbeing of everyone living in South Tees, and this sits alongside the North East and North Cumbria Integrated Care Board's strategy for local health services. These strategies outline a range of prevention approaches across South Tees. These include ensuring children and young people have the best start in life, creating places and systems that promote wellbeing, and supporting older people to live more independent lives. At a national level, the NHS 10 Year Health Plan for England champions prevention to improve life expectancy, reduce obesity levels, create a smoke-free future, and support good mental health across the population.

In South Tees, many of our residents live in poor health. We know that many of these health conditions can be prevented or managed in ways that improve quality of life, supporting people to live well and independently for longer.

Our population continues to face significant health challenges. In line with other areas in the country, we have an ageing population that is increasing in size, with more people living with at least one health condition. Not only does this impact on the quality of life for our residents, but there is also an increased demand placed on the health and social care sector to meet these changing needs.

Investing in prevention therefore makes sense in helping to improve the health outcomes of the population. However, it is also worthwhile for protecting against future costs to the NHS and social care, as well as providing wider local societal and economic benefits.

All organisations and areas of society can play an important role in prevention. Throughout this report, we champion our collaborative and multi-agency approaches to prevention. In case studies, we showcase areas of innovation and good practice, where a real difference is being made to our residents and communities.

From local authority planning teams prioritising wellbeing through improving access to green space and active travel, to community pharmacists delivering blood pressure checks to prevent heart attacks or strokes, to a GP practice vaccinating children to prevent harm from infectious diseases to a hospital professional providing cardiac rehabilitation to prevent further complications and improve quality of life: we know that prevention is everyone's business, and we will continue to work cohesively as a system to prioritise this.

## 2. THE HEALTH OF OUR POPULATION IN SOUTH TEES

### 2.1 POPULATION SUMMARY

Approximately 295,000 residents live in South Tees, spanning the communities of Middlesbrough and Redcar & Cleveland. Our population is diverse in terms of age, health outcomes, and socioeconomic circumstances.

South Tees faces persistent health inequalities, driven by high levels of deprivation, unemployment, and poor housing conditions. Middlesbrough ranks among the most deprived local authorities in England, and Redcar & Cleveland also contains areas of significant disadvantage.

Our population is also slowly changing, with modest growth in Middlesbrough and a more static population in Redcar & Cleveland. These trends, combined with an ageing population and increasing complexity of health needs, require a strong focus on prevention and early intervention. Figure 1 shows a snapshot of the South Tees population.

### 2.2 JOURNEY THROUGH THE LIFE COURSE IN SOUTH TEES

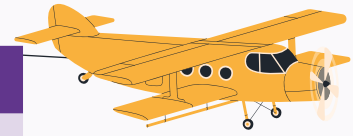
Figure 2 highlights health issues our residents face as they move through different stages of their lives. The indicators highlighted in red show rates that are significantly worse than the England average, those in yellow show where we are broadly in line with the national average, and those in green indicate where we are performing better. Understanding these inequalities helps us to improve our focus to make sure our residents have the best start in life, live well, and age well through taking a life course approach to prevention.



# THE POPULATION OF SOUTH TEES

## POPULATION

	MIDDLESBROUGH	REDCAR & CLEVELAND
<b>Total population<sup>1</sup></b>	156,200	139,200
<b>Growth - 10 years</b>	+12%	+3%
<b>Age - 0-17 proportion<sup>1</sup></b>	23%	20%
<b>Growth - 10 years</b>	+12%	+1%
<b>Age - 18-64 proportion<sup>1</sup></b>	61%	56%
<b>Growth - 10 years</b>	+11%	-1%
<b>Age - 65+ proportion<sup>1</sup></b>	17%	24%
<b>Growth - 10 years</b>	+18%	+16%
<b>Ethnic minority groups<sup>2</sup></b>	21%	4%
<b>Growth - 10 years</b>	+53%	+49%
<b>Area<sup>1</sup></b>	54 sq. km	245 sq. km
<b>Density<sup>1</sup></b>	2,800 per sq. km	563 per sq. km



	MIDDLESBROUGH	REDCAR & CLEVELAND
<b>Deprivation rank nationally<sup>3</sup></b>	2nd/296	37th/317
<b>Live in most deprived 10%<sup>3</sup></b>	50%	25%
<b>Child poverty<sup>4</sup></b>	40%	30%
<b>Older people poverty<sup>3</sup></b>	26%	21%
<b>Economic inactivity rate<sup>5</sup></b>	32%	22%
<b>Unemployment<sup>5</sup></b>	6%	4%



1 - ONS mid 2024 estimates

3 - IMD 2025

5 - Fingertips, OHID

2 - Census 2021

4 - DWP CiLIF

Figure 1: The population of South Tees

# JOURNEY THROUGH THE LIFE COURSE IN SOUTH TEES

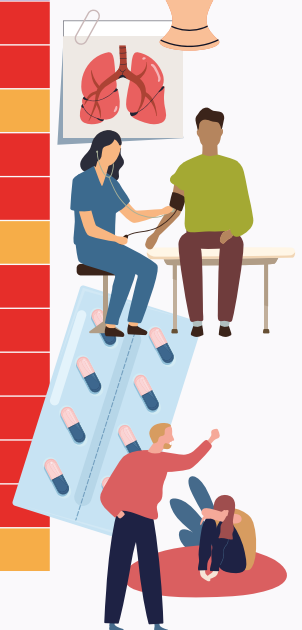
## START WELL

	MIDDLESBROUGH	REDCAR & CLEVELAND
Breastfeeding (%)	60.7%	54.5%
Smoking in pregnancy (%)	8.4%	8.4%
Babies vaccinated at 12 months (%)	91.3%	94.7%
Children eligible for free school meals (%)	43.3%	33.0%
Good level of development at 5 years (%)	61.3%	66.9%
Dental decay at 5 years (%)	30.5%	24.3%
Vaccinated by 5 years - MMR (%)	77.9%	89.1%
Obesity at 11 years (%)	25.6%	25.2%
Pupils with social, emotional & mental health needs (%)	4.7%	5.2%
Under 18 conceptions (rate per 1k)	29.2	34.4
English & Maths GCSE (%)	58.3%	64.9%



## LIVE WELL

	MIDDLESBROUGH	REDCAR & CLEVELAND
Physically active (%)	61.1%	63.4%
Overweight adults (%)	71.4%	68.2%
Smoking prevalence (%)	14.1%	13.8%
Alcohol related hospital admissions (rate per 100k)	667	608
Adults in drug misuse services (rate per 1k)	15.4	8.0
Unemployment (%)	5.6%	3.9%
Long term mental health problem (%)	12.1%	17.0%
Suicides (rate per 100k)	20.2	20.2
Cancer incidence (ratio per 100)	112.7	107.7
COPD prevalence (%)	2.8%	3.5%
Heart disease prevalence (%)	3.2%	4.0%
Violent crime (rate per 1k)	63.2	54.5
New STI diagnosis (rate per 100k)	890.0	624.0



## AGE WELL

	MIDDLESBROUGH	REDCAR & CLEVELAND
Dementia prevalence (%)	0.8%	1.0%
Flu vaccination coverage 65+ years (%)	75.9%	81.8%
Admissions for falls in 65+ years (rate per 1k)	63.2	54.5
Male healthy life expectancy at 65 years	7.8	8.7
Female healthy life expectancy at 65 years	8.8	9.2
Older people living in poverty (%)	26%	21%

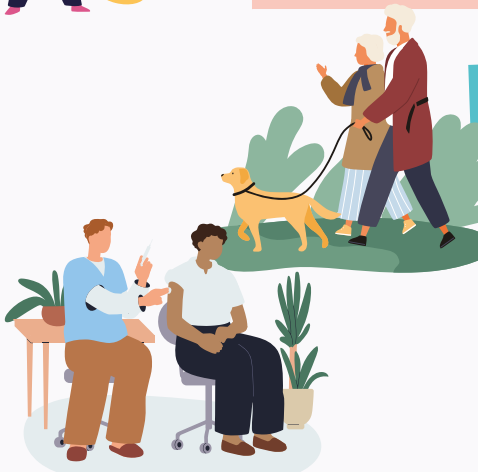


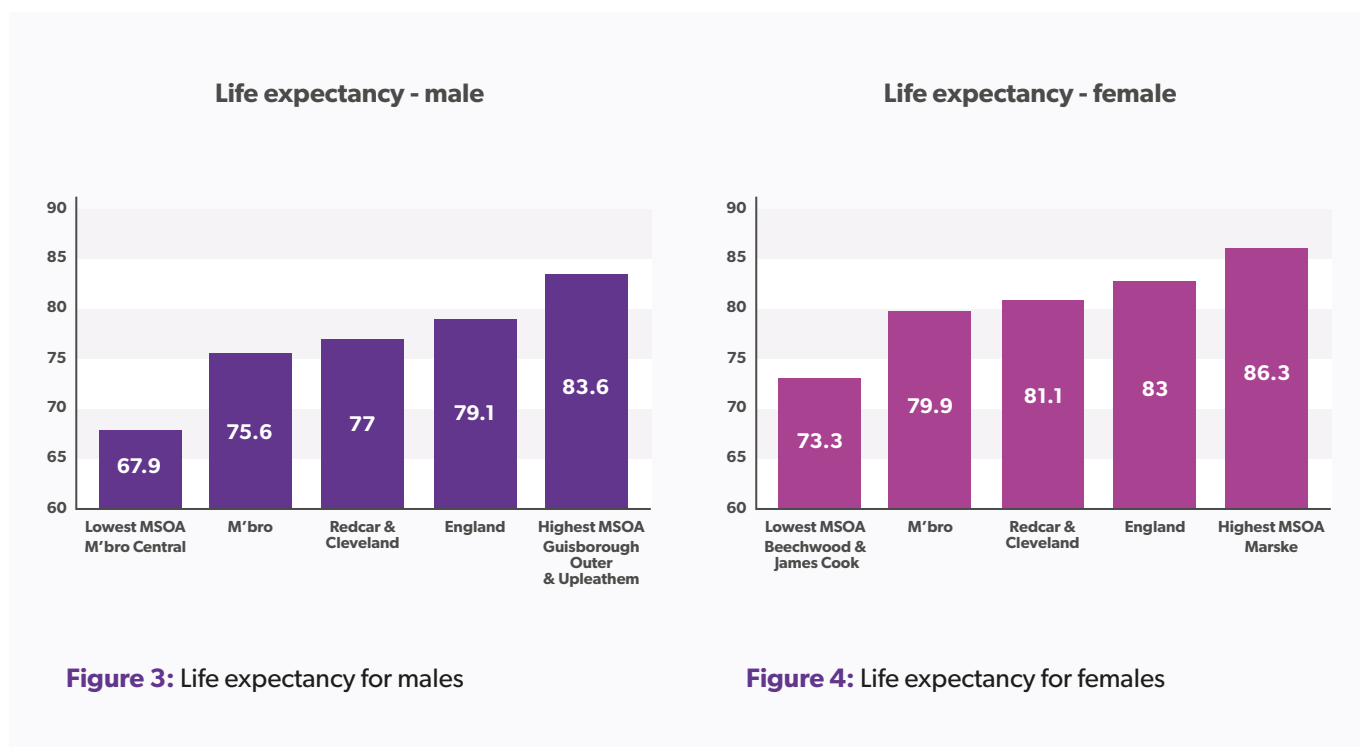
Figure 2: Journey through the life course in South Tees Page 45

## 2.3 LIFE EXPECTANCY OF OUR RESIDENTS

There are stark inequalities in life expectancy across South Tees. We are using MSOA-level data to show life expectancy across South Tees. A Middle Area Super Output Area (MSOA) is a statistical geography created by the Office for National Statistics (ONS) with a consistent population size. We use MSOAs instead of ward-level data because they are standardised areas designed for reliable health and population analysis, whereas ward boundaries can vary in size and change over time.

For men, life expectancy ranges from 67.9 years in Middlesbrough Central MSOA to 83.6 years in Guisborough Outer & Upleatham MSOA. This represents a gap of nearly 16 years within the same local area. Both Middlesbrough (75.6 years) and Redcar & Cleveland (77 years) fall below the England average of 79.1 years.

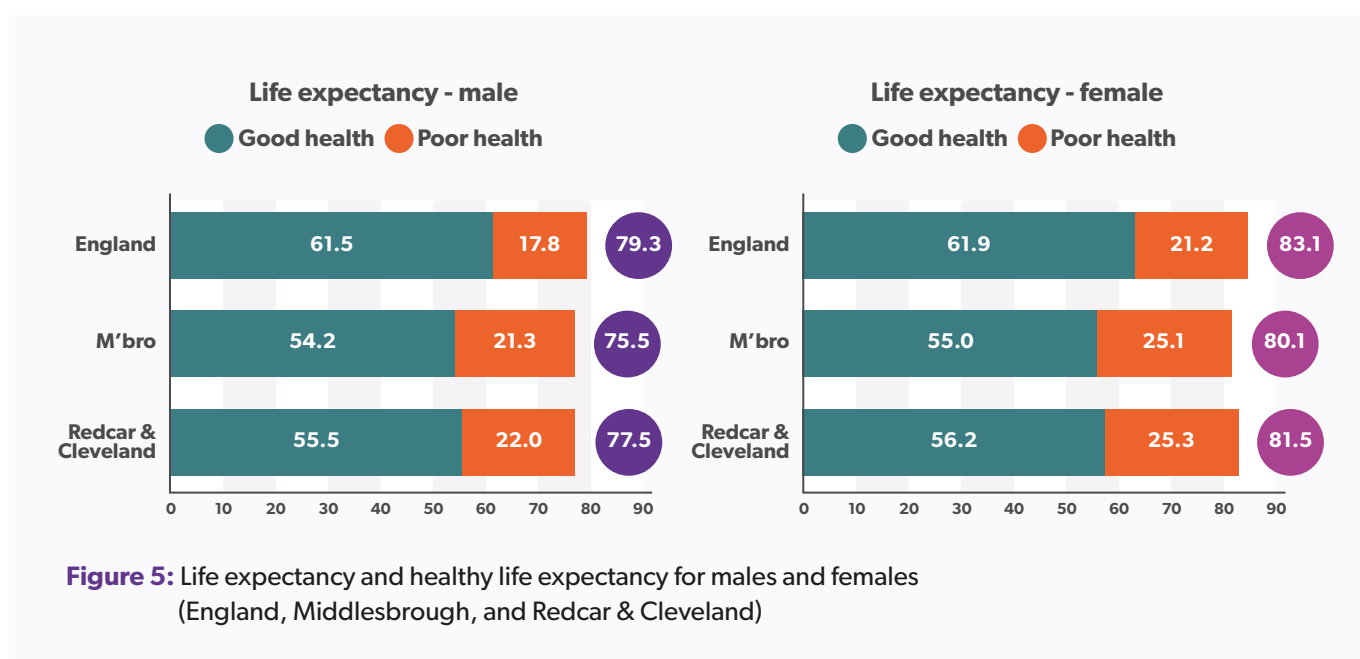
For women, the pattern is similar, though the gap is slightly smaller. Life expectancy ranges from 73.3 years in Beechwood & James Cook to 86.3 years in Marske - a difference of 13 years. Middlesbrough (79.9 years) and Redcar & Cleveland (81.1 years) again sit below the England average of 83 years.



People living in the most deprived areas experience significantly shorter lives and spend more years in poor health compared to those in more affluent areas. These differences reflect deep-rooted health inequalities driven by deprivation, lifestyle risk factors, and wider social determinants.

Not only do people in South Tees live shorter lives, but they also spend more of their years living in poor health (see Figure 5). For men in Middlesbrough, average healthy life expectancy is just 54.2 years, meaning they spend over 21 years in poor health on average. In Redcar & Cleveland, men live 55.5 years in good health, compared to 61.5 years nationally. For women, the picture is similar. Middlesbrough women have a healthy life expectancy of 55 years, spending 25 years in poor health. Redcar & Cleveland women fare slightly better at 56.2 years, but still below the England average of 61.9 years.

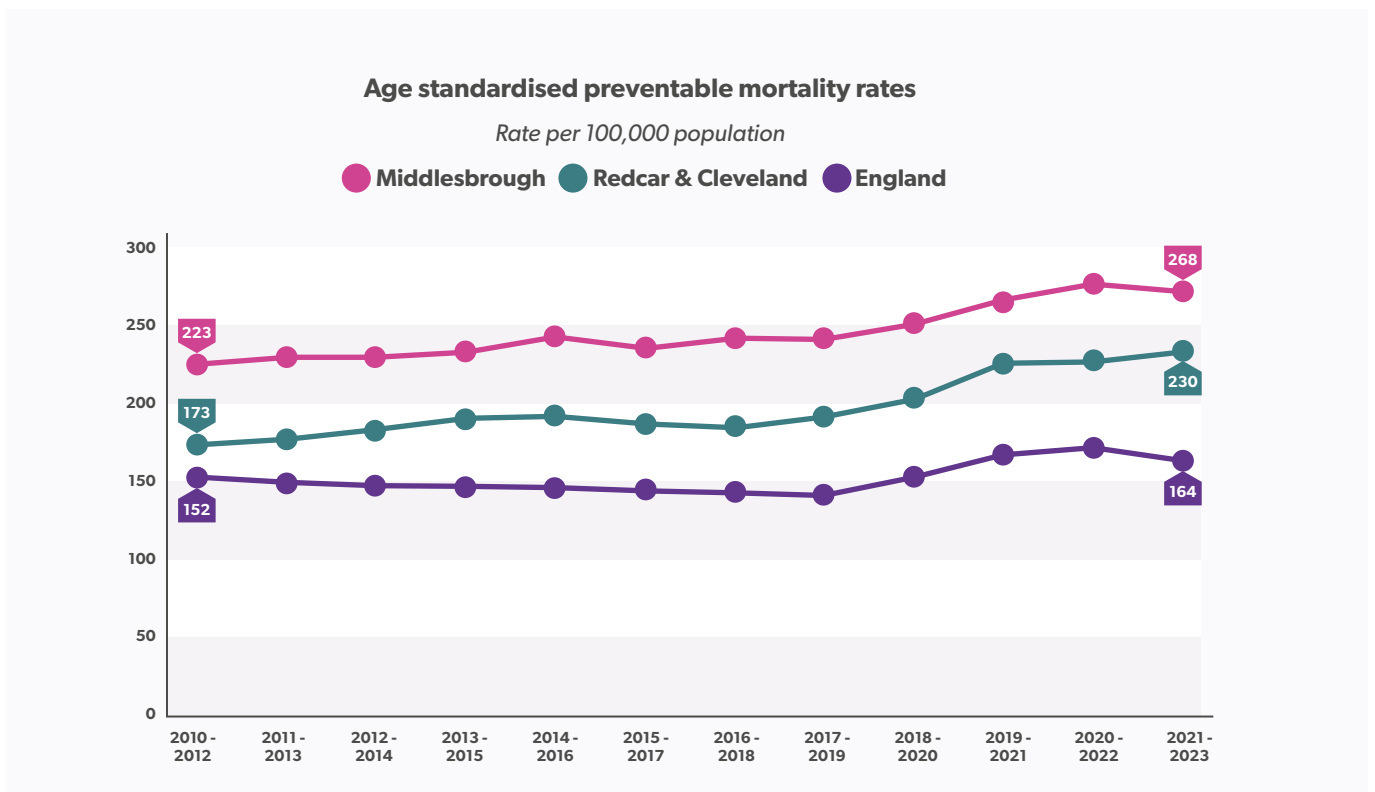
In South Tees, many residents spend a quarter of their lives managing illness or disability. Improving healthy life expectancy requires a strong focus on prevention across the life course - reducing smoking, obesity, and alcohol harm, and addressing wider determinants such as housing, education, and employment.



## 2.4 PREVENTABLE DEATHS & HEALTH INEQUALITIES

Mortality rates (the number of people who die each year per 100,000 population) give a general measure of the health of a population. A death is considered preventable if it can be avoided through effective public health and primary prevention interventions. Many of the deaths that causes illness and early death in South Tees are preventable.

Figure 6 shows the age-standardised preventable mortality rate for consecutive 3-year periods. The most recent data for 2021-23 shows there were 979 preventable deaths in Middlesbrough or a rate of 268 per 100,000 and 935 preventable deaths in Redcar & Cleveland or a rate of 230 per 100,000. Both local authority rates are significantly higher than the England rate of 164 per 100,000, with Middlesbrough rate 3rd highest nationally and Redcar & Cleveland 18th highest. The widening gap between South Tees and England highlights persistent health inequalities and the urgent need for prevention-focused strategies. These rates may reflect the lasting impact of the COVID-19 pandemic, which disproportionately affected already vulnerable communities, exacerbating existing health inequalities and contributing to higher levels of ill health.



**Figure 6:** Age-standardised preventable mortality rates per 100,000 population (England, Middlesbrough, and Redcar & Cleveland) Source: ONS

## 2.5 DEPRIVATION

The Index of Multiple Deprivation (IMD) is the official measure to assess deprivation levels in different neighbourhoods in England. It combines data across seven areas (income, employment, education, crime, housing and the living environment) to show where communities face greatest disadvantage and are therefore at higher risk of poorer health outcomes.

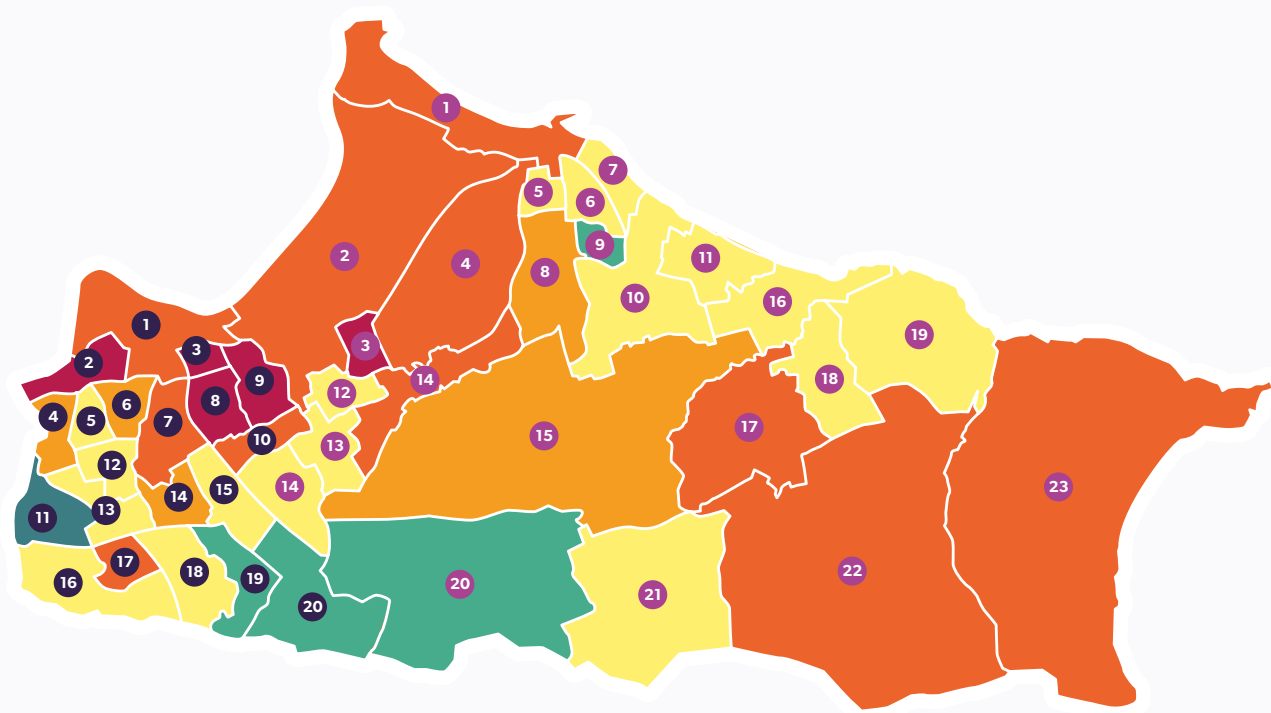
Middlesbrough remains one of the most deprived local authorities in England, ranking the second highest in the country according to the 2025 Index of Multiple Deprivation (IMD). Nearly half of its Lower Super Output Areas (LSOAs) fall into the most deprived 10% in England. Redcar & Cleveland also ranks among the most deprived areas being 37th highest nationally, with around a quarter of its LSOAs in the most deprived 10%.

Figure 7 shows the map of South Tees according to IMD ward. There are 5 wards in the top 1% most deprived in England, with a further 11 wards in the top 10% most deprived. In Middlesbrough, the deprivation is concentrated in central and eastern parts of the town. Deprivation is associated with poorer health outcomes. Disability, lower incomes, and low levels of employment are the strongest drivers of health inequalities in these wards, alongside persistent gaps in education and skills. In Redcar & Cleveland, deprivation is most severe in coastal communities and former industrial areas, where employment and income inequalities dominate, compounded by health inequalities and barriers to good quality housing.



### IMD 2025 Ward Rankings

● Top 1% ● 1-10% ● 10-20% ● 20-80% ● 80-100%



#### Middlesbrough

- 1 Central
- 2 Newport
- 3 North Ormesby
- 4 Ayresome
- 5 Linthorpe
- 6 Park
- 7 Longlands & Beechwood
- 8 Berwick Hills & Pallister
- 9 Brambles & Thorntree
- 10 Park End & Beckfield
- 11 Trimdon
- 12 Kader
- 13 Acklam
- 14 Ladgate
- 15 Marton East
- 16 Stainton & Thornton
- 17 Hemlington
- 18 Coulby Newham
- 19 Marton West
- 20 Nunthorpe

#### Redcar & Cleveland

- 1 Coatham
- 2 South Bank
- 3 Grangetown
- 4 Dormanstown
- 5 Newcomen
- 6 West Dyke
- 7 Zetland
- 8 Kirkleatham
- 9 Wheatlands
- 10 Longbeck
- 11 St Germain's
- 12 Teesville
- 13 Normanby
- 14 Ormesby
- 15 Guisborough
- 16 Saltburn
- 17 Skelton West
- 18 Skelton East
- 19 Brotton
- 20 Hutton
- 21 Belmont
- 22 Lockwood
- 23 Loftus

Figure 7: Map of South Tees according to IMD ward





### 3. WHAT IS PREVENTION?

Prevention is one of the key pillars of public health, it focuses on actions that keep people healthy, prevent disease, and reduce inequalities by addressing risks before they cause harm.

Prevention can be classified on whether it focuses on populations, particular groups or individuals, as well as according to at what point in the progression of a disease action is taken.

Prevention efforts can be targeted at specific groups, such as those who are at a higher risk of developing a particular health condition. For example, diabetes prevention may involve a focus on people with a higher weight, as this is a risk factor for diabetes. However, prevention can also be focused on more universal efforts over a wider population. These actions can benefit people who are not necessarily high risk. For diabetes prevention, an example of this would be a tax on products high in sugar. Both universal and targeted approaches are useful for the prevention of ill health.

Prevention is often categorised into different 'levels', based on taking action at different points (see Table 1).

<p><b>LEVEL 1. PRIMORDAL PREVENTION</b></p> 	<p>Action to prevent exposure to risk factors in the first place.</p> <p>This tends to focus on population-wide interventions on a range of social determinants of health, such as poverty reduction, taxing unhealthy food, or ensuring access to parks or other green spaces for exercise.</p>
<p><b>LEVEL 2. PRIMARY PREVENTION</b></p> 	<p>Action taken to prevent disease and ill health from occurring by reducing risk factors and promoting healthy lifestyles.</p> <p>For example, healthy weight and physical activity programmes, vaccinations, smoking bans, and seat belt legislation.</p>
<p><b>LEVEL 3. SECONDARY PREVENTION</b></p> 	<p>Action to focus on early detection by identifying problems or diseases before symptoms have progressed and stopping the disease worsening.</p> <p>For example, breast, bowel, and cervical cancer screening, cardiovascular disease case finding, and treatment for hypertension.</p>
<p><b>LEVEL 4. TERTIARY PREVENTION</b></p> 	<p>Action to help people manage symptoms and prevent further disease progression once disease has already developed.</p> <p>This includes rehabilitation for stroke patients, cardiac rehabilitation, and addressing social and economic needs for those with a long-term condition through counselling and welfare support.</p>

**Table 1:** Levels of prevention

Prevention approaches can be applied to a wide range of activities that usually require engagement from partners across the system and wider society. For example, cardiovascular disease is one of the biggest causes of preventable death in South Tees. A preventative approach to tackle CVD across the 4 levels of prevention are depicted below:



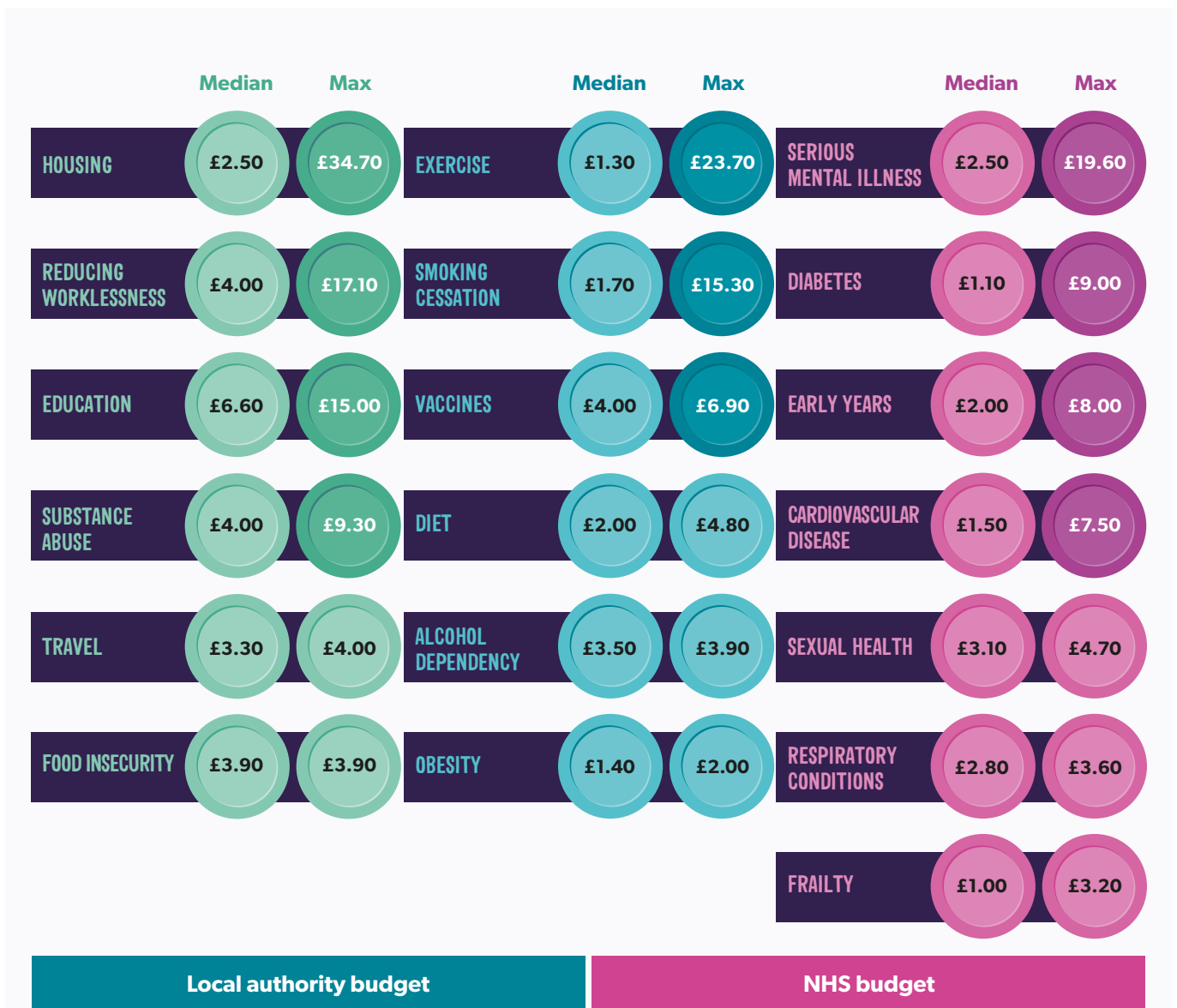
Figure 8: A preventative approach to tackling cardiovascular disease

### 3.1 EVIDENCE FOR PREVENTION

The evidence in support of prevention shows that investing early pays. Nationally, every £1 put into Public Health prevention returns approximately £14 in benefits.

As Figure 9 shows, preventative interventions tend to be the most cost-effective ways of improving the health and wellbeing of our population while reducing pressures on our services.

For an area like South Tees, with many of our residents experiencing long-term conditions, complex social pressures, and significant health inequalities, this return is potentially greater because of our baseline population health outcomes.



**Figure 9:** Median five-year adjusted Return of Investment by intervention category  
 Source: Adapted from Wood et al. (2024)

We see the impact of preventable illness everyday across Middlesbrough and Redcar & Cleveland. Smoking, poor housing, cardiovascular risk, mental health challenges, and early childhood vulnerabilities continue to drive demand right across the system, from primary care to emergency departments to social care. These are the issues where prevention works best, and the evidence shows the benefits are seen quickly. Tobacco control, active travel, home safety and warmth measures, and early years support consistently deliver some of the highest returns on investment in public health.

For places like North Ormesby, South Bank, Grangetown, Eston and Loftus, prevention is also one of the most powerful tools we have for reducing inequalities. Focusing effort on the communities with the highest need doesn't just improve health outcomes, it reduces avoidable demand at scale. The gap in smoking, chronic disease and mental health between our most and least deprived areas translate directly into the avoidable costs we face as a system. Tackling those gaps is both the right thing to do and a financially strategic priority.

A prevention first approach is also essential for keeping our system sustainable. Without it we stay locked in a cycle of reacting to crises rather than slowing the flow of demand coming in. Embedding prevention into core business from planning and housing to our Integrated Care Systems-led and major conditions work, to neighbourhood teams and community organisations, offers the strongest approach to reducing the pressure on frontline services and improving quality of life for our residents in South Tees.

The message is simple: prevention is our growth strategy for better health. It protects budgets, strengthens communities, and creates the conditions for people in our communities to live longer, healthier lives.

Prevention is therefore one of the strongest tools we have in South Tees.



### 3.2 WHO IS RESPONSIBLE FOR PREVENTION?

Everyone has a responsibility to preventing ill health and promote good health and wellbeing. The NHS, local authorities, voluntary sector, communities, and individuals all have important roles to play.

Within the NHS, the focus tends to be on more secondary and tertiary prevention such as detecting disease or managing long term conditions, whereas local authorities can focus more primordial and primary prevention, addressing the social determinants of health such as housing, education, and creating healthier environments to encourage active travel and access of green spaces.

Voluntary and community sector organisations (VCSO) also have a key role in prevention. This sector is the gateway to our local communities and provides crucial support to some of our most vulnerable residents. The VCSO in South Tees provides and champions opportunities for peer support in the management of health conditions, as well as harnessing the voice of local people through community engagement and development approaches to help improve local services.

The Tees Valley Anchor Network is an example of partnership working at scale to address the needs of our local population. With strong leadership from the Director of Public Health South Tees and the Deputy Chief Executive of University Hospital Tees, together with local leaders from across local authorities, health, education, voluntary and community organisations based on a shared commitment to improving the health and wellbeing of local people.

As large organisations rooted in communities, anchors can use their collective resources, employment, procurement, land buildings, and influence to tackle poverty and reduce inequalities.



**Table 2:** Our promise to communities

Table 3 shows the ways that different organisations focus on prevention across South Tees.

	NHS - PRIMARY AND SECONDARY CARE	LOCAL AUTHORITIES	VOLUNTARY AND COMMUNITY SECTOR ORGANISATIONS (VCSO)	ACADEMIC SECTOR - HEALTH DETERMINANTS RESEARCH COLLABORATION (HDRC) SOUTH TEES
<b>PRIMORDIAL PREVENTION:</b> Preventing the emergence of risk factors for disease 	<ul style="list-style-type: none"> <li>• Tees Valley Anchor Network working across employment, procurement, sustainability, and estates</li> <li>• Social Prescribing link workers supporting patients to access support, finance, and reduce social isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Tees Valley Anchor Network working across employment, procurement, sustainability, and estates</li> <li>• Safe and affordable housing</li> <li>• Improving access to green spaces</li> <li>• Warm homes schemes</li> <li>• Dementia-Friendly services and support</li> <li>• Healthy Weight Declaration and Eat Well South Tees</li> </ul>	<ul style="list-style-type: none"> <li>• Tackling loneliness and isolation through community support, services and groups</li> </ul>	<ul style="list-style-type: none"> <li>• Developing research ideas that focus on the wider determinants of health</li> <li>• Understanding food provision and eating environments in special schools</li> </ul>
<b>PRIMARY PREVENTION:</b> Preventing disease before it occurs 	<ul style="list-style-type: none"> <li>• Embedding Making Every Contact Count (MECC) conversations in the workforce</li> <li>• Improving vaccination uptake</li> </ul>	<ul style="list-style-type: none"> <li>• Smoking cessation services</li> <li>• Weight management and improving physical activity, including Bring It On Boro</li> <li>• Public mental health services</li> <li>• Commissioning 0-5 services to support Best Start in Life</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of mental health training to reduce stigma and improve access to support</li> </ul>	<ul style="list-style-type: none"> <li>• Addressing the importance of physical fitness to reduce health inequalities for children and young people</li> <li>• Understanding the barriers and facilitators to ethnic minoritised groups accessing smoking cessation/tobacco harm reduction services in South Tees</li> </ul>
<b>SECONDARY PREVENTION:</b> Detecting and intervening early in progression of health problems 	<ul style="list-style-type: none"> <li>• Breast, bowel, cervical and lung cancer screening</li> <li>• Case finding for disease risk factors</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioning Public Health services such as NHS Health checks, and integrated Sexual Health services</li> <li>• Safe Haven Service</li> </ul>	<ul style="list-style-type: none"> <li>• Health Champions offering blood pressure tests in community venues</li> </ul>	<ul style="list-style-type: none"> <li>• Research on increasing the uptake of breast, cervical, bowel, and abdominal aortic aneurysm screening in ethnic minority communities</li> </ul>
<b>TERTIARY PREVENTION:</b> Managing and reducing the impact of existing health problems 	<ul style="list-style-type: none"> <li>• Cardiac and Stroke rehabilitation</li> <li>• Management of long-term conditions</li> <li>• Alcohol detox initiatives</li> <li>• Emergency Department High Volume User Service</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioning drug and alcohol detox and recovery programmes</li> <li>• Reablement services, social care support for independent living</li> </ul>	<ul style="list-style-type: none"> <li>• Education programmes for long term condition management</li> <li>• Peer groups for cancer survivors</li> </ul>	

**Table 3:** Organisations working across different levels of prevention in South Tees  
 Table adapted from the King's Fund (2025)

### 3.3 KEY PRINCIPLES OF PREVENTION

In South Tees, we champion public health prevention principles. These principles ensure a strong focus on prevention across our local priorities and workstreams, spanning the entire public health and social care system. They support a shared local approach that reduces disease risk factors, addresses the wider determinants of health, and applies primary, secondary, and tertiary prevention to improve population health.

These principles are not exhaustive but underpin effective approaches to prevention, as outlined in the national evidence-base and as championed by our partners. These key principles are featured throughout the good practice case studies featured in this report.

KEY PRINCIPLES	
<b>EVIDENCE-BASED</b>	Using the best available evidence, from a variety of sources, to inform and improve practice and policies.
<b>PLACE-BASED</b>	A focus on place - where people live, bring up their families, work, and spend their leisure time: the level where people access most of what they need.
<b>COLLABORATION &amp; CO-PRODUCTION</b>	Working closely with our partners and communities. Everyone has a role in preventing ill health and promoting good health - from the local authority, the NHS, the voluntary sector, employers, communities and individuals.
<b>POPULATION HEALTH-BASED APPROACH</b>	An approach aimed at improving the health of an entire population. Proportionate Universalism (Marmot Principle) - providing support to everyone, but with greater intensity for those with greater needs, ensuring actions are universal but proportionate to the level of disadvantage.
<b>STRONG FOCUS ON WIDER DETERMINANTS</b>	The wider determinants of health are a broad range of social, economic and environmental factors that influence people's health and wellbeing.
<b>DATA DRIVEN</b>	Using up-to-date population health data and intelligence to inform system priorities and shape work programmes.
<b>TRAUMA INFORMED &amp; STRENGTHS BASED</b>	An approach transforms care by shifting the focus from "what's wrong with you" to "what happened to you," prioritising safety, trust, choice, collaboration, and empowerment.
<b>SHARED PRACTICE, LEARNING &amp; EVALUATION</b>	A commitment to monitoring and evaluation to understand what's working well and where improvements can be made. Sharing this learning, including good practice and any challenges, with the wider system.
<b>UTILISE LIVED EXPERIENCE</b>	Recognise the personal knowledge and impact of people who access health and care services, and ensure their voices and experiences are heard and responded to.
<b>EQUITY FOCUSED</b>	Ensuring equity across communities means ensuring everyone has the same chances to live their healthiest lives.
<b>BEHAVIOURAL &amp; SOCIAL SCIENCES LED</b>	Assess local needs and priorities with an understanding of the health behaviours of the population and/or a target group.
<b>LIFE-COURSE APPROACH</b>	Consider the critical stages, transitions, and settings across the life course where large differences can be made in promoting or restoring health and wellbeing.
<b>HEALTH INEQUALITIES - PRIORITY POPULATIONS</b>	A focus on health inequalities, which are unfair and avoidable differences in health across the population and between different groups within society.

**Table 4:** Key principles and their definitions

## 3.4 WHAT INFLUENCES HEALTH?

Below are some of the key influences on our health, along with examples of the work we and our partners are doing in South Tees to strengthen them:

### MENTAL HEALTH & WELLBEING

Mental health and wellbeing are fundamental to overall health and should carry the same importance as physical health. Higher levels of wellbeing are consistently associated with better physical health, improved recovery from illness, reduced healthrisk behaviours, stronger educational and employment outcomes, and greater social participation. Good mental wellbeing also strengthens resilience, supports people to manage everyday stresses, and contributes to safer, more connected and prosocial communities (PHE/ADPH, 2019; HMG/DH, 2011).

Taking a preventative approach to mental health is therefore essential. By promoting wellbeing across the life course - starting in childhood and extending into adulthood - we can reduce future need, narrow inequalities, and help create the conditions in which individuals, families and communities can thrive. Improving mental health and wellbeing for our local population is a key priority, with a focus on children, young people, adults, families and neighbourhoods.

### SOCIAL & ECONOMIC CONDITIONS

Social and economic conditions can have a profound impact on our health. These factors include where we live, the quality of our housing, our family and friends, education and skills, access to services, good jobs, nutritious food and whether we have enough money to meet our needs. Together these are the building blocks of health (see Figure 10).

Building a healthy society, and healthy communities, is like constructing a sturdy building. To succeed, we need all the right blocks in place.

### MONEY & RESOURCES

Having limited access to money and resources, and the impact of poverty, can significantly affect health outcomes. By improving access to financial support and essential services, health outcomes can also be improved. A great example of the work we have done to address this includes the auto-enrolment of Free School Meals to address childhood poverty and support families on low incomes.

### HOUSING

Plays a critical role in shaping health and wellbeing. Poor quality housing can increase the risk of respiratory illness, injury and poor mental health. We can help prevent negative health outcomes by working to ensure access to safe, warm and affordable housing. In South Tees, this is supported by work to address poor living standards and improve energy efficiency for those most vulnerable, helping to make homes safer and warmer.

## EDUCATION & SKILLS

Access to education, good attainment and strong health literacy are important for good health. When people have the skills to understand health information and how to access support, their health outcomes can improve significantly. We work closely with schools to educate on health and wellbeing and support good attendance and attainment. We embed health literacy approaches across our services to ensure people can access information and make informed decisions about their health.

## WORK

Secure employment is a key driver of mental and physical health. Fair pay, good working conditions and security all contribute to better health outcomes, while unemployment or poor quality work can increase health inequalities. Through our role as anchor institutions, we help create good quality employment opportunities and promote fair practices such as the Real Living Wage. We also champion and support initiatives to improve workplace wellbeing.

## FAMILY, FRIENDS & COMMUNITY

Social connection and supportive communities are protective factors for health, reducing loneliness and isolation. When people feel connected, they are more resilient and experience better wellbeing. Some of the work within South Tees includes supporting Voluntary and Community Sector groups for those with loneliness and isolation, providing Social Prescribing and supporting Dementia Friendly Communities.

## THE FOOD WE EAT

Access to nutritious and affordable food is vital for a healthy weight and lifelong wellbeing. Poor diet is a major contributor to long-term health conditions, yet many families face barriers in accessing healthy options. Our work supports healthier food access through initiatives such as the Holiday Activities and Food (HAF) programme which supports children during the school holidays. The Managing Undernutrition South Tees Service (MUST) also provides nutritional screening in care homes to help identify and support those at risk of malnutrition.

## TRANSPORT

Safe and reliable transport enables people to reach education, work and essential services – all fundamental to good health. Lack of transport can contribute to isolation, missed appointments and reduced opportunities. We support this by promoting active travel initiatives and championing improvements to public transport.

## OUR SURROUNDINGS

The environment in which we live, including access to green space, clean air and safe streets, has a significant impact on health. Greener, well-designed neighbourhoods encourage physical activity, reduce stress and support community connection. We are working closely with planning colleagues to provide public health insight into planning decisions for local spaces and continue to work closely with communities to advocate for the improvement of green spaces and their use for physical activity

Differences in access to these building blocks leads to health inequalities which impacts on the health and wellbeing of our most disadvantaged communities. It is therefore essential that as a system we focus on prevention across of these factors.

## BUILDING BLOCKS OF HEALTH

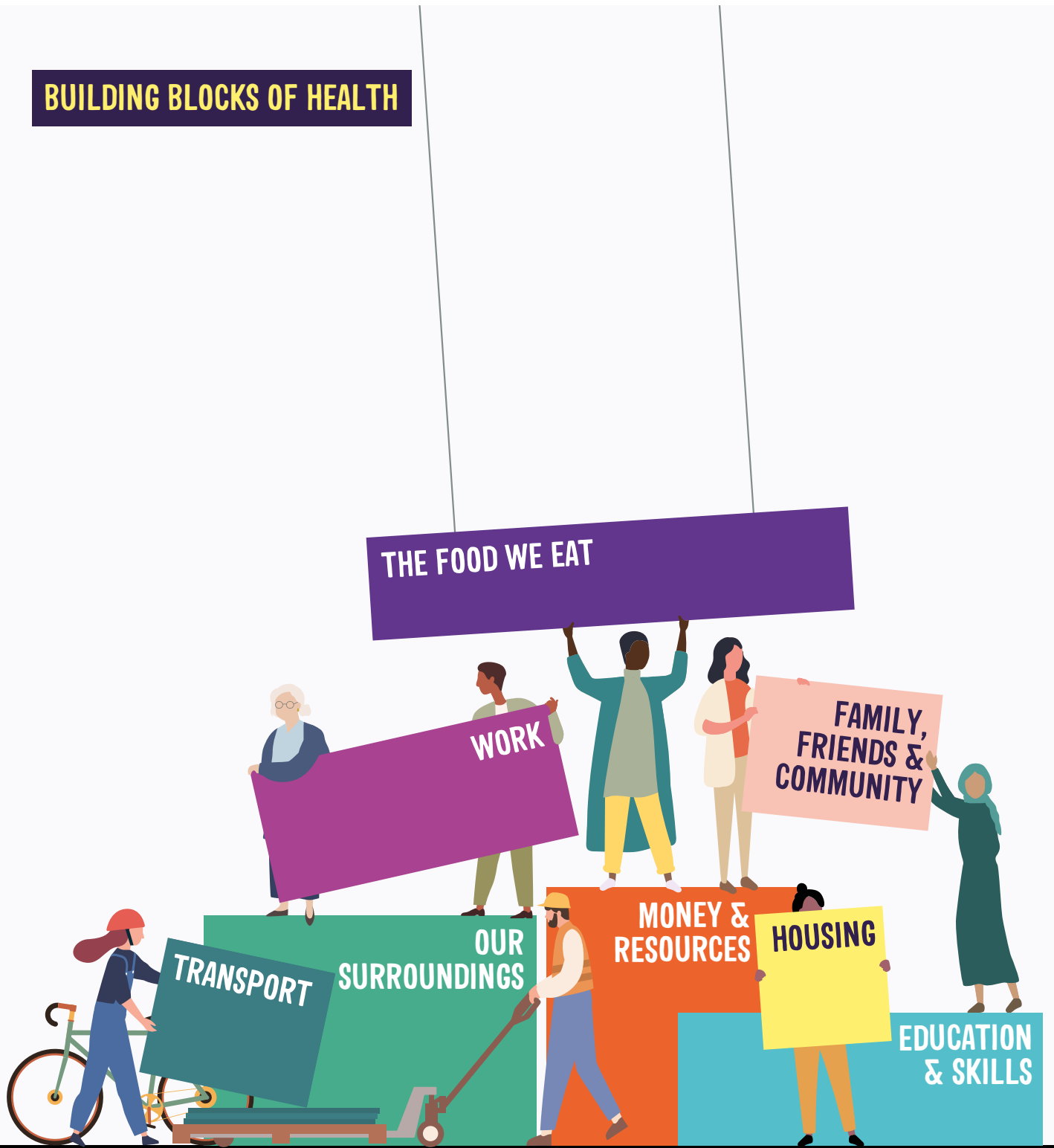


Figure 10: The building blocks of health

## 4. HEALTH BEHAVIOURS

Health and lifestyle behaviours can impact on the risks of developing preventable illness and contribute to shorter life expectancy. The South Tees Joint Strategic Needs Assessments (JSNAs) highlight that the biggest preventable risk factors for ill health and early death in South Tees are smoking, obesity, alcohol misuse, and physical inactivity.

Many of these behaviours can begin early in childhood, with patterns around poor diet, lack of physical activity, smoking and alcohol shaped by family, environment and early life experiences. Without early support, these behaviours can become established and continue into adulthood and drive long-term health risks.

Reducing smoking, obesity, alcohol misuse, and physical inactivity are priorities in the South Tees Live Well Strategy 2024-30:



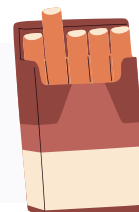
// Supporting people and communities to build better health by reducing the levels of smoking, harmful alcohol use, physical inactivity and poor diet and obesity will reduce the levels of poor health across South Tees. //

Reducing these risk factors across South Tees can only be achieved by working collaboratively with partners to develop preventative solutions that are informed by data and evidence, as well as public engagement, using public health tools such as Health Equity Audits and Health Needs Assessments, in combination with the lived experiences of our communities.



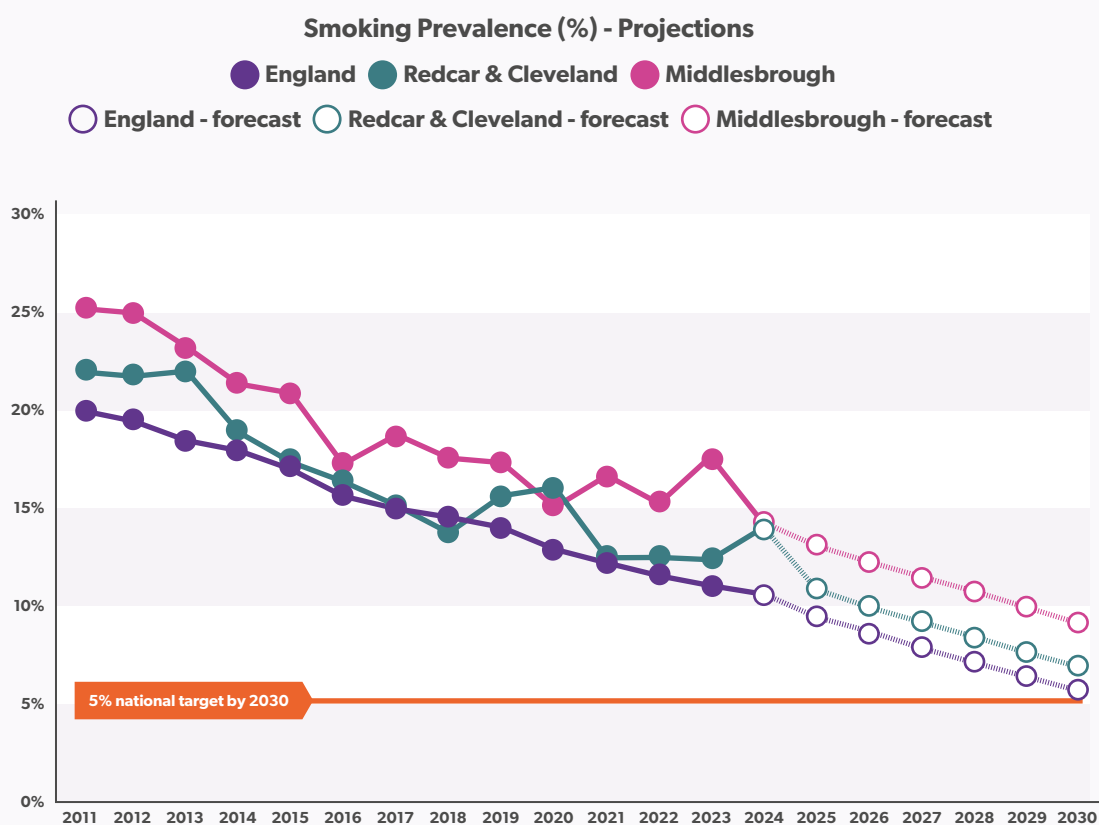
## 4.1 SMOKING

Smoking is the leading cause of preventable death in the UK. It is the biggest cause of health inequalities, accounting for half the difference in life expectancy between the most and least deprived areas. Smoking increases the risk of developing health conditions that affect many of our residents, including cancer, cardiovascular, and respiratory diseases.



In South Tees approximately 480 people die each year from causes associated with smoking that could have been preventable.

The target set by the government for England to be 'smokefree' by 2030 requires a national smoking prevalence of less than 5%. Figure 11 shows current projections to achieve this 'smokefree' status.



**Figure 11:** Smoking prevalence (%) projections (England, Middlesbrough, and Redcar & Cleveland)

Locally, we know that reaching this 5% target will require considerable collective efforts based on current trends, and our stop smoking services are committed to working with local communities to reduce the prevalence of smoking across South Tees.

A recent Health Equity Audit (HEA) carried out across stop smoking services in South Tees including our community services, hospital inpatient, maternity, and mental health trust (Tees Esk and Wear Valley) helped us plan how we will reach the 2030 target.

A HEA is a process that helps us to:

- Examine how health services and resources are distributed to the health needs of different population groups
- Pinpoint specific groups that face disparities in health determinants, access to care or service outcomes
- Develop actions to help us address these inequalities to support our most vulnerable populations to stop smoking



## HOW WILL SOUTH TEES REACH THE 2030 TARGET?

Our stop smoking services are committed to achieving the target through:



### • INCREASED ACCESS ROUTES

Including public health sites, educational settings, family hubs, libraries and faith centres



### • INCREASED ACCESS ROUTES

Through face-to-face appointments, telephone support, and digital access through our regional enhanced Smokefree App



### • IMPROVED OPERATING HOURS

Including more late night and weekend clinics and a 24 hour support service through our digital offer



### • IMPROVED TREATMENT OPTIONS

Maintaining 'Swap 2 Stop' for the next 3 years, the addition of Varenicline and Cytisincine, with standard nicotine replacement therapy (NRT) options remaining available



### • IMPROVED STAFFING STRUCTURES

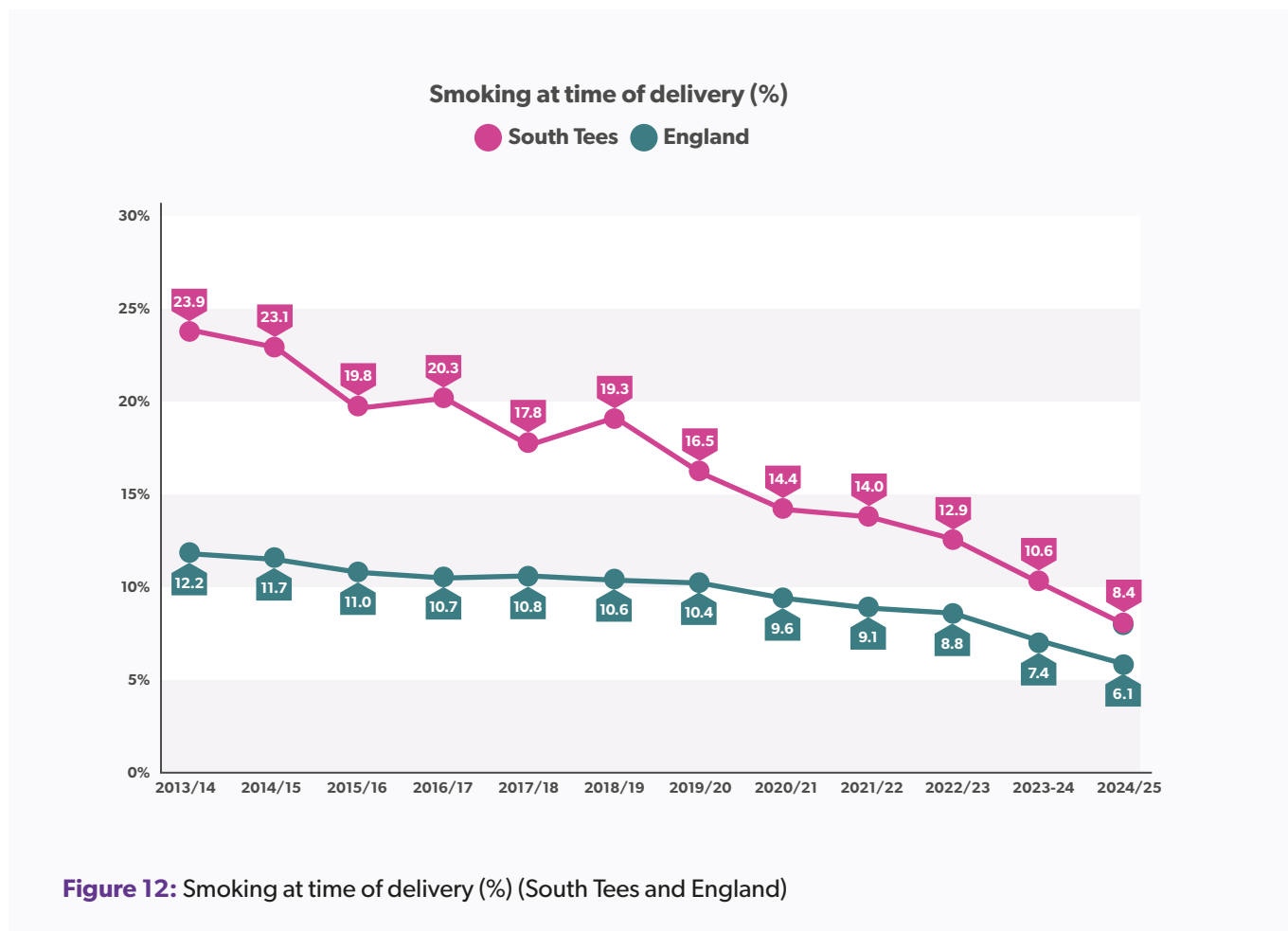
A more diverse team to meet the needs of the service, including specific leads to focus on substance use, mental health, young people and black and minority ethnic communities



### • TARGETED MARKETING STRATEGIES

Our 2025-26 marketing strategy focused on the "Smoke Free" campaign, while our 2026-27 strategy will focus on underserved populations with the use of lived experience

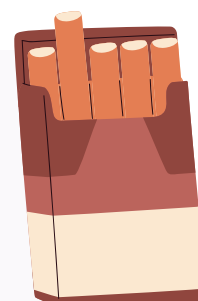
In South Tees, we know there are high rates of women smoking in pregnancy with approximately 250 women who became pregnant in 2024–25 were identified as continuing to smoke during pregnancy (see Figure 12).



Although the local rate is higher than England, there have been significant decreases locally over recent years because of planned support and evidence-led interventions, as described in the case study overleaf.

We have seen exceptional progress in South Tees and there has been a remarkable 65% reduction in maternal smoking since 2013/14.

Nationally, progress has been also been exceptional, with maternal smoking prevalence in England falling from 12.2% in 2013/14 to 6.1% in 2024/25.



## CASE STUDY:

# REDUCING SMOKING IN PREGNANCY IN JAMES COOK UNIVERSITY HOSPITALS

## PRIMARY PREVENTION

### CORE PRINCIPLES

- Evidence-based
- Behavioural and social science led
- Life-course approach
- Health inequalities - priority populations



### THE WHY

Supporting people who are pregnant to be smoke free is important, and protecting an unborn baby from tobacco smoke is one of the best ways to give a child a healthy start in life. Smoking while pregnant increases the risk of complications in pregnancy and birth such as stillbirth, premature birth, miscarriages, low birth weight, and sudden infant death syndrome.

### THE WHAT

In South Tees NHS Foundation Trust midwives have been supporting pregnant people and their partners to quit through an innovative service that meets the needs of pregnant people. The in-house maternity tobacco dependency service was set up in July 2022.

The team consists of three smoking cessation support workers who work in the community ensuring ease of access for pregnant people, and 2 support staff that work in the Friarage and James Cook hospital providing in-patient and clinic support.

Pregnant people and their families are given one-to-one support to stop smoking through their pregnancy and until 28 days after birth. Behavioural support and nicotine replacement therapy (NRT) products are proven to be the most effective way to help people stop smoking. Incentives are also offered to support people to quit. The Trust is part of the national incentive scheme which means that people are offered up to £400 in shopping vouchers to stop smoking in pregnancy.

Following a successful pilot to demonstrate how vapes can be successfully embedded into the current tobacco dependency treatment package, the service is continuing this offer with support from Stop Smoking South Tees and the Trust Tobacco Dependency Team.



## THE OUTCOME

In 2024, 427 referrals were made to the Best Start in Life service. 187 people engaged with the stop smoking service.

125 babies have now been born to newly smoke free homes across South Tees.

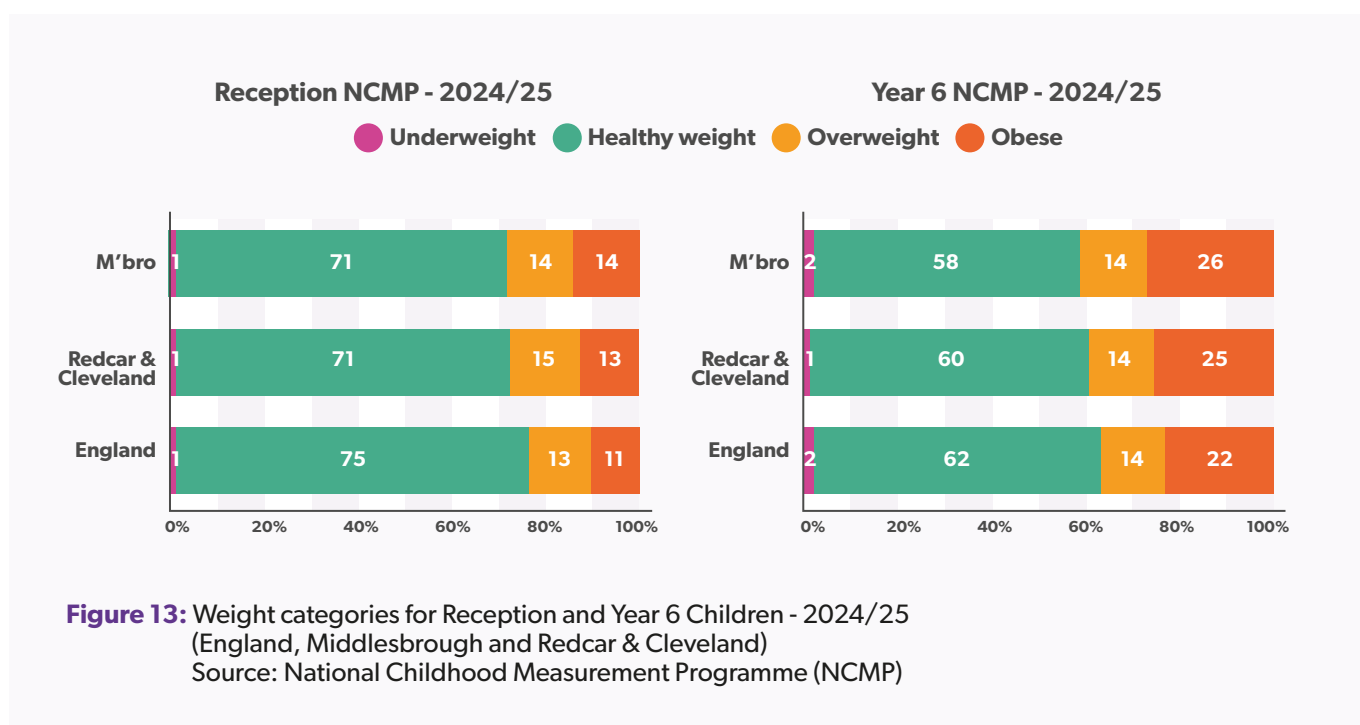
Our local rate for smoking status at time of delivery has reduced from 14% in 2021/22 to just over 5% for the first 9 months of 2025 (not yet reflected in the data above, as the figures do not cover the full year 2025). This is well below both the regional and national rates.



## 4.2 OBESITY

Obesity remains one of the most complex public health challenges in England and is a key driver of health inequalities across the life course. Obesity rates in South Tees are consistently higher than the national average.

Figure 13 shows our childhood obesity rates in comparison to the national average. Among reception-aged children (4–5 years), the prevalence of obesity and severe obesity is 14.3% in Middlesbrough and 13.2% in Redcar & Cleveland, compared to 10.5% nationally. Among Year 6 pupils (aged 10–11), obesity and severe obesity prevalence is 25.9% in Middlesbrough and 24.9% in Redcar & Cleveland, compared to 22.2% nationally.



Adult obesity remains a significant public health challenge in South Tees. In 2023/24, 71.4% of adults in Middlesbrough and 68.2% in Redcar & Cleveland were overweight or obese, both above the England average of 64.5%. More than two-thirds of adults in South Tees live with excess weight, which increases the risk of developing type 2 diabetes, cardiovascular disease, certain cancers, and mental health issues.



The causes of obesity are multi-layered and influenced by a combination of environmental, behavioural, and social factors, including:

- Limited access to affordable healthy food and safe spaces for physical activity
- Poor dietary habits and sedentary lifestyles further contribute to weight gain
- Social determinants such as poverty, education, and employment, which shape health behaviours and opportunities



Our vision in South Tees is to create healthier environments that encourage sustainable, inclusive food access and physical activity for the whole population. Through working with our partners and communities, we continue to strengthen our approach to reducing inequalities and promoting healthy weight across the life course. An example of this can be seen in the case study below.

## CASE STUDY:

### EAT WELL SOUTH TEES



#### PRIMARY PREVENTION

#### CORE PRINCIPLES

- Life-course approach
- Place-based
- Health inequalities - priority populations
- Data driven
- Collaboration and coproduction

#### THE WHY

Children, young people and families in South Tees are growing up in a food environment where healthier options are often harder to access and afford. Diet-related ill-health and food insecurity remain significant challenges, particularly in communities experiencing higher levels of health inequality.

The places where people spend their time - early years settings, schools, workplaces and local food businesses - play a critical role in shaping everyday eating habits. By improving the nutritional quality of food across these settings, the Eat Well Award helps create consistent, supportive environments that encourage healthier choices and reduce reliance on processed, high-fat, high-sugar options.

#### THE WHAT

The Healthy Weight Declaration (HWD) provides a framework to support a whole systems approach to obesity. The HWD consists of 16 commitments that support local authority departments to take systemic action to create healthier environments. The Eat Well South Tees programme is helping us to deliver on these commitments through supporting organisations to meet national food standards and embed healthy practices into everyday culture.

The programme offers:

- Training and guidance for staff to build confidence in providing nutritious meals.
- Menu reviews and practical support to ensure compliance with food standards.
- Food education and activities such as cooking sessions, growing projects, and breakfast clubs to encourage healthy habits.
- A tiered award system - bronze, silver, and gold - that recognises progress and motivates continuous improvement.



## THE OUTCOME

Since the Eat Well Early Years and School Awards relaunch in September 2025, three schools have achieved the bronze award, demonstrating strong early engagement. A new business award will be piloted in 2026, extending support to commercial food providers. The ambition is for all three awards to be widely adopted by 2030.

The programme has strengthened the quality and consistency of food provision across participating settings, ensuring alignment with national standards. Catering teams and food providers have received targeted training, building knowledge and confidence to deliver balanced, nutritious options.

This approach has improved menu quality and helped organisations embed food education and wellbeing initiatives into everyday practice. As a result, healthier food environments are being created for children, families, and the wider community - supporting long-term improvements in diet and health.



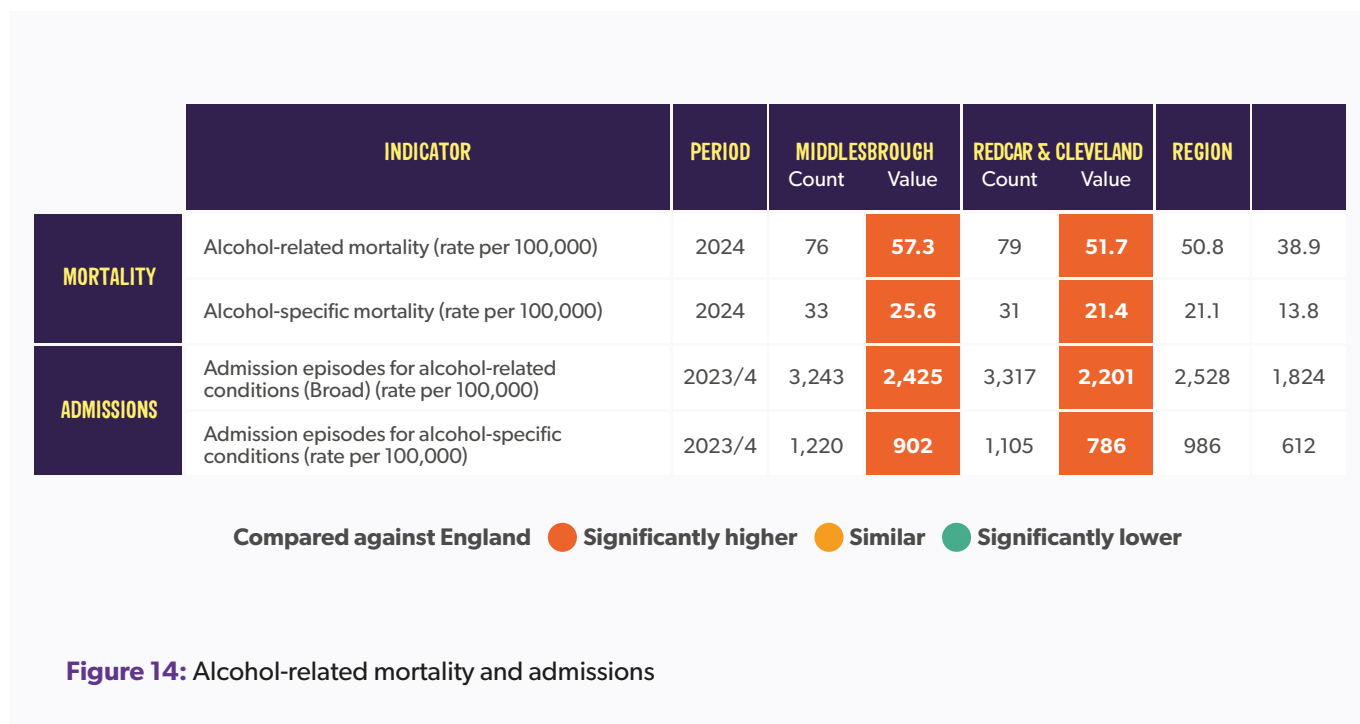
## 4.3 ALCOHOL

Alcohol-related harm is a significant public health challenge across South Tees, contributing to preventable illness, premature mortality, and widening health inequalities. Patterns of alcohol consumption are closely linked to deprivation, with higher rates of alcohol-related hospital admissions and chronic conditions in the most disadvantaged communities.

Alcohol-related mortality and hospital admissions in Middlesbrough and Redcar & Cleveland remain significantly higher than national levels (see Figure 14).

In 2024, Middlesbrough recorded 57.3 deaths per 100,000 from alcohol-related causes, compared to 38.9 nationally; Redcar & Cleveland was also high at 51.7. Alcohol-specific mortality shows a similar pattern.

Hospital admissions are also significantly higher locally in comparison to national averages. Middlesbrough had 902 per 100,000 for alcohol-specific conditions in 2023-24, well above England (612 per 100,000), and 2,425 per 100,000 for broader alcohol-related conditions. Redcar & Cleveland also exceeds national averages for alcohol-related hospital admissions.



Although the data shows significant challenges, close partnership working between health services, the local authority, the police, and the nighttime economy is helping make a difference to our residents. An example of this can be seen in the case study below, which focuses on an individual who received coordinated support made possible through collaborative working between partners.

## CASE STUDY:

## RECOVERY SOLUTIONS

### SECONDARY PREVENTION

#### CORE PRINCIPLES

- Collaboration and coproduction
- Health inequalities - priority populations
- Trauma-informed and strengths-based

#### THE WHY

Multidisciplinary collaboration and person-centred care can have a hugely positive impact in supported complex recovery needs. These coordinated approaches are vital to mitigate the impact of multiple relapses, health complications, and social vulnerabilities on people recovering from alcohol dependency.

#### THE WHAT

Client A was referred to Recovery Solutions via the Alcohol Care Team within James Cook University Hospital (JCUH) following an upper gastrointestinal (GI) bleed, which required multiple blood transfusions. During his inpatient stay, an introductory meeting was held to assess Client A needs and goals, with an initial plan was put in place. However, Client A resumed alcohol consumption shortly after returning home.

A home visit was arranged to complete a holistic assessment and included discussion about potential detox and rehabilitation pathways. Client A, a former member of the armed forces, had completed two tours in Afghanistan and previously maintained strong ties with the Army, particularly through his Sergeant Major. He had also participated in walking groups in the Yorkshire Dales, reflecting his previous engagement in positive activities. Consistent engagement fostered trust and allowed for a deeper understanding of Client A's circumstances.





Identified needs included:

- Safeguarding referral due to self-neglect;
- Care Needs Assessment;
- Dual Diagnosis referral;
- Alcohol Nurse Assessment;
- Implementation of Drinks Diaries and SMART goals;
- Liaison with GP for medication review and initiation of MediPacks;
- Referral to Dietician;
- Regular contact was maintained through home visits, phone calls, and text messages to provide ongoing encouragement and support;
- Safeguarding Social Workers assessment;
- Support to attend healthcare appointments and advocacy around healthcare professionals to closely meet needs.

## THE OUTCOME

Client A was approved for inpatient detoxification and residential rehabilitation. With reassurance and the coordinated efforts of his Blue Light Caseworker and Social Worker, Client A successfully transitioned to a detox unit in another city. Following hospital discharge, DP rejoined the rehab programme but requested to transfer to Recovery Connections in Middlesbrough to continue his recovery closer to home.

Upon returning to Middlesbrough, Client A experienced a brief lapse but re-engaged promptly with support services. He underwent a Nurse Assessment at Live Well East and experienced a smooth transition into Recovery Connections Rehab Unit. Client A completed 12 weeks of primary residential rehabilitation, followed by an additional 12 weeks. Upon completion, Client A successfully graduated from the programme.

Key milestones achieved:

- Regained his driving licence;
- Reconnected with his Sergeant Major, who supported him in securing employment;
- Secured accommodation and a salary;
- Established ongoing recovery support through a sponsor and regular attendance at AA meetings twice weekly.

The coordinated approach between the Blue Light Caseworker, Recovery Solutions, Recovery Connections, healthcare providers and social services enabled Client A to rebuild stability, achieve abstinence and reintegrate into meaningful employment and independent living.

## 4.4 PHYSICAL ACTIVITY

Low levels of physical activity remain a major contributor to poor health outcomes across South Tees.

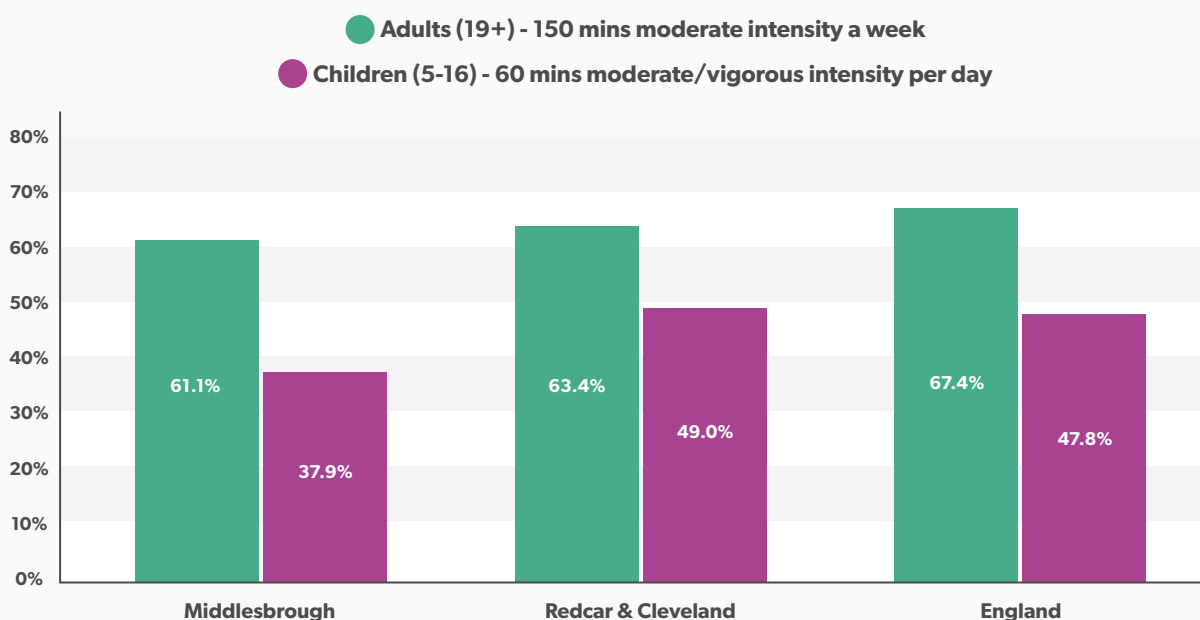
Barriers such as limited access to safe, affordable spaces, transport challenges, and socioeconomic pressures mean that opportunities for active living are not equally available to all our communities.

Increasing physical activity is essential to improving physical and mental wellbeing, reducing long-term conditions, and reducing health inequalities.



Physical activity levels among adults and children are lower locally than the England average (see Figure 15). In 2023-24, 61.1% of adults in Middlesbrough and 63.4% in Redcar & Cleveland met the recommended 150 minutes of moderate activity per week, both below the national figure of 67.4%. Children's activity levels show a larger gap: only 37.9% in Middlesbrough and 49.0% in Redcar & Cleveland achieved 60 minutes of daily activity, compared with 47.8% nationally.

**Physically Inactive Adults & Children (%) - 2023/24**



**Figure 15: Physically Active Adults and Children - 2023-24 (%)**  
(England, Middlesbrough, and Redcar & Cleveland)

One way Middlesbrough is addressing physical inactivity is through the 'Bring It On! Boro' holiday activities and food programme for children and young people in receipt of free school meals.

## CASE STUDY:

# EMBEDDING PHYSICAL ACTIVITY WITHIN THE HOLIDAY ACTIVITIES AND FOOD PROGRAMME (HAF)



## PRIMARY PREVENTION

### CORE PRINCIPLES

- Shared practice, learning and evaluation
- Health inequalities - priority populations
- Sustainability
- Collaboration and coproduction
- Life-course approach

### THE WHY

The Holiday Activities and Food (HAF) programme (branded as Bring It On!) serves children across South Tees who receive free school meals during school holidays, offering 69,765 places with £1.73m investment in 2024/5. Each provider is required to deliver 60 minutes of daily physical activity. However, insight from the HAF team and their Young Inspectors, revealed there to be inconsistent provision in the delivery of physical activity. This created an opportunity to improve outcomes for our local young people, while ensuring physical activity was delivered appropriately across the year.

### THE WHAT

Middlesbrough's Holiday Activities and Food (HAF) Programme implemented a comprehensive physical activity training initiative for its 50 local providers. The training involved 95 staff members and was delivered through a collaboration of eight local organisations including Everyone Active, Redcar & Eston School Sport Partnership, North East Wellbeing, Cleveland School Sport Partnership, Groundwork North East, Tees Dance, RCVDA and Middlesbrough FC Foundation. The training covered making activities inclusive for all audiences, supporting youth-led activities, maximising small spaces and venues, embedding movement throughout the day, and utilising open spaces effectively.



## THE OUTCOME

The training produced measurable improvements with a marked upturn in average quality scores.

Providers reported better engagement with children, increased variety of age-appropriate activities for different needs, and enhanced provision of tailored support around movement.

The training is now mandatory for new providers and will be funded through HAF's 15% development budget, with plans for a 'train the trainer' package to create sustainable capacity within the workforce around physical activity.



## 5. PREVENTION IN THE NHS

The NHS has a role in the prevention of ill health within the population at all levels, particularly secondary and tertiary prevention, through detection of disease and management, and improving the quality of life of people living with long term health conditions.

In South Tees NHS Foundation Trust there is a robust programme of work underway to improve population health and reduce healthcare inequalities for the population we serve, informed by national, regional and local policy drivers including the NHS 10-year Health Plan for England.

The framework for delivery requires collaborative working and integrated partnerships with external organisations, which will be achieved through the development of neighbourhood health plans, embedding patient and public engagement in service improvement and enabling the use of population health management approaches to reduce disparities in healthcare access, experience and outcomes.

Our Hospital Trust is also the provider of many public health and prevention services, helping us go further faster from treatment to prevention. Below is a list of current public health provision across South Tees NHS Foundation Trust.

- Tobacco dependency treatment service (acute in patient and maternity)
- Paediatric Stop Smoking service
- Alcohol care team and recovery navigator
- Waiting well
- Cancer prehabilitation
- High Intensity use case workers in Emergency department
- Violence reduction navigator in children & young people's emergency department
- Cardiology social prescribing link worker
- Cervical screening - colposcopy
- Diabetic eye screening
- Maternity vaccination
- Maternity vulnerabilities workers
- Digital inclusion midwife
- Access and attendance (health inequalities care navigator)
- BBV & syphilis testing in Emergency department
- Lung health checks
- Active hospitals



## 5.1 DETECTING ILL HEALTH EARLY THROUGH SECONDARY PREVENTION

One of the missions in the South Tees Health and Wellbeing Strategy is to find more disease and ill health earlier, and in doing so promote clinical prevention interventions and pathways across the system. One of the ways we are doing this is through screening to address some of the main causes of preventable death for our residents in South Tees.

Detecting a health condition early makes treatment more effective, encourages lifestyle changes to deal with the health issue, and provides individuals with information to make informed choices about their health. Health screening can ultimately save lives and result in better long-term outcomes.

Cancer screening is offered to many different target groups at risk of certain conditions based on their age, gender, and lifestyle conditions. This includes bowel, breast, lung and cervical screening programmes.

The NHS work closely with Public Health to:

- Promote the importance of screening to the public
- Ensure the screening offer is accessible, convenient and inclusive
- Engage with target groups to increase uptake and reduce inequalities in screening uptake



The following case studies highlights a successful approach of engaging high-risk communities in cancer screening, ensuring that more disease is identified at an earlier stage.

## CASE STUDY:

# LUNG CANCER SCREENING PROGRAMME

## SECONDARY PREVENTION

### CORE PRINCIPLES

- Collaboration and coproduction
- Health inequalities - priority populations
- Equity-focused
- Evidence based
- Life-course approach
- Data driven

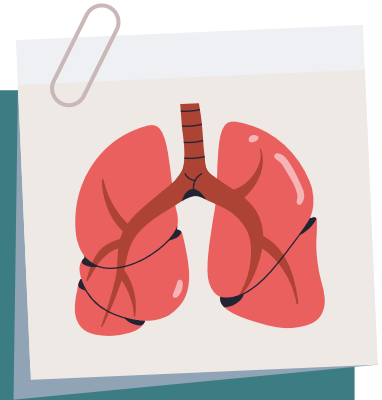
### THE WHY

Lung cancer is one of the most common cancers in the UK, but outcomes are consistently poor. One reason for this is that people are often diagnosed at a late stage, where there are fewer treatment options available. Across the health sector, there is a desire to improve lung cancer outcomes, but this is complex and needs to be tackled using different approaches. The national roll-out of lung screening, to those with a history of smoking, is outlined in the NHS 10 Year Plan.

### THE WHAT

The NHS Lung Cancer Screening Programme invites people aged 55-74 years of age who have ever smoked to a free lung health check and CT scan to find lung cancer early, thus significantly improving early diagnosis and treatment outcomes.

In South Tees eligible individuals are contacted by letter and telephone and invited to attend the mobile unit for a chest scan. To ensure ease of access mobile units are situated in local communities such as supermarkets or shopping centres ensuring screening services are in the heart of the community, closer to home making it easier for our residents to attend health screening appointments.

The NHS logo, consisting of the letters 'NHS' in a bold, white, sans-serif font, centered within a blue rectangular box.

## THE OUTCOME

Our uptake rates across the Tees Valley are higher than the England average despite covering areas of significant deprivation. The reason for higher uptake is the personalised care approach we provide through a telephone call and having appointments and CT scans within the communities where people live. These techniques used to recruit patients have been successfully trialled in cervical screening.

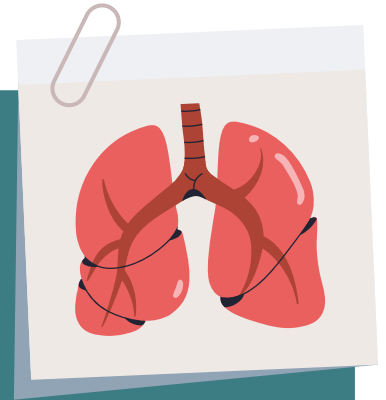
As well as higher than national average uptake rates, 80% of lung cancers have been diagnosed earlier at Stages 1 and 2 meaning treatment outcomes are better for individuals. We have also diagnosed approximately 40 other cancers that may have gone undiagnosed.

Jonathan Ferguson, Lung Cancer Surgeon and Clinical Lead for the NHS Lung Cancer Screening Programme in South Tees, said:

“Lung cancer is one of the most serious cancers we treat, and unfortunately it often develops without obvious symptoms in its early stages. By the time people feel unwell, the disease can already be advanced. Screening changes that. It allows us to detect lung cancer much earlier, sometimes before symptoms develop, which means we have more treatment options and a much better chance of successful treatment.

This NHS lung screening programme is designed to make early detection accessible to people in our communities, particularly those at higher risk. The goal is simple - to find cancer earlier, treat it more effectively, and ultimately save lives. What’s important is that screening is safe, quick, and can provide reassurance for the vast majority of people who attend.

Early diagnosis makes a real difference. It gives patients more time, more options, and more hope. That’s why programmes like this are so important for improving outcomes and protecting the health of our population.”



## 6. PREVENTION IN LOCAL AUTHORITIES

Local authorities are well-placed to lead on prevention. By shifting focus from crisis management to early intervention, local authorities can tackle the root causes of poor health and poverty. Services such as adult social care, public health, housing, planning, and community safety all work together to improve the health and wellbeing of our residents and reduce inequalities. Ensuring these services are joined up, and that teams work across services, directorates, and partnerships, allow us to strengthen these approaches further.

In South Tees, we have strong leadership and a commitment to prevention. Local authorities lead on the Health and Wellbeing Strategy and the Health and Wellbeing Board, where strategic priorities for the future of the population's health are agreed with local partners such as the NHS and VCSO. These mechanisms are important for ensuring there is shared accountability and governance regarding improving the health of our population.

Two key local authority services highlighted in this chapter are adult social care and planning.

### 6.1 PREVENTION IN ADULT SOCIAL CARE

Prevention is a key aspect of the social care offer in South Tees.

Adult social care continues to face challenges such as tighter local budgets, an ageing population with increased care needs, workforce shortages, and cost of living pressures. Prevention helps in the long-term to manage these pressures and minimise or delay significant care costs.

Adult social care is a key part of the public health system, working to improve health outcomes, prevent illness, and support individuals in maintaining a high quality of life. Adult social care and public health continue to work closely to identify risks early, intervene sooner and reduce preventable illness.

Key areas of work include:

- **Embedding evidence-based practice - working with the Health Determinants Research Collaboration (HDRC) and shared learning.**
- **Upskilling with training - providing Making Every Contact Count, mental health, dementia, healthy weight and other training to support earlier intervention.**
- **Improving access to preventative services and raising awareness of these - smoking cessation, substance misuse, NHS health checks.**
- **Shared strategic planning - our Service Level Agreements and Joint Strategic Needs Assessments support our joint working approach.**
- **Promote independence and healthy ageing - falls prevention, active care homes, Age Friendly approaches.**

These principles embed prevention across the system - aiming to improve long term health and reduce pressure on services.

Redcar & Cleveland's Adult Social Care Prevention Strategy (2024-27) highlights how services are focused on preventing the development of care needs, delaying the onset of needs, and giving people the support they need to regain their independence.

## CASE STUDY:

# MEADOWGATE - SUPPORTING RECOVERY, RESTORING INDEPENDENCE

## TERTIARY PREVENTION

### CORE PRINCIPLES

- Utilise lived experience
- Life-course approach
- Collaboration and co-production
- Health inequalities - priority populations
- Equity-focused

### THE WHY

Many people are discharged from hospital medically stable but still lack the mobility, confidence, or independence needed to return home safely. Without additional support, this can lead to avoidable readmissions or long-term loss of independence. The Meadowgate Intermediate Care Centre is a 40 bed integrated residential facility designed to support adults who need short term, therapy led recovery and reablement following a hospital stay or a crisis in the community.

### THE WHAT

At Meadowgate, individuals receive a structured programme of therapy led, supportive and enabling care, tailored to their personal goals. The centre prevents unnecessary hospital admissions, enables timely discharge from acute settings, and delivers focused rehabilitation aimed at helping each person achieve and maintain the highest possible level of mobility, health, and practical daily living skills.

Meadowgate helps people get back on their feet, return home safely, and move forward with improved wellbeing and a renewed sense of control over their lives.



## THE OUTCOME

Meadowgate consistently delivers strong outcomes for adults who are recovering from illness or crisis. Feedback from those who have stayed highlights exceptional care, emotional support, encouragement, and sense of dignity they experience. Many describe improvements in both physical and mental health, increased confidence, and a renewed ability to live independently - often crediting the compassionate and dedicated staff for transforming a difficult period into a positive turning point.

Ethel's story shows exactly how this support and care can make a huge difference and have a positive outcome.

After two weeks in hospital following a mechanical fall, 103 year old Ethel was discharged to Meadowgate. Before her admission, she lived independently and visited her local shops three times a week. Her goal was simple but powerful: to return to her sheltered accommodation and regain her independence.

Through tailored therapy sessions focused on mobility and personal care, Ethel worked hard to rebuild her confidence. She also embraced life at Meadowgate, joining the weekly baking group and making biscuits, scones, and even a cake for the Christmas party.

Ethel met all her therapy goals and headed home just in time for Christmas to spend time with her wider family. She enjoyed her time at Meadowgate and will miss everyone but was excited to reunite with friends for dominoes and bingo.

The Pathways to Independence Lead and Manager of the Integrated Therapies Team, shared:

**"It has been a pleasure to meet Ethel, who has made a big impression on the therapy team and wider reablement service. Helping people to return home to their own communities is a great feeling - and exactly what we strive for every day."**

Ethel also shared memories of serving in the Second World War, examining cartridges for the British Army. When asked the secret to a long life, she replied:

**"Hard work, I worked all my life."**

That same determination has helped her regain her independence at Meadowgate - she is truly an inspiration.



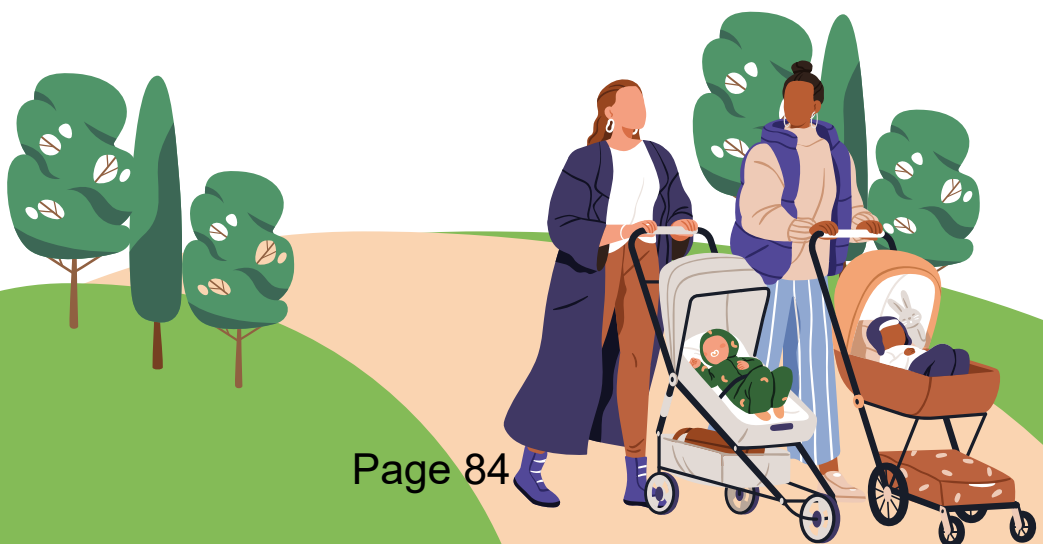
## 6.2 CREATING HEALTHY PLACES

The built and natural environments play a crucial role in determining health outcomes and influencing health inequalities. Many preventable health conditions such as those linked to physical inactivity, poor diet, and social isolation are shaped by how we plan and design our communities. The environments people live in are deeply influenced by planning decisions, which in turn affect their ability to live healthy, fulfilling lives.

Planning and environmental decisions are critical to creating places that reduce risk and enable healthier choices. We work closely and have agreements with our planning, health protection and wider environment colleagues to:

- **Embed public health insight into planning policy and local plans - ensuring decisions are shaped by evidence on health inequalities.**
- **Design active safe/accessible spaces - including green spaces, safe neighbourhoods and active travel routes that support physical activity and wellbeing.**
- **Shape a healthier local food offer and advertising agenda - through guidance on takeaways and approaches that support healthier choices.**
- **Improve housing and environmental quality - working to monitor and improve air and water quality, environmental safety and initiatives to support improved living standards.**
- **Support health-promoting public spaces - including breastfeeding welcome venues, dementia friendly places and other inclusive initiatives.**

These decisions are a key lever in shaping broader determinants of health, including employment opportunities, access to green spaces, housing quality, transport options, and air quality. All these factors contribute to peoples' overall health and wellbeing.



## CASE STUDY:

# CREATING ACTIVE AND HEALTHY PLACES: EMBEDDING PHYSICAL ACTIVITY INTO PLANNING POLICY ACROSS SOUTH TEES

## PRIMARY PREVENTION

### CORE PRINCIPLES

- Place-based
- Health inequalities - priority populations
- Collaboration and co-production
- Evidence-based
- Shared practice, learning and evaluation

### THE WHY

Research demonstrates that built and natural environments significantly influence health outcomes and inequalities. Planning is a critical lever affecting employment, green spaces, housing quality, transport, and air quality - all fundamental to health and wellbeing.

In South Tees, despite both local planning authorities recommending Health Impact Assessments (HIAs) for developments, none had ever been submitted. Previous attempts by Public Health South Tees (PHST) to engage Planning Departments had limited success due to mutual misunderstandings, time pressures, and heavy workloads. There was a clear need to embed health considerations into Local Plan policy and to influence the built environment to drive population-level improvements in physical activity.

### THE WHAT

You've Got This (YGT) takes a systems approach to tackling physical inactivity at a population level in South Tees. This involves recognising that individual behaviour is impacted by many factors including organisational responses to physical activity, the physical environment, policy, and wider determinants. There is a strong emphasis on insight and learning, and the learning has wider applicability in understanding our responses to other complex issues in our place around health.

The YGT programme is funded externally by Sport England, with the work and the core team integrated within Public Health South Tees.

You've Got This (YGT) took a relationship-first approach, investing time to understand planners lived experiences, workloads, and challenges. Through facilitated meetings and workshops involving Planning, Transport Planning, and Public Health, they uncovered limited mutual understanding but also a shared passion for healthier environments.



**YOU'VE  
GOT  
THIS.**



The collaborative process revealed that dedicated resources were needed to bridge departments. This led to an innovative recruitment approach through Public Practice, a not-for-profit organisation that embeds diverse built environment professionals into public sector roles. In Spring 2023, they successfully recruited a Creating Active and Healthy Places Lead - a professional with expertise in architectural practice and behavioural science.

Initially funded by YGT for two years, employed through Middlesbrough Council (MC), and line-managed by PHST, the role focuses on fostering Public Health Spatial Planning collaboration and exploring opportunities across councils and networks. It will look to embed physical activity into Local Plan policy, whilst providing capacity to apply a health and wellbeing lens to all policies, strengthening and exploring opportunities across the councils and current networks.

## THE OUTCOME

Now in its third year, the role has delivered significant results:

### Policy Integration:

- Completed Health in All Policies assessment of Middlesbrough Council's emerging Local Plan
- Subject to the adoption of the emerging local plan, the postholder has secured requirement for HIAs on all residential developments over 100 dwellings (MC)
- Developed an award-level HIA screening process based on health, IMD, and open space deprivation (MC)

### Capacity Building:

- Co-designed Middlesbrough Council's first HIA planning toolkit
- Designed and delivered Health in Spatial Planning Workshops for planners and members

This programme of work demonstrates that sustainable change requires understanding planners' constraints, dedicated bridging resources, long-term relationship building, innovative recruitment, and integration of health into core planning frameworks.

Next steps include further embedding health into policy across Redcar & Cleveland, sharing learning regionally and nationally, and building momentum for healthy, active, equitable places.

## 7. WORKING WITH COMMUNITIES

We know that to prevent ill health in our most vulnerable communities, it is essential that we develop and maintain strong connections with those communities. We therefore adopt a community resilience approach by creating links within the communities where people live, work, and socialise. Understanding local needs, lived experiences, and the barriers people face is essential to designing effective interventions.

Our Health and Wellbeing Strategy stresses our commitment to working with a wide range of community partners to explore local issues and challenges, agree priorities to respond collaboratively, and use collective resources.

'Communities' can be defined in a number of ways; if we are to effectively empower communities, we need to be clear about how; where and why they exist. We achieve this by creating connections, working with trusted local voices and by working closely with our VCSO partners.

Recent initiatives that strengthen prevention in communities include:

- **The South Tees Health Champions Network**
- **Collaborative community events and engagement**
- **Training for Community Champions in the 5 clinical conditions related to Core20Plus5 to provide information and education on these conditions to the community**
- **Engaging our ethnic minority communities through working with trusted voices and faith settings**

By working in genuine partnership with communities, we can co-create solutions that are relevant, accessible, and sustainable. This approach builds trust, empowers individuals, and ensures that prevention is not something done to communities, but with them. This can then lead to innovative and creative initiatives and projects that can have a real impact on ill health prevention. An example of a secondary prevention approach in partnership with local communities is the community blood pressure initiative.



## CASE STUDY:

# BLOOD PRESSURE (BP) TESTING IN COMMUNITIES

## SECONDARY PREVENTION

### CORE PRINCIPLES

- Collaboration and coproduction
- Health inequalities - priority populations
- Utilise lived experience
- Evidence based
- Equity-focused



### THE WHY

High blood pressure is often called the silent killer because it has no warning signs, yet it is a leading preventable cause of heart attacks, strokes and kidney disease.

### THE WHAT

Public Health South Tees has proactively worked with community partners to encourage high Blood Pressure (BP) case finding in community settings during 2024 and 2025. Staff worked with local community organisations to bring blood pressure checks directly into the community, providing mobile blood pressure kiosks and monitors and providing training to local community members so they are able to take readings, interpret the results and advise participants on the next steps and lifestyle.

The work focused on reaching target groups who may be at risk, dispelling myths, providing education and raising awareness, while identifying individuals with high blood pressure and referring them to their GP for treatment and ongoing management. Checks have been provided in a range of community organisations, hubs, faith centres and events, with hundreds of checks being completed.

### THE OUTCOME

One recent visit to Al Madina Mosque in Middlesbrough highlights why these checks are so important. During Friday Prayers, Mohammad Altaf Hussain was approached by staff and encouraged to have his blood pressure checked, despite feeling healthy. His readings were elevated, and after using a home monitoring kit and visiting his GP he was prescribed medication and has since made lifestyle changes to his diet and improved physical activity.

**“I am really grateful that the mobile kiosk was brought to the Mosque and other community venues. I’ve not had my blood pressure checked in recent years, and if it weren’t for this opportunity, my high blood pressure could have gone unnoticed and caused serious harm to my health.”**

**- Mohammad Altaf Hussain.**



## 8. RESEARCH-LED PREVENTION

Research in the prevention space spans behavioural, environmental, social, and structural determinants of health, and increasingly draws on whole system and place-based approaches. It can illuminate how everyday factors - such as housing quality, employment conditions, food environments, social connectedness, and access to green spaces - shape long term health trajectories. By generating evidence about these determinants, prevention research supports policy, service redesign, and investment decisions that prioritise upstream action rather than downstream treatment.

The Health Determinants Research Collaborative (HDRC) South Tees in collaboration with Teesside University have been funded by the National Institute for Health and Care Research (NIHR) with the aim of becoming a beacon for research in prevention and tackling health inequalities. The programme is funded by NIHR to enable local authorities to become more research active, embedding a culture of evidenced based decision making.

Table 5 and 6 outline some of the research ideas the HDRC is supporting under two goals, from the South Tees Health and Wellbeing Strategy, pertinent to prevention.

Food, nutrition and weight	
Child pestering for unhealthy food and drinks: A mixed-method exploration of environmental triggers, parent and child experience, and impact on purchasing.	Being developed
Understanding food provision and eating environments in English special schools.	Funded
Addressing the importance of physical fitness to reduce health inequalities for children and young people.	Being developed
Healthcare and disadvantaged groups	
Barriers and facilitators to ethnic minoritised groups accessing smoking cessation/ tobacco harm reduction services in South Tees.	Being developed

**Table 5:** Reduce the prevalence of the leading risk factors for ill health and premature mortality

Healthcare and disadvantaged groups	
Reducing skin cancer risk from sunbeds: evidence to inform public health regulation.	Being developed
EQUITY in Black Adult health (EQUITA)- a randomised feasibility trial of a co-produced and faith-placed intervention to increase uptake of breast, cervical, bowel, and AAA screening in the North East of England, Leeds and Scotland.	Funded

**Table 6:** Find more diseases and ill health earlier and promote clinical prevention and pathways across the system

Together, these projects span early life environments, behavioural risk factors, equitable access to prevention services, and community driven approaches to earlier diagnosis.

Investing in and expanding research in ill health prevention, can better anticipate future needs, tackle inequalities at their root, and create environments that enable people to live healthier, longer lives.



**Figure 16:** Research to reduce leading risk factors and detect ill health earlier

## 9. CONCLUSION & RECOMMENDATIONS

### CONCLUSION

This report makes the case for prevention across our local health and care system, to help South Tees realise its ambitions to be a place where everyone starts well, lives well, and ages well.

It cannot be emphasised enough the role that strong and effective local partnerships play in delivering prevention at all levels.

Our case studies highlight areas of good practice, while our recommendations set out how we can continue to deliver and strengthen projects and programmes that implement preventative approaches to improve the health and wellbeing of our communities.

We will achieve this by continuing to work in line with our key prevention principles, such as being evidence-based and data-led, as well as ensuring that our work is place-based, strives to reduce inequalities, while embedding collaboration and community engagement throughout.

### RECOMMENDATIONS

#### SMOKING

- To achieve the 5% smoking prevalence ambition by 2030, continued investment in the South Tees system wide smoking cessation infrastructure is essential. Strengthening and sustaining our partnership pathways will be critical to ensuring effective identification and targeted support for priority groups across our communities.

#### ALCOHOL

- To improve the early identification of harmful drinking and develop a targeted prevention and harm-reduction campaign for South Tees.

#### PHYSICAL ACTIVITY

- To embed and broaden physical activity offers in care homes and schools, whilst sustaining the collaborative, system-wide physical activity principles established through the You've Got This programme.

#### OBESITY

- Embed the Healthy Weight Declaration into core South Tees policy and governance so that creating healthier environments becomes a shared, system-wide responsibility across all departments and partners.

## HEALTH AND SOCIAL CARE

- Strengthen joint working between Public Health and Adult Social Care by improving connections across teams and sharing public health intelligence to support joint approaches for identifying emerging needs.
- Embed a population health, prevention, and health equity lens across clinical pathways with the aim of reducing health inequalities in access, experience, and outcomes.
- Poverty-proofing our public services by ensuring that services are fully accessible and responsive to the needs of low-income households.

## WIDER DETERMINANTS

- Strengthen a 'Health in All Policies' approach across the council by identifying priority policies for review, and work with wider stakeholders to embed preventative and inequalities-focused approaches into work programmes and plans, aligning with the Marmot principles and our socio-economic duties.
- Lived experience - working with our communities and building on existing insights to understand poverty in South Tees, and to design and co-deliver interventions that ensure policies are effective and meaningful.

## COMMUNITIES

- Build community capacity for prevention and embed prevention approaches within key communities to address health inequalities.

## SYSTEM WIDE

- In our role as anchor organisations, we will work to address the drivers of poverty within South Tees by targeting employment opportunities towards residents in our most deprived wards and ensuring the delivery of social value across all our contracts.
- Develop and implement a Prevention Framework for South Tees to support system partners to embed prevention within their organisations and services, through a shared understanding of prevention, an agreed set of principles, and the use of evidenced based tools.

## HDRC

- Partners to pledge to progress and support prevention focused research to improve outcomes for residents in South Tees.



## 10. ACKNOWLEDGEMENTS

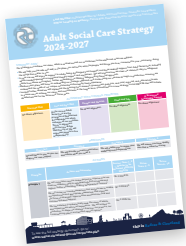
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<b>Jonathan Bowden</b>	Head of Health Inclusion, Public Health South Tees
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<b>Louise Robinson</b>	Service Manager - Prevention and Partnerships (Adult Social Care), Redcar & Cleveland Borough Council

## 11. FURTHER READING



### South Tees Health and Wellbeing Strategy (2024-30)

<https://www.middlesbrough.gov.uk/media/sa5pgthb/health-wellbeing-strategy-2024-2030.pdf>



### Redcar and Cleveland Adult Social Care Strategy (2024-27)

<https://www.redcar-cleveland.gov.uk/sites/default/files/2024-12/Adult%20Social%20Care%20Strategy%202024-2027.pdf>



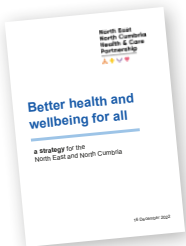
### Middlesbrough Council Adult Social Care Strategy (2025-35)

<https://moderngov.middlesbrough.gov.uk/documents/s38054/Appendix%20-%20Adult%20Social%20Care%20Strategy.pdf>



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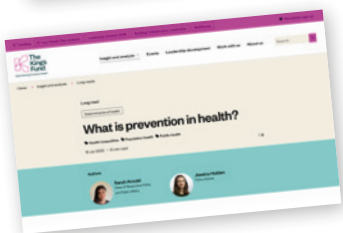
### NHS North East and North Cumbria Integrated Care Strategy

<https://northeastnorthcumbria.nhs.uk/media/ifgjdjfx/integrated-care-strategy-better-health-and-wellbeing.pdf>



### Fit for the Future – NHS 10 Year Plan

<https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf>



### What is Prevention in Health? – The King's Fund

<https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-is-prevention-in-health>

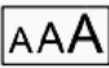
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