

Public Health South Tees: Overview

Middlesbrough Health Scrutiny

10 July 2023



Public Health Statutory Duties and Responsibilities

The Local Authority, via the Director of Public Health, has a duty to improve public health under **Section 12** of the **Health and Social Care Act 2012**. This duty is expected to be executed via the delivery of mandated and non-mandated functions that best meet the needs of the local population (including having regards to the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy)

Mandated functions include:

- Weighing and measuring of children at reception and year 6 (i.e. the National Weight Measurement Programme)
- NHS Health Check assessment and delivered, offered every 5 years to eligible residents who meet screening criteria;
- Provision of sexual health services;
- Provision of Public Health advice to the Clinical Commissioning Group;
- Health protection, including prevention, planning for and responding to emergencies;
- Oral health, including initiation, variations and termination of fluoridation; oral health promotion; oral health surveys; oral health needs assessment (subject to change)

Non-mandated functions that are conditions of the Public Health Grant:

- Drug and alcohol provision
- Children and young people (Health Visiting and School Nursing)

Public Health Statutory Duties and Responsibilities continued...

As part of its Public Health functions, Local Authority's have a duty to participate in the local **Health and Wellbeing Board** of which Directors of Public must be a statutory member.

Together with the **Clinical Commissioning Group**, and via the Health and Wellbeing Board, Local Authorities have a duty to publish:

- **Joint Strategic Needs Assessment (JSNA)**
- **Joint Strategic Health and Wellbeing Strategy**
- **Pharmaceutical Needs Assessment (PNA)**

Public Health South Tees Priorities

<u>5 Programmes</u>	<u>4 Business Imperatives</u>	<u>3 Levels of Intervention across the life-course:</u>
<ul style="list-style-type: none"> ▪ Creating environments for healthy food choices and physical activity ▪ Protecting health ▪ Preventing ill-health ▪ Reducing vulnerability at a population level ▪ Promoting positive mental health and emotional resilience 	<ul style="list-style-type: none"> ▪ Address health inequalities with a determined focus on the best start in life ▪ Better use of intelligence to inform decision-making ▪ Building purposeful relationships with key partners ▪ Improved financial efficiencies 	<ul style="list-style-type: none"> ▪ Civic-level – healthy public policy ▪ Service-level – evidence-based, effective, efficient and accessible services ▪ Community-level – family of community centred approaches

3 Levels of Intervention

Using a place-based framework to deliver a high impact, population health approach, by tackling the causes and providing solutions at the civic, community and service level.

Components of the Population Intervention Triangle



Community-Level:

- Using the assets within communities, such as skills & knowledge, social networks, local groups & community organisations, as building blocks for good health

Civic-level:

- Legislation; regulation; licencing; by-laws
- Fiscal measures: incentives/disincentives
- Economic development & job creation
- Spatial & environmental planning
- Welfare & social care policy
- Communication; information; campaigns
- Anchor-role

Service-Level:

- Delivering interventions systematically with consistent quality & scaled to benefit enough people
- Reduce unwarranted variation in service quality & delivery
- Reduced unwarranted variability in the way the population uses services & is supported to do so

Healthy Environments

Scope:

- A system led approach to creating places that promote healthy eating and moving more.
- Using the Healthy Weight Declaration as a framework for action.
- Creating a Healthy Weight Alliance that takes a strategic approach to healthy weight, nutrition and physical activity across the life course.
- Embedding healthy eating and physical activity into other settings to create impactful change and sustainability.

Healthy Environments (2)

Priorities:

- **Create environments for healthy food:** Supporting the Middlesbrough Food Partnership Gold Award bid; embedding School Food Standards; implement the Eat Well South Tees and Eat Well Schools Award; delivering HAF and use it as a healthy eating education tool.
- **Creating environments for physical activity:** Working with YGT to embed physical activity into: clinical pathways such as Prepswell, Type 2 Diabetes, tackling chronic pain and Waiting Well; social prescribing; and schools through the Creating Active Schools framework.
- **Embedding system change through:** Working with planning to embed physical activity and health in the planning process; reimagining active open spaces; and building community capacity through an LMS training offer.

Issues and Challenges:

- Taking a long term view around healthy weight when there are immediate challenges such as Cost of Living.
- The complexity of the underlying causes requires common purpose both within the Council and across other organisations in the place.
- Significant elements of the work is funded externally in the short term (for example the Sport England funded You've Got This programme).

Protecting Health

Aim – Protect the population of Middlesbrough from the spread of communicable disease, prevent and manage outbreaks and protect from environmental hazards

Challenges

- Middlesbrough has the rate of Syphilis in the North East and higher than the England Average
- Middlesbrough have the 2nd highest rate of gonorrhoea in the North East after Newcastle which has promoted scrutiny from UKHSA
- The impact of housing conditions on health and the ability to identify and respond
- 0-5 vaccines 5/13 in Middlesbrough below the outbreak threshold
- Adolescent vaccines are now below the 35% threshold which significantly increases the risk of local Diphtheria, Polio and Meningitis outbreak
- Capacity to provide a response for the next outbreak based on the learning from Covid

Priorities 23/24

- Work with the sexual health service to increase communication, testing, partner notification and treatment of STI's
- Lead forward a targeted approach of the new sexual health prevention services (Brook/Terrance Higgins Trust) increase STI testing in young people and at risk groups and reduce unintended pregnancies (Middlesbrough 1st highest in England)
- Launch the Clean Air Strategy
- Work with key partners to increase the knowledge, skills and capacity to support the Health Protection agenda (Alerting to housing conditions such as mould, control measures in settings to prevent against outbreaks, outbreak management and promote uptake of preventative measures such as vaccination)
- Work with GP practices/Children Centres/Maternity Services and Health Visiting to increase MMR vaccination uptake
- Increase adolescent vaccine uptake through behavioural insights work (pilot MacMillan) and role out the findings to all secondary educational settings

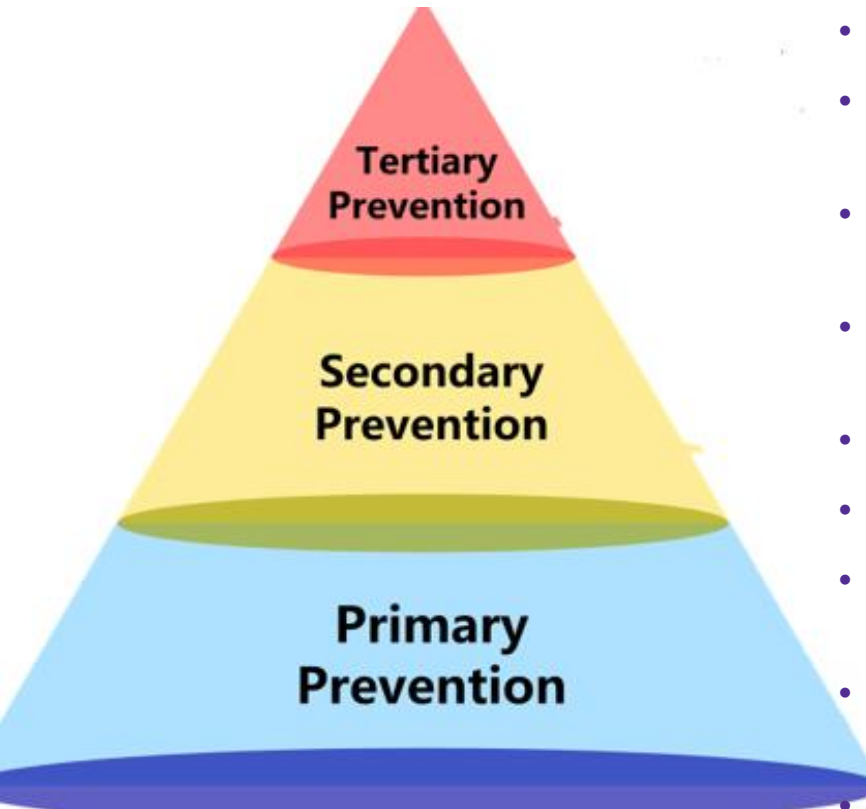
Preventing Ill Health

Aim – Reduce inequalities in population health through the prevention and early detection of disease and support the people to manage their long term conditions

Challenges -

- Health in Middlesbrough is generally worse than the England average
- Middlesbrough is one of the 20% most deprived authorities in England
- Middlesbrough males have the 2nd lowest life expectancy in England and females the 4th lowest
- For females, Middlesbrough had the highest rate of preventable mortality in 2018 to 2020 with 205.4 deaths per 100,000
- Middlesbrough has the 2nd highest rate of under 75 mortality from causes considered preventable
- 4th highest incidence for under 75 mortality for cancer in England
- Screening uptake for breast, cervical and bowel cancer is significantly lower than the England Average
- Getting screening data at a local level to allow for the targeting of services
- Smoking remains the leading cause of preventable death in the UK and local prevalence is 17.2% which is higher than the England average of 13.9% which has led to Middlesbrough having a higher rate for smoking attributed mortality
- Middlesbrough are higher than the national average for both adult and child obesity levels

Priorities 23/24



- Due to demand expand the specialist activity service neuro offer to support residents with long-term conditions
- Continue to embed Age Friendly Communities across all 8 domains
- Continue to support STHFT with the implementation of the social prescribing and physical activity of the waiting well offer across ST
- Utilise local intelligence to increase referrals into the stop smoking service from targeted and high risk groups
- Commence health equity audits on breast, bowel and cervical screening programmes and apply behavioural insights learning to increase local uptake
- Lead forward the development of a targeted school nursing model based on local need
- Lead forward a service review of the healthy child programme to improve effectiveness
- Further develop the Health on the High Street offer, improving the accessibility of health services
- Support South Tees Hospital Trust to implement an approach to tackling health inequalities in secondary care
- Increase community capacity to deliver cancer prevention messages via training of Health Champions as cancer connectors
- Continue to lead the Tees Valley Health Inequalities in cancer partnership – which supports with surveillance, best practice, innovation and evidence base

Overview – Reducing Vulnerability

Cleveland Joint Combatting Drugs Partnership

National Programme:

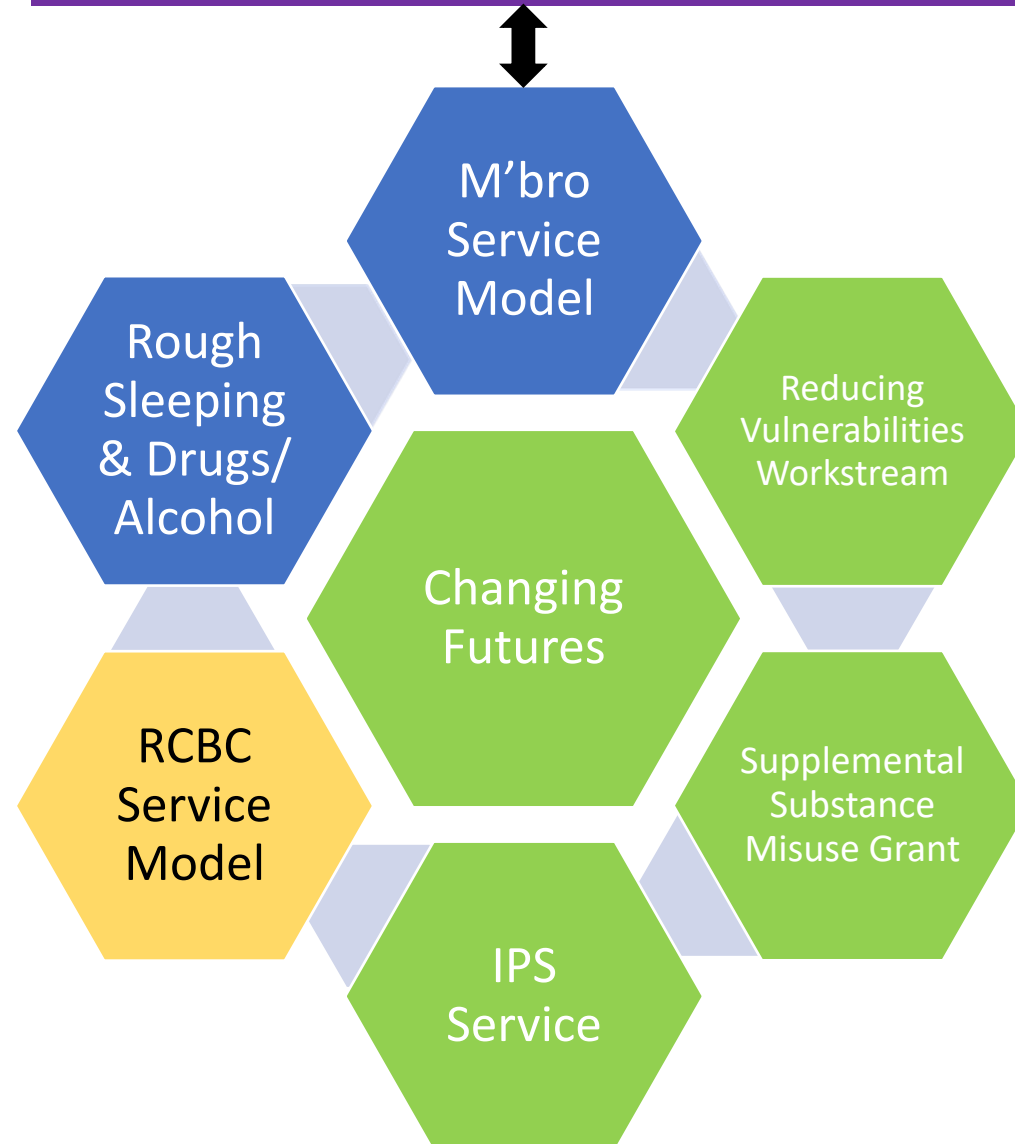
Leading the challenging stigma development programme on behalf of OHID

Regional Programme:

Hosting NE ADPH Reducing Gambling Harms team

Sub-regional Programme:

Leading the 'LA9' Inpatient Detoxification workstream and development of a facility in South Tees



Key:

South Tees

Middlesbrough

Redcar & Cleveland

Reducing vulnerabilities at a population level

- Very few of our local population in South Tees present with a single issue, the majority face living with multiple vulnerabilities on a daily basis;
- These are typically underpinned by mental health and substance misuse
- Underserved population groups are affected, such as BAME, asylum seekers, etc.
- Wider vulnerabilities, particularly issues related to deprivation (e.g. gambling, homelessness/acute housing problems, DA, educational attainment, lack of employment prospects, debt, etc.).
- Focus of this programme developing a person-centred approach at the local system level to enable a more holistic support package to be provided
- Leading a co-ordinated and collaborative approach with key partners across the system is the only way to achieve consistent, high quality delivery and remove duplication.

Vulnerabilities Summary

<p>Aim</p>	<p>To develop a person-centred approach across the full local Vulnerabilities system. This will enable a more holistic support package to be provided whereby all of the priority needs (multiple vulnerabilities) can be met simultaneously. Leading a co-ordinated and collaborative approach with key partners is the only way to achieve consistent, high quality delivery and remove duplication.</p>
<p>Priorities</p>	<ul style="list-style-type: none"> • To develop a cross-programme partnership approach that addresses vulnerability in its broadest sense, making best use of both public health and the wider system resources to support the needs of the whole person; • Further develop collaborative working to strengthen the interface between organisations ensuring that operationally people experience seamless systems and services, and ensure sustainability; • Test out more commissioning approaches, including inter-organisational/joint, to deliver better, people-centred services; • To maximise the use of community assets, including those people with relevant lived/living experience, to support people with sustainable, positive behaviour change; • To invest in more prevention programmes at individual, community and place-based levels; • Maximise system-wide leadership to create the conditions for change, communicating the vision throughout their individual organisations and our collective agendas; • Continue to identify and secure external funding streams in order to enhance the local system.
<p>Issues and challenges</p>	<ul style="list-style-type: none"> • Levels of deprivation in South Tees; • Prevalence is increasing – drug and alcohol-related deaths, acute housing issues and domestic homicide reviews have all been at the highest levels recorded in recent years; • Grant funding is only known to 31/3/25 – uncertainty beyond that makes medium-term planning and sustainability an issue; • Current commissioning responsibilities and services being funded/governed in silos; • Inherent stigma attached to these ‘vulnerabilities’ and the associated population groups; • Challenging to deliver sustainable outcomes, particularly in the short-term (as somewhat expected by some of the additional investment funding organisations).

Promoting Positive Mental Health: Priorities

Vision: Individuals, Families and Communities are supported to be more resilient to achieve good emotional wellbeing

Children and Young People

1. Promoting resilience, prevention and early intervention
2. Improving access and effective support
3. Caring for the most vulnerable
4. Supporting and developing the local CYP workforce
5. System Change

Suicide Prevention

1. Reduce suicides and self-harm
2. Providing support for individuals and communities affected by suicide.
3. Robust data and intelligence to monitor trends
4. Adopt national suicide prevention strategy and guidance

Prevention & Early Intervention

1. Identify and support early to prevent escalation into secondary MH services.
2. Improving access and effective support to low level prevention
3. Focus on whole system approach
4. Support recovery, physical health needs and inclusion of those with mental health problems

Dementia

1. Improved public and professional awareness & understanding
2. Early diagnosis and intervention
3. Good quality information
4. Ensuring people with dementia can live well at home and throughout their dementia journey.

Resilient/Connected Communities

1. Strengthen protective factors for wellbeing
2. Acknowledge and address the impact of the wider determinants of mental ill health e.g. poverty
3. Local action to tackle loneliness and social isolation
4. Acknowledging and challenging the impact of stigma and discrimination

Promoting Positive Mental Health: Areas of Focus

Vision: Individuals, Families and Communities are supported to be more resilient to achieve good emotional wellbeing

Children and Young People

- Implement HeadStart Programme
- Support implementation of mental health teams in school
- Behavioural insights work to understand CYP attitudes to self help tools and services
- Reduce the rate of self-harm
- Targeted programmes to support resilience of priority groups (children experiencing care, boys,
- Integration into system change programme (thrive model)

Suicide Prevention

- Tees Suicide Prevention Strategy and Action Plan (7 key areas of action)
- Local annual audit
- Early Alert Process
- Support for individuals and communities bereaved or affected by suicide
- N/E Sector Led Improvement Programmes

Prevention & Early Intervention

- Review and monitor commissioned public mental health services
- Support local mental health transformation
- Maternal Mental Health pathway Contribute to regional/local multi-agency partnerships with a focus on prevention
- Embed a MECC approach across S/Tees organisations and communities

Dementia

- Dementia Friendly South Tees
- Support VCS to provide inclusive and accessible community activities
- Map of services for people with dementia and their carers
- Awareness and understanding of dementia activities, campaigns, training
- Links with PCN, social prescribing
- Introduce DF Care Home Guide/self Assessment Tool

Resilient/Connected Communities

- South Tees Wellbeing Network
- Develop programmes that support wellbeing, social connections and asset based community development
- Develop and implement whole system approach to Age Friendly Programme
- Wellbeing Peer Support Model
- Support programmes that develop male mental health resilience
- Mental Wellbeing Training & Development

Cross Cutting Themes and Better Mental Health Framework for local action: Evidence Based & Intelligence, Workforce Development, Partnership and alignment, System Change, Leadership and accountability, Communications and Engagement, Whole population, life course and targeted approaches, Defining success outcomes, Mental Health Literacy/Awareness, Wider Determinants, South Tees Wellbeing Network

Best Start in Life

The challenge











Identified through a piece of sector-led improvement work in 2020 that whilst we had a strong operational approach to Best Start in Life, our strategic planning and joint working across the sector was poor

The solution

We presented a paper at South Tees Live Well Board to ask for permission to set up a Best Start in Life Programme Board that would lead locally on our strategic direction and planning around the agenda.

Best Start in Life

Challenges – our local data

Indicator	Period	Middlesboro		Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Under 18s conception rate / 1,000	2020	→	71	30.4	18.6	13.0	30.4		2.7
Smoking status at time of delivery	2020/21	↓	228	14.5%	13.3%	9.6%	21.4%		1.8%
Low birth weight of term babies	2020	→	64	4.1%	3.2%	2.9%	4.9%		.3%
Infant mortality rate	2018 - 20	–	19	3.5	3.5	3.9	6.8		1.7
Reception: Prevalence of overweight (including obesity)	2019/20	→	-	31.0%*	24.8%	23.0%	31.8%		%
A&E attendances (0-4 years)	2019/20	↓	5,280	551.0	938.0	659.8	1,700.5		28.2
Emergency admissions (aged 0-4)	2020/21	→	1,200	127.2	110.1	91.2	193.7		40.5
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	2020/21	↓	130	137.8	143.8	108.7	284.2		35.9
Children with one or more decayed, missing or filled teeth	2016/17	–	-	32.1%	23.9%	23.3%	47.1%		12.9%
Population vaccination coverage - MMR for two doses (5 years old)	2020/21	↓	1,716	84.7%	92.5%	86.6%	59.8%		96.4%

<90%
90% to 95%
≥95%

Best Start in Life - Approach

- Reframing and System Transformation – the board will lead the local vision and develop a pathway for turning evidence into local practice.
- Intelligence-led approach – embedding evidence based research as the foundations for the work across agencies
- Workforce development – We will work with key partners to introduce a shared language for the community and professionals to talk about early child development and create an awareness of how critical early experiences are and the importance of early brain development. The workforce training will ensure all of the early year’s workforce and key partners (such as housing and GP’s) are able to communicate with families using the common narrative.
- Community engagement – Learning from our local communities and involving them in co-producing our local vision and delivery is key to reducing inequalities. We will work with our local communities to identify pressures impacting on their ability to provide the Best Start in Life and we will work with these communities to identify ways of reducing any barriers.

Best Start in Life – Achievements

- Launched the new Best Start Partnership with a Best start Practice week in November 2021, over 200 attendees from across Local Authorities directorates and key partner agencies came to the events
- Initiated the Lockdown Babies research study in partnership with Teesside University. Those who took part cited positive impacts of indicated that they saw positive outcomes surrounding bonding (43.6%) increased independence (9.1%) and improved motor skills (6.7%). Respondents indicated the following areas in which they felt lockdown had a negative impact on their baby: development of social skills (28.6%) decreased independence (12.4%) and bonding behaviour (10.8%).
- Presently undertaking 1001 Days insight work around parental experience, which will allow us to have a greater understanding of the needs of our parents and an intelligence-led approach to our work. The work will be used to help shape the work of the programme board and service development, particularly the family hubs models in both areas. Expected to be complete in June 2023
- Best Start had been established as a high-priority Tees collaborative ICB/ Local Authority workstream for the Tees Valley - Integrated working, Perinatal Mental Health and Foetal Alcohol Syndrome have been identified as key worstreams.
- We are working with Oxford University to embed a brain science-led approach in our local areas. This exciting work will see use brain science in the work we all do with fellow professionals and the community. Training has now been provided to over 200 frontline early year professionals in South Tees.
- Work is presently underway in both local authority areas to have their Family Hubs up-and-running in summer 2023. The hubs are part of the government strategy and vision for first 1001 days. Key areas of focus for the hubs are infant feeding, perinatal mental health, parenting and speech, language and communication.

Joint Strategic Needs Assessment

- The Joint Strategic Needs Assessment (JSNA) looks at the current and future health and Care needs of the local population and is vital to inform and guide service planning, commissioning and delivery of health, well-being and social care services to ensure the needs of our communities are met
- The development of a JSNA is statutory responsibility of the Health and Wellbeing Board (HWBB) with an expectation that key partners and organisations work together in the development to gain a greater understanding of community needs, agree key local action and encourage a system wide approach to tackling local challenges
- The LiveWell South Tees Board (HWBB) have agreed to a “mission-led” approach for the development of the JSNA, structured across the life course

Joint Strategic Needs Assessment

- Each mission is a response to a significant local challenge, one where innovation, working together and aligning resources has a big part to play in driving large-scale change – missions cannot be resolved by any single agency acting in isolation
- The JSNA will provide the intelligence behind the missions – it will develop our collective understanding of the missions and broad contributing factors to the current outcomes experienced
- The missions each have a set of ambitious goals that further articulate and explain the mission
- The JSNA will be developed on a South Tees footprint and the recommendations will inform the development of the South Tees Health and Well-being Strategy

Missions and Goals

Lifecourse	Mission	Goals
Start Well <i>Children and Young People have the Best Start in Life</i>	We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030	We want to eliminate the school readiness gap between those born into deprivation and their peers.
		We want to eliminate the attainment gap at 16 among students receiving free school meals
	We want to improve education, training and work prospects for young people	Extend offers of apprenticeships, training and work placements for young people to make the most of current and future local opportunities
		We will have no NEETs in South Tees through extended employment, apprenticeship or training offers for 18–25 year olds.
	We will prioritise and improve mental health and outcomes for young people	Embed sustainable school based mental health support and support education partners in the establishment of whole school based programmes
		Improve access to mental health care and support for children, young people and families, led by needs.
Live Well <i>People live healthier and longer lives</i>	We will reduce the proportion of our families who are living in poverty	We want to reduce levels of harmful debt in our communities
		We want to improve the levels of high quality employment and increase skills in the employed population.
	We will create places and systems that promote wellbeing	We want to create a housing stock that is of high quality, reflects the needs of the life course and is affordable to buy, rent and run.
		We want to create places with high quality green spaces that reflect community needs, provide space for nature and are well connected.
		We want to create a transport system that promotes active and sustainable transport and has minimal impact on air quality.
		We will support the development of social capital to increase community cohesion, resilience and engagement
	We will support people and communities to build better health	We want to reduce the prevalence of the leading risk factors for ill health and premature mortality
		We want to find more diseases and ill health earlier and promote clinical prevention interventions and pathways across the system
	We will build an inclusive model of care for people suffering from multiple disadvantage across all partners	We want to reduce the prevalence and impact of violence in South Tees
		We want to improve outcomes for inclusion health groups
		We want to understand and reduce the impact of parental substance misuse and trauma on children
	Age Well <i>More people lead safe, independent lives</i>	We will promote independence for older people
We want to reduce the level of frailty to improve healthy ageing		
We want to ensure our communities are dementia friendly		
We will ensure everyone has the right to a dignified death		We want to improve the identification of people who are ready to die and enable choice around end of life - relating to planning about care and about life

Health Determinants Research Collaboration

- The health of the public is fundamentally influenced by the wider determinants of health – for example, education, employment and transport
- The work of Local Government profoundly impacts on these drivers, but there is often little evidence around what can impact on these
- Hence why it is vital that Local Government is better supported to become more research-active and further build this evidence base
- In 2022, NIHR awarded over £50 million in funding to 13 Local Authorities across the UK to develop HDRCs in their localities
- Middlesbrough Council (as lead bidder), Redcar & Cleveland Borough Council and Teesside University applied for and were granted funding (£5.2 Million over 5 years) to establish a HDRC across the two Local Authorities in 2022

Health Determinants Research Collaboration

- It will have an organisational wide focus as well as a specific programme of work to support research development in three Directorates in both Local Authorities (specifically 1. Children's and Families, 2. Adult Social Care and 3. Regeneration)
- The key point is that the HDRC will create the culture and infrastructure for and to facilitate research but not do actual research



Health Determinants Research Collaboration

Vision		
South Tees will be an international beacon for research and innovation in tackling poor health outcomes and inequalities.		
Aims		
To build capacity and capability across both Councils to actively participate, use and develop research to inform innovation in practices and deliver real and sustainable impacts to population health.	To increase the amount of research investment in South Tees in relation to determinants of health.	To harness the anchor potential of key research contributors to build inclusive and sustainable economies as part of the overall research approach.
Objectives		
<i>HDRC is deliberately designed to target the wider determinants of health through our “mission-led research approach” that focusses on three Directorates in each Local Authority that have the greatest influence on these – namely Children’s Services, Adult Social Care and Regeneration.</i>		
A.1 To increase research capacity and capability through a dedicated research infrastructure	B.1 To develop a multi-sector research partnership to increase scope and potential of our research to deliver real health impact and drive local research intensity	C.1 To develop a cross-partnership Community-Based Research Programme to build inclusive and sustainable research capacity and use research as a tool to support community wealth building
A.2 To embed an inclusive and sustainable research culture across South Tees, through effective leadership, strategy and governance	B.2 To commission an independent evaluation of our HDRC to support the potential for place-based research partnerships	C.2 To build ‘research literacy’ in targeted communities through a ‘routes to research’ approach with schools, colleges and adult education
A.3 To develop a global dissemination strategy to support evidence-base development and wider replication of our HDRC approach	B.3 To create a 10-year research investment programme beyond our HDRC horizon to create sustained investment in research	C.3 To develop recruitment policies that create inclusive and diverse pipelines into research roles and support long-term career progression
Missions		
1. Create a sustainable and inclusive economy to minimise health and reduce inequalities	1. Give every child the best start to life	1. Enable all children, young people and adults to maximise their capabilities and control over their lives