

Public Health South Tees Strategy 2023-26



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1. Foreword

The Public Health Strategy is an ambitious Strategy aimed at preventing illness and poor health, improving health and wellbeing, and reducing health inequalities across the communities of South Tees. The Strategy describes the Programme Framework we have developed and defines what we are aiming to achieve and how we will achieve it over the next three years.

The Strategy articulates action against the three domains of the Programme Framework: our five Programmes, describing our priority areas of action (section 3); our four core approaches that are consistent across all Programmes, including reducing health inequalities and best start in life (section 4) and our three levels of intervention across the lifecourse, including developing health in all policies across the Council and the public health contribution to community development and community wealth building (section 5).

The Strategy describes a common approach across Middlesbrough and Redcar & Cleveland which will be articulated in two separate parts that describe the allocation of the Public Health Grant across each Council. This is the Middlesbrough element of the South Tees Public Health Strategy.

The Strategy defines the outcomes we aim to achieve; and how we will utilise our resources to facilitate whole Council action to support their delivery.

Whole Council action is required to address the complex and interconnected factors which influence health and wellbeing; we need to ensure resources, policies and plans are aligned to support the creation of healthier communities.

The whole Council contribution is further articulated in service level agreements with all Council Directorates that describe this contribution in more detail to develop a more holistic approach by improving and defining: areas of collaboration, shared policy development, support from Public Health including through the Public Health Grant, accountability, and long term impact.

This Strategy is distinct from the Health and Wellbeing Strategy as it describes the programmes of work that Public Health South Tees will develop and lead. Whilst the Public Health Strategy will contribute, the Health and Wellbeing Strategy describes the whole system approach, across all partners of the LiveWell South Tees Board, to improving wellbeing and reducing inequalities in Middlesbrough and Redcar & Cleveland.

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2. The Public Health South Tees Programme Framework

2.1 Mission and Purpose

Across South Tees our health and care needs are challenges. The health of people living across South Tees is generally worse than England averages, with Middlesbrough being identified as the most deprived local authority nationally at neighbourhood level. Residents of South Tees experience many of the issues that impact health which run in tandem with the levels of deprivation that exist locally including, poor housing, increased crime rates, increased substance misuse, limited access to services, mental health challenges and childhood adversity.

Health inequalities have existed across South Tees for far too long impacting on the health of our residents. These inequalities begin from preconception with two males being born on the same day in James Cook University Hospital having a difference of 12.6 years in Middlesbrough and 11 years in Redcar & Cleveland just due to the postcode area they are born into. This is a similar picture for women with women living in deprived wards in Middlesbrough experiencing 12 years less life expectancy and in Redcar & Cleveland 7.3 years less. This has worsened because of the COVID 19 pandemic and the gap between the life expectancy rate in Middlesbrough and Redcar & Cleveland compared to England has been widening.

We want our residents to live longer regardless of what ward they are born into, but we also want them to live longer in good health which is currently not the case. Healthy life expectancy in South Tees is lower than the England average which in turn means our residents in some wards not only have a shorter life than the national average but also a life with increased years spent in ill health.

Health outcomes are often a result from a complex interplay of structural factors rather than being solely the fault of individuals. Socioeconomic status, access to healthcare, environmental factors, systemic inequalities, and cultural aspects significantly impact health outcomes.

Addressing these structural issues is crucial for creating a healthier society where individuals have more equitable opportunities for wellbeing, we need to move away from a system that just focuses on diagnosing and treating illness towards one which is based on promoting well-being and preventing ill health.

To do this Public Health have focused on five key areas which will have the biggest impact on reducing health inequalities across South Tees and improve population health.

2.2 The Programme Framework

Public Health South Tees have developed a Programme Framework that aims to describe the key areas of action and how we will operate as a team with partners and communities. The Framework articulates five programmes, four core approaches, and three levels of intervention across the life-course.

This framework will ensure that we establish clear perspectives and contexts through which we consider the development of our Programmes. The aim of the framework is to build these perspectives and critical areas of consideration into the way we work. In many ways we already work in this way, but it is not systematic – this is an attempt to codify and ensure best practice in how we work.

All Programmes will need to consider and build into their plans additional perspectives and ways of working:

- **Core Approaches** - each programme will be developed with a clear consideration of how we can better reduce health inequalities and a focus on best start in life; informed by intelligence and consideration of available resources and the development of purposeful relationships with partners with shared interests.
- **Three levels of intervention across the life course**; using the population intervention triangle (described in more detail in section 6) and considering interventions at:
 - **Civic level**, in particular health in all policies, incorporating population health considerations into decision-making across sectors and policy areas; based on the recognition that the greatest health challenges (for example, non-communicable diseases, health inequalities and increasing health and social care costs) are complex and often linked through the social determinants of health;
 - **Community**, acknowledging that wellbeing is built through the assets, relationships and solutions that lie in communities; also considering that how we behave and operate can build wealth and capacity in our communities; and
 - **Services**, ensuring all services are evidence-based, effective, efficient and accessible – and connected to lived experience and communities.

Five Programmes	Four Core Approaches	Three Levels of Intervention
<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 & place-based working for population-level impact

3. Five Programmes

3.1 Whole Council Action

This Strategy has been developed alongside a workplan to align the allocation of the Public Health Grant more clearly to the aspirations outlined. The allocations have been discussed and agreed with all areas of the Council as part of the aspiration for whole Council action to improve wellbeing and reduce health inequalities.

3.1.1 Whole Council Offer

Whilst there are specific areas of action across the Council detailed in each Programme area, some actions are across all Directorates and apply to all Programme areas as detailed below.

Strategy Development

- Support the development of the Joint Strategic Needs Assessments and delivery of the Live Well South Tees Health and Wellbeing Strategy.
- Co-development of plans and strategies where there is a mutual interest.

- Conduct Health Inequalities Impact Assessments on all policies, strategies, plans and decision-making to systematically reduce health inequalities.

NIHR Health Determinants Research Collaboration (HDRC)

- Work with HDRC colleagues to proactively identify research and evidence priorities for the Directorate.
- Engage proactively with the HDRC – for example by nominating a senior level ambassador to represent the Directorate at HDRC meetings.
- Positively consider staff intentions to apply for and undertake Fellowships (e.g. NIHR Pre-Doctoral/Doctoral Fellowships) as part of their continuing professional development.
- In conjunction with the HDRC, work towards embedding evidence use and creation in Directorate processes.
- Actively participate in the Memorandum of Understanding between the Local Authority and Teesside University.

Building Relationships and Understanding

- Actively engage in shadowing experiences to gain greater understanding of services approaches and offers.
- Encourage staff to attend relevant public health training including C-card and wider sexual health, trauma informed, Healthy Weight Declaration e-learning, Making Every Contact Count (MECC), substance misuse and physical activity, suicide prevention, Age Friendly, Dementia Friendly.
- Complete an annual public health training audit which demonstrates application of knowledge.
- Reciprocal training between operational areas and Public Health Services to upskill staff in current services and referral pathways.
- Develop robust pathways into key public health services such as Substance misuse, Sexual health and Stop Smoking to promote active identification, referral, and support into those services.
- Ensure appropriate Directorate attendance at key partnerships.
- Support the Core20plus5 or reducing health inequalities.
- Identify key staff to be trained as mental health first aiders.
- Nominate a wellbeing champion and register on the South Tees Wellbeing Network.
- Sign up to the Age Friendly Charter.
- Ensure all venues are also signed up to demonstrate they are Age and Dementia Friendly and support breastfeeding.

3.1.2 Public Health Offer

Whilst there are specific areas of action required by the Public Health team to help to facilitate delivery of Public Health Outcomes across the Council detailed in each Programme area (described in each Programme section below), some actions are across all Directorates and apply to all programme areas:

- Training and support on the implementation and application of the Health Inequalities Impact Assessment.
- To support the development of the HDRC and broader partnership working with Teesside University relevant Directorates will have a dedicated “Making Research Happen” officer.
- The development of a comprehensive Public Health Training package relevant to each Directorate to support the delivery against the Public Health programmes.
- Provision of local, national, and regional population-level intelligence to inform the development of plans and strategies.
- Attendance and input to all relevant Partnerships.

3.2 Creating environments for healthy food choices and physical activity

3.2.1 Programme Definition

Increasing rates of obesity is one of the most significant issues both in the UK and locally. Healthy weight underpins the overall health and well-being of the population, with obesity resulting in reduced life expectancy and increased morbidity including cardiovascular disease, at least 12 types of cancer and poor mental health. In 2007, the overall cost of obesity to the wider UK society was estimated at £27 billion.

In the UK, around two-thirds (63%) of adults are overweight or obese. About one child in every ten starting primary school (aged 4/5 years) are already living with obesity, increasing to one in five by the time that they are in Year Six (aged 10/11 years). Obesity is clearly patterned with deprivation – children in the most deprived areas of England are more than twice as likely to be obese as their peers living in the richest areas.

Whilst the causes of overweight and obesity are complex, we recognise that underpinning them are unsustainable and broken systems that create conditions for poor diet and physical inactivity, especially amongst those individuals and communities that face multiple challenges. We are therefore focusing on these two key determinants, and particularly on the change processes to address the broken systems.

The vision is to create sustainable and inclusive food and physical activity systems, building value of both healthy diets and physical activity as contributors to addressing health inequalities and in meeting the wider aspirations of our place. We recognise that improvements in diet and physical activity confer benefits irrespective of changes in weight status and as such must be considered worthwhile outcomes on their own.

3.2.2 Scope

Programme Objectives	Activities in Scope (The responsibility of Public Health to directly lead, commission and/or deliver)
Creating environments for healthy food	<ul style="list-style-type: none"> ▪ Using the Healthy Weight Declaration, agreed by Executive in July 2023, 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 ▪ Leading a Breastfeeding Borough approach ▪ Supporting the achievement of Sustainable Food Places status ▪ Whole school approach to healthier food choices ▪ Development and implementation of Holiday Activity and Food Programme ▪ Influence national action through regional entities including the Healthy Weight Leads meeting, Fuse and the North East Obesity Forum ▪ Tier two weight management service
Creating environments for physical activity	<ul style="list-style-type: none"> ▪ Build a clear legacy and sustainability of the Sport England Place Partnership (You've Got This) ▪ Test and learn approach in YGT to embed physical activity into clinical pathways, planning decision and policies, whole school approaches ▪ Workforce capacity building between public health and planning ▪ Support the development of a strategic approach to green space enhancement and management to create healthier spaces across South Tees

Programme Objectives	Activities in Scope (The responsibility of Public Health to directly lead, commission and/or deliver)
	<ul style="list-style-type: none"> ▪ Whole school approach to embedding physical activity opportunities ▪ Development and implementation of Holiday Activity and Food Programme
Embedding system change	<ul style="list-style-type: none"> ▪ A system led approach to creating places that promote healthy eating and moving more ▪ Embedding healthy eating and physical activity into other settings to create impactful change and sustainability ▪ Developing a Health in all policies approach ▪ National Child Measurement Programme ▪ Supporting the development and implementation of Green/Climate Strategies ▪ Workplace health through the implementation of the Better Health at Work Award ▪ Development and implementation of the Managing Undernutrition South Tees in LD and MH care settings ▪ Building community capacity ▪ Building robust relationships ▪ Use of local data and intelligence

Programme Themes	Activities NOT in Scope (The responsibility to lead, commission or deliver sits with other partners/organisations)
Creating environments for healthy food	<ul style="list-style-type: none"> ▪ Tier three (specialist) weight management and Tier four (surgical) services ▪ Managing Undernutrition South Tees Service in elderly care settings
Creating environments for physical activity	<ul style="list-style-type: none"> ▪ Leisure center's – contract management ▪ Planning and organization of major sporting events (regeneration and culture responsibilities)
Embedding system change	<ul style="list-style-type: none"> ▪ National Diabetes Prevention Programme

3.2.3 Objectives

1. **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 the Holiday Activities Fund and use it as a healthy eating education tool.
 2. **Creating environments for physical activity:** working with You've Got This (Sport England Local Delivery Pilot) to embed physical activity into clinical pathways such as Prepwell, Type 2 Diabetes, tackling chronic pain and Waiting Well; social prescribing; and schools through the Creating Active Schools framework.
- **Embedding system change:** working with Planning colleagues to embed physical activity and health in the Planning process; reimagining active open spaces; and building community capacity through a Public Health E-learning hub.

3.2.4 Milestones

Description	Rationale	Start	End
Establish a South Tees Healthy Weight Alliance using a common purpose approach building on the approach of YGT Exchange to engage a broad spectrum of partners in tackling excess weight across South Tees.	<ul style="list-style-type: none"> ▪ Key partnership driving the agenda forward ▪ Provide assurance / governance re: adoption of commitment of HWD and embed the 16 core commitments 	Oct 2023	Mar 2024
Implementation of Healthy Weight Declaration 16 core commitments across South Tees based on: <ul style="list-style-type: none"> ▪ Strategic/system leadership ▪ Commercial determinants ▪ Health promoting infrastructure and environment ▪ Organisational change/cultural shift ▪ Monitoring and evaluating 	<ul style="list-style-type: none"> ▪ Implementing whole system approach to healthy weight ▪ Ensuring commitment from all departments to embed HWD throughout LA's 	Jul 2023	Mar 2026
Embedding Breastfeeding Boroughs	<ul style="list-style-type: none"> ▪ Prevention ill-health and reducing childhood obesity ▪ Increase breastfeeding initiation and continuation rates reducing inequalities ▪ Normalising breastfeeding 	Jul 2023	Mar 2025
Embed a health in all policies approach in planning and transport planning decision making	<ul style="list-style-type: none"> ▪ Health in all policies and considered as part of decision making process ▪ Integration and collaborative working between You've Got This, Public Health, Planning and Transport planning 	Sep 2023	Sep 2025
Progress and achieve Sustainable Food Places status across South Tees as part of a systems approach to creating a healthy food environment	<ul style="list-style-type: none"> ▪ Tackling food poverty as a wider determinant ▪ Increasing access to healthy and sustainable food 	Sep 2023	Mar 2026
Working with schools to achieve a whole school approach to embedding school food standards and increasing and embedding physical activity opportunities	<ul style="list-style-type: none"> ▪ Tackling food poverty as a wider determinant ▪ Increasing access to healthy food ▪ Increasing access to physical activity ▪ Income generation for schools linked to pupil premium ▪ Increase eligibility to access HAF ensuring equitable access ▪ Reducing stigma ▪ Reducing inequalities 	Mar 2023	Mar 2026
Support the development of a strategic approach to green space enhancement and management to create healthier spaces across South Tees	<ul style="list-style-type: none"> ▪ Cross council working ▪ Build wider partnerships ▪ Improved access to green and open space 	Aug 2023	Mar 2026
Improving the quality and expanding the offer of HAF programme	<ul style="list-style-type: none"> ▪ Maximising uptake ▪ Proportionate universalism uptake 	Jul 2023	Dec 2024
Securing additional funding and developing sustainability plans for HAF	<ul style="list-style-type: none"> ▪ Tackling food poverty as a wider determinant 	Jul 2023	Dec 2024

Description	Rationale	Start	End
	<ul style="list-style-type: none"> ▪ Increasing access to healthy food ▪ Increasing access to physical activity 		
Develop and implement a robust sustainability plan for the role of You've Got This in South Tees (Sport England's 'Deepening' agenda)	<ul style="list-style-type: none"> ▪ Implementing whole system approach to physical activity 	Sep 2023	Sep 2025
Develop and implement You've Got This core team role in Sport England's widening agenda across Tees Valley	<ul style="list-style-type: none"> ▪ Implementing whole system approach to physical activity ▪ 	Sep 2023	Sep 2025

3.2.5 Whole Council Action

The overarching approach is for the whole Council to work collaboratively using a system led approach to support the creation of places that enable healthier food choices and physically active lifestyles using the Healthy Weight Declaration (HWD) as a framework for action, which was agreed as Council policy by the Executive in July 2023. The HWD commitments are detailed in appendix 2.

All Directorates

- All council staff to complete HWD e-learning module.
- All Directorates to engage and support the Healthy Weight Alliance and implementation of the HWD including nominating a dedicated service representative.
- All departments to implement the requirements of the International Code of Marketing of Breastmilk Substitutes – no advertising for infant feeding products within public services.
- Promotion of 'breastfeeding friendly' places and the 'right to breastfeed in public', to ensure mothers feel confident and comfortable feeding in public, together with supporting venues achieving the Welcome to Breastfeed – South Tees accreditation.

Planning and Transport Planning

- Promotion of active travel and use of Right of Way across the Borough's to increase physical activity, for social and employment opportunities and to minimise air pollution.
- Embedding consideration of active spaces and health in planning policies and decision making.
- Planning to consider recreational space, active travel, the food environment, and supplementary planning to address proliferation of takeaways.

Planning and Regeneration

- Collaborate on drafting of Local Plans and policies to maximise health gain and creating health-promoting environments.
- Coordinating the response of Public Health and the council when reviewing documents and workstreams like the Local Plan, ensuring evidence, insight and intelligence informs policy development and decision making.
- Manage patterns of growth to make the fullest possible use of public transport, walking and cycling.
- Health Inequalities Impact Assessments are implemented fully as part of the planning process.
- Provide open space and increase the use of green spaces, sports, and recreation facilities.
- Promote access to healthier food, for example by using planning regulations to control the number of takeaways and food outlets particularly near schools and colleges.
- Work with fast food retailer to support a healthier food offer.

Culture and Events

- Collaborate to produce an Advertising and Sponsorship policy, building on the work of London Local Authorities, and closer to home, Durham to ensure any sponsorship or funding offer is in line with the healthy weight declaration and other commitments in this Strategy.
- Ensure food and drinks provided at public events include healthy provisions, supporting local food retailers to deliver this offer in line with the Community Wealth Building policy.
- Applications or reviews of premises licences – explore healthier food provision, limiting harmful alcohol sales, such as sales of single cans and sale of high strength beers or ciders.

Children's Services

- Ensure all Early Years professionals in contact with pregnant women and families receive appropriate and up to date training on breastfeeding in line with Baby Friendly Initiative (BFI) Standards and Family Hubs to sign up to the Welcome to Breastfeed – South Tees programme.
- Family Hubs to distribute and record Healthy Start Vitamins to families, using the Firmstep system and staff to undertake mandatory training on the Healthy Start Scheme.
- Deliver Preparation for Birth and Beyond in multi-agency antenatal education programmes across Middlesbrough, along with HENRY Starting Solids and Fussy Eating programmes with families.
- Collaborate with Public Health and Resident and Business Support teams to develop and deliver the auto enrolment of school children who are eligible for free school meals, simplifying the sign-up process for families, by utilising existing data held locally, following the recommendations in the National Food Strategy.
- Work with schools to achieve 'walk to school' recommendations as part of School Food Plans and increase physical activity for children and young people.
- Work with schools to develop the HAF programme within schools, to target children, young people and their families, embedding physical activity in school holiday periods and school food standards.
- Work with schools to achieve the 'Eat Well Schools Award' evidencing the delivery of School Food Standards and a whole-school approach to healthy weight; and work with Early Years settings to achieve the 'Eat Well Early Years Award' evidencing the delivery of School Food Standards and a whole-settings approach to healthy weight.

Environment and Community Services

- Working with community organisations and stakeholders to increase effectiveness and approaches to identify, advise, refer and support those at risk of food poverty and adverse nutritional status.
- Work with community organisations and stakeholders to engage with HAF to increase access to those eligible for the programme and enhance the offer across the town.
- Maintain the delivery of HAF clubs within community hubs.
- Ensure contracts for school catering provision include compliance with school food standards and the ongoing monitoring of this (links to Eat Well Schools Award).
- School Catering Service to deliver school meals and other food in schools in accordance with School Food Standards and the continual monitoring of compliance throughout the academic year (the pilot programme on Environmental Health Officers monitoring standards may inform this further).

Human Resources

- Review staff HWB plans and ensure staff HWB strategy enables staff to make healthy lifestyle choices in relation to healthy weight (particularly physical activity, healthy eating and emotional health and wellbeing).
- Mandatory training for all council staff on Healthy weight messages.
- Increase access to healthier food and drinks in vending machines and trolleys and advocating to reduce access to unhealthy food and drinks.
- Mandatory training for all council staff on breastfeeding awareness e-learning training to enable women returning to work from maternity leave to continue to breastfeed.

3.3 Protecting Health

3.3.1 Programme Definition

Health Protection is a crucial Public Health function as it focuses on safeguarding the well-being of entire populations, by preventing, detecting and responding to health threats such as environmental hazards and emergencies, and infectious diseases. It helps maintain the overall health and safety of communities. Health protection measures like vaccination programmes, surveillance systems and outbreak management play a vital role in minimising the impact of health risks and ensuring healthier communities.

The local health protection system involves the delivery of specialist health protection functions through the UK Health Security Agency (UKHSA), local authorities and key partners working closely together with clear roles to ensure they work as a single system. Following the recent experience of covid-19, the speed which Local Authorities needed to mobilise response (to support the capacity of UKHSA) and the learning throughout, highlighted the need to strengthen the local authority Health Protection response. The Health Protection Programme approach sets out a high-level statement that captures the need for a population approach to health protection and a need to implement actions across civic, community and service level. The Programme supports the delivery and local implementation of the UKHSA strategy.

The Health Protection Programme approach works closely alongside both Councils Emergency Response and Resilience Team to ensure it is inclusive of environmental issues and emergency response, community resilience and business continuity plans. This Programme set out a collaborative approach to improving health and reducing inequalities across South Tees.

The Covid-19 vaccination roll-out has made clear the need for resilient systems supporting immunisation delivery. Action must be taken locally and nationally, to address the year-on-year fall in childhood immunisation coverage rates which have been seen in recent years, exacerbated by the lockdowns, social distancing measures, and the disinformation about vaccines, associated with Covid-19.

There are other inequalities which also need to be addressed to ensure whole populations are protected from vaccine-preventable diseases. There are, for example, significant disparities in uptake of the flu vaccine between different eligible cohorts, while some ethnic and religious groups show greater hesitancy towards the HPV vaccine. Alongside this for the majority of migrants entering the country, there is no greater risk of infectious diseases than for the indigenous population - however, there are individuals who come from countries with high prevalence of diseases such as tuberculosis (TB), hepatitis B, hepatitis C and HIV.

A clean and healthy environment is a vital component of public health. This is particularly so for children. While our environment is much healthier than in previous generations and continues to improve, environmental quality varies between different areas and communities and there is an emerging research base describing the scale and range of environmental inequality in the UK which this Programme aims to build on locally.

This Programme aims to align the local health protection response with the national UKHSA strategy, with a key emphasis on the reduction of existing health inequalities across South Tees. Tackling health inequalities is one of the top priority areas for the Health Protection Programme approach and will be focused on narrowing the health gap between disadvantaged groups, communities, and the rest of the country through prevention, detection and management and strengthening local health protection efforts, working with key partners in many different sectors, as well as directly with communities, to ensure we make best use of our collective efforts and resources.

3.3.2 Scope

Programme Objectives	Activities in Scope (The responsibility of Public Health to directly lead, commission and/or deliver)
Environmental issues and emergency response	<ul style="list-style-type: none"> ▪ Coordinating and aligning programme delivery to the Health Protection Action Plan
Communicable Infectious Diseases and Outbreak Management	<ul style="list-style-type: none"> ▪ Developing a local Public Health approach to outbreak management and response ▪ Communications ▪ Use of local data and intelligence ▪ Learning from incidents and outbreaks ▪ Increasing knowledge and awareness of outbreak management and health protection
Community Resilience and Business Continuity Plans	<ul style="list-style-type: none"> ▪ Identification of community champions ▪ Workforce capacity building ▪ Enhanced relationships ▪ Targeted communications ▪ Use of local data and intelligence
Immunisations	<ul style="list-style-type: none"> ▪ Supporting uptake ▪ Working with NHS England and PCN's to shape local delivery ▪ Utilising community insight/behavioural science assets to direct the approach ▪ Increased awareness with key partners and anchor organisations ▪ 0-19 service support ▪ Ensuring compliance with section 7a
Screening	<ul style="list-style-type: none"> ▪ Supporting uptake ▪ Working with NHS England and PCN's to shape local delivery ▪ Utilising community insight/behavioural science assets to direct the approach ▪ Increased awareness with key partners and anchor organisations ▪ 0-19 service support via mandated contacts ▪ Commissioning and service design for health checks ▪ Commissioning and service design for sexual health screening programmes ▪ Ensuring compliance with section 7a

Programme Themes	Activities NOT in Scope (The responsibility to lead, commission or deliver sits with other partners/organisations)
Environmental issues and emergency response	<ul style="list-style-type: none"> ▪ Developing a delivery plan and response
Communicable Infectious Diseases and Outbreak Management	<ul style="list-style-type: none"> ▪ UKHSA responsibilities: ▪ Provide 24/7 management of cases and outbreaks of communicable and infectious diseases. ▪ Management of Surveillance Systems ▪ Co-ordination of Outbreak Control Teams (OCT) ▪ Contact tracing ▪ South Tees Hospital NHS Foundation Trust - Ensure correct controls are in place to minimise health care associated infections ▪ Local Authority Public Protection - Support to PHE in the identification and investigation of outbreaks, contributing to local and national surveillance systems

Community Resilience and Business Continuity Plans	<ul style="list-style-type: none"> ▪ Wider volunteer programmes across the council ▪ Input into directorate business continuity plans
Immunisations	<ul style="list-style-type: none"> ▪ Commissioning and delivery of vaccines ▪ Clinical governance ▪ Vaccine training

3.3.3 Objectives

1. Protect local people and communities from environmental hazards.
2. Prevention of communicable diseases and outbreak management.
3. Improvement of community resilience around health protection issues.
4. Increase equitable uptake of immunisation programmes.
5. Increase equitable uptake of screening programmes.

3.3.4 Milestones

Description	Rationale	Start	End
Develop a 2-year Health Protection Plan encompassing the recommendations Health Protection Assurance report with annual reviews via the Health Protection Assurance Partnership (HPAP)	Having a health protection plan for South Tees is crucial because it outlines strategies to safeguard communities from various health risks including infectious diseases, environmental hazards, and emergencies. It supports early detection, preparedness, response, and mitigation.	Nov 2023	March 2024
Following consultation, launch and implement the South Tees Clean Air Strategy .	To improve air quality (a wider determinant of health) across South Tees	Aug 2023	Aug 2024
Develop a Severe Weather Plan for South Tees this will replace the cold weather plan and heat health plan, and will include storms, in line with the new plan for England.	To reduce the number of excess winter deaths experienced locally, Middlesbrough has a particularly high rate.	Nov 2023	Feb 2024
Refresh the Local Outbreak Management plan	It supports early detection, preparedness, response, and mitigation.	Jan 2024	March 2024
Establish a board to oversee the implementation of the recommendations from the sexual health review and strengthen the current collaborative arrangements across Teesside	To improve current service delivery and develop future plans which focus on the redesign of a modernised sexual health system across Teesside	Oct 2023	Jan 2024
Develop a new service model for sexual health services which meets the needs of the local population as identified via: <ul style="list-style-type: none"> ▪ Health needs assessment ▪ Stakeholder and public information ▪ Health Equity Audit 	To improve LARC, condom use and STI screening to reduce the transmission of sexually transmitted infections (gonorrhoea and syphilis) and unintended pregnancies.	Nov 2023	July 2024
Develop and implement the communicable disease and immunisation element of HealthStart.	To address low immunisation uptake rates and prevent ill health and outbreaks	Sep 2023	Jul 2024
Implement the annual workforce development plan for wider council and key partners	Increase community resilience across the system	Jan 2024	March 2025

Description	Rationale	Start	End
	Increase health protection capacity across the system		
Develop a community capacity strategy to be implemented across South Tees (encompassing MECC) with the aim of strengthening communities abilities to identify and address their health and wellbeing needs	To empower local residents to take ownership of their health by providing them with the knowledge, skills and resources to make informed decisions. Using an asset-based approach to improve access to services such as immunisation and screening, with a focus on inclusion health groups	Nov 2023	Sep 2025
Develop a South Tees Immunisation Strategy with clearly defined actions to improve uptake across the life course, covering local approaches already in existence and encompassing learning from behavioural insights work	Vaccinations play a critical role in public health by prevention the spread of infectious diseases, reducing the severity of illness and even eradicating certain diseases (cervical cancer). The strategy will outline the local plan to address low immunisation uptake rates and the local variation in rates to improve the wellbeing of the population and reduce health inequalities.	Jan 2024	March 2024
Evaluate local approached to increase immunisation uptake outlined in the strategy	South Tees has lower that national/regional uptake for the majority of vaccinations with large areas of variation between wards	Sept 2025	March 2026
Support NHS England aspirations on water fluoridation to reduce the impact of tooth decay and improve the oral health of South Tees.	Tooth decay is the most common disease affecting children and young people in England, yet it is largely preventable. At a population level, it is the most effective way of reducing inequalities, as it ensures that people in the most deprived areas receive fluoridated water.	Oct 2023	Jan 2026

3.3.5 Whole Council Action

The health protection agenda requires collaboration and coordination among various council departments and stakeholders. It encompasses a multi-agency approach to address health issues comprehensively. The key aspects of whole council action which will be progressed through the Health Protection Programme are detailed below:

Regeneration

- Embed consideration of any impact on air quality into planning and transport planning processes.
- Promote environmentally sustainable practices including reducing pollution and improving air quality, and water quality.
- Ensure processes are in place to ensure all food and drinks provided at public events meet food hygiene standards.

Public Protection

- Lead on environmental protection, including air quality, environmental noise, housing standards, affordable warmth, contaminated land, control of environmental and food borne infections, independent Safety advisory group, emergency preparedness, severe weather plans and excess winter deaths.
- Support the implementation of the Health Protection Delivery Plan and attendance at the Health Protection Assurance Partnership to provide feedback.

Environment and Community Services

- Support the identification of community health champions and the distribution of key public messages into communities.
- Ensure staff working directly with community members are MECC trained.

Children's Services

- Support public health to engage with educational settings to disseminate key health protection messages about communicable diseases, vaccination and outbreaks.
- Ensure staff working with education attend the annual Health Protection Workshops so they are up to date with the latest information.
- Ensure staff in front line delivery have adequate knowledge of the local sexual health services to support with signposting; and staff working directly with young people to attend c-card training which will enable the distribution of c-cards and STI testing kits.

3.4 Preventing Ill Health

3.4.1 Programme Definition

Ill health prevention plays a critical role in public health because it focuses on minimising the occurrence of diseases in the population. The approach is to promote healthy behaviours, whilst understanding structural barriers to those behaviours, providing education, and implementing interventions. Public health efforts can increase the prevention and early detection of disease which in turn reduces cost and demand on other services and improves the populations health and wellbeing. The proactive approach to ill health prevention not only saves lives but also contributes to the sustainability and effectiveness of health and social care systems and can reduce economic inactivity.

Wider determinants also play a critical role as structural factors in the profile of ill-health across the patch, with widening health inequalities largely tracking variations in socio-economic status; access to critical services and health enhancing infrastructure; protected characteristics (age, gender, ethnicity, sexual orientation and disability) and wider psycho-social factors (social support structures and networks).

The Ill Health Prevention Programme approach must therefore be grounded in actions that reflect and acknowledge the interplay between these factors in creating fair and equitable opportunities for improved health.

The approach to prevention is across three levels:

- **Primary prevention:** stop the problem before it starts, through health promotion, education, childhood immunisations.
- **Secondary prevention:** early identification of people at risk, screening programmes, smoking cessation, weight management, AUDIT C Screening to identify excessive alcohol use; brief interventions and advice.
- **Tertiary prevention:** preventing complications and improving quality of life, people with a condition, cardiac rehab for stroke patients, home adaptations, inpatient detoxification.

3.4.2 Scope

Investment area	Activities in Scope (The responsibility of Public Health to directly lead, commission and/or deliver)
Cross-programme prevention strategy and action plan	<ul style="list-style-type: none"> ▪ Establishment of South Tees III Health Prevention Board ▪ Development of multiagency action plan ▪ Development and delivery of primary prevention offer
Screening	<ul style="list-style-type: none"> ▪ Development of behavioural science approach
NHS Health Checks	<ul style="list-style-type: none"> ▪ Primary care contracting, service design and delivery models
Specialist Physical Activity Service	<ul style="list-style-type: none"> ▪ Service design and delivery models (incl. data systems) for T3 provision Specialist Physical activity ▪ Development of digital supported self-management for T1/2 support ▪ Development of PCN and STHFT p/ways ▪ Social prescribing ▪ Clinical governance ▪ Performance indicators and outcomes
Stop Smoking Service	<ul style="list-style-type: none"> ▪ Development of digital supported self-management for T1/2 support ▪ Development of PCN and STHFT p/ways ▪ Social prescribing ▪ Clinical governance ▪ Performance indicators and outcomes ▪ SSS maternal smoking ▪ SMI pilot ▪ Smoke Free Alliance
The Live Well Centre/ MACE / Live Well East	<ul style="list-style-type: none"> ▪ Clinical governance ▪ Business case development for expansion ▪ Improved access to health services ▪ Work Well development and offer
Healthy Child Programme	<ul style="list-style-type: none"> ▪ Performance indicators and outcomes ▪ Contract management ▪ Service review ▪ NCMP
Cancer, respiratory (inc Long-COVID rehabilitation), CVD, MSK, neurological and diabetes	<ul style="list-style-type: none"> ▪ In-house secondary/tertiary prevention services ▪ Community capacity building for early diagnosis and screening ▪ Clinical pathways ▪ JSNA development in these areas ▪ Promoting Core20Plus5 ▪ Supporting delivery of ICB Place Plans

Programme Themes	Activities NOT in Scope (The responsibility to lead, commission or deliver sits with other partners/organisations)
Screening	<ul style="list-style-type: none"> ▪ Clinical governance ▪ Screening programme delivery (bowel, breast, cervical) ▪ NCMP delivery
Prevention Strategy and Action Plan	<ul style="list-style-type: none"> ▪ National and regional priorities/plans – Better Health and Wellbeing for all, NHS LTP, Core20PLUS5, ICB Place plans. ▪ Health Inequalities Foundation Trust Toolkit ▪ Health Inequalities Impact Assessment in FTs and PCNs

	<ul style="list-style-type: none"> ▪ Development of STHFT Prevention/Inequalities Strategy ▪ NHS Smoking Dependency Pilot
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3.4.3 Objectives

1. Develop a **South Tees Ill Health Prevention Board** which provides a link between the Health and Wellbeing Board and partner organisations that have a role in the delivery of ill health prevention, including oversight of the delivery of Care Act prevention duties.
2. Increase uptake of screening programmes to ensure early presentation, diagnosis, and timely access to treatment.
3. Increase understanding and access to prevention through behavioural science and community mobilization in target communities.
4. Work in partnership with primary care to improve uptake of prevention services (NHS Health Checks, SMI Smoking pilot, Type 2 Diabetes LCD, Digital Weight Management), ensuring the use of population health intelligence to identify need and variation across practices.
5. Develop and embed Health on the High Street, integrating health and social care services, and supporting healthy communities and places.
6. Review all primary, secondary and tertiary prevention programmes provided or commissioned by Public Health (including the Healthy Child Programme and the Specialist Physical Activity service), particularly to improve impact on health equity and effectiveness.
7. Improve partnership working with social care to ensure prevention is embedded within social care programmes and plans.
8. Embed the Health Inequalities FT Toolkit and Health Inequalities Impact Assessment in the work of the Foundation Trusts and Primary Care Networks.

3.4.4 Milestones

Description	Rationale	Start	End
Establishment of a South Tees Ill Health Prevention Board	<ul style="list-style-type: none"> ▪ Provides assurance to the HWB that plans are in place to improve population health, addressing inequality and local health challenges 	October 2023	March 2024
Development of an ill health prevention programme action plan	<ul style="list-style-type: none"> ▪ Develop a multiagency action plan to monitor and measure progress on activity and outcomes across system 	Dec 2023	March 2024
Delivery of a robust primary prevention offer across Public Health South Tees	<ul style="list-style-type: none"> ▪ Raise awareness of health issues through robust timely communication plan utilising local, regional and national campaigns/resources ▪ Dissemination across partner organisations 	Jan 24	Dec 24
Improved uptake of screening programmes focusing on inequalities	<ul style="list-style-type: none"> ▪ Use HEA – breast, bowel, cervical screening, Healthy Heart Checks & apply behavioural insights to target and increase uptake 	Oct 2023	March 2026
Completion of Health Equity Audit across stop smoking service to review and improve current provision	<ul style="list-style-type: none"> ▪ Utilise findings of HEA to Improve effectiveness of the stop smoking service delivery to ensure services are targeted at health inclusion groups and deprivation. 	January 2024	Sept 2024

Description	Rationale	Start	End
	<ul style="list-style-type: none"> increase referrals rates for people with Serious Mental Illness (SMI) targeted intervention social housing to increase referral rate 		
Improved uptake of prevention services delivered in primary and secondary care	<ul style="list-style-type: none"> Improved partnership working/building capacity of prevention programmes with primary care to prevent and detect CVD and Type 2 Diabetes Pilot new innovations in partnership with primary care/secondary care/LA to reduce risk factors associated with respiratory conditions, LTC – e.g., Fuel on prescription. 	Oct 2023	March 2026
Established health on the high street offer providing care closer to home	<ul style="list-style-type: none"> Improved access, services closer to home. Economic growth, partner collaboration 	Nov 2023	March 2026
Completion of Healthy Child Programme review	<ul style="list-style-type: none"> Improve effectiveness of the healthy child programme across South Tees 	Jan 2023	March 2024
Reduction of risk-taking behaviours including smoking, excessive alcohol, weight in the family environment through early identification and referral	<ul style="list-style-type: none"> Work closely with family hubs to train staff in very brief intervention for smoking, alcohol and weight ensuring seamless referral to prevention services. 	Jan 2024	March 2026
Improved partnership working with social care ensuring prevention is embedded within health and social care plans	<ul style="list-style-type: none"> Ensure public health is represented at key integration meetings to ensure Health & Social care plans are addressing prevention / inequalities (e.g. Better Care Fund) 	Nov 2023	March 2025
Embed the Health Inequalities FT Toolkit and Health Inequalities Impact Assessment in the work of the FT and PCNs	<ul style="list-style-type: none"> Support STFT to implement an approach to tackling health inequalities in secondary care 	Nov 2023	March 2024
Develop a Prevention/Inequalities Strategy with South Tees NHS Trust	<ul style="list-style-type: none"> Assurance and commitment NHS action on prevention – provides clear direction which sets out how the local Trust will improve health and reduce inequalities 	Oct 2024	March 2024
Ensure prevention is embedded throughout the development of the Age Well Strategy	<ul style="list-style-type: none"> The Age Friendly Steering group is leading forward the development of the Age Well Strategy and action plan aimed to improve quality of life for older people 	Jan 2024	October 2024

3.4.5 Whole Council Action

Wider council partners including Education, Adults Social Care and Health Integration, Children's Services, Environment and Community Services, Regeneration, Resident and Business Support, Marketing and Comms, and HR all have a role to play in promoting the primary prevention agenda.

Adult Social Care

- Embedding preventative approaches across adult social care to improve the lives of different groups that experience poorer health outcomes such as those with a learning disability, or living with a Long Term Condition, people with a diagnosed mental health condition, older people, carers, or those classified as homeless. This will include staff being trained in very brief advice for smoking cessation, supporting referrals into stop smoking services for these groups. Staff being trained to give very brief advice for alcohol including use of AUDIT C and supporting early identification of problem drinking and onward referral.
- Build capacity across the adult social care workforce to support the reduction of smoking rates reducing inequalities in our most deprived populations.
- Working in partnership with public health and health to develop in reach interventions that address unmet health needs of inclusion groups within substance, alcohol, and homeless provision (ASC commissioned services).
- Promotion of physical activity of older residents in care homes and residential settings, helping people stay out of hospital ensuring 'active' care homes providing falls prevention.

Childrens Services

- Work with Childrens Services with particular focus on those at risk of poorer health outcomes: looked after children, SEND, children with learning disability and those not in education, embedding key elements of the Core20Plus5 for Children and Young People.
- Work with Community Family Hubs to identify what further preventative services could be delivered from Hubs creating a one stop shop for families (stop smoking clinics, long-acting reversible contraception (LARC) clinics, screening and immunisation sessions).
- Ensure staff within hubs are MECC trained to deliver brief interventions where appropriate.

Education

- Support the implementation of the "Health Start" offer once developed.
- Ensure robust deliver of the PHSE curriculum and signposting to appropriate services.
- Support the dissemination of key health messages to children and families through existing methods of communication.

Finance (Resident and Business support)

- Develop links with Public Health services to support residents access to recovery services, stop smoking services, Bring it on Boro programme (Holiday Activity and Food Programme) and mental health support services.

3.5 Reducing vulnerability at a population level

3.5.1 Programme Definition

Too many people in our communities never reach their potential due to experiencing a range of multiple and complex vulnerabilities, including but not exclusive to substance misuse, domestic abuse, mental health issues, homeless and debt – often rooted in experiences of trauma. Whilst there is a broad menu of services available to help people, their service delivery approach is often transactional with each service dealing with one element of an individual’s issues. This results in no one dealing with the whole person and reinforcing trauma by an individual having to tell their story countless times with people’s issues often not changing despite lots of resource attempting to improve outcomes.

The overarching aim is to remove barriers to accessing meaningful, joined-up services to improve outcomes for people experiencing a range of vulnerabilities with a specific focus on more effective integration of:

- Substance Misuse
- Domestic Abuse
- Housing Issues
- Debt, income and employment
- Mental Health
- Links to criminal justice and health

3.5.2 Scope

Investment Area	Activities in Scope (The responsibility of Public Health to directly lead, commission and/or deliver)
Developing a co-ordinated, South Tees system-wide approach to reducing vulnerability via a collaborative partnership and governance structure, which also delivers the Tees JCDU Partnership requirements	<ul style="list-style-type: none"> ▪ Building robust relationships with key partner organisations ▪ Developing joint governance arrangements and pathways, therefore, also meeting the needs of the Joint Combating Drugs Unit (JCDU) partnership guidance ▪ Having dedicated analytical capacity at South Tees and Tees-wide levels, enabling robust needs assessments to be undertaken and strategies to be developed ▪ Further development of the drug related deaths agenda and embedding the Tees Preventing DRD role into the JCDU partnership arrangements ▪ Maximising joint commissioning and/or match-funding opportunities at South Tees and Tees-wide levels ▪ Sharing best practice across South Tees/Teesside ▪ Enabling the successful delivery and integration of the programmes below
South Tees Changing Futures Programme	<ul style="list-style-type: none"> ▪ Development, review and monitoring ▪ Test and learn approach - research and intelligence ▪ Embedding an improved South Tees-wide approach ▪ Improving housing options for vulnerable groups workstream ▪ TEWV collaborative workstream
Project ADDER	<ul style="list-style-type: none"> ▪ Service design and delivery models (inc. data systems) ▪ Integrated approach with enforcement and diversionary activities ▪ Performance indicators and outcomes ▪ Marketing and comms
Supplemental Substance Misuse Treatment and Recovery Grant/funding uplift (both)	<ul style="list-style-type: none"> ▪ Service enhancement and delivery models ▪ Performance indicators and outcomes ▪ Sustainability and legacy

Investment Area	Activities in Scope (The responsibility of Public Health to directly lead, commission and/or deliver)
THRIVE - Integrated Domestic Abuse and Substances service model (IDAS – RCBC)	<ul style="list-style-type: none"> ▪ Clinical governance ▪ Ongoing quality improvement (evidence-based and innovative practice) ▪ Trauma-informed practice development ▪ Integrated pathways/partnership building
Recovery Solutions service within the ACT service model (M’bro)	<ul style="list-style-type: none"> ▪ Successfully implement the clinical service in-house ▪ Robust clinical governance arrangements, inc. CQC requirements ▪ Ongoing quality improvement (evidence-based and innovative practice) ▪ Trauma-informed practice development ▪ Integrated pathways/partnership building with DA, housing, etc.
Building Recovery in M’bro (BRIM) and expansion of best practice across South Tees and national challenging stigma project	<ul style="list-style-type: none"> ▪ The Jobs, Friends and Houses project has expanded into this recovery programme, including Inclusive Recovery Cities ▪ Support BRIM via grant funding, co-ordination and ongoing partnership building
South Tees Individual Placement Employment Service (IPS)	<ul style="list-style-type: none"> ▪ Strategic input and oversight of the programme ▪ Collaborative development approach with Recovery Connections (service provider), DWP/JC+ and other key partners ▪ Networking with other IPS areas
NE Reducing Gambling Harms programme	<ul style="list-style-type: none"> ▪ Public Health South Tees are hosting two posts on behalf of the NE regional LAs and OHID ▪ This workstream will more effectively assess the prevalence and needs within the region ▪ The aim is to ensure a more effective support offer is available across all areas of the NE
South Tees Reducing Health Inequalities programme for inclusion health groups, including migrants	<ul style="list-style-type: none"> ▪ Fully implement the ICB-funded Reducing health inequalities agenda to improve access to health and support services for underserved groups ▪ Improving access to healthcare and related support services ▪ Improve pathways with other departments/partner agencies to remove barriers with a focus on keyworkers
Rough Sleeping & Drugs/Alcohol Treatment Grant Programme (RSDATG – M’bro) and the Housing Support Grant	<ul style="list-style-type: none"> ▪ Joint approach with homelessness lead ▪ Testing the impact of specialist support on the co-occurring issues ▪ Maximise the outcomes for these underserved groups
South Tees alcohol-specific offer	<ul style="list-style-type: none"> ▪ Develop alcohol-specific offer ▪ Deliver clinical interventions, including liver harm reduction clinic ▪ Building management via Business Team
Further development of wider offer to address vulnerabilities – look at collaboration opportunities to provide dedicated capacity and sustainability of these roles	<ul style="list-style-type: none"> ▪ Partnerships with key partner organisations strengthened ▪ Increased collaborative delivery ▪ Gambling and wider addictions support offers ▪ Develop offer for BAME, asylum seekers, travelers and other, underserved population groups ▪ Potential to join up STPH delivery functions

Programme Themes	Activities NOT in Scope (The responsibility to lead, commission or deliver sits with other partners/organisations)
Partners' Programmes	<ul style="list-style-type: none"> ▪ Tees Esk & Wear Valley MH Community transformation programme ▪ South Tees Alcohol Care Team (ACT) service and reducing repeat admissions and A&E attendances ▪ Cleveland Unit for Reducing Violence (CURV) ▪ Teesside Problem Solving Court pilot

3.5.3 Objectives

These objectives relate to the aspiration to develop a more co-ordinated, system-wide approach to supporting multiple vulnerabilities:

1. Develop a cross programme partnership approach that addresses vulnerability in its broadest sense, making best use of both public health and the wider system.
2. Further develop collaborative working to strengthen the interface between organisations ensuring that service users experience seamless systems and services and ensure sustainability.
3. Test out commissioning approaches to deliver better, people-centred services.
4. Maximise the use of community assets to support people with positive and sustainable behaviour change.
5. Increase prevention programmes at individual, community and place-based levels through our partnership approach.
6. Maximise system-wide leadership to create the conditions for change, communicating the vision throughout their individual organisations and our collective agendas.

3.5.4 Milestones

Description	Rationale	Start	End
Develop and implement an inpatient detoxification (IPD) facility in South Tees	Utilising the ringfenced IPD grant from OHID, pooled across 9 NE regional LAs, we aim to develop and launch a local IPD in Brotton. This will ensure that patients from the region do not have to go to the North West or further afield.	Apr 22	Sep 24
Increase the number of residential rehabilitation (RR) bedspaces within South Tees	In order to meet OHID targets associated with the enhanced funding, we need to increase the number of people engaged within our treatment and recovery services accessing RR each year. This would not be affordable via the traditional out of area, ASC-funded route, therefore, local capacity needs to be increased.	Apr 22	Sep 24
Improved service delivery bases across South Tees Substance Misuse services	To ensure accessibility across the boroughs and facilities that are fit for purpose, investment and/or new buildings are required. This will give people more choice in terms of how they access services and should ensure improved coverage across more of our local communities.	Apr 22	Mar 25
Fully implement and further develop the Cleveland Joint Combatting Drugs	To fulfil the statutory requirement to have a local JCDU Partnership and enable greater	Jan 23	Sep 24

Description	Rationale	Start	End
Unit (JCDU) Partnership to deliver a co-ordinated approach	collaboration and benefits across a broader geographical system.		
Develop and implement South Tees approach to appropriate housing for inclusion health groups and ensure this is reflected in the Supported Housing Strategy	To increase the number of accommodation options for people affected by multiple vulnerability issues (ST Changing Futures cohort) and the accompanying support package to ensure they can maintain their tenancy/property.	Apr 23	Mar 25
Utilise the learning from the first two years of the Reducing Health Inequalities workstream to improve access to healthcare and wider support for inclusion health groups, including migrants	Tackling health inequalities for inclusion health groups, including migrants, requires a comprehensive, system-wide approach. A multi-agency strategic plan should ensure that key partners work collaboratively to continue the improved delivery, including more joined up keyworker approaches and clear pathways between services to enable accessibility and timely support.	Apr 23	Mar 25
Utilise the data gathered by the new North East wide Reducing Gambling Harms workstream to develop a new prevention and support approach	The new staff and researchers attached to this workstream will gather a range of information to increase our understanding of the prevalence and unmet needs related to gambling in the region. We will utilise this and work with people with lived experience and other experts to develop an action plan.	Sep 23	Mar 25
Carry out a review of the various programmes within inclusion health during 24/25 and ensure sustainability plans are developed for 25/26 onwards	Funding is currently guaranteed until 31/3/25, therefore, there is uncertainty as to what our budgets will be beyond that. Reviews and forward planning will be required, covering multiple scenarios, in order to continue the positive work.	Jan 24	Mar 25

3.5.5 Whole Council Action

Contribution from other areas of the Council - this is to support the work on the Public Health Grant conditions, and more importantly the development of SLAs to underpin the resources “allocated” against other bits of Council activity. This will be challenging in practice but is an opportunity to influence whole Council action.

Adult Social Care

Improving pathways to enable more coordinated support of those with multiple vulnerabilities:

- Work in partnership with Public Health and primary and secondary care to develop in reach interventions that address unmet health needs of inclusion groups within substance, alcohol and homeless issues.
- Explore opportunities for joint commissioning approaches to remove barriers, improve support and provide better value for money (building on the vulnerable women’s collaborative housing pilot), through the Changing Futures Board and Accessing Change Together service model (ACT) strategic meetings.
- Work in partnership with Public Health to ensure that inclusion health groups are including in the Supported Housing Strategy.
- ACT Partnership to identify dedicated representatives from statutory housing and homelessness and domestic abuse at all levels of South Tees Changing Futures programme.

- ACT Partnership to work collaboratively to develop improved pathways and support in the planning, development and evaluation of joint projects (e.g., Rough Sleeping & Drugs/Alcohol Treatment Grant Programme and the Housing Support Grant) including timely responses to data/progress reports.
- Participate in quarterly audits to ensure effective transition between services.
- Improve information sharing between all partners through the widespread adoption of the shared case-management system across the ACT Partnership to improve support for vulnerable clients.
- Ensure public health input into the refresh of the Domestic Abuse strategy.
- ACT leads to play an active role in reviewing the current ACT service model ahead of the 24/25 grant allocation proposed changes.

Childrens Services

Improving pathways to enable more co-ordinated support of young people with multiple vulnerabilities:

- Participate in a review of multi-agency processes to ensure all vulnerable young people are considered in a multi-agency way (review criteria and levels).
- Develop robust pathways to improve the identification and referral into services with the Young People and Family Team at Recovery Solutions, the stop smoking service and sexual health service.
- Share information and data with Public Health to support the Recovery Solutions Young Person & Family Team to continue to play a key role in the Vulnerable Persons Group (VPG) and Risk Management Group (RMG).
- Actively identify, refer and support parents and young people into substance misuse services.
- Support the development of a Joint Exploitation Hub.
- Continued commitment to support the family prescribing offer within family hubs.
- Collaborate to effectively mitigate the impact of parental behaviours on children and reduce demand.
- Active involvement with the South Tees Changing Futures programme at the strategic level (e.g. the Board, Housing Development Group, etc.) and events.

Stronger Communities

Building on the existing collaboration between our departments to more effectively support vulnerable individuals, families/groups and wider communities:

- Further enhance the multi-agency approaches (outreach, harm minimisation, etc.) that operate within our communities, such as front-line staff attending training to enable them to provide advice and support to those misusing substances.
- Maximise the opportunities to take a public health approach (as opposed to enforcement) – by working in a multi-agency approach to offer support, such as making referrals to services and sharing relevant information.
- Support public health to build local community knowledge which will support the delivery and targeting of services.

Regeneration

Consideration of the vulnerabilities agenda and how regeneration strategies/programmes can have a positive impact:

- Facilitate a multi-agency needs assessment of housing needs of vulnerable client groups
- Future housing-related schemes address the lack of affordable, single-person accommodation and promote a less restrictive view of access to decent accommodation for vulnerable client groups.

Corporate

- Processes are more flexible where it involves ringfenced grant funding.
- Timely and responsive support, particularly when urgent grant funding-related tasks/programme requests are made.
- Promoting positive mental health and emotional resilience

3.6 Emotional Health and Resilience

3.6.1 Programme Definition

Mental health and wellbeing are more than the absence of mental illness. It is a state of wellbeing in which an individual realises their own abilities and strengths to cope with the normal stresses of life, can work productively and is able to contribute to their community. Mental health is therefore of universal benefit to all, underpinning our overall health and functioning throughout life and as our circumstances change so does our mental health. An individual’s mental health is linked to their emotional, physical, and social wellbeing. It is influenced by an individual’s sense of control, resilience, and self-efficacy/confidence and social connectedness.

The wider social, economic, cultural, and environmental conditions are also known to impact on an individual’s mental health.

It is estimated in England:

- 1 in 4 adults experience mental health issues in their lifetime.
- 1 in 6 adults have a mental health problem at any one time.
- Around half of the people with lifetime mental health problems (excluding dementia) experience their first symptoms by the age of 14, rising to 75% by the age of 24.
- One in five mothers suffers from depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth.
- Physical and mental health are closely linked – people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people – one of the greatest health inequalities in England.
- 20% of older people living in the community and 40% of older people living in care homes are estimated to be affected by depression.
- As many as 90% of people in prison have a mental health, drug or alcohol problem.
- It is estimated that more than 850,000 people are living with Dementia in the UK today, and this is projected to rise to one million by 2025.
- In 2021 it was estimated that 1 in 8 school age children experienced mental ill-health.
- The national suicide rate has not fallen since 2018. There are still over 5,000 deaths by suicide in England each year. The male rate remains 3 times higher than the female rate. Suicide and self-harm have increased in young people.

4.6.2 Scope

Programme Areas	Activities in Scope (The responsibility of Public Health to directly lead, commission and/or deliver)
Giving all children and young people in South Tees the necessary support to build resilience to achieve good emotional health.	<ul style="list-style-type: none"> ▪ HeadStart Programme South Tees – Delivery model and Service review ▪ Maintain and develop Mental health Leads in school network.
Protective Factors for Wellbeing - Connected Communities across whole system to build resilience	<ul style="list-style-type: none"> ▪ Continued growth of the South Tees Wellbeing Network ▪ Wellbeing Peer Support Programme (Middlesbrough) ▪ Local action to tackle loneliness and social isolation. ▪ Support the TEWV led Place-based community mental health framework/model (3-5year Plan) for Middlesbrough and Redcar & Cleveland

Programme Areas	Activities in Scope (The responsibility of Public Health to directly lead, commission and/or deliver)
	<ul style="list-style-type: none"> ▪ Asset based approach which will utilise the 5 ways to wellbeing. ▪ Make Every Contact Count (MECC) ▪ Assessment of Boro Man Can and potential to grow as a social enterprise ▪ Community Development Teams – community asset mapping and integration ▪ Monitoring of the wider determinants of health impacting our area ▪ Social Prescribing delivery and review
Support Prevention and Early Intervention: Individuals are identified and supported early to prevent escalation into secondary services/crisis	<ul style="list-style-type: none"> ▪ Commissioned Bereavement Support and Information Service ▪ Commissioned Prevention and early intervention service for adults in R&C (joint funded with Adult Social Care) ▪ To support development of Adult Community Mental Health locality hubs across South Tees
Mental Health Capacity and Literacy	<ul style="list-style-type: none"> ▪ Commissioned Tees Mental Health Training Hub jointly funding with Tees Council's Public Health. ▪ To promote external mental health and wellbeing training opportunities through our networks and partnerships
Mental health and wellbeing in the workplace	<ul style="list-style-type: none"> ▪ Workplace Leads supported to continue delivery of team wellbeing support. ▪ Workplace mental health guidance and strategy ▪ Provide support and MHFA training to South Tees mental health first aid advocates.
Suicide Prevention and self-harm	<ul style="list-style-type: none"> ▪ Management of Early Alert Process for suspected suicides ▪ Provision of suicide postvention support to provide timely and appropriate support to individuals or communities bereaved or affected by suicide. ▪ To implement key areas of action of the Tees Suicide Prevention Strategic Implementation plan
Dementia Friendly Communities	<ul style="list-style-type: none"> ▪ Dementia Friendly Communities e.g., businesses, care homes, community settings ▪ Dementia Friends and Champions ▪ To monitor and review Dementia Friendly South Tees 3 year Contract until March 2025 ▪ VCSE to deliver inclusive and accessible community activities

Programme Areas	Activities NOT in Scope (The responsibility to lead, commission or deliver sits with other partners/organisations)
Protective Factors for wellbeing - Connected Communities to build resilience across whole system	<ul style="list-style-type: none"> ▪ Wellbeing pathways (e.g. 'Collaborating for wellbeing' groups such as Financial Inclusion Groups) ▪ VCS low level grassroots programmes ▪ TEWV workstreams under transformation
Support Prevention and Early Intervention	<ul style="list-style-type: none"> ▪ Commissioning of IAPT provision ▪ Secondary mental health provision ▪ Community Mental Health Transformation Programme (locality Hubs)

Programme Areas	Activities NOT in Scope (The responsibility to lead, commission or deliver sits with other partners/organisations)
	<ul style="list-style-type: none"> ▪ Programmes/workstreams for vulnerable group e.g. refugee & AS, Veterans ▪ Support Middlesbrough mental health partnership and the development of Redcar mental health partnership
Mental Health Capacity and Literacy	<ul style="list-style-type: none"> ▪ Office of Health Improvement and Disparities national mental health campaigns
Giving all children and young people in South Tees the necessary support to build resilience to achieve good emotional health	<ul style="list-style-type: none"> ▪ Mental Health Support Teams in Schools (Trailblazer) ▪ North East and Cumbria Child health and Wellbeing Network and associated work streams ▪ ADPH (association of directors of public health) Sector Led Improvement - self harm research group

3.6.3 Objectives

1. Take a whole system approach to mental health and wellbeing that recognises the breadth of organisations supporting mental health and acknowledges and addresses the wider determinants of mental health, including poverty.
2. Maintain a Wellbeing Network across South Tees to connect wellbeing across communities and promote the use of the whole system approach.
3. Support the TEWV-led Place-based community mental health framework.
4. Strengthen protective factors for mental health by supporting programmes that support wellbeing, social connections and asset-based community development.
5. Review the current Children and Young People Emotional Health and Wellbeing place-based governance and programmes consistent with the iThrive approach.
6. Monitor commissioned programmes and services that address immediate needs for low level mental health support and mental health literacy e.g., bereavement support, training hub.
7. Contribute to the reduction of local suicides and support the development and key areas of action in the Tees Suicide Prevention Strategic Plan.
8. Review the HeadStart Resilience Programme to ensure needs of pupils, schools and families are met and understand approaches to ensure sustainability of the programme.
9. Continue to develop Dementia Friendly Communities across South Tees, through increasing and maintaining accessible and inclusive businesses and activities.
10. Support programmes that promote mentally healthy workplaces.

3.6.3 Milestones

Description	Rationale	Start	End
To review and make a forward plan for the HeadStart team post August 2024	Programme has been adopted in Middlesbrough since 2013 and R&C since 2019. Funding and model to be reviewed.	Aug 23	Apr 24
Review the South Tees Wellbeing Network (STWBN) and identify areas for growth	The Wellbeing Network has huge potential as a “network of networks” to support community capacity building approaches	Aug 23	Mar 24

Description	Rationale	Start	End
Refresh Tees Suicide Prevention Strategy following release of new National Strategy	To inform local suicide prevention action plan	Oct 23	Jan 24
Develop a comms plan to promote the Tees Suicide Prevention implementation programme	Launch the national strategy, showcase local action and build community awareness	Nov 23	Jan 24
Measure impact and use of MECC and if this can be used more widely	Impact of MECC and wider adoption	Dec 23	Apr 24
Determine and implement sustainable model for 'Every ManCan'	Future arrangements for EveryManCan programme	September 23	March 24
Map national policy on Social Prescribing and assess for impact and continued delivery	Monitoring of PCN DES, ICB plan, NHS Forward Plan to ensure our delivery maps all national and regional trajectory	Mar 24	Jun 24
Increase capacity within the voluntary and community sector to deliver inclusive and accessible community activities	To support Dementia Friendly Communities Programme	Mar 23	Mar 25
Introduce Dementia Friendly Care Home Self-Assessment Tool across all South Tees Care Homes	To support Dementia Friendly Communities Programme	Mar 23	Mar 24

3.6.4 Whole Council Action

Mental Health and Wellbeing is an extremely wide topic covering many issues and affecting people of all ages and therefore runs through all other areas. Good Mental Health should be everyone's focus which can address wider determinants across all teams and maximise collective efforts towards improvement in population mental health outcomes.

Children's Services

- Collaborate with public health to share best practice on the delivery of parenting programmes and impact to ensure emotional health and well-being of both the parent/child is considered.
- Representation on the Emotional Wellbeing Board to develop stronger links between children's social care and public health (e.g. self harm and including suicide prevention).
- Nominate a wellbeing champion for the directorate and to register on the South Tees Wellbeing Network.
- Collaborate with Public Health and other key partners in the development and implementation of the Early Help Strategy.
- Support the development and implementation of the children and young people's Emotional Wellbeing Strategy.
- Support the development and implementation of the Public Health 'Health Start and Head Start' offer.

Environment and Community Services

- Continue to work in partnership with public health to address and alleviate social isolation and loneliness (asset-based approaches to community development) and maintain attendance at the age friendly partnership.
- Inclusion of resilience curriculum in MyPlace youth provision.

Regeneration and Planning

- Consideration of impact on positive emotional health for children and young in wider determinant strategies, including access to green space and parks.

- Conduct impact assessments to reduce the means of suicide in the built environment and promote positive mental health.

4. Four Core Approaches

4.1 Address Health Inequalities

Health inequality is strongly related to the social determinants of health, therefore a whole system, life course approach is vital for making improvements with clear roles for the public, private and voluntary sectors. Systemic action to reduce inequality in society is also key to improve health inequality – this must include structural measures to balance the inequality of both wealth and power, as deprivation and powerlessness are key causes of health inequalities.

The Public Health Strategy will contribute to the Health and Wellbeing Strategy (in development, due to be considered at LiveWell South Tees Board in March 2024) which describes in more detail the mission-led, whole system approach across all partners of the LiveWell South Tees Board, to improving wellbeing and reducing inequalities in Middlesbrough and Redcar & Cleveland.

4.1.1 Coverage

As described in the Programme Framework, reducing health inequalities is a core approach that runs through the Public Health Strategy. Public Health South Tees whole-Council approach to reducing health inequalities can be demonstrated by considering the key elements required to address health inequalities as described in the Association of Directors of Public Health Policy Position Paper on Health Inequality (2019):

- **Health Equality in all Policies** – this Strategy embeds the use of Health Inequalities Impact Assessments in the development of policies, strategies, plans and decision-making to systematically reduce health inequalities (see section 3.1).
- **Proportionate universalism** - action should be universal, but with a scale and intensity that is proportionate to the level of disadvantage. This Strategy describes action to ensure inequalities in access, outcomes and experience are considered in the design of interventions in all Programme areas.
- **Social determinants** - action is required to improve social determinants of health that are modifiable such as the provision of good quality housing, access to healthy food (see section 3.2 - creating environments for healthy food choices and physical activity Programme), safe environments (see section 3.5 - reducing vulnerability at a population level Programme) and good working conditions (see section 5.1.2 on developing a Tees Valley Anchor Institution Network). This Strategy articulates action on a number of social determinants, the Health and Wellbeing Strategy will cover these in more depth, including action on housing, employment, transport and green spaces.
- **Behavioural determinants** of health - such as smoking (see section 3.4 - preventing ill health Programme), the use of alcohol (see section 3.5 - reducing vulnerability at a population level Programme), and obesity (see section 3.2 - creating environments for healthy food choices and physical activity Programme).
- **Community empowerment** – working with communities is a critical element of the Programme Framework and described in more detail in s5.2.

4.1.2 Whole Council Action

A number of the actions detailed in section 3.1 support whole Council action to reduce health inequalities, in particular:

- Support the development of the Joint Strategic Needs Assessments and delivery of the Live Well South Tees Health and Wellbeing Strategy;

- Conduct Health Inequalities Impact Assessments on all policies, strategies, plans and decision-making to systematically reduce health inequalities.
- Supporting the development of the HDRC, which has a focus on reducing inequalities by building our understanding of the social determinants of health within a local context.
- Develop robust pathways into key Public Health services such as substance misuse, sexual health and stop smoking to promote active identification, referral and support into those services.
- Support the NHS core 20 plus 5 principles for reducing health inequalities to support early identification and referral to services.
- Encourage staff to attend relevant public health training to increase whole Council awareness of inequalities, how they exist and the mechanisms that keep them in place.

Specific action that contributes to reducing health inequalities by Directorate is detailed below.

Children's Services

- Health assessments targeted at reducing health inequalities, such as encouraging dental registration/appointment, immunisations and screening uptake.
- Contribution to the South Tees Talks agenda to improve literacy.
- Greater collaborative working with the Healthy Child Programme (health visiting and school nursing) and explore co-delivery of services and ensure Public Health outcomes are considered in the development of Early Help plans.
- Encourage all educational settings to have a poverty proofing policy.

Environment and Community Services

- Ensuring the Middlesbrough Environment City contract requires MEC to lead or contribute to programmes to support tackling poverty, wider determinants of health and healthy weight.
- Working with community organisations and stakeholders to increase effectiveness and approaches to identify, advise, refer, and support those at risk of food poverty.
- Libraries supporting the family literacy agenda and providing books on prescription, alongside provided wider health and wellbeing advice and onward referral to services.

Finance

- Support Public Health to develop innovative commissioning models to increase effective partnership working to deliver shared outcomes and maximise community wealth building in line with the Social Value Policy.
- Support Public Health to navigate procurement regulations to develop social enterprises to deliver Public Health outcomes and access different funding routes (as achieved with Recovery Connections).
- Include Public Health as part of the Housing Needs Assessment to ensure consideration of health inclusion groups and support needed for a successful tenancy.
- Work with Public Health to develop a collaborative commissioning model to support the development of partnerships (as used by You've Got This).
- Work with Public Health to develop the Community Wealth Building Charter.

4.2 Determined focus on the Best Start In Life

All programmes embed the Core Approach to have a determined focus on the best start in life, however, there is also specific work directly to support the delivery of the best start in life – in particular the Healthy Child Programme (health visiting and school nursing). This section describes this work and how it is distributed across the other Programmes or how other Programmes can amplify and support delivery.

The overarching aim is to ensure that Public Health prevention is an embedded approach throughout the work of both Councils in their work with families.

4.2.1 Milestones

Description	Rationale	Programme Link	Start	End
Develop and deliver a pilot model for prevention of ill health in schools (Health Start)	To ensure that children in South Tees are supported with their health in schools	Ill health prevention	Feb 2024	Feb 2025
Develop and embed sustainability for the Start for Life Family Hubs programme can be sustained post funding.	Work together to identify how successful elements for the Start for Life Hubs programme can be sustained post funding.	Cross cutting	January 2024	April 2025
Develop and establish collaborative partnership delivery model for the Middlesbrough 0-19 Healthy Child Programme Service	There is a need to develop a seamless offer to engage better and support children and families in Middlesbrough	Ill Health Prevention	April 2024	March 2026
Embed community and voluntary sector participation into core BSIL work.	Community and voluntary sector can offer lots to the communities they are in. We need to harness it.	Cross cutting	April 2024	March 2026
Develop the cultural offer for families, including play and reading opportunities	Cultural enrichment has clear health benefits for children and families	Emotional Resilience and Well-Being	Sept 2023	September 2025
Secure funding to continue the Reading for Wellbeing Pilot in South Tees.	Establish and grow the Reading for Wellbeing Pilot in South Tees, including securing funding for current post-holder.	Emotional Resilience and Well-Being	Sept 23	Sept 25
Secure sustained engagement from Middlesbrough Council Children's Services to support the development of improved children's structures	Middlesbrough Council Children's Services to support the Best Start in Life Programme Board to look at growing the prevention agenda.	Ill Health Prevention/Creating Healthy Environments	Jan 24	June 25

4.3 Better Use of Intelligence to Inform Decision Making

4.3.1 NIHR Health Determinants Research Collaboration

Research is key to discovering how we can improve population health and reduce inequalities. Local Government has historically lacked the investment on research culture and infrastructure that the NHS has benefitted from, meaning that evidence is not always fully utilised in decision making and programmes may not be robustly evaluated.

In 2022, the National Institute for Health and Care Research (NIHR) provided funding to 13 Local Government organisations across the UK to establish Health Determinants Research Collaborations (HDRC) – this included a successful bid from Middlesbrough Council and Redcar & Cleveland Borough Council with Teesside University.

Each of these HDRCs is worth up to £5 million over five years (from October 2023, following a development year) to establish the foundations for research, allowing Officers to collaborate with academics and wider partners to generate additional income to improve the local use and creation of evidence.

4.3.2 Milestones

Description	Rationale	Start	End
Recruit, induct and embed public members to the Community Based Research Programme to represent the voice of the public as well as becoming researchers in their own right.	<ul style="list-style-type: none"> Involving the public in research improves the quality and relevance of the work, as well as serving broader democratic principles such as citizenship, accountability and transparency. 	October 2024	December 2024
Embed research planning into annual Directorate planning processes.	<ul style="list-style-type: none"> Embedding the use and creation of evidence in the work of the Directorates is at the core of the HDRC concept, enabling culture change, capacity building, continual improvement and sustainability. 	October 2023	January 2025
Implementation of a HDRC People Strategy.	<ul style="list-style-type: none"> Developing and enabling research capacity in Local Authority staff is a critical element of the HDRC culture change programme of work. 	October 2023	January 2025
Develop a co-produced political engagement and development plan for Cabinet/Executive Members and Councillors.	<ul style="list-style-type: none"> Engaging and supporting the development of Councillors will be key to the long term success of the HDRC. 	April 2024	September 2024
Explore what governance structures and processes are required for the HDRC and create a plan to implement these.	<ul style="list-style-type: none"> Research activity demands infrastructure within and owned by Local Government, mirroring the culture of research that has taken many years to develop in the NHS. 	January 2024	December 2024

4.3.3 Public Health Intelligence

Public Health intelligence is a critical component of informed decision-making in Public Health practice. It involves the collection, analysis, interpretation, and dissemination of data to guide policy, programme delivery and intervention planning.

Over the three-year delivery of the strategy Public Health aim to further strengthen its use of intelligence to inform decision making through:

Description	Rationale	Start	End
Developing public health intelligence capacity across the wider workforce	<ul style="list-style-type: none"> ▪ Building capacity of public health intelligence across the workforce through increasing skills, knowledge and experience of using intelligence functions ▪ Better incorporate health intelligence into the team and provide necessary training and help to upskill staff. 	January 2024	January 2025
Evaluate processes for the production and review of needs assessments	<ul style="list-style-type: none"> ▪ Evaluate the process of the development of the JSNA ▪ Develop a review timetable and process going forward for the development of needs assessments 	March 2024	September 2024
Implement a new service performance monitoring framework	<ul style="list-style-type: none"> ▪ The introduction of a performance scorecard and performance clinics to enable public health to monitor service delivery 	January 2024	April 2024
Utalise local intelligence and public health tools to ensure services are targeted at need	<ul style="list-style-type: none"> ▪ Development of evaluation tools to support the measure of service effectiveness and reach. ▪ Develop workplans to better understand inequalities, population segmentation, population health management and modelling/forecasting ▪ Develop locality data 	March 2024	March 2025
Improved data access	<ul style="list-style-type: none"> ▪ Access to essential and recommended datasets via OHID and NHS Digital as well as access to analytical tools and software ▪ Ensure that we have the right data sharing agreements in place 	January 2024	June 2024
Strengthen intelligence networks	<ul style="list-style-type: none"> ▪ Further develop relationships with key partners across ICB, NECS, South Tees Trust, LPC alongside Teesside University and key VCS organisations. ▪ Improve use of evidence – linking with Teesside University on research projects, keeping track of emerging public health evidence and better engagement with communities. 	January 2024	March 2026

4.3.4 Building a Learning Culture

We will develop our experience from You've Got This to build a learning culture across all elements of the Programme Framework. This includes the development of our reflective practice and the use of performance data not only to assure delivery but also to develop our learning and use the information to develop and evolve workstreams in response to this learning.

We will also look to broaden this out, building on the learning from the development of the JSNA to better understand what data assets are collectively held across the Council and partners, which are most relevant and useful for each element of the Programme Framework and how we can improve collaboration and sharing of data to improve our collective learning.

4.3.5 Governance of the Programme Framework

Public Health South Tees are currently developing a performance framework which will provide assurance over the largest areas of investment, cross partnership working and the wider impact on residents of the delivery against key Programme milestones. The performance framework will improve the way in which we can respond to performance issues in a systematic way and monitor and assure impact.

A quarterly performance Oversight Board will meet with Programme leads to review performance against the key indicators.

All five Programme areas will have a governance board to oversee implementation. The Programme areas each have a more detailed performance framework which includes of a set of milestone outcomes, service delivery indicators and headline indicators. The inclusion of headline indicators allows measures to be benchmarked against national and regional indicators.

Milestones

Description	Rationale	Start	End
Develop a Performance Framework to monitor impact of the implementation of the strategy	<ul style="list-style-type: none"> ▪ Provide assurance over the largest areas of investment, cross partnership working and the wider impact on residents of the delivery against key Programme milestones. ▪ Improve the way in which we can respond to performance issues in a systematic way and monitor and assure impact. 	Sept '23	Mar '24

4.4 Building Purposeful Relationships with Key Partners

We will develop our experience from You've Got This to build common purpose (based on the model developed by You've Got This) and develop our understanding and use of distributed leadership through Partnerships.

Public Health South Tees since inception pursued a shift in approach from traditional clinical, transactional and silo-based Public Health approaches to the development of Public Health programmes through stronger partnerships, both across the two Councils and by strengthening multi-agency approaches and investment in addressing shared Public Health challenges with other agencies such as NHS, Police, UK Health Security Agency, NHS England Office of Health Improvement and Disparities (OHID), education, social housing providers, fire service, voluntary and community sector.

Due to the complexity and scope of the Public Health agenda, the only realistic prospect of tackling the issues is in partnership across the local system. In order to achieve this, we need to further develop purposeful relationships with key partners.

The summary of key relationships by programme is detailed below:

	Healthy Environments	Protecting Health	Preventing Ill Health	Reducing vulnerability	Mental health
Beyond Housing, Thirteen, Home Group and other housing providers	✓			✓	✓
Teesside University	✓	✓	✓	✓	✓
UK Health Security Agency (UKHSA)		✓	✓		
NHS England Office of Health Improvement & Disparities (OHID)	✓	✓	✓	✓	✓
North East and North Cumbria Integrated Commissioning Board (ICB),	✓	✓	✓	✓	✓
South Tees Hospitals NHS Foundation Trust	✓	✓	✓	✓	
Tees, Eske & Wear Valley NHS Foundation Trust	✓		✓	✓	✓
Primary Care Networks and GP Federations	✓	✓	✓		
Community Pharmacies	✓	✓	✓		
Tees Valley Sport	✓				
Everyone Active	✓				
Voluntary Development Agencies (RCVDA and MVDA)	✓	✓	✓	✓	✓
Broader VCS & Community Groups	✓	✓	✓	✓	✓
Cleveland Emergency Planning Unit & LRF		✓			
Commissioned services (sexual health services, vulnerabilities delivery partners etc)	✓	✓	✓	✓	✓
Schools and colleges	✓	✓	✓	✓	✓
Workplaces		✓	✓		
DWP and JCP			✓	✓	✓
Cleveland Police, OPCC & criminal justice (Probation, etc.)				✓	✓
Cleveland Fire Brigade					✓
Funding bodies (National Lottery, Local Motion, Lloyds Bank Foundation, Woodsmith's Foundation)	✓	✓	✓	✓	✓

A more detailed relationship mapping of key external partners to Programmes is detailed in appendix 3.

4.5 Improved Financial Efficiencies

The Programme approach will deliver improved financial efficiencies as the financial reporting is aligned to Programmes and delivery of the Programme objectives. Resources can be moved within Programmes as appropriate to ensure delivery across the Programme.

4.5.1 Resource Allocation to Programme

The table below summarises the use of the Public Health Grant split by direct Public Health element and whole council action as described in this Strategy. Additional income generated in support of Programme delivery is included and described in more detail in section 4.5.2 below.

	PH element	Whole Council Action	External Funding (2023/24)	Notes (External Funding)
Five Programmes				
Creating environments for healthy food choices and physical activity	£262,000	£321,200	£931,579 £117,000	YGT funding to 03/2025 BCF MUSTeam (reviewed and renewed annually)
Protecting health	£1,165,000	£130,450		
Preventing ill-health	£1,364,000	£94,419		
Reducing vulnerability at a population level	£3,938,000	£1,103,420	£550,000 £288,787	CF funding to 03/2025; ICB funding to 03/2026
Promoting positive mental health and emotional resilience	£137,000	£393,650	£195,000	Headstart funding to 08/2024
Overheads/Staffing	£876,000	£1,458,320		
Four Core Approaches				
Better use of intelligence to inform decision-making	Included in overheads/ staffing		£498,814	HDRC (50%) - funding to 03/2029
Address health inequalities with a determined focus on the best start in life	£3,278,400	£3,382,806	£1,067,410	Holiday Activities Fund to 03/2025
Building purposeful relationships with key Partners	Included in overheads/ staffing			
Improved financial efficiencies	Included in overheads/ staffing			
Three Levels of Intervention across the life-course				
Civic-level – healthy public policy	Included in overheads/ staffing			
Service-level – evidence-based, effective, efficient, and accessible services	Included in Five Programmes			
Community-level – place-based working for population-level impact		£465,235		
Total:	£11,020,000	£7,289,000	£3,648,590	

4.5.2 External Funding

All Programmes that have generated external funding are considering their approaches when the funding ends and these are captured as clear milestones in each Programme (see section 3 above).

You've Got This (Sport England Place Partnership)

You've Got This takes a systems approach to tackling inactivity at a population level in South Tees. This involves focussing not only on individual level behaviour changes but recognising that these behaviours are impacted by 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, such as poverty.

YGT focuses on behaviour change in organisations and this approach is reflected in the investments:

- **Core Team:** the Core Team for the programme is very small, with six staff members, and their focus is on enabling change rather than direct delivery.
- **Partnership Development:** significant time and resource has been invested in a new approach to partnership based on common purpose and trust, rather than accountability. The YGT Exchange comprises over 90 members, most of whom have priorities other than physical activity. The Exchange focuses on challenging approaches to physical activity within organisations and supporting Exchange members (called Ambassadors) to influence change within their own organisations, with management boards, staff and service users.
- **Leadership Development:** YGT applies a model of distributed leadership, recognising that for change to take place, leadership is needed throughout the system and that we also need to engage with latent and developing leaders. The approach to leadership is to build capacity throughout the system.
- **Insight and Evaluation:** understanding communities, both of geography and practice, is at the core of YGT. The programme has developed and implemented new and innovative approaches to qualitative insight gathering, such as storytelling and sentiment analysis, that add value to traditional quantitative measures. This informs the work as well as evaluation. Evaluation focusses on the changes that are being made in behaviours, with a strong emphasis on understanding the how and why as well as the what.
- **Workstreams:** the workstreams of YGT focus on embedding physical activity into other pathways where it can add significant value and taking a community-led approach within a smaller geography. A collaborative commissioning model has been developed which enables an insight-led approach that encourages Ambassadors to work together to develop a response to a broadly defined insight-led brief. This has enabled partners with different skill sets to collaborate, including partners who would not normally be able to participate in traditional competitive processes.
- **Small Grants:** small grant programmes have been introduced to extend the programme reach to our smallest community organisations. These schemes are cognisant of the barriers to applications from smaller groups and investment has been made in providing extensive support for applicants.

Whilst the current funding is available until 2025, Sport England are looking to expand the ways of working used in the Place Partnerships in line with their ambitions as detailed in their ten-year strategy "Uniting the Movement". This expansion includes continuing to support the system change work in current locations, which is referred to as "deepening". This will prioritise embedding ways of working and learning from the programme, particularly around system approaches, insight and learning, and common purpose, more widely within our place. The proposal is also to invest in a further 80 -100 places across England, with the support of the current Place Partnerships, which is referred to as broadening.

Changing Futures

This programme is externally funded through DLUHC and the National Lottery Community Fund. The aim of Changing Futures is to improve collaboration within the local system and, consequently, the support provided to people affected by two or more vulnerabilities including:

- Substance misuse;
- Mental health;
- Criminality;
- Acute housing issues;
- Domestic abuse.

The current grant has been extended until 31/03/2025, we are currently working on combining frontline support with other key worker models to create sustainability and looking at extending funding opportunities to maintain successful workstreams. |

ICB South Tees Health Inequality Funding

NHS North-East and North Cumbria (NENC) were allocated £13,604,000 recurrent revenue to support targeted reductions in health inequalities. We were successful in securing funding to support people with multiple and complex health and healthcare needs ('Plus' programme).

The aim of this programme is to reduce the impact of health inequalities in South Tees by:

- Delivering on specific priorities and improving our local approaches to supporting vulnerable population groups, in particular those living with multiple complexities, migrants and underserved groups.
- Helping us have a greater understanding of the health and care needs of local people, which is key to continuously improving the delivery of high quality care and reducing inequalities.

The funding runs until the end of 2026 and is being primarily utilised to create more system-wide approaches and foster integration. This will enable sustainability beyond the funding timescales.

Headstart

HeadStart was introduced in Middlesbrough in 2013 following award of Big Lottery funding. This has been supplemented by NHS, Nesta and Public Health grant funding. Headstart was extended into Redcar and Cleveland in 2019.

The HeadStart delivery model comprises:

- A whole school resilience offer for all educational settings as part of the Getting Help offer is provided to 7 primary, 3 special and 3 post 16 settings across South Tees.
- The HeadStarters educational pathway and transition support for all schools and colleges across South Tees.
- School staff well-being support and training for school staff and governors.
- Family support.
- Management of the Mental Health Leads in School Network.

The HeadStart model facilitates:

- Increased resilience in children and young people.
- Workforce support to develop increased awareness to better respond to the needs of children.
- System change leading to sustained improvements in early help, prevention, targeted and specialist services.
- Support within schools, the home, community and digitally.
- Sustainability and legacy in our schools and communities across Middlesbrough to improve emotional health outcomes for our children and young people.

HeadStart forms part of the South Tees 'Getting Help' mental health service for education settings in partnership with TEWV NHS MH Foundation Trust, Inside Out, The Junction, The Link and Teesside Mind.

Current available funding will support service delivery until August 2024, and the Programme includes development of sustainability plans for the service (see section 4.6.4).

Holiday Activities & Food (HAF)

The HAF is funded from the Department of Education and is currently scheduled to end in March 2025. Funding beyond March 2025 is unknown, and the HAF Steering Group are considering sustainability, however the HAF programme may cease at that point without additional funding.

Since 2018, the HAF programme has provided support to reception aged children up to year 11 in receipt of free school meals through school holiday periods. School holidays can be pressure points for some families, which can lead to a holiday experience gap, with children from low-income households being less likely to access organised out-of-school activities; more likely to experience 'unhealthy holidays' in terms of nutrition and physical health and more likely to experience social isolation.

The aims of the HAF programme are to encourage children to:

- eat healthily over the school holidays.
- be active during the school holidays.
- take part in engaging & enriching activities which support the development of resilience, character and well-being along with their wider educational attainment.
- be safe & not socially isolated.
- have a greater knowledge of health and nutrition, and families develop their understanding of nutrition and food budgeting.
- be more engaged with school and other local services and families are sign posted towards other information and support.

The HAF programme in South Tees works with many local providers and organisations to deliver the programme through a distributed model designed to be as accessible as possible to target communities. The aim of the South Tees HAF programme is to give every child and young person a life changing experience whilst delivering the outcomes of the HAF.

The programme takes a capacity building approach, both in supporting hyper-local community and VCS groups to provide HAF activities, and through developing and upskilling them to take practices back into to their services that support and link in with wider priorities and outcomes in their communities. The programme also actively links other services into HAF, for example:

- Where a HAF programme is delivered in a venue and area where there are high levels of poor oral health then support to improve oral health awareness is built into that HAF programme, working with the children and their families to address and improve oral health, building and amplifying the work already in place within schools and Family Hubs.
- Where an area which has high levels of obesity, the HAF programme bolsters the physical activities with family awareness building and exercise sessions, alongside a HAF healthy eating and cooking programme.

We aim to build a legacy with HAF that offers support and development for all those involved and that embeds quality and sustainability - providing the opportunity for organisations and individuals to grow beyond HAF.

In Middlesbrough 50 HAF provisions have been developed, offering a total of 30,000 places across the Summer holiday period, with 27,000 places booked. The total number of unique children and young people

who attended HAF provisions over the Summer was 4,700, with 4,355 of those being eligible children and young people (in receipt of benefit related free school meals).

42% of eligible children attended the HAF programme from Middlesbrough, against a DfE target of 20%, a significant increase from Summer 2022, demonstrating the strength and momentum of the programme. The HAF programme also offered an additional 1,380 places across the summer holiday period for those children and young people not in receipt of free school meals, funded through the Household Support Fund, with most places taken up. The programme has also developed a quality assurance model that involves quality assurance visits on each provision that include Young Inspectors as part of the process, further building skills, expertise and confidence.

HDRC

The work of Middlesbrough Council and Redcar & Cleveland Borough Council fundamentally impacts on the wider determinants of health, but there is a lack of useful evidence around what can influence these drivers and how to change them. Therefore, it is essential that both Local Authorities are supported to become create research findings and use evidence better in decision making. Such research requires an infrastructure that is within and owned by both organisations, mirroring the culture of research that has taken decades to develop in the NHS.

The National Institute for Health and Care Research is investing new funding in a number of Health Determinants Research Collaborations (HDRCs) to embed a culture of evidence-based decision-making within Local Government. In 2022, Middlesbrough Council submitted a bid to host a HDRC with Redcar & Cleveland Borough Council, Teesside University and other local partners, which was funded and is worth £5.25 million over six years.

The HDRC in South Tees will establish the foundations for research, allowing Local Authority Officers to collaborate with academic colleagues and other partners to secure additional external funding to do actual research and improve the use of evidence in local decision making. Overall the vision of the HDRC is that South Tees to become an international beacon for research and innovation in tackling poor health outcomes and inequalities.

To deliver this, there are a number of aims:

Aim 1: To build capacity and capability across both Councils to actively (and routinely) participate, use and develop research to inform innovation in practice and deliver real and sustainable impacts to population health

Aim 2: To increase the amount of research investment in South Tees in relation to determinants of health

Aim 3: To harness the anchor potential of key research contributors to build inclusive and sustainable economies.

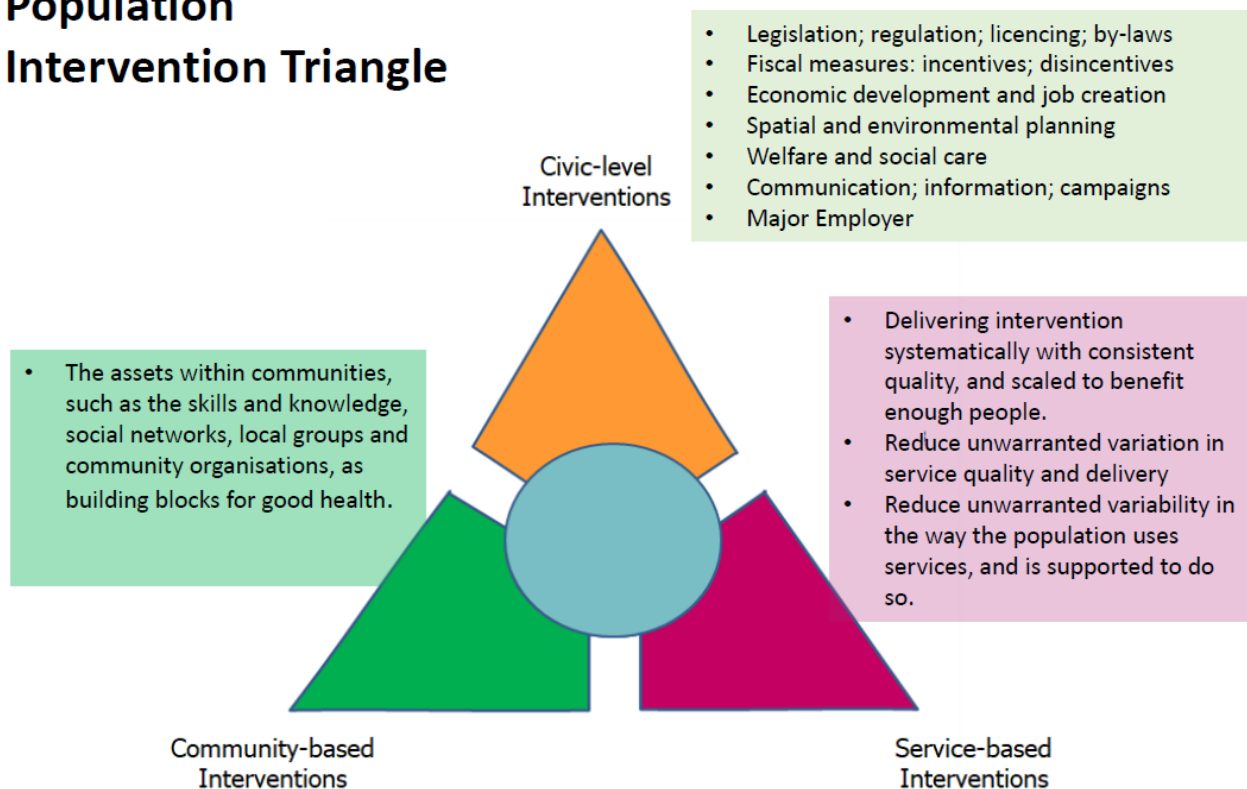
The work will be led by a team with varied skills and backgrounds including experts in research governance, organisational change and public involvement. During the first year of operation, the HDRC in South Tees has secured additional external grants to fund research on issues such as health and work, supporting the wellbeing of children and investigating the issues faced by local coastal communities.

As the HDRC matures, the work will expand to consider the wider research ecosystem including supporting the wider bid partners such as Housing Associations, the Police and voluntary sector organisations.

5. Three Levels of Intervention across the life-course

The three levels of intervention perspective in the Programme Framework is based on the [Population Intervention Triangle](#) - a joined-up approach that treats the place, and not just individual problems or issues. The population intervention triangle (PIT) was developed to describe how the main components of intervention capable of producing measurable population level change relate to each other.

Population Intervention Triangle



5.1 Civic Level

Councils are critical leaders in place-based action as they are well equipped to act on a range of drivers of health inequalities – and this is part of the rationale for placing Public Health in local authorities in 2013.

Tools available to local authorities, in addition to statutory Public Health responsibilities, to improve wellbeing and reduce health inequalities include policy and strategy development and review; legislation (including regulation and licencing); economic development and job creation; spatial and environmental planning; community safety.

The key elements to establish a health in all policies approach are described in section 3.1 and section 5.1.1.

5.1.1 Whole Council Action

- Coordinating the response of Public Health and the council when looking at documents and workstreams like the Local Plan, ensuring evidence, insight and intelligence informs policy development and decision making.
- Incorporate a Health in All Policies approach through embedding Health Inequality Impact Assessment in all key policies and decision-making processes to ensure consideration a policy, strategy or service plan may have on the health of a population.

5.1.2 Development of a Tees Valley Anchor Network

Anchor Institutions are large organisations that are unlikely to relocate and have a significant stake in a geographical area. Anchors have sizable assets that can be used to support local community wealth building and development, through procurement and spending power, workforce and training, and assets such as buildings and land. Anchors have a mission to advance the welfare of the populations they serve. They tend to receive (or are significant stewards of) public resources, and often have a responsibility to meet certain standards on impact of value.

In addition to boosting economic growth and supporting a healthy population, Anchor Institutions in the local system have the potential to create the conditions needed to help tackle inequalities. A Centre for Progressive Policy analysis shows that the health and care sector accounts for a larger share of local area output in deprived places, so its role in terms of employment and procurement will be particularly important in economically disadvantaged areas like Middlesbrough and Redcar & Cleveland.

Through their size and scale Anchor Institutions can positively contribute to local areas in many ways beyond delivery of the services and functions that they provide – they can influence the health and wellbeing of communities and impact the wider social, economic, and environmental factors that create health and wellbeing. Anchor Institutions can make a difference to local people by:

- Using commissioning and procurement processes purposefully to purchase more locally and for social benefit (for example by supporting the development of social enterprises).
- Widening access to good quality work (the health and care sector is the largest employer in the Tees Valley and broadening access to ensure all communities are aware of and can access opportunities).
- Working more closely with local partners – for example working with Teesside University in the delivery of their Access and Participation Plans (aiming to broaden inclusive access to the University) by providing work experience and ultimately good quality employment.
- Using buildings and spaces to support communities.
- Reducing environmental impact.

The purpose of a Tees Valley Anchor network would be to bring together Anchor Institutions across the Tees Valley to maximise their impact in enabling sustainable, prosperous, and healthy communities, through a collective approach of all member organisations:

- Learning from best practice and designing shared solutions together.
- Delivering collaborative projects through shared resources and a common approach; and
- Understanding and measuring success in achieving common goals by sharing information.

Milestones

Description	Rationale	Start	End
Establish baseline anchor activity across public sector anchor institutions	<ul style="list-style-type: none"> ▪ The network is about sharing and learning best practice, the baseline questionnaire will help to identify good practice locally 	Nov 2023	Jan 2024
Establish a Tees Valley Anchor Network	<ul style="list-style-type: none"> ▪ See above 	Jan 2024	Mar 2024

5.2 Community Level

Communities have a vital contribution to make to health and wellbeing. Community life, social connections, supportive relationships and having a voice in local decisions are all factors that underpin good health. However, structural inequalities persist and too many people experience the effects of social exclusion or lack social support.

5.2.1 Working with the local VCS

LocalMotion is a collaboration of six funders who aim to support the facilitation of systemic, positive change in six locations in England facing economic, environmental, or social challenges (many of which have now been exacerbated by Covid). LocalMotion aims work together with the local VCS and communities to find collective solutions to local social, environmental, and economic challenges through local cross-sector collaboration with the community, civil society, public bodies, businesses, and funders.

The aspirations developed by the LocalMotion core group for Middlesbrough is to create a system that is driven by the communities it serves – redistributing power and ensuring the needs of all the community are aligned, with the flexibility to be brave and agile to respond to the voices of the community. This is consistent with the Mayor’s aspirations for Community Wealth Building and also includes a commitment to develop a Poverty Truth Commission to ensure that local decision making, and policy development is informed by local people with experience of living with less in Middlesbrough and the role of the Council and partners in improving prospects and experiences of people living in poverty in Middlesbrough.

Public Health South Tees will continue to play an active part in the work of LocalMotion and ensure that community insights generated inform all our Programmes.

5.2.2 Approach to Community Development

Whilst Public Health South Tees have experience in many approaches and elements to community development, those articulated in the family of community-centred approaches developed by PHE (2015), that details some of the practical, evidence-based options that can be used to improve community health and wellbeing, the current contribution to community development is under-developed.

We will develop a much clearer Public Health approach to community development that recognises the different models in place in each Council area.

Description	Rationale	Start	End
We will develop a clear vision for the contribution of Public Health South Tees to Community Development	<ul style="list-style-type: none"> ▪ The amplification and development of social capital is critical to the aspiration to encourage and enable communities to be more self sufficient ▪ The Anchor Network (see 5.1.2) should be connected to and informed by communities ▪ Need to better understand and articulate the PH contribution to community wealth building ▪ Understand how we can build lived experience and shared decision-making into our processes 	Oct 2023	March 2024

Description	Rationale	Start	End
We will better understand & develop our expertise and connections to communities	<ul style="list-style-type: none"> ▪ The expertise in PH is not all known or in the right place to inform our approach to Community Development ▪ PH have many touch points in communities, from Community Champions to YGT and HAF but we don't systematically develop our insight from those touch points ▪ We need to understand what knowledge, skills & attributes exist elsewhere (for example in the VCS) and what our relationship is to them 	Nov 2023	March 2024
Develop a Community Capacity Building Strategy (with ECS), that articulates our approach to building social capital and community wealth building	<ul style="list-style-type: none"> ▪ We need to develop our common purpose and understand the enablers and barriers 	Jan 2024	April 2024

5.2.3 Arts and Health – Creative Health

Creative Health can be defined as **creating the conditions and opportunities for arts, creativity and culture to be embedded in the delivery of Public Health.**

The World Health Organisation and the All Parliamentary Party Group on Arts, Health and WellBeing Report have gathered evidence to show that:

- The arts can help keep us well, aid our recovery and support longer lives better lived.
- The arts can help meet major challenges facing health and social care; ageing, long term conditions, loneliness and mental health.
- The arts can help save money in the health service and social care.

We know how important making connections, sense of purpose and sense of achievement are to wellbeing – and there is already excellent Creative Health work that is being delivered in Middlesbrough and Redcar & Cleveland engagement that has demonstrated the impact of this engagement on health and wellbeing. The creative process itself is as important as what is created and can (amongst other things) help seldom heard groups articulate their issues and aspirations in much more powerful ways.

Public Health South Tees is committed to embedding and supporting the development of Creative Health approaches in the delivery of Public Health. We understand that Creative Health can be used successfully in prevention, treatment and management of conditions across the life course. We will continue to drive forward new approaches to deliver health outcomes and Creative Health is a key part of delivering against our programme approach. Work has started on the creation of a South Tees Creative Health Strategy that will cover the period of 2023-28. The strategy is being developed in the context of the emerging South Tees Health and Wellbeing Strategy. To ensure that Creative Health is valued as a key driver in tackling health inequalities it will also be integrated within the main Strategy. Some emerging priority aims are:

- Embed creative facilitators in the Public Health team to develop new approaches to engagement.
- Work with the National Centre for Creative Health on developing a Creative Health strand of work across South Tees.

- Build capacity within the sector by supporting creative health facilitators with funded training and opportunities to meet the needs, ensuring diversity and inclusion.
- Support the VCS, Creative and Health sector to come together for quarterly creative Forums to develop partnerships.
- Work collaboratively to develop new ways of commissioning and procuring services.
- Set up a small grants fund for culture organisations to work with the VCS on delivering social prescribing/creative health programmes.
- Develop an ongoing creative programme to support the Health & Well Being Missions (based on learning from the pilot programme evaluations.)

Milestones

Description	Rationale	Start	End
Produce and implement a Creative Health Strategy for the South Tees	Pilot work undertaken over the last couple of years both locally and nationally has demonstrated the impact that this work can have on people lives. Evidence shows that there is real impacts across	Sep 23	July 24
Secure funding to create and embed a Creative Health Advanced Practitioner role within Public Health	There is a need to have at least one full time post that can drive forward the work.	Jan 24	May 24
Establish Quarterly Creative Health forums	There is a need to strengthen connections between health and the creative sector. To share knowledge and build confidence in what the sector can deliver for health and Social Care. This will also present a platform to co create and develop future programmes	Jan 24	Jan 27
Work collaboratively with internal Culture departments to integrate and support Health outcomes within their service offer.	The council operate a number of cultural assets and programmes that can deliver programmes that deliver health outcomes	Jan 24	Jan 27

5.2.4 Whole Council Action

Environment and Community Services

- Work jointly with Public Health to produce a **Community Capacity Building Strategy**, that includes our approach to building social capital and community wealth building, and support the implementation of the Strategy.
- Ensure place-based action plans have a Public Health focus jointly developed with Public Health to meet the needs of the community and reduce inequalities.
- Support Public Health to build local community insight which will support the delivery and targeting of services.
- Working with community organisations and stakeholders to increase awareness of positive breastfeeding messages and ensure all community venues that ECS work with are signed up to the Welcome to Breastfeed – South Tees programme.
- Support the identification of Community Health Champions and the distribution of key Public Health messages into communities.

- Further enhance the multi-agency approaches (outreach, harm minimisation, etc.) that operate within our communities, such as front-line staff attending training to enable them to provide advice and support to substance misusers (including issuing of naloxone if required).

5.3 Service Level

Action to improve the impact of the services provided from Public Health are described in section 3 in the details of the five Programmes.

In addition, we will ensure that all service reviews and new services are provided or commissioned consistent with the emerging Community Wealth Building policy and the Anchor approaches detailed in section 5.1.2, building on the experience using this approach through both the YGT and Holiday Activities Fund programmes.

6. Appendices

6.1 Appendix 1: Programme Milestones

Framework Area	Description	Rationale	Start	End
Five Programmes				
Building Healthy Environments	Establish a South Tees Healthy Weight Alliance using a common purpose approach building on the approach of YGT Exchange to engage a broad spectrum of partners in tackling excess weight across South Tees.	<ul style="list-style-type: none"> Key partnership driving the agenda forward. Provide assurance / governance re: adoption of commitment of HWD and embed the 16 core commitments 	Oct 2023	Mar 2024
	Implementation of Healthy Weight Declaration 16 core commitments across South Tees based on: <ul style="list-style-type: none"> Strategic/system leadership Commercial determinants Health promoting infrastructure/environment Organisational change/cultural shift Monitoring and evaluating 	<ul style="list-style-type: none"> Implementing whole system approach to healthy weight Ensuring commitment from all departments to embed HWD throughout LA's Ensuring commitment from all departments to embed HWD throughout LA's 	Jul 2023	Mar 2026
	Embedding Breastfeeding Boroughs	<ul style="list-style-type: none"> Prevention ill-health and reducing childhood obesity Increase breastfeeding initiation and continuation rates reducing inequalities Normalising breastfeeding 	Jul 2023	Mar 2025
	Embed a health in all policies approach in planning and transport planning decision making	<ul style="list-style-type: none"> Health in all policies and considered as part of decision making process Integration and collaborative working between You've Got This, Public Health, Planning and Transport planning 	Sep 2023	Sep 2025
	Progress and achieve Sustainable Food Places status across South Tees as part of a systems approach to creating a healthy food environment	<ul style="list-style-type: none"> Tackling food poverty as a wider determinant Increasing access to healthy and sustainable food 	Sep 2023	Mar 2026

Framework Area	Description	Rationale	Start	End
	Working with schools to achieve a whole school approach to embedding school food standards and increasing and embedding physical activity opportunities	<ul style="list-style-type: none"> ▪ Tackling food poverty as a wider determinant ▪ Increasing access to healthy food ▪ Increasing access to physical activity ▪ Income generation for schools linked to pupil premium ▪ Increase eligibility to access HAF ensuring equitable access ▪ Reducing stigma ▪ Reducing inequalities 	Mar 2023	Mar 2026
	Support the development of a strategic approach to green space enhancement and management to create healthier spaces across South Tees	<ul style="list-style-type: none"> ▪ Cross council working ▪ Build wider partnerships ▪ Improved access to green and open space 	Aug 2023	Mar 2026
	Improving the quality and expanding the offer of HAF programme	<ul style="list-style-type: none"> ▪ Maximising uptake ▪ Proportionate universalism uptake 	Jul 2023	Dec 2024
	Securing additional funding and developing sustainability plans for HAF	<ul style="list-style-type: none"> ▪ Tackling food poverty as a wider determinant ▪ Increasing access to healthy food ▪ Increasing access to physical activity 	Jul 2023	Dec 2024
	Develop and implement a robust sustainability plan for the role of You've Got This in South Tees (Sport England's 'Deepening' agenda)	<ul style="list-style-type: none"> ▪ Implementing whole system approach to physical activity 	Sep 2023	Sep 2025
	Develop and implement You've Got This core team role in Sport England's widening agenda across Tees Valley	<ul style="list-style-type: none"> ▪ Implementing whole system approach to physical activity 	Sep 2023	Sep 2025
Health Protection	Develop a 2-year Health Protection Plan encompassing the recommendations Health Protection Assurance report with annual reviews via the Health Protection Assurance Partnership (HPAP)	<ul style="list-style-type: none"> ▪ Having a health protection plan for South Tees is crucial because it outlines strategies to safeguard communities from various health risks including infectious diseases, environmental 	Nov 2023	March 2024

Framework Area	Description	Rationale	Start	End
		hazards, and emergencies.		
	Following consultation, launch and implement the South Tees Clean Air Strategy .	<ul style="list-style-type: none"> To improve air quality (a wider determinant of health) across South Tees 	Aug 2023	Aug 2024
	Develop a Severe Weather Plan for South Tees this will replace the cold weather plan and heat health plan, and will include storms, in line with the new plan for England.	<ul style="list-style-type: none"> To reduce the number of excess winter deaths experienced locally, Middlesbrough has a particularly high rate. 	Nov 2023	Feb 2024
	Refresh the Local Outbreak Management plan	<ul style="list-style-type: none"> It supports early detection, preparedness, response and mitigation. 	Jan 2024	March 2024
	Establish a board to oversee the implementation of the recommendations from the sexual health review and strengthen the current collaborative arrangements across Teesside	<ul style="list-style-type: none"> To improve current service delivery and develop future plans which focus on the redesign of a modernised sexual health system across Teesside 	Oct 2023	Jan 2024
	Develop a new service model for sexual health services which meets the needs of the local population as identified via: <ul style="list-style-type: none"> Health needs assessment Stakeholder and public information Health Equity Audit 	<ul style="list-style-type: none"> To improve LARC, condom use and STI screening to reduce the transmission of sexually transmitted infections (in particular gonorrhoea and syphilis) and unintended pregnancies. 	Nov 2023	July 2024
	Develop and implement the communicable disease and immunisation element of HealthStart.	<ul style="list-style-type: none"> To address low immunisation uptake rates and prevent ill health and outbreaks 	Sep 2023	Jul 2024
	Implement the annual workforce development plan for wider council and key partners	<ul style="list-style-type: none"> Increase community resilience across the system Increase health protection capacity across the system 	Jan 2024	March 2025
	Develop a community capacity strategy to be implemented across South Tees (encompassing MECC) with the aim of strengthening	<ul style="list-style-type: none"> To empower local residents to take ownership of their health by providing them with the 	Nov 2023	Sep 2025

Framework Area	Description	Rationale	Start	End
	communities abilities to identify and address their health and wellbeing needs	<p>knowledge, skills and resources to make informed decisions.</p> <ul style="list-style-type: none"> Using an asset-based approach to improve access to services such as immunisation and screening, with a focus on inclusion health groups 		
	Develop a South Tees Immunisation Strategy with clearly defined actions to improve uptake across the life course, covering local approaches already in existence and encompassing learning from behavioural insights work	<ul style="list-style-type: none"> Vaccinations play a critical role in public health by prevention the spread of infectious diseases, reducing the severity of illness and even eradicating certain diseases (cervical cancer). The strategy will outline the local plan to address low immunisation uptake rates and the local variation in rates to improve the wellbeing of the population and reduce health inequalities. 	Jan 2024	March 2024
	Evaluate local approached to increase immunisation uptake outlined in the strategy	<ul style="list-style-type: none"> South Tees has lower that national/regional uptake for the majority of vaccinations with large areas of variation between wards 	Sept 2025	March 2026
	Support NHS England aspirations on water fluoridation to reduce the impact of tooth decay and improve the oral health of South Tees.	<ul style="list-style-type: none"> Tooth decay is the most common disease affecting children and young people in England, yet it is largely preventable. At a population level, it is the most effective way of reducing inequalities, as it ensures that people in the most deprived areas receive fluoridated water. 	Oct 2023	Jan 2026

Framework Area	Description	Rationale	Start	End
Preventing Ill Health	Establishment of a South Tees Ill Health Prevention Board	<ul style="list-style-type: none"> Provides assurance to the HWB that plans are in place to improve population health, addressing inequality and local health challenges 	October 2023	March 2024
	Development of an ill health prevention programme action plan	<ul style="list-style-type: none"> Develop a multiagency action plan to monitor and measure progress on activity and outcomes across system 	Dec 2023	March 2024
	Delivery of a robust primary prevention offer across Public Health South Tees	<ul style="list-style-type: none"> Raise awareness of health issues through robust timely communication plan utilising local, regional and national campaigns/resources Dissemination across partner organisations 	Jan 2024	Dec 2024
	Improved uptake of screening programmes focusing on inequalities	<ul style="list-style-type: none"> Use HEA – breast, bowel, cervical screening, Healthy Heart Checks & apply behavioural insights to target and increase uptake 	Oct 2023	March 2026
	Completion of Health Equity Audit across stop smoking service to review and improve current provision	<ul style="list-style-type: none"> Utilise findings of HEA to Improve effectiveness of the stop smoking service delivery to ensure services are targeted at health inclusion groups and deprivation. increase referrals rates for people with Serious Mental Illness (SMI) Targeted intervention social housing to increase referral rate 	January 2024	Sept 2024
	Improved uptake of prevention services delivered in primary and secondary care	<ul style="list-style-type: none"> Improved partnership working/building capacity of prevention programmes with 	Oct 2023	March 2026

Framework Area	Description	Rationale	Start	End
		<p>primary care to prevent and detect CVD and Type 2 Diabetes</p> <ul style="list-style-type: none"> Pilot new innovations in partnership with primary care/secondary care/LA to reduce risk factors associated with respiratory conditions, LTC – i.e Fuel on prescription. 		
	Established health on the high street offer providing care closer to home	<ul style="list-style-type: none"> Improved access, services closer to home. Economic growth, partner collaboration 	Nov 2023	March 2026
	Completion of Healthy Child Programme review	<ul style="list-style-type: none"> Improve effectiveness of the healthy child programme across South Tees 	Jan 2023	March 2024
	Reduction of risk-taking behaviours including smoking, excessive alcohol, weight in the family environment through early identification and referral	<ul style="list-style-type: none"> Work closely with family hubs to train staff in very brief intervention for smoking, alcohol and weigh ensuring seamless referral to prevention services. 	Jan 2024	March 2026
	Improved partnership working with social care ensuring prevention is embedded within health and social care plans	<ul style="list-style-type: none"> Ensure public health is represented at key integration meetings to ensure Health & Social care plans are addressing prevention / inequalities (eg. Better Care Fund) 	Nov 2023	March 2025
	Embed the Health Inequalities FT Toolkit and Health Inequalities Impact Assessment in the work of the FT and PCNs	<ul style="list-style-type: none"> Support STFT to implement an approach to tackling health inequalities in secondary care 	Nov 2023	March 2024
	Develop a Prevention/Inequalities Strategy with South Tees NHS Trust	<ul style="list-style-type: none"> Assurance and commitment NHS action on prevention – provides clear direction which sets out how the local Trust will improve 	Oct 2024	March 2024

Framework Area	Description	Rationale	Start	End
		health and reduce inequalities		
	Ensure prevention is embedded throughout the development of the Age Well Strategy	<ul style="list-style-type: none"> The Age Friendly Steering group is leading forward the development of the Age Well Strategy and action plan aimed to improve quality of life for older people 	Jan 2024	October 2024
Reducing Vulnerability at a population level	Develop and implement an inpatient detoxification (IPD) facility in South Tees	<ul style="list-style-type: none"> Utilising the ringfenced IPD grant from OHID, pooled across 9 NE regional LAs, we aim to develop and launch a local IPD in Brotton. This will ensure that patients from the region do not have to go to the North West or further afield. 	Apr 2022	Sep 2024
	Increase the number of residential rehabilitation (RR) bedspaces within South Tees	<ul style="list-style-type: none"> In order to meet OHID targets associated with the enhanced funding, we need to increase the number of people engaged within our treatment and recovery services accessing RR each year. This would not be affordable via the traditional out of area, ASC-funded route, therefore, local capacity needs to be increased. 	Apr 2022	Sep 2024
	Improved service delivery bases across South Tees Substance Misuse services	<ul style="list-style-type: none"> To ensure accessibility across the boroughs and facilities that are fit for purpose, investment and/or new buildings are required. This will give people more choice in terms of 	Apr 2022	Mar 2025

Framework Area	Description	Rationale	Start	End
		how they access services and should ensure improved coverage across more of our local communities.		
	Fully implement and further develop the Cleveland Joint Combatting Drugs Unit (JCDU) Partnership to deliver a co-ordinated approach	<ul style="list-style-type: none"> To fulfil the statutory requirement to have a local JCDU Partnership and enable greater collaboration and benefits across a broader geographical system. 	Jan 2023	Sep 2024
	Develop and implement South Tees approach to appropriate housing for inclusion health groups and ensure this is reflected in the Supported Housing Strategy	<ul style="list-style-type: none"> To increase the number of accommodation options for people affected by multiple vulnerability issues (ST Changing Futures cohort) and the accompanying support package to ensure they can maintain their tenancy/property. 	Apr 2023	Mar 2025
	Utilise the learning from the first two years of the Reducing Health Inequalities workstream to improve access to healthcare and wider support for inclusion health groups, including migrants	<ul style="list-style-type: none"> Tackling health inequalities for inclusion health groups, including migrants, requires a comprehensive, system-wide approach. A multi-agency strategic plan should ensure that key partners work collaboratively to continue the improved delivery, including more joined up keyworker approaches and clear pathways between services to enable accessibility and timely support. 	Apr 2023	Mar 2025

Framework Area	Description	Rationale	Start	End
	Utilise the data gathered by the new North East wide Reducing Gambling Harms workstream to develop a new prevention and support approach	<ul style="list-style-type: none"> The new staff and researchers attached to this workstream will gather a range of information to increase our understanding of the prevalence and unmet needs related to gambling in the region. We will utilise this and work with people with lived experience and other experts to develop an action plan. 	Sep 2023	Mar 2025
	Carry out a review of the various programmes within inclusion health during 24/25 and ensure sustainability plans are developed for 25/26 onwards	<ul style="list-style-type: none"> Funding is currently guaranteed until 31/3/25, therefore, there is uncertainty as to what our budgets will be beyond that. Reviews and forward planning will be required, covering multiple scenarios, in order to continue the positive work. 	Jan 2024	Mar 2025
Promoting positive mental health and emotional resilience	To review and make a forward plan for the HeadStart team post August 2024	<ul style="list-style-type: none"> Programme has been adopted in Middlesbrough since 2013 and R&C since 2019. Funding and model to be reviewed. 	Aug 2023	Apr 2024
	Review the South Tees Wellbeing Network (STWBN) and identify areas for growth	<ul style="list-style-type: none"> The Wellbeing Network has huge potential as a “network of networks” to support community capacity building approaches 	Aug 2023	Mar 2024
	Refresh Tees Suicide Prevention Strategy following release of new National Strategy	<ul style="list-style-type: none"> To inform local suicide prevention action plan 	Oct 2023	Jan 2024
	Develop a comms plan to promote the Tees Suicide	<ul style="list-style-type: none"> Launch the national strategy, showcase local action and build 	Nov 2023	Jan 2024

Framework Area	Description	Rationale	Start	End
	Prevention implementation programme	community awareness		
	Measure impact and use of MECC and if this can be used more widely	<ul style="list-style-type: none"> Impact of MECC and wider adoption 	Dec 2023	Apr 2024
	Determine and implement sustainable model for 'Every ManCan'	<ul style="list-style-type: none"> Future arrangements for EveryManCan programme 	September 2023	March 2024
	Map national policy on Social Prescribing and assess for impact and continued delivery	<ul style="list-style-type: none"> Monitoring of PCN DES, ICB plan, NHS Forward Plan to ensure our delivery maps all national and regional trajectory 	Mar 2024	Jun 2024
	Increase capacity within the voluntary and community sector to deliver inclusive and accessible community activities	<ul style="list-style-type: none"> To support Dementia Friendly Communities Programme 	Mar 2023	Mar 2025
	Introduce Dementia Friendly Care Home Self-Assessment Tool across all South Tees Care Homes	<ul style="list-style-type: none"> To support Dementia Friendly Communities Programme 	Mar 2023	Mar 2024
<ul style="list-style-type: none"> Four Core Approaches 				
Determined focus on the Best Start In Life	Develop and deliver a pilot model for prevention of ill health in schools (Health Start)	<ul style="list-style-type: none"> To ensure that children in South Tees are supported with their health in school 	Feb 2024	Feb 2025
	Develop and embed sustainability for the Start for Life Family Hubs programme can be sustained post funding.	<ul style="list-style-type: none"> Work together to identify how successful elements for the Start for Life Hubs programme can be sustained post funding. 	January 2024	April 2025
	Develop and establish collaborative partnership delivery model for the Middlesbrough 0-19 Healthy Child Programme Service	<ul style="list-style-type: none"> There is a need to develop a seamless offer to engage better and support children and families in Middlesbrough 	April 2024	March 2026
	Embed community and voluntary sector participation into core BSIL work.	<ul style="list-style-type: none"> Community and voluntary sector can offer lots to the 	April 2024	March 2026

Framework Area	Description	Rationale	Start	End
		communities they are in. We need to harness it.		
	Develop the cultural offer for families, including play and reading opportunities.	<ul style="list-style-type: none"> Cultural enrichment has clear health benefits for children and families. 	Sept 2023	Sept 2025
	Secure sustained engagement from Middlesbrough Council Children's Services to support the development of improved children's structures	<ul style="list-style-type: none"> Middlesbrough Council Children's Services to support the Best Start in Life Programme Board to look at growing the prevention agenda. 	Jan 2024	June 2025
Better Use of Intelligence to Inform Decision Making	Recruit, induct and embed public members to the Community Based Research Programme to represent the voice of the public as well as becoming researchers in their own right.	<ul style="list-style-type: none"> Involving the public in research improves the quality and relevance of the work, as well as serving broader democratic principles such as citizenship, accountability and transparency. 	October 2024	December 2024
	Embed research planning into annual Directorate planning processes.	<ul style="list-style-type: none"> Embedding the use and creation of evidence in the work of the Directorates is at the core of the HDRC concept, enabling culture change, capacity building, continual improvement and sustainability. 	October 2023	January 2025
	Implementation of a HDRC People Strategy.	<ul style="list-style-type: none"> Developing and enabling research capacity in Local Authority staff is a critical element of the HDRC culture change programme of work. 	October 2023	January 2025
	Develop a co-produced political engagement and development plan for Cabinet/Executive Members and Councillors.	<ul style="list-style-type: none"> Engaging and supporting the development of Councillors will be 	April 2024	September 2024

Framework Area	Description	Rationale	Start	End
		key to the long term success of the HDRC.		
	Explore what governance structures and processes are required for the HDRC and create a plan to implement these.	<ul style="list-style-type: none"> Research activity demands infrastructure within and owned by Local Government, mirroring the culture of research that has taken many years to develop in the NHS. 	January 2024	December 2024
	Developing public health intelligence capacity across the wider workforce	<ul style="list-style-type: none"> Building capacity of public health intelligence across the workforce through increasing skills, knowledge and experience of using intelligence functions Better incorporate health intelligence into the team and provide necessary training and help to upskill staff. 	January 2024	January 2025
	Evaluate processes for the production and review of needs assessments	<ul style="list-style-type: none"> Evaluate the process of the development of the JSNA Develop a review timetable and process going forward for the development of needs assessments 	March 2024	September 2024
	Implement a new service performance monitoring framework	<ul style="list-style-type: none"> The introduction of a performance scorecard and performance clinics to enable public health to monitor service delivery 	January 2024	April 2024
	Utilise local intelligence and public health tools to ensure services are targeted at need	<ul style="list-style-type: none"> Development of evaluation tools to support the measure of service effectiveness and reach. Develop workplans to better understand inequalities, 	March 2024	March 2025

Framework Area	Description	Rationale	Start	End
		<p>population segmentation, population health management and modelling/forecasting</p> <ul style="list-style-type: none"> Develop locality data 		
	Improved data access	<ul style="list-style-type: none"> Access to essential and recommended datasets via OHID and NHS Digital as well as access to analytical tools and software Ensure that we have the right data sharing agreements in place 	January 2024	June 2024
	Strengthen intelligence networks	<ul style="list-style-type: none"> Further develop relationships with key partners across ICB, NECS, South Tees Trust, LPC alongside Teesside University and key VCS organisations Improve use of evidence – linking with Teesside University on research projects, keeping track of emerging public health evidence and better engagement with communities 	January 2024	March 2026
	Develop a Performance Framework to monitor impact of the implementation of the strategy	<ul style="list-style-type: none"> Provide assurance over the largest areas of investment, cross partnership working and the wider impact on residents of the delivery against key Programme milestones Improve the way in which we can respond to performance issues in a systematic way and monitor and assure impact. 	Sept '23	Mar '24

Framework Area	Description	Rationale	Start	End
<ul style="list-style-type: none"> Three Levels of Intervention across the life-course 				
Civic Level	Establish baseline anchor activity across public sector anchor institutions	<ul style="list-style-type: none"> The network is about sharing and learning best practice, the baseline questionnaire will help to identify good practice locally 	Nov 2023	Jan 2024
Community Level	Establish a Tees Valley Anchor Network	<ul style="list-style-type: none"> See above 	Jan 2024	Mar 2024
	We will develop a clear vision for the contribution of Public Health South Tees to Community Development	<ul style="list-style-type: none"> The amplification and development of social capital is critical to the aspiration to encourage and enable communities to be more self sufficient The Anchor Network (see 5.1.2) should be connected to and informed by communities Need to better understand and articulate the PH contribution to community wealth building Understand how we can build lived experience and shared decision-making into our processes 	Oct 2023	March 2024
	We will better understand & develop our expertise and connections to communities	<ul style="list-style-type: none"> The expertise in PH is not all known or in the right place to inform our approach to Community Development PH have many touch points in communities, from Community Champions to YGT and HAF but we don't systematically develop our insight 	Nov 2023	March 2024

Framework Area	Description	Rationale	Start	End
		<p>from those touch points;</p> <ul style="list-style-type: none"> We need to understand what knowledge, skills & attributes exist elsewhere (for example in the VCS) and what our relationship is to them 		
	Develop a Community Capacity Building Strategy (with ECS), that articulates our approach to building social capital and community wealth building	<ul style="list-style-type: none"> We need to develop our common purpose and understand the enablers and barriers 	Jan 2024	April 2024
	Produce and implement a Creative Health Strategy for the South Tees	<ul style="list-style-type: none"> Pilot work undertaken over the last couple of years both locally and nationally has demonstrated the impact that this work can have on people lives. Evidence shows that there is real impacts across 	Sep 23	July 24
	Secure funding to create and embed a Creative Health Advanced Practitioner role within Public Health	<ul style="list-style-type: none"> There is a need to have at least one full time post that can drive forward the work. 	Jan 24	May 24
	Establish Quarterly Creative Health forums	<ul style="list-style-type: none"> There is a need to strengthen connections between health and the creative sector. To share knowledge and build confidence in what the sector can deliver for health and Social Care. This will also present a platform to co create and develop future programmes 	Jan 24	Jan 27
	Work collaboratively with internal Culture departments to integrate and support Health	<ul style="list-style-type: none"> The council operate a number of cultural assets and programmes that can 	Jan 24	Jan 27

Framework Area	Description	Rationale	Start	End
	outcomes within their service offer.	deliver programmes that deliver health outcomes		

6.2 Appendix 2: Healthy Weight Declaration Commitments

The declaration includes sixteen standard commitments with the opportunity for local authorities to add local commitments relevant to our needs and aspirations. The standards have been developed through consultation with an expert stakeholder group and are based on robust evidence.

The commitments are:

Strategic/system leadership

1. Implement the HWD as part of a long-term, 'systems-wide approach' to obesity.
2. Advocate plans that promote a preventative approach to encouraging a healthier weight with local partners, identified as part of a 'place-based system'.
3. Support action at national level to help local authorities promote healthy weight and reduce health inequalities in our communities.
4. Invest in the health literacy of local citizens to make informed healthier choices; ensuring clear and comprehensive healthy eating and physical activity messages are consistent with Government guidelines.
5. Local authorities who have completed adoption of the HWD are encouraged to review and strengthen the initial action plans they have developed by consulting Public Health England's, Whole Systems Approach to Obesity, including its tools, techniques and materials.

Commercial determinants

6. Engage with the local food and drink sector where appropriate to consider responsible retailing such as, offering and promoting healthier food and drink options, and reformulating and reducing the portion sizes of high fat, sugar and salt products.
7. Consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities.
8. Protect our children from inappropriate marketing by the food and drink industry such as advertising and marketing in close proximity to schools; 'giveaways' and promotions within schools; at events on local authority controlled sites.

Health Promoting Infrastructures/Environments

9. Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited.
10. Review how strategies, plans and infrastructures for regeneration and town planning positively impact on physical activity, active travel, the food environment and food security.
11. Where Climate Emergency Declarations are in place, consider how the HWD can support carbon reduction plans and strategies, address land use policy, transport policy, circular economy waste policies, food procurement, air quality etc.

Organisational Change/Cultural Shift

12. Review contracts and provision at public events, in all public buildings, facilities and 'via' providers to make healthier foods and drinks more available, convenient and affordable and limit access to high-calorie, low-nutrient foods and drinks.
13. Increase public access to fresh drinking water on local authority controlled sites; and encouraging re-useable bottle refills.

14. Develop an organisational approach to enable and promote active travel for staff, patients & visitors, whilst providing staff with opportunities to be physically active where possible.
15. Promote the health and well-being of local authority staff by creating a culture and ethos that promotes understanding of healthy weight, supporting staff to eat well and move more.

Monitoring and Evaluation

16. Monitor the progress of our action plan against the commitments, report on and publish the results annually.

6.3 Appendix 3: Relationship Mapping to Programme – Key External Partners

Due to the complexity and scope of the Public Health agenda, the only realistic prospect of tackling the issues is in partnership across the local system. In order to achieve this, we need to further develop purposeful relationships with key partners.

The key relationships by programme is detailed below:

	Healthy Environments	Protecting Health	Preventing Ill Health	Reducing vulnerability	Mental health	BSiL
External						
Middlesbrough Environment City	✓					
Everyone Active	✓					
Beyond Housing, Thirteen, Home Group and other housing providers	✓			✓	✓	
Groundwork	✓					
MFC Foundation	✓					
Teesside University	✓			✓	✓	
Borderlands	✓					
UK Health Security Agency (UKHSA)		✓	✓			
NHS England Office of Health Improvement & Disparities (OHID)	✓	✓	✓	✓	✓	✓
North East and North Cumbria Integrated Commissioning Board (ICB),	✓	✓	✓	✓	✓	✓
ICB South	✓	✓	✓	✓	✓	✓
South Tees Hospitals NHS Foundation Trust	✓	✓	✓	✓	✓	✓
Tees, Eske & Wear Valley NHS Foundation Trust	✓		✓	✓	✓	✓
North East Ambulance Service				✓		
Primary Care Networks and GP Federations	✓	✓	✓			✓
Community Pharmacies	✓	✓	✓			
Tees Valley Sport	✓					
School Sport Partnership	✓					
NUR Fitness	✓					
Voluntary Development Agencies (RCVDA and MVDA)	✓	✓	✓	✓	✓	✓
VCS	✓	✓	✓	✓		✓
Tees Valley Wildlife Trust	✓					
Community Groups	✓	✓	✓			✓

	Healthy Environments	Protecting Health	Preventing Ill Health	Reducing vulnerability	Mental health	BSiL
Cleveland Emergency Planning Unit		✓				
Local Resilience Forum		✓				
Sexual Health Services (HCRG, Brook, and Terrence Higgins Trust)		✓				✓
Commissioned/specialist services, particularly our vulnerabilities delivery partners				✓		
Commissioned Public Health Service e.g. MIND -Tees, Cruse Bereavement, Training Hub					✓	
Commissioned Healthy Child Programme (Health Visiting and School Nursing)						✓
Schools and colleges			✓		✓	✓
Workplaces		✓	✓			
DWP and JCP				✓		
Cleveland Police and OPCC			✓		✓	
Criminal Justice Partners (Probation, etc.)			✓			
Cleveland Fire Brigade			✓		✓	
Funding bodies (National Lottery, Local Motion, Lloyds Bank Foundation, Woodsmith's Foundation)	✓	✓	✓	✓	✓	✓