

Public Health South Tees

People Scrutiny Panel

Monday, 15 July 2024

Mark Adams, Director of Public Health



South Tees challenges



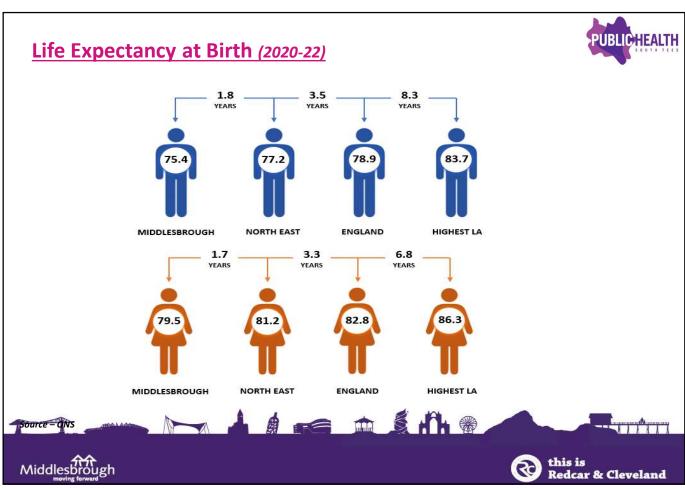
Higher levels of...

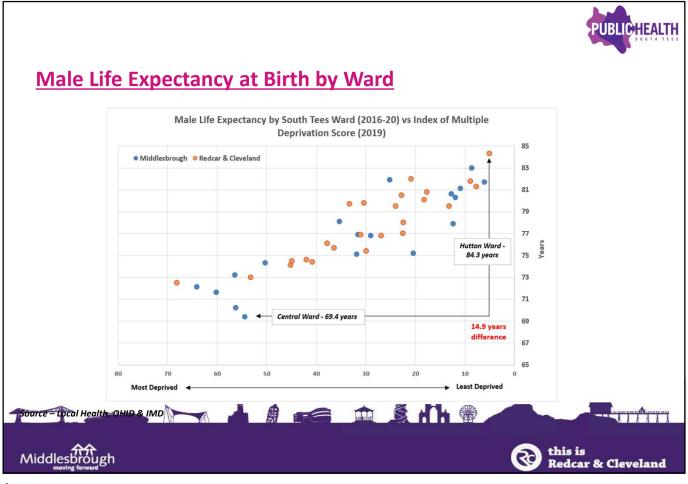
- Smoking
- Obesity
- Alcohol consumption and drug misuse
- Poverty
- Suicide
- CVD / Stroke / Diabetes / Cancer / Resp
- Dementia and age related illnesses
- Teenage and unwanted pregnancies
- Communicable diseases including STIs
- Mental ill health

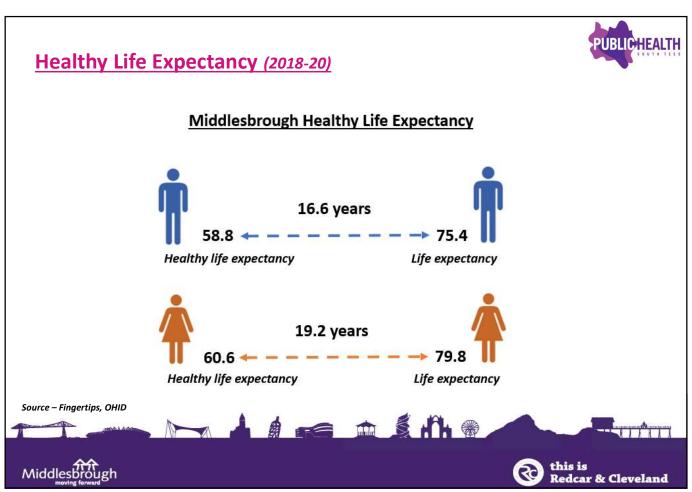
Lower levels of...

- Life expectancy
- Healthy Life expectancy
- Physical activity
- Engagement with screening and immunisations
- · Ability to self care
- Housing standards
- Educational attainment & training
- Stigma for health inclusion groups









PH Statutory Duties and Responsibilities



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

Mandated functions include:

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

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

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



PH Statutory Duties and Responsibilities



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

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

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



Programme Approach



5 Programmes

- 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

4 Business Imperatives

- 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

3 Levels of Intervention across the life-course:

- Civic-level healthy public policy
- Service-level evidencebased, effective, efficient and accessible services
- Community-level family of community centred approaches

Middlesbrough



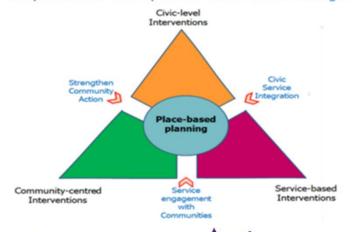
3 Levels of Intervention



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

and service level.

Components of the Population Intervention Triangle



Civic-level:

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

Service-Level:

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

Community-Level:

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





Healthy Environments



<u>Aim</u> To develop and implement a system led approach to creating places that promote healthy eating and moving more

Priorities

- Create environments for healthy food: Supporting the Middlesbrough Food
 Partnership Gold Award bid; embedding School Food Standards; implementing the Eat
 Well South Tees and Eat Well Schools Award; delivering HAF and using it as a healthy
 eating education tool.
- Creating environments for physical activity: Working with YGT 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 through development and implementation of the healthy weight declaration: Working with planning to embed physical activity and health in the planning process; reimagining active open spaces; and building community capacity through an LMS training offer.



Protecting Health



<u>Aim</u> Protect the population of South Tees from the spread of communicable disease, prevent and manage outbreaks and protect from environmental hazards

Priorities

- Strengthen the local health protection response across South Tees, by facilitating a multi-agency South Tees Health Protection Assurance Partnership
- Protect local people from environmental hazards and incidents, focusing on the South Tees Clean Air Strategy and the severe weather plan
- Use local intelligence and relationships with key partners to improve the prevention, detection and management of communicable diseases and outbreaks. With a focus on current syphilis and gonorrhoea outbreaks
- Build community resilience and capacity to prevent and manage health protection issues through making every contact count and community champions approach
- Utilise community insights/behavioural science approaches in partnership with primary care, secondary care, SAIS and education, to increase immunisations uptake rates



Preventing III Health



<u>Aim</u> To reduce inequalities in population health though the prevention and early detection of disease and support the people to manage their long term conditions

Priorities

- Lead the development of the South Tees III Health Prevention Board
- Develop Anchor Network across South Tees
- Improve co-ordination of local, regional and national primary prevention campaigns and Maximise opportunities for preventative programmes across the system
- Increase uptake of screening programmes and recognition of signs and symptoms of ill health to ensure early presentation, diagnosis and timely access to treatment
- Consider inequalities in access, service use, outcomes and experience across all commissioned and in house service provision.
- Support South Tees Hospital Trust to implement an approach to tackling health inequalities in secondary care
- Further develop the Health on the High Street offer, improving the accessibility of health services



Reducing vulnerabilities at a population level



<u>Aim</u> To develop a person-centred approach across the full local Vulnerabilities system. This will enable a more holistic support package to be provided whereby all of the priority needs (multiple vulnerabilities) can be met simultaneously. Leading a co-ordinated and collaborative approach with key partners is the only way to achieve consistent, high quality delivery and remove duplication.

Priorities

- Developing a cross-programme partnership approach that addresses vulnerability in its broadest sense, making best use of both public health and the wider system resources to support the needs of the whole person;
- Further developing collaborative working to strengthen the interface between organisations ensuring that operationally people experience seamless systems and services, and ensure sustainability;
- Testing out more commissioning approaches, including inter-organisational/joint, to deliver better, people-centred services;
- Applying a lived experience model to support people with sustainable, positive behaviour change;
- Investing in more prevention programmes at individual, community and place level;
- Maximising system-wide leadership to create the conditions for change, communicating the vision throughout their individual organisations and our collective agendas;





Promoting Positive Health and Emotional Resilience



<u>Aim</u> To work with key partners to ensure the population of South Tees are supported to be more resilient to achieve positive mental health and good emotional wellbeing.

Priorities

- 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.
- To undertake review and maintain development of HeadStart Resilience Programme to ensure needs of pupils, schools and families are met.
- Maintain a Wellbeing Network across South Tees to connect wellbeing across communities and promote the use of the whole system approach.
- Strengthen protective factors for mental health for example by supporting programmes that support wellbeing, social connections and asset-based community development
- Monitor commissioned programmes/services that address immediate needs for low level mental health support and mental health literacy e.g. bereavement support, training hub.
- Contribute to the reduction of local suicides and support the development and key areas of action in the Tees Suicide Prevention Strategic Plan







Best Start in Life



<u>Aim</u> To ensure Children across South Tees have the best start in life

Priorities

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





Joint Strategic Needs Assessment



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



Joint Strategic Needs Assessment



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



Missions and Goals



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

Middlesbrough



Health Determinants Research Collaboration PUBLICHEALTH



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

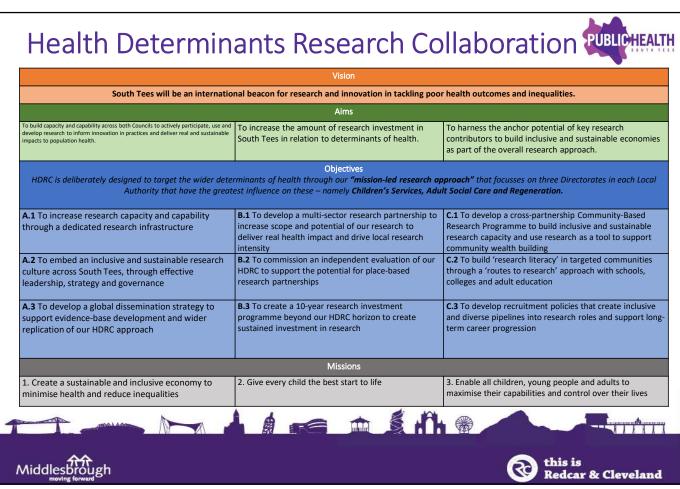


Health Determinants Research Collaboration PUBLICHEALTH



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





Horizon Scanning – Service Challenges



Uncertainty about future funding:

- Holiday Activities and Food (HAF)
- Head Start
- Vulnerabilities Funding Streams due to end in March 2025: SSMTRG, ICB and Changing Futures

Whilst we anticipate HAF and SSMTRG will continue in some form post 03/2025, until we have clarity this could result in significant staffing issues and impact on service capacity to deliver and meet demand which could reduce the quality of the service offer

YGT – shift to "widening and deepening" model

