

# Health and Wellbeing Strategy

**2024 - 2030**

# What is the Health & Wellbeing Strategy?

The **Strategy** aims to:

- Tackle complicated problems which cannot be solved by any single agency.
- Commit a wide range of partners to working together to explore local issues and challenges, agree priorities to respond collaboratively, using collective resources.
- Be informed by the JSNA (that provides the intelligence behind the missions)

Vision	Empower the citizens of South Tees to live longer and healthier lives		
Aims	Start Well	Live Well	Age Well
Aspiration	<p><b>Children and Young People have the Best Start in Life</b></p> <p>We want children and young people to grow up in a community that promotes safety, aspiration, resilience and healthy lifestyles</p>	<p><b>People live healthier and longer lives</b></p> <p>We want to improve the quality of life by providing opportunities and support so more people can choose and sustain a healthier lifestyle</p>	<p><b>More people lead safe, independent lives</b></p> <p>We want more people leading independent lives through integrated and sustainable support</p>

The JSNA was completed and published in **June 2024**

The JSNA is a collection of Needs Assessments across all 21 of the goals

Developed with a broad range of partners

Principles behind the selection of the LiveWell Missions:

- Important and improving it will contribute to the citizens of South Tees living longer and healthier lives;
- Broad enough to include many areas that would need to feed in to shift the outcome(s);
- Tackles complicated problems which cannot be solved by any single agency;
- Long term solution of many parts required;
- Understandable, particularly by partners;

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.

# Missions & Goals (agreed September 2022)

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

# HWB Strategy Recommendations

## Start Well: We will narrow the outcome gap between children growing up in disadvantage and the national average

1. Develop a system-wide South Tees Attainment Partnership to shift from reactive silo working to coordinated, collaborative policy development and decision making with a focus on prevention.
2. Develop improved relationships between education and health to improve school attendance, attainment and support at points of transition throughout education.
3. Each local authority should develop a School Readiness Strategy that addresses the high-level issues described in the JSNA through an agreed multiagency approach.
4. Develop a greater understanding of data collected across the system and explore data sharing agreements to enable joint analysis across services to build a more comprehensive understanding of the issues and solutions when following the journey of the family and child.
5. Develop collaboration between partners to effectively identify parents who need support to build confidence, skills and capacity to parent (including literacy) to create positive home learning environments and ensure services meet needs.
6. Build the voluntary and community sector into policy development, decision making and service provision, particularly specific tailored support to communities most in need.
7. Complete multi-agency deep dive intelligence gathering to better understand the key factors that that lead to significantly lower Progress 8 scores (that compare KS2 to KS4) than those in peer Authorities.

## Start Well: We want to improve education, training and work prospects for young people

1. Implement early identification systems within schools and communities to identify young people at risk of becoming NEET including; early assessment and tailored support, systems and data sharing, careers awareness and attendance management.
2. Establish a forum with statistically similar local authorities to share best practice and learning.
3. Redcar & Cleveland and Middlesbrough should ensure that reducing the numbers of young people not in education, employment or training is given greater priority and develop effective policy intervention and strategies to prevent young people becoming NEET.
4. Local Anchor organisations should make employment from those areas with the greatest numbers of NEETs or those in low quality employment a priority.
5. Develop a joint strategic working group to identify a joined-up approach to delivery of employment programmes.
6. Create a minimum of in-school and college support for personalised careers guidance for young people including one to one support.
7. Promote the importance of friends and family support to young people to ensure their success.
8. All services working with Young People should have a trained workforce with the knowledge and skills to support young people to make informed choices about education, employment, and training.
9. Share data across services to develop insights to improve support, target interventions and ensure more young people can access good employment.

## Start Well: We will prioritise and improve mental health and outcomes for young people

1. Introduce the concept of poverty proofing as standard practice with all service providers.
2. Develop a joint long-term commissioning approach to maintain the collaborative Getting Help whole school support service
3. Develop an approach to commissioning Getting More Help whole school support services.
4. Develop a comprehensive offer of “Getting Help” and “Getting More Help” for children and young people aged 5 – 19 in community settings.
5. *Develop working relationship between education and health to improve school attendance and support children and young people at points of transition (also in M01)*
6. *Develop a greater understanding of data collected across the system and explore data sharing agreements to enable joint analysis across services (also in M01)*
7. Develop a training model for children and young people workforce and staff in educational settings
8. Develop routes of engagement with parents and families to help shape and inform future delivery models.
9. Develop a user-friendly guide to available services and support
10. Use the iThrive approach develop a response to better support those waiting for triage, support and treatment to prevent further escalation and crisis.



- 1. Consider how partners can use their powers to reduce unavoidable costs - housing, childcare, energy and travel costs and costs of disability .**
- 2. Increase income, reduce stigma and minimise punitive approaches for families in hardship :**
  - Build routes between NHS and financial support agencies (poverty-proofing health) and from financial support agencies into health support, particularly MH support (health-proofing poverty);
  - Mainstream the Auto-enrolment of Free School Meals pilots to increase pupil premium payments to schools and savings on food costs for parents;
  - Develop a broader case-finding approach with partners to maximise uptake of benefits programmes;
  - Develop consistent best-practice within debt-collection teams (starting with public sector);
  - Statutory PHSE (personal, social, health and economic) curriculum in schools to include Money Management and Debt Education;
  - Normalise conversations about finance through a Make Every Contact Count approach
- 3. Increase the access and availability of good jobs in our poorest communities:**
  - Influence funders to develop long term funding for employment and skills programmes;
  - Address barriers to accessing job and skills development opportunities (digital, language, childcare);
  - Local Anchor organisations should make employment from those areas with the greatest deprivation or those in low quality employment a priority (reflects recommendation in the mission on youth employment);
  - Increase private sector engagement with the Anchor Institution Network through the Better Health at Work Award;
  - Ensure all employment and skills programmes have a focus on empowering people to address any underlying barriers to employment and skills development (mental ill health, transport, conviction etc);
  - Educational establishments should support learners to meet the expectations of industry embedding in-demand skills in curricula and include the development of human skills;
  - Develop targeted community-based advice and support.
- 4. Develop a Work and Health Strategy across ICB, DWP and Councils to reduce the numbers economically inactive through long term health issues.**
- 5. Develop a greater understanding of data collected across the system and explore data sharing agreements to enable the development of shared intelligence to build a more comprehensive understanding of the issues and solutions.**

1. **Collaborate with local planning authorities (LPAs) in both Councils to leverage the planning process to promote healthy, inclusive, and safe places, fostering a health in all policies approach to Local Plan making, including:**
  - Co-produce ambitious health and well-being policies for both Local Plans, integrating local health inequality data and aligning with South Tees JSNA and this strategy's missions;
  - Co-produce new Health Impact Assessment toolkits, tailored to each authority's circumstances, and formalise in each Local Plan's health and well-being policy the requirement for all major developments, and any development that we believe might exacerbate the situation further in areas experiencing the most severe health inequalities, to address the wider determinants of health and well-being (energy-efficient homes, walkable neighbourhoods, access to quality green and blue spaces) from the conception of any proposal;
  - Increase understanding among both officers and members of the potential of planning and transport planning to create places that promote health and well-being by co-producing workforce training with officers across both LPAs;
  - Increase understanding of the value of green and blue spaces locally, their role in improving wellbeing, addressing climate change and creating livable neighbourhoods;
  - Increase social capital and community power in planning, developing and using green and blue spaces
2. **Shift perceptions around active travel and public transport in our communities:**
  - Secure buy-in from decision-makers to prioritise active travel and public transport, including a cultural shift and investment;
  - Maximise opportunities for connectivity between active travel and public transport modes;
  - Engage with organisations to implement infrastructure improvements and working practices that enable active travel;
  - Maximise the opportunity for the creation of zero-emission vehicle fleets.
3. **Ensure that public policy reflects community needs and addresses the barriers that stop local people from taking action and developing solutions for themselves:**
  - Build an understanding and value of social capital amongst decision makers;
  - Define and understand the role of anchor institutions of all sizes, particularly in relation to building social capital;
  - Value, support and develop a strong and thriving voluntary sector, recognising the sector's role in both achieving and maintaining social capital;
  - Improve our understanding of what volunteering is and the value it creates;
  - Understand, codesign and develop training around community needs.
4. **Build our data, intelligence and insight to better understand of our green and blue spaces, their quality and how they are used and our understanding of social capital to inform better decision-making**

1. Establish the governance for the Ill Health Prevention Board to ensure delivery of key actions across all prevention topics.
2. Implement a Health Equity Audit process across all prevention, screening and diagnostic services to ensure resources are distributed and health inequalities are not being widened, focusing on CORE20PLUS5.
3. Ensure the use of population health data to design and commission high quality joined up prevention, screening and diagnostic services that meets the needs of service users to improve access, experience and outcomes.
4. Develop and deliver a robust primary prevention offer that includes raising awareness of health status and risk as well as active case finding working in partnership across the system.
5. Workforce training for adult social care, children services, front line services, health care, and education to deliver Make Every Contact Count at scale, raising awareness and increasing referral or signposting to ill health prevention services.
6. Engage with communities to inform the codesign and quality improvement of how new and existing services or approaches can better meet the needs of local people.
7. Develop a systematic approach to integration across primary care, secondary care, public health and social care, exploring opportunities to pool or align budgets and jointly commission prevention services so they are joined up and person centred.

## **Live Well: We will build an inclusive model of care for people suffering from multiple disadvantage across all partners**

- 1. The Supported Housing Needs Assessment should consider increased housing options and support for inclusion health groups identified through the JSNA, in particular:**
  - support recovery journeys and behaviour change and reduce reliance on temporary accommodation;
  - improve support from custody to community including the provision of suitable housing, particularly for women;
  - improve housing support for asylum seekers and refugees;
  - addressing the negative impact accommodation insecurity has on Gypsies' and Travellers' physical and mental health.
- 2. The broad system of support for inclusion health groups should ensure:**
  - all services are trauma-informed and flexible in their provision, including consideration of out of hours support, recognising that vulnerable people may have more specific needs;
  - drug & alcohol misuse services, maternity services and children's health and social care services should forge links that will enable them to respond in a co-ordinated way to the needs of the children;
  - the local Maternity Unit should ensure that it provides a service that is accessible and non-judgemental of pregnant problem drug users and able to offer high quality care;
  - care teams providing services for drug users should ensure that the health and well-being of their children are also being met, in partnership with the school health service, children and family teams and other services as appropriate;
  - General Practitioners should take steps to ensure that drug users have access to appropriate contraceptive and family planning advice and management;
  - contraceptive services should be provided through specialist drug services;
  - all resources should be understandable to all people accessing services, including consideration of the reading age of materials and available in other languages, as standard practice, to remove language barriers to accessing care and support.
- 3. Increase support and understanding for the children of parents with substance misuse issues:**
  - Cleveland Police should seek to develop a multi-agency abuse prevention strategy which incorporates measures to safeguard the children of problem drug users;
  - All women's prisons should ensure they have facilities that enable pregnant drug users to receive antenatal care and treatment of drug dependence to the same standard in the community;
  - All social care workers receive pre-qualification and in-service training that addresses the potential harm to children of parental substance misuse and what practical steps can be taken to reduce it;
  - Develop means of enabling the children of problem drug users safely to express their thoughts and feelings about their circumstances to inform their care and support
- 4. Develop a greater understanding of and consider the multiple needs of women in inclusion health groups, including those who are exploited through the sex industry or involved in the criminal justice system.**

## Live Well: We will build an inclusive model of care for people suffering from multiple disadvantage across all partners (2)

5. Strategies should focus on improving the social determinants that affect health and wellbeing in order to outcomes for inclusion health groups in particular asylum seekers and refugees, support from custody to community and people experiencing homelessness.
6. Children's Services departments should aim to achieve an integrated approach via a common assessment framework between social workers, health visitors and GPs, nursery staff and teachers, child and adolescent mental health services.
7. Develop and deliver a Housing First-style approach locally on a small scale and explore external funding to expand provision across South Tees.
8. All relevant agencies should continue and strengthen their commitment to collaborative commissioning through the Cleveland Unit to Reduce Violence (CURV) to identify existing system issues and work collaboratively to address them; collectively deciding on priorities and outcomes, including :
  - maintaining and where possible increase investment in services and support to positively impact psychosocial risk factors behind violent behaviour, including commissioning service that aim to address mental health, substance misuse, neurodiversity, domestic abuse, safeguarding and family support;
  - improve school attendance and reduce school exclusions to improve the influence of school as a protective factor for violence (links to Start Well Mission to narrow the outcome gap between children growing up in disadvantage and the national average);
  - increase investment in neighbourhood facilities to provide young people with spaces to form meaningful connections, whilst keeping them off the street, such as youth clubs and community centres.
9. Local authorities should collaborate with CURV to develop training programmes for multiple audiences, including :
  - identification of those at risk of violent crime and interventions to prevent crime and the establishment of clear referral routes for early interventions;
  - preventative programmes to educate children and young people on the consequences of violence and awareness of all forms of online abuse
10. Local authorities should ensure that a diverse range of perspectives are considered and integrated into responses to their Serious Violence Duty, including those with lived experience and children and young people.
11. Review Substance Misuse Services and Plan for different funding scenarios across South Tees for 2025/26 onwards, based on different scenarios.
12. Review gaps in data and identify opportunities to improve data collection, analysis and sharing to inform policy development and decision-making.

## Age Well: We will promote independence for older people (1)

1. Develop governance, connections and collaboration between existing Older People's Partnerships ensuring a strategic and coordinated approach to addressing isolation, loneliness and healthy ageing across the system, with a clear reporting line to the HWB.
2. Expand Age Friendly Communities approach across South Tees, guided by the World Health Organisations Age Friendly Communities framework and learning from Middlesbrough, and coproduce solutions to system wide barriers to ageing well (transport, housing, health services, community space and buildings, social participation)
3. Embed Health Inequalities Impact Assessments into the development and implementation of all key policies, strategies and plans, ensuring consideration of social connections and isolation, frailty and dementia are included.
4. Embed Making Every Contact Count at scale across organisations and communities, ensuring easy access to health and wellbeing self-care information, community activities and services, alongside normalising conversations around isolation and loneliness.
5. Build value and develop infrastructure to expand and embed Social Prescribing across the system ensuring equitable access across all population groups. Ensure existing and future referrals to psychological therapy (IAPT) where low mood or depression are identified are also systematically offered a referral to social prescribing to address broader needs.
6. Develop a collective, coordinated approach to volunteering opportunities and recruitment, with communities and partners, and maximise volunteering capacity through social value in contracts.
7. Develop data and intelligence sharing to inform local strategies and plans:
  - between Primary Care, Adult Social Care, and the Voluntary Community Sector Organisations to better identify and support people in the community with dementia;
  - share community engagement plans and insight on isolation and loneliness;
  - on digital exclusion of over 65s and use this to ensure existing digital inclusion programmes are addressing and targeting the areas of greatest need.

8. Patients living with dementia should be identified on hospital admission or attendance at A&E or Outpatients and cared for sensitively and seamlessly through a dementia protocol, including Johns Law and the rights of Carers. Carer's details should also be included in healthcare records.
9. Review Reablement and Rehabilitation Care to develop an integrated pathway to prevent unnecessary admissions to hospitals and residential care and ensure a timely transfer from hospital to community.
10. **Reduce the variation in diagnosis and reviews** by GP practice and standardise screening tools to improve the early diagnosis and effective management of dementia and identifying and managing frailty. In addition:
  - Explore the roles of specialist GPs for dementia and frailty and social prescribers to provide more localised support with dementia and frailty;
  - Improve identification of carers through GP Practices and social prescribers signposting carers to support services and community activities;
  - Raise awareness in communities of the need for patients to seek regular medication reviews to reduce potential adverse consequences of polypharmacy, through increased uptake of medication reviews.
11. Explore the potential for an **Integrated Frailty Service** working in a more integrated way to deliver frailty care across acute, community, and social care services to optimise opportunities to provide effective person-centred care and avoid unplanned admissions.
12. Develop a **broad package of training** to include:
  - workforce across hospital, care homes and community to be trained in the management of frailty and dementia;
  - early identification and intervention to slow decline of frailty and avoid hospital admission;
  - frailty and dementia awareness and education into the community and across the system.
13. Ensure that wellbeing activities and participatory arts are an integral component of quality care for older people living in care homes.

14. Ensure **information and advice** is widely available so that people understand the risk factors for frailty and dementia and how their risks could be reduced. Include improved interventions around modifiable risk factors such as smoking and exercise.
15. Develop a **Tees Valley Dementia Strategy**, engaging people living with dementia and their carers, to establish how Councils, wider Health and Social Care Partners and the Tees Valley Integrated Care Partnership, will work with other organisations to support people with dementia, their families, and carers to obtain a diagnosis, maintain their independence and enjoy a good quality of life.
16. Develop **Dementia Friendly Transport** through dementia awareness training for bus operatives and taxi drivers to increase access to support and improve connectivity.
17. Develop the role of the **housing sector** in promoting independent living through joint planning and service delivery, availability of appropriate housing, equipment, telecare and assistive technology and adaptations; including Dementia Training for social housing providers and private sector landlords.
18. All Care Homes across South Tees to adopt the **Dementia Friendly Best Practice Care Home Guide** to improve the dementia services offer in all Care Homes to contribute towards CQC registration and improved ratings.



1. Improve the early identification of palliative patients to ensure they are supported on their end-of-life journey and patients, families, and carers are better informed, both from a health perspective in managing their advance care planning needs and also from a social welfare perspective.
2. Ensure care is joined up across health and social care teams to identify patients on the palliative care register who also have other long-term conditions. This should include improved system interoperability (shared access to SystemOne)
3. Introduce strategies to increase awareness with families, professionals, and wider communities on the variety of social welfare support for end-of-life patients utilising population health management approaches to identify priority groups.
4. Embed Social Prescribing within end of life palliative care pathways to increase available support and increase take up of social welfare support for end-of-life patients and their families.
5. ICB and local Trusts should work collaboratively to review current training programmes for staff (including care homes and GP practices) and agree consistent programmes that focus on provision of good quality palliative and end of life care.
6. Consider the costs and benefits of investing in the Gold Standard Framework to increase the number of accredited GP practices and Care Homes.
7. Review the commissioning of community palliative care services and aim to increase availability to seven days a week.
8. Explore strategies with primary care to increase the number of care plan conversations and the number of plans that are developed and implemented.
9. Use the Compassionate Communities Civic Charter as a framework to develop a Public Health approach to palliative and end of life care that enhances non-clinical support for those with life limiting illness, loss and grief. Commit to working towards achieving Compassionate Communities Accreditation.

# Key Areas of Difference in the Mission-Led Approach

## What's Different in our Approach to Missions?

A mission-based approach requires a shift from a culture focussed on compliance and policing the boundaries to one of learning and continuously adapting; collectively embracing the complexity arising from a portfolio of diverse projects, activities and initiatives designed for long-term transformation together with communities, people with lived experience and strategic actors in the system.

1. We will identify **System Leaders** and a model of support for each Mission considering the importance of developing new system leaders. We will establish our long-term approach to give confidence that our System Leaders could be part of leading something that will produce real change to deliver the mission.
2. We will develop **mission-level governance** structures to support the delivery of the missions that consider devolved autonomy to facilitate information sharing, support mission leadership and enable more agile decision-making across agencies.
3. We will develop a model of **mission-level community engagement** that is embedded into policy development, decision-making and learning processes to inform the development of our plans and approaches to deliver the Missions.
4. We will develop our **learning approach** and shared understanding of system change building on the learning from YGT to coordinate action across agencies to deliver our Missions.
5. We will work with both Councils and partners to embed the ambitions of the HWB Strategy into **organisational policy frameworks**.
6. We will consider how we can better use **roles and powers** of both Councils (and partners) to deliver our Missions

**Other**

- “Technical” HWB Strategy to support the implementation by the Board and a separate public-facing version (unless we can make them the same thing)
- Retain the intention of recommendations but re-word for the public
- Include areas of work we are already doing that demonstrate how we want the mission-based approach to work (Making Attendance Everyone’s Business in RC; STRiVE Boards; elements of Changing Futures, in particular lived experience forum) - “The future is already here – it's just not very evenly distributed.” (William Gibson, Author)
- Infographics to cover the intelligence and missions & goals

## Building the work programme of the HDRC: Start Well

Mission	Area of Research
<p><b>We will narrow the outcome gap between children growing up in disadvantage and the national average</b></p>	<p>Better understand why Middlesbrough performs significantly worse than Redcar &amp; Cleveland and other North East LAs. Not only do SEN and FSM children perform worse in Middlesbrough but also Non FSM and No SEN children also perform worse compared to regional and national comparisons.</p> <p>Deep dive intelligence gathering involving tracking children through key stages to better understand why the local Progress 8 scores that compare KS2 to KS4 are lower locally (particularly in Middlesbrough) when comparing local children to other similarly performing children nationally.</p>
<p><b>We want to improve education, training and work prospects for young people</b></p>	<p>Investigate why Middlesbrough and Redcar &amp; Cleveland had higher proportions of children who are 16/17 year olds who are NEET and also SEN compared to the rest of the North East and England and why this has seen increases in recent years.</p>
<p><b>We will prioritise and improve mental health and outcomes for young people</b></p>	<p>To develop a greater understanding of the data collected across the system and develop data sharing agreements across sectors to facilitate a greater understanding of need and more effective design and commissioning of services.</p>



## Building the work programme of the HDRC: Areas for Further Research

Mission	Area of Research
<p><b>We will reduce the proportion of our families who are living in poverty</b></p>	<p>Engage with communities affected by low pay and worklessness to build insights and coproduce employability solutions with communities and partners.</p>
<p><b>We will create places and systems that promote wellbeing</b></p>	<p>Review of existing data assets show a good understanding of the range and diversity of green spaces in South Tees. Expand the collation of qualitative data to better understand how green spaces are used by communities and what the barriers to use are.</p> <p>Better understand the fall in cycling and walking alongside bus use, particularly concessionary passholders since the pandemic.</p> <p>Explore datasets that help to clarify the definition of social capital and how it can be measured.</p>
<p><b>We will build an inclusive model of care for people suffering from multiple disadvantage across all partners</b></p>	<p>Develop local inclusion health research to examine the distribution of impacts of interventions across socio-economically disadvantaged areas and groups.</p>

Mission	Area of Research
<p><b>We will promote independence for older people</b></p>	<p>Explore datasets that help to demonstrate the prevalence of loneliness and social isolation within our elderly population with a focus around digital exclusion.</p>
	<p>Better understand the variation in frailty diagnosis across GP practices and relationship to hospital frailty scores including examining the missing frailty diagnoses from case finder project.</p>
	<p>Research effective social activities for over 65's across South Tees, ensuring that consideration is given to needs-led intelligence, accessibility, inclusivity, the voice of residents and sustainability. Influence funders to develop long term funding for this provision.</p>
<p><b>We will ensure everyone has the right to a dignified death</b></p>	<p>Deep dive intelligence gathering with primary care data to understand the lower dementia care plan review rates in South Tees and the large variation across GP practices</p> <p>Investigate why higher proportions of residents in Middlesbrough across all ages are dying in hospital with a higher proportion of care home residents (particularly in Middlesbrough but also in R&amp;C) are dying in hospital compared to the national average.</p>





Mission	Goals	Key Performance Metrics
We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030	We want to eliminate the <b>school readiness</b> gap between those born into deprivation and their peers.	Children achieving a good level of development in reception (%)
		Gap between FSM eligible and non FSM eligible pupil rate of good level of development (%)
	We want to eliminate the <b>attainment</b> gap at 16 among students receiving free school meals	Pupils achieving GCSE grade 4 or above in English and maths (%)
		Progress 8 scores at LA level and by individual secondary schools (%)
We want to improve education, training and work prospects for young people	Extend offers of <b>apprenticeships, training and work placements</b> for young people to make the most of current and future local opportunities	Apprenticeship starts and achievements by level of apprenticeship (No.)
		Apprenticeship starts by subject area (No.)
	We will have no <b>NEETs</b> in South Tees through extended employment, apprenticeship or training offers for 18–25 year olds.	Proportion of 16, 17 & 18 year olds who are NEET/not known, split by age (%)
		Proportion of 16, 17 & 18 year olds who are participating in full or part-time education or apprenticeship, split by age (%)
We will prioritise and improve mental health and outcomes for young people	Embed sustainable <b>school based mental health support</b> and support education partners in the establishment of whole school based programmes	Pupils in primary, secondary and special schools with social, emotional and mental health needs (%)
		Rate of common mental health disorders, anxiety disorders and depression in under 18s (rate per 1,000)
	Improve <b>access to mental health care and support</b> for children, young people and families, led by needs.	Rate of children & young people mental health referrals (rate per 1,000)
		Average wait times for children & young people secondary care mental health treatment (excl neurodevelopmental conditions)

# Performance Framework: Live Well

Mission	Goals	Key Performance Metrics
We will reduce the proportion of our families who are living in poverty	We want to reduce levels of <b>harmful debt</b> in our communities	Child poverty estimated rate after housing costs (%)
		Residents accessing Citizens Advice Bureau (CAB) and Welfare Rights Unit (No.)
	We want to improve the levels of high quality <b>employment and increase skills</b> in the employed population.	Proportion of working age population who are claiming unemployment-related Universal Credit (%)
		Proportion of working age population who are economically inactive by reason (%)
We will create places and systems that promote wellbeing	We want to create a <b>housing stock</b> that is of high quality, reflects the needs of the life course and is affordable to buy, rent and run.	Rate of landlord repossessions per 100,000 households
		Proportion of social and private sector housing that fails the Decent Homes Standard (%)
	We want to create places with <b>high quality green spaces</b> that reflect community needs, provide space for nature and are well connected.	Average distance to nearest park, public garden or playing field and average size
		Quality of green and blue spaces - Green Flag Award and bathing water quality
	We want to create a <b>transport system</b> that promotes active and sustainable transport and has minimal impact on air quality.	Proportion of population who walk, cycle or use public transport to travel to work (%)
		Levels of total greenhouse gas emissions, split by CO2, methane and N2O emissions (kilotonnes and per capita)
	We will support the <b>development of social capital</b> to increase community cohesion, resilience and engagement	ONS Personal well-being estimates covering life satisfaction, worthwhile, happiness and anxiety (scores)
		Thriving places index split by domain (scores)
We will support people and communities to build better health	We want to reduce the prevalence of the leading <b>risk factors for ill health and premature mortality</b>	Prevalence of adult smoking, physical activity and obesity (%)
		Prevalence of cancers (type), COPD, CHD, stroke and hypertension (%)
	We want to find more diseases and ill health earlier and promote clinical <b>prevention</b> interventions and pathways across the system	Uptake rates across three cancer screening programmes (%)
		NHS health check invitations, completed checks and referrals (%)
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 <b>violence</b> in South Tees	Rate of total recorded crime and proportion that are violent crime and domestic violence (rate per 1,000)
		Rate of hospital admissions for violence (rate per 100,000)
	We want to improve outcomes for <b>inclusion health groups</b>	Rate of alcohol and substance misuse related emergency hospital admissions (rate per 100,000)
		Homelessness - Households owed a duty under the homeless reduction act (rate per 1,000)
	We want to understand and reduce the impact of <b>parental substance misuse</b> and trauma on children	Clients in drug/alcohol treatment who have full/part parental responsibility and have children living with client - engaged with treatment and social care
		Rate of episodes in children's social care (split by threshold level) that have parental alcohol and/or drug misuse as factors identified (%)



Mission	Goals	Key Performance Metrics
<b>We will promote independence for older people</b>	We want to reduce the levels of <b>loneliness and isolation</b> in our communities and ensure our places promote healthy ageing	Population who feel lonely often, always or some of the time (%) Proportion of adult social care service users and carers who have enough social contact (%)
	We want to reduce the level of <b>frailty</b> to improve healthy ageing	Proportion of over 65s patients at GPs who are living with mild, moderate or severe frailty (%) Rate of emergency readmissions within 30 days of discharge by frailty score (%)
	We want to ensure our communities are <b>dementia</b> friendly	Rate of emergency admissions for those living with dementia (rate per 100,000) Proportion of dementia patients who have had their care plan reviewed in previous 12 months (%)
<b>We will ensure everyone has the right to a dignified death</b>	We want to improve the identification of people who are ready to die and enable choice around <b>end of life</b> - relating to planning about care and about life	Proportion of deaths that occurred in usual place of residence (%) Proportion of deaths with 3 or more emergency admissions in the last 3 months of life (%)

1. Agree the draft strategy
2. Note the approach to delivering the strategy using a mission-led approach (to be developed further and reported back on in January 2025)
3. Note the process to develop a public facing document