

# DPH Annual Report 2025

## 1 Foreword

The purpose of the Director of Public Health Annual Report is to set out how we work together collectively to improve the health and wellbeing of our communities. It highlights the different experiences of health and illness across South Tees and the key challenges we face. Each year the report focusses on a particular theme.

YGT is a Sport England funded Place Partnership that has challenged traditional ways of working over the last six years, taking a place-based systems approach driven by insight and learning, collaboration and distributed leadership, framed within the context of physical activity. Understanding the complex challenges of our place has shaped the approach to the work, and also built trust by aligning YGT to wider local challenges and describing how physical activity can support addressing them.

This year the Report uses the experience and learning from the YGT programme to support our understanding of how we can work more effectively together across agencies and communities to achieve the improvements in wellbeing articulated in the Mission-led Health and Wellbeing Strategy.

The learning also has broader application for all organisations in South Tees and beyond who are developing “transformation” programmes.

## 2 Introduction

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 range of diverse projects, activities and initiatives designed for long-term transformation together with communities, people with lived experience and key actors in the system.

Fundamental to the approach is that to deliver meaningful change we have to create a structure that inspires and supports new ways of working. This structure should consider as a minimum: leadership across the system; cross-agency collaboration built on insight and information sharing to build common understanding; engaging communities in codesign, delivery and evaluation; encouraging calculated risk-taking, experimentation and development of innovative solutions; embracing a learning approach; and the generation of new perspectives and new thinking.

We need to consider how we **break silos and perverse incentives within and between agencies** and **coordinate action across programmes and agencies**. Formal organisational structures, with rigid processes, may limit the flow of information, reduce openness and constrain creativity. If we want to achieve improvements in population-level wellbeing and reduce inequalities, then we need to act and behave differently.

### 3 Learning Points

This report uses the experience and learning from the YGT programme to support our understanding of how we can work more effectively together across agencies and communities to achieve the improvements in wellbeing articulated in the Mission-led Health and Wellbeing Strategy.

The learning also has broader application for all organisations in South Tees who are developing “transformation” programmes. The learning points detailed below aim to extract the learning of value to a much broader context than the work to create and support “Active Lives as a Way of Life”.

1. Leadership is often considered in a hierarchical sense, with the value and importance of leadership perceived to increase moving up the hierarchy. YGT has demonstrated that different types of leadership exist throughout organisations and in communities and influencing leadership much more broadly is necessary to achieve change within and across organisations.
2. Traditional partnership models of delivery that focus on compliance and accountability can often exclude creativity and discovery and building shared ownership. These models may drive a transactional approach and miss the opportunity to develop relationships within and between people in organisations that can also influence behaviours beyond the immediate work. This in turn can open new and different areas to progress the aspirations of the partnership. Engagement of the leadership of the “horizontal” is important.
3. To achieve system change we need to pay attention to organisational policies, processes and structures and how they promote or act against achieving desired outcomes. For example, competitive procurement processes are often a barrier to collaboration, pitting potential partners against each other, rather than encouraging them to combine their strengths. Deeper consideration of these policies, processes and organisational structures and their impact on achieving system change is necessary to fully realise the benefits of partnership working.
4. How organisations invest in programmes of work and where resources are deployed is important to the development of broader coalitions, insight and influence across partners to achieve the desired outcomes.
5. VCS and other local organisations, trusted by their communities, hold expertise, insight and commitment for their communities, but their influence over policy development and decision making in Councils and the NHS is limited. This neglects an important and necessary contribution.
6. A clear vision, or Mission, is important, but not sufficient on its own to drive collaboration across and within organisations. Development of Common Purpose requires the trust-building through collaborative working and collective leadership based on shared insight and understanding and alignment in organisational processes are critical success factors.
7. The development of a learning approach should be based on a clear understanding of current ways of working that undervalue learning – with often a narrow focus on operational performance and thin single-agency metrics. A learning approach cannot flourish within a

culture focussed on compliance, accountability and policing the boundaries between organisations. A learning approach should also facilitate test and learn on implementation, with findings informing changes and refinements to plans and performance management in response.

South Tees is a Health Determinants Research Collaboration (HDRC), which provides a very strong position to build longer term learning and research into how we work, in particular to draw down research funding to help us to understand better knotty issues in our own context. The HDRC provides a platform for greater collaboration to build insight and understanding between Middlesbrough and Redcar & Cleveland Councils, Teesside University (and other Universities), the NHS and other partners.

8. Embedding practices into ways of working, such as reflective practice, is important to building learning as part of an on-going approach rather than a series of set-piece events.
9. Systems change is complex, often with ever-changing interconnections between different people in different roles and places. Models (like the Common Purpose Model and the Theory of Change Model) can help to ensure action across a range of areas likely to achieve change and build understanding of how interventions and approaches are working (or not working).
10. Insight and understanding of how issues manifest themselves in communities and the opportunities and barriers to progress is critical to success. This requires investment, work and time to build trust in communities and with partner organisations.

## 4 You've Got This – Background

YGT is a Sport England funded Place Partnership, with the vision of “**Active Lives as a Way of Life**” and focuses on Sport England’s four high level outcomes: reducing physical inactivity, increasing physical activity, positive experiences for children and young people and tackling inequalities. There were twelve Place Partnerships nationally in the initial pilot, which is now being expanded by Sport England.

The causes of physical inactivity are complex, and the response needs to be at a system level – focussing on individuals, social groups, organisations, the physical environment and policy (the socio-ecological model) – aligning all of these to enable greater physical activity. Recognising the complexity of the issues impacting on individual behaviours, YGT is using a place-based whole system approach to create the conditions for people to build activity into their daily lives. Whilst ultimately individuals change their own behaviour, for this to take place at scale, the model recognises the need to inspire systemic change and empower change within organisations. Behavioural change models can be applied to organisations as well as individuals. For individuals, the three elements of behavioural change, capability, opportunity and motivation, are all vested in the one person; for organisations, these three elements may be held by different people.

Organisational behaviour change is about more than developing a value of physical activity within their work, it is equally about rethinking ways of working that enable change to happen. The new

Theory of Change (see section 9) recognises that YGT and the broader system had a set of foundations in their own ways of working, for supporting and enabling change to happen:

- **Insight and learning** – a crafted combination of quantitative data and qualitative insight to dig deep into issues that influence physical activity behaviours and a recognition of the importance of all learning in shaping future work.
- **Test and learn** – open to exploring different approaches, learning from the findings and adapting and refining approaches in response.
- **Challenging behaviours, cultures and attitudes** – a positive process enabling partners to understand how their behaviours impact on people's ability to be active and influencing and supporting their own journey of change.

The YGT programme of work has three main themes:

- **Influencing Ways of Working:** positively challenging to influence change, developing more collaborative approaches, developing distributed leadership and creating a learning culture that sits across the whole programme.
- **Communities of Interest:** areas of work where physical activity can add value to existing work and boost health outcomes whilst also building a value of physical activity in the organisations themselves.
- **Community Focus Area**, four wards that are in the top 10% most disadvantaged in England: Grangetown, South Bank, North Ormesby, and Brambles & Thorntree; where a more community-led approach to embedding of physical activity could be tested.

#### 4.1.1 Influencing Ways of Working: Organisational Capacity Building

**Training professionals**, empowering them to tackle patients' lack of motivation to be physically active through Motivational Interviewing techniques. Motivational Interviewing is a collaborative, goal-oriented communication style with particular attention to the language of change.

YGT has worked with **Social Prescribers** in Redcar and Cleveland to support them to shift the emphasis of their work from “fixing” to supporting patients to decide on their own choices, opening up opportunities to raise the value of physical activity.

Holiday Activities and Food (**HAF**) **Programme Physical Activity Training** was developed based on insights from the HAF staff team and Young Inspectors. Whilst food provision generally met School Food Standards, the quality of the physical activity offerings varied widely. YGT commissioned a group of organisations to develop and implement a programme to upskill HAF providers, resulting in a significant improvement in inclusive physical activity delivery quality.

**Creating Active Schools (CAS)** is supporting thirty schools over three years, with the more established schools acting as mentors for new schools. CAS embeds physical activity throughout the school agenda from a policy and governor level to active lessons, the playground and beyond the school day. Case Study 1 describes this work in greater depth.

Allied to CAS, **The Great Outdoors** focuses on embedding the importance and need around the capacity of outdoor activity and forest school provision with schools through the training and upskilling of school and community staff. It also develops plans for schools to enhance their open spaces to meet their physical activity needs.

#### **4.1.2 Influencing Ways of Working: Policy Development in Planning and Transport Planning**

YGT has engaged with planners to embed a revised Health and Wellbeing Policy into the Local Plan in Middlesbrough and co-designing their first Health Impact Assessment (HIA) toolkit, with an emphasis on physical activity. HIA is a process that identifies the health and well-being impacts of any plan or development project. The HIA will recommend measures to maximise positive impacts; minimise negative impacts; and reduce health inequalities.

YGT is moving on to Redcar and Cleveland Borough Council to incorporate into the forthcoming review of the Local Plan an emphasis on physical activity and health, with a particular focus on childhood obesity, and the creation of an equivalent HIA toolkit. This workstream is considered in detail in Case Study 2.

#### **4.1.3 Communities of Interest: Clinical Workstreams**

The Communities of Interest focussed on existing pieces of work where physical activity could add value and where those involved in the work could develop a greater value of physical activity, embedding it into the work and wider organisational setting. YGT focussed on engaging these organisational partners in understanding more about how different ways of working could impact their practice.

**PREP-WELL** was a partnership with James Cook University Hospital (JCUH) in Middlesbrough. The programme tested the importance of “prehabilitation” – supporting patients to get fit for surgery - and was the UK's first comprehensive supervised community-based service supporting patients to access progressive support for several pre-operative risk factors in a single setting in the months before surgery. YGT focussed on the physical activity offer, alongside other interventions, such as diet, mental well-being and alcohol consumption. The learning from PREP-WELL has also been applied to Waiting Well, a holistic programme funded by the NHS nationally to support the health and wellbeing of patients awaiting a range of operations and procedures to improve their well-being before treatment. Case Study 3 considers PREP-WELL in greater depth.

**Type 2 Diabetes Remission** programme aimed to develop a robust patient-centred physical activity offer alongside a nutritional element to enable patients living with Type 2 Diabetes to move into remission. Everyone Active provided personalised support to patients on physical activity, building on patients' own interests rather than a standard pathway into Exercise on Referral. This both informed new physical activity decisions and ways of working for this service and shaped Everyone Active's approach to activity provision for communities across everything they do regionally.

**Active Hospitals** is a programme that aims to support hospitals to become places that encourage and support physical activity. The programme is based on insight, including patient insight; staff culture around physical activity; and considers hospital policies and protocols around physical activity; and an Active Environmental Audit of the hospital. The insight will then be used to inform priority actions within JCUH.

**Flippin' Pain** has been developed to change the way people think about, talk about, and treat chronic pain – as perceptions of pain are a key barrier to physical activity. Flippin' Pain engages and empowers communities to rethink pain, re-engage, recover and become more active. This work received national recognition when it was officially named the "Gold" winner of the Most Impactful

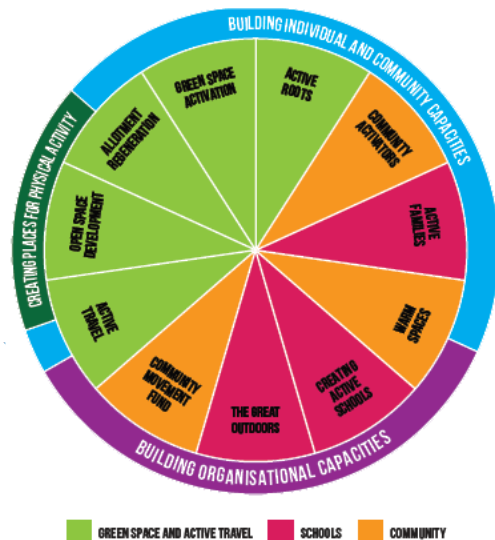
Partnership in Preventative Healthcare at the HSJ Partnership Awards 2024. Case Study 4 considers Flippin' Pain in more detail.

#### 4.1.4 Community Focus Area

The Community Focus Area represents four wards, clustered around the boundary of the two boroughs where the challenges are even greater.

YGT understood that the ward boundaries need to be “leaky”, as communities access facilities such as schools, green spaces and shopping facilities beyond the bounds of the wards. This flex has also enabled the programme to engage meaningfully with other initiatives from a different geography.

For example, the Eston Town Deal, a significant capital and revenue initiative that extends across the whole of Greater Eston, including Grangetown and South Bank. The wheel below defines the principal work streams in the Community Focus Area.



Examples of the diverse workstreams include:

**Active Travel** combines interventions aimed at individuals, such as cycle maintenance workshops, with more strategic measures, such as improving cycle security in venues. These measures are designed to ensure the safety and convenience of active travel. It links closely with the individual behaviour change work led by Sustrans in South Tees and a capital programme of work as part of Tees Valley Combined Authority (TVCA) and Eston Levelling Up Fund (LUF).

**Open Spaces Development** addresses the complex issues of accessing open spaces across the CFA. It supports the Councils in developing their open spaces in our CFA in a community-led way, linking to capital developments to open spaces in Grangetown and South Bank through the Levelling Up Fund and Town Deal. This includes more detailed engagement around proposals for Eston Recreation Ground.

**Allotment Regeneration** involves mapping allotment sites and exploring opportunities to engage more diverse groups in them, including through capital investment.

## 5 Collaboration

### 5.1 YGT Approach

At the outset of the work, YGT recognised that approaches to collaboration in place were often transactional, siloed and based on accountability. The YGT programme enabled an exploration of new ways of collaborating that were more relational and would play to the strengths of different partners.

### 5.1.1 Reimagining the Staff Team

Maintaining a small Core Staff Team to guide the work was an early decision of the programme. It enabled investment of additional commissioned resources within partner organisations, known as Ambassadors. This fostered co-creation and a move towards increasing capacity and sustainability, providing a clear statement of intent of the different approach.

An unexpected impact has been to shift power to the wider partnership. The leadership role of the Core Staff Team is reduced, as delivery staff are not from the Core Team, and there are more significant opportunities for the delivery collaborations to reimagine and reinvent the work creatively as they are specialists close to the work (see Case Study 1 - Creating Active Schools). In this workstream, the delivery partnership significantly adapted the model through learning from initial engagement with schools to simplify the structure and ultimately create a more locally appropriate approach.

### 5.1.2 Rethinking Partnership Structures – Development of the Exchange

Early reflection and learning from the programme identified the development of The Exchange from a traditional Programme Delivery Partnership as potentially the most significant change in influencing the work.

**The Exchange**, a partnership built on trust and relationships rather than accountability, is now the mechanism for reaching out to and influencing the behaviour of partner organisations. It has enabled YGT to recognise the importance of what happens outside of the room, creating collaboration, and how The Exchange can be built as less of a meeting of partners and more as a movement.

Members of The Exchange are the YGT **Ambassadors**. They share a simple set of values, each making an annual pledge describing their contribution to the vision. Distributed leadership plays an important role, with Ambassadors encouraged to collaborate outside the room, developing relationships without direct involvement from YGT.

Rather than centralising power through a single organisation, this approach recognises that leadership can emerge from various levels and roles within the system, allowing a more flexible and inclusive approach to decision-making. It also empowers Ambassadors to take the initiative, contribute their expertise, and foster a sense of ownership in getting people active.

### 5.1.3 A New Approach to Commissioning

Competitive tendering processes were identified as a barrier to collaboration, pitting organisations against one another, rather than encouraging them to combine their strengths. Building on previous learning, an alternative Collaborative Commissioning Model was established with Redcar & Cleveland Borough Council's Procurement Team. The model takes a less prescriptive approach, using insight to define specific issues and encouraging Ambassadors, with complementary strengths, to respond to the challenges identified.

The interplay between The Exchange and Collaborative Commissioning has shifted ways of working and created impact:



- Encourages Exchange members to work together to develop workstreams based on insight rather than competitive commissioning around a tightly defined specification.
- Worked with the Council's procurement and legal teams to develop an understanding of a loosely defined impact-led contracting approach that avoids simple output-driven measures.
- Bringing together organisations with complementary skills. The Warm Spaces commission, which build physical activity into community buildings supporting people impacted by the cost of living crisis, for example, brought together a range of delivery partners to create a diverse offer attractive to different community venues.
- Commissioning open to smaller organisations that would not normally be involved in procurement processes, broadening the skills within commissions and building capacity in the VCS.

#### 5.1.4 Building Common Purpose

Creating Common Purpose has been a theme of YGT's stemming initially from insight and collaboration. Based on the learning, YGT developed a model to describe the stages of Building Common Purpose, recognising that it is a fluid process, with a strong alignment to building trust. The Common Purpose Model provides a framework to guide working practices and learning, illustrating three key elements which are considered to sustain a common purpose: Vision, Value and Collective Function.

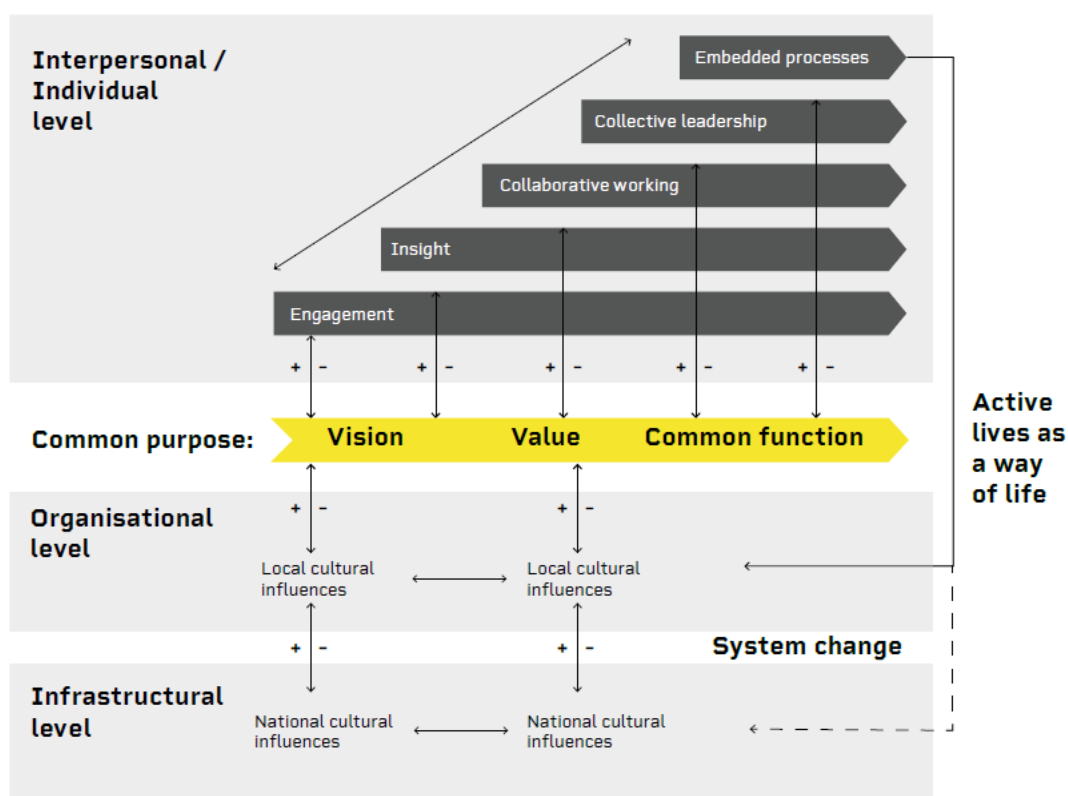
The initial activities of YGT were primarily aimed at influencing or connecting a wide range of people to engage with the vision, see its value and then act in line with it. Most of these activities described below operate at an individual or interpersonal level. People occupy many different roles within the system including senior leadership, policy makers, management, frontline workers across different specialisms and sectors as well as with individuals in the target wards. The core activities are defined as follows:

- **Engagement:** intended to start a relationship of some kind.
- **Insight:** to gain a deep understanding of (and empathy towards) someone else's situation. YGT used behaviour change frameworks to understand the lives of the people in the target wards as well as stakeholders working or influencing those people.
- **Collaborative working:** activities which bring skills, expertise, networks together on a project. This includes collaboration internally, as well as collaboration between partners brokered by YGT.
- **Collective leadership:** activities or actions where people are working together towards the same vision. This may differ from collaborative working in terms of the higher level of commitment, trust, shared power, shared responsibility for achieving the aim, shared accountability and shared successes.
- **Embedded processes:** formalising the new ways of working so that they can remain active beyond the individuals and relationships in YGT and the Exchange and create a legacy.

These stages do not take place in a linear way in a complex system. The process is driven by trust and shifts in the level attained take place in response to the actual or perceived level of trust in interpersonal relationships between individuals within communities or organisations.



Figure 1: YGT Common Purpose Model



## 6 Leadership

### 6.1 YGT Approach to Leadership

The YGT approach to leadership recognises that building the perceived value of physical activity alone, in a place with significant deep rooted structural issues, could not lever change in levels of physical activity. Leadership is critical to set direction and build the conditions for change to happen.

#### 6.1.1 Distributed Leadership

YGT's distributed leadership model initially focused on hosting Core Staff Team members in different partner organisations, where they would be able understand the local context more, build insight, and influence ways of working. This model was later widened out, as described below, to maximise programme delivery through collaborations of partner organisations, influencing change more widely and building legacy from the work.

#### 6.1.2 Building Distributed Leadership Through the Exchange and Collaborative Commissioning

As described in Section 5.1.2, the development of The Exchange from a traditional Programme Delivery Partnership and the establishment of Ambassadors committed to a common purpose has been significant in embedding organisational change. .

The way of working through the Exchange demonstrates the programme's intention to recognise leadership across the system and cede elements of control to other organisations. The relationship with the Core Staff Team is relational, not transactional, so the nature of the leadership is transformed from a traditional approach focussed on accountability and builds capacity and leadership in partner organisations.

The **Collaborative Commissioning** Model has been a vital feature of the delivery approach, being primarily a tool for maximising outcomes through a collaborative approach to commissioning ). However, it has also been a model to facilitate and develop distributed and shared leadership as part of the process

## 7 Learning Approach

### 7.1 YGT Approach to Learning

As a Place Partnership, YGT has committed over the last six years to an ongoing process of insight gathering, learning and evaluation.

The YGT learning model is based across three areas:

- Developing and sharing a deep understanding of people and place.
- Process evaluation of systemic change – building understanding of what works, for whom, in what contexts, in what respects and how.
- Building learning and evaluation capacity and capability in partner organisations, working towards creating a learning culture – including Demonstrating Value.

### 7.2 Developing a Deep Understanding of People and Place

Developing and sharing a deep understanding of people and place is a fundamental element of the YGT learning model.. YGT recognised the need to add value to the “what” (quantitative) with the “why” and the “how” (qualitative). Although the quantitative data provided information on activity levels and social conditions, alone it wouldn't support YGT to identify key audiences and understand their needs. The programme explored two methods to gather insight and provide learning through qualitative techniques: Storytelling and Social Listening.

#### 7.2.1 Storytelling

Storytelling is a technique used to surface the outcomes from participants' experiences and viewpoints by recording and analysing narratives. Storytelling provides meaningful information that highlights crucial learning points, including unintentional outcomes. It also adds value to quantitative data, giving a richer, more nuanced, complex narrative that more accurately reflects lived experience. Over five years, the small, locally based, and trusted Storytelling Team has collected insight and evaluated interventions from both local communities and professional audiences.

Storytelling has been widely adopted by organisations in place and YGT funded Storytelling training programmes for Ambassadors. Underpinning the development of understanding of place, are also

the insight contributions from Ambassadors and YGT engagement with diverse partnerships and thematic groups in place.

### **7.2.2 Social Listening**

Social Listening uses Artificial Intelligence to monitor social media channels to track trends, campaigns and engagement. YGT has worked with a company that uses AI to analyse online conversations to build a platform to track how and what people are saying about physical activity and other determinants of health. Reviewing both the volume of conversations about a topic and the sentiment attached to the comment (positive, negative, or neutral). The platform first showed its value during the pandemic because YGT could see what issues and themes mattered most to communities.

## **7.3 Process Evaluation of Systemic Change**

Sheffield Hallam University was commissioned to undertake continuous Process Evaluation and a full-time Embedded Researcher is part of the Core Team. Process evaluation aims to generate a detailed understanding the mechanisms through which an intervention produces change. Process evaluation can also explain why an intervention didn't achieve the expected outcomes, unexpected outcomes that may have been achieved, and also indicate what might need to be redesigned. The Embedded Researcher has engaged with Exchange members, commissioned workstreams and other stakeholders to ensure that the learning is holistic, authentic and focussed on understanding the systemic changes that are taking place, how and why.

## **7.4 Reflective Practice**

Reflective Practice has become increasingly embedded within the work of YGT, including with the YGT Core Team, Process Evaluation Team and the Programme Management Office (PMO). The use of reflective practice has been extended and embedded within the Public Health South Tees Management Team by the YGT Programme Director.

## **7.5 Demonstrating Value**

One of the more recent developments in bringing together the various strands of insight and learning is Demonstrating Value. Designed by one of YGT's Ambassadors, North East Wellbeing, Demonstrating Value is a tool being trialled with a number of commissions to support them to identify the changes they are making, often beyond individuals or organisations, but across systems, as well as helping to identify the legacy of the work. In the model, "value" is described in three tiers: learning; outcomes; and impact. Through three workshops, the DV programme provides support for organisations to understand, articulate and capture the learning, outcomes and impact they are having across a number of levels; their programme, the individuals and families they support, the wider community and place-based system change. Support for providers is bolstered through ongoing coaching from the DV team. DV has begun implementing a learning culture across programme providers through shared messaging, knowledge and language that is standardised across place.

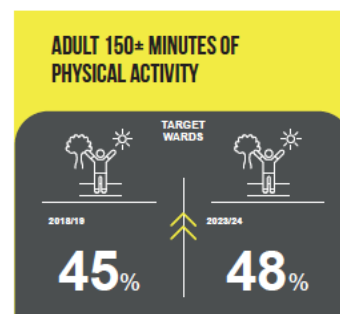
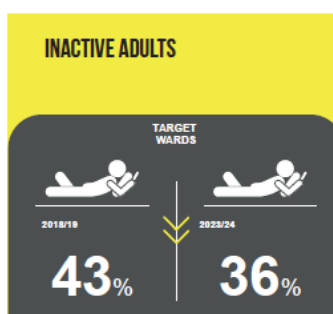
## 8 What has the YGT Approach Achieved?

### 8.1 Reducing Inactivity and Increasing Activity

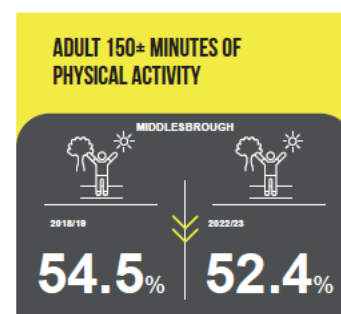
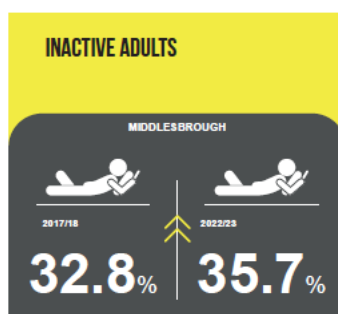
Given the significant levels of inactivity locally, YGT have prioritised the high-level Sport England outcome of **Reducing Inactivity**, alongside the closely allied **Tackling Inequalities**. This section considers Reducing Inactivity and Increasing Activity together, at a borough-wide level and within the target wards, as well as in one of the YGT clinical programmes, PREP-WELL.

Within the target wards between 2018/19 and 2023/24, YGT has demonstrated a decrease in **inactivity** of 7% in inactive adults, against a rise in an equivalent local area.

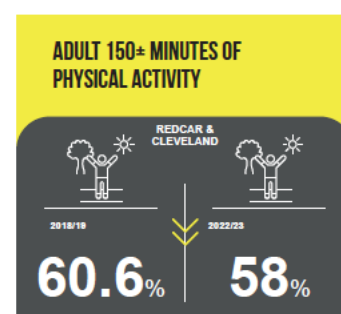
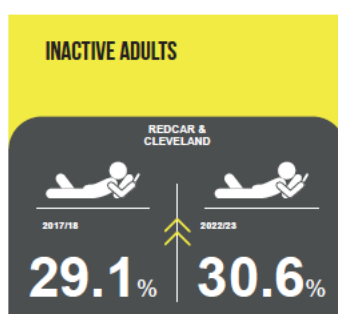
Concurrently, there has been an increase of 3% in **activity** rates in adults in the target wards in the same period, against a fall in an equivalent local area.



The positive picture in the Community Focus Area has not been replicated borough-wide, with increases in **inactivity** and decreases in **activity** in the adult population.



The figures for inactivity have increased slightly and the figures for physical activity have increased slightly in both Middlesbrough and Redcar & Cleveland. The changes are greater for Middlesbrough.



These borough-wide data reflect some of the wider challenges facing South Tees, particularly Middlesbrough, related to deprivation and poverty. Whilst disappointing, they point to the need for further intervention particularly at a policy level to tackle the wider drivers of inequality alongside measures to tackle physical activity inequalities.

Within the Community Focus Area (CFA) [target wards in the graphic], YGT also measured changes in different aspects of physical activity. **Walking** increased in the CFA during COVID-19 and has since remained above borough levels and an equivalent local area. There has been a 10% increase in walking for travel or leisure in the CFA, against falling rates across both Boroughs over the same period.



## 9 Theory of Change – Building on National Learning

The learning from the twelve initial Place Partnerships has been extensively explored to create an evidenced base model – a Theory of Change - to support tackling physical activity inequalities at a local level. More about the approach can be found here: [Conceptual Model Overview](#)

Key to the model is the consideration of the conditions that are necessary to support system change. Nine conditions have been identified from the national learning, across four areas: Foundations; Ways of Working; Settings and Embedding Learning.

### 9.1.1 Foundations

- **Identifying the barriers and enablers of physical activity.** There is process for developing a deep understanding and shared knowledge of what supports or prevents people being physically active.
- **Organisational policies, processes, and structures enabling place-based working.** These effectively enable and encourage place-based ways of working to address inequalities.
- Capacity and capability across the workforce, volunteers, and communities to work in a place-based systemic approach to enable physical activity.

### 9.1.2 Ways of Working

- **Collaboration.** There is a productive partnership working around a common purpose.
- **Leadership.** Policymakers, workforce, volunteers and residents act together to build on strengths and remove barriers for tackling physical activity inequalities.
- **Community-led action.** Action is shaped and led by communities and supported by community-focussed strategies.

### 9.1.3 Settings

- **Cultures and practices that enable physical activity.** There is a culturally inclusive social environment for physical activity which enables people to move more in ways that suit them
- **Built and natural environments that enable physical activity.** Local natural and built environments are attractive, accessible and safe, encouraging movement and physical activity.

### 9.1.4 Embedding Learning

- **Cycles of learning and action.** There are appropriate methods in place to learn from experience and, over time, improve place-based working to address physical inactivity.

### 9.1.5 YGT Priority Areas

Although all of these conditions are significant, YGT and partners from The Exchange have identified five conditions which as the programme progresses are being prioritised locally (reflected in the “catalysts for change” ring in the model):

- **Cycles of learning and action.** The demonstrable impact from commissioned work and our own behaviours as a programme of constantly testing, learning, and adapting the work in response to observed insight and learning.
- **Collaboration.** Insight from The Exchange and commissioned workstreams of the benefits and opportunities of collaborative, rather, than transactional, approaches to the work.
- **Leadership.** Impactful change through others taking the lead to either build a value of physical activity into their own work (for example HAF) or start to shift ways of working (for example, new approaches to Joint Strategic Needs Assessments).
- **Capacity and capability across the workforce, volunteers and in communities.** Ensuring organisations have the capacity and capability for change, such as providing Motivational Interviewing training for partners and providing capacity building around physical activity for HAF providers.
- **Built and natural environments that enable physical activity.** Creating quality spaces and addressing barriers such as ASB, linking closely with the Local Plan and Development Plan process.

This is all captured in the YGT Theory of Change Model which is illustrated over the page.

## 10 Case Studies

YGT Case Studies that illustrate the approach within specific work programmes are described for:

1. Creating Active Schools (CAS)      CAS embeds physical activity throughout the school agenda from a policy and governor level to active lessons, the playground and beyond the school day. This Case Study describes this work in greater depth.

2.   Creating  
      Active and  
      Healthy Places

YGT has engaged with planners to embed a revised Health and Wellbeing Policy into the Local Plan and co-designing their first Health Impact Assessment (HIA) toolkit, with an emphasis on physical activity. HIA is a process that identifies the health and well-being impacts of any plan or development project.
3.   PREP-WELL

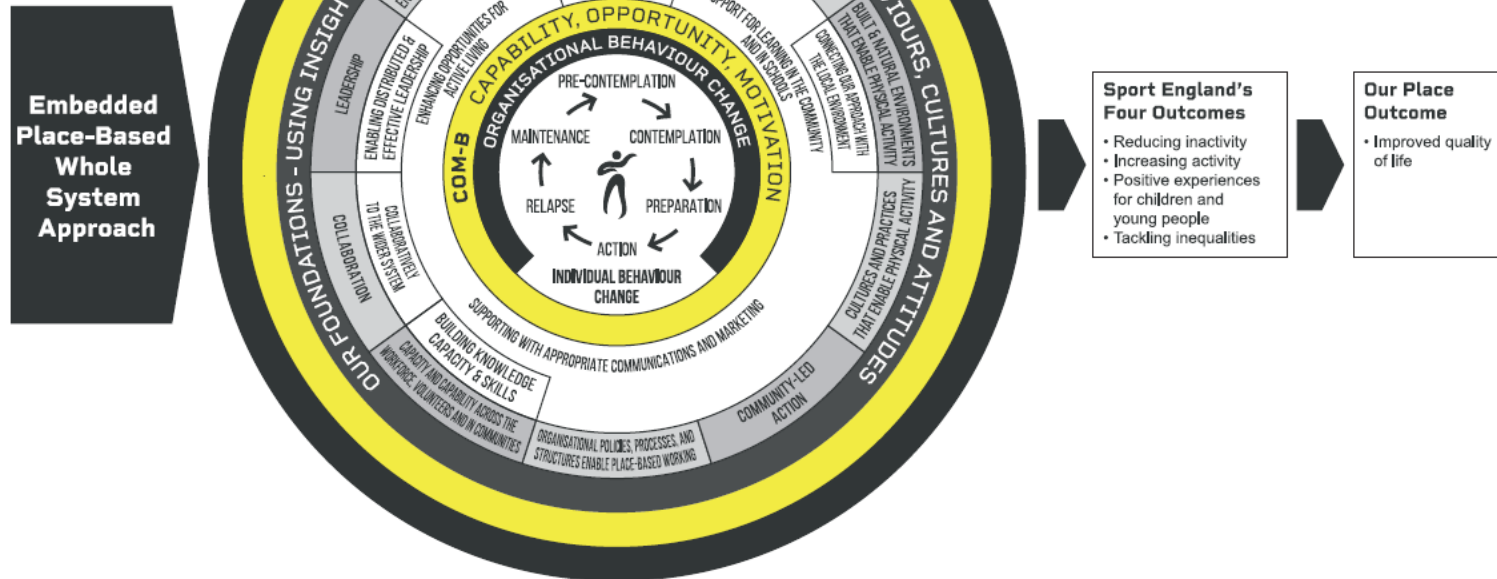
PREP-WELL was a partnership with James Cook University Hospital (JCUH) in Middlesbrough. The programme tested the importance of “prehabilitation” – supporting patients to get fit for surgery - and was the UK's first comprehensive supervised community-based service supporting patients to access progressive support for several pre-operative risk factors in a single setting in the months before surgery.
4.   Flippin’ Pain

Flippin’ Pain has been developed to change the way people think about, talk about, and treat chronic pain – as perceptions of pain are a key barrier to physical activity. Flippin’ Pain engages and empowers communities to rethink pain, re-engage, recover and become more active. This work received national recognition when it was officially named the Gold winner of the Most Impactful Partnership in Preventative Healthcare at the HSJ Partnership Awards 2024. Case Study 4 considers Flippin’ Pain in more detail.



Figure 2: YGT Theory of Change

**Context of Place  
Wider Determinants**



## CASE STUDY

# Place-based Whole Systems Work with Schools in South Tees

# PLACE-BASED WHOLE SYSTEMS WORK WITH SCHOOLS IN SOUTH TEES

**The Creating Active Schools (CAS) Framework is a research-based whole-school behaviour change approach to increasing and improving physical activity in schools. It was designed collaboratively by practitioners, policymakers, and researchers, including staff from YGT and our Ambassador organisation, Redcar & Eston School Sport Partnership (RESSP).**

The framework provides a whole school strategy toolkit that enables schools to determine the priorities and training required to become active schools. It supports a school's embedding of physical activity in policies, systems, behaviours, and environments so that it becomes everyone's responsibility, from pupils to staff, parents, and governors.

Following the creation of the CAS framework, YGT and Tees Valley Sport (TVS) developed a collaborative partnership to deliver an initial CAS pilot across South Tees. This would be a test and learn approach, understanding how the framework would land locally and how the approach could evolve to maximise physical activity in schools.

Together, they recognised the need to reframe what physical activity can mean for schools and provide senior leaders with a structure that aims to transform the culture of physical activity within their setting and uses movement to improve academic and holistic outcomes for pupils.

The initial focus was on only six schools, to allow time and capacity to fully understand each school's needs, gather valuable insight and test and adapt their approach. From there, the model was developed further in response to learning and rolled out to more schools.

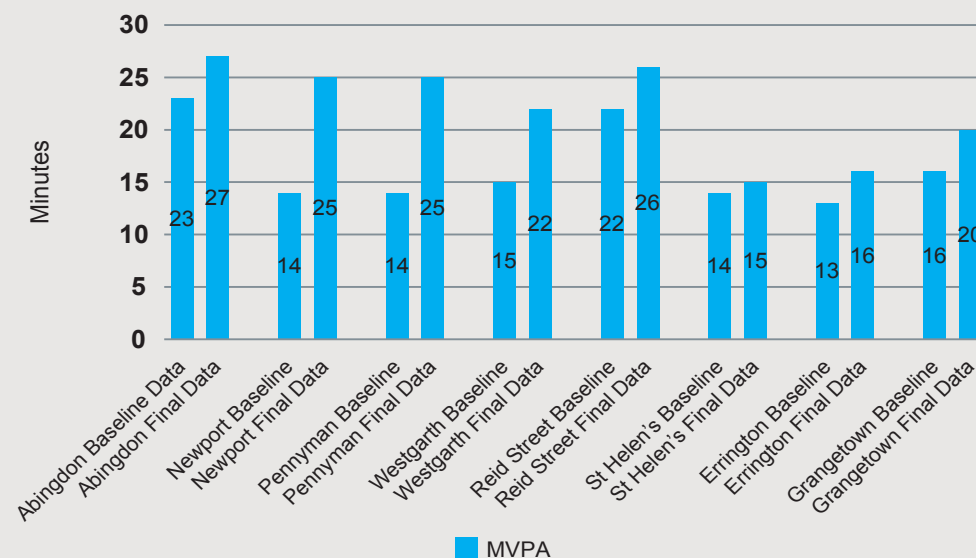
## Impact of the Programme

Following the initial pilot, the workstream is now into its third academic year, with a total of **25 schools** engaged in the Redcar, Middlesbrough, and broader Cleveland area, with a **total of 8410 pupils**. **718 staff** have been trained. To support their Sport England expansion work, TVS funded additional schools outside South Tees in Stockton, Darlington, and Hartlepool to participate.

Each school was also provided a pack of 120 child-friendly wearable activity trackers called Moki bands. Using a simple wristband that records steps and active minutes, the bands measure the children's moderate to vigorous physical activity (MVPA) levels and show staff real-life data. The aim was to inspire schools to move more by providing an accurate picture of the children's physical activity levels.

The graphic below shows the MVPA (Moderate to Vigorous Physical Activity) data for eight CAS schools, comparing baseline data to final data when the children wore the MOKI bands. Each school has shown an increase in MVPA from the baseline measurement to the final measurement across the 23/24 academic year. The increases vary among schools, with the highest increases observed at Newport and Pennyman (both showing an increase of 11) and the smallest increase observed at St Helen's (with an increase of 1). This data suggests improvements in physical activity levels across the schools, which is a positive indicator of enhanced physical health and possibly the effectiveness of interventions or programmes implemented to increase physical activity.

## MVPA



The increases represent minimums for the improvements observed, as the baseline data may be higher than pre-intervention levels as it is often the first time the children have worn the trackers and are excited to demonstrate how active they are.

Staff were also surveyed regarding their understanding and perceptions around

physical activity before commencement and after the school's engagement with CAS was established. The results are shown below. The greatest impacts were in confidence in implementing physical activity within the school, frequency of implementing active lessons and perceptions of the school's value of physical activity.

MEASURE	BEFORE ENGAGEMENT	AFTER INTERVENTION COMMENCED	CHANGE	NOTES
<b>Importance of PA – staff rating the importance of PA at 7 or higher</b>	84%	87%	3%	This positive shift suggests that the project successfully heightened staff awareness of the value of physical activity within the school setting.
<b>Confidence in implementing PA – staff rating confidence of 7 or higher</b>	58%	71%	13%	The data highlights that the project had a significant effect on equipping staff with the skills and assurance needed to integrate physical activity into their teaching practices.
<b>Understanding of the impact of PA on a child's brain – staff rating 7 or above</b>	72%	82%	10%	The rise indicates enhanced knowledge among staff, likely due to the training and educational components of the project.
<b>Understanding PA's link to long-term health – staff rating 7 or above</b>	86%	87%	2%	This modest but meaningful increase suggests that the CAS project contributed to a greater awareness of the health benefits associated with regular physical activity.
<b>Frequency of conducting active lessons (at least once per week).</b>	67%	88%	21%	The data demonstrates that the project had a profound impact on encouraging staff to incorporate physical activity into their daily teaching routines more frequently.
<b>Enjoyment of PA</b>	71%	79%	8%	This suggests that the CAS project not only improved staff attitudes toward physical activity but also made it a more enjoyable and engaging experience for them.
<b>Perceived school support for PA – staff rating 7 or higher</b>	51%	63%	12%	The findings reveal that CAS has positively influenced staff perceptions of their school's commitment to promoting and supporting PA.

## The Journey

The initial schools were selected from submitted Expressions of Interest to take part, and they were offered:

- One-to-one support.
- Access to the CAS profiling toolkit.
- A whole school set of MOKI bands.
- Funding via the Dragon's Den project.
- Whole school staff training.
- Networking opportunities.
- Insight & intelligence.

Each school is unique, and for the South Tees pilot to be successful, each had to set up a management committee, self-review their school, select priorities, work at their own pace, and embed changes before moving on. The one-to-one support from RESSP and TVS was tailored to the schools' needs.

Establishing a Management Committee was fundamental as this demonstrated that the entire school was committed and that responsibility wouldn't only be with the PE subject lead. As a minimum, a Senior Leadership Team (SLT) member and a project lead were required to participate. However, what was positive was that others wanted to be involved, including the health and wellbeing lead, PE subject leader, lunchtime supervisors, class teachers, headteachers, deputy head teachers, and school governors.

RESSP and TVS each took responsibility for leading three schools, attending management committee meetings to provide advice, offer challenges, and help drive the pilot forward. During the initial management meeting, the focus was on assessing the schools' strengths and weaknesses and completing the CAS profiling toolkit.

After the review, each school identified three priority areas for development. Following this, RESSP and TVS delivered a staff training session to ensure all staff within each school understood the importance of physical activity and its health benefits, the impact it has on children's well-being, how a lack of it can lead to long-term health conditions and its positive impact on academic performance. Staff were also given the opportunity to review what they were already doing and consider what they could do to improve the physical activity levels of their children.

To effectively change a system, everyone must be involved, but leadership from the management team is essential. Historically, PE, school sports, and physical activity have been primarily directed by the PE subject leader. However, following the training,

there was evidence that each management committee was taking the lead and implementing whole-system changes to create a more active environment for children and young people.

During initial conversations, school staff had expressed the belief that most of their children were active for 60 minutes a day. However, following issuing MOKI bands, an analysis of the data revealed that this perception was inaccurate and that children were, on average, only active for 13 minutes daily. It also showed that no children achieved 30 minutes per day. An analysis of a one-hour PE lesson showed only 19 minutes of MVPA. The data served as a wake-up call for staff and senior leaders and reinforced the importance of CAS. Additionally, the Moki bands helped educate the children, and the data motivated them to be more active through friendly competition within classes, year groups, across the school, and among friends. Schools could also measure activity levels before and after implementing new interventions to assess their effectiveness.

Children have different competence, confidence, and motivation levels regarding physical literacy. Engaging children and young people in the co-design of activities helps to engage them and gives them a sense of ownership. To reinforce this ethos, a Dragon's Den-style event was launched. Each school was asked to educate a group of children on the benefits of physical activity and ask them to design what would make their school more active. Each school was allocated a £5,000 budget for this project.

The children consulted within their school before formulating their ideas. Once they had their proposal, they pitched their ideas to the YGT, RESSP, and TVS dragons at Teesside University. All six schools were successful in their pitches, and funding from YGT was released to each one.

The funding has been used to buy equipment and technology that support more activity in school. One example is the implementation of Amazon Alexa, which is fitted with alarms and installed in each classroom. When the alarm sounds, the class has a physical activity break. Schools have reported that playtimes are more active, and children come back into class more focused and ready to learn.

“

The active learning CPD has inspired our school to include more physical activity within day-to-day lessons to help engage children, increase attainment and also create a more positive and active learning environment

*Headteacher of Teesville Primary*

”

To reflect the progress schools are making within the system, RESSP introduced ripple effect mapping to demonstrate the changes each one has made; these include:

- Staff training on the benefits of physical activity.
- More active play and lunchtimes.
- Active bursts training and implementation.
- Applying for Opening Schools Facilities funding (DfE) to create more physical activity opportunities outside of curriculum time but on the school site.
- Active lessons.
- Active travel schemes and training.
- Active corridors.
- Development of outdoor spaces.
- Policy changes on PE kit.
- Policy changes on active lessons.

CAS helped identify the interconnecting components of a whole-school adaptive subsystem and exposed the complexity required to create system change. The initial six pilot schools recognised that systemic change takes time. With continued support from RESSP and TVS, they have remained committed and continue identifying and prioritising development areas.

Claire Tennyson, Partnership Manager & Executive Director at RESSP, said, “Working with only six schools allowed us to test and learn the initial CAS framework and gather insight from schools. This insight has been invaluable in helping us contextualise the model for our place.”

“As a result, we have designed a simpler approach, which was met with enthusiastic support from all the headteachers involved.”

“Class activity data continues to be tracked through the Moki bands, and research has been conducted to understand the children’s perception of physical activity to ensure they are enjoying it and are motivated to be active.”

“Additionally, we are surveying staff to gauge perceptions about how much value the school places on physical activity and their confidence in implementing it.”

“Teachers are telling us that children are happier and more engaged when they are physically active. Easterside primary school highlighted that low-level misbehaving, which had been an ongoing problem, stopped the day every child was active for at least 20 minutes”, added Claire.

The original CAS online tool was very comprehensive, but the feedback received was

that a simpler model was needed. Schools are short on time, so we knew we needed to make it easier for them to do the right thing. Creating a new self-review tool that is simple and easier to use was well-received by the schools. In addition to the self-review tool, we have also developed a guidance tool. This simpler approach allows schools to take more of a lead in the work and be clearer about how and where it requires external support from partners.

As part of the programme, schools completed a self-review on the whole framework. They then selected three priority areas to develop in their first year of the programme. Across all schools in the first two years, the priority areas included:

**Policy:** Monitoring and evaluation (4 schools); School improvement plan (2 schools).

**Stakeholders:** Parents (9 schools); Teachers & school staff (8 schools); Wider stakeholders (4 schools).

**School environment:** Outdoor space (11 schools); Classroom environment (2 schools); Hall timetable (2 schools); Corridors (1 school); Moveable resources (1 school).

**Opportunities:** Non-PE Curriculum lessons (6 schools); Active travel (2 schools); PE (2 schools).

Once a school has completed an area of development they were encouraged to select another area of development. At the end of their first year in the programme on average schools made 3.1 areas of improvement.

The insight and learning from CAS has also influenced Active Families, a programme aimed at understanding how families can be supported to be active outside of school and how schools can change their engagement methods with parents. It builds on the early insight that many parents didn’t see a role in enabling their children to be active and considered this the school’s responsibility. A Creating Active Families Officer has been recruited to support the work.

Some the schools have produced videos demonstrating the impact of the work. Here are three examples.



**Example 1**



**Example 2**



**Example 3**

## CASE STUDY

# Creating Active and Healthy Places



# CREATING ACTIVE AND HEALTHY PLACES

**Research has established that built and natural environments significantly determine health outcomes and influence health inequalities. How we plan and design places significantly influences whether individuals can live healthy and happy lives.**

Many preventable health conditions are caused by a lack of physical activity, poor diet, and social isolation. These are all highly influenced by the environments in which people live, which in turn are influenced by planning. Planning is a significant part of the system as it also influences other factors, such as opportunities for employment, access to green spaces, housing, transport, and air quality, all of which influence people's health.

Clearly, the built and natural environment have a significant impact on physical activity. As part of our work investigating place-based whole systems approaches to tackling physical activity inequalities, YGT recognised the important role of planning and transport planning in supporting the socio-ecological model's outer policy and physical environment rings. These aspects are recognised as carrying a high weighting in this framework. They are difficult to influence, but the changes once achieved are highly impactful over the medium and long term.

We recognised that if we could influence and contribute to the work that goes into planning and policy decision-making, such as the preservation of green spaces and creation new active travel routes, this would significantly impact people's ability to be physically active.

Both local planning authorities within South Tees recommend that prospective developers complete a health impact assessment (HIA) as part of their proposal. These are to be created in consultation with Public Health, the Planning department, and other stakeholders; but none had been submitted.

Public Health South Tees (PHST) recognised that greatest impact would be achieved by embedding the HIA process within the Local Plan policy regarding health and wellbeing, rather than simply being a recommendation in the supporting text. This thinking resonated with YGT's ambition to influence the built environment to impact population-level change in physical activity. However, influencing Planning departments would require sustained, long-term engagement. PHST had previously

identified the departments' impact on wider health determinants but had achieved limited success in establishing collaborative relationships. Previous attempts to enhance collaboration across South Tees had faltered due to a lack of understanding of each other, time constraints, and heavy workloads.

Learning from our work with local communities, we decided to approach the work by first understanding what planners' lives looked like and what it is like to be that person through a physical activity lens. So, rather than approaching building the relationship with a shopping list of tasks, we initially spent a significant amount of time getting to know them and learning what it was really like to be a planner.

Through facilitated meetings, workshops and events, this aspect of the work gathered insight into understanding their workloads, challenges, and priorities, as well as what gets in the way of them doing what they want to do, making progress, trying new things, and taking new approaches.

Utilising YGT's "sludge, budge, and nudge" audit technique, participants from Planning, Transport Planning and Public Health delved deeper into the barriers hindering progress and explored potential solutions. This process revealed issues such as a limited understanding of each other's roles and decision-making processes, as well as a shared passion to creating healthier environments and a strong desire to collaborate.

The assessment revealed that while Planning departments recognised the value of physical activity within their remit, competing priorities, particularly housing demand, took precedence in practice. Over a year, three additional workshop sessions were convened to further explore these issues.

It was identified that YGT and PHST needed to work with Planning rather than at them. Together, everyone agreed that this required focused time and a dedicated resource that sat between Planning, YGT and PHST, and they decided to recruit for this through a new role.

The ability to explore and take a test-and-learn approach to deciding the outcome was significant, as it built trust and strong relationships between everyone involved. Additional expertise was also available through Sport England's planning team, which helped highlight the work's significance.

Sport England also funded the Town & Country Planning Association (TCPA) to support this agenda on a wider scale. They were interested in the collaborative approach and how they could bolster it. Therefore, South Tees also benefited from a new relationship and dedicated TCPA Project and Policy Officer who provided additional knowledge on the planning landscape. Alongside the Royal Town Planning Institute (RTPI), they talked about and advocated for what healthy town planning means nationally and what it could look like locally.

Hence, for the first time in South Tees, the culmination of these efforts brought together senior planners, transport planners, and public health practitioners, supported by Sport England, TCPA, and the RTPI. Despite initial slow progress, participants valued the time for reflection and identified key issues like capacity and staff training.

There was an understanding that colleagues in planning and transport planning recognised the potential benefit of having additional capacity focused on health and physical activity at the intersection of their respective disciplines.

In spring 2023, the initiative sought to establish a planning position with emphasis on physical activity. The recruitment process revealed significant challenges in attracting qualified planners, both for this specialized role and existing vacancies. Recognising the need for a fresh approach, the team pivoted to explore alternative talent acquisition strategies.

The TCPA introduced Public Practice, a not-for-profit organisation that specialises in enhancing the capacity and capability of placemaking teams within the public sector. They draw from diverse built environment disciplines and backgrounds to align an organisation's goals and integrate various perspectives into the planning process. They had a history of recruiting someone into a similar role for Greater Manchester Moving, another Sport England Place Partnership.

Through this route, they successfully recruited for the 'Creating Active and Healthy Places Lead' role in public health spatial planning across the South Tees. The ideal candidate was identified when that person applied to the Public Practices Associate programme. Their unique background in architectural practice and research (their disciplinary background is in behavioural science), enabled them to consider how the built environment affects people's behaviour, how behaviour is influenced by the levels of social trust in a neighbourhood, and the extent to which you can change behaviour by raising people's levels of social trust and the impact it will have on health outcomes. The role presented an opportunity to work at a strategic level and develop policies with potential for significant and generational impact.

The role has been funded by YGT for two years, employed through Middlesbrough Council and line-managed through the PHST team, with direct communication back to YGT's Programme Director. The desire is that the role will be valued and funded beyond the duration of YGT.

The goal is to enhance collaboration between Public Health and Planning departments in both boroughs to encourage physical activity. This is being accomplished through the Local Plan policy framework, with the aim of creating a built environment that positively impacts health outcomes and supports people to flourish for many years to come.

PHST's vision is to see all local government policies through a health lens, and this role will provide planning colleagues with additional capacity and insight to ensure that all policies can implement this approach.

The role's purpose is to promote and deepen understanding of physical activity and Sport England's ways of working and how they can integrate into planning and policy decisions. The postholder is also encouraged to go where the energy is and explore other connections to physical activity that may emerge between Councils, PHST, YGT, and their wider network of Ambassadors.

Now in its second year, the role has become an integral link between PHST, YGT, and the respective Council's Planning teams. Significant progress has been achieved across various aspects of the work, resulting in the following key achievements:

- Co-designed and facilitated a Health in Spatial Planning Workshop, leveraging resources from the Office for Health Improvement and Disparities and the sector's best practices. The workshop was initially delivered to local planning colleagues within Middlesbrough Council, with plans to extend it to planning committee members and other stakeholders. Redcar & Cleveland Borough Council colleagues are working with us to implement a similar programme.
- Completed a Health in All Policies (HiAP) assessment of Middlesbrough Council's emerging Local Plan and conducted productive discussions with colleagues in Redcar & Cleveland Borough Council on this agenda, also. These discussions centred on the potential for a similar approach in the future review of their Local Plan with a particular emphasis on childhood obesity.
- In the emerging Local Plan for Middlesbrough Council, the postholder contributed to the Health and Wellbeing Policy and successfully secured an agreement to require Health Impact Assessments (HIAs) for all residential developments that exceed 100 dwellings, and devised an additional HIA screening process, based on health and open space deprivation on a ward-by-ward basis, to be conducted for all major development across the town.
- Facilitated the creation of Middlesbrough Council's first HIA planning toolkit, working with colleagues across Public Health and Spatial Planning, and other stakeholders. The toolkit used the well-respected HIA materials created by John Wilcox and colleagues at Wakefield City Council as its primary model.
- Contributed to PHST Joint Strategic Needs Assessments (JSNA), ensuring integration into Middlesbrough Council's emerging Local Plan's Health and Wellbeing Policy. This work provides prospective developers with clear baseline information about the community and PHST's health and wellbeing goals.
- Collaborated with Natural England on the pilot Health, Wellbeing, Nature, and Sustainability (HWNS) dashboard, which aims to ground the public health equity agenda within a broader planetary health context.
- Contributed to the South Tees Active Hospital programme by examining how the physical environment promotes or inhibits physical activity and individual health across different spatial resolutions.

Looking forward, the focus remains on building existing work, further embedding health and wellbeing into planning policy, and sharing emerging practices with partners across the region and beyond through Sport England's expansion process.

## CASE STUDY

# PREP-WELL Project Enhances Patient Health Through Innovative Prehabilitation Approach

# PREP-WELL PROJECT ENHANCES PATIENT HEALTH THROUGH INNOVATIVE PREHABILITATION APPROACH

## Introduction

PREP-WELL was one of four specific Communities of Interest in the original proposal to Sport England from South Tees, building on pilot work undertaken by Professor Gerry Danjoux, Consultant in Anaesthesia and Sleep Medicine at South Tees Hospitals NHS Foundation Trust. At its inception, PREP-WELL was the first comprehensive, community-based prehabilitation programme in the UK specifically designed to improve patients' fitness, health, and well-being before they undergo major surgery.

Prehabilitation involves coordinated lifestyle and well-being support for patients in advance of surgery to improve preoperative physical and mental health and speed up recovery.

Inactivity, smoking and excess alcohol all have an independent evidence base for adverse surgical outcomes, and the prevalence of these behaviours in patients presenting for major surgery in South Tees was high and between 30%-50%. Complications following surgery can lead to significant morbidity, resulting in an adverse effect on quality of life and reduced independence.

As an emerging concept, prehabilitation prescribed 'early intervention' physical activity measures to reduce recovery time and, as a result, reduce hospital bed occupancy. It could support multiple behaviour changes, using the "teachable moment" of surgery, across inactivity, smoking, excessive alcohol intake and obesity to generate long-term, sustainable, positive behaviours, as these factors were recognised as broader determinants of physical activity.

Preoperative patients quoted lack of opportunity and concerns around health as reasons for not undertaking physical activity; however, 90% are prepared to undertake physical activity with the proper support. This was identified as an opportunity for healthcare practitioners to support individuals in changing their behaviour positively and permanently.

## Impact

PREP-WELL has demonstrated encouraging results, including sustained increases in physical activity, post surgery.

Outcomes with the initial cohort showed that 73% of patients moved from being inactive to achieving a physical activity level recommended by the World Health Organisation (WHO) of 150 minutes of exercise per week plus regular strength training. None of the patients achieved this at the entry. After three months, 63% of patients complied with the WHO aerobic exercise guidance compared to 17% at entry. The team also observed a substantial reduction in other risk factors and improved quality of life. What they found particularly noteworthy was that these benefits were also sustained even three months after surgery. The table below summarises the physical activity and other behavioural changes for the initial cohort.

	ENTRY	EXIT	3MPS	
<b>Patients complying with WHO aerobic exercise guidance (%)</b>	17	75	63	▲▲▲
<b>Patients complying with WHO aerobic + strength training guidance (%)</b>	0	73	29	▲
<b>Mean 6MWD (m)</b>	444	479	N/A	▲
<b>Alcohol &gt;14 u/week (%)</b>	17	13	4	▼▼
<b>Smoking (%)</b>	17	13	17	▶
<b>Anxiety Score (mean) *</b>	5.5	5.4	4.4	▼
<b>Depression Score (mean) **</b>	4.6	3.8	2.5	▼▼
<b>HRQOL (mean) ***</b>	0.54	0.64	0.78	▲▲

\* Taken from Hospital Anxiety and Depression Scale (HADS). A higher score equates to greater levels of Anxiety (range 0-21).

\*\* Taken from HADS. A higher score equates to greater levels of depression (range 0-21).

\*\*\* Taken from EQ5D-3L toll. Score of 1.0 = full health, 0 = a state equivalent to being dead (see Section 10)

WHO - World Health Organisation. WHO guidance = 150 min of moderate exercise and x2 sessions of strength training per week.  
6MWD = distance walked in 6 minutes, objective measure of aerobic fitness.

Patient stories collected as part of the feedback and evaluation process:

Patient 1: “I give my fullest thanks for the care and concern you and the team showed me during my time on the programme, and I feel that it helped me in recovery after the operation.

I found it beneficial to my health. It made me feel more positive about the results of my future operation. The exercises and care from the staff increased my confidence as a result.”

Patient 2: “I am so glad and thankful that this programme was available to me. I was telling the lady in the next bed about it as she was amazed at how much I could bend my knee the day after my op. I can strongly recommend this programme, and you do get a fantastic result if you stick to it. I had no strength or bend in my left leg at this point. Within a matter of 10 days of doing the exercises, I got better strength and bend. I was so amazed I even started to do the aerobic exercise. I wasn't one for exercise but I really enjoyed this and got stuck into it. I had my op in August and was home two days later, which was a surprise. Five weeks on and I am walking around the house with no sticks and one stick when I go out. It is hard, but if you keep at it, you will never look back. I am so happy that I have my life back and I'm proud of myself.”

A Health Economist from Newcastle University was also starting to demonstrate how much money the programme could save the hospital, and other evaluation staff were able to evidence the positive impact patients who were physically better prepared for surgery were having on in-patient stays. With a cost of approximately £400 per patient, the programme reduced hospital stays by about two days, translating to savings of over £800 per patient.

Initially delivered face-to-face, the onset of the COVID-19 pandemic shifted delivery to on-line and the development of a digital offer. To date, 495 patients accessed PREP-WELL and 40 iPREP-WELL, the digital offer.

### The Journey

PREP-WELL presented a unique opportunity for YGT to work with the team at James Cook University Hospital to expand and embed the presence of physical activity into the PREP-WELL programme and look at changing ways of working within a hospital setting on a large scale. It also meant that working in collaboration, they could shape PREP-WELL's physical activity offer to become more person-centred and educate health professionals that being active can easily be built into a patient's daily lifestyle and activities.

James Hartley, Programme Officer at YGT, said, “Our aim wasn't simply to be viewed as a funding source; we wanted to add value by embedding our ways of working and offering consistent support to the programme.”

“Through a collaborative, test-and-learn approach, we worked closely with the team to embrace new insights and foster shared learning. This approach fundamentally helped shift the hospital's culture, expand their understanding, and recognise that all forms of physical activity and movement are beneficial - not just traditional clinical approaches to physical activity and sport.”

PREP-WELL was designed to run for six to eight weeks for each patient; however, a key advantage of the programme was its flexibility, allowing it to be adapted to accommodate different surgical timeframes and the needs of individual patients.

Each patient participating in the programme had an initial assessment examining their current health and lifestyle risk factors for surgery, and based on their specific requirements, a tailored package was put together. Key components of this included encouraging people to move more and be active, smoking cessation and alcohol reduction support, healthy eating, and mental well-being support. This aspect of the programme was crucial, as the team's research demonstrated that up to ninety per cent of patients presenting for surgery have at least one lifestyle risk factor for surgery. At the end of the programme, each patient had a follow-up assessment that examined changes in fitness, activity levels, lifestyle, and quality of life.

When the country went into lockdown during the COVID-19 pandemic, the PREP-WELL team was determined to find a way to continue supporting patients, and they quickly implemented home-based exercise options that they could remotely supervise.

A digital prehab programme was created to continue supporting patients in the build-up to surgery. Live virtual exercise classes were also provided to monitor exercise progression and recreate the peer support previously offered through the face-to-face options. Paper-based and audiovisual resources were provided to help patients who could not access the digital offer.

During this time, digital became more critical as it was a vital tool in enabling the prehabilitation service to continue. In addition, the rapid shift from face-to-face interaction to a digital service provided much learning into how patients adapted and adjusted to remote support.

Insight showed that while most people were willing to participate face-to-face, many preferred remotely supervised home-based alternatives because they could do it on their own time and in their surroundings, where they felt more comfortable. These



people would likely have missed out if a digital alternative hadn't been available. The team also learned that patients encounter various barriers when accessing face-to-face support. These include travel difficulties, juggling other weekday commitments, or lack of confidence in a group environment. This learning influenced and shaped the future programme beyond the pandemic.

As a result, a remotely supervised alternative for those unwilling or unable to access face-to-face services alongside an independently aligned digital prehabilitation offer was approved, and the team continued to work closely with YGT to develop the new programme.

Esther Carr, senior physiotherapist and PREP-WELL Project Manager, said: "Implementing a digital prehabilitation offer allowed us to enhance the service we provided to patients and offer a menu of options that gave patients more flexibility and the ability to choose what most suits them".

The digital aspect of the programme, named iPREP-WELL, significantly expanded its reach by enabling effective scaling. The total investment into iPrepwell was £286,757, made up of funding from Sport England - £130,159, MacMillan - £64,500 and South Tees Hospitals NHS Trust - £92,098. The programme's components included:

- A remodelled pathway for patients undergoing higher-risk surgery (including cancer and vascular surgery) enabling more remote support for individuals unable to attend face-to-face classes.
- A pathway to support patients undergoing hip and knee replacements.
- The development and testing of a digital remotely supervised platform to enable access for a wider group of patients.

James Hartley added: "PREP-WELL's innovative approach proved that prescribing physical activity can have life-changing results for people.

"We recognised that being active doesn't need to be delivered by health professionals in a class or a health setting. We educated health professionals to understand that physical activity didn't need to be as prescriptive as all of the other support a patient was getting and that it can easily be built into a person's lifestyle and daily activities."

As PREP-WELL approached the end of its four-year funding investment from YGT, the team could evidence that it would save money in the longer term, although it still needed some investment from the hospital to continue.

We were naturally disappointed to learn that the hospital trust was unable to provide additional funding for the continuation of PREP-WELL's face-to-face delivery,

particularly after the significant effort the PREP-WELL staff invested in developing a business case to sustain it. However, digital prehabilitation interventions offer scalability, and iPREP-WELL has continued to be delivered in South Tees. Training has been designed to enable healthcare professionals to promote, support, and facilitate intervention delivery in this format as part of routine clinical care.

Alongside the trust's decision, the NHS North East and North Cumbria Integrated Care Board (ICB), in collaboration with partners across primary and secondary care, local councils, and the voluntary, community, and social enterprise sector (VCSE), announced that eight areas would receive funding to deliver a programme of support for patients awaiting non-urgent surgery, including South Tees. The programme, 'Waiting Well' also aims to tackle health inequalities, so it has adopted a targeted approach to identifying patients at risk of experiencing health inequalities with long-term health conditions. It aimed to engage with patients, support them in adopting healthier lifestyles while waiting for surgery, prepare them for surgery and recovery, and inspire patients to continue their healthier lifestyle choices in the long term.

Waiting Well presented many immediate similarities to PREP-WELL's way of working, and the team who had worked on it alongside YGT recognised they were perfectly positioned to support this and extend their learning across the region. Fleet-footed, they embraced the opportunity to bring the previous work front and centre, transfer the learning to become part of Waiting Well and speak confidently to a much wider range of health professionals about how physical activity can be embedded into this way of working.

As a result of their ongoing involvement in Waiting Well, Professor Gerry Danjoux and Esther Carr continue to build upon their PREP-WELL experience, communicate their learning, support others in changing the system, and to value physical activity.

The lasting impact of the YGT approach to the PREP-WELL work means that the insight, learning, and lived experience of delivering an innovative approach to a community-based prehabilitation programme have influenced the delivery of Waiting Well and supported 458 patients so far. This extends to a significantly larger geographical area and will positively impact the next phase of Sport England's expansion work into new areas across the North East and Cumbria.

Mark Fishpool, YGT Programme Director, said, "Building collaborative relationships and delivering multi-stakeholder programmes take time, but by listening to patients and taking a person-centred approach, we were incredibly successful at embedding physical activity into the PREP-WELL prehabilitation programme.



“Through this work, we are now actively participating in and influencing Waiting Well steering meetings, which means many more patients value the benefits of physical activity before and after they undergo surgery.”

### Key insights from PREP-WELL

In phase one, during the COVID-19 pandemic, approximately one-third of patients wanted a home-based programme. Of the people wanting this type of programme, there was a 50/50 split between those wishing to access this digitally vs paper-based.

Despite undergoing major surgery, COVID-19 enforcing a period of isolation, and the programme delivery moving to a virtual platform, a reduction in inactivity of nearly 10% was observed. This suggests the potential for longer-term behaviour changes in participating patients.

One size doesn't fit all. Through the development of PREP-WELL, we learned that offering a menu of options to patients helps with engagement and patient satisfaction. We took this insight and learning into developing the Waiting Well Programme.

Supporting patients in addressing their personal barriers to engagement improves engagement. Working across sectors with Waiting Well, alongside social prescribers and a Health and Wellbeing Coach, has enabled further enhancement of the service provided to patients.

Engaging in a pre-operative health and wellbeing programme has benefits that can be seen on an individual patient level, and it also benefits the system as a whole.

### Reflections and Learning

Within the hospital, PREP-WELL had the backing of many highly qualified surgical champions who believed in the work's positive impact. This support was perceived as a credible way to support the programme continuing beyond the YGT funding through the trust's own investment.

On reflection, throughout the programme, communicating and influencing those within the hospital trust responsible for budgets and investment decision-making would have been merited. As the work moves into Deepening and Expansion, we need to engage and influence the most senior leaders if we want to change policy and behaviour.

Also, if the PREP-WELL team had taken a more collaborative approach to communicating the impact and learning to the trust with the support of other people, e.g., the Director of Public Health South Tees/Programme Director of YGT, and presented the programme's pioneering influence that enabled them to work with NHS

England, The Care Commission, and NHS Horizons, would the trust's decision have been different?

Both of these reflections highlighted for the YGT team the importance of communication throughout the entire programme journey to educate and influence at many levels. A strategic approach to who should be communicated to, when, and how should have formed part of the programme.

## CASE STUDY

# Helping people living with chronic pain to become active

# HELPING PEOPLE LIVING WITH CHRONIC PAIN TO BECOME ACTIVE

**Flippin' Pain™** is a public health initiative that brings the science of pain to people who need it in the places they live and work, in the heart of their communities. Championed by community healthcare services provider **Connect Health**, it aims to change (or flip) how people think about, talk about and treat persistent pain while raising awareness of the problem of pain. **Flippin' Pain** believes that **empowering individuals and communities affected by persistent pain through education and understanding is key to transforming the approach to pain on a systemic level.**

Persistent pain affects 30-50% of people in the UK. Its impact is significant, negatively affecting physical and mental health, social and home lives and people's ability to stay in work. Chronic pain is more prevalent in the North East than in any other part of England; it is thought to affect around 43% of people, and opioid prescription rates in the area are 300% higher than in London.

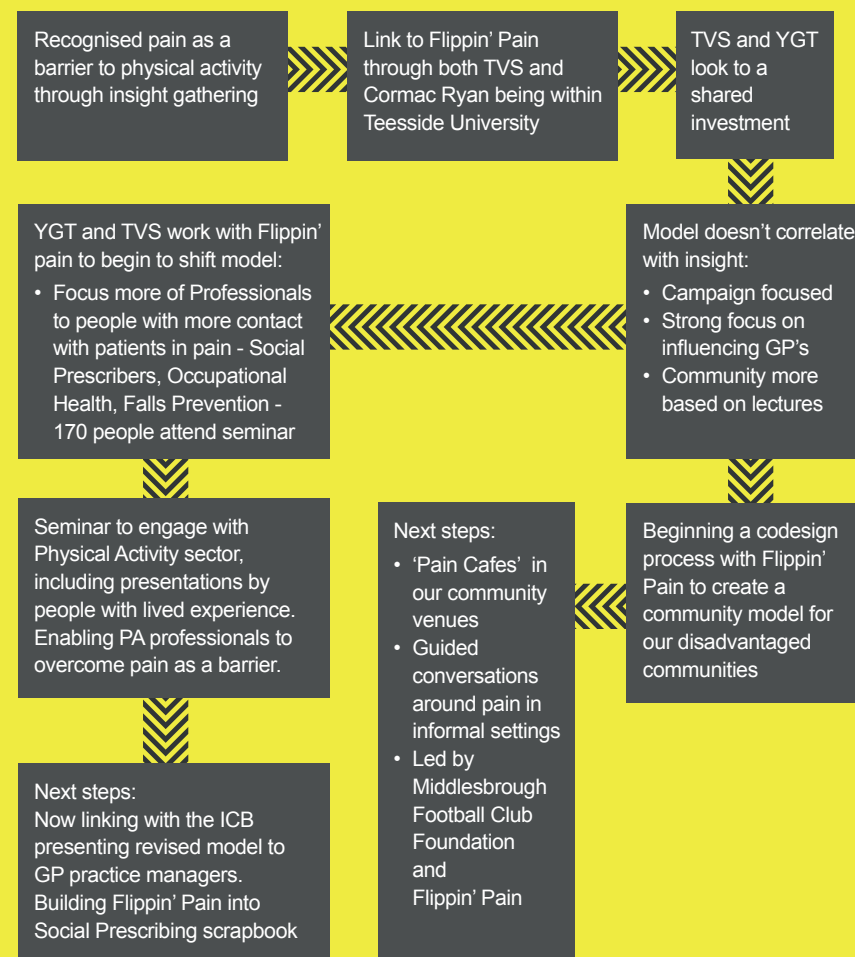
Through insight from health professionals and patients, YGT and Tees Valley Sport (TVS) identified pain as a significant barrier to physical activity but had not yet found a way to tackle this issue. After attending a local seminar where Cormac Ryan, Professor of Clinical Rehabilitation at Teesside University and a community pain champion for Flippin' Pain™, spoke, they realised that forming a partnership could be an effective solution.

This has led to a two year journey to reimagine pain and physical activity, which is summarised in the graphic to the right.

Together, they collaborated with Flippin' Pain™ to share insight and address pain-related health inequalities. At this time, Flippin' Pain™ was delivering events within Teesside University, and health professional sessions focused specifically on GPs. From our insight, we argued that offering public sessions in local communities and expanding outreach to nurses, social prescribers, and other health practitioners would create a more significant impact.

This initial coming together led to YGT and TVS joining a steering group. Throughout these sessions, they were able to share valuable insight and learning to nudge the Flippin' Pain™ team to do things differently.

## OUR JOURNEY UNDERSTANDING PAIN



As a result of this initial groundwork, a first-of-its-kind public and private sector collaboration was forged to tackle the issue of pain head-on. It aimed to directly reach those living with chronic pain, overcome barriers to physical exercise, and challenge outdated perceptions and beliefs relating to pain management and treatment.

Carol Appleton, Programme Support Officer for You've Got This, said: "Through our work in the local community, we know that many people live in pain, which prevents them from being active. They often believe they can't do anything about it because they have never been told or shown they can."

Together, Connect Health, NHS North East and North Cumbria Integrated Care Board (Including North Tees and Hartlepool NHS Foundation Trust and South Tees NHS Foundation Trust), YGT, TVS and Teesside University, pooled resources and expertise, to co-create and deliver a series of targeted events and activities for the public and health professionals.

These included the Flippin' Pain™ Tees Valley Outreach Tour. It comprised 19 events held over six days, featuring educational workshops, public seminars and experiential pop-ups. 2,400 people engaged, and more than 725 people joined the sessions, which were led by a team of pain professionals, educators and community champions. This was backed up with a suite of interactive multimedia learning resources that brought the six key messages to life through podcasts, infographics, and animations. These resources were co-created by a team of pain experts, including people with lived experience of persistent pain.

A key insight from YGT's work was that many professionals were supporting people living with chronic pain, as well as GPs. The thinking behind targeting this wider audience was that these health professionals have more time and contact to try and change their clients' behaviours to be more active while still living in pain; whereas a GP only has an 8-minute window. 'When PAIN gets in the way' educational sessions were codesigned for those professionals supporting people with pain or promoting active lifestyles. As a result, 170 social prescribers, nurses, occupational health, and falls prevention nurses attended the events.

Through working with YGT and TVS, Flippin' Pain has also built a relationship with the North East and North Cumbria ICB. Together, they have connected Waiting Well and

work independently to explore how pain pathways, physical activity, and movement can permeate all areas of the hospital.

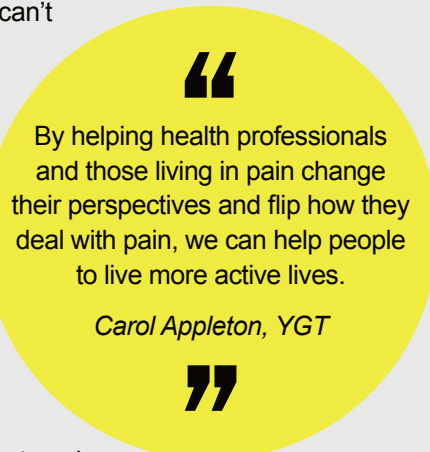
YGT's approach to the Flippin' Pain initiative is a significant example of fostering a trusted collaboration through distributed leadership. While they continue to play a role in the project, they are no longer the primary drivers for changing their ways of working. Instead, they are becoming deeply embedded in the processes, ensuring sustainability and long-term success.

Having adapted the original communication approach from events at Teesside University, flipping it, and taking the initiative out into the community, it has been easier for people to access the information. Often overlooked, the location of a venue can be a significant barrier for individuals in hard-to-reach communities. The team recognised that when working in areas of deprivation and people living with high levels of pain, they are going to have to adapt the communication to be able to reach them. Building on this insight, we are now exploring the introduction of HOPE (Helping One-another with Pain Education), facilitated community support sessions in accessible and familiar spaces in deprived communities to connect with people where there are high levels of long-term conditions and inactivity.

We are especially proud of the fact that they have been able to amplify the synergy between pain and physical activity. Previously, it felt disjointed and only rooted in pain and psychology. Because YGT commissioned the work, we were able to shift the narrative onto getting people to move and re-educating them to recognise that it's not just about living better with pain; it's about living better and being active with pain. This shift is especially crucial given that 44% of people who report being inactive cite pain as the primary barrier. It has also enabled the team to reposition their campaign to focus on both pain and movement rather than pain alone.

The project's initial phase evolved into a series of events tailored for physical activity professionals. A two-day event focused on education, helping attendees reframe their understanding of pain and providing practical tools to integrate this knowledge into their work. This has fostered a seamless collaboration between healthcare and physical activity professionals, ensuring that both groups recognise that pain doesn't have to be a barrier to activity and that hurt doesn't always mean harm.

The collaboration has been an award-winning success. At the HSJ Partnership Awards 2024, the Flippin' Pain™ partnership was officially named the "Gold" winner of the Most Impactful Partnership in Preventative Healthcare.



Flippin' Pain™ also won a Bright Ideas in Health Award in the Innovation in Clinical Education category. The regional awards celebrate the achievements of individuals and teams in the North East working within the NHS, industry, and academia who have improved patient services through technical innovation or better service delivery.

### **Insights and learning:**

Changing Flippin Pain's perspective about who they should communicate with, from GPs and GP consultants to a much wider group of health professionals, has significantly impacted the work's effectiveness.

YGT is also including information about Flippin Pain in a new social prescriber scrapbook that they are developing in collaboration with social prescribers across Redcar & Cleveland.

A recent large-scale study conducted by the Richmond Group of Charities explored the barriers to physical activity for individuals with long-term conditions. The research found that health professionals often attributed these barriers to factors like a lack of motivation, money, time, capacity, or skills. In contrast, patients identified chronic pain as the primary obstacle, with many stating that pain itself was the biggest barrier to activity. This contrast underscores a significant empathy gap between those living with long-term conditions and the professionals supporting them. Over the past two years, this initiative has substantially addressed that gap. By sharing insights, fostering mutual learning, and upskilling professionals and patients, the programme is better equipped to support individuals in managing their conditions. Additionally, it provides high-quality, practical resources and training to enhance care and promote more effective, empathetic support.

The key impacts of the work to date can be found here ([link](#)).