

**One Borough, Differing Needs -  
Responding to the health and wellbeing needs of our communities**

**Director of Public Health Report 2015/16**

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## Introduction

A safe, sustainable home, good work and access to health and community facilities are all drivers of good health and wellbeing. The Borough of Stockton-on-Tees is changing to support these. Major regeneration projects and new businesses in Stockton Town Centre and along the riverside are providing a new environment for our community to work and be entertained. New housing and new community facilities such as the Leisure Centre in Ingleby Barwick are planned and developments such as the Urgent Care service to go live in April of this year will support people's access to health services. Equally, we need a healthy population, so that communities can realise their potential and contribute to the economy.

Through sustained activity across the health and wellbeing system, we are seeing some positive trends over time, for example a reduction in early deaths (i.e. under 75yrs) for cancer and for heart disease and stroke across the population as a whole. Alongside the many positive developments in the Borough, we know that significant challenges remain in improving and maintaining the health of our population. These challenges exist to differing extents across our communities, for example: smoking prevalence varies between almost 37% in our more deprived communities and 8% in our least deprived communities (2015 estimates); and prevalence of cancer, heart disease and stroke remains greater in our more deprived communities. This inequality means that people in our more deprived areas have poorer mental and physical health, use health and social care service more and they have a shorter life expectancy (16.6 years for men and 12.2 years for women) (*Health Profile*, 2016). Such inequalities are well-described and have been covered in previous Annual DPH Reports. Nevertheless, the extent of these inequalities in health remain one of the biggest challenges to the health and wellbeing of our Borough as a whole – and we know that societies with greater inequality have poorer health overall (even among the most affluent parts of society) than societies where inequalities are narrower.

Strong evidence tells us that the most effective way of addressing inequality across the population is through both universal activity across the population; and targeted activity for communities within the population who have specific and greater needs. Universal activity alone risks not being targeted enough to truly meet specific needs. Targeted activity alone means true upstream prevention work is missed – in other words, not taking the earliest opportunity to prevent ill health and promote good health and wellbeing, with a consequent worsening of the population's health as a whole and an increased future demand on health and social care services. Prof Sir Michael Marmot captured the importance of undertaking both universal and targeted activity according to need (the 'proportionate universalism' approach) in his widely-accepted, evidence-based *Strategic Review on Health Inequalities in England* (2010).

This DPH Annual Report therefore focuses on pieces of work that show how we are addressing the differing needs of our communities through taking a proportionate universalism approach. It outlines examples of our work across the Local Authority and with partners, based on the principles of community engagement and community development.

The Report covers the pieces of work we have undertaken in the year 2015/16. In this sense, I am reporting on behalf of Professor Peter Kelly, who was Director of Adults and Health at Stockton-on-Tees Borough Council until September 2016. The work described

here was directed and shaped by Peter's passion and leadership for Public Health and health inequalities, together with the Council's strong political leadership and advocacy for Public Health and our mature relationships across the council and with partners including the NHS, the voluntary and community sector, education, Healthwatch and the Police & Fire services. Since I assumed the Interim Director of Public Health role in September, I have been pursuing this approach and we are committed as a team to progressing this work further over the coming year. It will be important to build on and support the assets in communities such as community networks, knowledge and skills, to help communities build resilience. It will also be important to progress our key Public Health programmes, systematically implementing what we know works; continue to work very closely with our partners to embed primary and secondary prevention across the health and wellbeing system; and work through partners to achieve health and wellbeing outcomes by addressing the wider determinants of health.

The Report also provides a progress summary against activity highlighted in last year's Report. Lastly, key facts and figures describe the context for each work area from 2015/16 and a set of Appendices at the back of the document gives additional detail on these.

I hope you enjoy reading the Report.

**INSERT SIGNATURE & PHOTO**

Sarah Bowman-Abouna

Interim Director of Public Health, Stockton-on-Tees Borough Council

March 2017

## Executive summary

### Overview

A healthy population is a priority means that communities can realise their potential, live fulfilling lives and contribute to society and the economy. Working closely with partners, we are making good progress in some areas of health and wellbeing, supporting our communities to improve their health and reduce health inequalities. We also continue to address some significant health and wellbeing challenges, with some of our communities experiencing complex health challenges and inequality across the Borough remaining one of the highest nationally. The focus of this year's Report is therefore addressing the differing needs of our communities through appropriately tailoring our services according to need (a 'proportionate universalism' approach). The Report outlines examples of our work across the Local Authority and with partners in 2015/16, based on the principles of community engagement and community development.

Some of the outcomes of the work described can be evidenced in the short-term; other impacts will be seen in the longer-term, as we work together to shift complex social and environmental factors and behaviours to support healthier communities. Over this year, we will be building on and supporting the assets in communities to help communities build resilience; working to systematically implement evidence-based programmes; and continuing to work with partners to embed primary and secondary prevention across the health and wellbeing system; and working through partners to address the wider determinants of health. The Report also provides a progress summary against activity highlighted in last year's Report. A summary of some key points and recommendations are outlined as follows:

### Child health

#### *Key points*

- Everyone who has a child under five years old will be offered the health visitor-led service as part of the Healthy Child Programme. The service will work with families to assess their strengths and needs, advise on building supportive relationships within the family and provide advice and guidance on a range of health and wellbeing issues.
- Stockton Town Centre ward piloted 'A Fairer Start' (AFS) in 2016. AFS is a holistic, sector-wide partnership approach to ensure every child has the best start in life by offering an integrated and unified community response to the needs of local families.

#### *Key recommendations*

- Develop multi-agency training programmes to fulfil identified training needs across our children and young people's workforce.
- Improve information sharing processes, particularly between Stockton-on-Tees Borough Council and North Tees and Hartlepool NHS Foundation Trust.
- Continue to work closely with children's services on the proposed change from children's centres to 'family hubs'.

## **Preventing diabetes through physical activity**

### *Key points*

- In Stockton-on-Tees, less than half of the adult population achieve at least 150 minutes of physical activity each week and we know that low physical activity is a key risk factor for diabetes, which in turn is a risk factor for heart disease and stroke.

### *Key recommendations*

- Provide targeted intervention and support to communities in greatest need.
- Collaborate further with other Council departments and external partners such as the Voluntary, Community and Social Enterprise (VCSE) sector to systematically embed physical activity into the everyday life of our residents and workforces.

## **Mental health: Suicide prevention**

### *Key points*

- Suicide is often the end point of a complex pattern of risk factors and distressing events and the prevention of suicide has to address this complexity. Most suicides are preventable.
- The Tees Suicide Prevention Taskforce continues to seek avenues to build capacity for suicide prevention.

### *Key recommendations arising from this report*

- Work with partners to implement mental health promotion strategies, promoting protective factors and resilience throughout the life course.

## **Sexual health**

### *Key points*

- Public Health endeavours to ensure that everyone has access to sexual health support, advice and treatment. However, in Stockton-on-Tees, some population groups are more at risk of poor sexual health and/or may face additional barriers to accessing services.

### *Key recommendations arising from this report*

- Improve access to the sexual health service, by facilitating proactive outreach provision and the development of a clear and accessible service.
- Work with our sexual health service provider to further increase access to services in the community through GPs and pharmacies.

## **Environmental Health**

### *Key points*

- The Environmental Health (EH) team work alongside Public Health England (PHE) and EH colleagues in Tees Valley to implement effective outbreak control plans in Stockton-on-Tees.
- The EH team also work with partners to protect the public from environmental hazards such as noise, poor air quality, contaminated land, water contamination, light pollution and pest infestations.

### *Key recommendations arising from this report*

- Continue to work closely with partners to follow robust outbreak investigation procedures and maintain food premises inspection and sampling programmes.
- Continue to work in partnership with the Environment Agency to rapidly respond to and control land contamination incidents; and to identify potential problem sites and ensure appropriate preventative measures are in place.

## **Smoking**

- In Stockton-on-Tees, smoking-attributable mortality, smoking-attributable hospital admissions and smoking during pregnancy are higher than the national average.
- The number of smokers using the local Stop Smoking Service is declining locally, regionally and nationally - the increased use of electronic cigarettes is a major contributor to this.
- Public Health has been working closely with the Hartlepool and Stockton Clinical Commissioning Group (CCG) on the “Babyclear” intervention, aiming to reduce the rate of mothers smoking during pregnancy.

### *Key recommendations arising from this report*

- Consult with smokers from the most deprived areas, to gain an enhanced understanding of how to support individuals to stop smoking.
- Consider how to implement the NICE guidance “tobacco harm reduction” approach.
- Review the stop smoking services situated within pharmacies to ensure they are effective.
- Support Hartlepool and Stockton CCG with the smoking in pregnancy agenda, to develop an improved pathway to support pregnant smokers.



## Reflection on DPH Annual Report 2014/15

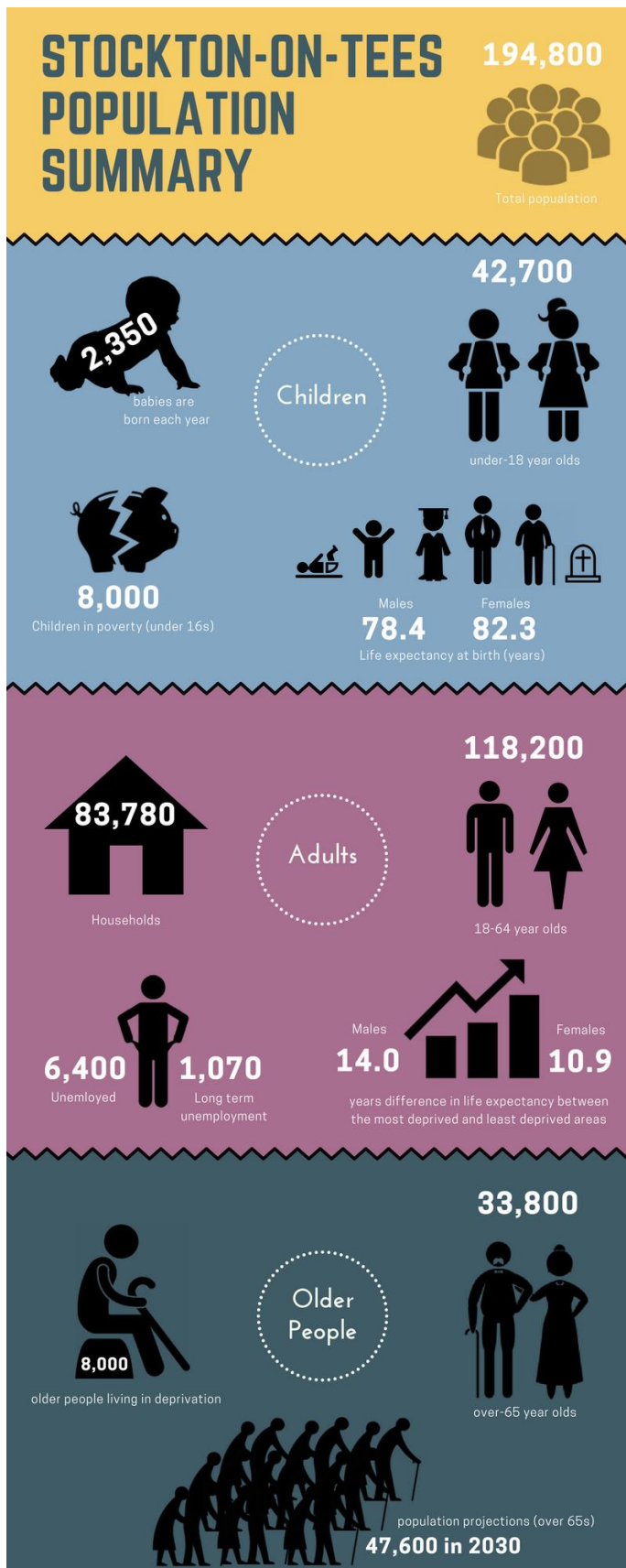
<p>The 2014/15 DPH annual report contained numerous recommendations to help address several key health and wellbeing issues in Stockton-on-Tees. Work has continued throughout the year to address these issues, some of which are further expanded upon in this report. Some examples of how last year's recommendations have been acted upon and developed are:</p>	
<p><i>Healthy pregnancy</i></p>	<p>The Health Visiting and Family Nurse Partnership services have been reviewed and new service specifications to support modernisation and transformational change have been set up. Particular focus has been placed on the frequency and manner of contacts that health visitors have with mothers during the antenatal period.</p>
<p><i>Age 0-3</i></p>	<p>Public Health continues to engage with the Home Safety Scheme (led by the children's centre team). This scheme aims to build capacity in the "accidental injury prevention programme". A child's early years are a key time to prevent injuries and the Home Safety Scheme targets the most vulnerable families whose children are at an increased risk of accidental injury.</p>
<p><i>Children's dental health</i></p>	<p>The Public Health team are working with the Eastern Locality Partnership to promote key oral health messages in the community. Work is ongoing in conjunction with the Oral Health Promotion Team to roll out the tooth brushing programme within primary schools. There are 49 (out of 59) primary schools in Stockton-on-Tees engaged in the programme.</p>
<p><i>Childhood obesity</i></p>	<p>SBC Public Health commission the school nursing service to deliver the National Child Measurement Programme (NCMP) in primary schools. Children in reception (aged 5) and year 6 (aged 11) are measured and parents are informed of their child's weight category. Children who are overweight or very overweight are invited to attend Morelife, a family weight management service. Morelife engages with parents and schools to attempt to increase the number of families accessing the service.</p>
<p><i>Alcohol consumption</i></p>	<p>In 2016, a local strategic partnership was established to deliver a range of interventions on behalf of the Health &amp; Wellbeing Board. These interventions included reducing alcohol-related crime and disorder, reducing the harmful impacts on health, addressing irresponsible alcohol sales, promoting life skills and resilience in our children and young people and intervening at an early stage to provide community based support and treatment.</p> <p>Public Health have commissioned training to increase the capacity of alcohol staff to raise awareness of the dangers of alcohol misuse and to support and encourage</p>

	<p>staff providing brief interventions. The Public Health Team have also been promoting the message 'no alcohol during pregnancy' through the distribution of a Foetal Alcohol Spectrum Disorder (FASD) animation, FASD training and contributing to FASD awareness week.</p> <p>The considerable harms associated with alcohol consumption, the cost of alcohol misuse to the local economy, and the links between alcohol and cancer ensures that alcohol will continue to be a priority for Public Health.</p>
<i>NHS health checks</i>	<p>The NHS health check invitation process has been amended to prioritise inviting people from the most disadvantaged areas.</p> <p>In 2015/16, 5,558 of the eligible population received a health check. Of these checks, 1,273 were carried out on people living in the most deprived areas.</p> <p>In the 12 months following a Healthy Heart Check in 2014/15, 3.5% of those who had a HHC were subsequently diagnosed with a cardiovascular condition; the majority of these were for hypertension.</p>
<i>Early detection programme for chronic obstructive pulmonary disease (COPD)</i>	<p>The Stop Smoking Referral Pathway has been developed to ensure smokers are receiving the best appropriate support in stopping smoking.</p> <p>Patients who attend a lung health check receive a brief intervention and are offered a referral to the local stop smoking service (SSS). In an attempt to improve access to the SSS and to provide dedicated support in stopping smoking, general practices can now generate electronic referrals to the SSS.</p>
<i>Healthy workplaces</i>	<p>In 2016, 24 organisations were supported through various stages of the North East Better Health at Work Award. This support covered a wide range of health topics within the workplace including healthy eating, mental health, physical activity, cancer awareness and oral health. Workplace health supports a range of organisations of all sizes and sectors to promote workplace health messages. A further 20 organisations have been working with coordinators to improve the health and wellbeing of their workplaces outside of the formal award system.</p>
<i>Warm Homes Healthy People</i>	<p>Following an evaluation of the Warm Homes Healthy People programme (delivered over the winter of 2015/16 and saw 335 clients referred into the scheme), Warm Homes Healthy People 6 was launched on the 3<sup>rd</sup> October 2016. The programme continues to include the eligibility criteria introduced in 2015 with the aim of delivering essential interventions within a timely manner, whilst ensuring that those most in need can access</p>

	<p>support within the project budget. Publicity around the scheme has concentrated on those most vulnerable, with the message taken directly to community locations and forums and a case study included within Stockton News, as well as raising the profile of the scheme with referring professionals.</p>
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# Our community

Stockton-on-Tees has:



## **Child health**

Evidence shows that investing in early years improves social, emotional and physical development of children and has an impact on their education, health and wellbeing right through to adulthood.

Public health is responsible for commissioning the delivery of Healthy Child Programme (HCP) services for children, young people and families for 0 to 19 years. This is delivered by health visitors, family nurses and school nurses.

### **Inequalities**

In Stockton-on-Tees, 65% of children are defined as 'school ready' (England average = 69%) on entry to primary school; however, this proportion varies across Stockton-on-Tees wards. In Stockton Town Centre (the most deprived ward in Stockton-on-Tees) only 47% of children are school ready. Due to Stockton Town Centre's diverse range of distinct communities, each with their own identity and cultural needs and a vast mix of health inequalities, deprivation and social complexities, it was chosen to pilot a new programme called 'A Fairer Start'.

### **Meeting the needs of Stockton-on-Tees residents**

#### *Health visitors*

Everyone who has a child under five years old will be offered the health visitor-led service. The service will work with families to assess their strengths and needs, advise on building supportive relationships within the family and provide advice and guidance on a range of health and wellbeing issues.

As part of the HCP, families are offered:

- Antenatal contact to prepare the whole family for the new arrival;
- New baby visit to consider progress and assess future health visiting needs;
- Six week assessment to review the health, growth and development of baby, mum and family;
- 3-4 month assessment of baby's health and wellbeing and offer of support for mum and family;
- 9-12 month assessment to review baby's health, growth and development and plan any future health visits; and
- 2-2.5 year assessment to review child's health, growth and development and plan future support.

Public Health work closely with children's centres and the 'Early Help Team', to ensure that a range of activities, support, advice and guidance is offered to all families.

## *School nurses*

The school nursing service works with school-aged children, their parents/carers, other health professionals, education staff and other agencies to promote the health and wellbeing of the children and enable them to reach their full potential. Children go through important stages of transition – when they move from nursery school to primary school, when they move from primary to secondary school and when they leave school. At key times, children and families are offered a health assessment to ensure their child's health and wellbeing needs have been identified and addressed. Each school has a named nurse with whom children, young people, parents and teachers can discuss any concerns. The service also provides targeted support/advice and specialist support when required.

## *A Fairer Start*

Stockton Town Centre ward piloted 'A Fairer Start' (AFS) in 2016. AFS is a holistic, sector-wide partnership approach to ensure every child has the best start in life by offering an integrated and unified community response to the needs of local families.

AFS is a three year pilot funded by Stockton Borough Council Public Health, Hartlepool & Stockton-on-Tees CCG and is managed by a charity called Catalyst. It focuses on improving key outcomes of 0-3 year olds, focussing on social and emotional development, speech and language development and nutrition. The overarching outcome is for all children to be school ready by the age of five.

AFS recognises that each parent, child and family has a unique journey and is a transformational, systems-change programme that represents a very unique way of working which has already begun to influence wider mainstream practice, new Early Years models and the future of Early Help services.

Significant progress has been made over the past 12 months across three key work streams: workforce development, community development and information sharing.

AFS made huge progress in 2016/17 with the implementation of a multi-agency Culture Change Training Programme (CCTP). The CCTP is crucial in motivating and equipping all professionals with the skills to work with and support families differently, focussing on soft skills such as positive behaviours, communication, self-management, reflective practice, partnership working and understanding change theory. Keen commitment from managers and supervisors has been crucial in engaging the workforce in the CCTP and will continue to play an important role in the implementation of AFS as a family focussed, mainstream practice.

## **Next steps**

Following extensive mapping with partners to confirm available multi-agency training related to the AFS development outcomes - a further three training programmes are currently being developed to fulfil identified gaps with a view to commence early 2017. This will provide a standardised knowledge base across all early years/family practitioners and volunteers to ensure families receive consistent, up to date and accurate messages.

The AFS Steering Group and Stockton's Children & Young People's Partnership are working together to improve the information sharing processes between Stockton Borough Council and North Tees and Hartlepool Foundation Trust to better integrate their family/community services and significantly improve outcomes for families.

The AFS approach has continued to influence Stockton Borough Council's Children Centre review since phase 1 in 2015/16, with a public consultation currently underway regarding the proposal to change children's centres into 'family hubs'. These will aim to have a volunteer/community empowerment focus which provides holistic, whole family support similar to the activities of the Champion Programme and using lessons learned from the Culture Change Training Programme

### **Case study – Champion programme volunteer**

The 'Champion Programme' is a three year community volunteer programme (now in year 2) delivered by 'Big Life Families' as part of A Fairer Start. The programme includes a team of 20-30 volunteers representing a wide range of communities, ages, ethnic backgrounds, geographic areas and experience/skills. The volunteers work with families and local partners to tackle isolation, provide earlier/consistent access to health appointments, signposting to local services, increase 'Early Years' knowledge, support child development, promote community empowerment and support family independence.

In just three months, 64 children had contact with the Champion Programme through activities in local schools, incoming referrals, community placed family sessions and outreach work with partners. Working towards the vision of 'A Fairer Start town', where children and families are valued, respected and supported from all angles of the community; local businesses and organisations contribute to the programme through volunteer placements, sponsorship, offering discounts and incentives for volunteers alongside subsidised family activities and general awareness raising.

In 2016, Big Life Families recruited a new AFS Welfare Advisor in partnership with Stockton Citizens Advice Bureau to support families with debt, benefits, energy advice, budgeting etc. and also established a new partnership with "Little Sprouts" to provide cooking on a budget, healthy eating and nutrition family sessions in the community.

One of the volunteers joined the programme after receiving support herself:

*"I came to Stockton from another country with my baby and when I arrived I had no food in my home or any clothes for my baby. I met a champion volunteer at a community group who told me about A Fairer Start and how the Champion Programme may be able to help me. I met the champions' team and they supported me and came with me to a food bank and also took me to a charity organisation where I got a clothes voucher. From my experience of having support from the Champion Programme I really wanted to help other families in Stockton who are experiencing situations like my own and decided to become a community champion myself. I attended the volunteering programme at Big Life Families and have made some good friends on the Champion Programme – together we are able to make a difference for families in the community".*



*A Fairer Start Community Champions volunteering with families in Stockton Town Centre ward*



*The fountain at the heart of Stockton Town Centre ward*



In 2015/16 Stockton-on-Tees had:

# CHILD HEALTH IN STOCKTON-ON-TEES



Infant mortalities



Low birthweight babies born (<2,500g)



Less than one-third of mothers are breastfeeding 6-8 weeks after birth



A&E Attendances for 0-4 year olds



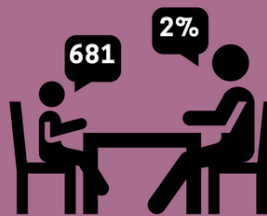
under 14's admitted to hospital due to injury



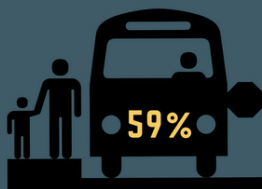
More than one-quarter of 5 year olds have decayed, missing or filled teeth



one in ten children in reception (4-5 year olds) are obese



school age pupils have speech, language or communication needs



OF CHILDREN ACHIEVES A "GOOD" LEVEL OF DEVELOPMENT AT THE END OF RECEPTION (SCHOOL READINESS)



## TOP 5 WARDS WITH THE LOWEST LEVEL OF SCHOOL READINESS

ROSEWORTH	NEWTOWN
STOCKTON TOWN CENTRE	
PARKFIELD & OXBRIDGE	BILLINGHAM SOUTH

\*For more information about the indicators used in this infographic, please see appendix 1.

Where 2015/16 data was not available, the most recent data was used.

## **Preventing diabetes through physical activity**

About 3.5 million people have been diagnosed with diabetes in the UK, 90% of these are with Type 2 diabetes. A further 550,000 people in the UK are estimated to be living with undiagnosed diabetes – many are diagnosed late when they are already showing signs and symptoms of complications.

Type 2 diabetes is partially preventable – it can be prevented or delayed by lifestyle changes (exercise, weight loss, healthy eating). Earlier detection of type 2 diabetes followed by effective treatment reduces the risk of developing diabetic complications. The main risk factor for type 2 diabetes is obesity.

In Stockton-on-Tees, less than half (47.8%) of the adult population achieve at least 150 minutes of physical activity each week. This is lower than the national and regional average. The Stockton-on-Tees Joint Strategic Needs Assessment reported that the amount of time people spend in sedentary behaviours is increasingly becoming a concern. For example, the most recent Census states that only 6.2% of the working population travel actively to work.

### **Inequalities**

The level of risk of obtaining diabetes increases with deprivation and it also increases from genetic factors among Asian and African populations.

The Health Survey for England (2012) reported that physical activity levels vary by household income level. Nationally, approximately 76% of men from the areas with the highest income reached the recommended levels of physical activity, compared to 55% of men from areas with the lowest income. Just over one-third (34%) of women from the areas with the lowest income were inactive, compared to 18% of women from the areas with the highest income.

### **Meeting the needs of Stockton-on-Tees residents**

In 2016/17, Public Health worked with partners to develop local infrastructure which promoted access to and uptake of physical activity.

In June 2016, Stockton-on-Tees hosted the British Cycling National Road Championships. Multiple partners from public, private & voluntary sectors and communities were involved in the planning, preparation and delivery of a highly acclaimed, successful four day event. The learning from the event has strengthened our approach to the development of a physical activity strategy.

The Stockton-on-Tees Physical Activity Strategy will not be centred around sport, rather based on the World Health Organisation's (WHO) definition of physical activity that 'any bodily movement produced by skeletal muscles that requires energy expenditure'. It will respond to the Public Health England (PHE) national strategy 'Everybody Active, Every Day' and the four pillars of delivery recommended by PHE (see appendices).

Along with physical activity, Public Health also commission and work in partnership with a range of organisations to improve the diets of residents, including the NHS Health Check, Lite4life adult weight management service, the family weight management service, the men’s healthy weight service, Change4life and schools based programmes, such as Phunky Foods.

### *Club 55*

The ‘Club 55’ programme is delivered by Tees Active, who are a charitable leisure management organisation with the aim of raising levels of physical activity in the community. Club 55 is a fun, social programme introducing inactive older adults to the leisure environment, increasing their physical activity and improving their physical and mental wellbeing. The project is available to all Stockton-on-Tees residents aged over 55 years old and targets inactive and isolated residents to improve their physical and mental wellbeing. It is currently delivered from the Thornaby Pavilion, within close proximity of many of our target population.

Central to the success of ‘Club 55’ has been its willingness to work in partnership with a range of other agencies, many who had not previously engaged with the trust:

Partner	Role
Stockton-On-Tees Public Health	Funding. Promotion of the scheme across the full breadth of their in house and commissioned services. Advice on potential partners who could help develop the scheme
Thirteen Social Housing Group	Funding. Utilising their Involvement team in recruitment and assisting in promoting the scheme to inactives and residents they believed to be socially isolated.
Age UK	Signposting clients to Club 55 particularly when they have been completing home visits. Providing volunteers to assist in some delivery. Provided drop in sessions at the Pavilion so clients can socialise and receive advice.
Stockton and Middleborough MIND	Signposting clients to the scheme. Provision of training for coaches and staff to raise awareness and knowledge of Mental Health issues.
Alzheimer’s Society	Signposting carers to the project. Provided points of contact for Club 55 members
Thornaby Indoor Bowling Club	Volunteers to assist in the delivery of sessions and the organisation of league games
Lifelines	Providing alcohol awareness information

### *Stockton Active Travel*

Stockton Active Travel runs a variety of walking and cycling based activities available at ‘The Hub’ in central Stockton, delivering free information, advice, resources and events to increase physical activity and improve wellbeing. These activities are available to all Stockton-on-Tees residents to help and encourage them to walk and cycle for more of their everyday journeys. In 2015/16, a number of ‘pop up’ hubs were introduced in areas of high deprivation and poor health. These ‘satellite hubs’ improve access for those at most need and enhance the existing project and complement all of the active travel and healthy lifestyles work.

## **Next steps**

There has been success through our provision of sports and leisure, complemented by targeting the communities in greatest need (e.g. Club 55 and Access All Areas). This needs to be maintained and efforts are to be focused on building capacity and collaborating with other SBC internal departments such as planning, transport & green infrastructure, adult & child social care and external agencies such as the Voluntary, Community and Social Enterprise (VCSE) sector to structurally and systematically embed physical activity within the everyday life of our residents and workforces.

## **Case Study – National Cycling Championships**

Working as one of many partners, the public health team contributed to the National Cycling Championships and Public Health England's Everybody Active North East.

Individuals, families, the old and the young were 'thrilled and inspired' as the borough hosted the National Cycling Championships in June 2016. Over 25,000 people were directly engaged in our events leading up to and during the 4-day championships.

Community groups, local services and businesses, schools, volunteers and families participated in a variety of activities to promote, deliver and participate in cycling. This approach not only created community spirit, but led to increased enthusiasm and intention to participate in physical activity. Of those surveyed during the event, 96% said they plan to include physical activity in their daily routine. Almost two thirds (64%) of respondents reported that they plan to do more than 150 minutes of physical activity per week.

Examples of activity include

- Go-ride sessions, delivered by British Cycling qualified coaches, were delivered within 10 primary schools. Each school received 12 hours of coaching. 866 Year 5/6 children completed these sessions ( 472 Male / 394 Female)
- 386 individuals (including children) participated in cycle rides hosted as part of the event.
- A dedicated British Cycling ambassador delivered themed cycling based assemblies to promote cycling safety and opportunities to get involved. These were delivered in May / June in a total of 11 schools, reaching 3,220 children.

The Stockton Cycling Festival hosted the 2016 British Cycling National Road Championship.



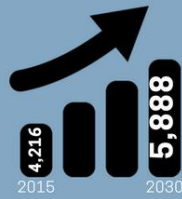


In 2015/16 Stockton-on-Tees had:

# DIABETES AND PHYSICAL ACTIVITY IN STOCKTON-ON-TEES



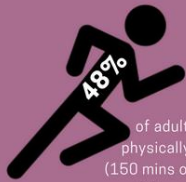
people are recorded as having diabetes



people aged 65 and over predicted to have diabetes by 2030



people estimated to be living with undiagnosed diabetes



of adults are physically active (150 mins of physical activity per week)



of adults do less than 30 mins of physical activity a week



of adults eat five portions or more of fruit and veg per day

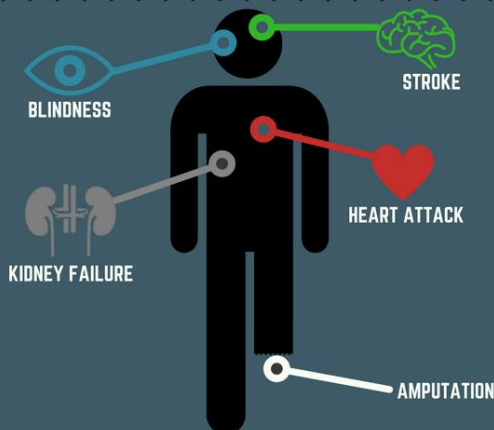


Almost three quarters of adults are overweight or obese



11-year-olds are obese

## CONSEQUENCES OF DIABETES



*\*For more information about the indicators used in this infographic, please see appendix 2.*

*Where 2015/16 data was not available, the most recent data was used.*

## **Mental health: Suicide prevention**

*'Every day in England around 13 people take their own lives. The effects can reach into every community and have a devastating impact on families, friends, colleagues and others. Each one of these deaths is a tragedy.'*

*Suicide risk reflects wider inequalities as there are marked differences in suicide rates according to people's social and economic circumstances with those in poorer communities more likely to be affected. Approaches aiming to protect those who are vulnerable in this way - people in debt or homeless, for example - are vital to reducing risk.*

*Local authorities are well placed to prevent suicide, because their work on public health addresses many of the risk factors, such as alcohol and drug misuse, and spans efforts to address wider determinants of health such as employment and housing.'* (PHE, 2016)

The most recent data available shows that the suicide rate in Stockton-on-Tees (13.6 per 100,000 people) is higher than the national (10.1 per 100,000 people) average.

Suicide is often the end point of a complex pattern of risk factors and distressing events and the prevention of suicide has to address this complexity. Suicides are not inevitable; indeed most are preventable.

There are a multitude of protective factors such as secure income, family relationships and a sense of belonging which supports and maintain resilience. Resilience provides individuals and communities with the capacity to cope with life's social and environmental challenges.

There is considerable evidence linking physical activity as a protective factor for mental health, evidence not only suggests that it has a preventative role but also shows that for those who suffer from depression and anxiety it helps to alleviate symptoms of low level mental health problems, even at low doses. There is also evidence that suggests that it helps to improve sleep, fatigue and appetite which can often be symptoms of mental health problems (Megan Teychenne, 2008).

Partnership working is clearly illustrated in 2016 by Public Health's establishment of the "Safe & Well" checks carried out by Cleveland Fire Brigade. This is a modernised version of the 'Home Fire Safety' check, and now incorporates brief interventions in response to a brief health questionnaire.

### **Meeting the needs of Stockton-on-Tees residents**

The Tees Suicide Prevention Taskforce was established and continues to seek avenues to build capacity for suicide prevention. In 2016/17, the Tees Suicide Prevention Plan was refreshed to take account of the broadening understanding of the category of 'frontline workers' who are in a position to perform 'mental health first aid' and promote local support services. The taskforce have witnessed first-hand an incident from multi-storey car park security staff successfully preventing a suicide. This has become a prime example of the need to broaden our reach and increase our understanding of place, profession and opportunity for intervention.

The Tees local authorities share commissioning responsibilities for the Tees Mental Health Training Hub (TMHTH). The TMHTH provides training in mental health first aid and Applied Suicide Intervention Skills Training (ASIST). Open access and targeted approaches are offered within our training programme. The private sector is targeted alongside our 'Better Health at Work' award scheme in our endeavours to promote mental health in the workplace.

In 2015/16, Public Health worked in partnership with a range of organisations to improve the physical activity levels of residents. There are a range of services in the community to support residents in being physically active, including female only running clubs & ice-skating, Club 55 (see appendix 3.5) and active travel initiatives. Physical activity is an integral component of weight management services and there are strong links between obesity and mental health. Weight management services available in Stockton-on-Tees include Lite4life adult weight management service, Family weight management service and men's Football Fans in Training.

### **Next steps**

In 2017/18 we plan to actively pursue the means to implement mental health promotion strategies to promote protective factors and resilience throughout the life course.

### **Case study – Steven's story**

Steven had a personality disorder as well as experiencing anxiety, low mood and OCD. He had spent several years being supported through secondary mental health services, was socially isolated and in his own words 'he felt like giving up'. He sought support from Middlesbrough and Stockton Mind to help him develop a purpose to his life and set some meaningful goals.

The first project that Steven engaged with was a mentoring project which helped him to adopt a more positive attitude towards improving his health. With the support of a volunteer mentor, Steven got involved in a local environmental project run by Groundwork North East which helped him reflect on the progress that he had made and how he could use this to help others. He completed an introductory course with Mind on mentoring and became involved on the "Get Set to Go" sports project where he was able to test out his skills in a supportive environment. The confidence gained combined with the feedback provided by staff and service users at Mind and from MFC Foundation ensured that he was able to make the step from informal helper to official volunteer.

Steven's mental health has improved significantly and he has been discharged from mental health services. He sees a clear future for himself and is excited about what each day now brings.

Steven is a role model for others who have experienced poor mental health; he has their genuine respect and admiration and is inspiring them to achieve their goals. He is a great example of the role that a positive volunteering experience can play in mental health recovery.



*World suicide prevention day 10<sup>th</sup> September*



In 2015/16 Stockton-on-Tees had:

# MENTAL HEALTH AND SUICIDE IN STOCKTON-ON-TEES



people recorded as having a severe mental illness



people estimated to have a mixed anxiety and depressive disorder



years of life lost due to mortality from suicide and injury undetermined



deaths from suicide and injury undetermined



deaths from suicide and injury undetermined  
\*males ages 15-34

at least

**9,500**



people who are receiving support from mental health services (TEWV & IAPT)

**£ 1.67M**

The estimated cost of a suicide to the local economy

*\*For more information about the indicators used in this infographic, please see appendix 3.  
Where 2015/16 data was not available, the most recent data was used.*

## Sexual health

*“Sexual health is an integral part of physical and mental health. Good sexual health depends on safe and equitable relationships and ready access to high quality information and sexual health services. Relationships and sexual behaviour are influenced by a number of different factors which include: personal attitudes and beliefs, social norms, peer pressure, religion, culture, confidence & self-esteem, drug & alcohol misuse, abuse & coercion as well as access to information, prevention and services. Deprivation and social exclusion also impact on sexual health, with a higher burden of disease in the population living in more deprived areas.”* Tees JSNA (2017)

Stockton-on-Tees Borough Council is responsible for ensuring the majority of sexual health services are provided to its residents. Services include most contraceptive services, sexually transmitted infections (STI) testing and treatment, chlamydia screening, HIV testing and sexual health elements of psychosexual dysfunction services. SBC is also responsible for the provision of services, including young people’s sexual health, outreach, HIV prevention and sexual health promotion. Other sexual health services including HIV treatment and provision of abortion services are commissioned by Hartlepool and Stockton-on-Tees Clinical Commissioning Group and NHS England.

It is a requirement that the services available are respectful, non-judgemental, confidential, person centred and celebrates diversity.

### **Inequalities**

The burden of poor sexual health is not equally distributed across the population and is affected by inequalities. Rates of STIs and teenage conceptions are higher in areas of deprivation. Groups at a higher risk of poor sexual health outcomes include young people, men who have sex with men and some black and minority ethnic groups.

### **Meeting the needs of Stockton-on-Tees residents**

Public Health endeavours to ensure that everyone has access to sexual health support, information, advice and treatment. However, in Stockton-on-Tees, some population groups are more at risk of poor sexual health and/or may face additional barriers to accessing the services they need.

The majority of Stockton-on-Tees residents requiring sexual health services will use the sexual health hub located in Lawson Street Health Centre. The hub is a centre with specialist expertise, offering a full and comprehensive range of sexual health services. Individuals also have the opportunity to have their needs met in their own community as general practices and community pharmacies provide sexual health services. Sexual health services can also be accessed in spoke clinics, which can offer almost all sexual health services offered by a hub, but are in the community. Spokes are typically found in health centres and GP practices. The sexual health service also delivers outreach services (including information and advice on contraception, STIs, emergency hormonal contraception, condoms and chlamydia tests) in schools, colleges and other settings. Although there are no outreach services in Stockton-on-Tees, 2,474 residents have accessed outreach service elsewhere in Teesside.

In 2015/16, the SHS developed a virtual hub, a digital innovation which provides 24 hour access to support services and information 365 days of the year. Patients can book an appointment and order home testing kits whilst managing their own health and wellbeing.

### **Next steps**

The SHS will be carrying out the following changes in the coming year:

- Review the need for an additional spoke to be located in Ingleby Barwick.
- Outreach services are to be delivered in Stockton-on-Tees, to address previous limited outreach. These outreach services for young people will be carried out by Brook, who are a young people's sexual health & wellbeing charity. Brook will provide dedicated outreach support, incorporating the provision of education & training, chlamydia screening and the C-Card scheme (see appendix 4.8).
- Other outreach services for hard to reach groups are to be delivered by the Terrence Higgins Trust (THT). THT will improve access to the SHS, by facilitating proactive outreach provision and the development of clear and accessible services (see appendix 4.9a & 4.9b).
- There will be further developments of the pharmacy and GP subcontracts, to increase access to sexual health services in the community.

### **Case study – Who are Brook?**

Established in 1964, Brook is the UK's leading provider of sexual health services & advice for young people under 25.

Brook provides free and confidential information, testing and treatment to young people through its core activities: clinical services, counselling, education and campaigning.

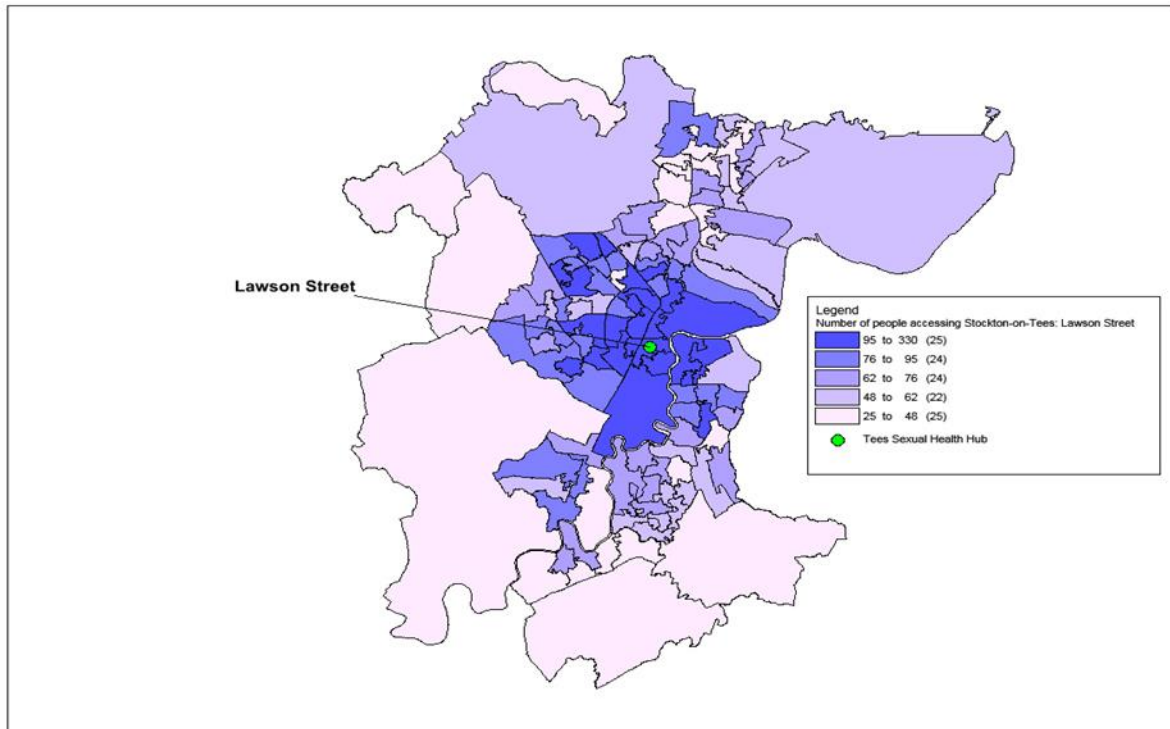
Brook works with young people to promote their sexual health in the wider context of health and wellbeing (HWB).

Brook's education values focus on being non-judgmental, open and honest, free from stigma, inclusive, holistic, critical thinking, pleasure positive and the programmes are interactive and start where young people are.

Brook's purpose is to:

- **AWAKEN** and strengthen young people's interest in and ability to improve their own lives and their HWB.
- **SUPPORT** young people to explore and identify aspirations for their HWB and their life.
- **DEVELOP** resilience to enable them to better deal with adversity and life's challenges.
- **ENABLE** young people to develop lifelong skills and set achievable HWB goals that are important to them.

## Photos



*Number of attendances by Stockton-on-Tees residents, to the Lawson Street (hub), by ward (2013-2015).*

The map shows the movement of people from across Stockton-on-Tees to access the hub in Lawson Street Health Centre. The hub is accessed more by those residents who live the closest. However, there are spoke clinics in areas such as Billingham and Thornaby to give people (at most need) easier access to sexual health services.

The image shows a screenshot of the Virgin Care Sexual Health Hub homepage with several callout boxes pointing to specific features:

- Easy read tool to magnify and read page out loud for accessibility:** Points to a magnifying glass icon in the top left.
- Positive health & wellbeing information – co-produced with partners like Relate and LGBT Foundation:** Points to the Virgin Care logo and the text "sexual health hub".
- Account login (to change & cancel appt):** Points to the "Log in" button.
- Go to Google:** Points to the "Go to Google" button.
- Predictive search:** Points to the search bar.
- Accessibility tool:** Points to the accessibility icon.
- Quick exit:** Points to the "Quick exit" button.
- Simple homepage so not overwhelming and easy to navigate:** Points to the main content area.
- Online booking:** Points to the "Book appointment" button.
- Natural language processing form to have a conversation with users and direct them to the right page without using the main menu:** Points to the "How can we help today? I want to" form.

The homepage features a red navigation bar with the following menu items: Sex & relationships, STIs, Pregnancy, Contraception, Health & wellbeing, Services near you, and a "Book appointment" button. The main content area includes the headline "A Sexual Health Hub that works for you." and the sub-headline "Easily manage your sexual health with Virgin Care's free sexual health services designed to suit your lifestyle." Below this is an illustration of a town with a central building featuring the Virgin Care logo. At the bottom, there is a form with the text "How can we help today? I want to" and a dropdown menu.

Sexual health Teesside: virtual "Sexual Health Hub" homepage

In 2015/16 Stockton-on-Tees had:

# SEXUAL HEALTH IN STOCKTON-ON-TEES



Stockton Town Centre  
Newtown  
wards with significantly higher rates of teenage pregnancy than the Stockton-on-Tees average

Hardwick  
Stainsby Hill  
Mandale & Victoria

It is estimated that every £1 cut from sexual health spending could result in



NUMBER OF STI CASES DIAGNOSED



*\*For more information about the indicators used in this infographic, please see appendix 4.*

*Where 2015/16 data was not available, the most recent data was used.*

## Environmental health

The Environmental Health service deals with a broad range of environmental issues in the Borough. These include:

- Food Safety
- Food Premises Register
- Environmental Protection
- Health and Safety
- Public Nuisance
- Animal Health and Welfare
- Pest Control

### Protecting the public from infectious diseases

The Environmental Health (EH) team work alongside Public Health England (PHE) and EH colleagues in Tees Valley to implement effective outbreak control plans in Stockton-on-Tees.

Outbreaks of illness are relatively common in care homes. These are typically viral outbreaks with person-to-person spread. In the vast majority of outbreaks, the cause is most commonly norovirus, however, sometimes no organism is identified, either because samples could not be obtained or they did not test positive in the laboratory. There are occasional outbreaks linked to food production, for instance *Clostridium perfringens* or *Salmonella*.

The Outbreak Control Plan is supported by a regular programme of food premises inspections, sampling and complaint investigation. The comprehensive programme of intervention and support has resulted in a record high proportion of food premises in Stockton being broadly compliant. In a small number of cases, legal action is necessary for non-compliance with food hygiene legislation, including cautions and prosecutions.

There were two significant community outbreaks in 2015/16, both of which required considerable resource from SBCs Environmental Health Officers (EHOs). The two incidents included an outbreak of *Salmonella kedougou* which was linked to a restaurant and an outbreak of *E. coli* O157 which was linked to a butcher's shop. EHOs worked closely with partners to manage the risk to the public's health as far as possible and to investigate these outbreaks.

### Next steps

Environmental Health will continue to work in close partnership with Public Health England and other North East Local Authorities to follow robust outbreak investigation procedures and maintain food premises inspection and sampling programmes.

### Protecting the public from environmental hazards

The EH team implement Stockton's "Contaminated Land Strategy and Air Quality Review and Assessment" in consultation with PHE, EH colleagues in Tees Valley and the Environment Agency (EA). The assessment focusses on protecting the public from environmental hazards such as noise, air quality, contaminated land, water contamination, light pollution and pest infestations.



In 2015, a fire occurred at Melbray Chemicals in Eaglescliffe. The incident occurred when an ignited fire pit containing trade waste made contact with various highly flammable raw chemicals and chemical waste stored on the site.

Once the fire had been extinguished, the EH team and the EA responded quickly to contain and remove the hazardous chemicals (including diesel based industrial strength acids and formaldehydes). This involved:

- Preventing surface discharge to adjacent premises;
- Preventing discharge into local controlled watercourses;
- Safe removal and disposal of all chemical wastes on site;
- Clearance of site of contaminated debris;
- Removal of the most heavily impacted soils; and
- Restoration of the site.

The estimated cost of this incident was £500k and took six months to complete. It required close supervision by the SBC Contaminated Land Officer to ensure that the site did not pose any significant health risk. The site operator was prosecuted by the EA, supported by evidence given by SBC.

### **Next steps**

Environmental Health will continue to work in partnership with the Environment Agency not only to deal with those sites where a rapid response is required to control land contamination incidents, but also to identify potential problem sites and ensure appropriate preventative measures are in place.

### **Photos**



*E-Coli bacteria cells*





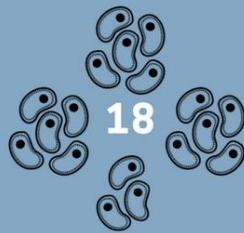
*Aftermath of fire at Melbray Chemicals*

In 2015/16 Stockton-on-Tees had:

# ENVIRONMENTAL HEALTH IN STOCKTON-ON-TEES



397  
confirmed reports of food poisoning.



18  
suspected food-related outbreaks

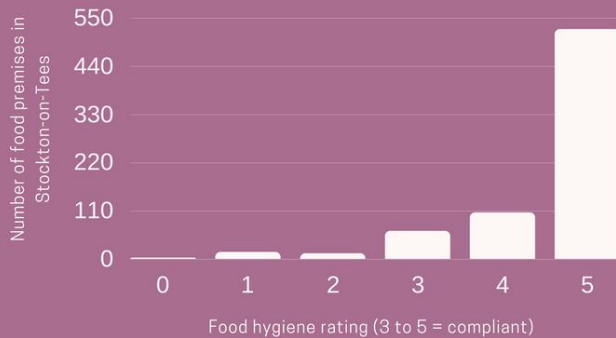


14

outbreaks in care homes

 **96%** of food premises broadly compliant

Food Hygiene Rating Scheme scores  
(5 = "very good hygiene standards")



North East  
**Better Health**  
at Work Award

**24**

organisations supported through the BHAWA

**14**

organisations achieved award levels



Stockton Borough Council achieved the GOLD level award

**8,386**

individuals potentially reached through the award

*\*For more information about the indicators used in this infographic, please see appendix 5.*

*Where 2015/16 data was not available, the most recent data was used.*

## Smoking

“Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population” *PHE (2016)*.

Smoking during pregnancy increases the risk of premature delivery, increased miscarriage, stillbirth or sudden infant death.

The prevalence of smoking in Stockton-on-Tees (18.4%) is statistically similar to the England (16.9%) average; however, numerous smoking-related statistics are statistically significantly worse than the England average. Some examples of key indicators include:

Indicator	Stockton-on-Tees	England
Smoking attributable mortality (rate per 100,000)	320	275
Smoking attributable hospital admissions (rate per 100,000)	2,401	1,671
Smoking status at time of delivery (%)	18%	11%

## Inequalities

In Stockton-on-Tees, there is a strong correlation between smoking prevalence and the level of deprivation. The more deprived the area, the higher the smoking prevalence.

People from the most deprived areas of Stockton-on-Tees are almost three times as likely to smoke as those from the least deprived areas.	Deprivation	Ward	% who smoke	0%	25%	50%
	Most Deprived	Stockton Town Centre	46%	[Bar chart showing 46%]		
↑	Newtown	39%	[Bar chart showing 39%]			
		.	.	[Bar chart showing 0%]		
↓	Least Deprived	Ingleby Barwick West	17%	[Bar chart showing 17%]		
		Ingleby Barwick East	16%	[Bar chart showing 16%]		

## Meeting the needs of Stockton-on-Tees residents

The local stop smoking service (SSS) is available to all Stockton-on-Tees residents who would like to quit smoking. However, the services are strategically located in areas where smoking prevalence is the highest. This has resulted in almost 65% of the people who access the SSS (and set a quit date) reside in one of the ten most deprived wards in Stockton-on-Tees.

The number of smokers using the Stop Smoking Service is declining locally, regionally and nationally due to the increased use of electronic cigarettes.

Public Health has been working closely with the Hartlepool and Stockton Clinical Commissioning Group (CCG) on the “Babyclear” intervention, in an attempt to reduce the rate of mothers smoking during pregnancy. Babyclear is designed to support the implementation of the National Institute for Health and Care Excellence (NICE) guidance around smoking in pregnancy. The intervention focusses on training maternity staff to deliver standardised brief interventions at the antenatal booking appointment. They are taught to provide a clear, enhanced referral pathway from maternity services into local stop smoking services. The intervention also included midwives delivering the “Risk Perception” intervention at the 12-week scan, in order to provide key messages on the dangers of continued smoking during pregnancy. This intervention specifically targeted those mothers still smoking at that stage in pregnancy. Since the implementation of these interventions, the smoking at the time of delivery rate in Stockton-on-Tees has reduced.

### Next steps

Public Health will be supporting the Hartlepool and Stockton CCG with the Smoking in Pregnancy agenda to develop an improved pathway to support pregnant smokers. An example of this is providing midwifery assistants with the skills and knowledge required in order to prescribe nicotine replacement therapy (NRT) via a local voucher scheme.

There is going to be a review of the stop smoking services situated within pharmacies, to ensure they are effective. Smokers from the most deprived areas will be consulted, to gain an enhanced understanding of how to support individuals to stop smoking. The review will also consider how to implement the NICE guidance “tobacco harm reduction” approach.

### Case study

## Stop smoking service helped Kevin quit for good



and after some investigation I was diagnosed with COPD, this was the first step in deciding to quit.

“I attended the drop in clinic in Norton and tried a whole range of stop smoking aids, from patches and gum, which never really worked for me. I then started on Champix tablets which were great and gave me the help I needed to quit for good.

“I feel great now that I’m smoke free, other than a little extra weight gain I’ve never felt better.

“I could not have done this without the support of the staff at the clinic. The advisers were great and really supportive. I’m really happy with my achievement.”

Smokers who want to kick the habit can get support at more than twenty stop smoking drop in clinics run by North Tees and Hartlepool NHS Foundation Trust. The service offers one-to-one advice for people who want to quit cigarettes, including the provision of nicotine replacement therapy.

The stop smoking service has a network of advisers across Stockton on Tees and Hartlepool who run free drop in sessions and can offer practical support and guidance on the best methods for each individual to quit smoking.

In relation to this stop smoking advisor Scott Chapman said: “We want to make access to stop smoking advice convenient. After registering with an advisor and setting a quit date, clients will tend to have a one-to-one or group appointment with the advisor each week to monitor their progress and to help them keep on track. It’s great when we hear back from clients who we have helped quit for good.”

For more information on how to quit smoking and to find out more about the drop in clinics in Stockton and Hartlepool people can phone 01642 383819 or visit our website [www.nth.nhs.uk/stopsmoking](http://www.nth.nhs.uk/stopsmoking).

**A** local man is celebrating being smoke free thanks to help from a drop in service being run by the Trust’s stop smoking service. Kevin Stephens, 55 years old from Billingham has been smoke free for three years after successfully quitting his smoking habit with the help of the stop smoking service. Kevin told us: “I started smoking from a very young age, since about 11 years old. I was smoking roughly between 15 and 20 cigarettes a day. “I started becoming very wheezy



## Photos



*Martyn Willmore (FRESH), Pat Marshall (Stop Smoking Service), Cllr Jim Beall and Ruby Poppleton (Public Health) promoting Stoptober (October 2016)*

In 2015/16 Stockton-on-Tees had:

# SMOKING IN STOCKTON-ON-TEES



18.4%  
of people in Stockton-on-Tees  
smoke



almost 1 in 5 mothers are  
smoking during pregnancy



2,500  
hospital admissions attributable  
to smoking each year



1,000  
deaths of adults over 35 each year  
are caused by smoking



2,304  
set a quit date



944  
successfully quit  
smoking for at least 4  
weeks



65%  
of those accessing the stop  
smoking service are from the  
10 most deprived wards in  
Stockton-on-Tees

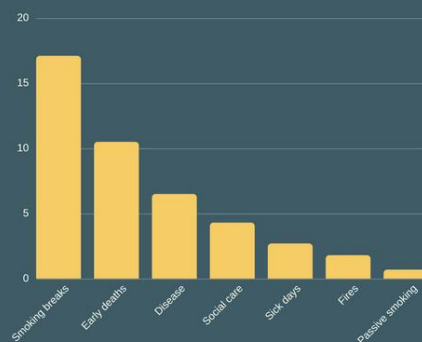
£70m

The estimated cost of smoking to  
Stockton-on-Tees

May 2016

The date that standardised "plain"  
packaging was introduced

Estimated cost of smoking (£millions)



*\*For more information about the indicators used in this infographic,  
please see appendix 6.*

*Where 2015/16 data was not available, the most recent data was  
used.*

## **Appendices**

# Appendix 1

## Child health

Figure 1.1

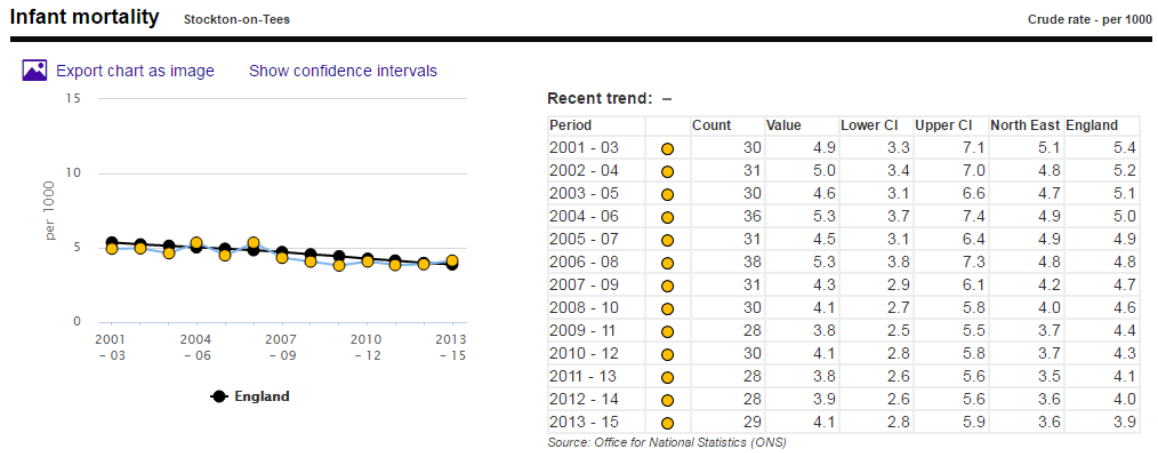


Figure 1.2

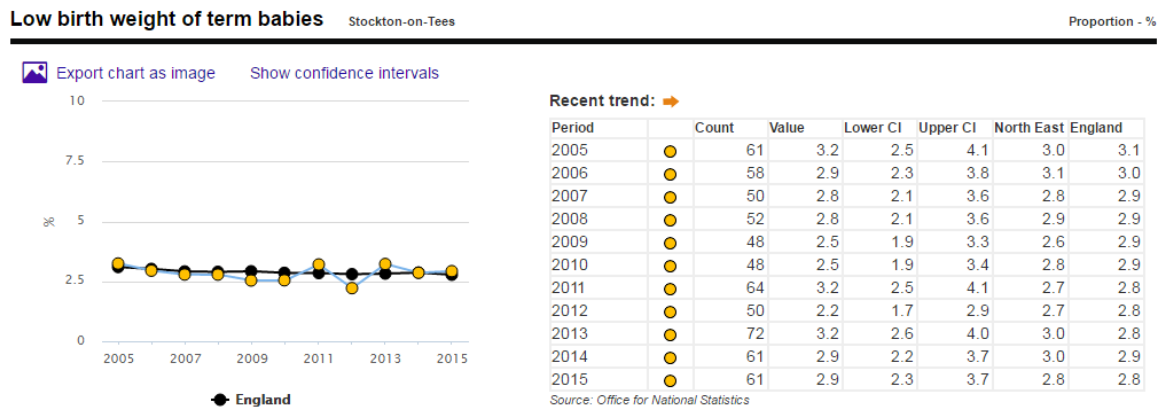


Figure 1.3

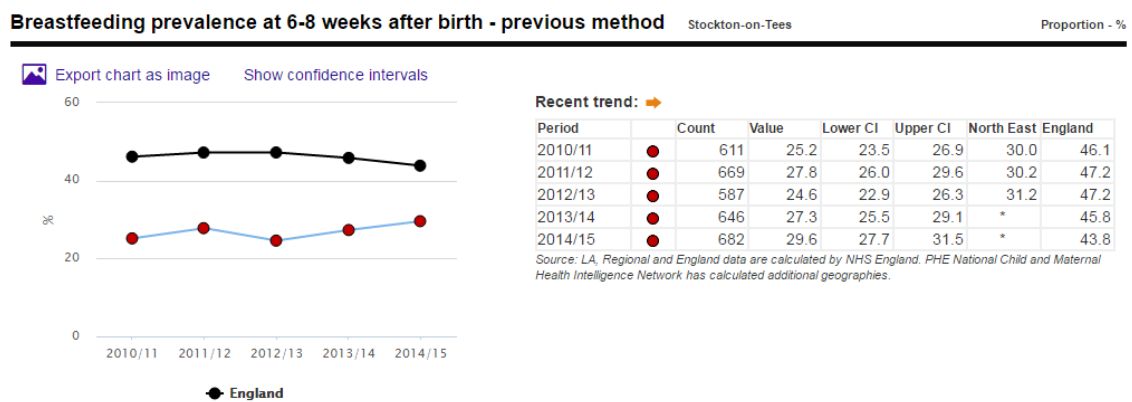




Figure 1.4

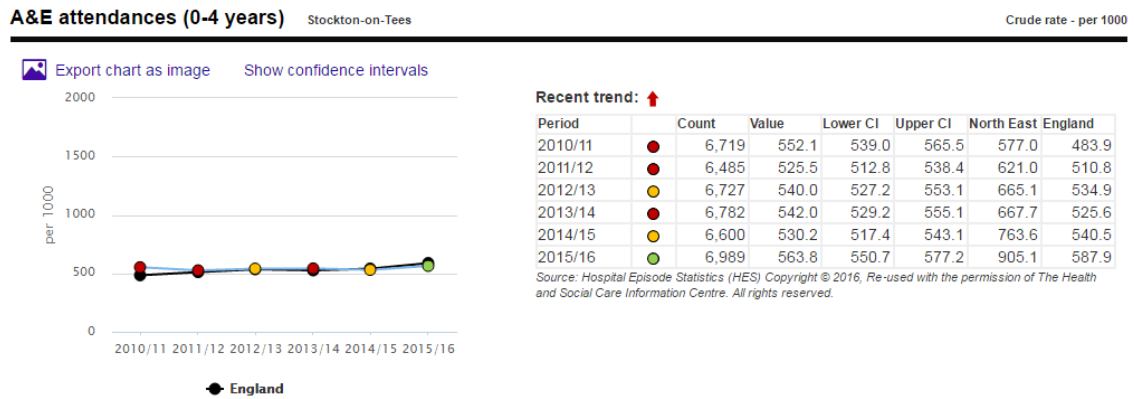


Figure 1.5

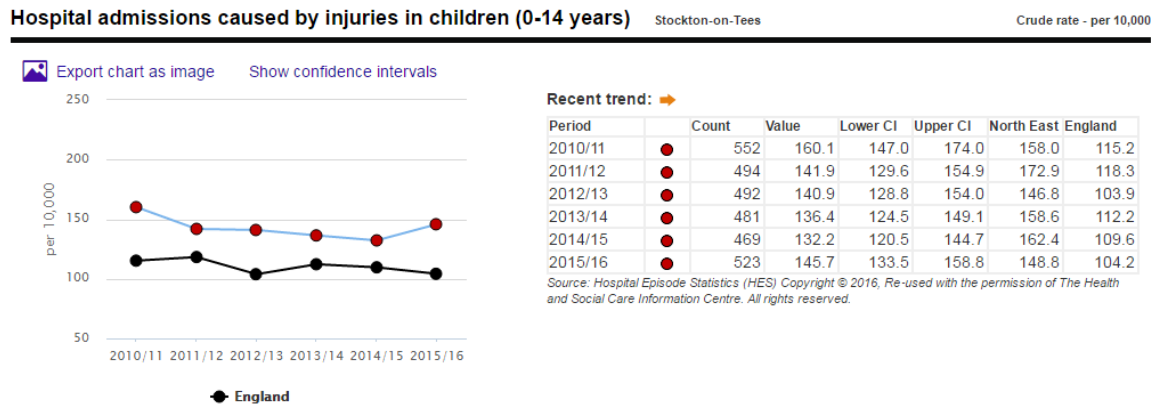


Figure 1.6

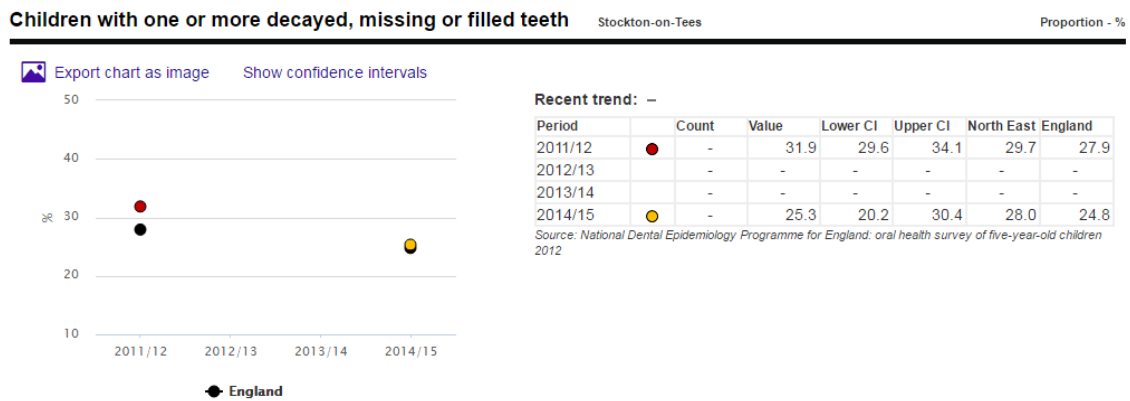


Figure 1.7

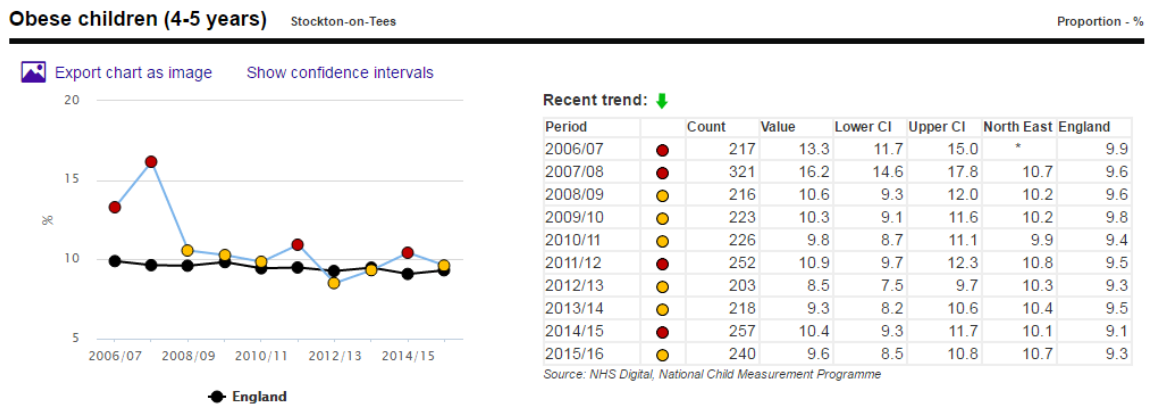


Figure 1.8

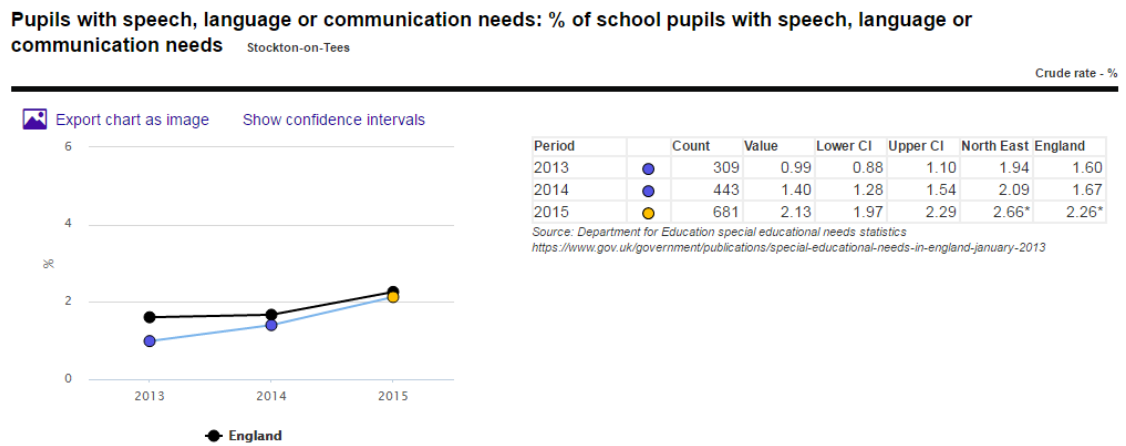


Figure 1.9

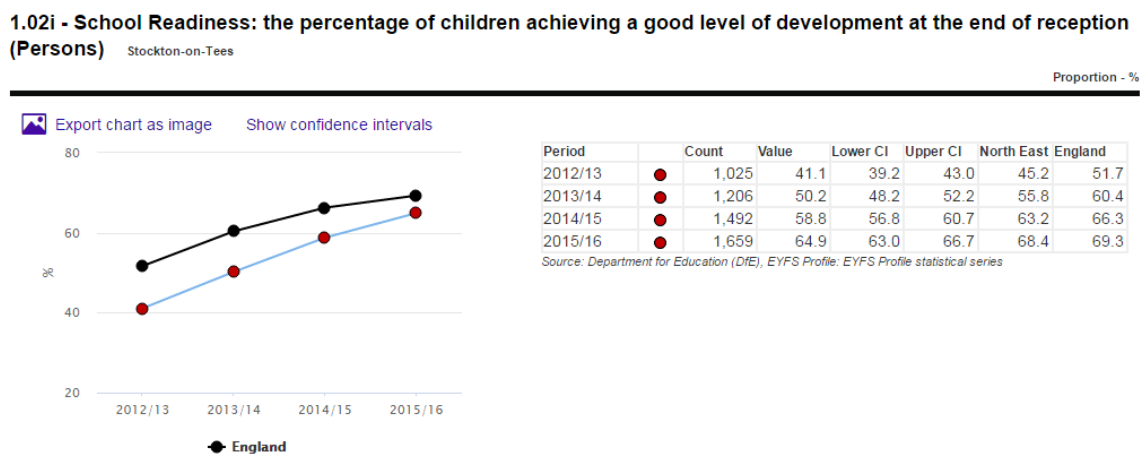


Figure 1.10

FSP2015\_WARD\_Overall\_Good\_Level\_Development

Overall Good Level of Development - Expected or More in Each Prime Area of Assessment including Literacy and Mathematics						
WARD Name	No achieving			% achieving		
	Boys	Girls	All Pupils	Boys	Girls	All Pupils
Billingham Central	20	36	56	38%	64%	51.4%
Billingham East	29	36	65	38%	63%	48.9%
Billingham North	22	39	61	48%	83%	65.6%
Billingham South	18	18	36	45%	43%	43.9%
Billingham West	16	18	34	80%	82%	81.0%
Bishopsgarth & Elm Tree	26	16	42	72%	76%	73.7%
Eaglescliffe	38	52	90	64%	79%	72.0%
Fairfield	15	26	41	54%	81%	68.3%
Grangefield	29	29	58	58%	78%	66.7%
Hardwick and Salters Lane	21	41	62	33%	69%	50.8%
Hartburn	23	25	48	62%	78%	69.6%
Ingleby Barwick East	66	64	130	72%	72%	71.8%
Ingleby Barwick West	47	76	123	53%	78%	66.5%
Mandale & Victoria	40	47	87	51%	61%	55.8%
Newtown	19	38	57	31%	57%	44.5%
Northern Parishes	10	8	18	63%	80%	69.2%
Norton North	24	34	58	53%	63%	58.6%
Norton South	18	33	51	49%	70%	60.7%
Norton West	23	25	48	68%	78%	72.7%
Parkfield & Oxbridge	19	40	59	30%	63%	46.8%
Roseworth	15	22	37	33%	47%	40.2%
Stainsby Hill	17	16	33	49%	48%	48.5%
Stockton Town Centre	19	29	48	39%	54%	46.6%
Village	29	21	50	59%	54%	56.8%
Western Parishes	Suppressed					
Yarm	33	26	59	73%	70%	72.0%

## Appendix 2

### Diabetes

Figure 2.1

The four pillars of delivery recommended by the Public Health England national strategy 'Everybody Active, every day':

1. **Active society:** developing allies and champions across sectors to prompt and sustain a cultural shift by working across local government; schools; youth clubs; VCSE; transport; planning; leisure and sport; employers; health and social care professionals.
2. **Moving professionals:** working together; sharing expertise; integrating physical activity into the fabric of society.
3. **Active environments:** engage planning and transport in designing spaces that promote physical activity from age-friendly high streets to playgrounds and green infrastructure; support workplaces and schools to be exemplary in their promotion of physical activity.
4. **Moving at scale:** based on community need, interventions should be co-designed, targeted and 'tested' so as to contribute to the evidence-base. Making use of existing NICE guidelines.

Figure 2.2

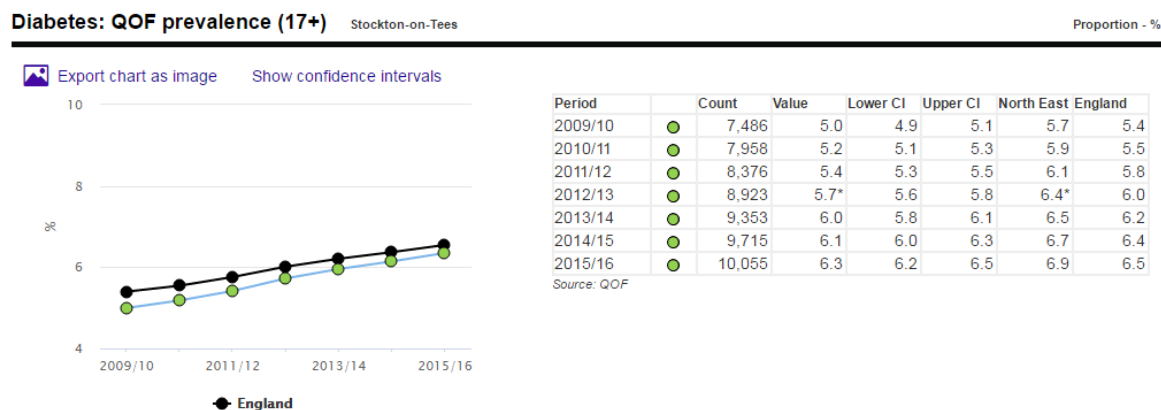


Figure 2.3

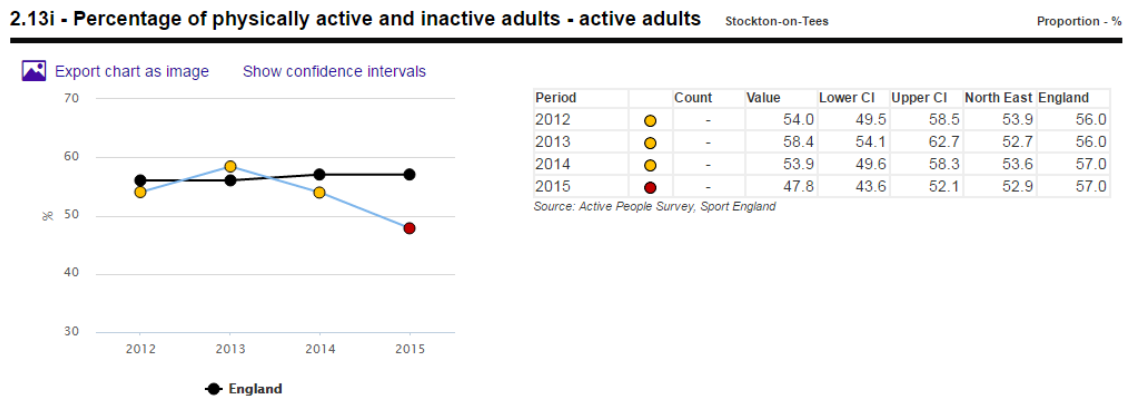


Figure 2.4

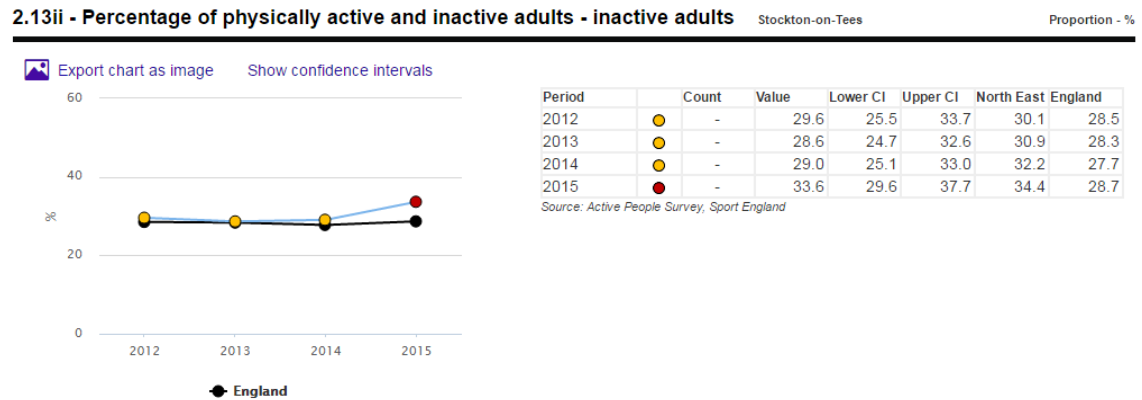


Figure 2.5

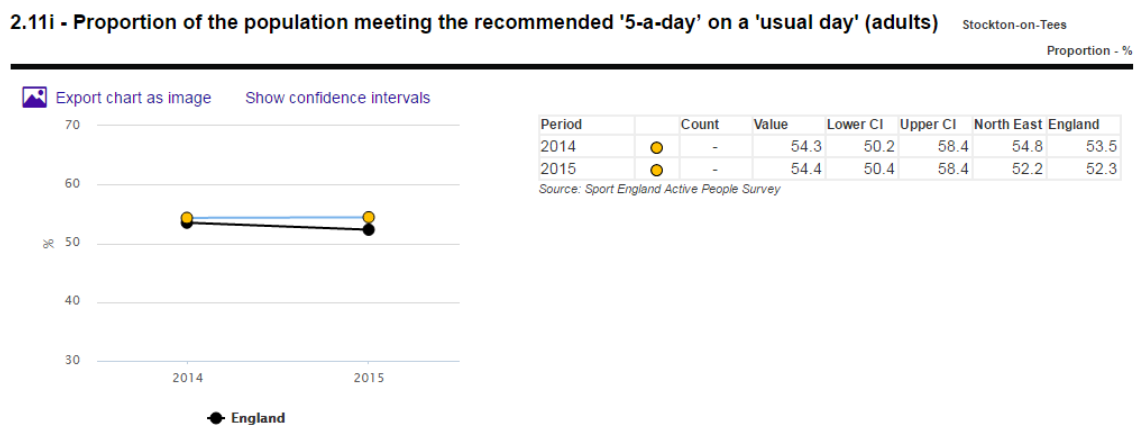


Figure 2.6

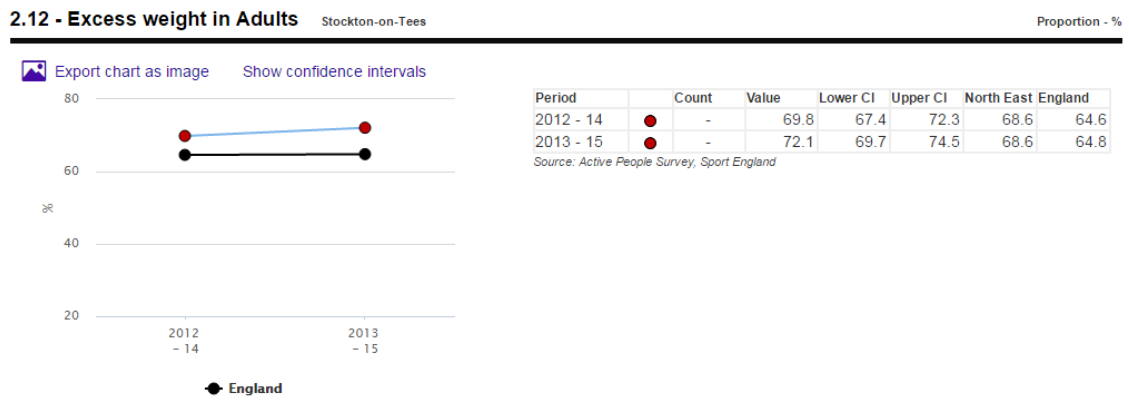
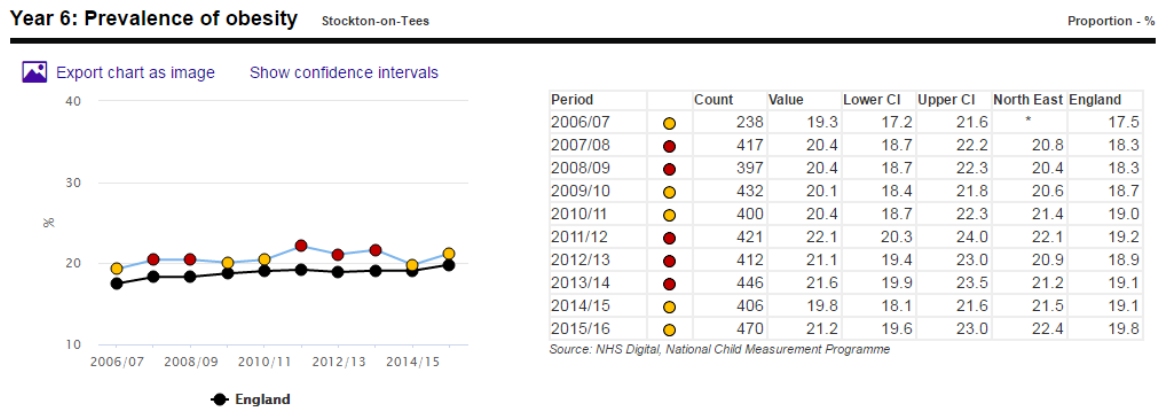


Figure 2.7



# Appendix 3

## Mental health

Figure 3.1

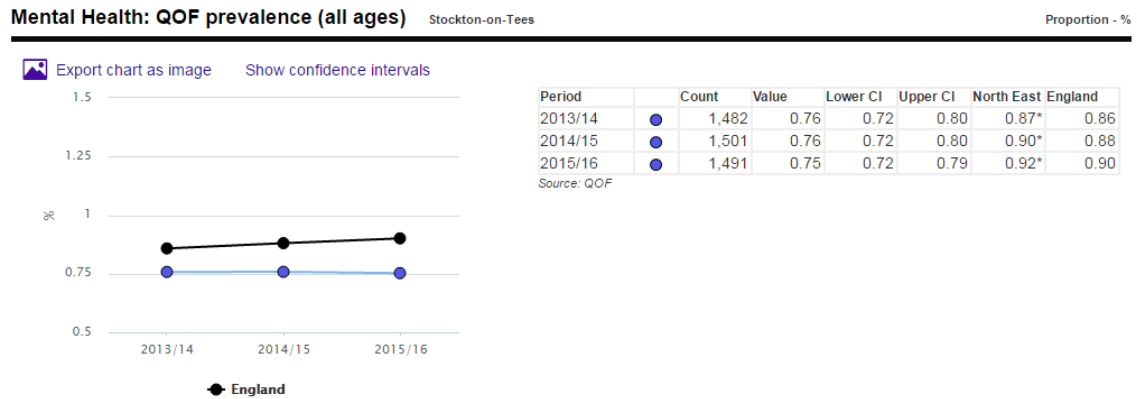


Figure 3.2

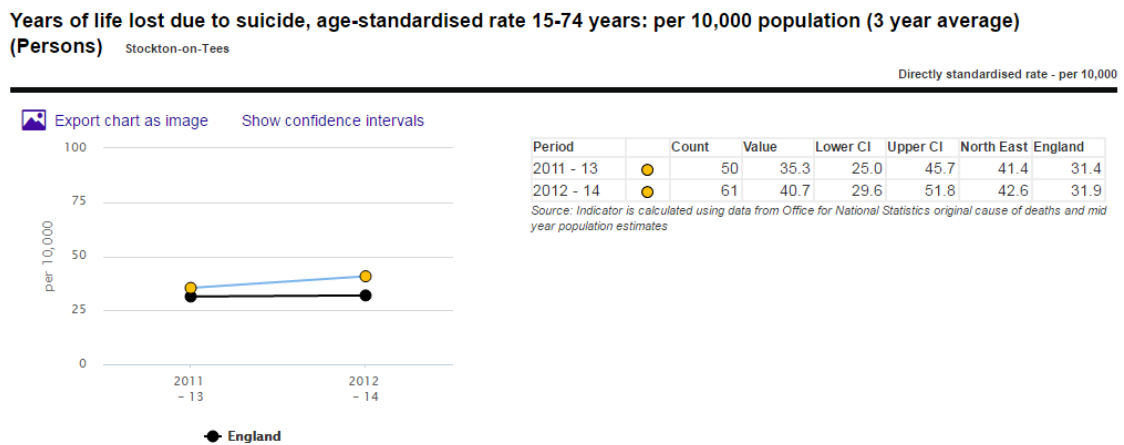


Figure 3.3

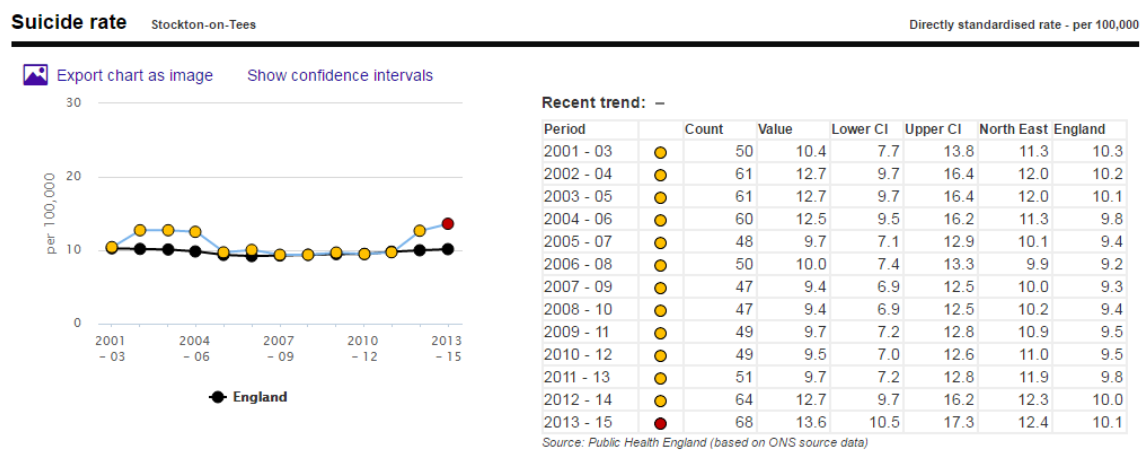


Figure 3.4

Suicide crude rate 15-34 years: per 100,000 (5 year average) (Male) Stockton-on-Tees Crude rate - per 100,000



Period	Count	Value	Lower CI	Upper CI	North East	England
2009 - 13	15	12.0	6.7	19.8	18.4	12.3
2010 - 14	14	11.2	6.1	18.7	18.2	12.3

Source: Office for National Statistics (ONS), original mortality data



Figure 3.5

**CLUB 55+** COME ALONG TO OUR  
**CELEBRATION EVENT**  
6th October 2016  
THORNABY PAVILION

**ARCHERY TASTER SESSION**  
11:00AM - 12:00PM

**Little Sprouts**  
Improving lives through cookery

Open to anyone aged 55+  
**IT'S FUN & FREE!**

**COOKING DEMONSTRATION**  
2:00 - 4:30PM

**TAI CHI SESSION**  
1:30 - 2:30PM

**BOWLS SESSION**  
2:30 - 4:30PM



[www.teesactive.co.uk](http://www.teesactive.co.uk)

01642 760971

# Appendix 4

## Sexual health

Figure 4.1

Table 1 Commissioning responsibilities for sexual health services.

Commissioning responsibilities for sexual health services		
Local authorities	CCGs	NHS England
<ul style="list-style-type: none"> <li>Contraception, including LESs (implants) and NESs (intro-uterine contraception) and all prescribing costs, but excluding contraception provided as an additional service under the GP contract</li> <li>Sexually transmitted infections (STI) testing and treatment, chlamydia screening as part of the National Chlamydia Screening Programme (NCSP) and HIV testing</li> <li>Sexual health aspects of psychosexual counselling</li> <li>Sexual health specialist services including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion, services in schools, colleges and pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>Most abortion services</li> <li>Sterilisation</li> <li>Vasectomy</li> <li>Non-sexual health elements of psychosexual health services</li> <li>Gynaecology, including any use of contraception of non-contraceptive purposes</li> </ul>	<ul style="list-style-type: none"> <li>Contraception provided as an additional service under the GP contract</li> <li>HIV treatment and care including drug costs for PEPSE</li> <li>Promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs</li> <li>Sexual health elements of prison health services</li> <li>Sexual Assault Referral Centres</li> <li>Cervical screening</li> <li>Specialist foetal medicine services</li> </ul>

Figure 4.2

Under 18s conception rate / 1,000 (PHOF indicator 2.04) Stockton-on-Tees Crude rate - per 1000

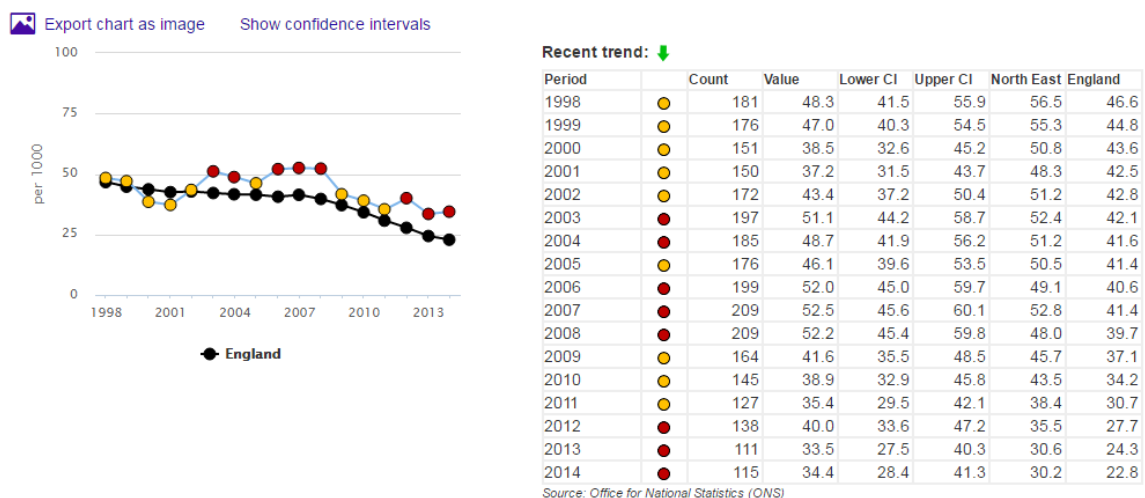


Figure 4.3

## Ward level teenage pregnancy

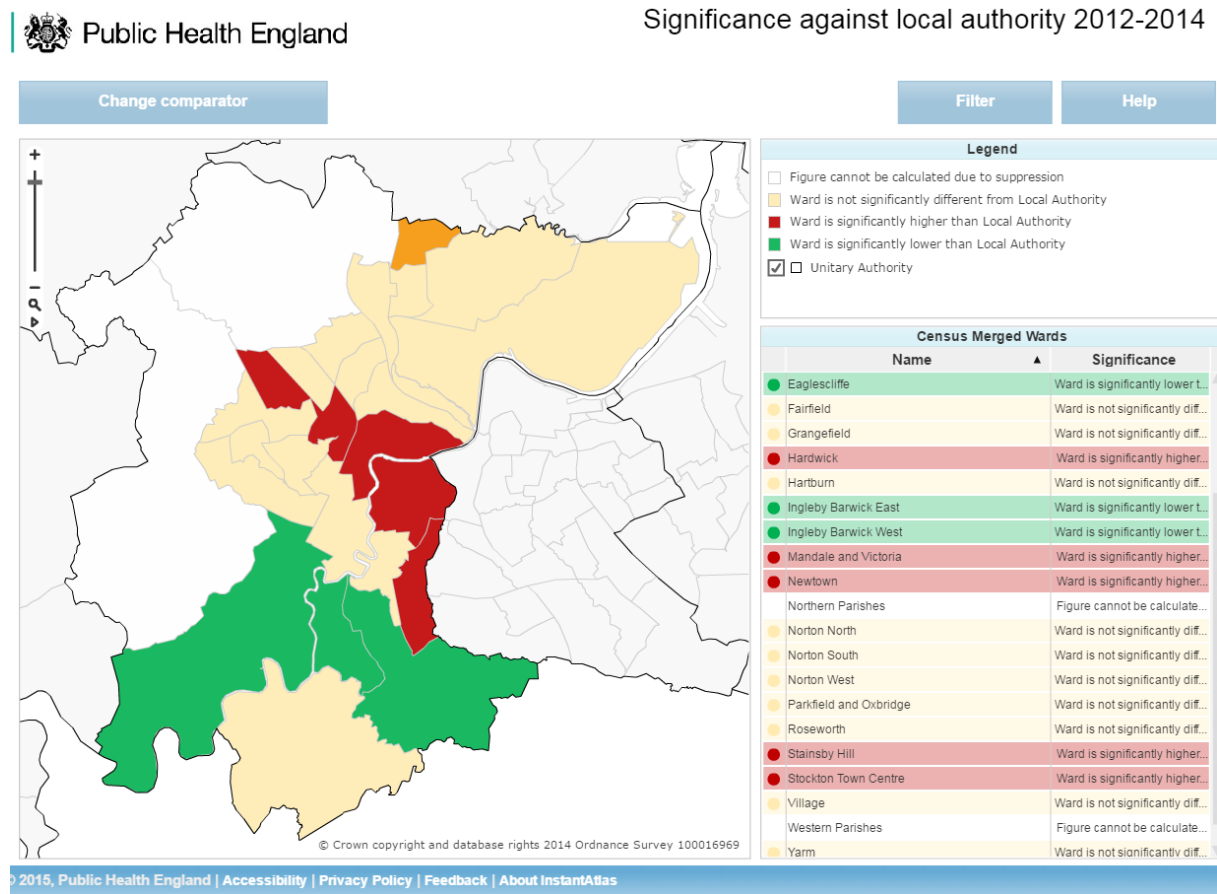


Figure 4.4

**HIV Reporting - Stockton on Tees**

HIV Reporting 15/16 - Start Nov 15 - TEES Total	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Year Total
LA						
Kits Requested	48	8	11	7	13	87

HIV Reporting 16/17 - TEES Total	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Year Total/Average
LA													
Kits Requested	7	8	14	6	20	6	7	40	17				125

Figure 4.5

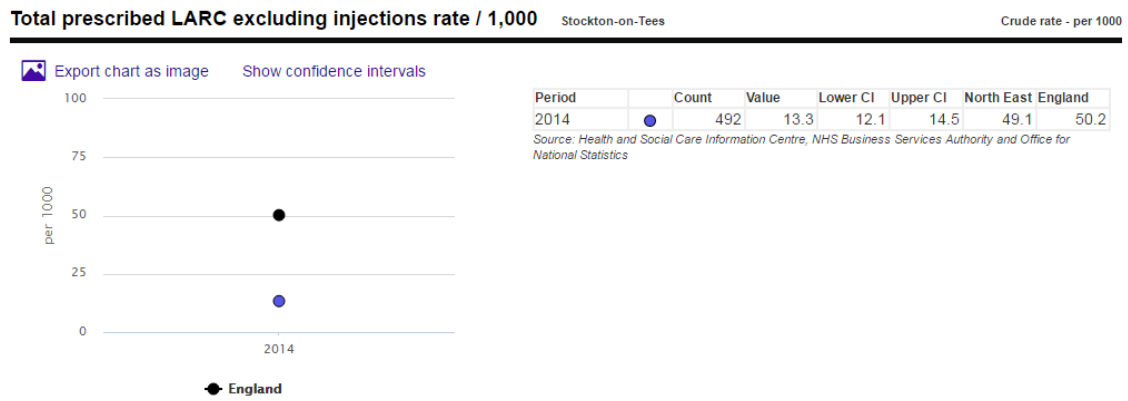


Figure 4.6

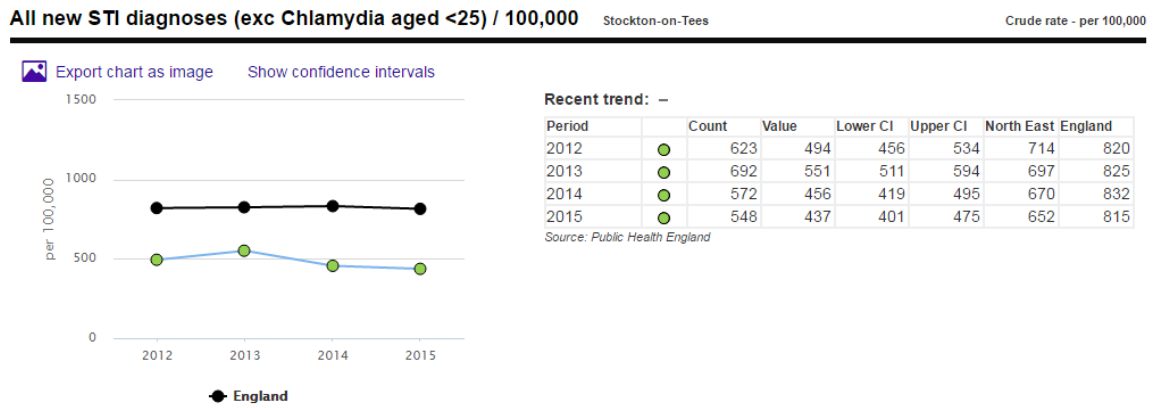




Figure 4.7

**STOCKTON ON TEES**

<b>HUB:</b>  Lawson Street Health Centre Lawson Street Stockton on Tees TS18 1HU  Tel: 01642 745815 Fax: 01642 745821	<b>Monday:</b>	8:00am – 6:00pm
	<b>Tuesday:</b>	8:00am – 8:00pm
	<b>Wednesday:</b>	8:00am – 8:00pm
	<b>Thursday:</b>	8:00am – 6:00pm
	<b>Friday:</b>	8:00am – 6:00pm

**Spokes:**

Billingham Health Centre Queensway Billingham TS23 2LA	Tuesday 9:30am – 12:30am 6:00pm – 9:00pm  Thursday 6:00pm – 9:00pm
---	---

Thornaby Health Centre Trenchard Avenue Thornaby TS17 0EE	Tuesday 6:00pm – 9:00pm Wednesday 6:00pm – 9:00pm Thursday 6:00pm – 9:00pm
--	--

Tithelbarn House Hardwick Road Stockton on Tees TS19 8PE	Monday 5:00pm – 8:00pm  Friday 1:00pm – 4:00pm
---	--

Other Outreach: Sex Workers/Homeless Groups	Varied term time schedule. Locally arranged times.
--	---

Figure 4.8

## Key aims of Brook subcontract

- Key aims of the Brook subcontract are:
  - The delivery of the Teesside Chlamydia Screening programme; ensuring that every opportunity is taken to provide targeted chlamydia testing provision with young people aged 15-24 across the Tees area;
  - To provide dedicated Outreach provision to each local authority area, working in partnership with schools, colleges, youth and community venues, and leisure services, so as to ensure that young people have access to appropriate information and education, low level contraception (condoms) and testing (chlamydia screening) and that they are appropriately signposted where necessary into mainstream services;
  - To deliver the local C Card Programme on behalf of Teesside Sexual Health across community venues; this will comprise of the delivery of pharmacy based C-Card provision initially;
  - Work with four local authorities in Teesside to provide Sex and Relationship Education (SRE) delivered in schools to include peer group working, and to deliver low level (Level 1) contraception services, including the distribution of condoms where necessary;
  - Work with services, promoting messages where young people who no longer attend school spend their time;
  - To develop appropriate service pathways that ensure that young people have quick and appropriate access to sexual health support services.

Figure 4.9a

## Terrance Higgins Trust Subcontract Aims

Improve access to Sexual Health Services by facilitating proactive outreach provision and the development of clear and accessible services;

Increase the 'normalisation' of HIV testing in all healthcare settings to reduce the levels of undiagnosed HIV infections, reduce the stigma associated with HIV and other STIs and reduce late diagnosis of HIV.

Liaise with other local health / mental health services, crisis team and probation services to advise on how clients can then access integrated sexual health services.

Work with GP practices and the local authority public health teams in order to best develop services and pathways for new asylum seekers, and to develop a sexual health and training programme for GP practice staff to raise awareness regarding sexual health and HIV needs of asylum seekers.

Work with local BME services to develop models and approaches tailored to this group to raise HIV/STI awareness through community based outreach and small media health promotion activities regarding HIV and sexual health.

Figure 4.9b

## Terrance Higgins Trust Subcontract Aims

Work with local councils, housing associations and local homeless support groups to proactively meet the sexual health needs of the homeless clients in the locality. This may involve escorting clients to a service or liaising with TISH to arrange outreach.

Work with LGBT communities across Teesside area. Provide clinical outreach and education with a focus on HIV prevention. Raising awareness and needs of promoting access to sexual health services.

Work with other TSHS outreach staff where appropriate, working with the traveller population to agree appropriate outreach to meet their needs of the children/young people.

Work with four local authorities in Teesside to supplement Sex and Relationship Education (SRE) currently being delivered in schools to include peer group working, and to provide a contribution to the delivery of SRE.

Provide a fast track referral system to those diagnosed with a 'reactive' HIV result to obtain confirmation of status and access medical care.

Work with sex workers and liaise with other agencies providing services to this group

Work with services for offenders, probation, Youth Offending teams and the police to develop pathways for information, support and direction into service.

## **Appendix 5**

### **Environmental health**

No appendices available/required.



# Appendix 6

## Smoking

Figure 6.1

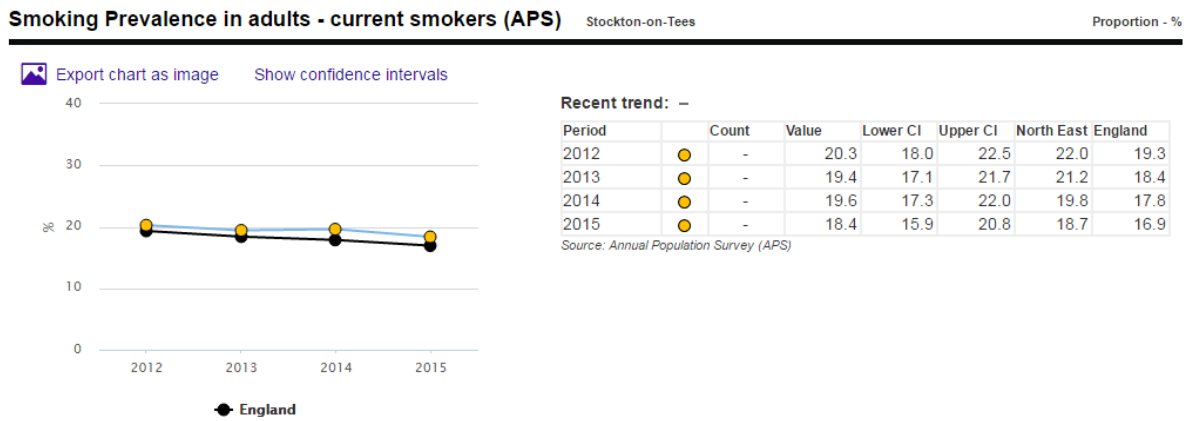


Figure 6.2

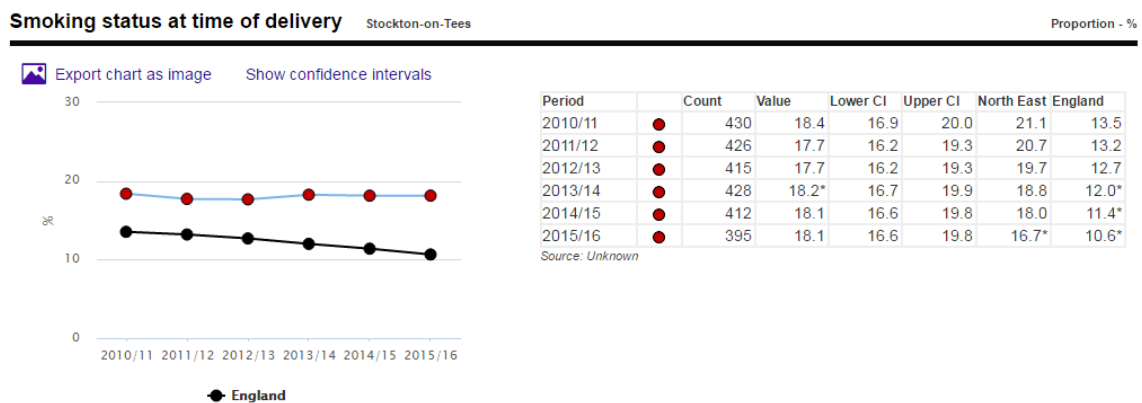


Figure 6.3

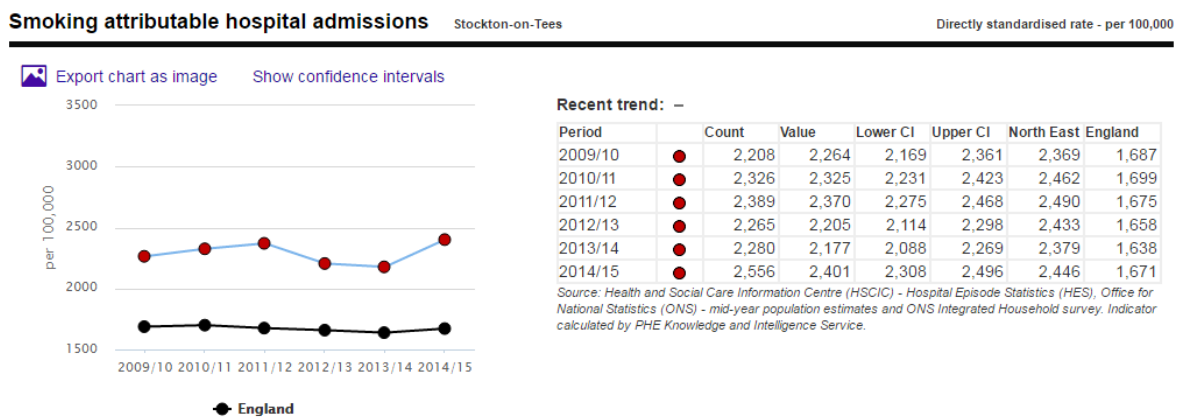


Figure 6.4

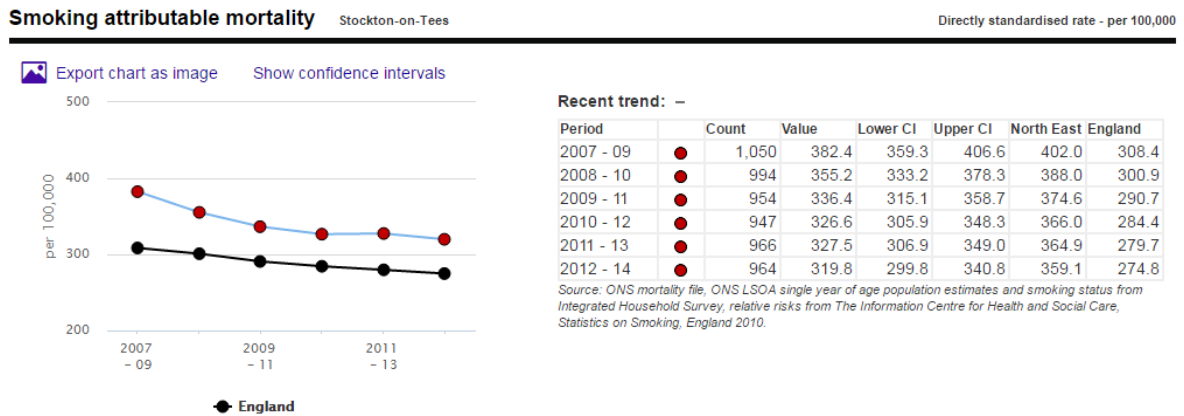


Figure 6.5

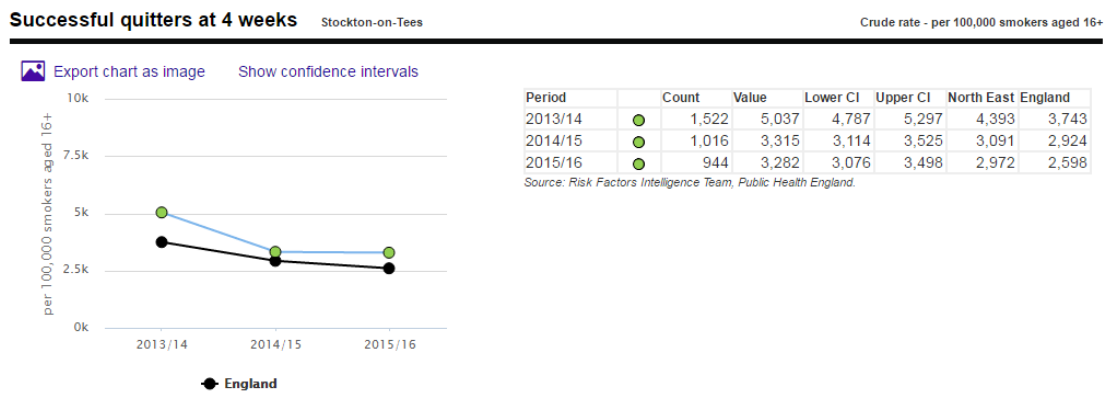


Figure 6.6

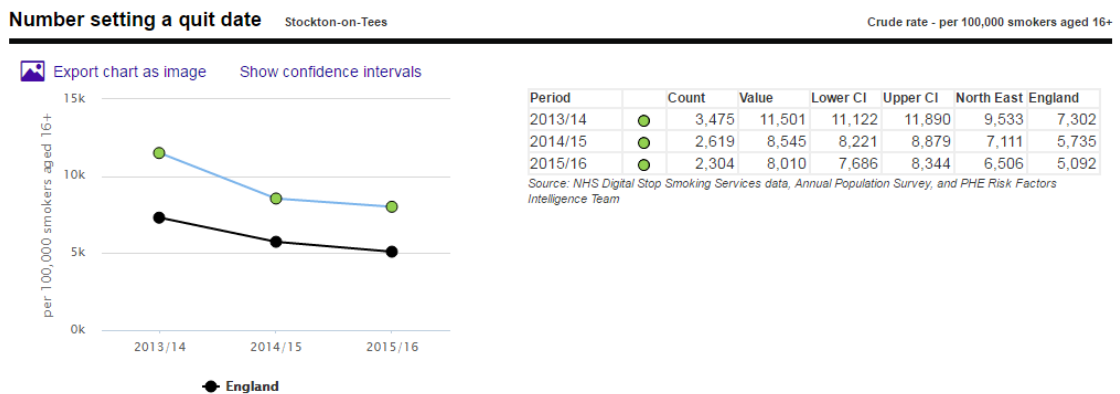


Figure 6.7



North Tees and Hartlepool  
NHS Foundation Trust

### SPECIALIST STOP SMOKING SERVICE SESSIONS Stockton 2017

Monday	Rivers of Life Church Bovesfield Lane, Stockton, TS18 3EE starting on 09/01/2017	11:00am-12:00pm
Tuesday	Lawson Street Health Centre Lawson Street, Stockton, TS18 1HU (Health ed room)	9:30am-11:00am
	Redhill Children's Centre Redhill Road, Roseworth, TS19 9BX	1:30pm-3:00pm
	High Flyers Children's Centre Tedder Avenue, Thornaby, TS17 9JP	5:00pm-6:30pm
Wednesday	Riverbank Children's Centre Gilmour Street, Thornaby, TS17 6PF	2:00pm-3:30pm
	Norton Medical Centre Billingham Road, TS20 2UZ	5:30pm-7:30pm
Thursday	Queensway Medical Centre Billingham, TS23 2LA	2:15pm-4:15pm
	Yarm Medical Centre Worsall Road, Yarm, TS15 9DD	4:15pm-5:45pm
	Elm Tree Community Centre Elm Tree Avenue, Stockton, TS19 0UW	5:15pm-6:45pm
Friday	Alma Medical Practice Nolan Place, Stockton, TS18 2BP	9:00am-11:00am
Saturday	SPLASH, Church Road, Stockton, TS18 1TY	10:00am-11:30am

Please drop in at any of the above venues for help and advice. Sessions are available to residents in the Stockton area 12 years of age and above.

No appointment needed for the above Specialist Stop Smoking Sessions. Please note that clients should arrive at least 20 minutes before the stated end times above in order to be assessed. Clinics are subject to changes - to confirm availability please ring the Specialist Stop Smoking Service. Alternatively, if you have access to the internet, please visit our website for up-to-date stop smoking sessions.



North Tees and Hartlepool  
NHS Foundation Trust

### PHARMACY ONE STOP SHOPS Stockton

<b>ASDA Stores Pharmacy</b> Portrack Lane, Stockton, TS18 2PB Tel: 01642 623300	<b>Kelly Chemist</b> Myton Park Neighbourhood Centre Ingleby Barwick, TS17 0VG Tel: 01642 751110
<b>ASDA Pharmacy Thornaby</b> Allens Way, TS17 9EN Tel: 01642 768410	<b>Lloyds Pharmacy</b> 55 High Street, Yarm, TS15 9BH Tel: 01642 780797
<b>Boots The Chemist</b> 12 - 14 High Street, Norton, TS20 1DN Tel: 01642 553101	<b>Newham Chemist</b> 9/10 High Newham Court, Hardwick, TS19 8PD Tel: 01642 608838
<b>Boots Pharmacy</b> Goodwood Square, Teesside Park, TS17 7BW Tel: 01642 605956	<b>Pharmacy World Ltd</b> Roseworth, TS19 9BX Tel: 01642 677 999
<b>Boots Pharmacy</b> Mitchell Avenue, Thornaby, TS17 9ED Tel: 01642 769600	<b>Rowlands Pharmacy</b> Tennant Street, Stockton, TS18 2AT Tel: 01642 616123
<b>Davidson Pharmacy</b> 3 Station Road, Billingham, TS23 1AG Tel: 01642 360145	<b>Whitworths Chemist</b> 4 Varo Terrace, Stockton, TS18 1JY Tel: 01642 676127
<b>Glebe Pharmacy</b> 6 Hanover Parade, Stockton, TS20 1RF Tel: 01642 360400	<b>365 Pharmacy</b> 161 - 163 High Street, Stockton, TS18 1PL Tel: 01642 633433
<b>Harry Hill Chemists</b> Billingham, TS23 2HZ Tel: 01642 553 184	

The above pharmacies are open to residents in the Stockton area, aged 16 years and over and are able to offer support to people who want to stop smoking. Please ring the Pharmacy you would like to attend to book an appointment for assessment.

**STOP SMOKING START LIVING**  
**01642 383819**  
[www.nth.nhs.uk/stopsmoking](http://www.nth.nhs.uk/stopsmoking)




**STOP SMOKING START LIVING**  
**01642 383819**  
[www.nth.nhs.uk/stopsmoking](http://www.nth.nhs.uk/stopsmoking)




Figure 6.8

Ref	Quality Requirement	15/16	Method of Measurement
	<b>Stop Smoking Service</b>		
QJ/SS/1	Total number of smokers setting a quit date and breakdown by wards level (See Quit Dates Set by Ward) (*Includes Pharmacy, Prison and GP Data)	≥ 10%	Monthly
	<b>*Quit Dates Set Breakdown by Ward</b>	<b>15/16</b>	
	No Ward Match	38	
	Billingham Central	104	
	Billingham East	93	
	Billingham North	41	
	Billingham South	70	
	Billingham West	27	
	Bishopsgarth and Elm Tree	65	
	Eaglescliffe	44	
	Fairfield	28	
	Grangefield	42	
	Hardwick	157	
	Hartburn	34	
	Ingleby Barwick East	30	
	Ingleby Barwick West	30	
	Mandale and Victoria	193	
	Newtown	152	
	Northern Parishes	7	
	Norton North	93	
	Norton South	277	
	Norton West	37	
	Parkfield and Oxbridge	107	
	Roseworth	127	
	Stainsby Hill	93	
	Stockton Town Centre	179	
	Village	99	
	Western Parishes	18	
	Yarm	117	
	<b>Grand Total</b>	<b>2302</b>	

## References

### Child health

Public Health England (2017) Child Health Profiles <https://fingertips.phe.org.uk/profile/child-health-profiles>

### Diabetes and physical activity

Lee I M et al (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy *The Lancet* 380:210-29  
Public Health England (2014) Everybody active, every day: an evidence-based approach to physical activity

Department of Health (2009). [Be Active, Be Healthy: A Plan for Getting the Nation Moving](#)  
Health survey for England 2012: Volume 1, physical activity and fitness. Leeds: The NHS Information Centre for health and social care

Crespo NC, Corder K, Marshall S, Norman G, Patrick K, Sallis JF, et al: An Examination of Multilevel Factors that May Explain Gender Differences in Children's Physical Activity. *J Phys Act Health*. In press

Simen-Kapeu A, Veugelers PJ: Should public health interventions aimed at reducing childhood overweight and obesity be gender-focused?. *BMC Public Health*. 2010, 10: 340-10.1186/1471-2458-10-340.

Thompson AM, Baxter-Jones ADG, Mirwald RL, Bailey DA: Comparison of physical activity in male and female children: does maturation matter?. *Med Sci Sports Exerc*. 2003, 35: 1684-1690. 10.1249/01.MSS.0000089244.44914.1F.

Payne S, Townsend N, Foster, C: The physical activity profile of active children in England *Int J Behaviour Nutrition and Physical Activity* 2013 10: 136

Sport England Active People Survey 8 [www.activepeople.sportengland.org](http://www.activepeople.sportengland.org)

Public Health England 2015 Stockton on Tees Health Profile [www.healthprofiles.info](http://www.healthprofiles.info)

Hills AP et al (2011) Physical activity and obesity in children. *British Journal of Sports Medicine*

World Health Organisation (WHO 2017) <http://www.who.int/en/>

Tees Valley Joint Strategic Needs Assessment (2017) <http://www.teesjsna.org.uk/>

Tees Active (2016) Make Your Move Project Case Study

The Hub, Stockton (2017) <https://thehubstockton.wordpress.com/>

Public Health England (2017) Diabetes Profile <https://fingertips.phe.org.uk/diabetes>

Public Health England (2017) Physical Activity Profile  
<https://fingertips.phe.org.uk/profile/physical-activity>

### Mental health

Public Health England (2017) Health Profile <https://fingertips.phe.org.uk/profile/health-profiles>

World Health Organization. Towards Evidence-based suicide prevention programmes. Geneva: WHO; 2010.

Public Health England (2016) Local suicide prevention planning.

Public Health England (2017) Mental Health Dementia and Neurology Profile

<https://fingertips.phe.org.uk/profile-group/mental-health>

## Sexual health

Tees Valley Joint Strategic Needs Assessment (2017) <http://www.teesjsna.org.uk/>  
Virgincare (2017) Sexual health hub <https://www.thesexualhealthhub.co.uk/services-near-you/teesside/>  
Public Health England (2017) Sexual and Reproductive Health Profiles <http://fingertips.phe.org.uk/profile/sexualhealth>  
Sexual Health Teesside (2015) Service review  
Public Health England (2017) Teenage Pregnancy Resources <http://www.apho.org.uk/resource/view.aspx?RID=116358>  
Virgincare (2016) Teesside Sexual Health – Update and Service Delivery Model

## Environmental health

Public Health England Outbreak Report - Outbreak of Salmonella Kedougou infection associated with a carvery restaurant, May 2015 ILOG 8899  
Public Health England Outbreak Report - Outbreak of E. coli O157 infection associated with two butcher's shops in Wingate and Billingham in July 2015 ILOG 8952  
POLICY FOR THE INVESTIGATION AND CONTROL OF COMMUNITY OUTBREAKS OF INFECTIOUS DISEASE IN THE NORTH EAST



North East Outbreak Control policy - 10 0:



FINAL OCT Report



Final outbreak report  
Salmonella Kedougou

Stockton Borough Council Contaminated Land Inspection Strategy April 2014  
<https://www.stockton.gov.uk/media/2462/contaminated-land-strategy.pdf>  
Stockton on Tees Environmental Health Service Plan 2015/2016  
X:\Service Plans\E H Service Plans\EH Service Plan 2015-16.doc

## Smoking

Public Health England (2016), *Local Tobacco Control Profiles*. Available at:  
<http://www.tobaccoprofiles.info/profile/tobacco-control/data#page/6/gid/1938132885/pat/6/par/E12000001/ati/102/are/E06000004/iid/1207/age/202/sex/4>  
North Tees and Hartlepool NHS Foundation Trust (2017) Stop Smoking Service  
<http://www.nth.nhs.uk/services/stop-smoking-service/>