Communities first – Improving health and wellbeing Director of Public Health Report 2016/17

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Foreword

Communities are at the heart of health and wellbeing; and healthy communities thrive and prosper. This report focuses on examples of how we are working together with communities to generate good health and wellbeing, based on the strengths built into every community and the individuals that comprise them.

Every day, there are examples of good work at play across all areas of the Borough, to support people to be healthy, active and connected to their communities – whether through the efforts of small community groups; voluntary, community and social enterprise organisations; or the services we and our partners commission. Some of the work underway is described in this report and our aim is to continue to develop this further over the coming year. We will be seeking ways to build more and more on the strengths and assets within our Borough as well as understanding the needs; and to think with our communities and partners about how we can address the (sometimes long – term) health and wellbeing challenges we have in creative and innovative ways. Key to this is empowering our communities to lead the work and develop the solutions. This ethos will be a pillar of our new Joint Health and Wellbeing Strategy which is currently under development. It is also embedded in our approach in Public Health – the World Health Organisation describes Public Health as:

Public health is the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society.

Rather than a summary of all our activity in Public Health or a formal 'plan' or 'strategy', this report seeks to highlight some examples of key challenges and how we are working, with others, to address them. It also describes the action we have taken on key themes described in last year's report.

I am looking forward to seeing what a renewed focus on assets in our local communities will bring and hope you enjoy reading this report.



Sarah Bowman-Abouna Director of Public Health, Stockton-on-Tees Borough Council

Introduction

We are all part of communities: the place where we live, our schools, colleges and workplaces, and where we relax and socialise. These communities play an important role in shaping the health and wellbeing of the people within them. Social isolation, limited possibilities for enjoying green spaces, lack of access to affordable healthy food, limited access to support services, high levels of pollution or exposure to drug use and excessive drinking can all have a significant detrimental impact on health and wellbeing. Communities where people of all ages can come together to feel happy, included and able to participate, are supported to make healthy lifestyle choices, and have a sense of belonging can increase the health and wellbeing of local people.

Stockton-on-Tees has a growing and diverse population comprised of many communities, each of which may experience different challenges to their health and wellbeing. Partners across the Health and Wellbeing system are working together with the aspiration of helping all of our residents to live healthier and happier lives for longer. To do this, we understand that it is vital to look at all of the elements that create and protect health and wellbeing – considering the population's physical, emotional and social needs – and have a clear focus on what makes us well rather than what makes us ill.

Evidence suggests that when people feel connected to their communities, have positive relationships with others and are able to manage and respond to life's challenges, both the individual and their community benefit and can become healthier, stronger and more resilient. The connectedness within and between communities is called social capital and nurturing this makes an important contribution to the prevention of ill-health and promotion of good health and wellbeing. Community determinants build control and resilience and can help buffer against disease and influence health-related behaviour.

Every day in the borough, residents are providing support and care for their friends, family and neighbours making a significant impact on health and wellbeing and reducing pressure on key services by preventing loneliness and isolation and helping people to live independently. Helping to grow and build upon the strengths within our communities so that people can feel empowered to improve their own and each other's health and wellbeing is a public health priority for Stockton-on-Tees and we are now working to scale up and embed community-centred approaches to as many of our public health services as possible. Our communities are a dynamic mix of people and place and can provide an environment for residents to thrive and flourish. They have within them the skills, knowledge and commitment to bring about positive change and we are striving to utilise approaches which recognise that people understand what their community looks and feels like and can take ownership, lead and develop ways to maximise their health and wellbeing.

Partners across the Stockton-on-Tees Health and Wellbeing system share a commitment and ambition to develop locally determined, community-centred approaches which maximise community assets, build social capital and improve community wellbeing so people have the knowledge and skills to help them to live healthier and happier lives. In times of austerity and economic and welfare reform, we and the communities that we serve face significant challenges. We are committed to using these challenges as an opportunity to move away from the traditional thinking about 'deficits' and planning interventions and service delivery around this to a focus on maximising the strengths that exist in our

communities, helping people to help themselves and co-producing interventions and services that are meaningful and valuable for residents. In Stockton-on-Tees, we have a strong and vibrant voluntary and community sector with a committed and passionate workforce who make a real difference to the people that they reach and are helping to improve health and wellbeing in the borough. They are vital to our ambition to embed the principles of community-centred approaches across the health and wellbeing system.

In this report, we will:

- 1) Share an overview of communities within the borough and consider tools which help us to understand our communities.
- 2) Set out what we mean by community-centred approaches to health and wellbeing.
- 3) Share examples of our developing work to embed and scale up community approaches within our public health work and recommend how we further embed these approaches across the health and wellbeing system.
- 4) Review progress against the recommendations set within the previous year's DPH report.



Our Policy Principles

Under-pinning all our decisions are our four policy principles.

We apply these principles to all our decision making.

Wherever possible we will:

- Protect the vulnerable by
 - protecting people who are subject to or at risk of harm
 - helping people who are homeless or at risk of becoming homeless
 - supporting people who are financially excluded
 - assisting people whose circumstances make them vulnerable
- Create economic prosperity by
 - ensuring the businesses and people of Stockton-on-Tees are part of a thriving and productive Tees Valley economy
- Tackle inequality through improving
 - health
 - job opportunities, skills and training
 - educational attainment for all
 - affordable housing and fuel poverty
 - financial inclusion
- Help people to be healthier by
 - providing mainstream services that are available where needed
 - providing preventive services that are available where needed

Our Vision

ECONOMIC REGENERATION AND TRANSPORT	ENVIRONMENT AND HOUSI
is of an economically prosperous borough that is dynamic, exciting and inviting with infrastructure to support the development of business start-ups, business growth, new jobs and skills.	is to make the borough a better live and a more attractive place business with clean streets, care tended parks and open spaces, and desirable housing.
BIG PLANS FOR AN OUTSTANDING BOROUGH	BIG OUR PLACES AND OF
COMMUNITY SAFETY	CHILDREN AND YOUNG PEO
is to make the borough a place where levels of crime and fear of crime are low and people feel safe and secure.	is of a great place to grow up, w children and young people are p from harm and supported to be they can be in life.
BIG PLANS FOR KEEPING OUR COMMUNITY SAFE	BIG PLAI YOUNG PEOPLE OF OU
HEALTH AND WELLBEING	STRONG COMMUNITIES
is for a place where people are supported to be healthy. BIG PLANS FOR THE HEALTH OF OUR PEOPLE	is for communities that are diver cohesive, caring and vibrant. BIG HELPING OUR COMMUNITIE
ADULTS	ARTS, CULTURE AND LEISUF
is that people can get the right level and type of support at the right time to help, prevent, reduce or delay the need for	is of a borough where our herita festivals, cultural activities and le facilities help us attract visitors a investment, and where sport an

BIG PLANS FOR THE CARE WE PROVIDE

OUR COUNCIL...

independence.

ongoing support and maximise their

is of a Council that prides itself on being open, honest and fair. On leading by example. On having big plans and the determination to see them through. We're facing difficult financial challenges and we can't do all we used to do so we're facing some tough decisions. Throughout this we'll stay focused on delivering genuine value for money, on setting the highest standards of public service, on communicating clearly and regularly with the community we serve and on being challenging, innovative and well organized.

AMBITIOUS, EFFECTIVE AND PROUD TO SERVE

place to to do efully affordable

> **PLANS FOR** PEN SPACES

OPLE...

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PLANS FOR ES PROSPER

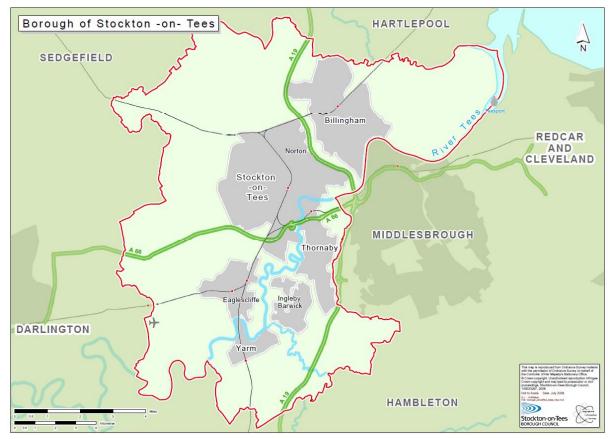
RE....

leisure opportunities help people sustain

BIG PLANS FOR GREAT EXPERIENCES

Our Communities

Stockton-on-Tees has an overall population of 193,000 and comprises of 7 townships (Stockton, Billingham, Thornaby, Yarm, Eaglescliffe, Ingleby Barwick and Norton). Each township has their own distinct characteristics influenced by industrial & historical legacies, the built & natural environment and the diversity of the communities that reside within them.



Within these townships are a number of diverse geographical communities, both urban and rural which experience different challenges to health and wellbeing, including:

- Communities that are isolated from key services due to geography and transport links (e.g. The Clarences; a small community of 359 households based within the Billingham South ward);
- Communities with high proportions of residents living in deprivation (e.g. Newtown ward, which is ranked in the top 10% of the most deprived wards in the UK); and
- Communities with high rates of unemployment (e.g. Stockton Town Centre ward, where 10% of the working age population are unemployed).

Communities are not just based on geography; there are communities across the borough made up of people with a shared identity who have specific health and wellbeing needs; these communities within the borough include:

• Carers (both adults and children) who may require additional support; both for the person they are caring for and for their own health and wellbeing that can be affected by their caring responsibilities;

- Groups who have illnesses and/or disabilities e.g. dementia, who may want to come together (along with their carers) to network and access support.
- Migrant communities who have diverse social, cultural and health needs; and can be at risk of experiencing social isolation; and
- LGTB (Lesbian, Gay, Transgender, Bisexual) communities who can experience inequalities in their health, wellbeing and access to services;

All of the communities described above directly contribute to the health and wellbeing of the population of Stockton-on-Tees; and have an important role to play in addressing the health inequalities that are still prevalent across the borough. The people, facilities, spaces, networks and knowledge within these communities are important assets that can support good health and wellbeing across the life course.

In order to support local authorities to move from a traditional 'deficit' approach of thinking about the levels of risks or problems to wellbeing; Public Health England have recently produced a health assets profile (appendix 1) to support local authorities to understand and assess the assets that are available on a local level which can support good health and wellbeing.

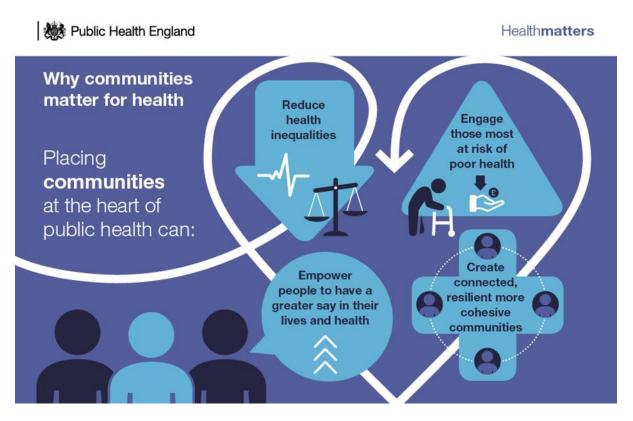
The profile for Stockton-on-Tees tells us that:

- Healthy life expectancy at birth in Stockton-on-Tees:
 - Males 59.5 years
 - Females 62.3 years
- 82.3% of residents are not experiencing deprivation that is related to low income;
- 69.3% of children achieved a "good" level of development at the end of reception;
- 58.4% of children achieved 5 A*-C (including English & Maths) GCSEs;
- 64,168 people have access to woodland within 500 metres of where they live;
- 1 in 4 people utilize outdoor space for exercise/health reasons;
- Around half of adults are physically active;
- 69.8% of social care service users feel safe;
- Around half of social care users report having as much social contact as they would like;
- 3 out of 4 adults surveyed in the annual population survey report high levels of happiness;
- 3 out of 4 adults surveyed in the GP patient survey said they had a "good" experience when booking a GP appointment.
- 95.8% of residents successfully obtained a dental appointment when sought.

Community-centred approaches

Positive health outcomes can only be achieved by addressing the factors that create and protect health and wellbeing, and many of these are at a community level.

Community life, social connections and having a voice in local decisions are all factors that make a vital contribution to health and wellbeing. They build control and resilience, help buffer against disease and influence health-related behaviour and management of long-term conditions. Community-centred ways of working are important for all areas of public health – health improvement, health protection and healthcare public health.



Involving and empowering local communities, and particularly disadvantaged groups, is central to local and national strategies in England for both promoting health and reducing health inequalities.

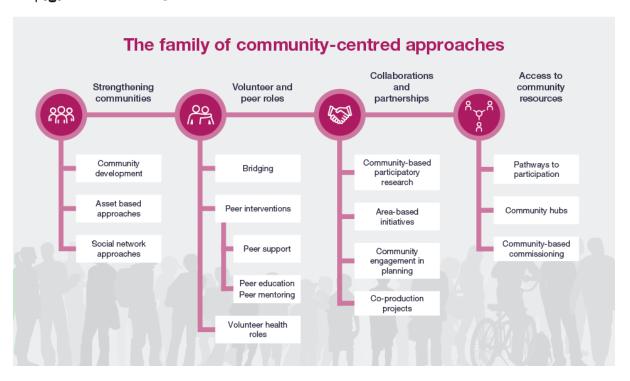
The National Institute for Health and Care Excellence (NICE) guidance reiterates the importance of community engagement as a strategy for health improvement, particularly as it leads to services that better meet the needs of community members.

Community-centred approaches seek to:

- recognise and mobilise local community assets, including the skills, knowledge and time of individuals, and the resources of community organisations and groups;
- focus on promoting health and wellbeing in community settings, rather than service settings using non-clinical methods;
- promote equity in health and healthcare by working in partnership with individuals and groups that face barriers to good health;
- seek to increase people's control over their health and lives; and

• use participatory methods to facilitate the active involvement of members of the public.

A 'family of community-centred approaches' has been developed as a framework to represent some of the practical, evidence-based options that can be used to improve community health and wellbeing:



Public Health England

Health**matters**

- Strengthening communities building and strengthening community capacity to take action on health and the social determinants of health (e.g. reduce poverty, reduce unemployment etc.).
- Volunteer and peer roles enhancing individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in communities by building on the assets that people can bring such as skills, knowledge and social networks.
- **Collaborations and partnerships** genuine community involvement in the design and delivery of services or local issues that are impacting on communities.
- Access to community resources this final strand complements the work carried out within each of the 3 approaches above and focuses on connecting individuals and families to community resources such as services, practical help and volunteering opportunities.

It is important to note that the family is not a set of mutually exclusive categories as many work programmes or projects will include a combination of approaches.

The next section of the report will look at the four strands of the family in more detail and will provide local examples which are flourishing or developing.

Strengthening communities

Strengthening and empowering communities by building social cohesion and collective action is a strategy for tackling health inequalities. The fundamental principle is that communities can be enabled to identify health and social issues and then plan and implement locally appropriate solutions with the ultimate aim of building healthier and more supportive environments. An emphasis is placed on community capacity building, strong community networks and community-led activities with the aim of producing sustainable social action to tackle the root causes of health and ill health. Empowered communities may also challenge the status quo and campaign for more equitable distribution of resources and services.

Local example: Stockton Active Travel and The Hub

Stockton Active Travel runs a variety of walking and cycling activities throughout the borough. The project is a partnership between Sustrans and Stockton Council and is based at The Hub in central Stockton, a dedicated one-stop resource centre providing volunteering opportunities, training, information and outreach services to give people the skills and equipment that they need to walk and cycle more often.

The project aims to improve residents' awareness, and use of, cycling and walking through the provision of an information service, guided walks and rides facilitated from a centrally located hub. Volunteers provide cycle maintenance courses, bike MOT's and recycle bikes for use by those with greatest need.

Active travel, the term widely used to describe the use of cycling or walking as transport, has huge potential health benefits for the individual and the overall community, for example:

- Reducing the risk of coronary heart disease, stroke, cancer, obesity and type 2 diabetes;
- Keeping the musculoskeletal system healthy; and
- Promoting mental wellbeing.

An increase in walking or cycling can also help:

- Reduce car travel, leading to reductions in air pollution, carbon dioxide emissions and congestion;
- Reduce road danger and noise;
- Increase the number of people of all ages who are out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction; and
- Provide an opportunity for everyone, including people with an impairment, to participate in and enjoy the outdoor environment.

The Hub has attracted over 1,900 members and has over 40 active volunteers who deliver over 500 walks and 150 cycle rides per year. A detailed report based on feedback from those who had engaged with the project showed that it had delivered a 12% increase in cycling to work or study and a 9% decrease in car journeys.

The project has recently taken on a new member of staff to offer outreach activities in the most disadvantaged areas of the community and 'The Hub' will be moving to a more prominent location with better facilities on Stockton High Street.





Recommended actions

SBC Public Health:

- to address Mental Health Stigma & Discrimination by providing residents with resources that enables and empowers them to identify key messages and programmes to deal with anti-stigma within their community.
- recognises that school holidays are a difficult time for families on a low income and the absence of free school meal provision during school holidays can create additional pressure. In addition, evidence suggests that during school holidays, children's physical activity and educational attainment levels can reduce. Therefore, during 2018-19 we will pilot and evaluate a programme, delivered through local voluntary, community and social enterprise organisations, which offers enrichment activities and healthy food during school holiday periods.

Volunteer and peer roles

Volunteer and peer roles focus on enhancing the capacity and capabilities of people to give advice, guidance, information and support and to organise activities within their own communities. Working in a volunteer or lay role, individuals can be experts through experience and/or trained to reach out and connect with those who may be experiencing social exclusion or deprivation. The power of these roles lies in the way in which individuals use their life experiences, interests and commitment to relate to other people. Volunteers and peers can communicate in a culturally sensitive way that people can relate to and understand, which can be invaluable for those who may not relate as well to professional advice and guidance. Volunteers and peers can be powerful agents of change.

Local example: A Fairer Start Community Champions

In recognition that the first few years of a child's life are crucial to their development, the A Fairer Start (AFS) transformational programme set an aim to ensure that every child living within Stockton Town Centre electoral ward has the best start in life. Evidence shows that investing in the early years improves the social, emotional and physical development of children and has an impact on health, wellbeing and educational outcomes throughout the life course.

Stockton Town Centre not only has a diverse population with high levels of BME and transient communities, it also has distinct geographic communities that have their own identity and cultural needs. Based on these demographics and the diverse mix of health inequalities, deprivation and societal complexities, it was agreed that Stockton Town Centre ward would be the target population for the AFS work as an initial 3 year pilot from April 2015 to March 2018 with the intention to roll out learning across the borough where appropriate.

AFS has been a partnership between Stockton Borough Council, Hartlepool and Stockton on Tees Clinical Commissioning Group and Catalyst (the strategic infrastructure organisation for Stockton's voluntary, community and social enterprise sector), working together with a shared goal of improving outcomes for children and families by giving every child the best start in life.

The AFS work focused on building upon the assets that were already in existence within the ward – the children and families living within it and the staff and volunteers who worked there – to begin a change process.

Following consultation and engagement with community members, a VCSE organisation which delivered community based services within the ward was commissioned to co-produce a community champions programme. The AFS community champions programme built upon the existing skills and knowledge of the local community. Community champions volunteering their time and commitment worked together to understand community needs and worked with organisations and service providers to ensure that those needs could be recognised and addressed. In addition the champions worked directly with individuals from the community to provide support, utilising previous experience or knowledge gained through the champion training programme (e.g. support to attend ante-natal appointments, information on nutrition, speech and language development etc.). The concept that volunteers had knowledge and skills that were beneficial to the community was a fundamental tenet of this work stream.

In addition to the benefits for the community, the champions programme was designed to ensure that there were clear benefits for the volunteers with opportunities for the development of personal skills and knowledge, experience of working alongside paid staff, exploring different career paths, building new social networks and strengthening ties to the community. This had been identified during the coproduction stage as particularly important for Stockton Town Centre. The champions programme recognised that volunteering was not just seen as a tool to achieve systems change but also as an important mechanism for the personal development of individuals within communities.





Recommended actions

SBC Public Health:

- will embed the principles and learning from the A Fairer Start community champion programme within the re-design of 0-19 services for children, young people and families.
- will implement a community champion approach to promote smoking cessation. This approach will aim to encourage smokers to quit using the local stop smoking services and support the individuals to maintain quitting.
- will work alongside Cleveland Fire Service to encourage residents to take part in a volunteering programme to teach and engage communities to learn vital lifesaving skills (CPR) and to have better understanding of how to use defibrillators.

Collaborations and partnerships

Collaborations and partnerships involve communities and local services working together to improve planning, and decision making – this is often referred to as 'co-production'. The central tenet of collaborative approaches is that health and wellbeing will be better matched to local needs through community involvement. Professionals need to respect and believe in the ability of the community to influence decisions in a meaningful way for such approaches to thrive.

Local Example: Roseworth Community Partnership

A leading example of communities and services in Stockton-on-Tees working together to improve planning and decision making is the "Roseworth Community Partnership". The Partnership involves a variety of local organisations, the public sector and local residents groups working together to make Roseworth electoral ward a better place to live.

The partnership aims to create a platform where issues that are raised by community members can be discussed and potential solutions explored. The partnership considers local residents as equal partners in the planning and decision making process (co-production). This collaborative approach has resulted in funding opportunities being secured and the development of programmes that meet the community's needs.

The 'Fizz Free February' campaign is an example of co-production through the Roseworth Community Partnership. The campaign was designed to improve the dental health of children, including supporting uptake of the Fluoride Varnish Programme within schools. Local residents (with support from SBC Public Health and the Community Engagement Team) worked alongside key services in the planning process and took ownership of the organisation of an event to further engage with local residents (particularly families with young children) to promote dental health messages. This process increased the dental health knowledge of local residents including adopting messages such as 'fizzy sugary drinks should be a treat for children rather than be regularly consumed'.

The Partnership continues to use collaborative approaches to develop the 'Roseworth Neighbourhood Plan' to include sections on health & wellbeing, community safety, financial inclusion, environment & green space and housing. The plan will continue to drive the success of partnership working and empower residents to influence the planning process.





Recommended actions

SBC Public Health:

- will establish a community of practice / relationships network as part of our ambition to further reduce teenage conceptions. This will enable practitioners to come together to share good practice and access peer support about any emerging issues.
- will ensure an asset based model is used by the weight management service in Stockton-on-Tees by working with communities to better understand existing assets in their neighbourhoods and the types of assets which could support them to achieve a healthier lifestyle, such as environmental changes, services delivered in a different way, improved access to healthy and affordable food etc.

Access to community resource

Connecting people to community resources, services, practical help, group activities and volunteering opportunities can meet the health and wellbeing needs of individuals and increase social participation. Voluntary, community and social enterprise sector organisations have a key role to play, as well as specialist services and those which advocate for marginalised or vulnerable groups. The emphasis is on maximising ways to tap into community assets and improve pathways to participation. We have a rich and diverse voluntary and community sector within the borough who can reduce barriers to accessing services and increase social participation in order to improve the health and well-being of residents and potentially reach those who may not access traditional health or public sector led services.

Local example: Stockton Service Navigation Project (SSNP)

There is strong evidence that getting people involved in community life, keeping them active and improving social connections improves health and wellbeing. Stockton-on-Tees has a rich and diverse voluntary, community and social enterprise (VCSE) sector, with many organisations contributing to improving health and wellbeing as well as providing specialist services and advocacy for underserved groups. Utilizing the assets of VCSE organisations will enhance the support given to these groups and reduce the barriers they face when accessing services and social participation.

In order to improve pathways to participation and to understand what support the services required, local groups were consulted to identify the needs and barriers that prevent individuals from engaging with support and activities. Barriers are often caused by physical and mental ill-health, but exacerbated by social factors such as deprivation and isolation. However, feedback from local groups identified the key issues preventing residents from accessing community resources were around not knowing what is available and a lack of confidence in accessing a service.

Following the consultation, SBC Public Health commissioned Stockton Service Navigation Project. The service helps Stockton-on-Tees residents to access community resources and focuses on an individual's needs; preventing and tackling any wider health issues.

The service currently receives referrals from 16 GP practices, Job Centre Plus, psychological therapies services and VCSE organisations in Stockton-on-Tees and also accepts family or self-referral. The service works closely with VCSE organisations and public services to increase the number of people accessing the service and to map assets that are available to support our residents.

The service supports over 300 people a year, the majority of whom reported that they 'felt better' since accessing the service.





Recommended actions

SBC Public Health:

will encourage residents (particularly the most vulnerable residents of Stockton-on-Tees e.g. isolated elderly and people with autism) to access community resources so that they are confident enough to engage in local activities. The objective will be to improve resident's awareness of what is available and overcome the barriers or issues that prevent them from accessing these resources.

Reflection on DPH Annual Report 2015/16

The 2015/16 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 in 2016/17 are:

Child health							
We said		We did					
1.	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	In 2016/17, the SBC Public Health team worked closely with children's services to plan and provide seamless and comprehensive health and social care advice and support for children, young people and families. Improved information sharing arrangements have been agreed. The review of health visiting and school nursing services has been in the context of supporting the development of family hubs in communities.					
3.	Tees and Hartlepool NHS Foundation Trust. Continue to work closely with	The 'A Fairer Start' programme implemented a multiagency Culture Change Training Programme (CCTP) to train staff to work with and support families by providing consistent and					
	children's services on the proposed change from children s centres to 'family hubs.	up to date messages and to work with communities and partners to provide holistic whole family support. In addition to this, the Community Champions programme supported families throughout 2016/17 with a range of activities including debt management, benefits and budgeting advice to cooking skills and help to access activities, food banks and other support.					
	 Joint working between children's services and public health as well as learning from the fairer start programme have shaped the new family hub model. The family hub model offers better access to holistic whole family support across Stockton-on-Tees through a range of community based services. 						
Pre	eventing diabetes through physica						
	e said	We did					
4.	Provide targeted intervention and support to communities in greatest need.	 SBC Public Health are : Working in partnership with a range of partners to promote physical activity such as cycling events, 					
5.	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.	 park runs or walks in the park and particularly in encouraging young people and people aged 55+ years to participate in physical activity; Supporting the 'hub' to provide information, advice and support to encourage people to use active transport such as walking and cycling on a regular basis for normal daily activities or commuting; and Working with VCSE to develop a diabetes prevention programme tailored to the needs of high 					

What has changed

- More opportunities for physical activity are offered through Tees active and the VCSE particularly for over 55 year olds.
- A universal NHS diabetes prevention programme is introduced across Stockton-on-Tees in addition to a targeted pilot programme for BME groups.

addition to a targeted phot p						
Mental health: Suicide prevention						
We said	We did					
 Work with partners to implement mental health promotion strategies, promoting protective factors and resilience throughout the life course. 	SBC Public Health and partners from the NHS and the VCSE have contributed to mental health needs assessments for Stockton-on-Tees, with detailed recommendation regarding mental health promotion, prevention and service development.					
What has changed A suicide prevention coordinator is now working with partners across Tees to develop and implement local suicide prevention strategies and actions.						
Sexual health We said	We did					
 7. Improve access to the sexual health service, by facilitating proactive outreach provision and the development of a clear and accessible service. 8. Work with our sexual health service provider to further increase access to services in the community through GPs and pharmacies. 	 SBC Public Health and partners have procured an integrated, community based sexual health service with a strong focus on prevention and community outreach. The new service operates a "hub and spoke" model and has subcontracted Brook and the Terrence Higgins Trust to provide community outreach services. GPs and Pharmacies are providing contraception and some STI testing including emergency contraception, and chlamydia testing. All pharmacies in Stockton-on-Tees have signed up 					

What has changed

• The focus on prevention and community outreach has contributed to a continued reduction of teenage pregnancies in Stockton-on-Tees and higher chlamydia testing rates.

En	Environmental health				
W	e said	We did			
9.	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	Environmental Health responded to 19 outbreaks, 18 of which occurred in care homes. All outbreaks were related to viral disease and were investigated and managed in cooperation with providers and Public Health England. A new dedicated Contaminated Land officer post based at the Environment Agency (EA) in Darlington, enabled quick mobilisation of pollution teams to respond jointly to incidents such as:			
10	procedures and maintain food premises inspection and sampling programmes. . Continue to work in partnership with the Environment Agency to rapidly	viral disease and were investigated and managed in cooperation with providers and Public Health England. A new dedicated Contaminated Land officer post based at the Environment Agency (EA) in Darlington, enabled quick mobilisation of pollution teams to respond jointly to			

to identify potential problem sites and ensure appropriate preventative measures are in place	 20k litres kerosene spillage that made its way into local tributaries. Pollution teams were mobilised within four hours, watercourses boomed and 15k litres removed before entering the River Tees. The remainder was still within land, which has been decontaminated; Chromium waste entering beck. SBC & EA teams were mobilised the same day, drains blocked and effluent removed via vacuum tankers; and Unauthorised trade waste fires causing fire on chemical yard. Remediation over a 6 month period in close cooperation with environmental agency.
	Problem sites are continually assessed through the Stockton Contaminated Land strategy and Planning regime.

What has changed

• A new dedicated Contaminated Land officer post based at the Environment Agency (EA) in Darlington, enabled quick mobilisation of pollution teams to respond jointly to incidents.

Smoking						
We said	We did					
 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. 	In 2016/17, a consultation gathered the views of smoker on the local stop smoking service (SSS). People were generally happy with the service but wished for better information, referrals and signposting to services. The service is working with partners and services to identify smoking champions to provide brief intervention training support more smokers to access the SSS.					
 13. Review the stop smoking services situated within pharmacies to ensure they are effective. 14. Support Hartlepool and 	Following national guidance on harm reduction, the SSS now offers smokers the option to use electronic cigarettes as a smoking cessation aid as an alternative to nicotine replacement therapy.					
Stockton CCG with the smoking in pregnancy agenda, to develop an improved pathway to support pregnant smokers.	A review of stop smoking services in pharmacies resulted in the development of a stop smoking advisor and mentor for pharmacies to deliver consistent high quality stop smoking services.					
	SBC Public Health and Hartlepool and Stockton CCG have worked jointly to develop a community pathway for pregnant women to receive stop smoking support.					
What has changed						

• Stockton-on-Tees Borough council offers greater choice in smoking cessation aids and service providers. Service providers include locations such as GP practices, pharmacies, hospital-based services and community organisations as to better engage with people who smoke, in particular those living in the most deprived areas.

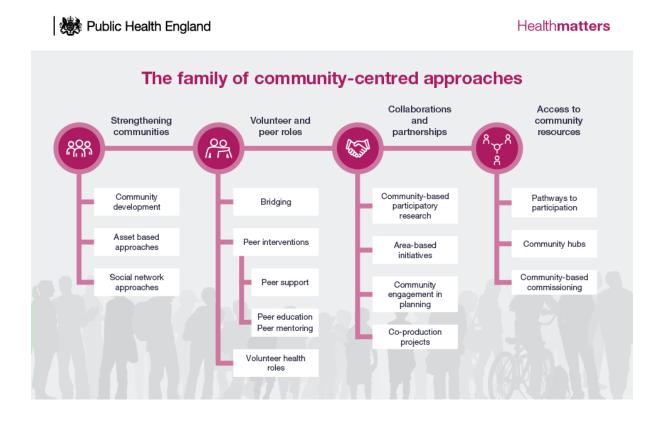
Appendices

Our communities

Compared with benchmark O Lower O Similar O Higher O Not Compared		Low 🕘 🕘 🌑 🌑 High						
					_	Benchmark Value	:hmark Value	
					l	owest	25th Percentile 75th Percentile	Highest
		Stockton F		Region England			England	
Indicator	Period	Count	Value	Value	Value	Lowest R	ange	Highest
Gender pay equality	2015	-	78.0%	-	79.4%	65.0%	0	96.3%
Housing affordability ratio	2016	-	5.0	-	7.2	26.4	0	3.4
Percentage of people aged 16-64 in employment	2016/17	86,600	71.4%	-	74.4%	60.9%	0	82.4%
Income deprivation	2015	-	17.7%	-	14.7%	27.6%		2.8%
Income deprivation in older people (IDAOPI)	2015	-	17.9%	-	16.2%	49.7%	O	6.3%
Income deprivation in children (IDACI)	2015	8,449	22.6%	24.7%*	19.9%	39.3%	0	1.3%
GCSEs achieved (5A*-C including English & Maths)	2015/16	1,173	58.4%	-	57.8%	44.8%	Q	74.6%
School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check	2016/17	2,116	82.6%	-	81.1%	75.5%	0	88.8%
School Readiness: the percentage of children achieving a good level of development at the end of reception	2016/17	1,770	69.3%	-	70.7%	60.9%	0	78.9%
Breastfeeding prevalence at 6-8 weeks after birth -current method	2016/17	591	*	-	44.4%*	19.3%		75.6%
Healthy life expectancy at birth (Male)	2014 - 16	-	59.5	-	63.3	54.3	0	69.9
Healthy life expectancy at birth (Female)	2014 - 16	-	62.3	-	63.9	54.6		71.1
People's access to woodland	2015	64,168	32.9%	-	16.8%	0.1%		61.9%
Proportion of people who use services who feel safe	2015/16	-	69.8%	-	69.2%	55.1%	Þ	80.4%
Access to NHS dental services - successfully obtained a dental appointment	2015/16	930	95.8%	-	94.7%	83.3%		98.8%
Percentage of people who said they had good experience when making a GP appointment	2015/16	2,013	73.1%	-	73.4%	58.6%	O	96.7%
Social connection: percentage of adult social care users who have as much social contact as they would like	2016/17	-	47.0%	-	45.4%	34.5%	0	52.9%
Social connection: percentage of adult carers who have as much social contact as they would like	2016/17	106	35.8%	-	35.5%	21.5%	O	55.0%
Proportion of people who use services who have control over their daily life	2015/16	-	79.3%	-	76.6%	60.5%		90.2%
Self-reported well-being: % of respondents with a high happiness score	2015/16	-	74.2%	-	74.7%	66.0%	O	80.8%
Self-reported well-being: % of respondents with a high satisfaction score	2015/16	-	79.1%	-	81.2%	67.3%	0	88.1%
Percentage of people aged 16+ with sports club membership	2015/16	-	23.2%	-	22.0%	13.0%	0	32.1%
Percentage of physically active adults	2015	-	47.8%	-	57.0%	44.8%	0	69.8%
Utilisation of outdoor space for exercise/health reasons	Mar 2015 - Feb 2016	-	25.4%*	-	17.9%	5.1%		36.9%

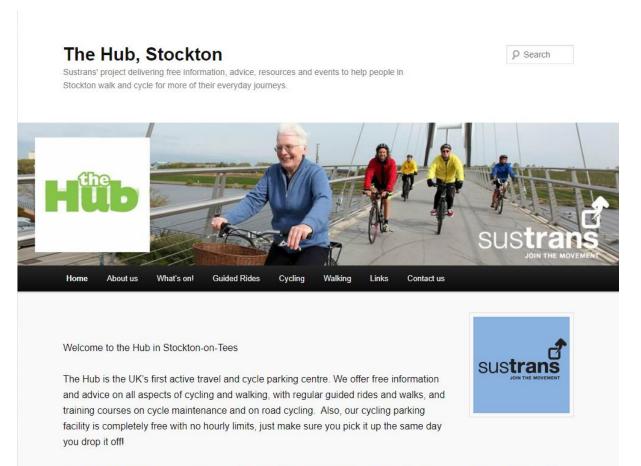
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Community-centred approaches



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Strengthening communities



The Hub is part-funded by Stockton Borough Council and Sustrans the charity. Sustrans is the charity making it easier for people to walk and cycle.



Volunteer and peer roles



Collaborations and partnerships



Access to community resources



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