Building Healthy Communities – connecting people and place
Director of Public Health Report 2025

Key messages

- Communities are the heart of places – both geographic places and the places where people feel 'at home' with others they identify themselves with (which can be many things)
- If we start with communities and build flexible approaches and systems, we are more likely to have meaningful partnerships with communities, understand what is important to them, develop joint solution to meet people's needs and get better outcomes for all our communities (addressing inequality)
- How do we do this? Through a framework that builds collective aims, enablers and resourced plans, that links working with communities, to developing local places and neighbourhood approaches
- This needs to be about more than our 'service offer', rather it needs to use a system-wide approach, building on evidence, intelligence and partnerships and maximising the opportunity for health creation
- There are examples of local work that we can build on to help us with our approach; and a self-assessment tool to support us with where to start
- The report identifies suggested actions to take the work forward. It also reviews progress on the actions identified in last year's report

Introduction

This year's report looks at how we put working with local communities at the heart of work to shape healthy places, to help local people to thrive.

It is clear that people's experience of health and wellbeing is affected by both the physical places and neighbourhoods they live in and the relationships and communities the identify with. In fact, places are shaped by communities – how people interact, how they use the space around them, the agency and ownership they feel about where they live, work and play. As we will know from our own lives, people often do not just identify themselves as part of a community in their neighbourhood – they may feel more part of communities (often more than one) that are not based on geography. For example, other parents with children of the same age, other people who share the same faith, or others who experience disability. This means that communities are central to how we develop and regenerate physical places (neighbourhoods, parks, housing). Community-centred development helps ensure improved health and wellbeing outcomes through responding to local views and needs, greater community ownership and make the best use of local facilities and assets. More than that, as the Council implements ambitious plans for the borough together with local people and partners, there is an opportunity to focus on health creation – proactively creating the conditions, wherever we can, to enable people to have the best health and wellbeing, rather than mitigating the impact of poor health.

This report sets out some recommended actions to help connect people and place to improve health and wellbeing, building on some of the great existing strengths in the borough. I hope you find it useful.

1. Progressing work on health inequalities

Last year's Director of Public Health Annual Report[1] proposed a systematic approach to addressing health inequalities and actions to put this in place. This approach was adopted by the Council and discussed with wider partners (**Appendix 1**). It sets out proposed action across services, the community and civic bodies. Much work is underway and progress against the report's recommendations is captured in **Appendix 2**. We will continue to deliver on this and the work agreed through the Health and Wellbeing Strategy[2] and Stockton-on-Tees Plan[3] to address these challenges.

2. Community-centred places

Health and wellbeing is created and driven by a range of linked factors that link people, the communities they identify with and the place they live. These factors range from the homes people live in and the access they have to good, stable work; to the air they breathe, the opportunity they have for education, the impact of trauma and family relationships on their lives and the impact of smoking, alcohol, diet, exercise and genetic influences[4].

We know that the diverse communities in Stockton-on-Tees experience these factors unequally – inequity (unfair differences) persist which lead to differences in health and wellbeing outcomes across communities in the borough. This is true across the country, however we know inequality is particularly stark in Stockton-on-Tees. The interface between people and the places and communities they live in, is key to understanding and helping to address this (**Appendix 3**).

This report describes some of the approaches that are helpful in understanding and bringing together community and place, to improve health and wellbeing for all our diverse communities as articulated in the Health and Wellbeing Strategy[2] and the Stockton-on-Tees Plan[3]. The report also shines a light on some examples of work to build on.

As a health and wellbeing system, we will need to develop our strategy, approach and plans based on what our diverse communities tell us and maximise their strengths – this will look different in different parts of our borough and communities are often not associated with a geographical place or location. While it often makes sense to start with a geographical area or neighbourhood, it is then important to layer on the other factors that influence how communities identify and define themselves – and of course no community or individual is defined by one thing. These factors such as age, gender, ethnicity, disability, cultural influences and more, are the things that combine to shape (and sometimes limit) the opportunity local people have to be healthy and happy.

In the context of the health challenges and inequality faced by local people, it feels even more important to make a meaningful shift to proactively *design in* opportunities for better health and wellbeing as far as possible when local places are shaped, as well as adapting existing local places to maximise health and wellbeing and mitigate poor health outcomes.

Through the Council's Powering our Future transformation programme, national implementation or pilot programmes and other work across partners in the health and wellbeing system, we are already progressing some of this work. There is the opportunity to build on this further, bringing together work with communities and on healthy place through a community-centred public health approach.

3. A community-centred public health approach – examples in Stockton-on-Tees

To embed work on healthy places and communities and address inequity, a whole-system approach across partners and communities is helpful. This recognises the central role of trust, relationships and managing power dynamics in effective working and change (Public Health England, 2020)[6]:
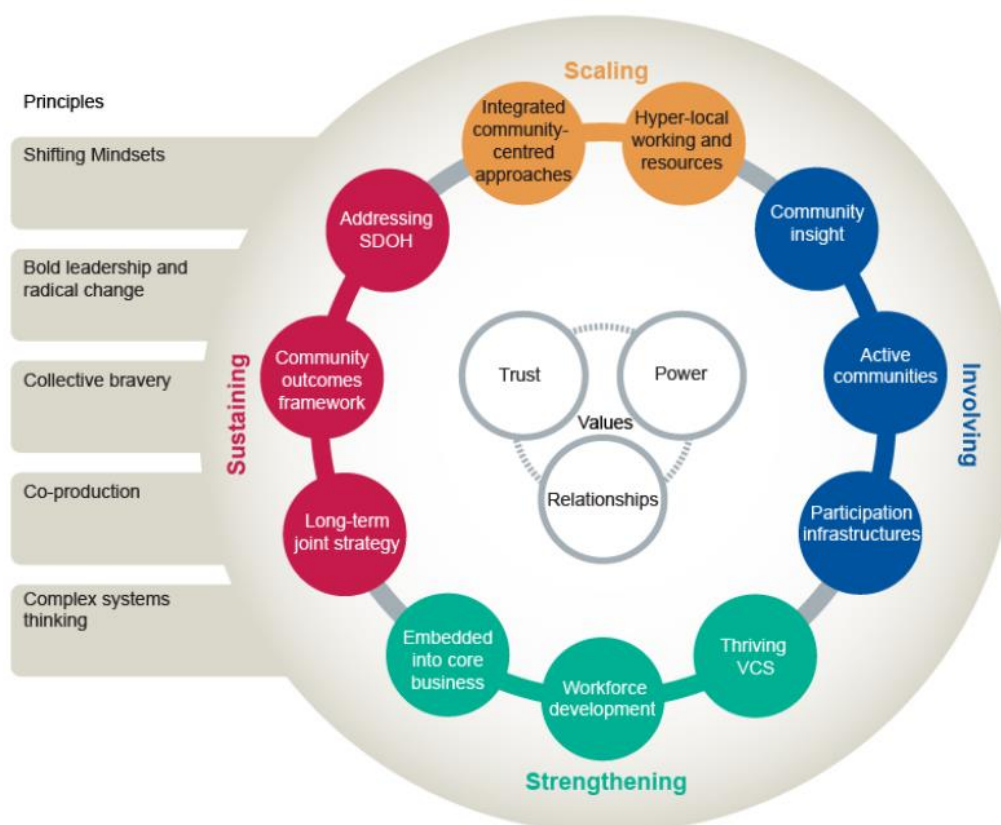
SDOH = social determinants of health

Scaling up - involves adapting and rolling out a flexible, effective approach to working across a wide range of partners (integrated community-centred approaches), rather than applying a standard model everywhere e.g. the national Neighbourhood Health Implementation Programme.

National Neighbourhood Health Implementation Programme

Introduction to the NNHIP in Stockton-on-Tees

Neighbourhood Health is central to the Government's 10 Year Plan ambition to shift care from hospitals to community, analogue processes to digital and moving focus from caring for sickness to preventing ill health.

Stockton-on-Tees has been successful as one of the 43 areas in phase 1 of the government's Neighbourhood Health Implementation Programme.

This is to trial a new way of working, focused on people with 3 or more long term conditions and starting in the Stockton town centre and Portrack area. In-line with the NHS 10 Year Plan, the aim is to move support closer to communities; refocus from treatment to prevention; and trial digital innovation in supporting health and wellbeing.

The Council, NHS and partners are working closely, beginning to develop the approach, with community voice at its heart. The approach will include maximising the strengths and relationships in communities, through to joining up delivery of care and support across organisations in a more coordinated way to improve the experience of local people.

As learning emerges from the phase 1 work, it will help inform ways of working in other neighbourhoods and with other groups of people across the borough.

Involving – e.g. Active Stockton Place Partnership. This year the Council's public health and sport and active life teams have worked in close partnership with local community representatives, Tees Valley Sport and Sport England to carry out insights work. The conversations focused on 5 areas of the borough and particularly focused on hearing from specific communities e.g. people with disabilities, people from different ethnic backgrounds, and young people with support in place who are moving into adulthood (transitions).

The work highlighted the importance of time and an open approach, to build trust. There was an emphasis on listening and responding to what was important from the communities' perspectives rather than approaching the discussions with a set agenda. The insights spoke about wide-ranging issues that impact on wellbeing, from access to green space to perceptions of safety. A range of participating partners and Council colleagues, including the Chief Executive and Leader of the Council, gathered to hear the findings which will be used to inform the next steps of work with Sport England, but will also inform wider work including on neighbourhood health and the Pride in Place neighbourhood trailblazer recently announced in the borough. There is the opportunity to embed the learning from the work in the Council's and partners' approaches to working with communities.

4

Community insights feedback session, Summer 2025

Strengthening – peer advocacy pilot. Some individuals in the borough experience severe and multiple disadvantage that affects their health, wellbeing, housing, ability to work, relationships, etc. – they can also find it difficult to access support. Often these complexities stem from previous trauma or difficult family relationships and the research points to an approach that centres on building relationship, trust and is consistent. Public health commissioned Recovery Connections (funded through Integrated Care Board inequalities money) to trial a peer advocacy approach, based on evidence and with evaluation by Teesside University built in. Peer advocates with lived experience met with individuals identified by the adults safeguarding team and worked with individuals to understand what is important to them – for example seeing their children, being able to work, or restarting a hobby or interest they previously enjoyed. The individuals developed goals as a result and begun working towards these with the support of the peer advocate. In 2024/25, 27 individuals engaged fully with a peer advocate; 44% co-produced goals and 83% are in regular contact with their peer advocate following this. The initiative is underpinning the Council-wide work on complex lives and will inform the neighbourhood health work.

Outcomes to-date include:

- Improved wellbeing (self-reported)

- Engaging with support and treatment (medical, dental etc.) available

- Reduction in / abstinence from substances

- Supported to gain and maintain tenancy

- Undertaking volunteering

Sustaining – health and planning. Recognising the impact of the built and natural environment on health and wellbeing, public health explored how health could be better embedded into Council planning processes, based on research evidence and case studies from other councils. As a result, a Health Impact Assessment (HIAs) tool was developed and implemented, to be completed by developers and aiming to ensure that health and wellbeing are considered early in decision-making. HIAs are especially valuable for assessing impacts on vulnerable or disadvantaged groups. A focus on health is also being built into the new Local Plan as it is developed.

The Health and Wellbeing Board will be undertaking a deep dive in the coming months, to understand how to maximise the impact of access to healthy food and the food environment. This builds on existing good work across the Council, voluntary and community sector and learning from regional public health and wider partners including the Good Food Local initiative.

Group Case Study – Grow Your Own

Name; Willows Youth Club
Age; 5 - 8
Site Location; The Willows

Growing Knowledge & Skills; When asked, only a few had done some gardening with their parents/grandparents but all were really keen to get started and very involved. They all helped fill the starter pots ready for seeding and each session they were keen to see how it developed. Watering the plants was a keen activity but equally they found fun in weeding too.

They had excess plants/seedlings to grow at home, about a third said they would take them home. They've enjoyed harvesting the crops

Cooking Knowledge & Skills; We started with a vegetable curry, as we wanted to maximise the veg choice and make it a flavour a lot would relate to. They got involved in all the veg preparation, we used carrots, courgettes, onions, sweet potato, peppers and chopped tomatoes. We did buy individual herbs and spices to show them off individually and explain other ways they could be used but we also had a standard curry spice pot to show the list of spices that go into the ready-made mix. To the surprise of the Youth Club Staff, every child had a taste and about 90% took a portion home.

Quotes:

"I can't wait to do more cooking and gardening"

What did you enjoy?

- "Desserts" "Different foods"

- "I loved it all"

The Grow Your Own initiative (delivered by Groundworks, funded by public health)

<u>Health creation</u>

The community-centred public health approach to healthy communities and healthy place, also fits with the concept of health creation - 'the enhancement of health and wellbeing that occurs when individuals and communities achieve a sense of purpose, hope, mastery and control over their own lives and immediate environment' (The Health Creation Alliance, 2017[7]). This sense of health creation is also linked to the NHS 10 Year Plan, and has five key features: listening and responding, truth-telling, strengths-focus, self-organising and power-shifting (***Appendix 4***).

Existing local work with grassroots community groups and community representatives forms a good foundation for creating health, one example being the community wellbeing champions – a network of 138 individuals and organisations across the borough working to improve health and wellbeing and working in partnership with public health (who commission Pioneering Care Partnership as the coordinating organisation).

Warm food, warm hands, warm hearts (Wellington Sq. shopping centre, March 2025):

Different organisations came together supported by the champions and Catalyst, giving out free essentials, serving hot drinks and having a chat with different communities around Stockton town centre.

4. Next steps - Implementing a community-centred public health approach

Some principles are proposed to take this community-centred approach forward, bringing together communities and places[6]. This includes building trusting relationships with communities; co-producing solutions with communities based on new conversations with people about health and place; and identifying and promoting protective factors that help keep communities healthy.

While good work is underway, this is a big and complex issue and Public Health England proposed some first steps in its report including community insights and strengthening local partnerships (***Appendix 5***). In addition, a diagnostic checklist is available to help areas determine how well they are

enabling communities to take part in place-based approaches to reducing health inequalities[8]. A first suggested step is for the Council to complete this self-assessment working with partners.

Community cohesion

Community cohesion can impact on the approach partners will need to take to work with communities on health and wellbeing.

Community cohesion can be defined as communities or places that[9]:

- offer a common vision and a sense of belonging for all
- positively value diversity
- provide equal opportunities to people from different backgrounds and
- provide an environment where strong and positive relationships can be developed between people from different backgrounds in the workplace, in schools and within neighbourhoods

Research evidence shows that community cohesion is important for population health and wellbeing, affecting issues such as trust; perception of crime and safety; using outside spaces to be active; social isolation and loneliness and mental wellbeing; reduced violence; greater civic participation, and greater community resilience in preparation for emergencies.[10]

Currently, there are challenges to social and community cohesion internationally and nationally and in public discourse. We are fortunate to have a wealth of community organisations and assets across the borough.   There is the opportunity to explore whether specific approaches to supporting community cohesion would be helpful, working across communities and partners and potentially neighbouring local authority areas. Examples include:

- Restorative community work: used across a range of areas including criminal justice, social care, education and also wider work with communities.[11]
- Inter-generational work[12]: building on existing examples (e.g. Tees Active Care Home Legends[13]), to help build feelings of safety and promote mutual understanding and respect; and to explore e.g. the potential for inter-generational approaches to housing.

5. Actions – supporting community-centred healthy places

A community-centred public health approach can be used to help bring together developing health places and healthy communities, in a way that proactively promotes and builds in good health and wellbeing as set out in the Health and Wellbeing Strategy and the Stockton-on-Tees Plan. The following actions are proposed, to apply this in Stockton-on-Tees and build on the good work already underway. The actions fit well with the themes and commitments across the Health and Wellbeing Strategy, particularly the theme 'Everyone lives in healthy and sustainable places and communities', which covers commitments on neighbourhood design, food environment, community safety, community resilience, social isolation and loneliness, co-production and inequalities.
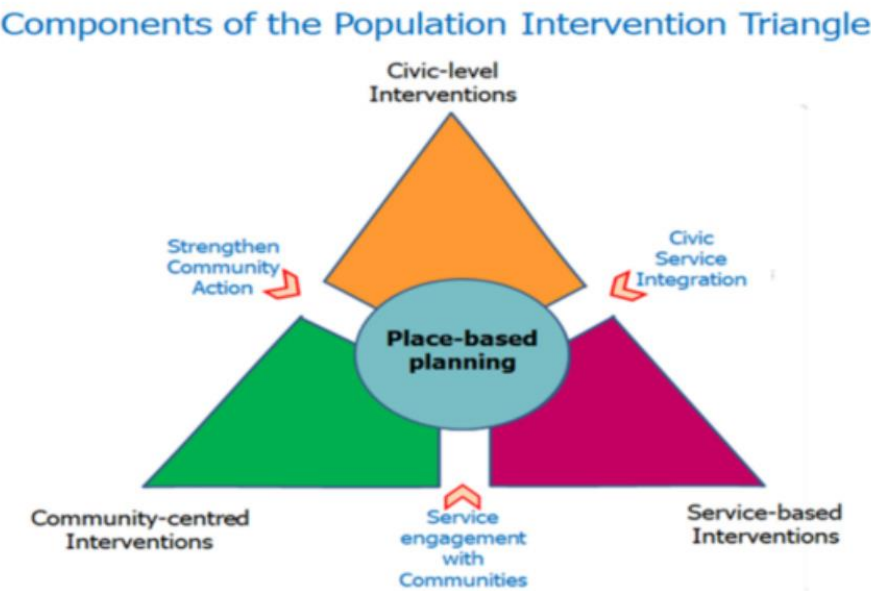
Actions

- Move towards a 'health creation' approach, identifying proactive approaches to building or designing in good health and wellbeing wherever possible – in policy, practice and commissioning
- Use the community-centred public health approach to inform thinking and next steps on working with communities, neighbourhoods and places
- Review our position against the recommendations in the LGA's guide: *Empowering healthy places: Unveiling the powers and practices of local councils in fostering healthy neighbourhoods*[15]
- Run LGA-facilitated Health in All Policies sessions for Council officers, Members and potentially wider system partners, to inform adopting this approach
- Build in improving health and addressing inequality as a core primary objective of the new Local Plan
- Identify key actions and issues arising from health impact assessment tool for developers and evaluate its implementation to inform future practice
- Health and Wellbeing Board to undertake a deep dive specifically on the food environment, in the context of the factors that shape places, to understand how levers can be maximised
- Build on existing insights work with communities e.g. Sport England and the learning from this approach
- Feed insights into organisation / system-wide bank of information, to be used for a range of purposes. Proactively identify key pieces of work to use the insights e/g. trailblazer Pride in Place and neighbourhood health implementation programme
- Respond to issues communities raise through simple, quick actions and potentially small pots of seed-funding, supporting and empowering community groups to take action
- The Council as a convenor (where appropriate) and enabler - Build or support development of a community partnership / forum, led by the community, with the purpose of connecting community connectors as a network, supporting community capacity building
- Develop a network of community connectors further by enabling conversations at places where people meet, led by those within the community
- Consider infrastructure support needed to facilitate the network of community connectors lead by the community (systems, venues, funding)
- Create a small, shared funding pot across the health and wellbeing system, to support community activity on an agreed set of key issues identified and owned by the community. Connect the action on these priorities, into the activity across the Council and wider system to maximise their impact
- Trial community ownership of spaces e.g. parks, neighbourhood assets
- Work with the community and VCSE on a framework for community collaboration, to enable VCSE / community grassroots organisations to work together, to deliver on key issues and priorities (in place of a traditional commissioning approach) e.g. Community Tool Box framework[14].
- Consider further actions that build and cement relationships across the system to integrate the community sector as equal partners e.g. Devon ICS has a mentoring programme that pairs leaders in statutory organisations with leaders in the VCSE.
- Explore potential opportunity for restorative and / or intergenerational approaches to support community cohesion and learning from other areas on this; and explore the role of the Council and other partners in this approach

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Appendices

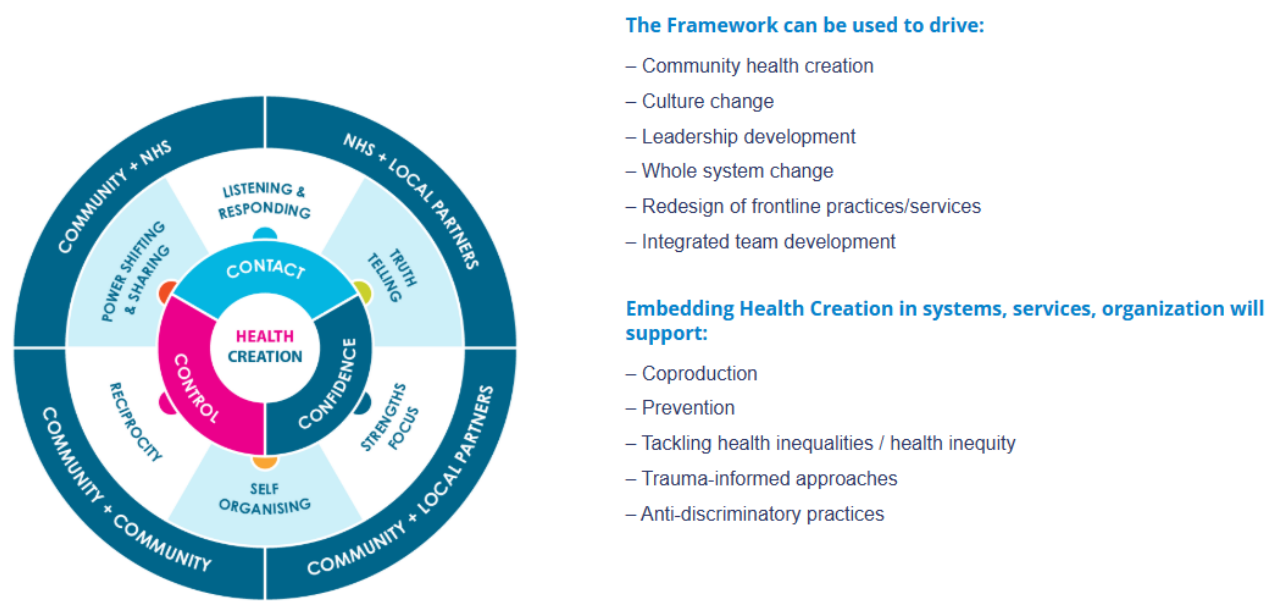**Appendix 1: Population Intervention Triangle**

Components of the Population Intervention Triangle

Appendix 2: Progress against 2024 DPH Report recommendations

TABLE TO BE INSERTED.

Appendix 3: Spatial planning for local healthy places (Association of Directors of Public Health, 2025)[5]

Appendix 4: Model for health creation[4] (https://thehealthcreationalliance.org/health-creation/)

The Framework can be used to drive:

– Community health creation
– Culture change
– Leadership development
– Whole system change
– Redesign of frontline practices/services
– Integrated team development

Embedding Health Creation in systems, services, organization will support:

– Coproduction
– Prevention
– Tackling health inequalities / health inequity
– Trauma-informed approaches
– Anti-discriminatory practices

10 Recommendations for health creation are included in the New NHS Alliance manifesto 2017[4].

Appendix 5: Implementing a community-centred public health approach - Where to start?[8]

- undertaking insight work with communities, especially with those who are seldom heard – this helps provide a strong understanding of people's health and wellbeing, as well as their priorities and solutions
- recognising and building on what is already going on, using methods such as local asset mapping
- strengthening local partnerships at a strategic level to build a shared vision
- producing a clear and compelling case for change linked to improving community health outcomes
- gaining senior buy-in and identifying champions to drive that change
- accepting that re-orienting how things are done is a messy, complex process that takes time and requires flexible approaches
- taking small steps and using small amounts of funding to get going and develop trusting relationships with communities