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

Health, wellbeing & inequality in Stockton-on-Tees

61.5 years Healthy life expectancy 17.6 years inequality in healthy LE (2018-20)

60.1 years Healthy life expectancy (LE) 20.4 years inequality in healthy LE (2018-20)

5,743 (14.8%) Children in absolute low income families **England: 15.6%** (2022/23)

196 (10.6%) Women smoking at time of delivery **England: 7.4%** (2023/24)

90% Children achieving a good level of development at 2 to 2 and a half years **England: 80.4%** (2023/24)

24.9% population aged 16-64 are economically inactive England: 21.2% (2021/22)

£4,200 gap between 'mean' and 'median' earnings

7.2%* of residents reported feeling lonely **England: 6.8%** (2024)

1.23% Green space coverage **England: 0.79%** (2022)

42 per 1,000 Domestic abuse related incidents and crimes **England: 30** (2022/23)

40.2% unmet treatment need (opiates and crack) **England: 57.2%** (2023/24)

40% of adults who are economically inactive are inactive due to health conditions (2023/24)

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**, which we will continue to focus on as set out in the priorities of the Health and Wellbeing Strategy[2] and Stockton-on-Tees Plan[3].

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**).

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. This report shines a light on some examples of work to build on. It also 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, focusing on a community-centred public health approach.

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

A community-centred public health approach across partners and communities can help bring together and embed work across healthy and sustainable places and communities, to improve health and wellbeing and reduce inequity across local communities. This community-centred public health approach recognises the important role of trust, relationships and power across communities and partners, to work well together and bring about change (Public Health England, 2020)[6]:
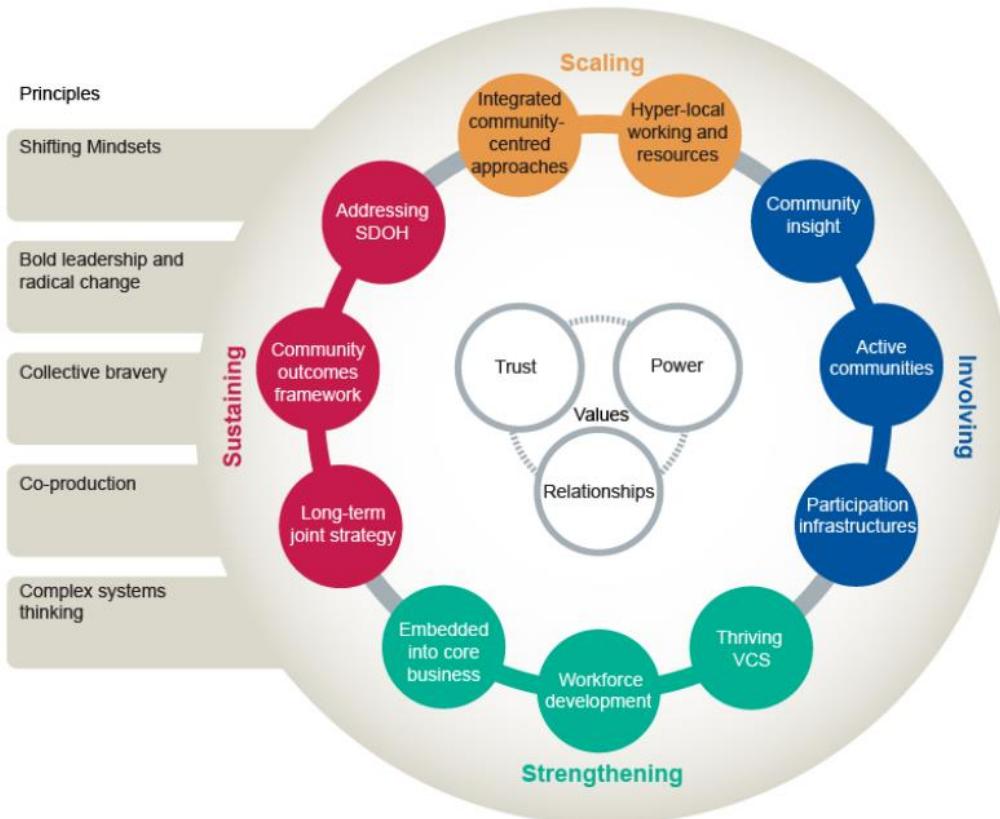
SDOH = social determinants of health

A community-centred public health approach will help deliver on the priorities in the Health and Wellbeing Strategy[2] and the Stockton-on-Tees Plan[3]. It will also help us collectively put into practice the five core principles the Health and Wellbeing Strategy sets out for working together effectively to improve health and wellbeing and address inequalities:

Health and Wellbeing Strategy – Principles for working together

1. Health is everybody's business
2. Communities at the centre
3. Commit to prevention and early intervention
4. Levelling the playing field
5. Place-based approach

We already have many good examples of using a public health community-centred approach in Stockton-on-Tees, to put these principles into practice:

Health is everybody's business – work and health

We are working closely with small and micro businesses across the borough to support them with workplace health and wellbeing. In 2024/25, 41% of the working age population (16-64yrs) in the borough were economically inactive due to long term sickness. Recent research[7] has shown that inequality in health and ability to work will persist to 2024 based on the current trends, so it is important we continue to focus action the issues that drive this including deprivation, COPD and obesity-related disease. 87% of registered businesses in the borough employ less than 10 people, so it is important we closely in partnership to support local people to be healthy for work; and to enable businesses to support their employees to be healthy. This is particularly relevant to smaller businesses, where sickness absence rates can have such an impact on business continuity. We have worked with partners to undertake insights work with these businesses, to understand what is important to them and what help they need, to shape support to them.

Local small businesses insights – feedback session

Better Health at Work Award celebration event with local businesses

Communities at the centre – Active Stockton Partnership & community wellbeing champions

In some of our areas of greatest deprivation, 35% of adults are physically inactive[8]. 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 to understand more about the perspective of local people. 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 insights highlighted issues far beyond specifically physical activity and covered wide-ranging factors 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 learning from the work in the Council's and partners' approaches to working with communities - particularly the importance of spending time and building trust, listening and responding to what is important from the communities' perspectives and often not approaching discussions from the perspective of statutory organisations.

Community insights feedback session, Summer 2025

The concept of health creation also fits with a community-centred public health approach to healthy communities and healthy place, empowering communities and 'designing in' opportunities to improve health and wellbeing. Health creation is the improvement to health and wellbeing 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[8]). This sense of health creation is also linked to the NHS 10 Year Plan, and is based on: 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 local 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.

Prevention and early intervention – National Neighbourhood Health Implementation Programme

This national pilot programme is an exciting opportunity to work across partners and local people to design different ways of providing care and support – more focused on prevention, and closer to communities. Communities in our area of focus have the highest rates if economic inactivity in the borough. Chronic disease and risk are also higher in this neighbourhood than in England as a whole. For example, 3.65% experience coronary heart disease (3.04% in England); 15.53% have hypertension (14.63% in England); and 14.32% are obese (11.55% in England). The area also has some great strengths, including many voluntary and community sector organisations and grassroots community groups who understand and work closely with local people; and the Community Wellbeing Hub in Wellington Square which provides a range of one-stop shop support including on housing, mental wellbeing, employment and domestic abuse.

As learning emerges from the first phase of the neighbourhood health pilot work, it will help inform how we work together in and with other neighbourhoods and communities across the borough.
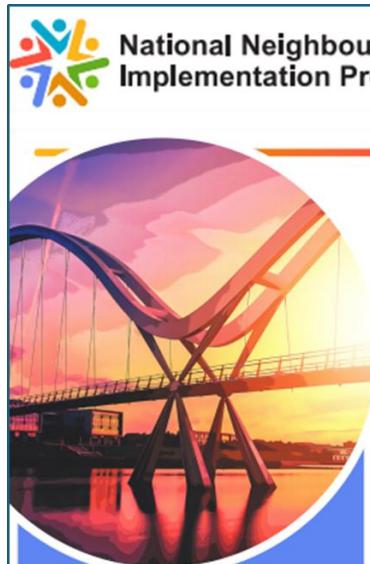
National Neighbourhood Health Implementation Programme

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.

Levelling the playing field – peer advocacy

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 meet with individuals identified by the adults safeguarding team and work 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 began 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. Good outcomes are emerging and the initiative is underpinning the Council-wide work on complex lives and will inform the approach to neighbourhood health.

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

Place-based approach – planning and food

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 and inform actions to address any potential negative impacts of development. HIAs are especially valuable for assessing impacts on vulnerable or disadvantaged groups. The first HIAs have recently been submitted by developers for consideration. A focus on health is also being built into the new Local Plan as it is developed, which sets out a framework for how places are shaped in the borough including housing, road networks and green space.

Recognising the importance of access to healthy affordable food for health, 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. Once such example is the Grow Your Own initiative, combining access to fresh food with the mental and physical health benefits for local communities, of gardening and growing food.

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"

Stockton-on-Tees
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The Grow Your Own initiative (delivered by Groundwork, funded by public health)

4. Next steps - supporting community-centred healthy places

Stockton-on-Tees has some strong foundations for developing community-centred healthy places. As we build on this, it is important to acknowledge the impact community cohesion can have on our work together. Community cohesion can be defined as communities or places that[12]:

- 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, schools and 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.[12]

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, for example through restorative community work[13] and / or inter-generational work[14].

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

Public Health England also proposed some first steps to help adopt the approach, including developing community insights and strengthening local partnerships (***Appendix 5***). A diagnostic checklist is also available to help areas determine how well they are enabling communities to take part in place-based approaches to reducing health inequalities[10].

The following actions are proposed, fitting with the commitments and principles in the local Health and Wellbeing Strategy:

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 – including ensuring common principles are shared across partners help take this forward with communities
- 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*[16]. To support, consider completing the Public Health England diagnostic checklist together with partners to determine how well we are collectively enabling communities to take part in place-based approaches to reducing health inequalities
- 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 community 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[15].
- 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

14

Appendix 1: Population Intervention Triangle

Components of the Population Intervention Triangle

Civic-level
Interventions

Strengthen
Community
Action

Civic
Service
Integration

**Place-based
planning**

Community-centred
Interventions

Service
engagement
with
Communities

Service-based
Interventions
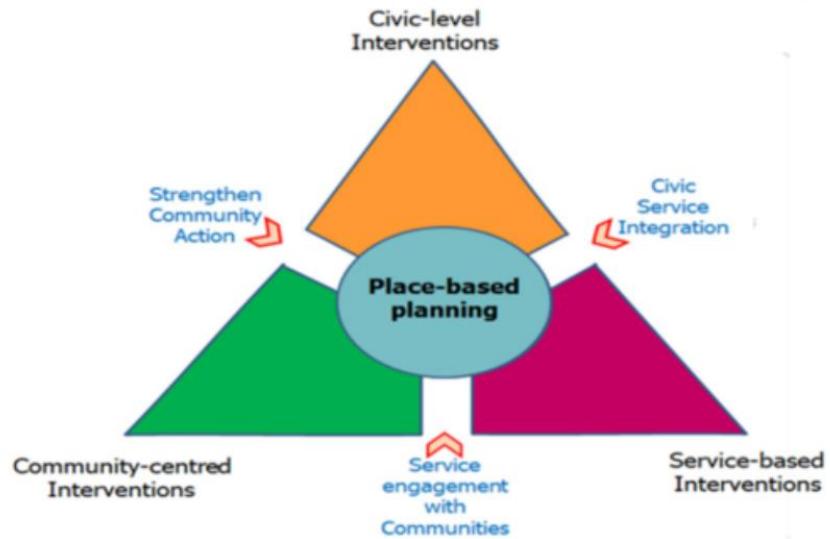
Appendix 2: Progress against 2023/4 DPH Report recommendations

The following summary captures progress against the recommendations set out in last year's Director of Public Health Report (2023/4) through Public Health actions working across the Council and with partners.

The actions and progress align with delivering all focus areas of the Health and Wellbeing Strategy 2025-30 focus areas:

1. All children and families have the best start in life
2. Everyone has a healthy standard of living
3. Everyone lives in healthy and sustainable places and communities
4. Everyone lives long and healthy lives

We said:	We did:
1. Adopt Population Intervention Triangle (PIT) approach	- Adopted by SBC Cabinet, Health and Wellbeing Board (HWB) - Shared at Team Stockton
2. Support Fairer Stockton-on-Tees Framework through focus on wider determinants of health and overlaying inter-related drivers of inequality	- New Health & Wellbeing Strategy (HWS) has a focus on wider determinants - HWB development has renewed focus on wider determinants as part of deep dive programme - Significant ongoing work re: work & health, food environment, planning & health
3. Co-produce self-assessment against PIT model	- Position / progress against assessed and actions progressed throughout the year, to be developed further e.g. system leadership (HWB), development of Local Plan, work & health programme, monitoring & progress against Powering our Future Communities work, mapping communities assets and networks - Updated Joint Strategic Needs Assessment approach implemented and initial priorities agreed - Work ongoing to embed links HWS and other strategies e.g. Local Plan, Community Safety Plan
4. Consider 'Marmot place' approach locally	- Considered with strategic partners and agreed to adopt local approach at this time, based on learning from 'Marmot places' approach - Local approach being developed and implemented through Powering our Future Communities mission (e.g. targeted work, community insights); HWB focus on wider determinants (e.g. food environment); shared population picture being developed and shared across the Council and system (e.g. re: complex lives) - To be developed further through the recommendations in DPH Report 2024/5 e.g. Health in All Policies discussions
5. Explore LGA support to address inequality	- LGA support secured and implemented on programme of development for HWB, producing a revised Terms of Reference, refined focus and

	increased emphasis on wider determinants of health and drivers of inequality and inequity - LGA Health in All Policies support secured, to be delivered in 2025/6
6. Adopt an Equity Impact Assessment across the Council	- Equality & Poverty Impact Assessment adopted – aspects of addressing health inequality included - Work ongoing to embed learning from wider national / regional work on health equity impact assessment, in local approaches - Health impact assessment tool designed and implemented across public health and planning teams
7. Adopt sustainable approaches to creating conditions for maximising health and wellbeing and addressing inequalities	- HWB deep dive sessions implemented e.g. loneliness & social isolation, enabling strategic discussion & agreement - Embedding health and wellbeing and addressing health inequalities as key issues in strategic plans e.g. Local Plan - HWB governance review underway to ensure the right forums are in place to agree and monitor strategic approaches to key issues / wider determinants - Joint strategic planning on new opportunities to test and learn on wider determinants e.g. national neighbourhood health implementation programme pilot, embedding research and evaluation with academic partners
8. Support community-building, focusing on assets and strengths And 9. Embed working with the community in policy	- Continuing to work with and strengthen community wellbeing champions' network, working with diverse communities to understand health and wellbeing issues, support community-lead activity, and co-design interventions and messaging - Proposal to consider community connector network, with joint strategic support from senior leaders across partners (Team Stockton) - Commencing work on a different approach to commissioning community activity, working with the VCSE - Public health commissioned a peer advocacy approach working with individuals with complex needs – yielding positive outcomes (re: treatment, healthcare, volunteering etc.)
10. Adopt Making Every Contact Count (MECC) across collective workforce	- Workforce training embedded re: advice, support and brief intervention on e.g. domestic abuse, smoking - Embedding MECC to be part of neighbourhood health approach as it evolves
11. Embed PIT model in Council's transformation agenda (Powering our Future)	- Early intervention and prevention agreed as a priority area, work ongoing to embed a public health approach - Progress as set out in this table
12. Identify and address gaps in our understanding of local communities	- As described in Actions 3 and 8 above - Working with communities embedded as a pillar of the Neighbourhood Health pilot and the new Pride in Place programme in Central Stockton and Portrack

13. Capture impact on inequalities, in monitoring frameworks	- HWS impact monitoring approach in development, with addressing inequality at its heart; this dovetails with Council plan monitoring framework - Public health and wider Council work underway on approach to evaluation, particularly qualitative information from communities, with academic partners
14. Embed the PIT approach in a logic model to monitor the HWS	- See Action 13

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/)
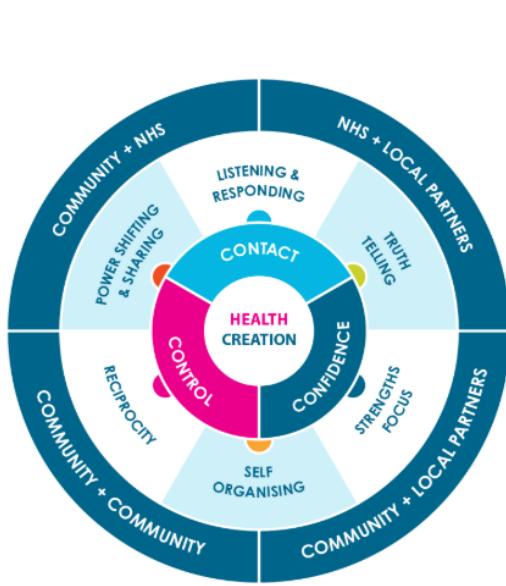
The Framework can be used to drive:

– 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?[9]

- 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