

All of Us – Delivering Better Health & Wellbeing

South Tyneside Public Health Annual Report 2018-19



LATEST NEWS

New drive to reduce alcohol problems and alcohol misuse

NEW SERVICE LAUNCHED TO HELP SOUTH TYNESIDERS WITH PROBLEMS

Help for drug and alcohol misuse

NEW PLANNING RULES SEE APPLICATIONS REFUSED BECAUSE OF OBESITY FEARS

Takeaway plan is turned down

WORK TO IMPROVE EMPLOYEES' HEALTH AND WELLBEING RECOGNISED

Silver award for council

PAIR ENJOYING THEIR AEROBIC SESSIONS

Dynamic duo are still keeping fit at 90



Foreword

Local government has a long history of leadership and provision of public health functions that can be traced back to Tudor times. The foundation of modern elected municipal governments in the early nineteenth century was to counter the impact of rapid industrialisation and urbanisation which led to poor neighbourhoods, housing environments, workplaces and sanitation.



Since 2013, local authorities have had a statutory responsibility for improving and protecting the health of the public, which was set out in the Health and Social Care Act 2012. The vision was for local authorities to use their new resources (identified through a ring-fenced grant) and responsibilities to put health and wellbeing at the heart of everything they do, including planning, leisure and children and young people's services.

The science and art of public health are about collective actions of the many for the benefit of everyone, and the strengthening of our society to face the ever shifting public health challenges of our time. We know the challenges we face around social factors (such as poverty and deprivation), challenging environments (such as poor housing and air quality), and the resultant impact on people's behaviours (such as domestic abuse, smoking and physical inactivity). Our South Tyneside Public Health Team drive our collective action around health and wellbeing, and this annual report illustrates the breadth and scale of the team's work to improve the lives of the population and make South Tyneside an outstanding place to live, invest and bring up families.

Cllr. Tracey Dixon,
Lead Member for Independence and Wellbeing



Public health is the Science and Art of preventing disease, prolonging life, and promoting health and efficiency through organised community effort for sanitation of the environment, the control of communicable disease, the education of the individual in personal hygiene, the organisation of medical and nursing services for early diagnosis and preventative treatment of disease, and the development of the social machinery to insure everyone a standard of living adequate for maintenance of health, so organising these benefits as to enable every citizen to realise his birthright of health and longevity. ”

Charles-Edward Winslow,
in his paper "The untilled fields of public health" published in the journal Science in 1920

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Introduction

Welcome to the 2018/19 annual report of the Public Health Team in South Tyneside. We have entitled the report, 'All of Us', because we feel it highlights the breadth and diversity of the public health role in Local Government and the wider health system, reflecting many of the unique partnerships established and opportunities to influence ways of working that the team has encountered over the last 12 months.

The report showcases a series of case studies around projects and initiatives we have led or supported across the five themes of South Tyneside's Health and Wellbeing Strategy (HWBS) 2017-21 and acknowledges innovation or where plans have not worked perfectly, creating opportunities for 'continuous learning'.

The report concludes with a 'call to action' for the wider public health workforce and sets out our key priorities for 2019/20. We hope you enjoy reading about the successes and learning we have engendered and feel inspired to develop work further or establish new partnerships with public health.

A key duty of the Public Health Team is to lead and coordinate the work of the Health and Wellbeing Board (HWBB) in South Tyneside. The local HWBB has statutory duties (under the Health & Social Care Act 2012) to encourage integrated working to improve health and wellbeing, reduce inequalities and improve the quality of services for the local population. HWBBs were introduced to build strong and effective partnerships that would improve places, approaches and services across NHS and local government. The Board provides 'whole system leadership' for the local health economy in order to achieve our stated ambitions.

South Tyneside proudly recognises that population health and wellbeing and NHS healthcare services are not synonymous. The Board structures its business around five themes in the HWBS, regularly discussing issues such as economic wellbeing or community resilience. All partners engage and contribute to discussions, including our workplace health approach, development of community-centred approaches, Long-term Conditions Strategy, and broader 'place-shaping' role of the Council, such as walking and cycling infrastructure.

Our place-based approach to commissioning and delivery is growing stronger thanks to the contributions of all Board partners. We already have pooled budgets, joint funding and delivery arrangements around learning disabilities, mental health, Better Care Fund and Joint Commissioning Unit (JCU).

We have a commitment locally to use integration as a means to an end, not an end in itself, ensuring that we remain clear about the collective purpose of our actions and get



the best outcomes for the people of South Tyneside. We have worked hard to achieve this common purpose in our joint working. The Alliance Business Group (ABG) is the key subgroup of the HWBB and drives forward the detail of our integration journey, leading on some notable successes such as Continuing Health Care and the Learning Disabilities Transformation Programme, backed by the JCU. ABG oversees the detail of further integration and collaboration around children and family approaches and the development of our community services offer.

Systems working on health and wellbeing and health and care services goes beyond the statutory elements of the Board. This comes from our early success as a Health and Care Pioneer area and our associated partnership with the Canterbury District Health Board, the first of its kind in the country. This has led us to develop our own place-based systems leadership approach called 'alliancing'. Alliancing shapes the behaviours of our systems leaders, from chief executives to frontline practitioners. Chief Executives of South Tyneside Council, South Tyneside Clinical Commissioning Group, South Tyneside NHS Foundation Trust and Northumbria, Tyne and Wear NHS Foundation Trust meet on a regular basis to shape local working. Directors, Senior Managers, Clinicians and the Third Sector also meet as an Alliance Leadership Team to support the spread of the behaviours we want to see in the system.

This has led to improved relationships and practical service improvements including a significant reduction in delayed transfers of care, smoking in pregnancy and improvements in mental health service standards. The recent

LGA Health and Care Peer Review concluded that South Tyneside has "a massive opportunity, probably uniquely placed because of our existing strengths, to stand out in your region and make a significant impact on the health and wellbeing of your residents".

Beyond the systems leadership role of the Public Health Team, we undertake several core functions to keep the population healthy and well. For example, we use public health skills in data analysis, creating 'intelligence' from data to shape how we make strategic decisions and allocate resources across the system, culminating in the Joint Strategic Needs and Assets Assessment (JSNAA). We also lead on health protection and emergency preparedness, a statutory remit of the Director of Public Health and HWBB. We also commission specific services using the ring-fenced public health grant from the Department of Health, including drug and alcohol treatment services, sexual health services, stop smoking services and public health services for children aged 0-19 (such as health visiting and school nursing).

However, to significantly improve public health in the long-term we need to address the wider environment we live in and the opportunities we are offered. This was reinforced by the Marmot review 'Fair Society, Healthy Lives' (2010) in which he stated:

"Differences in health care matter as do differences in lifestyle, but the key determinants of social inequality in health lie in the circumstances in which people are born, grow, live, work and age".

Our work on the wider determinants of health is arguably not as advanced as our systems working, our approaches and services; however we recognise the opportunity to change this. Joint working with the Economic Regeneration Group has already led to improvements in proposed cycling infrastructure to the International Advanced Manufacturing Park, and we are working together to embed 'health' as part of the Local Plan.

We are confident that by working in partnership to address these issues, we will make South Tyneside a healthier and more equitable place to live, invest and bring up families.

Tom Hall,
Director of Public Health for South Tyneside

Meet the Team



Tom Hall
Director of Public Health

Council Chief Officer and Health and Wellbeing lead

Responsible for publishing the annual report of the Director of Public Health Lead Officer for the Health & Wellbeing Board.

Strategic lead for the implementation of the Joint Health and Wellbeing Strategy and development of the health and care system through the South Tyneside Alliance

Corporate lead for:

- Health Protection Assurance
- A Whole Council Public Health approach



Anna Christie
Public Health Knowledge & Intelligence Lead

Expert user and advisor on public health tools, outcomes frameworks and modelling

Lead for:

- Joint Strategic Needs & Assets Assessment and Pharmaceutical Needs Assessment and translation into commissioning
- Health and care system intelligence and NHS RightCare
- Public health information governance and data management



Paula Phillips
Public Health Strategic Manager

Strategic Lead and Manager for Public Health

Thematic Lead for Building Emotional Wellbeing and Resilience across Households

Lead for:

- Emotional Health & Wellbeing
- Early Mortality - cancer/respiratory/CVD
- Aspects of People and Place
- Economic Wellbeing



Steven Carter
Senior Public Health Advanced Practitioner

Thematic Lead for People Live Healthy Lives

Lead for:

- Behavioural Risk Factors (incl. Blue Light)
- Alcohol & Substance Misuse
- Tobacco
- Older People
- Adult Obesity



Claire Mawson
Senior Public Health Advanced Practitioner

Thematic Lead for Giving Every Child the Best Start in Life

Lead for:

- Children & Young People
- 0-19 services
- Children & Families Integration



Christina Hardy
Public Health Practitioner

Programme Lead for:

- Children and young people's emotional resilience, substance misuse and childhood injuries
- Healthy schools and Your Welcome approach
- National Child Measurement Programme
- Domestic Abuse



Graeme Greig
Senior Public Health Advanced Practitioner

Lead for:

- Sexual Health
- Maternity
- Teenage Pregnancy



Julie Connaughton
Public Health Practitioner

Programme Lead for:

- Cardiovascular Disease including NHS Health Checks
- National Diabetes Prevention Programme
- Drug & Alcohol Treatment incl. drug and alcohol-related death process
- Planning - HFTA

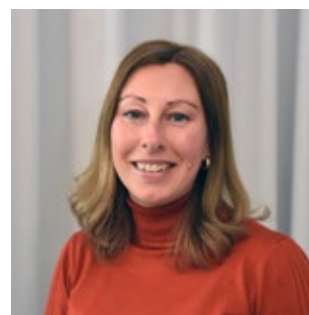


Wendy Surtees
Senior Public Health Advanced Practitioner

Thematic Lead for Empowering Communities (healthy places, settings-based approach, and Improving Communities)

Thematic Lead for Health Protection Strategic Lead for the wider determinants of health:

- Planning
- Transport
- Civic Pride
- Housing



Samantha Start
Public Health Practitioner

Programme Lead for:

- Alcohol Strategy and Licensing
- Tobacco
- Dementia
- Learning Disabilities



South Tyneside Council's Public Health Team



Caroline Hall
Public Health Practitioner

Programme Lead for:

- Change4Life Champions network
- Better Health at Work, Healthy Settings, C4L Quality Mark
- Flu
- Screening & Immunisation performance



Jonathan Wightman
Public Health Practitioner

Programme Lead for:

- Physical Activity
- Health Pathways
- Housing, Planning and Transport
- Oral Health
- Commissioning Standards



Anthony Hall
Public Health Intelligence Officer

Expert resource for public health intelligence and tools
Training for using population intelligence

Intelligence Lead for:

- Public Health performance framework
- Statutory and corporate reporting
- Policy digest and library services



Tori Hunt
Public Health Support Officer

- Public Health communications co-ordinator
- Website and social media
- Resources co-ordinator
- Monitor Public Health training and capacity building
- Co-ordinate referral pathways and activity incl. liaising with providers
- Support for Public Health Programme Leads

Co-ordination of:

- DPH Report and Public Health Performance and Delivery
- Joint Health & Wellbeing Strategy

Public Health: A Year in Numbers

43,678

unique visitors on www.wellbeinginfo.org website (July-Dec 2018)



2,457

Change4Life website hits (October 2017-September 2018)

21

South Tyneside businesses engaged in the North East Better Health at Work Award



1000+

employees engaged

100+

Health Advocates trained

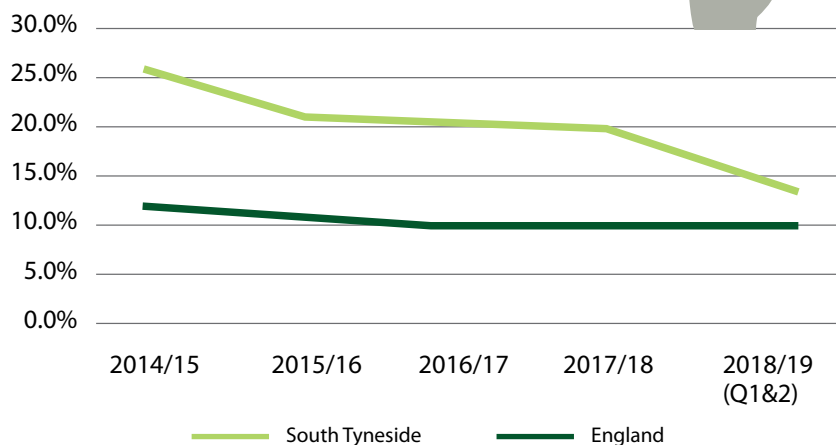


100

Mental Health First Aiders trained

Smoking in Pregnancy: rate dropped from 25.9% in 2014/15 to 13.1% by Sept 2018 (12.8% reduction)

- Smoking in Pregnancy Incentive Scheme has supported **185** mothers to set a quit date and **46** mothers to quit smoking by time of delivery

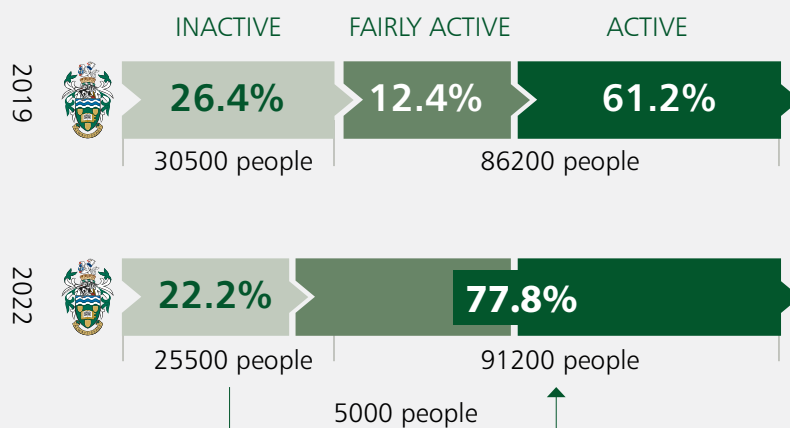


Physical activity:

Our strategic vision is to create a system and environment that moves 5000 people from being inactive to active

In delivering this we will commit to the following key aspirations:

- We will develop a traffic free cycle/walkway connecting South Tyneside to the International Advanced Manufacturing Park and over 5000 new jobs.
- All children to achieve the early learning goal in physical activity.
- More children will travel to school by foot or bike than anywhere else in the region, seeing 1070 more children regularly walking or cycling to school.
- We will ensure that physical activity forms part of quality GP and health professional conversations with the 69000 residents living with one or more co-morbidity.





Life expectancy:

59.4

the number of years a man in South Tyneside can expect to live in good health (free of illness or disability) on average compared to 63.4 across England

58.8

the number of years a woman in South Tyneside can expect to live in good health compared to 63.8 across England

77.7

male life expectancy at birth (compared to 79.6 England average)

81.7

female life expectancy at birth (compared to 83.1 England average)



Substance misuse:

1,057

clients supported by substance misuse treatment services from April -December 2018 with **221** successful completions



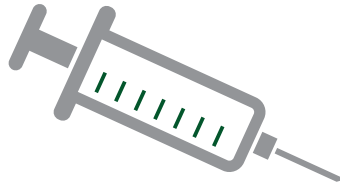
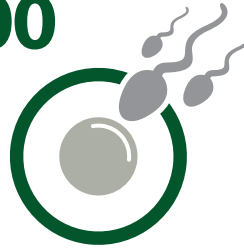
2,000+

NHS Health Checks delivered in Practices (April-December 2018)

The South Tyneside Sexual Health Service has supported over

12,500

people in 2018/19.



Flu immunisations:

7,253

primary school children (age 4-11) vaccinated against flu (61% uptake) from April 2018-January 2019

22,447

over 65s vaccinated against flu (73.4% uptake versus 71.3% England average)

49.8%

of at risk individuals under 65 also vaccinated against flu (versus 46.9% England average)

46.8%

of pregnant women vaccinated against flu (versus 45% England average)



1649

smoking quit attempts in 2018.

712

successful 4-week quits

43%

quit rate.

Immunisations and screening:

South Tyneside is performing above the North East and England average for the following childhood immunisation programmes in 2017/18:

Dtap / IPV / Hib (2 years old)

98.3% coverage

Hib / MenC booster (2 years old)

96.9%

PCV booster (2 years old)

97.0% coverage

MMR for one dose (2 years old)

96.7% coverage

Hib / Men C booster (5 years)

97.6% coverage

MMR for one dose (5 years old)

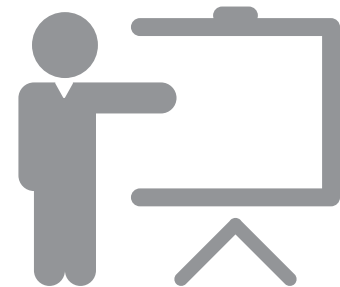
98.6% coverage

MMR for two doses (5 years old)

95.3% coverage

HPV vaccination coverage for one dose (females 12-13 years old)

90.2% coverage



Training:

53 public health training sessions held in 2018/19 to date with

672 attendances including Making Every Contact Count (MECC), smoking cessation, healthy weight, emotional wellbeing, alcohol awareness and substance misuse.

2018 Campaigns

APRIL 2018

- Diabetes Prevention Week
- Start4Life Breastfeeding
- Stroke – Act F.A.S.T
- One You Nutrition (400-600-600)
- Fresh Smoketree Families
- Balance – 7 Cancers

MAY 2018

- Start4Life Breastfeeding
- Stroke – Act F.A.S.T
- One You Nutrition (400-600-600)
- Fresh Smoketree Families
- Balance – Can't See It

JUNE 2018

- Stroke – Act F.A.S.T
- One You Nutrition (400-600-600)
- Mental Health Awareness Week
- Breastfeeding Awareness Week
- One You Active 10
- Change4Life Summer Shake Ups
- Balance – Can't See It

JULY 2018

- One You Active 10
- Change4Life Summer Shake Ups
- #Smoking Stinks

AUGUST 2018

- One You Active 10
- Change4Life Summer Shake Ups

SEPT 2018

- Scroll-free September
- Heartgqe

OCT 2018

- Stoptober
- Anti-Microbial Resistance
- Help Us Help You (Flu, Ill, Stay Well, GP Access and Pharmacy)

NOV 2018

- Anti-Microbial Resistance
- Help Us Help You (Flu, Ill, Stay Well, GP Access and Pharmacy)
- Alcohol Awareness Week
- HIV Testing Week
- Balance – Can't See It
- Fresh – Quit 16

DEC 2018

- Anti-Microbial Resistance
- Help Us Help You (Flu, Ill, Stay Well, GP Access and Pharmacy)
- Fresh – Keep it Out
- #NoEmptyChair

JAN 2019

- Dry January
- Tobacco Health Harms
- Change4Life Sugar Swaps

FEB 2019

- Tobacco Health Harms
- Change4Life Sugar Swaps
- Start4Life Weaning
- Fizz Free February

MARCH 2019

- Start4Life Weaning
- No Smoking Day
- CSE Awareness Week
- Be Clear on Cancer – Cervical Screening
- Help Us Help You (Flu, Ill, Stay Well, GP Access and Pharmacy)
- Balance – 7 Cancers
- Fresh – Quit 16

▼ PUBLIC HEALTH TEAM

STRATEGIES



- Oral Health
- Physical activity
- Sexual Health
- Tobacco
- Mental Health
- Our Better Health and Wellbeing Strategy
- Alcohol
- Childhood Obesity



NETWORKS ▶▶▶

- Alcohol Strategy Group
- Smoke Free Alliance
- Healthnet
- Physical Activity Strategy Group
- Best Start in Life Alliance
- A Better U task group
- Change4Life Champions Network
- Childhood Healthy Weight Group
- Workplace Health Alliance
- Young Health Ambassadors Network
- Blue Light Strategy Group
- Healthy Schools Network
- Sexual Health Partnership
- Mental Health Strategic Alliance
- Early Help Strategic Group
- SEND Strategy Group
- Cancer Locality Group
- Suicide Prevention Partnership
- Mental Health Champions Network
- Substance Misuse Partnership
- Oral Health Strategy Group'



PARTNERS ▶▶▶

- South Tyneside NHS Foundation Trust
- South Tyneside CCG
- Children's Centres
- Inspire
- Your Voice Counts
- Social Care
- Planning
- South Tyneside Homes
- Environmental Health
- Joint Commissioning Unit
- The Cultural Spring
- Schools, Colleges, Education
- North of England Commissioning Support
- Public Health England
- Humankind
- BLISS=Ability
- Spectrum CIC
- Northumberland, Tyne & Wear NHS Foundation Trust
- First Contact Clinical
- Matrix
- WHIST
- Fresh and Balance North East
- Pharmacies
- GP Practices
- Age Concern Tyneside South
- Healthwatch



OUTCOMES

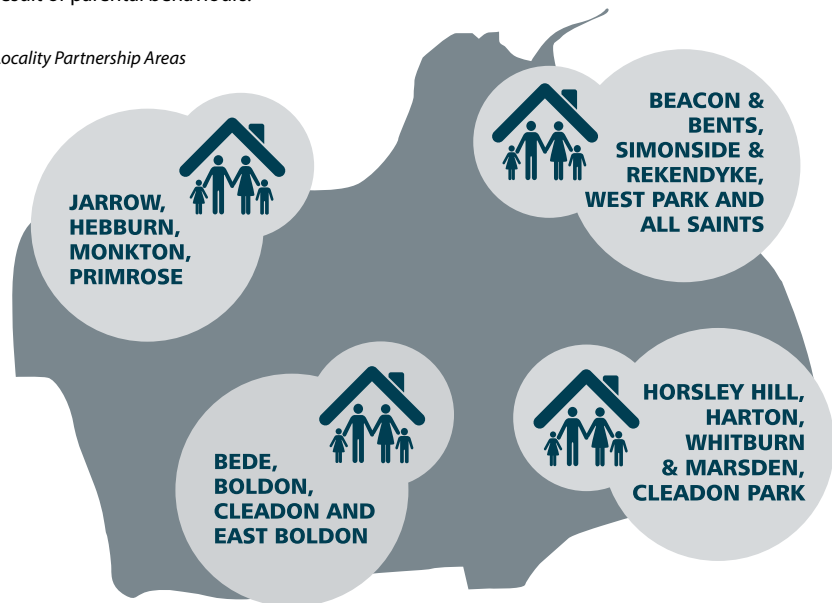
- Over 130 trained Stop Smoking Advisors
- 21 workplaces (10,000 employees) engaged in Better Health at Work Award
- 703 successful smoking 4-week quit attempts
- Over 100 Workplace Health Advocates trained
- 100 trained Mental Health First Aiders
- 7,253 children & 22,447 over 65s vaccinated against Flu
- Over 1,000 substance misuse clients supported
- 12,500 people supported by Sexual Health services
- 53 Public Health training sessions delivered
- 672 people attended public health training
- 100% of schools (20,000 pupils) engaged in Healthy Schools programme
- 84 providers delivering stop smoking services
- 1,170 flu vaccinations provided to Council staff
- All 12 Children's Centres achieved Healthy Schools status
- Around 100 children receiving substance misuse interventions at any point in time
- Over 600 people attended C4L Champions network activities
- Over 400 Facebook & 287 Twitter followers
- 32 Public Health campaigns supported
- 150 Young People's Mental Health Champions
- 30 Young Health Ambassadors
- Over 150 C4L ambassadors across the borough
- 185 mothers accessed the Smoking in Pregnancy Incentive scheme

Give Every Child the Best Start in Life

What happens in pregnancy and early childhood impacts on physical and emotional health all the way through to adulthood. Supporting good maternal health is important for safe delivery and good birth weight to give babies the best start. The prevention of adverse health factors in pregnancy is vital. Premature and small babies are more likely to have poorer outcomes.

Our public health priorities around this theme are to; improve the emotional health and wellbeing of children and young people; reduce childhood excess weight; and protect children from neglect as a result of parental behaviours.

Locality Partnership Areas



Integrated Locality Teams

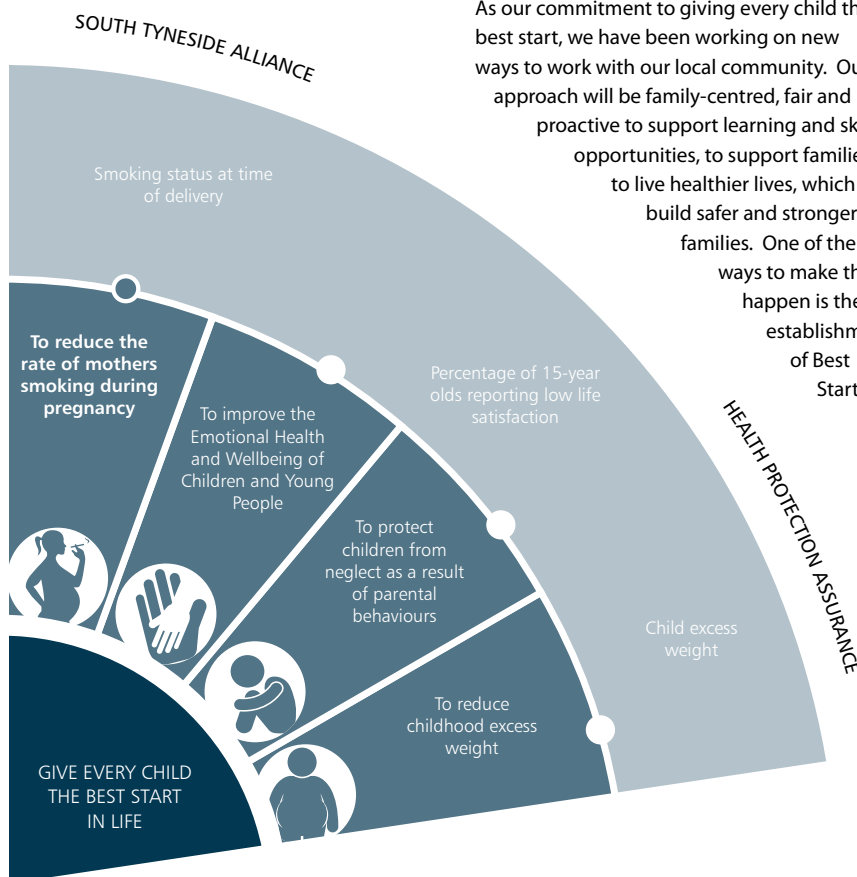
As our commitment to giving every child the best start, we have been working on new ways to work with our local community. Our approach will be family-centred, fair and proactive to support learning and skills opportunities, to support families to live healthier lives, which will build safer and stronger families. One of the ways to make this happen is the establishment of Best Start

Partnerships, bringing services together to provide the right support to the right families when they need it.

The professionals working within the Partnerships will adopt a strengths-based approach, supporting families to reach their goals and aspirations for health and wellbeing, education and skills, housing, jobs and finance. Therefore the partnerships will bring together a range of services across four localities. There will be a core team central to delivery of the Best Partnership Offer which will include Health Visitors, School Nurses, Nursery Nurses, Mental Health Support Workers, Community Midwives, Children Centre staff and Early Help teams.

The core team will also be the conduit to coordinate other support services that families require such as welfare rights, housing, adult services for mental health and substance misuse as well as supporting opportunities for adult learning and readiness for employment.

Each Locality will have a dedicated centre where staff will be based, or work out of to provide a holistic offer to families. The 4 geographical areas are linked with the 4 social care team areas, as well as the school clusters. However the locality partnerships will draw together their local assets within the area including voluntary and community organisations, parks and play areas, and local businesses.



Smoking in Pregnancy Incentive Scheme:

In 2017, in collaboration with NHS England and South Tyneside Clinical Commissioning Group (CCG), the South Tyneside Local Authority public health team developed a Smoking in Pregnancy Incentive Scheme (SIPIS) pilot.

The aim of this scheme was to help and support pregnant women to stop smoking in order to give their babies the best start in life.

Key Outcomes to date:

- Significant increases in the number of women who set a quit date compared to women referred with no voucher.
- Significant increases in both the 4 week and 12 week quit rates in comparison to women receiving no voucher.
- In the first cohort of the incentive scheme, 75 out of 119 quit at 4 weeks (63%); and 52 (44%) at 12 weeks.
- In comparison to 2016/17 (pre-voucher scheme), only 24 out of 231 quit at 4 weeks (30%) and 13 at 12 weeks (16%).
- Decline in smoking at time of delivery (SATOD) from 20.8% in 2016/17 (pre-voucher scheme) to 13.1% at September 2018.

The first phase of this work is to develop 2 of the 4 partnerships, establishing a location for the 2 centres, ensuring they are appropriate and accessible for families. The core staff who will work out of the 2 partnerships are coming together to work through the development of new ways of working, identifying policy and practice, staff delivery and working relationships with families. To understand what matters to our families, we have also commissioned two voluntary organisations to undertake engagement with families to assist us in the co-production of what the centre should be offering, how it is offered, and what families wish to see. Using co-production enables a flexible approach supporting staff and families to embrace innovation and evidence-based interventions to tackle the priority issues families have identified.

The 2018 Director of Public Health Annual Report, 'The future is not yet written', focusses on the variety and breadth of approaches being taken to give every child in South Tyneside the best start in life and provides further detail around the agenda.



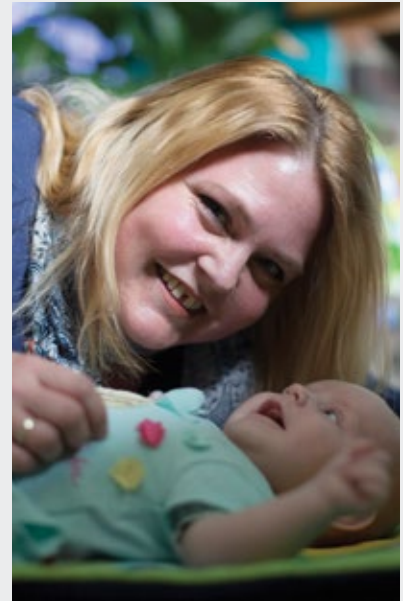
The report is available at
[www.southtyneside.gov.uk/
article/58749/Director-of-Public-
Health-Reports](http://www.southtyneside.gov.uk/article/58749/Director-of-Public-Health-Reports)

Case study

One person who knows the benefits of stopping smoking is South Shields resident Melanie Snowden.

When she found out she was expecting with her fifth child, she decided to quit and sought support from Change4Life South Tyneside. Melanie's midwife referred her to an outreach worker who offered her stop smoking support at her local Horsley Hill Children's Centre in South Shields.

Melanie, who used to smoke between 20 and 30 cigarettes a day, said: "I wasn't sure how I would do after my daughter was born but I'm still off the cigarettes and I can't see myself going back. I carried a spray in my bag for a while just in case but the thought and the smell of smoking really puts me off. I would encourage other mums to give it a try - it doesn't cost anything. I smoked for so many years and would never have thought I would be able to stop but I did."



Melanie Snowden

“ Quitting is one of the best things mothers-to-be can do to give their baby the best start in life. ”

Case study

Another positive case study is Mum-of-three Laura McDonald, 27, of Hebburn, who started her quit journey early in 2018. Laura fully supported the smokefree homes and cars campaign which was first launched by Public Health England in 2013.

Laura said: "I feel very strongly that people shouldn't smoke in front of their children. I gave up smoking during each of my pregnancies but then started smoking again afterwards. However, I always smoked outside of the home as it's simply wrong to let your kids breathe in the smoke.

Laura used the Council's stop smoking sessions, initially using patches, mints and mini inhalers to help her quit, but is now completely nicotine-free.

"This time, I am determined to stay off cigarettes completely. My son, who is nine, is very proud of me. He used to worry about me dying young so by quitting, I also feel I can be a better role model for my children."



Laura McDonald (left)

“ I feel very strongly that people shouldn't smoke in front of their children. ”



Oral Health Strategy

South Tyneside's five year Oral Health Strategy builds on recommendations from the South Tyneside Oral Health Joint Strategic Needs and Assets Assessment (JSNAA) as well as NICE evidence-based guidance (NICE PH55; oral health: local authorities and partners), Commissioning Better Oral Health for Children and Young People, PHE toolkit (PHE delivering better oral health, 2014) and PHE oral health return on investment tool.

The Objectives of the strategy are to:

- Improve diet and reduce consumption of sugary food and drinks, alcohol and tobacco
- Increase the availability of fluoride
- Adopt both a universal and targeted approach to improving oral health

The impact of oral disease is considerable, in terms of pain and suffering, impairment of function, reduced quality of life and cost of treatment. In addition to this, the high level of inequalities in oral health is unacceptable. Common risk factors for Non-Communicable Disease (NCD) including oral diseases include unhealthy diet e.g. excessive intake of sugars (including fizzy drinks), tobacco usage and excessive alcohol consumption. All of these risk factors are shared and significantly influenced by socio-economic determinants.

Our Oral Health Strategy adopts both a universal and targeted approach to health promotion. The risk of suffering from many chronic diseases can be reduced through action to reduce smoking prevalence and alcohol consumption as well as improvements in diet. These approaches will impact on the prevalence and severity of oral diseases too. In addition, the use of fluoride will reduce the prevalence of tooth decay in the borough.

“Working together across health, education and the voluntary and community sector we will deliver on our ambition of reducing oral health inequalities, laying the foundations for good oral health throughout the life course and ensuring every child has the opportunity to grow up free from tooth decay.”

What will success look like?

This will mean more children have fluoride protection on their teeth and consume less sugar in their food and drink

This will lead to:



Fewer general anaesthetics for tooth decay



Less pain from tooth decay



Fewer sleepless nights



Reductions in the numbers of children with tooth decay



Fewer missed school days and days off work for parents



A reduction in the oral health gap of disadvantaged families

0-19 Service

The Council is responsible for the commissioning of the 0-19 Community Public Health Service, which has brought together Health Visitors (looking after children aged 0-5) and School Nurses (looking after children aged 5-19, and up to age 25 for children with special educational needs) into one integrated service across the Borough.

The service offer changed in 2018 to accommodate the alignment to the Best Start In Life Locality Partnership Hubs (see page 10), as well as addressing historical issues that

had remained the responsibility of the service since the transfer of public health into the Local Authority. The 0-5 service provides five key contacts to every family, the first being at 26 weeks pregnant and the last contact when the child is 2.5yrs old.

The 5-19 service has a mandate to measure the heights and weights of all pupils within Reception and Year 6 at school as part of the National Childhood Measurement Programme. Community Public Health Nurses also support schools and families with Health

Care Plans for those children or young people with medical conditions or child protection issues and provide support for self-care using technology, public health campaigns and referrals into specialist services.

The service will continue to provide additional support to those families with additional needs, whether that be with the child, the parents, or both and will flex their response in accordance with need, providing those families in most need with a high level of contact and support.

Breast is Best

Breastfeeding is proven to save lives, improve health and cut healthcare costs.

"If breastfeeding did not already exist, someone who invented it today would deserve a dual Nobel Prize in medicine and economics. For while 'breast is best' for lifelong health, it is also excellent economics. Breastfeeding is a child's first inoculation against death, disease, and poverty, but also their most enduring investment in physical, cognitive, and social capacity."

Breastfeeding can increase a child's physical resilience to childhood illness, improve their life chances to learn, and to prevent obesity, diabetes and heart disease in adulthood. Breastfeeding has also shown to have a positive impact on the mother's health and wellbeing, creating the opportunity for attachment and bonding reducing the risk of post-natal depression and neglect, as well as reducing the risk of breast or ovarian cancer, and also osteoporosis.

Breastfeeding also has economic value as it is free to mother and baby, requires no manufacturing of packaging, and the health benefits will save on long term health costs treating issues such as obesity.

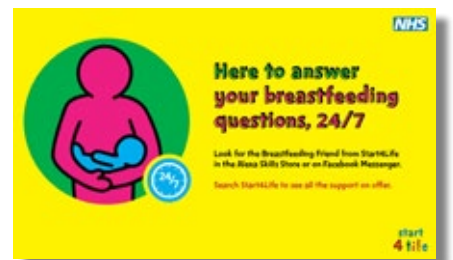
The guidance for mothers is to exclusively breastfeed their baby until they are 6 months old, with further breastfeeding until the age of two with the addition of supplementary foods. Within South Tyneside, in 2017/18 half of all babies born each year are breastfed, dropping

to 26% when the baby is 6-8 weeks old. These are significantly lower compared to the average rates for England.

To improve our local breastfeeding rates, a review of the current support available has been carried out. Several recommendations have been identified and an action plan to take these forward is in development. These include; increasing baby-friendly environments across South Tyneside to enable mothers to feed their babies in a variety of settings; working with employers to support mothers within the workplace; and to work with Midwives, Health Visitors and Children's Centres to provide support and information for families to encourage more mothers to breastfeed.



“ To improve our local breastfeeding rates, a review of the current support available has been carried out. ”



People Live Healthy Lives

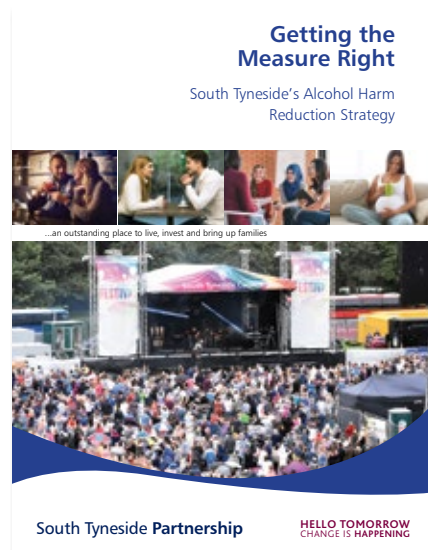
There is overwhelming evidence that changing people's health-related behaviour can have a major impact on some of the largest causes of mortality and morbidity. In South Tyneside, we have around 32,000 people who exhibit multiple unhealthy behaviours, such as smoking, poor diet, too much alcohol or not enough physical activity.

Our public health priorities around this theme are to; ensure prevention is part of health & care pathways and delivery; reduce unhealthy behaviours and make healthy choices the easy choices; and reduce the prevalence of, and harm caused by, smoking.



Getting the Measure Right

South Tyneside's refreshed Alcohol Harm Reduction Strategy was launched in November 2018. This was informed by the Joint Strategic Needs and Assets Assessment (JSNAA) on Alcohol Misuse and Public Health England's evidence review on alcohol harm. The development of the strategy has demonstrated a true partnership effort by the Council, Clinical Commissioning Group (CCG), NHS Foundation Trust, Housing, Community Safety, Police, Pubwatch and treatment services.



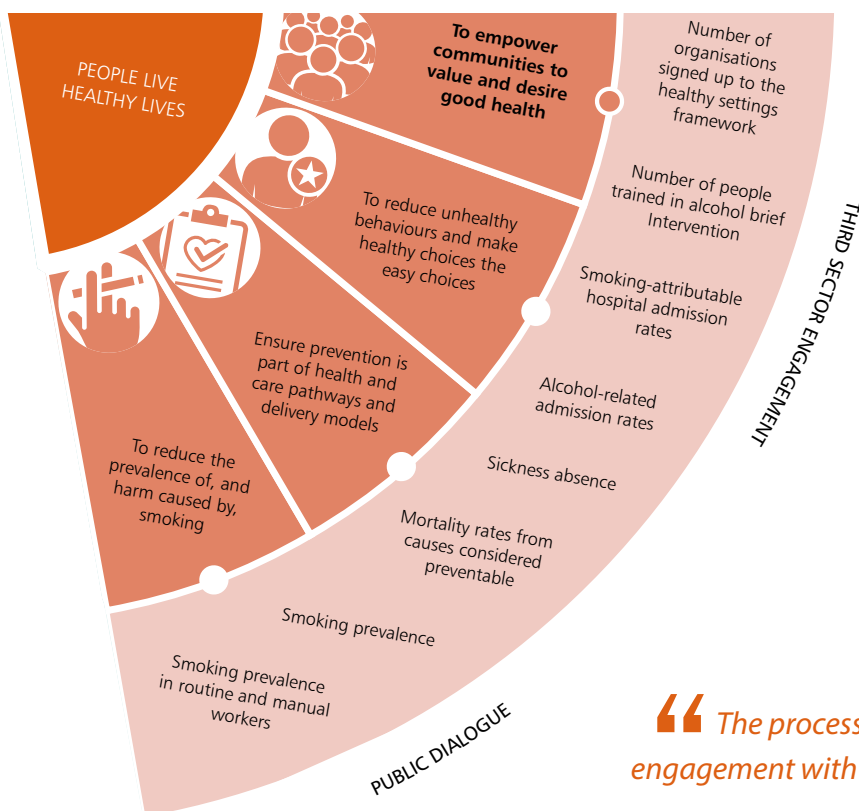
The process of developing the strategy also enabled engagement with local people, stakeholders and partners, concentrating on the question: "What would South Tyneside look like if we drank less alcohol?" It shows how enablers such as leadership, advocacy, data & intelligence can support locally identified needs to reduce harm. The approach focuses on 'Place' and 'People', including universal and targeted action. It acknowledges that Government has a role to play in protecting our residents and endorses working with Balance to advocate for change, supporting a minimum unit price for alcohol and an alcohol free childhood.

The launch coincided with Alcohol Awareness Week, the launch of an Alcohol Free Childhood campaign and the new South Tyneside Adult Recovery Service (STARS) for added publicity, enabling the chance to further drive conversations about alcohol and support those who need help. This ensured a consistent approach to tackling the harmful effects of alcohol and helped highlight the proactive work taking place nationally, regionally and locally.

Our ambitions within the strategy are to; Promote an alcohol free pregnancy; Promote an alcohol free childhood; Create a culture where people drink less alcohol; Reduce the availability of cheap alcohol; Promote the responsible sale of alcohol; and Reduce the harms that alcohol currently causes in South Tyneside.

www.southtyneside.gov.uk/article/35918/Alcohol

“ The process of developing the strategy also enabled engagement with local people, stakeholders and partners. ”



Stop smoking service review

The current model for stop smoking support in the borough has been in place since 1 April 2016 as part of the Change4Life Integrated Wellbeing Service. The current prevalence rate of 18.4% (approx. 22,000 smokers) is the 4th highest rate in the North East, significantly higher than the regional (16.2%) and England (14.9%) averages.



Fresh North East has set a regional aspiration to reduce adult smoking prevalence to 5% by 2025, which would reduce the annual cost of smoking in the North East from £158m to £58m. This aspiration is also reflected in the joint 'Our Better Health and Wellbeing Strategy 2017-21' for South Tyneside.

This reduction in smoking prevalence will not be achieved by people accessing behavioural support via the existing Change4Life service alone. A new model will need to foster collaboration and joint working across all parts of the system to ensure it reaches all smokers in areas and settings where they feel comfortable accessing support when they are sufficiently motivated to quit, including providing routine support in NHS settings and to key target populations.

A multi-agency group was established to lead on the service review process and identify key improvements and efficiencies to the existing service. The target of the review process is to:

- develop better local insight in order to effectively target people most at risk and those who find it harder to quit
- explore the role and capacity of wider partners and service areas to deliver stop smoking activity and a new system of how this is funded and measured
- establish and maintain effective local partnerships to promote the smokefree agenda e.g. through the Local Tobacco Alliance
- identify the best value for money in service provision
- develop a step approach of key milestones to 2025, which can be flexible in the face of potential cultural and budgetary changes.



Members of the South Tyneside Workplace Health Alliance



Better Health at Work Award

10 YEARS AT THE HEART OF WORKPLACE WELLBEING

North East Better Health at Work Award (BHAWA)

Since 2016 we have more than tripled the number of company's achieving the BHAWA status with 21 award achievers for 2018 and over 100 trained Health Advocates across the borough. This gives us a total employee reach of nearly 10,000 people in South Tyneside and over 11,000 engaged in the award process. The impact and benefit is further amplified if employees pass on what they have heard at work to their family and friends.

Key achievements over the last year:

- South Tyneside Council achieved the Silver Award in 2018 and have committed to working towards the Gold Award in 2019. Around 30 Council employees are now trained as health advocates to support this work.
- Tynecoast College have been awarded Ambassador status recognising their links with local organisations, strengthening the relationship between workplace health and building capacity amongst individuals and communities.
- The BHAWA also rewards Health Advocates who have gone the extra mile with a Health

Advocate of the Year award. 2018's award has been achieved by Emma Harrison at St Wilfrid's RC College for her dedication and commitment to the wellbeing of her staff.

- Cell Pack Solutions started the award at the beginning of 2018 and, due to their outstanding and innovative health campaigns, were selected from across the 11 local authorities in the region to present their BHAWA work at the North East Public Health Conference 2019: 'Purpose, Partnership and Passion'.
- The Legal Aid Agency promoted a series of activities during Physical Activity Week (2nd - 6th July 2018). This was aimed at encouraging those who would not normally participate in exercise to join in by incorporating a number of light-hearted activities accessible to those of all fitness levels or with mobility or other physical issues. Following on from the success of the week, there is now a regular 5K running club every Monday morning with routes varied to cater for all abilities.
- Almost 100 people across South Tyneside have been trained in Mental Health First Aid over the last year.

'Stop B4 the Op' pre-operative pathway project

Project aim: To ensure all patients who smoke (circa 1,300 per year) have their tobacco addiction treated before elective surgery at South Tyneside Foundation Trust.

A project was initiated that ensured all smokers who were listed for orthopaedic surgery were referred to the Change4Life Stop Smoking Programme to receive support prior to their surgery. This would result in reducing the risk of complications during surgery and improve outcomes such as wound healing and recovery post-surgery.

The project utilised a Plan-Do-Study-Act (PDSA) framework to allow the project group to trial new ideas, learn from them and implement further changes for the benefit of patients.

Over 100 smokers have been referred for support via the project since September 2018 and the programme continues to be evaluated and shaped using the PDSA framework.

Building Emotional Wellbeing and Resilience across Households

Having good mental wellbeing is important to people's quality of life and the capacity to cope with life's ups and downs.

South Tyneside has lower levels of self-reported wellbeing and higher levels of mild to moderate mental health problems compared to the national average.

Our public health priorities around this theme are to facilitate early intervention and physical health improvement for people with mental health problems and reduce the health inequality gap for people with mental health problems.

“ Our home is not just a dwelling place. It should be a place of comfort, shelter, safety and warmth...it is the main setting for our health throughout our lives ”



Happy and Healthy Homes

As part of the whole council public health agenda to embed public health principles across the wider workforce, South Tyneside Homes staff were asked 'what matters to you...' as part of their new way of delivering tenancy support visits, with tenants wellbeing coming out as a top priority. This new way of working started in October 2018.

South Tyneside Homes Neighbourhood Officers and Health and Housing staff are being trained to direct tenants to services they might benefit from while on housing visits. This could be

anything from adult safeguarding to health information/services. This is part of a new bid to support vulnerable tenants and help sustain tenancies. As part of the new approach to tenancy sustainment, health outcomes are being considered alongside healthy finances and healthy environments. Neighbourhood officers are a key asset in supporting residents and will be receiving Making Every Contact Count, emotional health and wellbeing and alcohol brief intervention training in 2019

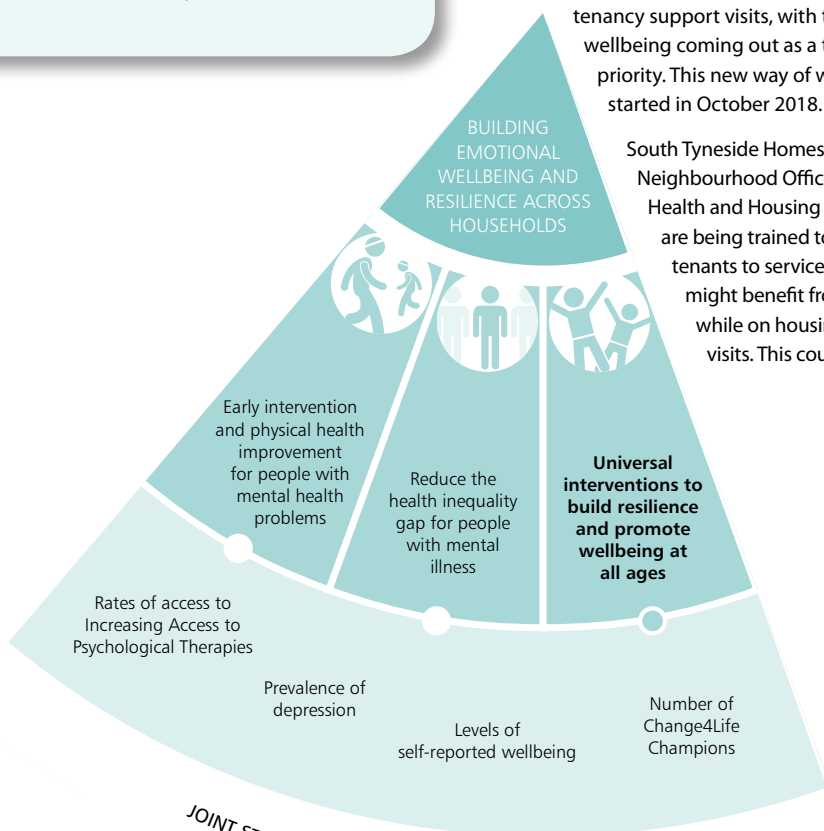
This new way of working was highlighted at the recent Housing Performance Panel where Councillor Geraldine Kilgour praised the scheme and asked what role councillors could play. She said: "We don't know what we don't know so communication is absolutely key. We have a huge responsibility to our residents and in whatever way we can, we will work with organisations to make that even better. It's all about what's right for that particular person."

This work has also been presented as part of the national Action on Smoking in Health (ASH) 'Smoking in the Home' Webinar in February 2019.

<https://www.youtube.com/watch?v=3UxrzwcAHR4>



Putting housing at the heart of South Tyneside



JOINT STRATEGIC NEEDS AND ASSETS ASSESSMENT

Change4Life (C4L) Champions Network

The C4L Champions network is a multi-agency group of South Tyneside Council, Voluntary & Community Sector and members of the public, and aims to provide a forum for sharing and developing ideas in order to contribute to the improvement of health and wellbeing in South Tyneside.

The network has received training around Making Every Contact Count, A Life Worth Living (Suicide Prevention) and Dementia Friends. It aims to share expertise and develop ideas on how to promote health and wellbeing locally by hosting meetings and events; improve communication and cooperation between providers of services and service users for health and/or wellbeing; and encourage and support residents in improving their own and/or other people's health and wellbeing.

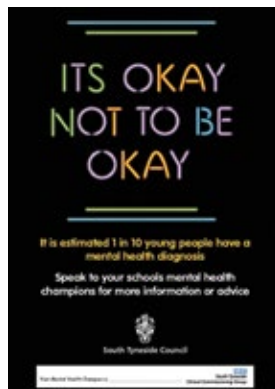
The Champions network support all of the public health campaigns but have specifically developed annual programmes of activity surrounding Blue Monday, Mental Health Awareness Week, Health Information Week, Self Care Week, Carer's Week and World Mental Health Day. This work over the course of 2018 has seen in excess of 600 local people and professionals attend both the launches and the activities created across the Borough.

C4L drop-ins are held on a monthly basis across various sites in South Tyneside and are for anyone wanting to seek some informal advice and information to manage their own health and wellbeing and can be signposted to relevant support organisations. This is led by the C4L volunteer Rob Brains. If you would like to find out more about the drop-ins please contact caroline.hall@southtyneside.gov.uk.

The top 10 reasons for people accessing the drop in are:



Building Emotional Wellbeing and Resilience across Households



"ITS OKAY NOT TO BE OKAY" anti-stigma campaign

The aim of the project was to reduce the stigma around mental health amongst young people, to encourage self-care and support timely and appropriate help-seeking behaviours. The project was coproduced by a group of young mental health ambassadors. The project was part-funded by South Tyneside Council Public Health Team and South Tyneside Clinical Commissioning Group (CCG). The young people designed a set of campaign materials using the latest research and evidence base in order to raise awareness of a range of themes around mental health for young people.

To launch the materials, the young people organised a 'Stop the Stigma Supper' where they invited their peers to attend to become trained as 'peer to peer' mental health campaigners. The supper invited young people and professionals to work together on a set of different activities as well as formally launching the "its ok not to be ok" campaign. All of the young campaigners were given a set of resources to help them with promotion and asked to report back on their campaign activity in order to receive a certificate of participation for their records. There was also a competition launched as part of the event which aimed to raise the profile of the campaign further.

South Tyneside Frailty Alliance

The aim of this alliance is to ensure South Tyneside addresses frailty as a **whole systems approach**, through a network of organisations from primary and secondary care, local government and the third sector. Its purpose is to support local residents to have **'Frailty services without boundaries, providing the right package of care at the right time, to the right person.'**

This will be achieved via a strategy addressing **primary and secondary prevention** of frailty through: identifying those at risk; comprehensive **person-centred** assessments and; a system response that meets the **needs** of the person. The work has been driven by evidence that the needs of our communities are **increasing** as the population ages. It is estimated that the overall population of South Tyneside will increase by 6% over the next 20 years, with an increase of **40%** in people aged 65 and over and **70% in those aged 80+** (www.southtyneside.gov.uk/jsnaa).

South Tyneside has a slightly higher proportion of older people (21%) than

England (19%) and the North East (20%), therefore the number of instances of dementia are estimated to increase by 46% by 2030. This is not entirely attributable to ageing, but is most likely related to increased risks of multi-morbidity.

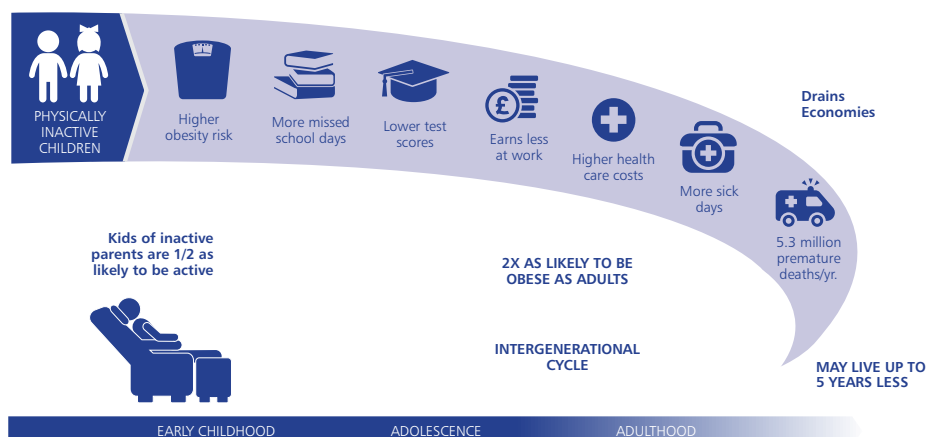
An event in June 2018, 'South Tyneside - a Can Do approach to Frailty', attracted 104 attendees and asked the question **"What matters to you?"** Top priorities for action were agreed by delegates, with collaborative work around: 1) Improving actions to prevent people becoming frail, 2) Developing tools to assist in the screening of people for frailty, 3) Identifying and promoting a common frailty scoring tool across South Tyneside, 4) Identifying and agreeing a common definition of Frailty, and 5) Ensuring IT systems across health and social care better share data between staff.

A multi-agency Frailty Alliance Group has been established to take forward these priorities using the Frailty 'icare' metrics (Involve, Consider, Assess, Respond, Evaluate): www.frailtyicare.org.uk.

Empowering Communities

Community empowerment is about creating the conditions that allow people to take an active role in the decisions that influence their lives and health. We want to work in a way which encourages and supports communities to take part and influence decisions, services and activities and instils a belief that they can make a difference.

Organisations also need to work in ways which increase people's skills, knowledge and confidence to look after their own health and wellbeing. The idea is that statutory organisations cannot solve everything themselves, and neither can communities, therefore it is better when we work with each other. Our public health priorities around this theme are to; make South Tyneside a safer borough, with a focus on reducing substance misuse and domestic and sexual violence; and to ensure that the environment enables everyone to be healthy, connected and active.



South Tyneside Physical Activity Strategy

'Our strategic vision is to create a system and environment that moves 5000 people from being inactive to active'

This would bring us in line with the national average for inactivity levels.

We have been through the process of developing a borough-wide physical activity strategy that will enable us to bring together our collective efforts to help make South Tyneside more active whilst contributing

towards a whole range of vital indicators. Despite the fact that physical activity is universally acknowledged to be an important part of healthy functioning and wellbeing, the full scope of its value is rarely appreciated. We wanted to create a strategy that reflected the fact that physical activity levels can contribute to the emotional, financial, individual, intellectual, physical and social domains of our resident's lives whilst also contributing to shaping and improving our environment.

The Physical Activity Strategy Group used a complex systems approach to identify the key areas of focus where we thought our collective efforts could have the biggest impact locally.

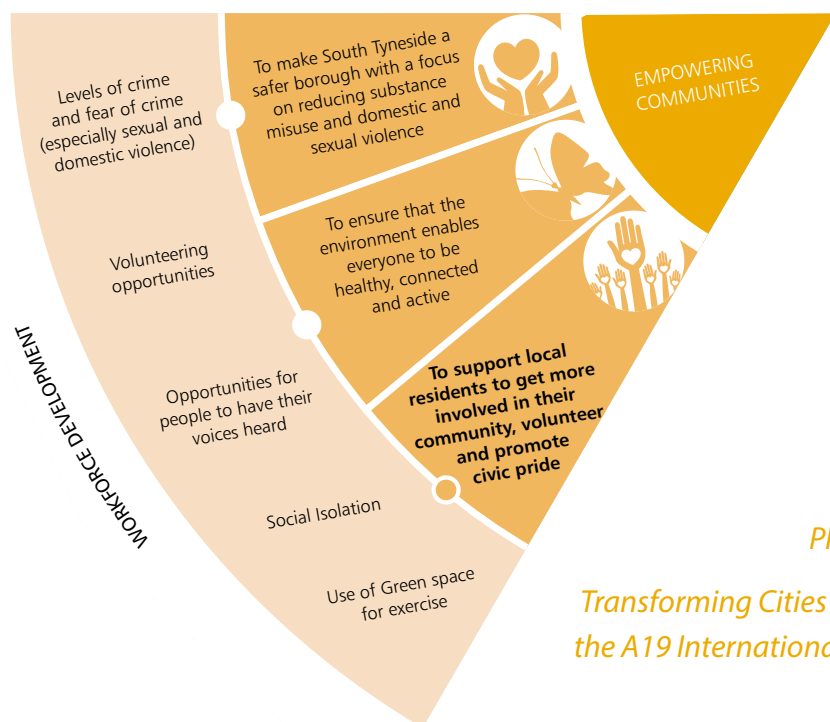
These were:

- Increasing the value attached to physical activity
- Physical Literacy in the early years
- Planning, environment and transport
- Community-centred approach to physical activity
- Primary care / disease prevention and management

The strategy was approved by Council in February 2019 and the multi-agency Physical Activity Strategy Group will take forward the aims and aspirations within the document.

“ One of the key outputs of the Physical Activity Strategy has been achieved.

Transforming Cities Fund secured – so we will be able to deliver the A19 International Advanced Manufacturing Park cycle way.



”

'Don't Fall for It' Falls Prevention Programme

The aim of the project was to educate the people of South Tyneside regarding all the different aspects of falls including prevention, actions, risk factors, and outcomes. This was to be done in a cost effective way that reached the maximum number of households and involved a variety of professionals.

A campaign titled "Don't Fall For It" is a series created for the South Tyneside resident's newsletter. It started with a segment of myths about falls and then featured a different perspective for each edition. So far the series has featured information from pharmacists, opticians, and podiatrists. Future segments are expected from Nexus and other participants from the South Tyneside Multi-Agency Falls Group.

Through repeated exposure and a variety of topics, we expect the topic of falls to become less intimidating to the general public. In a survey done in 2012, 97% of people over 50 surveyed in the Viking Centre in Jarrow said they wouldn't tell anyone if they fell over. In this way we hope to change the approach to falls from being reactive and a primarily NHS responsibility to being a community approach to self-care and proactive prevention. Over the course of the next year we hope to repeat the survey and determine if people are more likely to discuss falls and whether the campaign had any effect on them directly.



Councillor Dixon celebrates the launch of the STARS service with DPH Tom Hall and members of Humankind

South Tyneside Adult Recovery Service (STARS)

From 2 April 2018, Humankind became the new provider of our SMS (Substance Misuse Service) in South Tyneside. Working together in partnership with Spectrum CIC who provide the clinical aspect, delivering an accessible, integrated, Adult Drug and Alcohol recovery Service across South Tyneside. The service is known as STARS - South Tyneside Adult Recovery Service. In November 2018, during Alcohol Awareness Week, an official launch took place at the Head Office, Cookson House. The event was officially opened by Cllrs. Nancy Maxwell and Tracey Dixon, together with Tom Hall – Director of Public Health South Tyneside and Members of the Humankind Board. The event was well attended by a range of partners and provided an opportunity to network, raise awareness of the new service and engage with staff and service users.

STARS provides a fully integrated service,

providing tailored support to some of our most vulnerable residents, with one single point of contact for all referrals and enquiries. There are 3 main work streams:-

HOPE (Health, Outreach, Prevention, Education): This element includes harm reduction such as needle exchange and assertive outreach to hard to reach individuals.

Recovery Co-ordination: Wrap around support, particularly for more vulnerable clients with additional issues such as housing, finance or mental health. This intensive support helps to aid recovery and prevent faltering their treatment journey.

BRiC (Building Recovery in Communities): Structured support for clients to remain abstinent, including attending mutual aid groups and identifying potential

“ The STARS service was formally launched at Cookson House, South Shields on 22 November 2018. ”



volunteering opportunities.

The service complements some of the key indicators within Our Joint Health and Wellbeing Strategy, including tackling rising alcohol admission rates and reducing substance misuse.

The service was recently inspected by the CQC and was rated as 'good' overall and 'good' across all elements – "The provider had systems and processes that ensured the service was safe, with good staffing levels and skilled staff to deliver care. Staff ensured that risk to service users were well assessed and well managed, and that good quality harm reduction interventions were offered at every engagement."

Economic Wellbeing

Economic wellbeing is a person's or family's standard of living based primarily on how well they are doing financially. Things such as employment, housing, and welfare all make up a person's economic wellbeing which is an integral part of a person's overall health and wellbeing.

Our public health priorities around this theme are to; reduce statutory homelessness and the numbers in temporary accommodation by focusing on our highest risk populations; reduce, and address the consequences of, fuel poverty; and improve access to welfare benefits and assess the health impact of welfare reforms.

Supporting the Local Plan

The four priority areas of focus within the Health and Wellbeing Strategy are:

- Improve employment opportunities for vulnerable populations
- Improve access to welfare benefits and assess the health impact of welfare reforms
- Reduce and address the consequences of fuel poverty
- Reduce statutory homelessness and those in temporary accommodation by focussing on our highest risk populations.

Progress to date:

- International Advanced Manufacturing Park will create 7000 jobs by 2027. A Health Impact Assessment of the IAMP is underway.
- As part of Best Start Partnerships, employment and skills support will be embedded within the offer for families to access training and employment opportunities, plus financial support and accessing appropriate welfare support.

- Working group established to develop an employment strategy for people with learning disabilities, 3 priorities being; routes into employment; needs of individuals and reasonable adjustments; and support for employers to support people with LD into employment.
- Toolkits, funded by Department for Business, Energy and Industrial Strategy (BEIS) aim to build awareness and refer people to get help and support (www.citizensadvice.org.uk/cold-homes-toolkit) have been shared with partners including ST Homes and the third sector.
- Age Concern Tyneside South issued free thermometers during winter for all home visits so residents are aware of the temperature in their homes.
- Winter preparedness advice has been placed in the Council's newsletter and issued to every household in the Borough.
- Homelessness Reduction Act came into force in April 2018, giving Council's duties to provide advice and support to all households who present themselves as homeless or at risk of becoming homeless.
- The new Act placed a duty on public bodies such as hospitals, prisons and DWP to refer any residents they feel are at risk of homelessness at which point the Local Authority would provide support.
- The Council are proactively working with all of the bodies named within the legislation to develop a voluntary 'duty to refer' mechanism, including GPs, Private Rented Sector and social housing providers.

The National Planning Policy Framework (NPPF) sets out the government's planning policies for England and how these should be applied. It provides a framework for which locally-prepared plans for housing and other developments can be produced. Chapter 8, 'Promoting healthy and safe communities', recommends that planning policies and decisions should create "healthy, inclusive and safe places to support social interaction, enable and support healthy lifestyles... ..access to a network of high quality open spaces and opportunities for sport and physical activity is also important for the health and wellbeing of communities."

South Tyneside Council will consult on its Local Plan in summer 2019, using a framework which will support positive improvements in both health and economic wellbeing. One area where considerable progress has been made is





around the planning, licensing and regulation of A5 (Hot Food Takeaway) premises:

South Tyneside has a higher obesity prevalence and fast food outlet density than the rest of England. Public Health, Planning and Environmental Health teams have worked together in seeking to promote healthier living and tackle obesity by managing the proliferation of A5 classification premises through the development of a Supplementary Planning Document (SPD) to support and inform the planning application process and consider the impact on obesity and healthy lifestyles. Since the inception of the SPD in November 2017, there have been NINE A5 applications with FOUR granted planning permission and FIVE refused.

Air Quality Strategy Development

Poor air quality has been classified as the largest environmental risk to public health in the UK, described by the World Health Organisation as “a public health emergency”. The total burden of outdoor air pollution has been estimated to equal 40,000 early deaths each year, making air pollution the second largest cause of avoidable mortality after smoking.

The Air Quality Strategy emphasises the importance of improving air quality to the public, businesses, developers and colleagues and promote sustainable transport such as cycling and walking. Not only will a modal shift to sustainable travel have a positive effect on air quality, but increased physical activity will also provide a raft of other health benefits.

The aim of the strategy is to improve air quality in the borough and subsequently improve the health and wellbeing of residents. Strategic objectives include:

- Fostering closer working relationships between council directorates and external partners. A working group has been established to address air quality across council departments including Environmental Health, Fleet, Highways & Transport, Planning and Public Health. The group will engage external stakeholders to identify new, innovative opportunities to improve air quality.
- Raising awareness – educating the general public on the health implications of poor air quality, promotion of sustainable transport

and the opportunities and benefits of active travel.

- Create a focus on sustainable travel and reduce the need to travel – enhance connectivity through increased public transport provision including working with public transport providers to enhance vehicle specification. Developing a charging infrastructure for electric and low emission vehicles.
- Implement measures to reduce traffic and congestion-related emissions, addressing road network flow and functionality – explore opportunities for major transport infrastructure projects to help reduce congestion.
- Stimulate sustainable economic growth, including a focus on reducing emissions at the planning stage – develop policy/guidance which will identify, assess, avoid or mitigate potentially harmful impacts of new developments on air quality.
- Lead by example in supporting sustainable working practices, minimising our own emissions as a Council – the strategy will link existing policies and guidance documents that impact on air quality.

An action plan will be produced alongside the strategy and evaluation on the success of actions will be undertaken on an annual basis via routine monitoring of air quality, cycle counting, surveys and appraisal of individual schemes.

Mental Health Trailblazer’s

Employment; In 2014, the Government commissioned four two-year pilots to help integrate mental health and employment support in the North East, Greater Manchester, Blackpool and West London. Project delivery started in August 2016 with the North East project being led by Northumberland County Council on behalf of the North East Combined Authority. Following a review of the pilot, the region has secured funding until December 2019. The main outcomes anticipated from the trailblazer are:

Supporting people to compete in the open-labour market, Better job entry and sustainability, Improved clinical recovery rates and Improved service integration.

The target cohort is Employment and Support Allowance claimants experiencing mental health issues, but other benefit claimants seeking mental health support are eligible. Participants will have access to intensive, tailored and flexible support from an employment coach working in coordination with a clinical therapist within

existing mental health services. This will include job brokerage and job matching. Once placed in-work, the coach will continue to offer support for 26 weeks to help job sustainability.

Children, Adolescent, Mental Health; South Tyneside is one of only twenty-five successful trailblazer sites nationally, providing Mental Health Support Teams (MHST) in schools under phase one of the government’s ambitious plans.

South Tyneside developed a proposal in partnership with the Stronger Together parent-carer forum, schools, local health providers and Public Health. The MHST will be offering support to two of the four Integrated Locality Partnerships in South Tyneside, covering schools within the Hebburn, Jarrow, Monkton, Primrose, Beacon & Bents, Simonside, Rekenydyke, West Park & All Saints wards.

MHST will be fully operational by December 2019, with staff teams in place by summer. The MHST will be aligned to Best Start in Life Partnerships and will strive to deliver:

- Awareness and understanding of mental health to children and young people as well as parents and school professionals
- An enhanced support offer for schools to implement a whole system approach to mental health
- Programmes of support to ensure children and young people have access to self-soothing and self-management tools and build practical skills
- Partnership working with mental health agencies to facilitate step-up and step-down support
- Substance misuse and mental health support including an intensive support offer for those children and young people and families who require this.

Consultation is currently underway with relevant schools, children, young people and their families. This will allow the South Tyneside Partnership to understand how our children and young people would prefer Mental Health Support Teams to offer support schools.

Continuous Learning and Sharing

Within Public Health, we acknowledge that there is often a need to review and adapt ways of working and learn quickly from mistakes or unforeseen circumstances in order to improve longer-term outcomes (often referred to as “failing fast” or “falling forwards”).

This can be deliberate, as part of an iterative approach to finding a solution to a problem, or reactive, when it is harder to predict outcomes and a change in direction or approach is required. We have embedded this continuous learning process into the ways we work in order to achieve the best possible outcomes, ensure ongoing feedback and create strong ongoing relationships with partners. The following examples demonstrate how this has worked in practice:

‘Blue Light’ project:

In 2017, South Tyneside Council (STC) along with many other local authorities across the UK, engaged in the ‘Blue Light project’ as a pilot exercise. The model was developed by Alcohol Concern (now Alcohol Change UK). There was a perception that if a problem drinker was resistant to change, little could be done to change that mindset. The BL approach challenges this theory and has shown that aspects such as harm reduction and risk management strategies can be used with change-resistant drinkers.

The BL approach has developed alternative care pathways for drinkers who are not in contact with treatment services but with complex needs, working in partnership to protect our most vulnerable residents. STC have worked closely with partners to address the burden on our community from change-resistant drinkers. The aim is to improve the management of change-resistant drinkers and thereby reduce the negative impact that they are having on the community and public services and to reduce the level of risk to themselves.

As a single definition for this client group is not possible, individuals have been identified using definitions from the BL Project Manual 2014. Clients have also been identified who have no contact with services, not necessarily with alcohol issues. These clients are very much

at risk, vulnerable and also impact on wider services. Partners have kept the group up to date of any progress, issues or developments with regard to specific individuals and any issues have been worked through together with a clear plan of action and next steps.

As the needs of those within the BL cohort are very complex and each case is unique, this has required all partners involved to work outside of usual parameters and have more challenging discussions to keep individuals safe. We have learnt that clear, concise and timely communication is paramount; as is an understanding, appreciation and acknowledgement of the role of all partners, which has helped to facilitate progress.

Moving forward, the BL group will now develop into the Safeguarding in Partnership Team (SIPT). This will ensure that this vulnerable client group will continue to be supported, managed, discussed and protected from unnecessary harm.

Psychosocial interventions to improve self-management of long-term conditions – First Contact Clinical CIC:

A Health Foundation ‘Innovation for Improvement’ award enabled the testing of a model that could respond to the NHS Five Year Forward View to become better at helping people to manage their own health: “staying healthy, making informed choices of treatment, managing conditions and avoiding complications”. Evidence suggests that supporting patients to be actively involved in their own care, treatment and support can improve outcomes and experiences for patients, potentially yielding efficiency savings for the system through more personalised commissioning, supporting people to stay well and better manage their own conditions.

The challenge: Care for patients with long-term conditions (LTC) is traditionally delivered by clinical staff whose focus is primarily on the physical consequences of the ‘illness’.

Aim: Improved wellbeing of patients with LTCs through an intervention offering patients stepped care approaches to psychosocial interventions in primary care.

Approach: Patients enter the project as part of their LTC review or following new diagnosis in primary care. Intervention is based on ‘Patient Activation Measure’ (PAM) score, an indicator of ability to self-care. Patients with the lowest PAM scores are offered the most intensive support.

Outcomes:

- On average, the intervention increased PAM scores for those with lowest initial ratings by 12 points. Evidence suggests that for every 10-point improvement, the system will see a 17% reduction in hospital costs.
- Data shows that unplanned appointments in primary care reduced by 24% when compared to 8 months before intervention began and 8 months following.
- 80% said they had enough support from local services to help manage their LTCs, 79% were confident in managing their own health.
- In the early months, data showed that more time was spent with more activated patients as they were easier to engage, more willing or more demanding in some cases. There was a need to ensure that the intensity of the intervention was weighted towards the less activated patients.
- The service was initially tested in one practice for people with COPD. It was subsequently expanded to include Diabetes in another 4 practices and is now being rolled out to all practices.

Feel healthier, feel happier,
discover a better you.

a better u

Public health role in the Northern CCG vs. Novartis/Bayer judicial review to prescribe Avastin:

Lucentis and Avastin have been used successfully in the treatment of age-related macular degeneration (AMD) – the most common cause of visual impairment in the developed world, and leading cause of blindness in UK (Royal National Institute of Blind People).

Despite evidence demonstrating the effectiveness and cost-effectiveness of anti-cancer drug Avastin in treating AMD, its pharmaceutical company Roche has never applied for its marketing authorisation, unlike its more expensive rival Lucentis, which has a licence. NICE guidelines state that Avastin provides the best value for money for treating AMD but can be prescribed only if a “person has a specific need and no other licensed product meets that need” (NICE NG82, 2018). The ‘off-label’ prescriptions of Avastin have also been discouraged by the likes of the General Medical Council (GMC) and Medicines and Healthcare Products Regulatory Agency (MHRA) “if a suitably licensed medicine that meets the patient’s need exists.”

It is estimated that the NHS spends £244m a year on Lucentis, the second highest amount for any drug. Lucentis costs about 12 times more than Avastin - switching to the latter as a standard treatment for AMD could save the NHS circa-£300m a year in treatment costs (BMJ, 2015).

In 2017, drug companies Novartis and Bayer instigated legal proceedings against 12 CCGs in Cumbria and North of England as they had decided to offer the unlicensed Avastin alongside Lucentis and Eylea, both approved by NICE for treating the condition in the NHS. The companies opposed the CCGs’ policy, accusing them of unlawfully supplying a non-licensed drug, violating drug regulation and undermining patients’ right to have a NICE-approved drug. In 2018, the CCGs won their legal battle to offer Avastin to their patients. In the High Court, the judge dismissed the application for judicial review on all grounds and found in favour of the CCGs’ policy.

What was the role of Public Health in winning this landmark legal battle?

Public Health teams have a statutory duty to provide advice to any CCG within the authority’s area with a view to protecting or improving the health of people in the locality. The leadership of Public Health in South Tyneside has always seen this mandated area as a priority by ensuring there is the necessary capacity and capability to input into forums such as the Individual Funding Request (IFR) panels and Value-Based Clinical Commissioning Policies (VBCCPs).

The public health input to support the CCGs in their legal battle was built on over 12 years of support for this agenda, largely led by notable public health leadership in and outside the region e.g. Greg Fell, DPH for Sheffield and Dr Mike Lavender in the North East. Dr Lavender

worked closely with the Northern Treatment Advisory Group (NTAG) to summarise evidence on the comparable efficacy and safety of Avastin and later on its effectiveness and cost-effectiveness.

Having a strong relationship with the CCG and being represented in forums such as Quality, Innovation, Productivity and Prevention (QIPP) and VBCCP, public health leaders were able to continually bring this issue to the table by leading conversations with clinicians to understand the arguments and counter arguments for prescribing Avastin, anticipate questions and collate the appropriate evidence to answer them.

Public health in South Tyneside led on the modelling tool that highlighted the financial savings and impact on services if the CCGs were to adopt a policy to offer Avastin to patients. Findings from this were used to inform the policy on Avastin that the CCGs later adopted.

Public health were consistently available to the leadership teams in the CCGs, working alongside Medicines Optimisation in NECS, commenting and synthesising evidence and informing strategy and tactics (for example, clarifying the counter argument being presented against use of Avastin on the basis of the frequency of injecting and the safety of the drug), which was instrumental in the outcome of the judicial review.

Alliancing learning event:

The South Tyneside Alliance was developed in 2017 to improve the health and wellbeing of all people in the borough. It is based on a set of leadership behaviours that revolve around our ‘A Better U’ key principles of being proactive, fair and patient-centred. In January 2019, an Alliancing ‘learning event’ was held to showcase a range of assets and organisations delivering projects and initiatives that have demonstrated these principles in action and to start a conversation about how these approaches and ways of working could be replicated across other parts of the system by a wider range of staff.

Everyone who attended the event was given a questionnaire which asked:

- What factors have enabled the showcase projects to flourish?
- What has made you feel proud today?



- What is needed to sustain this work and make it the norm?
- And specifically, what should the alliance do to support this work going forward?

Over 60 people attended the event from a range of organisations including the Council, Foundation Trusts, third sector and primary care. Results were analysed thematically

to identify what the main facilitators and challenges are to the success of the Alliance so far and in the future.

The themes which referred to the way we do things drew the largest proportion of feedback. Specifically, person-centred and co-production approaches and having an open, willing, trustworthy and enthusiastic environment to work in were cited as the prominent factors attributed to the success of the Alliance so far. It was also discussed as being critical to future success and needs spreading into new areas.

Whilst the results echo much of the language used by the presenters, it was clear that participants could recognise some of the key challenges to the work so far and how it will be applied to other areas. The main challenges emphasised were for senior leaders to empower staff across the system to try new approaches as well as disseminating what has been learned so far.

Wider cross-cutting themes

Health Protection Assurance:

The Health Protection and Emergency Preparedness Resilience and Response (HPEPRR) group provide the statutory assurance that systems are ready and prepared to deal with any outbreaks or incidents that present a threat to the public's health. They also lead on monitoring, screening and immunisation activity across South Tyneside, particularly in relation to reducing inequalities in uptake. The group is chaired by the Director of Public Health, with strategic representatives from across the local partnership, reporting to the South Tyneside Health and Wellbeing Board.

One of the key functions of health protection assurance is winter planning with a particular focus on flu, which is ranked as the highest risk on the National Risk Register of Civil Emergencies. The monitoring of flu vaccination coverage is coordinated through a South Tyneside-specific Flu Programme Board, led by both the Clinical Commissioning Group and Public Health, reporting into the wider system through the Local A&E Delivery Board and HPEPRR.

The Flu Programme Board aims to provide a coordinated and consistent approach to flu vaccinations uptake across key at risk populations and workforce. It has representation from across the system and monitors uptake performance, discussing and implementing actions on how low uptake can be improved.

The South Tyneside approach and experience has recently been shared, at the request of NHS England, with the Regional Flu Planning Group to inform next season's flu planning. It is only one of two geographical areas in the North East that have a local board in place.



If you are entitled to a free vaccine, that is because you need it. I would urge people to have the vaccine, not only for themselves, but also for people around them, some of whom could be put at serious risk if they catch flu.



Cllr Tracey Dixon with Carol Robertson, care navigator at Haven Court

Medicine Optimisation:

The North of England Commissioning Support (NECS) Medicines Optimisation team is commissioned to provide specialist pharmacist support and advice to the public health team on pharmaceutical and medicines-related issues arising as part of the service. Over the last year, the pharmacist has contributed to a wide range of activities including:

- Support to the annual flu staff vaccination programme via the occupational health service
- Review of Patient Group Direction for administration by occupational health services including Hepatitis A and B vaccinations for use in the event of occupational exposure of council staff
- Review and monitoring of prescribing costs of public health commissioned services including sexual health, smoking cessation and substance misuse
- Close working with the public health team and substance misuse services in response to the recent supply difficulties and subsequent price increases in key medications e.g. buprenorphine
- Contribution to the Stop Smoking Service review group including the review of the

nicotine replacement therapy medicine formulary and product guidance

- Developing a local guidance for schools to support the use of over the counter medicines in response to the national self-care agenda involving reducing unnecessary demands on General Practice (GP) service to provide prescriptions for time-limited minor ailments
- Assessing and monitoring the possible impact of changes to local community pharmacy services in South Tyneside with regards to the Council's Pharmacy Needs Assessment (published March 2018)
- Representation of the public health team at local medicine-related committees such as the medicine management committee (now joint committee between South Tyneside and Sunderland) and the Controlled Drugs Local Intelligence Network for (CD LIN) to ensure that decision making includes the public health perspective
- Responding to ad-hoc medicine-related queries that are received into the public health team from a variety of sources including the general public, other health and social care services and commissioned services.

Case study



Vaccinations For Volunteers:

Staff and volunteers at a South Tyneside charity are banking on a flu-free winter after being vaccinated against the disease.

The team from Hospitality and Hope in South Shields were given the flu vaccine for free because they regularly come into contact with viruses in their roles.

Operations and development manager, Paul Oliver, said: "We really can't afford to fall ill as people rely on our services – especially in the run-up to Christmas.

"I would feel so bad if I caught flu and passed it on to our clients – the last thing I want to do is add to their problems. Flu is a really nasty illness so it makes sense to protect yourself and others by getting the vaccine."

Those who can have the vaccine for free are people aged 65 and over, children aged between two and nine and those with an underlying health condition as well as those who work with vulnerable people.

Councillor Tracey Dixon, Lead Member for Independence and Wellbeing, said: "The team at Hospitality and Hope do a brilliant job through their various services, offering food, shelter and hope to around 100 people each week.

"I am delighted that they have taken steps to protect themselves from getting flu. This will not only protect the people who rely on the services they offer, it will also reduce the burden on local hospital health services over the winter period."

The free flu vaccine is offered to priority groups as part of the Stay Well This Winter campaign. People can call to their local pharmacy or GP to check if they are eligible for a free flu jab, or, if not, they can pay a small fee of £10 to be vaccinated privately at their local pharmacy.

For more information, visit www.nhs.uk/staywell/

Sharing good practice - where we are being recognised:

The last 12 months have presented many opportunities for the team and our partners to share our successes, learning and good practice across a range of local, regional and national events and platforms:

- North East and North Cumbria QIPP event 2018 – presentation on South Tyneside's Smoking in Pregnancy Incentive Scheme.
- The development of the national PHE prioritisation framework published in March 2018 was based on work done in South Tyneside: www.gov.uk/government/publications/the-prioritisation-frameworkmaking-the-most-of-your-budget
- Public Health England Annual Conference, September 2018, Warwick – poster presentation on South Tyneside's work with hot food takeaway retailers within the Bangladeshi community around recipe reformulation.
- Avastin judicial review, September 2018 – public health in South Tyneside led on a modelling tool that highlighted the financial savings and impact on services if the CCGs were to adopt a policy to offer Avastin to patients. Findings from this were used to inform the policy on Avastin that the CCGs later adopted.
- Alliancing and A Better U learning event, January 2019, The Word, South Shields – showcasing a range of examples of where alliancing and the 'A Better U' principles of being proactive, person-centred and fair have enabled projects to flourish, and how these conditions can be replicated across the wider system.
- Purpose, Partnerships and Passion: North East Public Health conference, February 2019, Sunderland – Presentation: 'Getting the Measure Right': South Tyneside Alcohol Harm Reduction Strategy.
- Action on Smoking and Health (ASH) national webinar on smoke free housing, March 2019 – virtual presentation on the collaborative work between South Tyneside Council and South Tyneside Homes.
- Public Health and CCG presented the South Tyneside experience of flu planning at the regional NHS England led planning event for 2019/20 flu season.
- The team's Public Health Knowledge and Intelligence Lead has a regional knowledge sharing role with PHE and supports the NIHR Clinical Research Network for the North East and North Cumbria.
- Public Health in South Tyneside are leading on some of the key aspects of the NHS Transformation funding for Suicide Prevention in the north of the region including the training hub and suicide prevention coordinator sub-groups.
- South Tyneside has been fortunate enough to benefit from a unique strategic partnership with colleagues in the Canterbury District Health Board in New Zealand over the last four years, learning about their approaches to developing a world-leading integrated care system and adopting a similar philosophy which has resulted in our own 'alliancing' approach.
- LGA Peer Review has resulted in approaches from other local authorities wanting to know more about our own approach to alliancing and its key principles.
- South Tyneside Director of Public Health has regional lead role for:
 - Faculty of Public Health Part A Exam for North East
 - Regional Public Health Intelligence Network (PHINE)
 - Representation on the National Institute for Health Research (NIHR) Applied Research Collaborations (ARC) senior leadership network.



Public Health Practitioner, Chrissy Hardy discusses the successful anti-stigma campaign at the Alliancing Learning event

Making public health everybody's business – A call to action

In 2015, the Centre for Workforce Intelligence (CfWI) and the Royal Society for Public Health (RSPH) identified that the wider public health workforce has the potential to make a large contribution to the public's health and wellbeing.

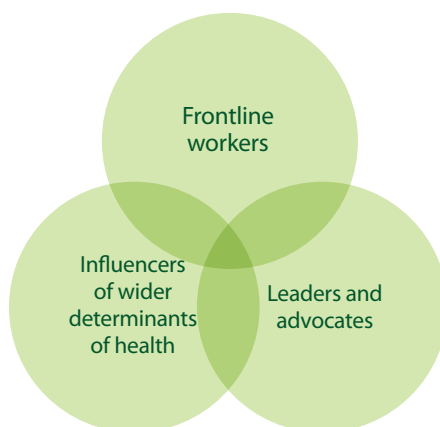
CfWI concluded that in order to tackle the major public health issues and make prevention a priority, there is a need to look beyond interventions delivered by the traditional 'core' public health workforce and seek to engage with the public via wider occupational groups. The agreed definition for the wider workforce is, 'any individual who is not a specialist or practitioner in public health but has the opportunity or ability to positively impact health and wellbeing through their paid or unpaid work'.

Many wider workforce professions highlighted partnership working as a key ingredient for success, as well as working in and with communities. It was recognised that developing community assets and community capacity to tackle major public health issues will be crucial to sustainability over the long term.

Public Health England (PHE), in its 2019 review of 'The wider public health workforce', found that this asset comprises individuals and organisations across a range of sectors. In many instances, members of this workforce are engaged in joint projects that span boundaries between different sectors such as those showcased in this report, plus organisations addressing shared priorities with 'upstream' preventative action.

Over the course of the review, PHE identified members of the wider public health workforce working in 3 broad capacities: leading and advocating for health, influencing the wider determinants of health, and having direct contact with individuals and communities which provides an opportunity to positively impact health.

The wider workforce has been categorised by level of engagement in public health: Active, Interested and Unengaged.



The Active wider workforce is defined as those occupation groups who:

- Make an explicit contribution to public health on a daily basis
- Work collaboratively in promoting public health outcomes
- Have a direct or indirect impact on wellbeing
- Already deliver or have the opportunity to engage in healthy conversations
- Address the wider determinants of health, including mental wellbeing
- Extend reach and remit to vulnerable populations

Examples of some of the occupations and their indicative headcount include:

- Teaching and educational professionals 1.29 million
- Caring services 1.08 million
- Childcare and related 696,000
- Health professionals (including Allied Health Professionals) 443,000
- Protective service occupations (fire service, police, ambulance) 292,000
- Welfare and housing professionals 243,000
- Sports and fitness occupations 133,000

The Interested wider workforce is defined as those occupation groups who have:

- Limited/partial opportunities in delivering public health messages at present
- The influence and opportunity to proactively promote health and wellbeing on a larger scale, if given the support and training to do so
- The potential to work in a collaborative way with other services and organisations to deliver the public health agenda

Examples of some of the occupations and their indicative headcount include:

- Public services and other associate professionals (e.g. postal service) 452,000
- Hairdressers and related services 222,000
- Architects, town planners and surveyors 127,000
- Leisure and travel services 122,000
- Chief Executives and senior officials 63,000
- Librarians and related occupations 30,000
- Kitchen, bar and waiting staff 803,000
- Cleaning occupations 639,000

The Unengaged wider workforce is defined as those occupation groups who:

- Are not engaged in the public health system either without realising it or due to demands on current service delivery
- Have the potential to influence health and wellbeing but are not currently doing so

Examples of some of the occupations and their indicative headcount include:

- Sales assistants and retail cashiers 1.17 million
- Customer service occupations 288,000
- Vehicle trades 157,000
- Conservation and environmental professionals 38,000

Adapted from 'Rethinking the Public Health Workforce' (RSPH, 2015) and 'The wider public health workforce: A review' (PHE, 2019)

How can the wider workforce support the public health agenda in South Tyneside?

1. Make Every Contact Count – consider when and where you have the opportunity to impart small pieces of advice or information which encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations:

www.makingeverycontactcount.co.uk

2. Think 'prevention' – prevention is better than cure – what opportunities do you have to prevent health problems arising or issues worsening?

3. Utilise existing Joint Strategic Needs and Asset Assessments (JSNAA) and contribute to the evidence base – The JSNAA identifies current and future health and wellbeing needs in South Tyneside. It is a tool which provides partners of South Tyneside Council with the information they need to agree priorities and deliver services around specific issues that meet the specific needs of our population. If you identify a gap around a specific topic or feel you can contribute, please let us know:

www.southtyneside.gov.uk/jsnaa



4. Learn from other parts of the system – consider the range and diversity of the projects showcased in this report and identify the opportunities for you and/or your service/organisation to support these agendas or ways in which public health can improve outcomes in your own work.

5. Embrace the 'A Better U' approach – to enable people to maintain their

independence and wellbeing using their strengths and resources, enabling them to live longer, healthier and more fulfilling lives by ensuring services and ways of working are proactive, person-centred and fair. A Better U aims to introduce a model of support where the key question shifts from "What is the matter with you?" to "What matters to you?" and "What is wrong?" to "What is strong?"

6. Keep learning – take advantage of opportunities to broaden your knowledge of health and wellbeing issues. Public Health commission a series of free training programmes on a wide range of topics to improve knowledge, awareness and build capacity for delivery of various health programmes and interventions:

www.firstcontactclinical.co.uk/Courses/Change4Life

www.firstcontactclinical.co.uk/Courses/abetteru

www.washingtonmind.org.uk/mental-health-and-wellbeing-training/

7. If you have an idea or some inspiration, please get in touch!

Please contact public.health@southtyneside.gov.uk with any thoughts, ideas or comments around collaborative working.

Next Steps

2019/20 is already proving to be another busy and exciting year for Public Health with a number of key challenges and priorities ahead:

Health in All Policies (Whole Council Public Health Approach):

Development of a range of high-level population interventions that are both cost-effective and provide equitable benefits for all, such as increasing access to Fluoride and continuing to push for a minimum unit price for alcohol.

Working with the NHS on prevention:

Fulfilling the aspirations within the NHS Long Term Plan around embedding prevention across all parts of the system and supporting our local Trust to go 'smoke free' in 2020.

Continue to implement the recommendations from the Peer Review:

- Develop a coherent and consistent model for integrated delivery in neighbourhoods
- Develop our commissioning architecture and investment ambitions to reflect our hospital footprint and place-based ambitions
- Develop a shared vision and narrative and long-term ambition for South Tyneside

Universal Credit (UC) roll-out:

A coordinated approach to tackling financial inclusion will ensure that we have a better understanding of the population and their challenges to shape services effectively, engage with central government more successfully and respond to any difficulties that residents may have. The Universal Credit and Welfare Reform Strategic Group are currently working with a PhD student to scope out some local research around the impact of UC locally.

JSNAA:

We will continue to support the use of Joint Strategic Needs and Assets Assessment (JSNAA) as an essential tool for improving the health and wellbeing and reducing inequalities. In 2018/19, three topics were published: oral health, adult physical activity and childhood immunisations. The local ward profiles were also updated and an Equality and Diversity page was added to the 'Populations' section. Further assessments already underway which will be published in 2019/20 include Smoking, Dementia and Youth Justice.



South Tyneside's Mental Health Champions

Recruitment of a new cohort of Young Health Ambassadors

BSiL Locality Partnerships roll-out – realising the ambitions of the 2018 Director of Public Health Annual Report

Delivering our new strategies:

- 'Getting the Measure Right' Alcohol Harm Reduction Strategy
- Oral Health Strategy
- Physical Activity Strategy



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