

South Tyneside

your place your health your future



Annual Report of the
Director of Public Health
for South Tyneside 2019



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If you want to understand why health is distributed the way it is, you have to understand society. This is because the conditions in which people are born, grow, live, work and age have profound influence on health and inequalities in health in childhood, working age and older age.

Prof. Sir Michael Marmot



South Tyneside Council

Under the Health and Social Care Act (2012) the Director of Public Health has a duty to write an independent report on the health of the local population. Under the same Act the Local Authority has a duty to publish the report. I would like to offer thanks to South Tyneside Council for Publishing this report.



Foreword

The strongest determinants of health and health inequalities are the ‘social determinants’. These factors are multiple, diverse and interrelated, forming a ‘complex system’ that shapes the health of people in an area. New approaches are needed to shape these systems in ways that promote good health.

The aim of this report is to look at these social determinants and help to create the conditions for better health and wellbeing in South Tyneside. Health and wellbeing is shaped by everything around us, from the air we breathe, to the jobs we have, to the houses we live in.

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

Our ‘Hello Tomorrow, Change is Happening’ programme has consistently delivered key regeneration milestones right across South Tyneside, underpinned by a prudent, yet innovative Capital Investment Programme. Since 2010, we have worked hard to attract additional Government and external funding to finance our ambitions, securing a remarkable £1.6 billion of public and private sector investment in our town centres, schools, housing, transport, coastal and urban regeneration. We are creating the conditions to raise prosperity for South Tyneside residents. We are seeing real progress with the International Advanced Manufacturing Park (IAMP) as new businesses are confirming their interest in locating to this site, recognised as being ‘nationally significant’.

The A19 is the economic artery of manufacturing and industry in the North East and is crucial for linking local businesses to their regional, national and international counterparts.

We are working strategically to deliver the infrastructure to mobilise businesses and employees, with significant investment in the A19 between the A194 Lindisfarne junction and the A185 Tyne Tunnel junction, as well as investment at Testo’s roundabout. With over 7,000 new jobs expected and future development at Holborn, we have good reason to remain optimistic about the future. We know that all of this will impact positively on the health and wellbeing of our residents.

This Annual Report highlights those impacts and reflects on the achievements of 2018-2019 as part of our strategy to make South Tyneside an outstanding place to live, invest and bring up families.



Councillor Iain Malcolm,
Leader of the Council and
Chair of the Health and Wellbeing Board



Introduction

The conditions in which we are born, live, work and age are influential on health and wellbeing. These factors are often known as the social determinants of health. Many experts agree that these determinants of health are more important than health care services in ensuring a healthy population.

Social determinants are a range of social, economic and environmental factors which impact on people's health and wellbeing that are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life. This shapes opportunities for the population such as the quality and access to education and jobs, quality housing stock, open and green spaces such as parks and transport links for school, work and leisure. However these opportunities are not always equal to the whole population, which creates inequalities across the Borough.

The Marmot Review, published in 2010, raised the profile of social determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. Variation in the experience of social determinants is considered the main cause of poorer health outcomes.

As long as these exist so will differences in people's health and wellbeing. Addressing the social determinants of health has a key role to play in reducing health inequalities, and therefore an important aspect of public health.

The report this year will be shining a light on South Tyneside as a place and the social determinants of health, looking at policies and local action taken to improve health outcomes for our residents. A place like South Tyneside suffers poorer health outcomes due to higher levels of poverty and deprivation, compared to other parts of England. The Due North Report outlined the impact poverty, unemployment, poor living and working conditions has on health and wellbeing for its population. This then becomes a circular issue with ill health meaning that people struggle to gain employment and improve their economic wellbeing. This cycle then persists in families and communities.

In the previous Director of Public Health's annual report we used hypothetical children Jack and Emily to demonstrate the differences of two children born on the same day but from different parts of the borough, and what impact that had on their health and wellbeing, as they developed as children into adulthood.⁵

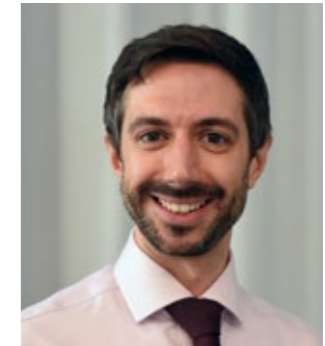
Jack was born in the ward of Simonside and Rekendyke and Emily in Cleadon and East Boldon ward.

Their journeys through life are quite shockingly different, culminating in Jack expecting to live 75 years and Emily 87 years; a whole 12 years longer. This report will see Jack and Emily move throughout adulthood, as well as comparing what South Tyneside would have been like for their grandparents and parents, to show how far we have come, as well as identifying the new challenges we are facing as a place such as climate change, continued austerity and air quality. The report will demonstrate the broader work we are doing as a Council and partnership to tackle these challenges.

Within the report a number of social determinants will be showcased to outline what things were like in the 'past' and what they are like 'now', describing what's changed and what actions we have taken in the borough to address these challenges. The report will focus on housing, employment and welfare, transport and our environment.

As a system we have the opportunity to make a difference to communities, empowering residents and partners to enable South Tyneside as a place which encourages positive health and wellbeing and is central to all planning and policy decisions. This is why it's important to work across the system with partners who are responsible for these priorities, and why myself and George Mansbridge, Corporate Director for Regeneration and Environment have developed this report collectively, strengthening the links between his services and Public Health. By working closely together we can help to have a positive influence on people's lives such as Jack

Improving health in the North would lead to substantial economic gains
£13.2bn
 in UK GVA if ill-health gap was reduced.³



Tom Hall
Director of Public Health

ad Emily's, by shaping the environment (place where they live) which in turn influences people to become more active and connected. These small changes all help to provide a catalyst for change which has a positive impact on their overall health and wellbeing. For example working with partners to carry out a Health Impact Assessment with support from the Public Health team.

This report considers how good work and inclusive economy can make a significant contribution to improvement in South Tyneside's health and wellbeing and how good health represents a key requirement for future prosperity.

This report will set out a number of recommendations for the Council, its partners and communities to take action to tackle health inequalities and address some of the challenges our borough is facing. These recommendations will provide us with a number of opportunities to make the place, in which we live, work and age, improve health and wellbeing for all.



George Mansbridge
Corporate Director, Regeneration and Environment

Social Determinants of health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. These factors impact on our health and wellbeing



Childhood experiences



Housing



Education



Social support



Family income



Employment



Our communities



Access to health



Recommendations

1. For all decision makers to adopt a health in all policies approach to any planning and policy changes. To ensure health and wellbeing is considered from the start of any initiatives and to support the undertaking of a health impact assessment where necessary. This approach would strengthen partners and communities to take action to tackle health inequalities and address some of the challenges our Borough is facing. The recommendations within each section of the report will provide a number of opportunities to engage with the community and its partners to make the place, in which we live, work and age the best it can be.
2. Within the employment and welfare section the recommendations will focus on addressing the impact of welfare reform and supporting the most vulnerable back into work, and taking a more strategic approach to health in the workplace.
3. Within the housing section we highlight on the conditions in which we live have a major influence on our health and wellbeing. Therefore the focus of the recommendations are embedding health and wellbeing into any housing strategy or housing provider with a specific focus on fuel poverty, excess winter deaths and social isolation.
4. Within the environment section we highlight the physical surroundings where we live, work and age have a direct impact on our health and wellbeing. The specific focus of the recommendations will empower communities to take pride in South Tyneside to explore opportunities to grow food and develop green spaces. To provide access to energy and environmentally friendly initiatives across the Borough.
5. Within the transport section it is important to recognise good transport enables people to access education, work, social networks and leisure. The specific focus of the recommendations will promote active travel such as developing our cycling and walking networks to reduce traffic congestion, improve air quality, promote physical activity and reduce carbon impact as set out in our physical activity and climate change strategies.



Shining the Spotlight on South Tyneside

We have seen over the last 100 years how health and wellbeing outcomes have improved: increasing life expectancy, reducing the impact of communicable diseases and reducing the number of people dying too prematurely. Emily and Jack's grandparents and great grandparents would have a very different experience of South Tyneside than as they would today.

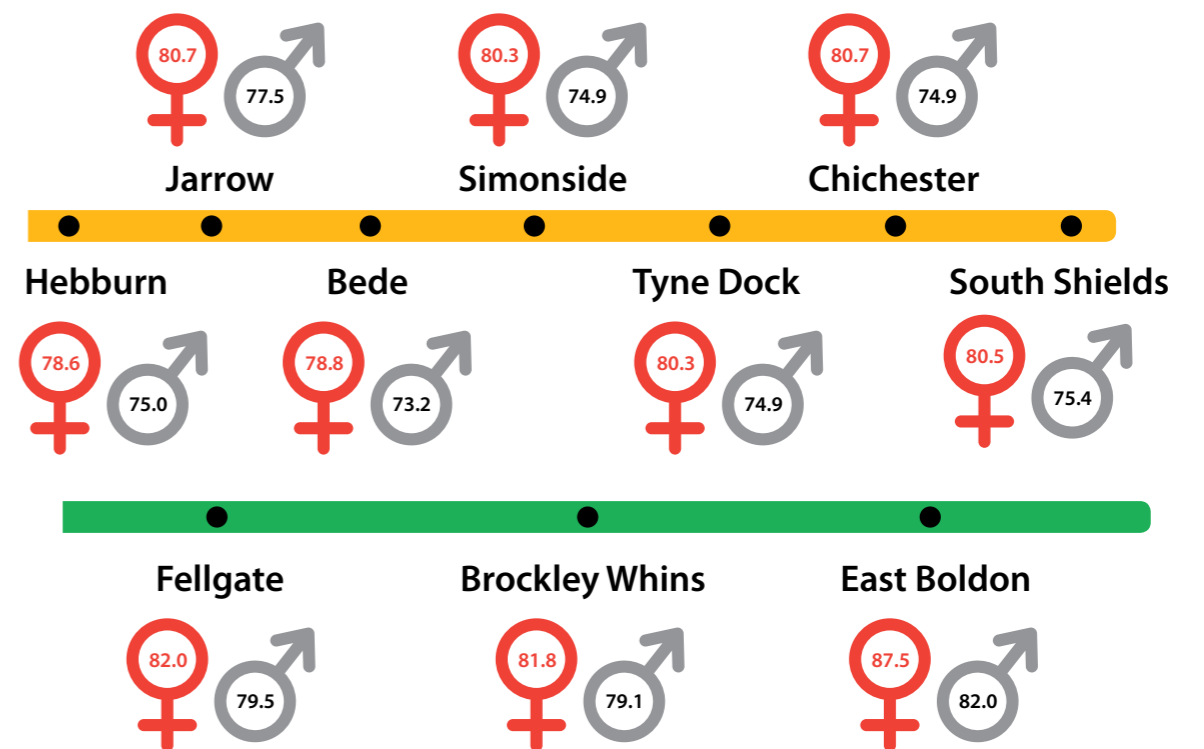
The role of the Council in addressing the social determinants of health is to influence the planning and policy development to ensure health is embedded within all policies, working across departments to identify the positive and negative impact changes may have on the health and wellbeing of our residents

and visitors. A range of tools can be used to do this such as Health Impact Assessments and Health Equity Audit. These tools should be used to inform any decision that intends to change the place in which we live, work and age. The Council is also responsible for influencing its partners such as the NHS and third sector to work collectively to improve the health and wellbeing outcomes for all the people of South Tyneside.

As well as working for the residents, all organisations also have a responsibility to their employees to ensure working conditions promote positive health and wellbeing. This is driven by the determination to make South Tyneside an **outstanding place to live, invest and bring up families**. This is also supported through the actions outlined in our Health and Wellbeing Strategy.⁴ However social determinants of health could be strengthened, and therefore the recommendations within this report will assist in the refresh of the priorities for the Council, partners and the Health and Wellbeing Board.



South Tyneside life expectancy



Health of our Residents

77.0

The average life expectancy for men in South Tyneside

81.5

The average life expectancy for women in South Tyneside

However inequalities still remain within and between communities making the difference between the most deprived ward and the most affluent ward over 7 years. This creates an unacceptable health inequality that must be addressed.

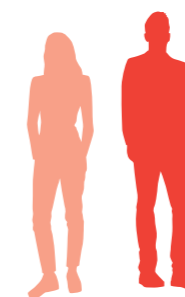
Healthy Life Expectancy

Healthy life expectancy is the total number of years a person is expected to live in good or very good health. Although people are living longer and life expectancy has improved, for those living in the most deprived wards they are less likely to live in good health compared to their peers in the most affluent wards.

A female girl born in the borough's most affluent ward Cleadon and East Boldon has a healthy life expectancy of 71.5 years, while a boy born in the borough's most deprived ward Simonside and Rekendyke has a healthy life expectancy of 56.1 years. This is a gap of 15.4 years.

87.5

life expectancy of a female girl born in the Borough's most affluent ward



74.9

life expectancy boy born in the Borough's most deprived ward Simonside and Rekendyke

To reduce health inequalities it is important to monitor the impact the social determinants are having on the Borough. The infographics below outlines the indicators within the Public Health Outcomes Framework that help us monitor the social determinants of health.

26.7%
of children are living in poverty in South Tyneside compared to 17.1% in England

73.3%
of children in South Tyneside are school ready achieving a good level of development at the end of Reception compared to 71.8% in England

11.2%
of households experience fuel poverty compared to 10.9% in England

0.9 per 1000
are statutory homeless compared to 2.4 per 1,000 in England

The rate for fast food outlet density is **111.9 per 1000** compared to a rate of 96.1 per 100,000 in England

Local and national policy change and actions will have an impact on the indicators above. The Council and its partners are required to ensure the living and working conditions improve, and to strive to reduce the gap between different parts of the Borough to narrow the gap in life expectancy and healthy life expectancy. The indicators also act as a measure to inform decision makers to take action, and whether the action has led to improved outcomes. However, it can often take years to show an improvement so it is important to look at short, medium and long term strategies or goals.

3.9%
of 16-17 year olds are not in education, employment or training compared to 2.6% in England

Those with a long term condition have an employment rate that's **12.7%** lower than the overall population

There are **396.0 per 100,000** first time entrants to the youth justice system compared to 238.5 per 100,000 in England

28.1%
of offenders re-offend in South Tyneside compared to 29.4% in England

Total recorded crime (excluding fraud) is **108 per 1,000** compared to 85 per 1,000 in England

4.0%
of the local population is affected by daytime noise compared to 5.5% in England

5.5%
are exposed to road, rail and air transport noise during the night-time compared to 8.5% in England

15.5%
of adults walk for travel at least three days per week compared to 23.1% in England

28.1%
higher rate of deaths during winter months than the rest of the year compared to 30.1% in England

The social determinants of health in action – for example obesity

Throughout the last century and 2000s, life expectancy has been steadily increasing across the country. In South Tyneside, the average man born in the borough today should expect to live until they are 78 years old and the average woman until 82.⁵

The reasons attributed to this dramatic improvement include the introduction of a range of public health measures as well as childhood immunisations, universal health care, medical advances (such as in treatment of heart disease and cancer) and lifestyle changes, including a decline in smoking.⁶

Since 2009, we have been able to measure how long the population will live to whilst remaining in good health. Over this period whilst life expectancy has continued to increase, healthy life expectancy has remained similar. The same average man born in South Tyneside can expect to live until he's about 59 in good health and woman until she's 59, so neither

reaching retirement age with a good level of general health.

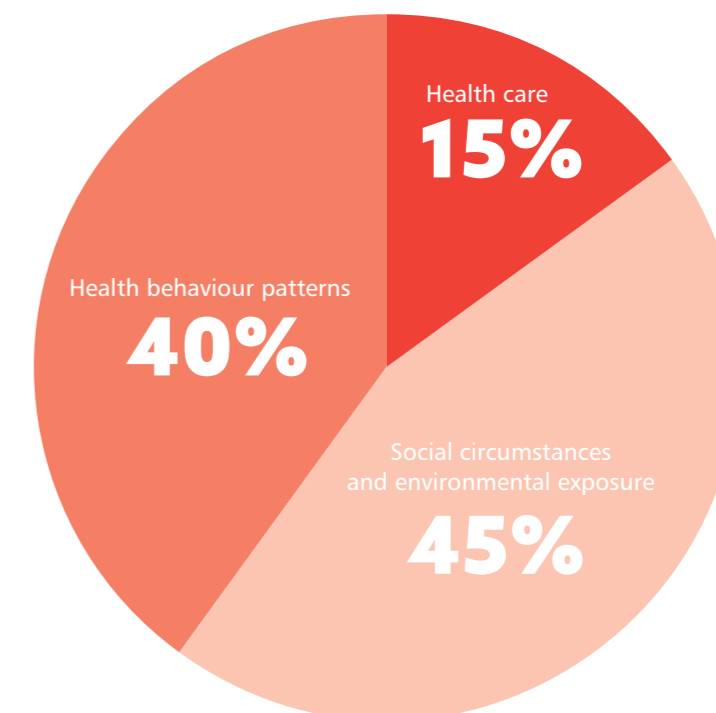
Furthermore, these average figures mask differences both against other areas and within South Tyneside. Latest data shows that both men and women living in the healthiest areas in England can expect to live 5 years longer; yet for these men they can expect to live over 10 years longer in good health and women nearly 13 years longer. There is also significant variation within South Tyneside with about 9 years difference for men and women and over 12 years difference in years lived with good health.⁵

Overall, people in the more deprived areas in South Tyneside enjoy less years of life and more of their years are lived in poor health.⁵



What makes and keeps us healthy?

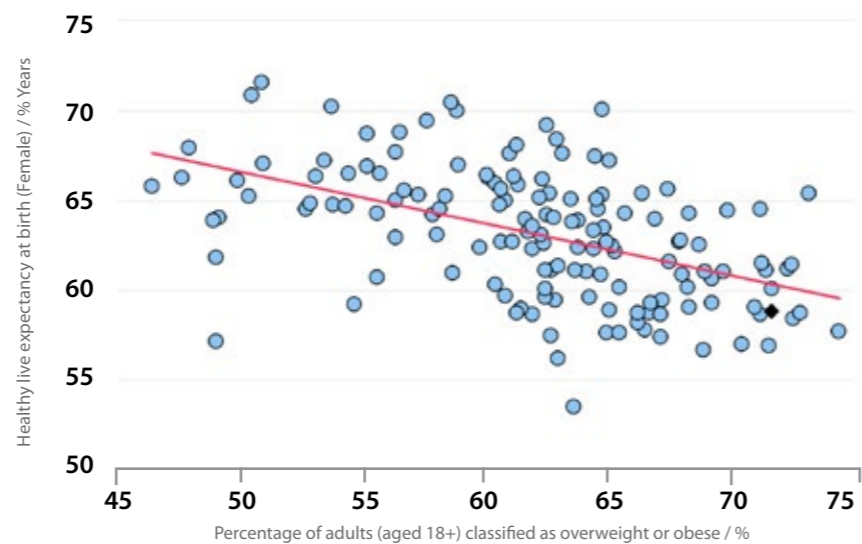
There are a range of factors which are interconnected that impact on our health and wellbeing. Our own characteristics and lifestyles play a role as well as health and care services which are good at treating ill-health. But overall, it is the physical, social and economic environments we interact with, also known as the social determinants of health, which has the greatest impact on our health. By improving and maintaining these 'social determinants of health' we can prevent the need for healthcare and ill-health thereby enabling people to live longer in good health.⁷



To illustrate the impact that these social determinants has on our health we can take obesity as an example. Obesity, or high body mass index, is one of the greatest causes of disability and poor health both nationally and in South Tyneside. Being overweight or obese can lead to diabetes and chronic kidney disease, musculoskeletal disorders, cardiovascular disease and chronic respiratory disease amongst other conditions.⁸



Figure 1 Association between percentage of adults classified as overweight or obese (%) with healthy life expectancy at birth for females (years).⁵

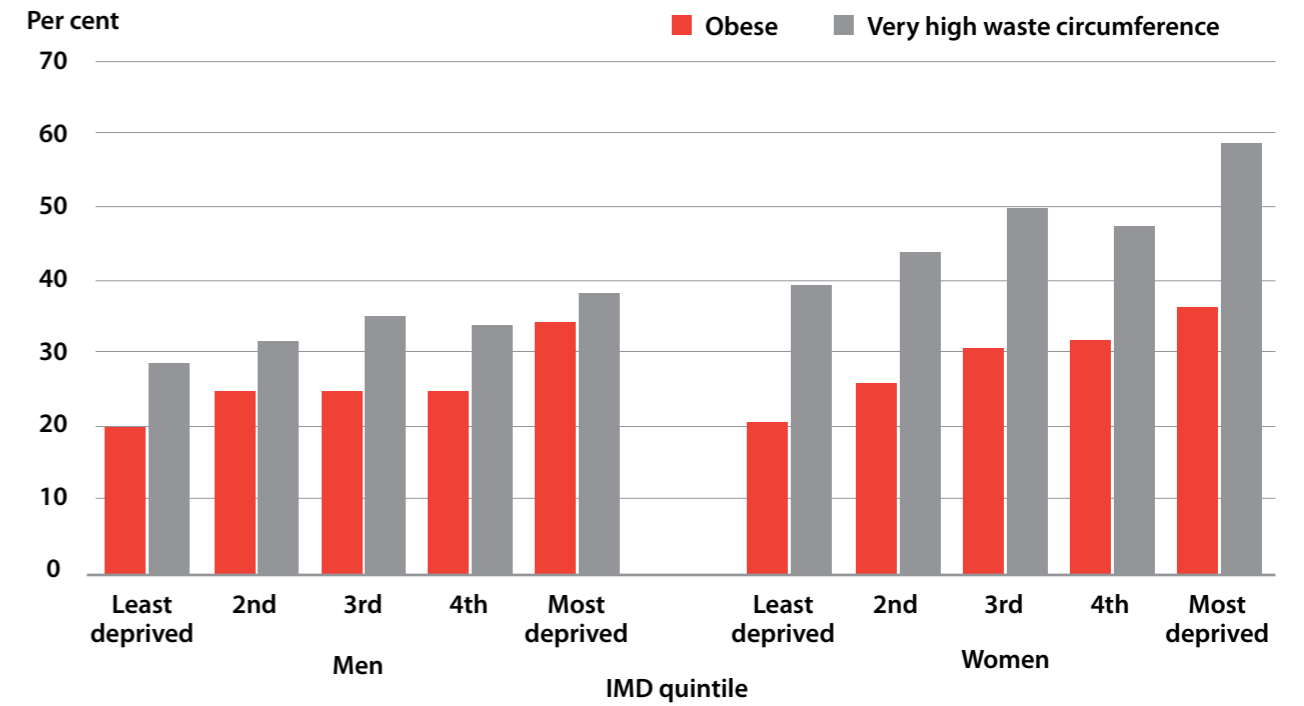


While the cause of obesity is fundamentally an energy imbalance between calories consumed and calories expended (WHO, 2018), there is a common misconception that the increase in obesity rates globally are due to individuals lack of willpower, greed and their human biology.⁹ However, the level of these factors has not changed over time in comparison to previous generations. What have changed are our physical, social and economic environments such as the way we travel, work and the way

in which are food is produced and consumed. These factors have led to a greater proportion of the worldwide population to put on and retain weight.¹⁰

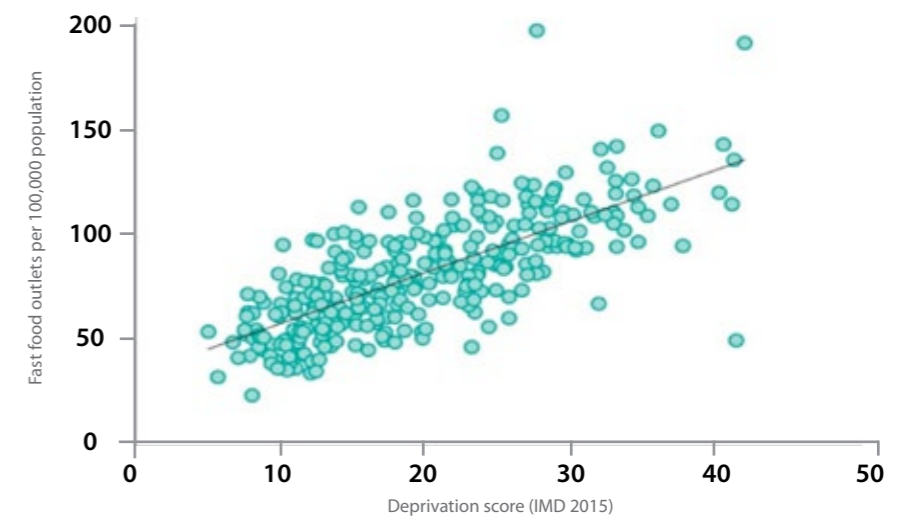
Individuals and population's experiences and exposure to these social determinants of health vary. As such, the burden of obesity does not fall equally across the population, with obesity prevalence increasing in line with deprivation (see Figure 1).¹¹

Figure 2 Percentage of adults classified as obese and with a very high waist circumference by quintile of index of multiple deprivation.¹¹



It is well-known that income and social deprivation have an important impact on the likelihood of becoming obese. Reasons are complex but one factor is that people with lower incomes are more likely to live in places which helps and encourages unhealthy eating, such as the greater density of takeaways in more disadvantaged

Figure 3 Relationship between density of fast food outlets and deprivation by local authority.^{12 13}



The rate for fast food outlet density is 111.9 per 1000 compared to a rate of 96.1 per 100,000 in England

Your income can influence where you live and in turn your dietary choices. It can also have an impact how much physical activity you do.

While employment provides a source of income work practices can have a negative impact on obesity. For example, an evidence review found that shift workers, and in particular those working during the night, were found to have higher rates of obesity compared to non-shift workers and those working during the day respectively. The reasons for this include employees ate foods high in sugar to try and combat the feeling of tiredness and they were easier access, through vending machines for instance, compared to healthier options.¹⁰

As mentioned above your income can influence where you live and in turn your dietary choices. It can also have an impact how much physical activity you do. For instance, neighbourhoods with good access to shops and services, high residential densities, pavements, and public transport stops were associated with residents meeting physical activity guidelines. Neighbourhoods with local recreational facilities such as cycling infrastructure also promoted the highest levels of physical activity.¹⁴

Those living in areas without these features are likely to have lower levels of physical activity.

There is good evidence on the positive impact of walking and cycling to school have on incorporating physical activity in young people's lives. However, the likelihood of young people actively travelling to school is influenced by their distance to school and parents' perceptions of road safety and the inconvenience of using a car.¹⁴

The prevention and treatment of obesity has historically focused on pharmacological, educational and individual behavioural interventions, which has had limited success.¹⁵ If we are going to tackle the increase in obesity and the unequal consequences it has on people's long-term health we need to address these wider factors to have a greater overall impact.



The next sections of the report will look at a number of social determinants, and the impact on health.

The sections will show some of South Tyneside's history and key policy changes that have improved conditions for its residents, alongside what its currently like to live, work and age in South Tyneside today, highlighting key actions that have been taken. The report will also look to the future action required outlining what South Tyneside could look like if we address the areas of concern and implement the recommendations at the end of each section.

HOUSING PAST



The houses that Jack and Emily's grandparents and great-grandparents grew up in would have been very different to the standards that we have come to expect in modern homes such as instant hot water and effective drainage.

Around 100 years ago many local mining families lived in small pit houses in South Tyneside. Coal was used for cooking and heating these houses, however many families witnessed the effects of fuel poverty during the General Strike in 1926, when people found themselves digging for small bits of coal in order to cook, wash and keep themselves warm.

It was harder for people to be socially isolated in their communities due to overcrowding. Neighbours often had more of a connection, for example when women gave birth at home neighbours would lend rugs and curtains to help make the houses look more homely for any visitors. Slums were also common which included a communal stand pipe in the street and communal toilets for around twenty families to use. Outbreaks of cholera and smallpox were a regular occurrence during the 1920's.¹⁶

There was a shortage of decent housing in the UK in the wake of World War One and the links between poor housing and poor health were starting to be understood. Yet the "Addison Act" 1919, started up the first programme of publicly funded local authority housing schemes which provided good quality housing and created stronger communities.

Following the Second World War shortage of houses was again a big concern and one solution to this was prefabricated houses. 1974 was a significant year with the formation of South Tyneside Metropolitan Council and a borough-wide planned maintenance programme which included electrical rewiring, replacement of metal window frames and doors and roof repointing.

By the end of it 5,000 central heating systems had been replaced and 15,000 council homes were fitted with loft insulation.

Wenlock Road, South Shields
Photo South Tyneside Libraries

The Housing Act 1980 saw the Government introduce the Right to Buy scheme which meant tenants could then become homeowners. However, council housing stock was not replaced which again meant a shortfall in housing.

In the last 20 years there have been changes in legislation which has increasingly recognised the rights of tenants including those in the private rented sector.

80%
of British people rented their homes almost exclusively from private landlords in the 1920's



HOUSING PRESENT

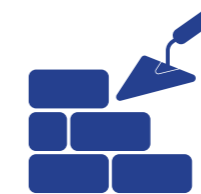


We know that housing has a direct impact on the health, wellbeing and educational attainment of a community. The lack of secure or appropriate accommodation can have a direct impact on a person's physical and mental health and wellbeing. Homes are where our local families can prosper, allow the ability to socialise with friends, and provide space where we can unwind.

However, one in five dwellings doesn't meet decent standards in England and a third of these are in the private rental sector. Yet investing in housing support for vulnerable people helps keep them healthy. Every £1 invested in housing delivers nearly £2 of benefit through costs avoided to public services including care, health and crime costs.

There is also unequal distribution of good quality housing. Our most vulnerable people are mainly affected who can suffer from social isolation and fuel poverty and are more at risk of winter deaths. This is due to the poor conditions they're living in and inability to afford to heat their homes in order to keep them healthy.

Our current Integrated Housing Strategy aims to improve the quality, choice and sustainability of the private rented housing sector. Part of this includes developing an effective policy within the Local Plan that will tackle the concentration of Houses in Multiple Occupations (HMOs) within particular locations in the Borough. The policy will help to ensure effective assessments of any new allocations for HMOs and the aim will be to address the concentration of property type and poor management within certain locations in South Tyneside.



In South Tyneside we are delivering the homes needed to meet the needs of population projections.

450
of additional homes were built across South Tyneside in 2018*, across a range of tenures, adding to the **4,000+** new homes that have been built since 2010*

*(ST Annual report)

0.9
per 1000 are statutory homeless compared to 2.4 per 1,000 in England

26.7%
of children are living in poverty in South Tyneside compared to 17.1% in England

11.2%
of households experience fuel poverty compared to 10.9% in England



Case Study

Happy and Health Homes

A targeted approach to tenancy support visits. South Tyneside faces multiple challenges to the health and wellbeing of its residents, from drinking and smoking during pregnancy to unhealthy weight. The wider workforce, who have daily interactions with some of the most vulnerable people in the borough, can help to change this if they are provided with the skills and knowledge to facilitate 'healthy conversations' with customers or service users and 'Making Every Contact Count'.

The transfer of public health from the NHS to local government changed the focus from treating sickness to actively promoting health and wellbeing. What we mean by whole Council public health is embedding public health across the Council whether that is through everyday interactions by the wider public health workforce, right through to policy and strategy.

Some examples of work already undertaken are: children's centre staff delivering stop smoking services to pregnant women and their families; a public health approach to gambling; alcohol licensing policies (evidence of impact on the most vulnerable and sharing evidence on what works). We know we have many areas of high deprivation with a high number of health inequalities.



Our Neighbourhood Officers have access to some of the most vulnerable people so a new approach to targeted visits along with Making Every Contact Count (MECC) will equip them with the skills to identify opportunities to help tenants to access appropriate services with the backdrop of maintaining their tenancy as well as improved health outcomes.

Our new approach:

ensure that in South Tyneside we offer every opportunity to our customers to maintain long term tenancies.

- Emphasis is put on supporting individuals and households around affordability, health and wellbeing, and ensuring we allocate the right property in the first instance.
- Taking a customer-centered approach we aim to reduce the

number of failed tenancies by taking this collaborative approach to how we manage our properties now and moving forward.

- Working to develop a joined up and consistent approach to tenancy sustainment across the borough, providing a clear vision and objectives for South Tyneside Homes.
- Developing greater collaborative working between teams and across partners.

Running alongside this work was a review of our current stop smoking offer and the ambition to reach a 5% smoking prevalence by 2025. This is an opportunity to further build on the joint working and has resulted in some key actions such as smoking information/guidance/support to be included in tenancy information packs.



Future demand in the UK



11.4m homeowners over 55*

Freeing up housing stock from older households would help to address the housing crisis and reduce overcrowding*

£820bm of wealth tied up*

The number of over-60's in the UK is projected to increase by

7m over the next 20 years*



7.7m spare bedrooms*



equivalent to £20m of housing completions*

Health benefits of more suitable housing

Older people spend 70-90% of time in their homes*

Health and wellbeing impacted by

- Internal air quality
- Space and light
- Storage Space
- Fuel costs



49%

of accidental deaths are caused by a fall at home

costing the UK over 1bn a year*



Delaying entry to residential care by a year could save

£26k a year*

* British Gypsum Saint-Gobain (2020) <https://www.british-gypsum.com/evidence-space/live/sustainability-of-housing-in-elderly-homeowners>

Meeting the needs of older home buyers

Housing for aging population requires:

- Attractive light and spacious surroundings
- Ease of management and maintenance
- Inexpensive to heat
- Safe and secure
- Close to shops and amenities
- Close to social networks

2% of UK housing stock is retirement property*

Recommendations

- Health and Wellbeing to be a priority for South Tyneside Homes and other housing providers
- Tackle issues of fuel poverty and excess winter deaths
- Tackle issues of social isolation
- Support those with mental health needs





Tyne Pedestrian Tunnel

Jack and Emily's grandparents and great grandparents would have travelled by bicycle to access different towns and villages in South Tyneside.

Bikes were often inherited from older family members and handed down to younger siblings and were the most accessible mode of transport for people. Bikes were used to travel to work as well as for leisure.

They would have also been able to use public transport such as the trolley bus which was introduced to South Shields in 1936. Local people would have been familiar with the criss-crossed wires overhead in Ocean Road.

There were only a handful of families who owned cars in the 1950s and this was reflected when the first tunnels were constructed under the River Tyne.

The twin tunnels which were built from Jarrow to Howdon between 1947 and 1953 did not cater for cars and were created for pedestrians and cyclists to access both sides of the river.

However, modes of transport started to change with privately-owned cars becoming more popular in the 1960s and the opening of the dual carriageway, John Reid Road meant it was easier for people to travel further. In 1967 cars were also able to travel under the River Tyne which opened up more access to work opportunities for local people.



With the abundance of cars people's activity levels have naturally decreased and air quality is poorer – especially in more congested parts of the Borough. However, good transport enables people to access education, work, social networks and leisure. The specific focus of the recommendations will promote active travel such as further developing cycle networks to reduce traffic congestion and improve air quality.

We know that people who do regular activity are at lower risk of many chronic diseases, such as heart disease, diabetes, stroke and some cancers. Physical activity can also boost mood, improve sleep quality and boost our energy levels, as well as reducing the risk of stress, depression and dementia.

Actions to encourage physical activity can also help build social cohesion. For instance, walking is one of the most accessible forms of physical activity and is a good way to introduce exercise for those who have previously been inactive. People who live in walkable, mixed-use neighbourhoods have better social connections and are often more resilient compared with those living in areas of heavy car use.

The urban design approach can play a key role in creating the kinds of environments that support people to be more active, particularly in terms of encouraging walking, cycling and play. In 2008 the National Institute for Health and Care Excellence (NICE) produced the first evidence-based recommendations on how to improve the built environment to encourage physical activity.

Four of the seven NICE recommendations made reference to promoting walking, cycling or using public transport. This is sometimes called 'active transport' because it involves physical activity.

The NICE recommendations refer to:

- Ensuring planning applications for new developments prioritise the need for both adults and children (including residents whose mobility is impaired) to be physically active as a routine part of their daily life.
- Planning and providing a comprehensive network of good, well-maintained routes for active transport, so that all residents can enjoy convenient, safe and attractive access to workplaces, homes, schools and other public facilities.
- Ensuring public open spaces and public paths can be reached by active transport.
- Prioritising active transport in the development or maintenance of streets and roads, for example by widening pavements, introducing cycle lanes, restricting motor vehicle access, introducing traffic calming measures and creating safe routes to schools.



Public transport is an important element of active transport. Good connections to public transport enable people to access schools, jobs, health services and shops. Using public transport rather than a car has many health benefits including improving fitness and reducing stress. Walking to and from public transport stops can help inactive populations achieve the recommended amounts of physical activity. It also leads to improved air quality and reduced congestion. Public transport can support disadvantaged groups to access services, make local communities more inclusive and contribute to reducing inequalities.



TRANSPORT PRESENT

The multi-million-pound transport interchange in South Tyneside recently opened.

The £21million facility in South Shields, which incorporates a modern bus station and relocated Metro station, marks a major milestone in the £100m South Shields 365 regeneration masterplan being delivered by the Council. This provides first class public transport facilities and improved connectivity. The project received £9.4m from the Local Growth Deal through the North East Local Enterprise Partnership and was developed in partnership with Nexus.

After being closed for refurbishment, the historic Grade II-listed Tyne Pedestrian Tunnels are now open. People can once again cycle or walk from one side of the River Tyne to the other and experience the unique structure which has been a key link for the people of Tyneside since 1951.

The tunnels are now owned by the North East



Tyne Pedestrian Tunnel

Combined Authority and support objectives of reducing car usage, increasing cycling and walking, and improving the fitness of the population.

There has also been significant investment along with A19 corridor into Jarrow and South Shields. These include improvements at Testo's on the A19, a lane gain at the south of the Tyne Tunnel and investments at the A194 Arches junction adjacent to the Port of Tyne. Investment in the A19 economic artery ensures excellent infrastructure for the Port and for businesses that are located in the North East, their supply chain and employees.

The Council and local and regional partners continue to have ambitious sustainable transport investment plans and South Tyneside is an active partner of the North East Joint Transport Committee that has submitted an integrated programme of capital investments to the Department for Transport, seeking funding from the Transforming Cities Fund.

The Region's programme envisages a £467million investment in public transport, sustainable transport and supporting capital investment. In South Tyneside, this will improve the frequency and reliability of the Metro, introduce new passenger rail services in South East Northumberland, speed up urban buses and make rail services more reliable, extend the cycling network, improve Park & Ride facilities and transform environments in city centres.



South Shields Metro station

In February 2019, the North East region was awarded

£10m

of capital funding to be spent on schemes that encourage more travel by bus, cycling and walking, improving connectivity to city centres and key employment sites.

£4m

invested in roads and footpaths right across South Tyneside, aimed at alleviating congestion at the bottleneck junction of the A185 and A194 in South Shields

£7.5m

Lindisfarne project, delivered last year, which recent data shows has improved journey times, reliability and queue lengths, and a

36%

reduction in road traffic casualties in the area.

Case Study



Electric Vehicle Charging

Decarbonising private transport is an important aspect in the drive to reduce carbon emissions from transport and eventually reduce private car travel. This can be achieved through the installation of public electric vehicle charging posts to support the private uptake of electric vehicles.

The Council secured over £1 million to install 15 large rapid chargers at various points across the Borough and beyond. In the last two years alone the Transport Strategy team has secured approximately £180,000 from Central Government sources which led to the installation of at least 17 charging posts since the start of financial year 2017/2018.



Case Study



Achieving a regional emissions standard for taxis and private hire vehicles

Driven by evidence supporting action to secure cleaner air to improve public health, North East Strategic Licensing Group (NESLG) and North East Public Protection Partnership (NEPPP) are working towards achieving a regional emissions standard for taxis and private hire vehicles.

All participating local authorities are consulting.

The full policy could see:

- **New licences** - introduction of an age restriction policy to be adopted with a four-year vehicle age policy for all newly licensed vehicles.

- **Existing Vehicles** - adopt a maximum eight-year vehicle life with a start date of April 2023. The taxi trade therefore has three years from April 2020 to comply.

- **Wheelchair accessible vehicles** - existing vehicles will have an extra two years added to the age restriction meaning that April 2025 is the compliance date

- **Consultation** to consider whether 'Full electric' and 'zero emission at source' vehicles would be exempt.

Recommendations

- To promote walk to school initiatives where possible
- To promote exclusion zones around schools as part of the air quality strategy
- To continue to increase walking cycling across the Borough as part of the physical activity strategy
- To ensure the borough's Local Plan adopts the health in all policies approach by setting out a broad range of spatial policies that seek to make a demonstrably positive impact on Health and Wellbeing.
- Move towards minimising carbon impact



ENVIRONMENT PAST

South Tyneside has a proud industrial and maritime past and was at the forefront of invention and innovation in mining and manufacturing.

It also has a global reputation in the maritime sector. South Tyneside is also renowned for its friendly, vibrant communities who have welcomed incomers for centuries giving it a rich and diverse heritage.

In the 1920's the bustling area around the market would have still been a hub of activity but was also very noisy, smoky and extremely dirty. Coal steamers were often seen on the river ready to transport coal overseas and it was not unusual to encounter migrants from Ireland, Scotland and other English regions who came to the borough to seek work in the thriving

industries such as coalmining, glassmaking, shipbuilding and the world's largest alkaline works.

Jack and Emily's grandparents and great grandparents would have lived in an environment in which the burning of fossil fuel would have polluted the air creating smog, which would have impacted on the air quality and respiratory conditions for the residents.

Conditions were less sanitary too with the risk of communicable disease such as Typhoid, Tuberculosis or Diphtheria being possible. Living conditions were also likely to be crowded, of poor quality and heated with the use of Coal. Water supplies may also have been of poor quality, and access to food after the war would have been limited. They would have made maximum use of public spaces and parks.

Around 100 years ago the 'Spanish Flu' pandemic spread across the world and South Tyneside didn't escape. Soldiers arriving in Britain following the War, overcrowding and lack of understanding about the virus meant the conditions were perfect for Spanish Flu to devastate communities.

Records from the Annual Report of the Medical Officer for South Shields showed that the pandemic flu took its toll on South Shields' residents during two main periods – June and November of 1918. It is difficult to establish the exact number of people affected as the disease was not notifiable but the mortality rate showed that there were 426 deaths in the borough during the year from influenza or complications as a result of it. At the time there was no vaccination available to protect from certain strands of flu.

The spread of cases of tuberculosis led to Cleadon Park Sanatorium opening in 1921 which provided accommodation for those with the disease. The sanatorium was open until 1967 and later became Cleadon Park Hospital which then closed in 1979.

In 1855 the Health Committee of South Shields Corporation was instructed to obtain a site for recreation within the Borough, but it wasn't until 1869 onwards when land was made available to provide children's recreation space and further work on establishment of the North Marine Park which began in 1884 offering 200 men jobs.



ENVIRONMENT PRESENT

South Tyneside looks very different today, with the demise of heavy industry and coal mining Rail has largely been replaced by improved road networks and the public transport links such as the Tyne and Wear Metro. Regeneration initiatives such as the The Word and improved leisure and culture facilities such as Hebburn Central, Haven Point and more recently Jarrow Focus have been established.

Jarrow Focus opened following a £3m investment in leisure and culture facilities. Jarrow Focus, is modelled on the successful Hebburn Central community hub approach. The new complex puts culture in the heart of the town centre, with dance and theatre space, as well as a cutting-edge gym and new library space. Despite economic challenges to our local town centres, Jarrow town centre continues to thrive.

In Hebburn, the private sector continues to respond positively to improved conditions, with a new supermarket investment, complemented by Council-led public realm improvements in Hebburn town centre. The Council also invested in a new primary school to support increased demand from families locating to the area.

The Council declared a climate change emergency on the 18th July 2019, recognising its responsibility to lead by example, establishing South Tyneside Council as a champion towards a carbon neutral future, producing a comprehensive Climate Change Strategy with clear and unambiguous targets for carbon reductions supported by a 5 year action plan.



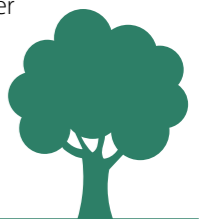
As a local leader we have an important role to play, when addressing the impacts of climate change. We must demonstrate strong local leadership, forging partnerships, while mobilising communities, businesses and society to help address the impacts of climate change.

The Council has recently driven forward a number of green energy schemes, including using wind turbine technology to generate electricity for Middlefield's Industrial Estate, and securing funding to develop a brand-new Energy Network in Jarrow, which will use a cutting-edge river source heat pump to fuel 11 Council buildings and provide electricity.

Around 26 per cent of our street lighting units have now been converted to LED, saving around £300,000 a year and we continue to seek out and deliver new and innovative energy solutions.

Our impressive free events programme continues as a significant draw for visitors, as well as a family-friendly offer for residents. This year's South Tyneside Festival, comprising 40 different events, drew in a combined audience of over 107,000, bringing an estimated £1.4m economic benefit to the local economy.

South Tyneside's permanent cultural offer is strong, with attractions like Jarrow Hall, South Shields Museum, Arbeia Roman Fort, Souter Lighthouse, The Word, and the Customs House which hosts a wide range of shows and activities. The Round at The Word, the National Centre for the Written Word, is the latest addition to South Tyneside's cultural offer. The state-of-the-art new 100-person capacity, rooftop-level events space complements the award-winning digital and library facilities and provides a space for events ranging from children's theatre and writers workshops to murder mystery nights.



ENVIRONMENT PRESENT



The International Advanced Manufacturing Park (IAMP) Area Action Plan, the plan which establishes the spatial policy framework for the unified, comprehensive development of IAMP, received a special commendation award at the 2018 Royal Town Planning Institute's North East Awards for Planning, underscoring the high-quality work that has gone into facilitating this major project.

Work is also continuing to shape the Enterprise Zone site at Holborn Riverside, which has the potential to draw employers to the riverside area and create 1500 jobs, as part of a mixed use office, housing and cultural offer.



£2.4m

investment from the Lottery Heritage fund has been secured to improve the North Marine Park

The North Marine Park restoration project will return the park to its original Victorian splendour as well as introducing new features. Work started in September 2019, expected to last 12 months.



The project will involve:

creating better links with Littlehaven Promenade improving the area around the Lawe Top, which as the park's highest point, acts as an incredible viewing platform for the coastline, harbour and mouth of the river creating a new themed play area, which will reflect the Borough's maritime links and Roman heritage restoring the park's original features such as the grotto and the grand promenade staircase improvements to the park's open areas, lighting, seating and footpaths improvements to the bowling area

South Tyneside has wide range of green spaces and an award-winning coastline. A campaign to gather community action to look after South Tyneside and take pride in its assets was launched using the #LoveSouthTyneside to highlight the work of local residents, schools and groups to improve the area. Particular efforts have been made to improve the upkeep of local parks and the beach. Businesses have also utilised their workforce to volunteer in their local community to give back to the community, through beach cleans, helping local charities and creating community gardens.

Case Study



Green Exercise Groundwork South and North Tyneside

The Green Exercise programme encourages people to improve their physical and mental health. The programme initiative is a multi-agency partnership between Groundwork South and North Tyneside and South Tyneside Council. The programme encourages people to improve their physical and mental health through participation in practical conservation, horticultural activities such as growing vegetables, walking, cooking and outdoor gyms.

Case Study

North Marine Park

The restoration and improvements to North Marine Park will create a safer and more enjoyable experience for existing parks users and attract more visitors. The physical improvements will make the day-to-day environment of the Park more user friendly through improved infrastructure such as the reinstatement of the promenade, terrace and steps, improved lighting throughout and improved horticultural features.

A focal point for families being the children's play area, trim trail, catering offer and 'pay and play' areas being in close proximity increase the quality of visit. Physical improvements to the park will remove or mitigate against barriers to access. The park will become a site for formal training and learning through a close working relationship with South Tyneside Homes.

Case Study

Make Your Mark

In October each year South Tyneside Young People's Parliament (STYPP) hosts the annual 'Make Your Mark' ballot in South Tyneside, and each year uses the results of the poll to guide their next campaign. This year nearly 4,000 young people from across the Borough voted in 'Make Your Mark'. The issue that received the most votes was 'Climate Change'; this was duly adopted as STYPP's campaign for 2020. Work on the new campaign started in late November with a residential weekend in the Lake District designed to build their knowledge of the subject area, pull together creative activities to be used at their forthcoming events, and to start to think of ideas to formulate local solutions to a global problem. STYPP's first 'Climate Change' event was held in February 2020 and the following month all secondary schools across the Borough were invited to attend what should be an impressive start to an exciting campaign.

Promenade Proposal



Grotto Proposal



Recommendations

- To continue to promote community action to take pride in South Tyneside
- To implement the Sustainable South Tyneside Action Plan including to invest in renewable energy and district heating.
- To support communities with opportunities to grow food and develop green spaces



In 1929 the Wall Street crash had triggered a worldwide economic crisis. Banks collapsed, businesses went under, consumer spending plunged, currencies were wiped out and unemployment rose.

The workforce paid the price and towns like Jarrow which had strong industrial roots were rocked with unemployment. A few years' later Jarrow lost its steel works and in 1933 the biggest employer in Jarrow - Palmer's shipyard closed, causing mass unemployment (72.9% had no work in 1935).

Jarrow was one of the most disadvantaged towns in England. Out of a population of 35,000, 6,000 were on the dole and 23,000 were on relief. Only 100 out of 8,000 skilled manual workers were employed. There was no work, MP Wilkinson declared 'No one had a job, except a few railwaymen, officials, the workers in the co-operative stores, and the few clerks and craftsmen who went out of the town to their jobs each day'.¹⁷

In 1936 two hundred unemployed men and their local MP, Ellen Wilkinson, left Jarrow to walk to London. They carried a petition, signed by nearly 12,000 Jarrow citizens, which they hoped to present to Parliament calling for the urgent need for work.



Welfare

During the Second World War a committee, chaired by Sir William Beveridge, was set up to look into ways of improving the lives of the British public. The Beveridge Report, 1942 recommended a government-run benefit system to help people from the 'cradle-to-grave'. The benefits would be available to groups such as the unemployed, the sick, the retired and the widowed. Workers would pay a compulsory weekly contribution to the state to finance the schemes.

However, it was not Beveridge or his party that implemented such reforms, as Labour won the election in 1945 with a promise of tackling poverty. Between 1945 and 1951 Clement Attlee, the Labour Prime Minister, and Aneurin Bevan, the Minister of Health, made significant changes to welfare in Britain.

A series of acts and laws were passed to institute them. These included the National Insurance Act in 1945, creating compulsory contributions

from employees and relief for unemployment, death, sickness, and retirement; the Family Allowances Act providing payments for large families; the Industrial Injuries Act of 1946 providing a boost for people harmed at work; the 1948 National Assistance Act to help all in need; and the Minister for Health Aneurin Bevan's (1897-1960) 1948 National Health Act, which created a universal, free for all social healthcare system the NHS.



During the year 2018-2019 the Council has led a range of strategic projects aimed at shaping and strengthening South Tyneside's economic position and the economic prospects of residents.

It has continued to invest in the infrastructure and raise the profile of the International Advanced Manufacturing Park (IAMP). The IAMP will bring new industrial facilities capable of attracting and meeting the needs of high value sector employers, and is expected to attract over £400m of private sector investment to the area, creating more than 7000 jobs.

Situated at the centre of the north east of England's manufacturing hub, the 370 acres of IAMP offer superb access to global markets, a skilled workforce and a place where like-minded people can transform technologies, drive economies and accelerate business growth.


With excellent transport links being put in place, the Council is leading further investment with an emerging masterplan for Holborn Riverside in South Shields, which has the potential to create a further 1,500 jobs, having secured Enterprise Zone status.

Healthy workers are paramount to economic growth, ensuring productivity and the ability to be well enough to go to work. Time lost due to staff sickness can have an impact on the business but also the costs to society if the period of sickness is long term, and requires health care interventions.

To address issues of a healthy workforce the Council, and a range of other employers within South Tyneside have worked towards the Better Health at Work Award, which recognises that a healthy workforce is important for individual staff wellbeing, as well as contributing to value for money public services. Initially health at work was often associated with accidents and health and safety; however, with the changing needs of the residents it's equally as important to support the mental health of employees as well as their physical health. Greater emphasis has been placed on mental health as this is the leading cause for employees to be off sick.



Almost **1 in 6** people of working age have a **diagnosable mental health condition**.^{*}



In 2015, some **48%** of Employment and Support Allowance recipients had a **'Mental or Behavioural disorder'** as their primary condition.^{*}

Each year mental ill-health costs the economy an estimated **£70bn** through lost productivity, social benefits and health care.^{*}



* Adult Psychiatric Morbidity in England, 2007; Health and wellbeing at work: a survey of employees, 2014; Cimpean & Drake 2011; Naylor et al 2012; OECD, 2014; Labour Force Survey, various years



Case Study



Mental Health First Aid

A high percentage of our workforce in the Council and South Tyneside Homes are residents of the Borough. In order to support employees in Mental Health we have trained a number of staff in Mental Health First Aid. We run quarterly meetings for the Mental Health First Aiders to offer practical support and share information. We are also developing a programme of training for them with the first session being "A Life Worth Living (Suicide Prevention)". Currently posters are being created that will identify the First Aiders that staff can approach – these will be posted in all bathrooms and notice boards. In addition, we are developing a page for the intranet with information for staff on mental health to raise awareness and offer signposting to services.

Mental health conditions are a leading cause of sickness absence in the UK



were lost to **stress, depression and anxiety** in 2014 an increase of 24% since 2009. *



19% long-term sickness absence in England is attributed to mental ill health. *



Of people with physical long term conditions **1 in 3** also have mental illness most often depression or anxiety. *

Work can be a cause of stress and common mental health problems:



9.9m days were lost to **work-related stress, depression or anxiety** in 2015. *

42.7% employment rate for those who report mental illness as their main health problem. Compared to 74% of all population in 2016. *

* Adult Psychiatric Morbidity in England, 2007; Health and wellbeing at work: a survey of employees, 2014; Cimpean & Drake 2011; Naylor et al 2012; OECD, 2014; Labour Force Survey, various years



Case Study



Case Study



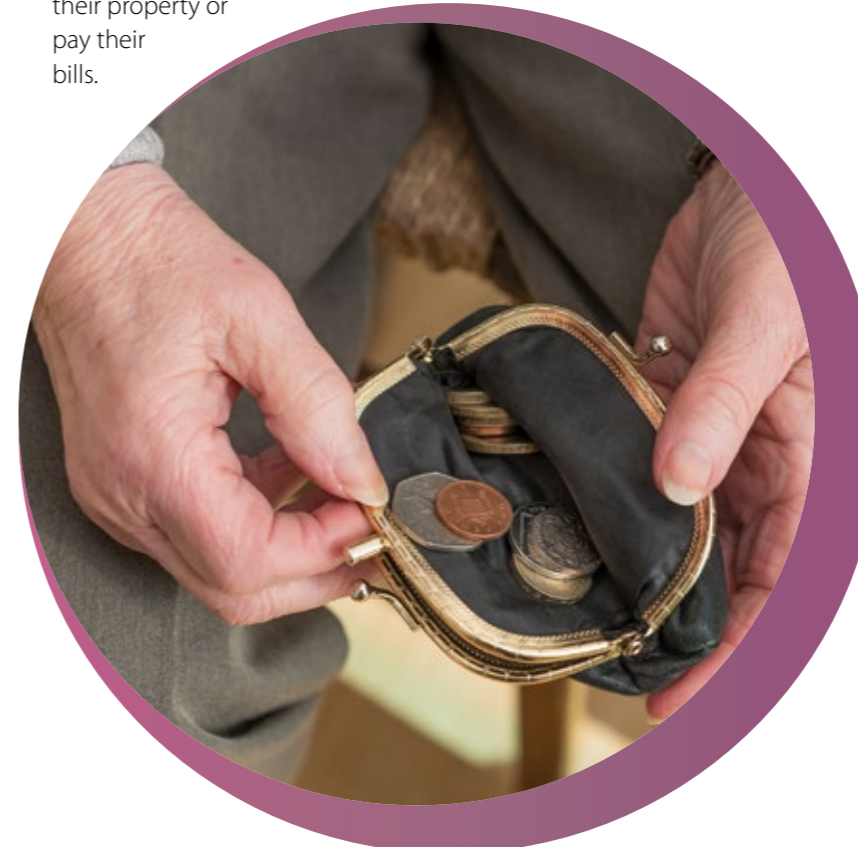
Welfare

Changes to the welfare system first introduced in 1947 have occurred over time, but most recently there has been the roll out of Universal Credit. Universal credit has replaced many individual benefits such as Housing support, tax credits and income support with one overall benefit.

People are likely to be eligible for Universal Credit if they are unemployed or in a low paid job. Such changes to the system have seen families and individuals receiving less or no benefit under the new scheme, or often waiting up to six weeks to receive the money. This has led to an increased number of families without enough money to feed their families, heat their property or pay their bills.

We have seen an increased use of the food banks in South Tyneside to access parcels to support them until the credit is made available.

Fuel poverty, increased use of food banks and other societal pressures such as gambling, debt and rent arrears can have a huge impact on health and wellbeing. Frontline staff have received training and tools to identify individual and Families who may be at risk of fuel poverty, rent arrears and more recently gambling addiction.



Gambling

The aim of the project was to undertake a rapid concurrent health needs assessment into the impact of the Gambling Statement of Policy in South Tyneside. Data was collected from a range of partners including social care, housing, licensing, planning, addiction services, education, 0-19 service, early help, and mental health services, welfare, the Job Centre and various third sector partners. Staff undertook a series of questionnaires, focus groups and interviews around the subject of gambling and the impact of residents in the Borough.

Recommendations

- Take action to address the impact of welfare reform on the most vulnerable
- Take action to support the number of people with long-term conditions or serious mental illness back into work
- To develop a strategic work and health plan for South Tyneside
- To continue to promote the Better Health at Work Award (BHAWA) - South Tyneside Council should lead by example and achieve the gold award.



What is a Health Impact Assessment?

A Health Impact Assessment (HIA) is a practical tool to support the evaluation of the health impact of policies, strategies and initiatives in sectors that indirectly affect health, such as transportation, employment and the environment.

The aim of a HIA is for decision-makers to understand the potential health affects of proposed actions, to reinforce and emphasis those which will have positive impact and identify possible ways to mitigate the negative impacts. A HIA can also help tackle health inequalities as it looks the potential impacts on the policy, strategy or initiative on different socio- economic and demographic groups.

What does a HIA entail?

Health Impact Assessment is a prospective tool, which can be used to adapt proposals prior to their implementation. A good HIA will involve strong collaboration, both across various sectors and teams and with a range of stakeholders.

The first stage of a HIA is to conduct a preliminary screening of the proposed action and the immediately apparent health implications. Next is a scoping exercise, which brings together relevant stakeholders and defines the exact nature of the assessment. Based on the agreed scope, an assessment is conducted, often with use of multiple data collection methods.

The results from assessment feed into an overall impact analysis, which can outline the different scenarios of the initiative and presents different options to maximise the positive effects on health. After launch, implementation is monitored with respect to defined indicators, which allows for precise evaluation of the impacts and outcomes.¹⁸

How long does a HIA take to do?

A HIA can take one of three different forms, depending on the focus and the time and resources available:

A Desktop HIA exercise can take hours or a day and can encompass a small number of participants around a table using existing knowledge and evidence to assess a proposal, policy or plan.

A Rapid HIA can take days or weeks and usually includes the establishment of a small steering group and often uses the approach of a participatory stakeholder workshop – it typically involves a brief investigation of health impacts, including a short literature review of quantitative and qualitative evidence and the gathering of knowledge and further evidence from a number of local stakeholders.

Comprehensive HIAs are more in-depth and can take months to complete. They may be time intensive, financially costly, require extensive literature searches and the collection of primary data. This type of HIA is more suited to more complex proposals (WHIASU).

If you are interested in conducting a HIA this simple tool from the Department of Health and Social Care can help get you started. The Public Health team can also provide you with advice and guidance.

Framework for HIA¹⁹

Screening Question	No	Yes
	If there will be no health impact, provide a brief explanation for your response	If there will be health impact(s) provide a brief explanation.
<p>Will the proposal have a direct impact on health, mental health and wellbeing?</p> <p>For example would it cause ill health, affecting social inclusion, independence and participation?</p> <p>You should consider whether any socioeconomic or equalities groups will be particularly affected such as race, gender, health, disability, sexual orientation, age, religion or belief.</p>		
<p>Will the policy have an impact on social, economic and environmental living conditions that would indirectly affect health?</p> <p>For example would it affect housing, transport, child development, education, good employment opportunities, green space or climate change?</p> <p>You should consider whether any socioeconomic or equalities groups will be particularly affected.</p>		
<p>Will the proposal affect an individual's ability to improve their own health and wellbeing?</p> <p>For example will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>You should consider whether any socioeconomic or equalities groups will be particularly affected.</p>		
<p>Will there be a change in demand for or access to health and social care services?</p> <p>For example: primary care, hospital care, community services, mental health and social services?</p> <p>You should consider whether any socioeconomic or equalities groups will be particularly affected.</p>		
<p>Will the proposal have an impact on global health?</p> <p>To be added</p>		If yes, go to global health impact assessment tool
*Equalities groups such as race, gender, health, disability, sexual orientation, age, religion or belief.		

Embedding 'health and wellbeing' in planning for the future

The Holborn regeneration project seeks to bring around 10 hectares of derelict and contaminated former industrial dockland in South Shields back into use, creating more than 400 new homes, 200,000 sqft of new office space and a new riverside promenade.

This is an ideal opportunity for us to embed health and wellbeing into a significant local development. The Holborn regeneration project will be a live case study to consider and improve health, wellbeing and prosperity, as part of everything we do.

The Design Guidance prepared by Design NE encourages well designed family housing that minimises the environmental and carbon footprint, as well as promoting public transport

use, electric vehicles and cycling. River views are to be maximised, together with natural light. It seeks strong pedestrian connectivity to the town centre, Harton Quays Park and Mill Dam.

The civil engineering element addresses the legacy of heavy industrial use by identifying existing contamination and designing a geotechnical solution that minimises the public health risks before development can commence. The site will be fully regraded, with a new quay edge wall to remove significant accessibility constraints. The completed site will be taken out of the flood zone so the riverside area can be enjoyed by residents and visitors alike.

The Council is currently out to tender and expects the residential developer to commence the first phase

of development in the final quarter of 2020. The civil engineering works will commence at the same time and be coordinated to ensure the new housing can be delivered as quickly as possible.

The new offices will be to a 'Grade-A' specification and will promote a healthy environment through provision of secure cycle storage and designs that prevent 'sick building syndrome' through appropriate lighting, heat control and air circulation. The Council will seek the highest level of environmental accreditation and minimise the carbon footprint wherever possible. The new offices will accommodate in excess of 1,350 new FTE jobs, predominantly in skilled and semi-skilled higher income sectors.

Completion of the full mixed-use scheme is forecast for 2029.



Previous DPH Report Recommendation - Looking Back

Giving recommendations is the easy part. Delivering recommendations is the important element. We have looked back on our 2018 recommendations and reviewed our progress.

<p>Take a whole-family approach to supporting pregnancy and birth, reducing the risks to the mother (stress, finances, poor housing, abuse etc.), tackling smoking in pregnancy, ensuring an alcohol-free pregnancy, and improving breast feeding initiation and maintenance.</p>	<p>Smoking in pregnancy pathway for South Tyneside has been evaluated with a number of recommendations to continue to improve the offer were identified. A task and Finish group was established to implement the recommendations, align the local pathway with the regional local maternity systems pathway and to develop promotional resources to raise awareness of the Smoking incentive scheme with all pregnant women in South Tyneside.</p> <p>There will be a formal launch of the scheme in 2020. The rate of Smoking in pregnancy has reduced significantly since the introduction of the scheme but further reductions are need to achieve our ambition of 11% by 2020.</p> <p>As part of the local alcohol strategy alcohol free pregnancy is a key priority. Training and resources have been shared with Midwives and Health visitors to ensure frontline staff are aware of the latest guidance and promoting no alcohol during pregnancy.</p> <p>he development of a regional alcohol-free pregnancy pathway has commenced to ensure a consistent approach to support pregnant women, with advice and support.</p> <p>The development of a regional alcohol-free pregnancy pathway has commenced to ensure a consistent approach to support pregnant women, with advice and support.</p> <p>The development of a regional alcohol-free pregnancy pathway has commenced to ensure a consistent approach to support pregnant women, with advice and support.</p> <p>A pathway is in place between maternity with the Specialist Midwife and the adult recovery service to provide joint care planning.</p> <p>Access to ABI (Alcohol Brief Intervention) training has also been promoted to all key staff within the Children's workforce.</p> <p>The LMS ambition to reduce alcohol in pregnancy to less than 5 % of women by 2025, with the interim ambition of 10% by 2020. This will be monitored as part of the launch of the regional pregnancy pathway for alcohol in the Spring.</p>
<p>Our system and approach should focus on the critical first 1,001 days of a child's life to prevent adverse childhood experiences and adverse social circumstances, through supporting good parenting, emotional resilience, and emotional literacy, while ensuring that families get access to the holistic support they need. This support should flex to their needs and aspirations and include housing, income, skills, confidence, health and wellbeing advice etc.</p>	<p>An audit has been carried out to identify local understanding of adverse childhood experiences (ACES)-or childhood trauma, and their effect on children and their families. The audit identified the current position in relation to leadership, planning, delivery, data and evaluation. It identified that most professionals working with families in ST were aware of ACEs, but unsure how to use this information in the development of their services. A high-level commitment has been made to adopting the approach and governance for this has been written into the BSIL alliance and relevant partnerships.</p> <p>Regionally a set of principle are being developed on what a trauma-based approach should look like for Local Authorities and their partners. Once produced, these will be taken to Children and Young People's networks and sign up encouraged</p>

<p>We should work towards an alcohol-free childhood in South Tyneside, ensuring that young people and parents/ carers have the right knowledge, skills and confidence. We will also promote alcohol-free environments for our children and young people to tackle the myths that are currently dominant in the perceptions of children and alcohol.</p>	<p>Continued work has been carried out to promote the alcohol-free childhood campaign. Frontline staff had been given resources and training to promote key messages.</p> <p>South Tyneside presented at the regional conference for Alcohol free childhood on the work we have achieved to promote the campaign including training for Governors.</p>
<p>Promote resilience and life skills in our young people so they face the world with confidence and achieve their full potential and aspire to a bright and prosperous future.</p>	<p>South Tyneside has a network of Mental health champions, Health Ambassadors and the Healthy Mind's Team to promote and raise awareness of positive mental across schools, college and other young people's setting. This work is part of the holistic mental health and wellbeing offer to children, young people and their families in South Tyneside, ensuring they receive information, advice and early interventions to build resilience and coping strategies to decrease the need for further specialist interventions.</p> <p>This resource has significantly increased capacity across the children's workforce to understand emotional wellbeing, look for signs and symptoms of low-level mental health problems, and to offer evidence based interventions.</p>
<p>Creating Best Start Locality Partnerships which would bring all the key services together for a community, under a single approach.</p>	<p>Best Start Hubs are seen as the umbrella to delivering the best start in life priorities for South Tyneside. We have identified 2 of the 4 hubs sites to date; Riverside Children's centre and Early Excellence Children's Centre. Staff has been restructured into localities to be linked to the 4 hubs footprint. Weekly Huddles for the two hubs have been operational to allow staff to come together to discuss how they will work differently, focussing on integration, sharing resources and knowledge and identifying key areas for innovation.</p> <p>Work has also commenced on the branding and digital offer for the hubs to promote to families and stakeholders what the hubs are offering. A series of engagement events with families and stakeholder will be carried out to co-design to the brand and the offer to ensure the Families feel they have shaped the offer in accordance to what they would like to see from the hubs.</p> <p>Capital investment has also been secured to redevelop the hubs to improve access, space and facilities to support families, young people and the staff to work together.</p> <p>A governance structure for the hubs has been established with reporting arrangements into the Best Start Alliance with a strategic plan born out the DPH report the Future is not yet written. The work of the hubs and the Best Start Alliance will continue to drive these priorities forward.</p>

Acknowledgements

Thanks to all those who have directly and indirectly contributed to this report. Your input and efforts have all shaped the messages. The case studies presented in this report are testament to the positive work that is going on across the Borough.

Thanks go to:

- All the residents in South Tyneside for your drive, commitment and shared sense of purpose in helping to make the Borough even better. It is you who are affected through being born, growing up, living, working and ageing in South Tyneside. By working in partnership you are all supporting each other and shaping South Tyneside which will have a positive impact on your health and wellbeing.
- The people we work with on a daily basis that supports the system. These are the inspirational leaders, directors, clinicians and practitioners who are determined to make things better and fairer for people. You all work tirelessly to improve conditions for future generations by tackling a range of issues such as climate change, enabling an active and connected community, and meeting local housing needs which will help our residents to feel safe, happy and healthy in a place they call home.
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- George and I are particularly excited for the future and hope that by working closely together we can continue to shine a light on South Tyneside and support it to prosper so our residents can be as proud of the achievement as we are.
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- Finally, thanks to Councillor Iain Malcolm for taking the time to introduce this report and share the many achievements of 2018-2019. It has clearly been a very busy time and the regeneration of the Borough is testament to this work.

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