

The **future**
is not yet *written*



The best start in life

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.

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EMILY



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Recommendations

There is perhaps no purer definition of prevention than giving every child the best start in life. Having the best start in life stays with you for your whole life. It shapes how your brain, body and emotions develop, it affects how you learn and improve, and it gives you mental and physical resilience to succeed and achieve your aspirations. Achieving our aspiration to give every child the best start in life means that we will have given every child in South Tyneside a fair chance at living a long, healthy, and fulfilling life.

In this report you will read about Jack and Emily who could experience two very different futures simply because they grow up in two different parts of the borough. I want us to focus on the gap between Jack and Emily and aim to give Jack the same experience (and therefore the same chance) as Emily to allow them both to live long, healthy and fulfilling lives. In order to achieve this goal in South Tyneside, I make the following recommendations:

- Take a whole family and systems approach to supporting preconception, pregnancy and birth, reducing the risks to the mother and father (including stress, finances, poor housing and abuse). This whole-family approach should be consistent across all of our work as a Borough, and the starting point should always be "what matters to you?". This puts the individual and the family at the heart of everything we try to do. Supporting the family also means looking beyond the immediate mother and father unit, and can include wider family who have a significant role in shaping the environment and culture that a baby is born into.

- Specifically within the preconception, birth and post-pregnancy period we should tackle smoking in pregnancy, supporting an alcohol free pregnancy, and improving breast feeding initiation and maintenance.
- Our system and approach should focus on the critical first 1,001 days of a child's life (which starts from conception) 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 be flexible to their needs and aspirations and include housing, income, skills, confidence, health and wellbeing advice.
- We should work towards an alcohol free childhood in South Tyneside, ensuring that young people, parents and carers have the right knowledge, skills and confidence to achieve this. 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.
- Promote resilience and life skills in our young people so they face the world with confidence to achieve their full potential and aspire to a bright and prosperous future. This begins to take us full circle to ensure that we support people as they move into their reproductive period, ensuring we promote healthy behaviours that support good health and wellbeing.



To achieve the above, I recommend that key services that support children and families are brought together to work collaboratively to support this ambition. This means going beyond what we may traditionally view as "health services" (such as maternity services and Health Visitors) and recognising the significant role that good housing, employment, and communities play in giving every child the best start in life.

Specifically, this would mean creating Best Start Locality Partnerships which would bring all the key services together for a community under a single approach. To support this we will create Best Start Champions who will be key advocates for the approach within our existing service areas. They will be provided with training and support to ensure that the principles of the Best Start Locality Partnerships are being embedded in practice as the model develops and rolls out.

Professionals working with children and young people often underestimate their contribution to improving their health and wellbeing. Good health is not just about physical health, it is also a child or young person's feeling of well-being, and their ability to participate in society and the community around them. The intrinsic links between social and environmental factors on health outcomes is well documented.

Mel Souter, Young Persons Substance Misuse Service Manager, South Tyneside



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Introduction

Deaths in South Shields children under the age of five reached 157 in 1901 because of "infantile diarrhoea". In 1911, the South Shields Medical Officer for Health attributed 484 infant deaths to "a lack of knowledge among mothers in essentials in infant feeding and management". In 1930 South Shields became a partner on the Prudhoe Hall Colony for "mentally defective children" meaning that there was a place that children could be sent when they fell outside of society's definition of "normal".¹

We know what happened in the past. We capture data and stories on what happened and we use them to predict the future and change what we are doing to influence that future. Thankfully the historical reports on child health in South Tyneside are very much in the past.

- Deaths of the scale cited above no longer occur. During 2014-16, there were 14 infant deaths in South Tyneside giving an infant mortality rate of 2.8 per 1,000 which is better than both the national and regional average.*
- We also have significantly developed our understanding of emotional health, wellbeing and mental health to the point where the need for inpatient mental health services is very low and the majority of our work with children, families and schools is preventative, not curative. We have also challenged the stigma and misconceptions around mental health so that we view positive mental health as something we should all desire and we can talk about our mental health when we do not feel ok.

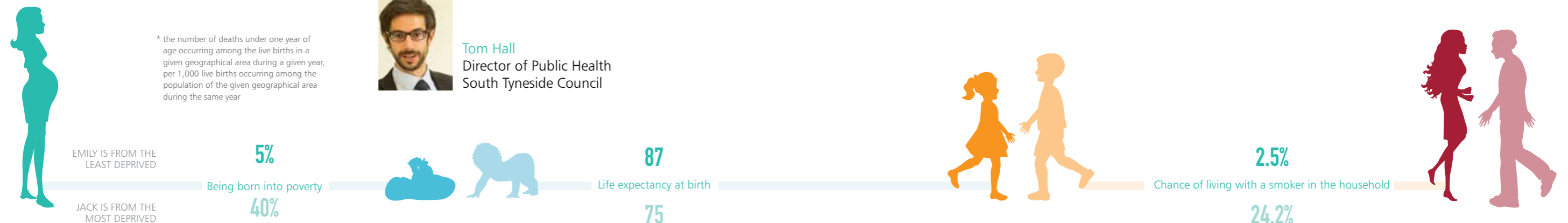
These changes and improvements did not happen overnight. To achieve the largely positive health and wellbeing outcomes for children we see today it has taken decades of hard work, social action, and cultural change. However, although on average the health and wellbeing outcomes of children in South Tyneside has improved significantly, we still see unfair and unnecessary differences between our borough and other parts of the country, and even differences between communities within South Tyneside.

The best possible start in life was an ambition coined in the South Tyneside Director of Public Health Annual Report 2004/5 and it is a mantra that we continue to recognise today. The premise is clear. If we don't give a child the best possible start in life then this can lead to problems in childhood that may continue all the way through their life leading to poorer health, lower life expectancy, and perhaps even impacting on future generations. From a positive perspective, if we give every child the best start in life then they are more likely to be happy, learn and develop, and ultimately develop the resilience to live long, healthy and fulfilling lives.

This annual report takes a look at the factors affecting the health and wellbeing of children and families in South Tyneside. We look across the lifecourse of a child from preconception through to becoming an adult. We also explore the role of individual factors (such as healthy behaviours) and the influence of the place in which we live. We highlight some of the key health statistics for two hypothetical South Tyneside children born and raised in the borough. Jack is a child born in the ward of Simonside and Rekenyke and Emily is born 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. Jack would be expected to live 53 years of life in "good health", whereas Emily would be expected to live 71 years. This means that Emily is potentially living a whole 18 years extra healthy life.



Tom Hall
Director of Public Health
South Tyneside Council

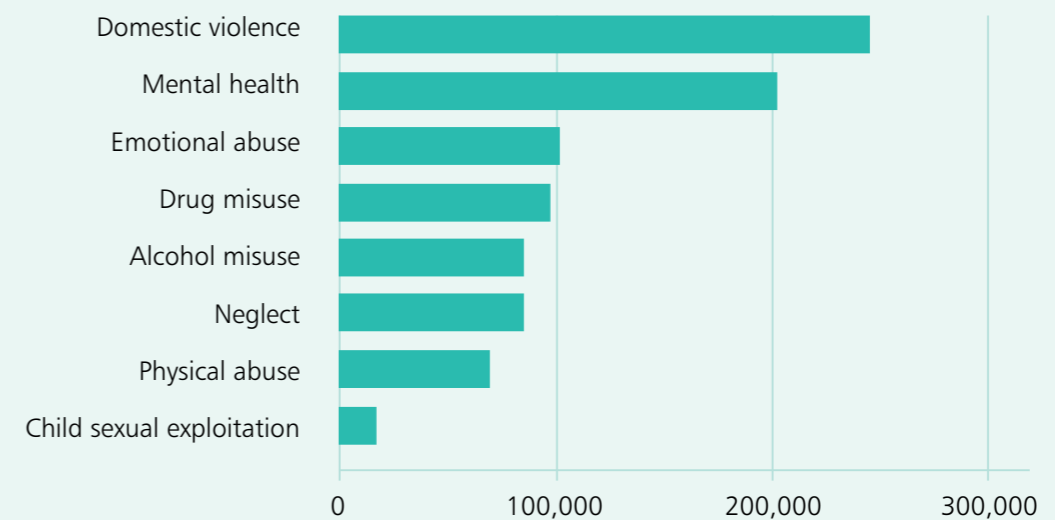


Why do children end up in need?

The Association of Directors of Children's Services² published a report detailing the increased pressure on children's social care services over the previous 10 years. Where a social worker has carried out an assessment, domestic violence and mental health stand out as the most common issues.

Why do children end up in need?

Common factors identified in assessments, 2017-18, England



Source: Department for Education

Clearly these factors relate to the whole family circumstance, not simply to the child or children. Our prevention and early intervention focus should be around these key areas, and the causes of these factors (e.g. stress, anxiety, employment, income etc.). The same report illustrated that the UK's most deprived areas have higher levels of children in care.



Lone parents with children will be £1,940 a year worse off on average as a result of cuts in the legacy benefit system, and £2,380 worse off as a result of universal credit cuts, compared to what universal credit first promised

Child Poverty Action Group, 2017³

We know that the current challenging circumstances are having the biggest impact on children and families in the borough; particularly the most vulnerable. Since the financial crisis in 2008, the start of government austerity and welfare reforms in 2010, and the uncertainty caused by Brexit, analysis has shown that the most vulnerable are hit the hardest.⁴⁵⁶

Whilst this is difficult to accept at a local level, these are factors that are often out of local control. We must make the most out of a challenging context and recognise where collectively we can mitigate negative impacts and in many cases improve outcomes. Adversity often breeds innovation and we have seen this in South Tyneside through better collective working around key priorities like safeguarding, mental health, and special educational needs, while children's centres have been maintained.

Thankfully, our future is not certain. We can change it and influence it. We know what might happen to Jack and Emily if they experience the same circumstances of the past. However, we also know that we can shape what we do to help Jack in particular to experience some of the same life chances and environments that Emily might get. We can aim to level-the-playing field and we can believe in their tomorrow. A better tomorrow for both Jack and Emily will be a better tomorrow for us all.

I have focussed the recommendations around issues that I believe we could and should be addressing in South Tyneside today to reduce the gap between Jack and Emily using the excellent resources and assets we have chosen to protect as a borough. These are the priority issues that can have a lasting and big impact on children who are our future. These recommendations are not targeted at any one individual or organisation, because our system is not as simple as that and many organisations, communities and environments shape the chances of both Jack and Emily. To make significant health and wellbeing improvements we require collective and concerted action. I believe we have an opportunity to take that collective action in South Tyneside and bring our efforts to improve the health and wellbeing of children together. Let's believe in tomorrow, as the future is not yet written.



In my view, a lack of inter-generational communication is one of the greatest barriers professionals have to overcome when attempting to make positive changes; trying to make assumptions about what young people want and need more often than not leads to services and schemes poorly suited to their intended users. As a consequence young people may feel judged, misunderstood or simply ill at ease with the health services available to them and are therefore less likely to reap the greatest benefits from the work of professionals. More needs to be done to ensure the voices of all young people are heard by those working to help them so that their efforts can be tailored to fit a generation who too often find themselves being spoken for on the assumption that they lack the maturity to make valuable contributions, when in fact it is their contributions that will prove the most valuable in attempting to improve their wellbeing.

Alex Vardill, Young person from South Tyneside





Preconception to birth

The health and wellbeing of a child is influenced before they're even born. The health of the mum and dad has a significant bearing on a child's future life chances, meaning we need to support would-be parents to be as healthy and prepared as possible. The gestation period of a baby is crucial. Evidence points towards better short, medium and long-term outcomes for children born to mums who do not smoke and/ or use alcohol for example.⁷⁸

Within South Tyneside there are 1600 births each year that provides us with an opportunity to ensure all of those babies have the best start possible. To provide parents with the knowledge, skills and support from conception until the child is 2 years old is the ideal way to make a difference. This is known as the critical first 1,001 days. Each child born today should have the opportunity to lead a healthy and fulfilling life.

However we know that every baby born in South Tyneside does not have the same opportunities as their peers. Specifically this can be caused by a number of parental behaviours such as smoking and drinking alcohol during pregnancy, not eating a balanced diet and taking little exercise. This in turn is shaped by issues such as poverty, education, and employment.

In 2015 the Department of Health announced a new ambition to reduce the rate of stillbirths, neonatal and maternal deaths in England by 50% by 2030.⁹ As part of this ambition maternity services were asked to come up with initiatives that can be used to achieve the reduction. Alongside this, the Saving Babies Lives Care Bundles were developed to tackle the ambition in a focussed way. There were 4 elements to this: Smoking in pregnancy, foetal growth restriction, reduced foetal movements and foetal monitoring during labour.

Pregnancy can be an exciting and scary time for a family, but can provide the best chances for a child to grow, increasing their life chances and ensuring an equal start despite their social context and home environment. A mother's approach to her pregnancy is an indicator for the future health and wellbeing of her child. A mother's behaviour will also be influenced by their partner, family, friends and local community.

Pregnancy has a major influence on the physical, social and emotional development of the child. This is an ideal opportunity for midwives to influence the life style choices of a family and maximise the positive outcomes for mother, father and baby.

Therefore it is important that every mother has access to high quality maternity services in both the community and in hospital that can meet their individual needs, as all pregnancies and deliveries are different. As part of the work to improve maternity care Public Health England are leading on the work stream "Improving Prevention and population health" which aims to ensure every woman is fit for and during pregnancy.

- Give every child the best start in life
- Reduce health inequalities
- Improve choice and personalisation
- Achieve safer outcomes for all mothers and babies

Locally within South Tyneside we are promoting 'a healthy pregnancy for all', supporting parents to make healthy choices and to ensure the best start for their child. The priorities for families are to raise children within a smoke and alcohol free home, increasing opportunities to support mothers to breastfeed, to support families to eat a balanced diet and to keep active.

MYTH: "One won't hurt!" - Alcohol Free Pregnancy



Steps to improve health and wellbeing and tackle inequalities must start before birth and continue throughout childhood into adult life, to break the links associated with alcohol misuse and the impact it has

on early disadvantage and poor outcomes.

Recent guidance for pregnant women has been published by the Chief Medical Officer stating there are no safe drinking limits while pregnant and therefore recommending an alcohol free pregnancy. Drinking while pregnant is harmful to the growth and development of the baby. Despite this, an estimated 41% of UK women drink in pregnancy and there is an estimated prevalence for Foetal Alcohol Syndrome Disorder (FASD) of up to 3.2% in the UK.¹⁰ We need to be encouraging more women to join the 59% who do not drink alcohol whilst pregnant.

As there are no safe drinking limits for pregnancy the risk free approach is to avoid alcohol when you are trying for a baby, while you are pregnant and if you are breastfeeding. The birth of a baby is often a joyous occasion and cause for celebration. Sometimes fathers are seen celebrating the arrival of their child with friends known as "wetting the baby's head" however to support an alcohol free childhood, a new tradition may need to emerge. It is well recognised that alcohol can negatively impact on the family including partners, siblings or children. There are a wide range of alcohol-related harms that are experienced by family members including violence and absenteeism from school.

The Local Maternity Systems are committed to reduce alcohol in pregnancy to less than 5% of women by 2025, with an interim ambition of 10% by 2020.



We have developed a strategy to tackle alcohol harm in South Tyneside called "Getting the Measure Right". Specific local actions include Identification and Brief Advice training for midwives, promoting an alcohol free pregnancy and the importance of breastfeeding as well as raising awareness of Foetal Alcohol Spectrum Disorders (FASD).

MYTH: "Never did me any harm" - Smoking in Pregnancy



Smoking in pregnancy is known to cause significant, yet completely avoidable poor health in children, mothers and families across South Tyneside. Smoking during pregnancy can cause serious pregnancy-related health problems. These include: complications during labour and an increased risk of miscarriage, premature birth, still birth, low birth-weight and sudden unexpected death in infancy.¹¹ Children of mothers who smoke during and after giving birth, are more likely to experience life threatening wheezy illnesses in childhood and psychological problems throughout childhood such as attention deficit disorders and hyperactivity.

The number of babies born to mothers who smoke was around 1 in 4 of the total number of babies born in 2015. This equates to about 400 babies each year. South Tyneside was one of the worst areas in the Country for smoking at the time of delivery.

To reduce the number of babies born to smoking mothers, focussed work was carried out with midwives, children's centre stop smoking advisors, public health and families across South Tyneside. The purpose was to identify why mothers continued to smoke while pregnant to provide some insight that we used to inform our response. A review of the current pathway to support pregnant women to stop smoking was also undertaken to ensure at each opportunity a pregnant mother was seen by a midwife they were supported to begin their stop smoking journey.

As South Tyneside had aspirations to reduce the percentage of babies being born to smoking mother from 25% to 11% by 2020, we needed to try something different to engage women in a successful quit. In April 2017 a stop smoking incentive scheme was piloted to incentivise mothers with shopping vouchers to achieve certain milestones in their stop smoking journey, alongside the behaviour change intervention provided by the stop smoking advisor. To receive the voucher a mother would need to set a quit date and to sustain this quit throughout their pregnancy with the final milestone being 35 weeks.

Smoking at the time of delivery in South Tyneside has fallen from 25.9% in 2014/15 to 19.9% in 2017/18

Initial findings from the evaluation have shown a significant improvement on the number of mothers successfully quitting compared to women who tried to quit without the voucher. The scheme needs to run for another year to measure the full impact, but if the level of engagement from the mothers continues, South Tyneside will have increased the number of babies born from a smoke free pregnancy.



Guess the weight!

When a mother is expecting one of the first questions she may be asked when the baby arrives is "How much did the baby weigh". We are often interested in guessing the exact weight but not about whether this is a healthy weight or not.

Not all babies are born as a healthy weight, for those babies smaller than others they are described as a low birth weight baby. Babies who weigh less than 5lb 8oz (2,500g) are identified as low birth weight; the average weight for a healthy baby is around 8lb (~3,630g). Low birth rate babies are 5 times more likely to die as an infant compared to those babies born with a healthy weight.¹²

There are a number of factors that can cause low birth weight (restricting a baby's growth within the womb) including the mother's health and certain medical conditions, high blood pressure, the mother's own weight and smoking status. Maximising the chances of a baby being born as a healthy weight include a number of things a mother, with the support of her family, can do to have a healthy pregnancy and ensure the baby's best start possible. A smoke free and alcohol free pregnancy will increase the chances of having a healthy baby, improving not only the baby's health but the mothers too. Improving diet, increasing exercise and reducing stress levels will also contribute to having a healthy baby.

A midwife will monitor the growth of a baby through antenatal appointments, dating and growth scans at 12 and 20 weeks. If there is concern about a baby's growth a mother may receive additional scans to monitor the development of the baby more closely.

Social determinants of health

Increased levels of child poverty directly worsen children's social, emotional, and cognitive outcomes, and the risk of infant mortality. Asthma, obesity, smoking, teenage pregnancy, and mental health disorders such as self-harm are also more prevalent in children from less affluent families. The elimination of UK child poverty would save the lives of 1400 children aged younger than 15 years every year.

All Party Parliamentary Group on Health in All Policies iii

We know that social factors, such as income, housing and community, have a significant impact on the health and wellbeing of individuals and families. Local research¹³ has illustrated some very real impacts on families as a result of the introduction of Universal Credit, which has included some families going without food and utilities, while facing significant stress around housing and bills. For a family expecting a child this can be even more harmful to the unborn child.

In South Tyneside, we need to ensure that where additional support is available for families (through local benefits advice and the Department for Work and Pensions) that this is connected to the families who need it the most.



74.1%

Breast Feeding - Initiated

44.6%

5.8%

Obese at reception (aged 4-5yrs)

12%



EMILY IS FROM THE LEAST DEPRIVED

JACK IS FROM THE MOST DEPRIVED



Protecting yourself and your baby

Screening

During pregnancy and the first few weeks of a baby's life a number of screening tests are carried out. These tests, usually ultrasound and blood tests are used to identify any specific health issues in either the mother or the child. Screening tests are used to find people at higher chance of a health problem. This means they can get earlier, potentially more effective treatment, or make informed decisions about their health. The screening looks for any infectious diseases, eye problems for diabetics and a range of genetic conditions.

Within 72 hours of giving birth, parents will be offered an all over physical examination for their baby. This will include 4 specific screening tests to find out whether their baby has a problem with their eyes, heart, hips or, in boys, their testes and would benefit from early investigation and possible treatment. The screening tests are carried out again between 6 and 8 weeks of age as some conditions do not develop or appear until then.

The other screening test for new-borns is their hearing. In many hospitals parents will be offered a hearing screening test for their baby before discharge or invited to attend a clinic appointment.

When a baby is around 5 days old a midwife will take a blood spot sample known as a heel prick to screen the child for a range of genetic health conditions.

South Tyneside has a long history of high uptake of antenatal and newborn screening programmes based on informed choice. We want to ensure this continues, while trying to improve the uptake in communities who do not always access the screening available. It's important that mothers book with their chosen maternity service as early as possible. This ensures that the support available to mothers is timely and appropriate.

Immunisations

Some vaccines, such as the inactivated seasonal flu vaccine and the whooping cough vaccine, are recommended during pregnancy to protect the health of the family and their baby.

During pregnancy, a mother's immune system (the body's natural defense system) is naturally weakened to protect the pregnancy. This can mean she is less able to fight off infections. As the baby grows, a mother's ability to breathe as deeply is difficult, increasing the risk of infections such as pneumonia.

These changes can raise the risk of flu, as pregnant women are more likely to get flu complications than women who are not pregnant, and are more likely to be admitted to hospital. Having the flu vaccine means you're less likely to get flu.



In 2017/ 18, South Tyneside achieved a flu vaccination uptake of 52.1%, improving by 9.9% on the previous season (47.4%). However this still falls below the national ambition of 55%.¹⁴



Whooping cough is a very serious infection, and young babies are most at risk. Most babies with whooping cough will be admitted to hospital. When you have the whooping cough vaccination in pregnancy, a mother's body produces antibodies to protect against whooping cough. These antibodies pass to her baby and this offers them some protection until she or he is old enough to have their whooping cough vaccination at eight weeks old.



The prenatal pertussis vaccine coverage in South Tyneside (April 2015 – March 2018) is 87% which is significantly higher than the regional (77.1%) and national averages (70.8%).

Why perinatal mental health?

Perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 20% of women, and covers a wide range of conditions. For example, conditions include depression, anxiety, posttraumatic stress and obsessive compulsive disorder. If left untreated, it can have significant and long lasting effects on the woman and her family.

Perinatal mental health problems can also have long-standing effects on children's emotional, social and cognitive development. So early detection and appropriate support and care is crucial to giving families the best start.

The NHS Five Year Forward View for Mental Health has set an ambition that by 2020/21 there will be increased access to specialist perinatal mental health support in all areas of England, allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it and specialist community and inpatient care.



2.5%

Smoker in household

24.2%

71.2

Healthy life expectancy

52.7



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JACK IS FROM THE MOST DEPRIVED





Early Years

During the first two years of life a child's brain has the ability to absorb information and adapt to their surroundings. A child is born with a brain at about 25% of the size of an adult brain and it grows to 80% by age two. The brain growth in that time is essentially laying down the neurological connections that affect the child for life.¹⁵

Therefore it's important that a child has positive experiences to enable them to be ready to learn, ready for school and to have good life chances. Positive experiences are shaped by a number of things: positive parenting, the social and economic environment and the impact that has on a family, along with high quality education within the early years and childcare settings.

Parents are very influential on their child's growth and development. A parent that reads with their child and encourages them to talk, are providing early stimulation of their language development. Developing a child's language is a strong foundation for their ability to learn, and prepare them for school.

Early years development involves a child meeting a number of milestones to ensure they are ready to learn. The key milestones involve; forming two or three word sentences, using a spoon confidently, understand to brush their teeth twice a day, play alongside other children and begin to have friends, being well nourished and a healthy weight, and being up to date with immunisations.

A universal review of a child's development is offered to every family when a child is about 2.5yrs old, usually carried out by a Health Visitor or Nursery Nurse. This universal check provides an opportunity to discuss a child's development and identify any concerns or delay. If there are any concerns support will be offered by the Health Visitor.

Safe, nurturing positive parenting

Parents need to be responsive to their baby, responding to his or her signals and developing a strong sense of attachment. A child that has a strong sense of attachment will feel secure and that level of security will positively impact on their emotional resilience.

In addition to the child feeling emotionally safe, it is important to ensure the home environment is also safe. This means having the right safety equipment in place and having a sense of potential risks to a child within the home. This can mean making necessary adjustments to prevent any harm coming to the child, particularly once a child is mobile and begins to explore. These safety measures will reduce the risk of a child sustaining an unintentional injury.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are a way of describing a range of stressful or traumatic events that occur during a childhood, such as bereavement, parental separation, domestic abuse, physical or mental neglect, mental health and/or substance misuse. Some of these experiences are as a result of direct harm, and can be prevented. The more ACEs a child experiences the higher the risk of them developing health problems as an adult.¹⁶

It is important to prevent children experiencing ACEs and to prevent the consequences of the ACEs for those children who have already experienced them. In South Tyneside, an ACEs report was presented to the Health and Wellbeing Board to raise awareness of ACEs, to support the borough to become ACE aware, and to prevent ACEs through our collective work with children and families. As part of the development of our Best Start Locality Partnerships prevention of ACEs is a key priority.

Key stats:

Approximately 15% of people in structured substance misuse treatment in South Tyneside live with one or more children, and around 35% are a parent not living with any children (NDTMS Adult Provider Activity Report Q2 2018/19)

It is estimated that 8 out of every 100 children in the North East live with an adult who misuses alcohol

In 2011, nationally 61% of care applications involved misuse of alcohol and/or drugs and parental alcohol misuse was implicated in 37% of cases involving death or serious injury of a child (2011-2014).¹⁷

EMILY IS FROM THE LEAST DEPRIVED

142.4

Under 5 Emergency Admission (standardised rate per 100,000)

952.3

Under 5 A&E Attendances (standardised rate per 100,000)

JACK IS FROM THE MOST DEPRIVED



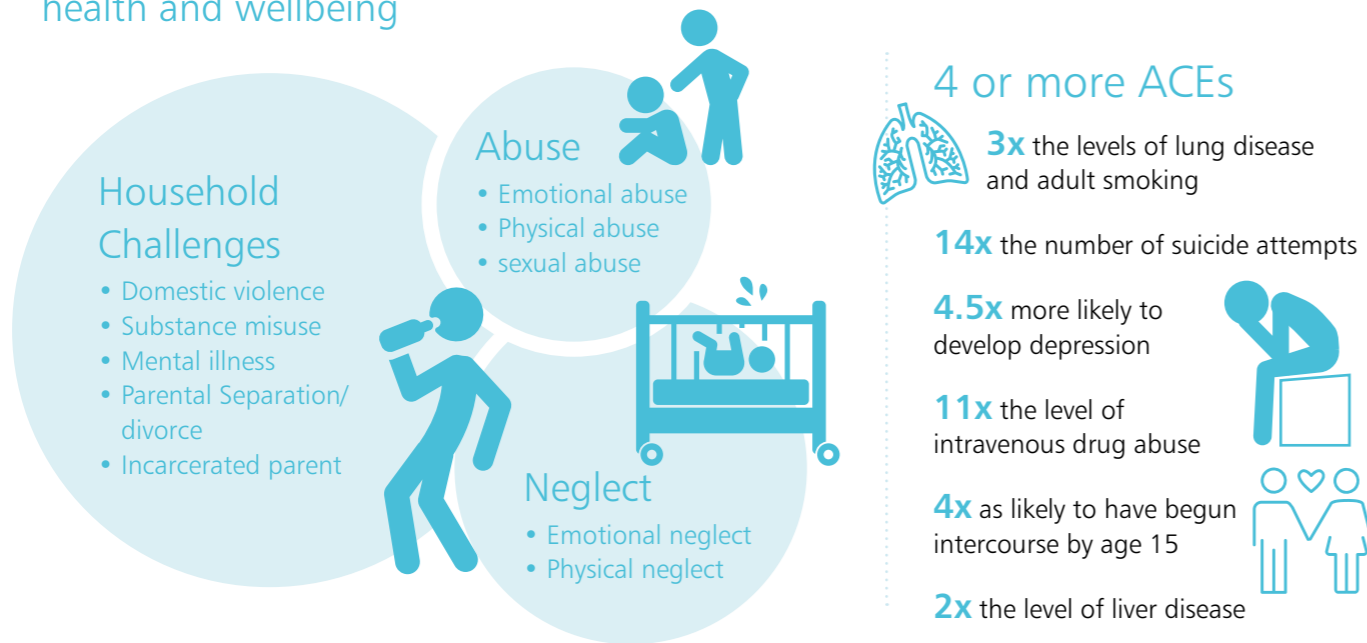
191.5

1230.7



Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing



People with 6+ ACEs can die

20yrs

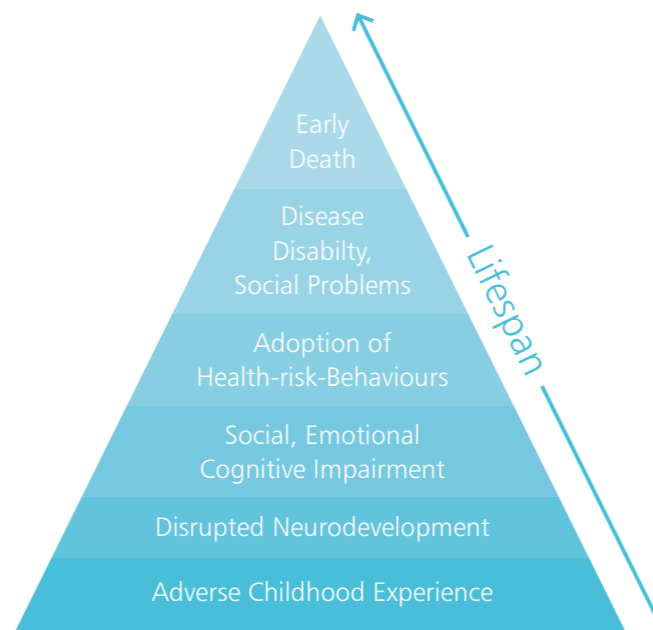
earlier than those who have none



1/8 of the population have more than 4 ACEs

Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today

Dr. Robert Bock, the former President of the American Academy of Pediatrics



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ACE-informed Approach

Negative Impacts of ACEs are significantly mitigated by having an **Always Available (trusted) Adult (AAA)**

People with 4+ ACEs and NO CONSTANT SUPPORT are

3x

more likely to do any two of the following

- Heavy drinking**
- Poor diet**
- Daily smoking**

Than people with 4+ ACEs and **CONSTANT AAA SUPPORT**



TRAUMA-INFORMED CARE
Holistic, multi-agency, non-stigmatising, information sharing among all professionals

An ounce of PREVENTION is worth a pound of cure

Benjamin Franklin

The presence of **PROTECTIVE FACTORS** can often mitigate the consequences of ACEs

- Safe, stable, nurturing relationships
- Concrete support for families in times of need
- Parental resilience
- ACE-aware, supportive communities and social systems

All children need to develop:

- RESILIENCE**
tools to respond to the challenges of life
- EMPATHY**
ability to understand & share the feelings of others

Although the awareness of Adverse Childhood Experiences is increasing, there continues to be debate about the best way to respond to situations where children are exposed to parental mental health problems, substance misuse, and domestic abuse for example. Knowing that ACEs exist in the population does not necessarily mean we should be screening for ACEs and seeking to intervene. More broadly we need our services and support to be "ACE aware".

More fundamentally we should be seeking to provide the right conditions to ensure ACEs are less likely to develop in families (for example, through improved housing, employment, parenting support etc.) and where ACEs are identified, ensure that the family has access to the right help and support to address the issue (for example, access to adult mental health services).





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.¹⁸

Keith Hansen, 2016, Lancet Breastfeeding Series

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, as well as 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 your 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 at time of delivery, 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 to increase 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 to encourage more mothers to breastfeed.



51.7%

Breast Feeding - 6-8 weeks

JACK IS FROM THE MOST DEPRIVED



21.4%

First Tooth - Oral Health

Poor oral health can have detrimental consequences on children and young people's physical and psychological wellbeing. The effects of dental diseases on children and young people include school absence, pain, difficulties eating, and impaired nutrition and growth. All these factors can have a detrimental impact on a child's quality of life and overall health and wellbeing. We are in the process of developing and launching the South Tyneside Oral Health Strategy which has a focus on improving oral health in the early years.

Child oral health has improved. Fewer children experience tooth decay than they did 30 years ago and older children in England now have the best

oral health in Europe. However, national surveys still highlight inequalities which are strongly associated with social background. In South Tyneside, figures show that we are generally better than the national average for both children free from decay aged three¹⁹ and children free from decay aged five²⁰; however within that there are some stark inequalities. The table below demonstrates the difference that exists within our localities. Children living in the West Shields, Cleadon and East Boldon area have on average 0.3 decayed missing or filled teeth by the time they reach age 5 whilst those living in the Riverside area have on average 1.3. Only 12.1 % of children in West shields, Cleadon and East Boldon have any decay experience compared with 36.4 % of children living in Riverside.

Decay severity and prevalence by clusters in South Tyneside local authority

Cluster	Average decayed missing or filled teeth (D ³ mft)	% with decay experience	Average D ³ mft in those with decay experience
East Shields and Whitburn	0.7	27.5	2.4
Heburn	0.7	28.9	2.5
Jarrow and Boldon	0.6	23.0	2.6
Riverside	1.3	36.4	3.6
West Shields, Cleadon and East Boldon	0.3	12.1	2.3

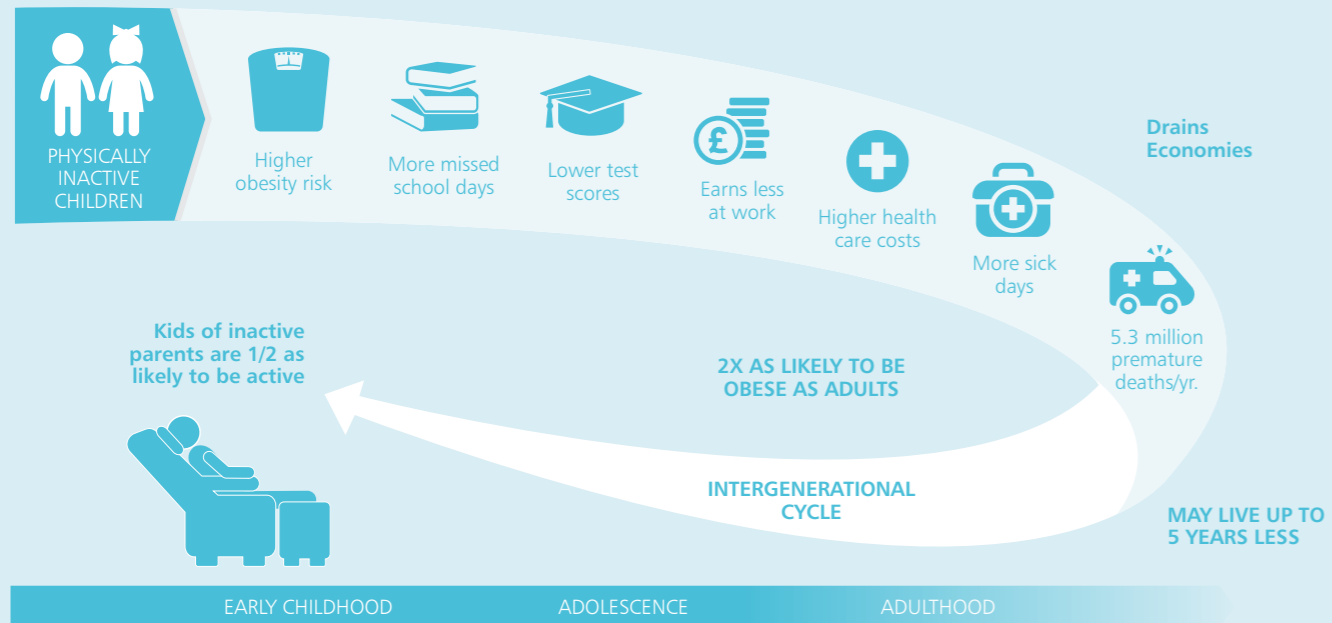
A key part of our Oral Health Strategy will be looking at how we improve the oral health on a population level and how we reduce the inequalities that exist within that.

161.8

Under 5 Admissions for injuries (standardised rate per 100,000)

258.2





First Steps - Physical activity

There is increasing interest in how the levels of physical activity in the early years influence how active adults are in later life and how this impacts on health outcomes, such as obesity.

A large proportion of children under five are enrolled in childcare, this makes it a valuable setting for the promotion of physical activity. Research suggests that physical activity levels in childcare appear generally to be very low; children accumulate less than 60 minutes of moderate or vigorous physical activity over an 8 hour day.²¹ Whilst increasing activity in the childcare setting is important, it is recognised that physical activity should be encouraged throughout the whole day and in all settings that come into contact with this age group.²²

There is strong evidence to suggest that physical activity associated with low body weight and obesity, suggesting that physical activity has a protective effect against weight gain. A higher level of physical activity offers the best protection. Play is important for the development of cognitive, social and emotional wellbeing. Physical activity in the early years is also beneficially for self-esteem, behaviour and emotional resilience.

The importance of physical activity and play in the early years (often known as physical literacy) cannot be underestimated and this is why it forms a key part of our local physical activity strategy. The graphic above demonstrates the negative effects that low levels of physical literacy can have on both an individual and wider society. Action to increase the physical literacy of our early year's children in the borough has the potential to positively affect every stage of an individual's life course.

Keep it Out – Smoke-free environment, a smoke free childhood

A smoke-free environment is just as important as a smoke free pregnancy. There is an increased risk of cot death within the early years if a child is living within a smoky atmosphere. Therefore to continue to protect children from the harms of tobacco, a smoke free home is encouraged. Efforts have been taken to support parents who do smoke to quit or to take the smoking outside, using the "take 7 steps out" campaign. In addition, legislation was introduced on 1st October 2015 to ban smoking within cars where children are present.

As part of our approach to protecting children from passive smoking, we are exploring the opportunity to introduce smoke free outdoor spaces such as parks and the beach.²³ It is important to recognise the influence parental behaviour and role modelling can have on their child. Therefore if children's play areas, cars and homes are all smoke-free, we are more likely to increase the likelihood of preventing those children from starting to smoke themselves later in adolescence or early adulthood.

What matters to you?

Good information and help with feeding, breastfeeding support and information on health lifestyle

Response from a parent during the Best Start Locality Partnerships conversations



Speech, language and communication

There are well-documented inequalities in early language acquisition. Recent growth in the evidence for speech, language and communication needs (SLCN) and the link between language and other social, emotional and learning outcomes makes early language a primary indicator of child wellbeing. It is also one of the leading needs identified for children with Special Educational Needs and Disabilities.

The Bercow Ten Years On report (2018) highlighted that early identification of SLCN is a well-evidenced, cost-effective approach shown to result in longer-term economic benefits; yet still too many children are being missed.

There is now a programme of work overseen by a cross government partnership with the Department for Education (DfE) to improve speech, language and communication in the early years for disadvantaged children and forms one of the key elements of the Social Mobility Action Plan for Education "Unlocking Talent, Fulfilling Potential" (December 2017).

South Tyneside is a pilot site for additional Health Visitor training in SLCN (as part of the DfE and Department of Health programme). Also in the borough we support the National Libraries Reading Well Initiative through our Libraries Service.

EMILY IS FROM THE LEAST DEPRIVED

81.2%

Child development at age 5

JACK IS FROM THE MOST DEPRIVED

53.4%

13.1%

Obese at Year 6 (aged 10-11yrs)

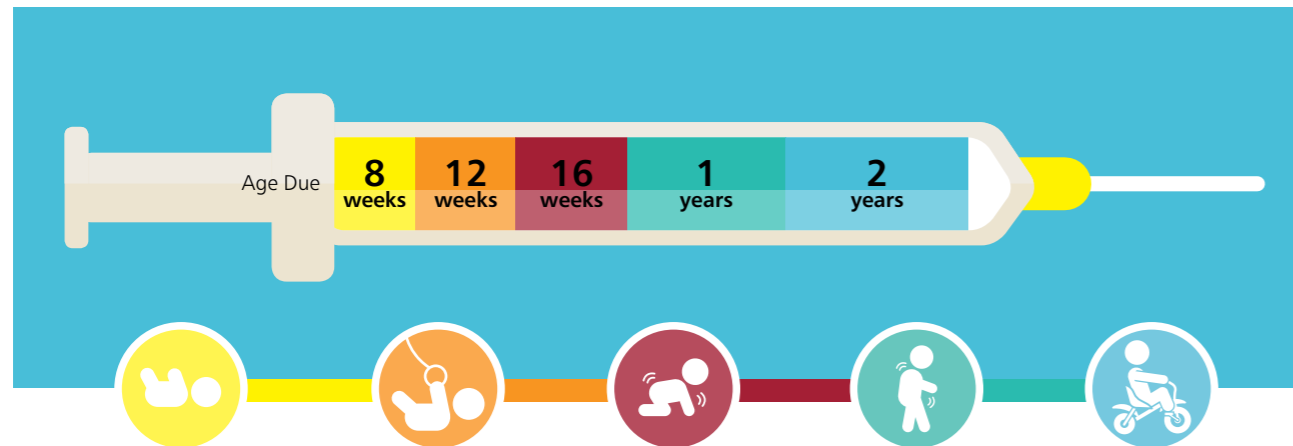
25%



Immunisations

A childhood immunisation programme is offered to all children to protect them from a number of infectious diseases. The first vaccination is given at 8 weeks old, with further vaccines given at 12, 16 weeks, 12 months and two years old.

Importance of immunisation



Disease protected against	Vaccine	Disease protected against	Vaccine	Disease protected against	Vaccine
1st dose of 5 in 1 Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib)	DTaP/IPV/Hib	2nd dose of 5 in 1 Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib	3rd dose of 5 in 1 Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib
1st dose of Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Meningococcal group C (MenC)	MenC	2nd dose of MenB	MenB
1st dose of Meningococcal group B (MenB)	MENB	2nd dose of Rotavirus	Rotavirus	2nd dose of Pneumococcal (13 serotypes)	PCV
1st dose Rotavirus gastroenteritis	Rotavirus				
		Disease protected against	Vaccine	Disease protected against	Vaccine
		Hib and MenC	Hib/MenC booster	Influenza (each year from September from ages 2 to 6)	Live attenuated influenza vaccine LAIV unless contraindicated
		Booster dose of Pneumococcal (13 serotypes)	PCV Booster		
		1st dose of Measles, mump and rubella (german measles)	MMR		
		Booster dose of MenB	MenB booster		



Trend data for the vaccinations recorded at 12 months, two years and five years demonstrates South Tyneside has continued to maintain consistent rates of uptake above 95% from 2013 onwards for all the immunisations recorded, except the preschool boosters of MMR (measles, mumps and rubella) and DTaP/IPV (Diphtheria, Tetanus, acellular Pertussis and Inactivated Polio Vaccine) (which remain at above a 90% uptake rate but below the 95% target). This is an impressive statistic and to be celebrated. The data suggests that the pre-school booster vaccines should be promoted and supported to ensure uptake gets above the 95% target.

Less positive are the uptake rates for seasonal flu vaccine in children aged two (36%) and three (39.4%) in 2017/18. This is lower than national and regional rates and it means that over half of our two and three year olds remain unprotected against seasonal flu.

What matters to you?

That he is thriving, putting on expected weight and is getting everything he needs physically and socially

Response from a parent during the Best Start Locality Partnerships conversations

EMILY IS FROM THE LEAST DEPRIVED

JACK IS FROM THE MOST DEPRIVED

4.8%
Non-White: English/Welsh/Scottish/Northern Irish/British
10.2%





School Years

Healthy eating and the food environment

Healthy eating for children and adolescents is important. It maintains good health and well-being and prevents childhood obesity. Childhood obesity can lead to chronic diseases such as diabetes and heart disease later in life (PHE, 2017). However, some young people are at greater risk of obesity than others e.g. those from low income households, are socially deprived or are from certain ethnic backgrounds.²⁴

Our environment should enable our young people to maintain a healthy weight and make informed choices on food. Schools are a key setting to address healthy eating, because most young people, regardless of background, spend a large part of their day there.

In South Tyneside, all schools are encouraged to have food policies that promote healthy eating via the curriculum and wherever food may be provided. This includes breakfast clubs, tuckshops, school meals, packed lunches and after school clubs and events. Teachers are encouraged to model good eating habits themselves. School staff and governors have attended training on health eating, sugar reduction and how to raise the subject of healthy weight with families. Cooking sessions have been offered across the borough via school cooks and in community centres to children and their families.

Monitoring of healthy weight is done via the National Child Measurement Programme (NCMP), where children in Reception and Year 6 are measured by our School Nurses. The School Nurses also offer support to families who have concerns about their child's weight. Data for 2017-18 showed 10.3% of Reception children and 24.2% of year 6 children in South Tyneside were obese, with both figures higher than the national averages.

National policies are important as they influence the food environment. For example, a levy has been introduced on sugary drinks and consultations concerning tighter restrictions on advertising and promotion of less healthy food are underway. There is an opportunity to build on this locally for example by using planning and licensing powers around takeaways as we know that areas of high takeaway prevalence also have high levels of obesity.

In November 2017, the Council adopted a Supplementary Planning Document (SPD: 22) for Hot Food Takeaways and Health. The SPD is designed to support resisting permitting more takeaways in areas near schools or where the level of obesity in Year 6 pupils is over 10% according to the most recent NCMP data. This new 'power' has been used to refuse takeaway applications near our schools. As South Tyneside Council develops the Local Plan in 2019 (the key planning document for the borough) we will ensure that the policy is transferred to be a core planning consideration and to promote a healthier environment for our children and young people.

A local Childhood Healthy Weight group exists which focuses on the actions in the National Childhood Obesity Plan (2016) to enable the healthy choice to be the easiest choice. This includes making healthy options available in the public sector, improving school food and enabling professionals to support families.

Healthy Schools

Healthy settings models provide an ideal opportunity to improve health and wellbeing using a whole systems approach. The Healthy Schools Programme is an example of this and is an evidence based award scheme to ensure the best possible health and wellbeing for the 20,000 children who attend South Tyneside schools

One hundred percent of schools are engaged in the programme which aims to raise attainment and achievement by improving the physical and mental health and wellbeing of pupils, staff, parents, carers and the wider community and provides a healthy environment that will influence behaviour that can be carried into adulthood.

In order for schools to apply, they complete an application form which asks for evidence of best practice over four domains Healthy Eating, Physical Activity, Personal, Health and Social Education (Risk Taking Behaviour) and Emotional Health and Wellbeing

Examples of interventions that have been developed under the umbrella of healthy schools include:

- intensive work in a secondary school around anti-smoking, running their own campaigns to discourage young people from starting to smoke (Hebburn Comprehensive)
- an excellent emotional health offer for their students in a primary school including creating a worry box, offering mindfulness, relaxation and nurture programmes. They have also developed a set of 'Life Event' bags which parents can borrow to support them through wellbeing issues such as family separation (Jarrow Cross)
- The Daily Mile which targets inactive children is now running in approximately ten of our Primary Schools. Anecdotal evidence suggests improvements in fitness, behaviour and concentration.

Based on the success of the Healthy Schools Award the programme has been extended to include Children's Centres. All 12 across the Borough have achieved the status; something which provides a good foundation for the establishment of Best Start Partnerships in the coming year.



EMILY IS FROM THE LEAST DEPRIVED

5.2%

Child Poverty

JACK IS FROM THE MOST DEPRIVED

39.5%

143

Under 15 Emergency Hospital Admission (cured rate per 1000)

179



Mental health and emotional wellbeing

The Mental health and emotional wellbeing (MHEW) of children is especially important as this ultimately can shape the life chances and outcomes for a child into adulthood. The estimated prevalence of mental health disorders in 5-16 year olds in South Tyneside is 10.3% (North East 10.0%, England 9.2%).

In 2017, a Health Related Behaviour Questionnaire (HRBQ) was completed by 2462 young people anonymously online. Respondents told us that:

- 54% of them worry a lot
- The top three worries were 'the way they look', 'tests and exams' and 'problems with family or friends'
- 29% of primary pupils had low-medium self-esteem scores
- 12% of pupils admit harming themselves

In October 2017, South Tyneside was involved in a Care Quality Commission thematic inspection. The inspection referenced a high level of demand for mental health services but highlighted the innovative approach of the commissioned Lifecycle Service providing support to children and adults. The report praised the model used to ensure the right support at the right time for young people. However, there were areas for further development which included supporting young people in crisis or awaiting treatment.

This was supported in a local assessment of mental health needs, also undertaken in 2017 to determine what young people and their families felt would work to prevent young people reaching the point of clinical intervention. Families told us that there is a lack of knowledge about what support is available locally and they need further support around self-care and early intervention, particularly while on waiting lists. Self-harm was cited as a concern. However, young people felt that the mental health champion model in schools was a useful one to ensure they all had an identified point of contact.

Using all this information, a mental health offer has been developed and includes:

- a network of mental health champions in schools and a variety of settings where young people spend their time
- Young Health Ambassadors trained as peer supporters
- school based peer supporters
- promotion of the online support tool - Childline
- Mental health in Schools Environment training
- Mental Health awareness week
- evidence based resources covering feelings, keeping safe and coping strategies for Years 1-6
- using knowledge of children with known ACEs to plan targeted interventions to build resilience and mitigate for long term effects

South Tyneside has been successful in becoming a Mental Health Trailblazer, which is bringing additional resources to the borough to support the mental health of children and young people. This means funding new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help within a school and college setting. It also means testing a four week waiting time for access to specialist NHS children and young people's mental health services; building on the expansion of specialist NHS services already in place.

The mental health support teams will be part of the Best Start Locality Partnerships and they will:

- deliver evidence based interventions in or close to schools and colleges for those with mild to moderate mental health issues
- help children and young people with more severe needs to access the right support
- work with and within schools and colleges, providing a link to specialist NHS services
- build on and increase support already in place, not replace it



#ITSOKAYNOTTOBEOKAY

#STOPTHESTIGMAST



Case study: Anti-Stigma Event

Our Stop the Stigma Supper was held on the 15th November 2018 at the Grotto, South Shields which aimed to celebrate conversations about mental health and reduce stigma amongst young people. The event was coproduced by our Young Health Ambassadors who planned and presented every element of the event. The event brought together over seventy young people and professionals to work together in a number of different activities which aimed to dispel myths and challenge stereotypes around mental health which contribute to stigma. At the event a set of resources entitled "It's okay not to be okay" were launched and the Health Ambassadors asked their peers to become mental health campaigners. They were asked to share the campaign resources and every participant left with a goody bag to help them to campaign. The event concluded in a social media 'Thunder Clap' where the campaign was launched online to reach as many young people as possible. The impact will be evaluated at a later date following the campaign activity.

The biggest barrier for children accessing health care services is probably due to fear. Children worry that seeking help for their own health and well-being is a frightening process however youngsters need to become confident and un-afraid to express their own personal concerns to individuals working in health care professions.

Eve Collinson, Young person from South Tyneside



EMILY IS FROM THE LEAST DEPRIVED

80.2%

GCSE Attainment (5 A-Cs)

JACK IS FROM THE MOST DEPRIVED

49.6%

21.9%

Obese Adults

28.9%





Child Sexual Exploitation

In the borough we want to help protect all children and young people from sexual exploitation and the Local Safeguarding Children's Board (LSCB) has led our partnership approach to preventing the issue. There are numerous approaches in place that are captured in the LSCB Annual Report. These approaches are driven forward by our communities, our schools and our workforce. This is illustrated in the diversity of our response; for example through our work with young people with learning disabilities, faith communities, and partnerships with the Police, Probation and local universities. At the heart of all the activities are good awareness and training. Child Sexual Exploitation training is a mandatory requirement for all multi-agency partners. To support this, partners can either access the LSCB's online training or face to face training.

Risk taking Behaviours

The 2017 HRBQ respondents told us that in South Tyneside:

Smoking

99% of Year 6 pupils (10-11 year olds) said that they had 'never smoked at all'.

86% of Year 8 (12-13 year olds) and 64% of Year 10 (14-15 year olds) pupils said the same. However, for those who do smoke, support has been made available to young people who wish to quit smoking e.g. on school site by trained Stop Smoking Advisors and in local pharmacies. In addition, local young people have also developed a video to prevent young people from starting to smoke²⁵ https://www.youtube.com/channel/UCJw658T5EH_B7dGewfL6WBw



EMILY IS FROM THE LEAST DEPRIVED

26.2%

Binge Drinking Adults

JACK IS FROM THE MOST DEPRIVED

28.1%

An Alcohol Free Childhood

South Tyneside has the highest rate of admission episodes for alcohol-specific conditions in under 18s in England, which is why this is such a key issue locally* 5% of the Year 6 pupils that responded had an alcoholic drink in the week before the survey.

10% of Year 8 pupils and 27% of Year 10 pupils said they had drunk alcohol in the week before

Drinking alcohol can damage a child's health, affecting normal development of vital organs and functions, including the brain, liver, bones and hormones. The Chief Medical Officers' (CMO) guidance states that children who start drinking alcohol at an early age are more likely to develop alcohol problems in adolescence and adulthood. The CMO guidance recommends that not drinking before 18 is the safest option, and certainly not before 15.



It is important to support increased awareness of the impact of exposure to regular alcohol consumption in the home and the CMO guidelines on alcohol and childhood and to promote these in ways which are engaging for parents, families and communities.

South Tyneside's alcohol harm reduction strategy entitled Getting the Measure Right aims to work with partners to promote clear and consistent messages to convey the CMO guidelines on alcohol and childhood, using methods which engage parents in understanding the multiple ways alcohol impacts the lives of children and young people. Key messages will challenge current myths around alcohol use in childhood alongside empowering parents around their ability to: provide a positive role model; to establish rules and to act as gatekeepers by not providing their children with alcohol.

* PHE (2018) Local Alcohol Profiles for England.

Illegal drugs

14% of Year 6 pupils that responded said they were 'fairly sure' or 'certain' they knew someone personally who used drugs (not as medicines).

30% said this in Year 8 and in Year 10 it had risen sharply to 57%.

In South Tyneside there are around 100 children are receiving specialist substance misuse interventions at any one point in time, with the majority of situations relating to cannabis and alcohol.

Sexual health

The proportion of secondary pupils who responded, reported that they knew where to get condoms free of charge increases with age. 17% of Year 8 and 51% of Year 10.

36% of Year 8 pupils said that they would know where to get help if they had an STI. 64% of Year 10 pupils said the same .

Information on local sexual health clinics and the services offered can be found here online²⁶ <https://www.southtynesidesexualhealth.nhs.uk/sexhealthclinics/>

The onset of multiple risk behaviours, such as smoking, anti-social behaviour, hazardous alcohol and illegal substances consumption and unprotected sexual intercourse, are most prevalent in adolescence and are associated with increased risk of poor educational attainment, future morbidity and premature mortality.²⁷



27.8%

Healthy Eating Adults

17.1%

People who engage in any one risk behaviour are likely to engage in others and so prevention and treatment interventions may impact on more than one outcome. In South Tyneside a variety of interventions are offered including staff training on the key behaviours, policy development, campaigns, support for good quality PSHE and evidence based resources.

Training on all the above topics will be offered to all staff involved in the forthcoming Best Start Locality Partnerships to ensure wherever families engage with services, consistent messages and support are available.

Period Poverty

There is some evidence in the North East that some young women have fallen behind with school attendance due to period poverty (an inability to buy sanitary products). The shortage of sanitary products for those in poverty has meant serious discomfort for young women. A survey carried out by Women for Independence showed that the most common alternative to expensive sanitary products is toilet roll, with women also reporting they used rags, old clothes, T-shirts, socks and newspapers. 22% of respondents reported they were not able to change their products as often as they would like, with 11% of those describing a significant health impact as a result, such as a urinary tract infection or thrush. Women described their feelings of shame and isolation, worrying about smell, feeling uncomfortable, and missing out on days of education, work and social events because they felt unable to go out.

The public health team and school nursing teams have partnered with the local South Tyneside Red Box Project to provide sanitary products for young people in local schools.

Immunisations

HPV vaccination is routinely offered to girls in Year 8 (12-13 year olds) in South Tyneside and will move to a two dose schedule. Vaccination is provided by the School Based Immunisation Team, commissioned by NHS England and provided by Northumbria healthcare Foundation Trust.

The data for 2016/17 on the one dose schedule shows an uptake of 93.7% in South Tyneside which is higher than the Cumbria and North East rate (89.3%) and the UK rate (87.2%). From September 2019 the HPV vaccination will be available to boys – a welcome development for the Borough.

Tetanus, diphtheria and polio (Td/IPV) vaccination is routinely offered to boys and girls in Year 9 in South Tyneside. These are preliminary vaccine coverage data for the school leaver booster (Td/IPV) programme representing the first and second (pilot) year of national data collection. The school leaver booster is the fifth dose of Td/IPV vaccine in the routine immunisation schedule and completes the course, providing long-term protection against all three diseases.

2015/16 was the first pilot year of national vaccine coverage data collection for Td/IPV and the data for the second pilot year (2016/17) is therefore regarded as provisional for Year 9. 2017/18 data will be published and evaluated in 2019 and this will provide more complete and authoritative data.

The data suggests that South Tyneside continues to achieve comparable uptake rates to their local colleagues and a higher uptake than the England and local average in the older cohorts; 88% in South Tyneside year 10s, compared to 82.9% for Cumbria and the North East and 81.7% for England.

Meningitis ACWY vaccination is routinely offered to boys and girls in Year 9 in South Tyneside. This was commenced in September 2015 with routine delivery supplemented by a series of school and general practice based catch-up campaigns targeting the older adolescents.



Collecting accurate data for this vaccine programme is challenging, particularly when attempting to provide follow-up estimates for cohorts over more than one academic year. Also, it has not been possible for many areas to include data on Men ACWY vaccine received in general practice. Generally however, South Tyneside's uptake is comparable with the national and regional picture - however we must continue to promote the vaccine and encourage uptake.

The flu vaccination is available to all children and young people classified in a clinical at risk group. Historically uptake in this group has been poor with only 51.5% of people³ taking up the offer in 2017/18. Although this is higher than regional and national averages, it still means that nearly half of those at risk remain unprotected against seasonal flu.

The flu vaccine is also offered at school for children from four to nine years. The uptake across all the year groups in South Tyneside is above the national ambition of 55%, however, uptake could be higher.

³ 6 months to under 65 in a clinical risk group

In our experience, once a young person/ family have been given the tools, education, knowledge and awareness in these areas [healthy eating/ physical activity/ mental health], they have utilised and embraced the opportunity to improve and take the lead on their own health and well-being.

Claire Amans, Young Person Violence Co-ordinator, South Tyneside



EMILY IS FROM THE LEAST DEPRIVED

JACK IS FROM THE MOST DEPRIVED





Becoming an Adult

Getting ready for the workplace or further learning

Health and wealth are inextricably linked, as illustrated throughout this report. A recent report by the Northern Health Service Alliance²⁸ highlighted this connection linking lower levels of productivity in the north and poorer health. The report states that reducing the health gap in the north would generate an additional £13.2bn in UK productivity.

A clear way of addressing inequalities is to create mobility; increase income and improve the quality of jobs.²⁹ Key factors here are around aspiration, confidence and the skills to access the jobs market, while ensuring that there are high quality jobs accessible to the population.

The government's own strategy on social mobility recognises this with two ambitions: firstly, to increase high quality post-16 education choices for all young people, and secondly to ensure that everyone is achieving their full potential in rewarding careers.

South Tyneside is developing strategies to create fair growth and ensure the Borough is developing the skills in young people to access the high quality jobs being created through new developments, such as the International Advanced Manufacturing Park.

Through our "whole family approach" we will ensure that post-16 education and skills (including adult skills) are linked into the model. This approach will improve connections across the borough and ensure that people who need support the most get access to support. This includes linking up with our colleagues in the Department for Work and Pensions, Job Centre, education and skills and adult education and skills.

SEND

Children with special educational needs and disabilities are a key priority population in South Tyneside. 15.4% of school-age children in South Tyneside have a disability compared to 12.8% nationally. In January 2018 there were 22,149 children attending mainstream nursery, primary and secondary schools, special schools and further education in South Tyneside, with 19.6% of these identified as having SEND.³⁰ This is higher than the national average of 14.9% and the regional average of 15.8%.



We know overall that people with SEND have worse health, wellbeing and life outcomes than the general population. We want to remove this inequality. In South Tyneside we have the Stronger Together Strategy which aims to identify need at the earliest stage to ensure children get the right support, to improve local provision so that our young people can be educated in their communities, to embed excellent training and outreach support to help include children, and to increase achievement and opportunities for children with SEND.

As at 31/08/18, there were 270 young people with an Education Health and Care Plan eligible for Post 16 Provision. 192 (71%) young people are in education, employment or training, 21 (8%) were not in education, employment or training and 57 (21%) were unknown. Accessing education, employment and training is essential to reducing health inequalities in this population and therefore this remains a priority.

We know that transition into adulthood for children with SEND is one of our biggest priority areas. Our SEND Leadership Board (which include adult services too) are working to create a smoother transition. We believe that closer locality working will improve the join-up of services to support the whole SEND approach.



EMILY IS FROM THE LEAST DEPRIVED

0.3%

Job Seeker's Allowance claimant rate (18-24)

JACK IS FROM THE MOST DEPRIVED

4.9%

Over 20% lower than England rate

Emergency admissions for heart attack (standardised admission ratio)

Over 10% higher than England rate

Positive relationships and tackling domestic abuse

Throughout childhood, but particularly as young people develop into young adults, positive, respectful and loving relationships should be seen as normal rather than an exception. We have seen earlier in the report the impact that domestic abuse can have on children in the short and long-term.

Domestic abuse continues to be surprisingly prevalent with around 3,800 incidents reported every year to the Police in South Tyneside, often relating to repeat victims and offenders. Domestic abuse in South Tyneside is prevalent in significant volume, affects thousands of lives every year, and absorbs a substantial volume of statutory and third sector resources (estimated £47m per year). A domestic abuse needs assessment has been produced for the borough and is available on the joint strategic needs and assets assessment website.³¹

Domestic abuse is rightly receiving high levels of attention from health and wellbeing partners at the moment. A multi-agency Domestic Abuse Working Group has been created to lead on our local strategy which has prevention, victim support, and work with perpetrators as priorities. We are aiming to get further “upstream” on domestic abuse and have a greater emphasis on primary prevention. This includes influencing attitudes and behaviours of the general population and the workforces, who work with families and children (e.g. schools, care workers, health staff etc.). It also includes education, campaigns, building confidence and resilience in young people (particularly relating to relationships), and providing universal tools and resources for individuals and organisations to address behaviours and cultures relating to domestic abuse (for example, the Business in the Community Employers Toolkit for Domestic Abuse).

We will use the opportunity of the Best Start Locality Partnerships to embed a primary prevention approach to domestic abuse across our work with children and families. The Best Start approach will also enable us to focus on root cause factors, such as poverty, employment and housing.

For young people who are presenting with risk taking behaviours- it is often our inability to get the message across in a simple and engaging way that these behaviours put them in harm’s way both in now and in the future. From their perspective they are being a bit rebellious and having fun.

Pam Vedhara MBE



If nothing changes, Jack and Emily will grow up in very different environments with very different opportunities and risks. These circumstances will shape future social circumstances, health risks and outcomes in adulthood.

	Emily	Jack
Obesity in adulthood	22%	29%
Eating healthily	28%	17%
Rate of domestic violence incidents (crude rate per 1,000 population)	3 per 1,000	31 per 1,000 10 times higher
Hospital stays for self-harm (standardised admission ratio)	Less than half the England rate	More than double the England rate
Hospital stays for alcohol-related harm (standardised admission ratio)	16% higher than the England rate	More than double the England rate
Incidences of all cancers (standardised incidence ratio)	4.5% lower than the England rate	Over 20% higher than the England rate
Emergency admissions for stroke (standardised admission ratio)	Over 25% lower than the England rate	Over 10% higher than the England rate

We have seen throughout the report how this might impact on their life expectancy and healthy life expectancy. Let’s give Jack the same opportunities as Emily for good social and health outcomes.

According to the Global Burden of Disease Study, tobacco remains the leading risk factor for ill health and disability. **Smoking prevalence has been falling in the general population – now down to 18.4%. However in routine and manual working groups (usually from more deprived areas), the prevalence is significantly higher at 29.3%**



EMILY IS FROM THE LEAST DEPRIVED

3.2

Domestic Violence Incidents (crude rate per 1000)

JACK IS FROM THE MOST DEPRIVED

30.7

20% lower than England rate

Incidences of lung cancer (standardised incidence ratio)

Double the England rate



Best Start Locality Partnerships

At the beginning of my report I laid out five key recommendations. To make these recommendations a reality, and take a “whole-family” approach to giving every child the best start in life, I am proposing a new way of working within our communities, **with** our communities.

The South Tyneside Partnership set a bold ambition as part of the development of the 30 year vision. The vision is: South Tyneside will be an outstanding place to live, invest and bring up families.³²

As part of our ambition to give every child the best start we want families to remain healthy and aspire to a bright and prosperous future. We want every family in South Tyneside to be able to provide the same environment and opportunities that Emily will get.



To achieve our vision we have committed to providing opportunities for enterprise learning and skills, support to develop healthier communities and support to build safer and stronger families. We want our approach to be person/ family-centred, fair, and proactive. We will ensure that our system and ways of working are supportive and enabling to help families and our workforce achieve the vision.

One of the ways we will reach our ambition is to provide all children and families in South Tyneside with access to Best Start Locality Partnerships if they need it - teams of professionals who work, using a strengths-based approach, with families to reach their goals and aspirations around health and wellbeing, education and skills, housing, work and money.

This report has already illustrated that within South Tyneside we have a number of resources, programmes and services to support families, across a range of settings. We have a number of different teams and systems to support health, education and social outcomes, however these could be improved and enhanced further.



We know we can work in a better way. However with all these resources we are still seeing families in need of support and demand increasing. Therefore we need to think about how we do things differently, how we do things proactively, and how we do things together.

This means bringing our wider support for families (housing and employment for example), universal and early help approach to families, to improve outcomes and reduce fragmentation.

Best Start Locality Partnerships: our approach to bring functions and teams together will be referred to as Best Start Locality Partnerships. We have identified that there will be four BSL Partnerships across South Tyneside. These geographical areas have been linked to the Children Social Care team areas, as well as the school clusters, early years settings and existing Children’s Centres. Each area will have a hub where the teams will be based and a single point of access for families, professionals and stakeholders.



The four partnerships will cover the following geographical areas

- Jarrow, Hebburn, Monkton and Primrose
- Bede, Boldon, Cleadon and East Boldon
- Beacon and Bents, Simonside and Rekendyke, West Park and All Saints
- Horsley Hill, Harton, Whitburn and Marsden and Cleadon Park



Our vision for the Best Start Locality Partnerships is for all children and families to have the opportunity to be happy, be healthy and flourish. This vision is in-line with the needs, evidence and ambition I have outlined in this report.

In practical terms, a core team will operate out of a family centre hub. The team will include health visitors, school nurses, mental health support workers, children centre workers, Early Help team and community midwives in phase 1. There will be opportunities to expand on this as the hubs develop to include others such as police, welfare, housing and Job Centre Plus to name but a few. The development of the whole approach will be with key partners, such as the Voluntary, Community and Social Enterprise sector.

The hubs will make the most of our existing centres, and offer universal and early help support to families, using a strength based model and team around the family approach. Community assets and understanding of local needs will also be an important aspect as this will inform the local priorities for the families living within that locality. The priorities for each locality will be different and we want to work with communities and professionals on what these are. This means working with all communities, particularly families with additional needs, Black and Minority Ethnic groups and communities from deprived areas.

As part of working differently a strength based approach will be adopted, using a think family approach. It is important to have a different conversation with families to ask what matters to them and supporting them to support themselves building resilience. Any programme of interventions offered should be evidence based where possible, or where innovation occurs a “plan - do - review” approach is embedded to make changes quickly.



To oversee the development of this work, a Best Start Alliance will be established. Each of the four localities will establish a Best Start Locality Partnership which will be co-ordinated by a locality manager bringing all agencies together using a Multi-disciplinary Team approach. The Locality partnerships will report into the Alliance on progress and outcomes. For a limited time while the locality partnerships are established a project group will oversee the project plan. The Best Start Alliance will report up to the Children and Families Board directly and share progress reports and updates to the Health and Wellbeing Board, the Local Safeguarding Children's Board and other partners.

Best Start Champions

In developing the approach it is important that we embed the Best Start principles across all of our work with children and families. We are looking to identify Best Start Partnership Champions across our workforce to help embed the principles and help us shift the whole system towards a more proactive, family focussed and fair approach.

B	Bolster understanding Advocate for change and overcome resistance by supporting stakeholder understanding of the partnership
E	Engagement Co-produce and engage with partner and families
S	Strength's based approach To enable communities by taking a strengths-based person-centred approach
T	Time Commitment to engage in the approach

S	Strive Consistently strive to embed the vision with passion and dedication
T	Training Supporting/enabling staff to undertake training to upskill individuals and support a bespoke approach within each locality
A	Approach Adopt a preventative and early-help approach in partnership with appropriate practitioners
R	Release capacity Work as enablers within the system to release capacity; agreeing roles and responsibilities in partnership
T	Transformation Contribute to and drive forward with the implementation of change



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Designed by Children and Families

The experiences, views and ideas of children and families in the Borough are essential in shaping *what we do* and *how we do it*. In South Tyneside there are various ways that children and families drive the way we work; such as School Councils where children influence how the school operates, family forums such as Stronger Together for children with special educational needs and disabilities, and the Young Health Ambassadors who explore how "young person friendly" services and buildings are, as well as leading health and wellbeing campaigns.

Case Study: Health Ambassadors



A group of health ambassadors were recruited by the Public Health Team in 2017. An advert went out to a variety of different settings and young people had to 'apply' to become an ambassador. The young people came to an orientation day to learn more about the role and then they were invited to attend a training programme. The ambassadors were trained in a variety of different areas of health based on their key areas of interest and the Borough's health priorities. Now they have been trained the health ambassadors have three key roles, to run their own health campaigns in person and on their social media, to offer peer support and advice informally and as part of school drop-ins and they are also trained to undertake 'You're Welcome' inspections or smaller themed visits to offer advice on certain aspects of healthcare such as a service waiting area or website provision.

To date, the Ambassadors have undertaken visits with Lifecycle Primary Care Mental Health Service and Palmers Sexual Health Service.

We have gathered views of children, families and professionals about the proposed Best Start Locality Partnerships. A brief survey was conducted to capture the views of current service-users and staff. Approximately 52 individual and group responses were captured from a mixture of children, carers, mums and dads, currently accessing services on offer, as well as from professionals providing services. Quotes and feedback are captured throughout the report. In summary:

- The responses given came back very positive about interactions with current services in place. Common themes expressed were that services were 'very helpful', 'good for advice and support', and they are 'friendly and approachable'.
- Regarding access, common themes included the need to improve the timeliness of services, location of services and transport to them.
- There was support for having "family hubs", where all services can be accessed under one roof. People advised that it 'should have been done a long time ago' and 'it would be good knowing where to turn without complication'.
- Caution was expressed around ensuring that the hubs are not "too busy" and to ensure that they are accessible via public and private transport.

You can follow our work with young people and communities on Twitter @Change4LifeST and @ParticipationST

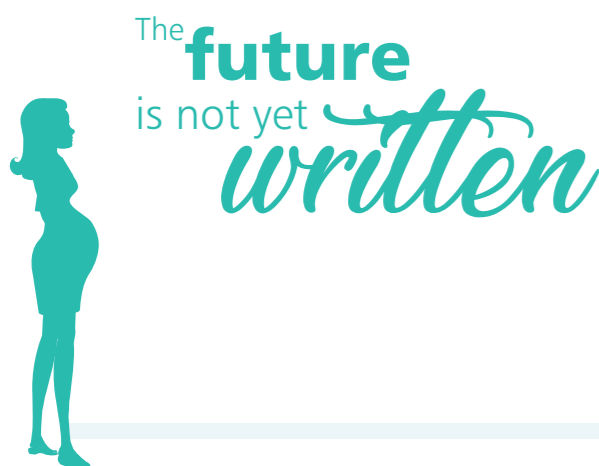




Concluding Remarks

It is very important that our system in South Tyneside is able to respond and protect children and young people if they're ever placed in harm's way or if they're in need of high quality clinical care. We need the partnerships, the social workers, the nurses, the mental health professionals, the doctors. However, we can also view our need to respond as our failure to prevent and our failure to believe in tomorrow. Much of the harm and illness experienced by children and young people is preventable. In total, over half of the attributed burden of poor health and early death can be linked to factors (behavioural, social and environmental) that we can change before they lead to diseases that need medical treatment or lead to the need for social care.³³ We can create the right conditions for children and their families to thrive and live long and healthy lives, and to pass on those health and wellbeing assets and strengths to future generations. We can build that virtuous cycle of wellbeing, if we focus our efforts on making the most of the existing strengths within a family, if we start early (before a child is even conceived), and if we enable all children and families using the skills of our workforce.

Together we can believe in tomorrow;



Further Reading

This report has tried to bring the "Best Start" to life in the South Tyneside context. Far more detail and evidence on the approach exists if you want to find out more:

- **2009** - Healthy Child Programme, Pregnancy and the First Five Years of Life, <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>
- **2010** - The Marmot Review, Fair Society, Healthy Lives, <http://www.instituteofhealthequity.org/>
- **2012** - Our Children Deserve Better: Prevention Pays, Annual Report of the Chief Medical Officer, <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>,
- **2013** - The 1,001 Critical Days, The Importance of the Conception to Age Two Period, A Cross-Party Manifesto, <https://www.1001criticaldays.co.uk/>,
- **2013** - The best start in life, Kings Fund Blog, <https://www.kingsfund.org.uk/projects/improving-public-health/best-start-life>
- **2016** - Family Hubs, Co-ordinated local support and intervention for children in need and their families, The Children's Commissioner, <https://www.childrenscommissioner.gov.uk/publication/family-hubs-a-discussion-paper/>
- **2017** - South Tyneside Health and Wellbeing Strategy, www.southtyneside.gov.uk/jsnaa
- **2018** - Adverse childhood experiences or adverse childhood socioeconomic conditions?, The Lancet, Taylor-Robinson et al, [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(18\)30094-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30094-X/fulltext)

Facts and figures included in the report are available publically on our Joint Strategic Needs and Assets Assessment webpages (www.southtyneside.gov.uk/jsnaa) and on PHE's Fingertips (www.fingertips.phe.org.uk).



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Looking Back

Summary of 2018 - a year of **big things** for public health in South Tyneside

It can be easy to forget that so many things influence our health and wellbeing. Often big events or developments will have a long lasting impact on public health that we simply don't notice or quantify. Here are a few of the big things in 2018 that relate to public health.

January - the Health and Wellbeing Board discusses the implications of the Government's Industrial Strategy and how we promote fair growth in South Tyneside

February - South Tyneside Council was successful in its bid for £2.4m of National Lottery funding from the Heritage Lottery Fund (HLF) to restore the historic North Marine Park back to its original Victorian character. Green space, physical activity and community pride is all good for your health.

March - the community of South Tyneside pulls together to respond to The Beast from the East.

April - Construction of the new £21 million transport interchange for South Shields is underway. Active travel, improving air quality and creating places to be proud of are all important for our borough.

The new South Tyneside Adult Recovery Service goes live.

May - the first phase of the International Advanced Manufacturing Park is approved. The automotive park creating 7,000 jobs in the North East has been given the green light. Health, work and income are inextricably linked, so any boost to employment is a boost to health and wellbeing.

June - Our fourth collaborative Public Health Celebration Event where we recognise all of the hard work of our schools, colleges, training providers, workplaces and third sector partners. The event recognises those who have been awarded Healthy Schools Status, the Better Health at Work Award and the Change4Life Quality Mark. The ceremony was our busiest and most successful one yet.

South Tyneside Libraries launch Books on Prescription during Health Information Week.



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July - NHS and social care at 70. Happy birthday! A great time to celebrate a national system that helps to keep people well and support them when they're not. The cornerstone of our health and care system is fairness – let's keep it that way.

South Tyneside welcomes a Health and Care Peer Challenge Team to help us understand what is strong about our system and where we can seek to improve

August - Flooding can devastate lives and communities, having a significant impact on physical and mental health for months and even years. Work on the Monkton Flood Alleviation Scheme began in August; part of a suite of flood alleviation measures across the borough.

September - Great North Run – a great symbol of community action, health and vitality. The GNR always brings the best out in South Tyneside

October - The first edition of the public health newsletter (Healthier Times) is published.³⁴

November - South Tyneside remembers 100 years on from the end of World War I. Another event that brings together the South Tyneside community and helps us remember how far we have come as a society.

South Tyneside launches a new alcohol harm reduction strategy - 'Getting the Measure Right'. The strategy aims to create an alcohol free childhood and to an environment where we all drink less.

December - it's that time of year again! The cultural machine goes into overdrive with fantastic events across the borough, including arts, crafts, literature events, Christmas fairs, the Christmas lights, and – of course - the Parade. The relationship between arts and health and wellbeing is clear!



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Looking Back

Recommendations from 2017³⁵

South Tyneside’s Health and Wellbeing Strategy clearly describes what we in South Tyneside are seeking to achieve around health and wellbeing. At each meeting, the Health and Wellbeing Board receives a themed update and performance report on the strategy. The performance report gives a broad overview of the outcome we’re working towards, the activity that is contributing, and areas that we can improve. There is too much detail to share in this DPH report, however it is all available online.³⁶

Recommendations	Progress in South Tyneside
<p>We aim to work with communities to focus on the factors that are likely to motivate people to stop smoking and overcome the barriers that make it difficult to give up. By taking an asset based approach we hope that support will be tailored to the specific needs of our communities. We will do this by supporting a “healthy settings” approach and work with local communities to understand barriers to quitting smoking.</p> <ul style="list-style-type: none"> • Implement further work to support pregnant women • Work with the local NHS to implement ‘smoke free NHS’ • Re-affirm 5% by 2025 in the revised Joint Health and Wellbeing strategy 	<p>Smoking prevalence in South Tyneside now stands at 18.4% having been 22.7% in 2011. We are currently reviewing stop smoking support which has involved a health equity audit. Key findings:</p> <ul style="list-style-type: none"> • According to prevalence estimates South Tyneside has a higher proportion of male smokers (in line with national estimates). However when it comes to quit attempts, female smokers make up a higher proportion of quit attempts and go on to make up over half of the Boroughs 4 week quits; • National level estimates show younger people are much more likely to smoke, peaking at 21.9% in those between 25 and 29. This is echoed for South Tyneside. The level of prevalence for this age group does not convert into quit activity within local stop smoking services; • National estimates show that there are large variations in smoking prevalence across different ethnic groups, with mixed race and white people being significantly higher than the England average; • National estimates show that there are large variations in smoking prevalence across different ethnic groups, with mixed race and white people being significantly higher than the England average; • While South Tyneside does have a diverse population the 2011 Census shows that 96% of the borough’s 18+ population was white;

Recommendations	Progress in South Tyneside
	<ul style="list-style-type: none"> • It is estimated that 96.7% of South Tyneside’s smokers are white. Between 2014/15 and 2016/17 97.7% of quit attempts were made by people who were white; • Areas of higher deprivation are much more likely to see increased rates of behaviours that have negative health impacts such as smoking when compared to affluent areas; • South Tyneside has a higher rate of deprivation than England as a whole, with around 40% of the borough’s population living in areas considered to be in the most deprived two deciles of the country • When the national smoking prevalence is adjusted to reflect South Tyneside’s higher rate 45.3% of the borough’s smokers live within the most deprived two deciles in the country; • The way people engage with stop smoking services correlates almost perfectly with deprivation. While this isn’t surprising, there are more smokers living in deprived areas, it could be due to people being more likely to receive free Nicotine Replacement Therapy (NRT) which means there is an additional incentive to engage <p>We are currently reviewing the Borough’s stop smoking offer with partners which will result in a revised service offer in 2019. The revised offer will include:</p> <ul style="list-style-type: none"> • Finalising pharmacotherapy review • Revised offer of Change4Life pathways • Consideration of updated clinical guidelines • Consideration of latest PHE evidence review on E-cigarettes³⁷ • Continued focus on stopping our children from starting to smoke through the Best Start Locality Partnerships • Welfare and housing – formalising opportunities through Housing Staff • Smokefree parks • NHS Smokefree including pre-operative pathways.



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Recommendations	Progress in South Tyneside
<p>Health Improvement priorities for South Tyneside:</p> <ul style="list-style-type: none"> • Relaunch Making Every Contact Count (MECC) locally and develop a local steering group to oversee the roll out • Ensure equitable access to lifestyle services, specific work to be undertaken with people living in areas of deprivation • Roll out of Healthy Settings work, a standardised approach to delivery of Public Health interventions • Further develop the Blue Light programme to support treatment resistant alcohol drinkers and street homeless into treatment and secure accommodation 	<p>Change4life South Tyneside was part of a cross-site evaluation of four Integrated Health and Wellbeing Services in North East England. Demonstrating: Intensive support element of Change4Life programme successfully targeted people from socially and economically disadvantaged communities – Marmot’s proportionate universalism.</p> <p>In the most disadvantaged communities, one in 10 adults estimated to be in need of the service were accessing it in the year studied.</p> <p>We are building on this evidence to refresh the Change4Life programme and reaffirm our commitment to MECC. We are looking to continue to build knowledge, skills and confidence in the wider workforce, while also seeking to capture and evidence their activity – e.g. children’s centre staff, Housing Officers, workers in Adult Social Care etc.</p> <p>South Tyneside’s healthy setting framework recognises that many organisations across South Tyneside already promote healthy lifestyles through structured/accredited programmes such as Healthy Schools Award, Better Health at Work Award, You’re Welcome, A Better U GP practices and the C4L Quality Standard. At the June 2018 Annual PH Celebration Event we awarded 13 organisations the Better Health at Work Award, 2 organisations the C4L Quality Standard and 59 schools maintained or achieved their healthy school status. The Change4Life Champions Network continues to grow and now has 150 individuals signed up to either attending the network or receiving public health information. Work is also underway within community centres to test out engagement approaches with local communities. The world café approach was utilised to try and engage the community.</p> <p>The Blue Light programme was reviewed and the approach revised in 2017. A multi - agency group was set up to pilot intensive work with a high risk cohort. Partners identified the seven most at risk and dependent drinkers who were not only change/treatment resistant, but also placing a significant burden on emergency and public services. All partners are working intensively with these clients to support them. None of the cohort are homeless. The model is now evolving into the new Multi-Agency Safeguarding Response which will formalise joint working and continue to put the person at the centre of the approach.</p>

Recommendations	Progress in South Tyneside
<p>Health Protection</p> <ul style="list-style-type: none"> • engaging with the Ante-natal and Childhood Screening Board on the development of inequality action plans • increased uptake of seasonal flu jab with high priority for those population groups at greatest risk • continue to ensure that emergency plans are current and effective, and that appropriate staff are trained in their implementation 	<p>Effective Health protection processes are now in place with the review of the Health Protection, Emergency Planning and Preparedness group which receives regular reports on</p> <ul style="list-style-type: none"> • Infectious Disease and Immunisation • Environmental Hazards and Contamination • Seasonal Preparedness and Extreme Weather Events • Screening and immunisation uptake and inequalities <p>Updates are regularly provided back to the Health and Wellbeing Board. The group have prioritised key areas of focus and potential risks over the next 12 months:</p> <ul style="list-style-type: none"> • Pandemic Flu: due for review • Black start (wide spread electricity failure): further work/ understanding needed • Counter-terrorism has been well exercised and continues to be a high priority, particularly relating to our big events • Flooding: potential table-top discussion. A lot of mitigation measures have been put in place due to historic events within South Tyneside • Cold/snow: local plans have been refreshed following severe weather end of February. Issues became apparent around staff transportation which have now been resolved <p>A screening and immunisations oversight group has also been established for South Tyneside and Sunderland to review service performance, coverage, new developments and health inequalities.</p>



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Health Care and Public Health

Develop our health and care system through the South Tyneside Alliance - learning from the Canterbury New Zealand model

- Support the South Tyneside Alliance with the JSNAA and prioritisation approaches – in particular, shaping joint Local Authority and clinical commissioning group commissioning intentions
- Continue to develop our innovative primary care self-care model (a better ü) with people with chronic obstructive pulmonary disease and evaluate the outcomes
- Support the implementation of stop smoking support as part of elective surgery pathways.

The Alliance Leadership Team is in place and has recently been cited as an example of good systems leadership practice by the LGA Health and Care Peer Review and by Collaborate. A blog and video on our local Alliancing approach can be found online.³⁸

The JSNAA continues to support the prioritisation of the health and care system, again being referenced as an example of good practice in the LGA Health and Care Peer Review. The specific system-wide activities in South Tyneside are driven forward by a subgroup of the Health and Wellbeing Board – the Alliance Business Group. The ABG reports regularly on its activities and successes to the Health and Wellbeing Board. Updates and performance reports available in the Health and Wellbeing Board Papers..

The primary care self-care prototype for chronic obstructive pulmonary disease has continued to grow and develop, rolling out to more practices and incorporating other long-term conditions into the approach. The (now named) A Better U Coaching Service is being considered by South Tyneside CCG for further roll out in 2018/19.³⁹

As part of the smokefree taskforce and prevention work stream of the Integrated Care System, South Tyneside is testing out the blueprint for stopb4theop – preoperative stop smoking support. This test may eventually be rolled out across the Region and broadened out to include other lifestyle behaviours, such as physical activity and alcohol intake.



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Acknowledgements and thanks

Thanks to all those who have directly and indirectly contributed to this report. Your ideas and efforts have all shaped the messages. Thanks go to:

- The young people of South Tyneside for their energy, enthusiasm and involvement in trying to make South Tyneside better and better. In particular the Young Health Ambassadors have really led the way in our work around health and wellbeing. Their work on the title, design and layout is superb, so thank you.
- Parents and carers in the borough for their honest and open views and feedback. And thank you to the Joint Commissioning Team for leading the consultation with parents/ carers.
- Members of the Public Health Team for contributing key content, evidence and statistics; in particular Paula Phillips, Claire Mawson, Anna Christie, Anthony Hall, Chrissy Hardy and Tori Hunt.
- Members of the broader children and families workforce for their feedback, comments and quotes; Mel Souter, Simone Common, Claire Amans, Trudy Cave, Joanne Purvis, Claire McManus and the Health Visiting and School Nursing service.

- The people I work with on a daily basis. The inspirational leaders, clinicians and practitioners who wake up every morning to make things better and fair for people. I won't name them all, but you know who you are.
- Thanks to Local Councillors and Partners for their contributions in writing this report.

In particular I would like to pay tribute to Pam Vedhara MBE who died in April. Pam dedicated her working life to improving the lives of children and young people. Many children will have gone on to have a better life thanks to Pam. She was a force of nature and I enjoyed our brief time working together. Her work in shaping the Best Start Locality Partnerships has been invaluable and her contributions will live on.

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4 All Party Parliamentary Group on Health in All Policies (2016) Inquiry: Child Poverty and Health – the Impact of the Welfare Reform and Work Bill 2015-16

5 British Medical Association (2016) Cutting away at our children's futures: how austerity is affecting the health of children, young people and families

6 University of Warwick (2018) Reports on the Impact of Public Spending Cuts Across the UK, <https://warwick.ac.uk/fac/soc/law/research/centres/chrp/spendingcuts/resources/reports-uk/#younger>

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24 Department of Health (2018) Childhood obesity: a plan for action, Chapter 2

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27 Kipping et al (2012) Multiple risk behaviour in adolescence, *Journal of Public Health*, Volume 34, Issue suppl_1

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35 Previous Annual Reports of the Director of Public Health South Tyneside <https://www.southtyneside.gov.uk/article/58749/Director-of-Public-Health-Reports>

36 Health and Wellbeing Board Papers and Performance Reports <https://www.southtyneside.gov.uk/article/38350/Councillors-and-committees>

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