Healthy, Happy South Tyneside

South Tyneside Joint Health and Wellbeing Strategy

Contents

Foreword

We are pleased to introduce our new Joint Health and Wellbeing Strategy for South Tyneside, which sets out our whole system plan for supporting those who live, learn, work, and play in our borough to live healthy and happy lives.

While ambitious in scope, it is no secret that our Strategy comes at a time of unprecedented challenge. Over the last two years, COVID-19 has had a significant impact on life and livelihood but also provided several useful lessons which have informed our planning and aspirations [1].

First, the pandemic has shone a harsh light on persistent health inequalities, serving as a poignant reminder of the many ways through which our unequal society translates into unequal health. In highlighting the importance of the wider determinants of health, COVID-19 has challenged us to focus our efforts 'upstream' through prioritising the factors – such as housing, employment, education, and community safety – which we know are fundamental to a healthy life.

Second, our response to COVID-19 has demonstrated the value of building on the strengths, insight, and aspirations of our communities. Inspired from the learning gained through recent initiatives such as our COVID Community Champions, we engaged a range of seldom-heard groups when developing our Strategy, using a local research project to solicit ideas on what we should do to make our borough a happier and healthier place [2]. We are grateful to all those who have taken the time to share their views, which have shaped our planning and made this document immeasurably better.

Third, the pandemic has showcased the potential of partnership and collaboration. From our third sector partners delivering food for shielding residents to the volunteer marshals at our vaccination clinics, these past two years have shown us how much farther we can go when we go together. Our task is now to build on this momentum, leveraging our local assets as well as the partnerships we have fostered during the pandemic to help us deliver at pace and scale.

Finally, we have witnessed first-hand the importance of supporting local responses to local need. Whether through our mobile vaccination clinics, targeted community testing sites, or tailored support for businesses, our place-based partnerships have been instrumental in translating national policy into approaches that are effective with our unique population. As ongoing reforms are poised to place Integrated Care Systems on a statutory footing, local forums such as our Health and Wellbeing Board will remain as important as ever to keeping us focused on what matters – and what works – in South Tyneside.

Although the acute phase of the pandemic is now subsiding, we know that the challenge is far from over. The ongoing risk of new variants coupled with wider economic instability pose a further threat to health, with increasing inflation and costs of living expected to push many into poverty. Addressing these challenges amidst reductions in real-terms public health funding will require us to work more creatively and collaboratively to make best use of the finite resources we have available – a concept we refer to locally as the 'South Tyneside Pound'.

In that regard, our Strategy is not a standalone document but brings together planned and ongoing work from across the South Tyneside Partnership, providing the opportunity to align our efforts under a single vision and plan our work based on what is best for the system. It is likewise more than just a statutory requirement or a plan on a page. Rather, it is a call to action - compelling us to work

in a more joined up way, defining clear measures against which to assess progress, and serving as a means for our communities to keep us accountable.

While the context is much different from when we developed our first Strategy nearly 10 years ago, our vision remains the same: to work in partnership to improve the health, wellbeing, and quality of life for our children, adults and families and reduce health inequalities, to help people live longer and healthier lives.

Introduction

The South Tyneside Joint Health and Wellbeing Strategy is our high-level plan for how we intend to tackle the biggest health and wellbeing challenges facing our borough. Building on the achievements of the previous Strategy [3], it sets out an ambitious vision for a healthier, happier South Tyneside and outlines the key outcomes which we will focus on over the coming years to improve health and reduce health inequalities. In contrast to previous versions, we have intentionally not set a date range for our Strategy, recognising that our outcomes have broad applicability and that their relevance should not be determined by a pre-established timeframe but rather an ongoing assessment of need.

Responsibility for the development and delivery of the Strategy rests with the South Tyneside Health and Wellbeing Board. As a local forum bringing together leaders from across health and social care, Health and Wellbeing Boards have a statutory obligation to assess the needs of their local population and develop a Health and Wellbeing Strategy [4]. Our Strategy in turn forms the foundation of our local planning, helping us collaborate more effectively and make best use of the finite resources available to improve the health of our area. It is owned by all partners, who share a collective commitment to deliver against it.

With the COVID-19 pandemic arriving in 2020 and the previous Strategy ending in 2021, now is an opportune time to reflect on progress and review our goals for the future. The past two years have had a profound impact on health and wellbeing. Whether through the virus itself or the knock-on effects of social restrictions, the consequences of COVID-19 have been severe and far-reaching. Sharp increases in child excess weight over the first year of the pandemic is a particularly sobering example, with local school data indicating that more than three in ten pupils ages 4-5 years and over half of pupils ages 10-11 years are now classified as overweight or obese, representing the largest increase observed since measurement began in 2006 [5]. Worsening performance has also been observed across a wide range of other health and social indicators.

Percentage of South Tyneside pupils classified as overweight or obese
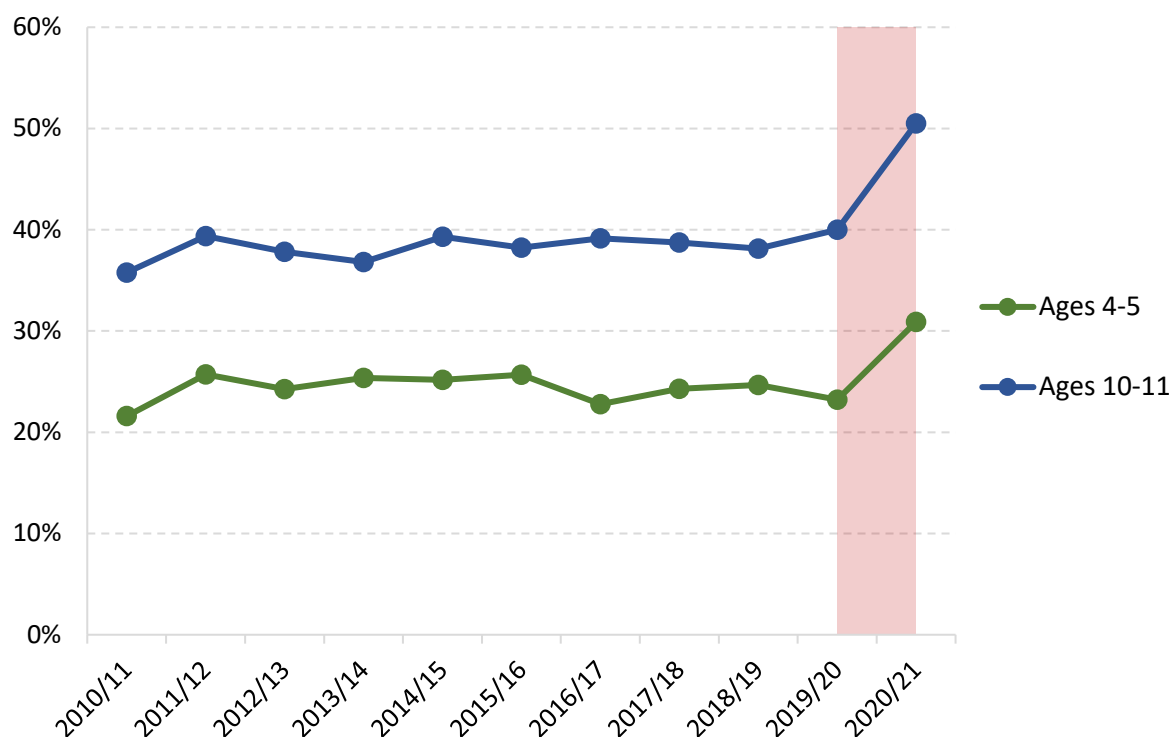
Despite the unprecedented challenges of the past two years, there are reasons to be hopeful. In South Tyneside, adult smoking prevalence continues to fall as does the percentage of pregnant women smoking at the time of delivery. Hospital admissions due to child injuries have reduced by more than half since 2013/14. Coverage of local screening and vaccination programmes remain high and, in many cases, better than the national average [6]. These successes are in addition to the catalysing effect that the pandemic has had in increasing volunteering, strengthening community pride, and building new ways of partnership working which are grounded in pragmatism and focused on delivering results. Together, these changes will provide a strong foundation on which to deliver the next Strategy.

South Tyneside has a diverse range of people and communities who live, work, and learn in the borough. The pandemic has demonstrated that a one-size-fits-all approach is not always appropriate, and it is important to work directly with more disadvantaged populations. For instance, those experiencing economic deprivation, low health literacy, pre-existing health conditions, or other forms of social disadvantage, to ensure that our strategies and services are equitable and inclusive. Often the same factors which place individuals at risk of adverse health also impede participation in public consultations. As such, we commissioned a 'Community Insights' project to proactively involve several marginalised and under-represented groups in the development of this Strategy [2]. Their voices – as well as those of young people, elected members, and a broad range of community partners – have collectively informed the Strategy's four outcomes and two cross-cutting themes described below.

Above all, we believe that our Strategy is a means to an end and not an end in itself. We clearly recognise the linkages between health and wealth and how important the wider determinants of health are to creating a happy, healthy South Tyneside. To ensure that we remain focused on delivery and results, an action plan is being developed which outlines the key priorities under each outcome, the actions we will take to achieve them, and the indicators we will use to measure

progress. The action plan will be updated as required throughout the life of the Strategy to enable our work to remain flexible and adaptive to changes in local need as well as broader shifts in national policy.

Policy and Strategic Context

National context

The pandemic has added to the growing recognition from the Government to address inequalities in both health and a range of other domains. The Government's Levelling Up White Paper outlines 12 medium-term policy objectives aimed at reducing geographic inequalities in areas such as health, education, productivity, public transport, crime, and digital connectivity [7]. Further details on the Government's strategy to tackle health inequalities are expected in an upcoming White Paper on Health Disparities, while a new Tobacco Control Plan and Food Strategy White Paper are also expected this year.

What 'Levelling Up' means for education has been outlined in the Government's White Paper 'Opportunity for all: strong schools with great teachers for your child' which include an ambition for a fully led Academy Trust education system [8]. In addition, the Government's has published a Special Education Needs and Disabilities and alternative provision Green Paper which sets out its vision for a single, national SEND and alternative provision system that will introduce new standards in the quality of support given to children across education, health, and care [9]. With further reforms expected in Children's Social Care following 'The independent review of children's social care [10].

There are also significant transformations to the health and adult social care system. At the national level, this includes the newly created UK Health Security Agency and Office for Health Improvement and Disparities now assuming the health protection and health improvement responsibilities, respectively, that were formally held by Public Health England [8, 9]. The Adult Social Care White Paper sets out a 10-year vision which centres around three key principles of people having choice, control, and support to live independent lives, accessing outstanding quality and tailored care and support, and finding adult social care fair and accessible. The reforms include changes to the way individuals and local authorities pay for care, funding for improvements and workforce development and an assurance framework [10]. At the regional level, passage of the Health and Care Bill will place the North East and North Cumbria Integrated Care System on statutory footing and build on the ambition of the NHS Long Term Plan [11] to strengthen NHS action on population health, a commitment further underscored by the new Core20PLUS5 inequalities initiative [12].

Our Strategy will be implemented at a time of increasing awareness of the disproportionate concentration of poor health and wellbeing in coastal areas. This was highlighted by the Chief Medical Officer's Annual Report 2021 [13]. It showed that areas, such as South Tyneside, continue to experience a higher burden of many physical and mental health conditions than their inland neighbours, even after controlling for several factors. This phenomenon is referred to as the 'coastal effect'. The report calls for a national strategy to improve the health of coastal communities as well as further investment into research and healthcare staff training and deployment in these areas.

These changes to national policy commitments and as well as changes to the health, care, and education systems, if backed up by sufficient local investment, may offer new opportunities to support and advance work toward the outcomes outlined in our Strategy. However, these changes will require adjustment and more joined up working with a range of organisations and systems. These will likely require greater place-based partnerships, such as Health and Wellbeing Boards,

therefore our Strategy is more important than ever to ensuring that local planning is reflective of and responsive to the needs of our borough.

The Strategy will be implemented during a period of considerable organisational change at South Tyneside Council, which is currently undergoing a major transformation programme following the establishment of new political and senior officer leadership teams as well as the recent completion of a Local Government Association Corporate Peer Review Challenge [17]. The transformation programme will be both structural and cultural, with key elements including the production of a new Council-wide 3-Year Strategy, a review of the current South Tyneside Partnership structure, and the development of a refreshed long-term vision for the Council accompanied by a set of values to underpin 'the way we do things here'.

Occurring as part of this transformation is a growing commitment within the Council to place local intelligence and research at the heart of our decision-making. Through developing our research capabilities both internally and with key partners, we can increase the health impact of the South Tyneside Pound, that is our finite, collective resources, while also improving transparency, inclusivity, and accountability. Although the Community Insights project [2] is a positive step, our aspiration is to create a system culture in which the generation and use of research is embedded into all that we do, from needs assessment and strategy development through to commissioning and evaluation.

Health and Wellbeing in South Tyneside

Smoking in pregnancy: The percentage of births occurring to mothers who smoke has dropped by nearly half since 2014/15, although it was still higher locally (13.3%) than for England (9.6%)

Breastfeeding: Less than a quarter of babies in South Tyneside were being breastfed at 6-8 weeks in 2020/21. Nationally, it's nearly half

Tooth decay: Nearly 1 in 10 three years old in South Tyneside had some dental decay (9.9%) in 2019/20. This was like the North East (10.4%) and England (10.7%) overall

Injuries: There were 115 hospital admissions per year due to injuries in children ages 0 to 4 years in 2020/21. The rate of admissions has generally fallen over time but was still about 30% higher than in England

Child obesity: Over half (50.5%) of 10 to 11-year-olds were overweight or obese in 2020/21. This was higher than in England (40.9%) and up more than 10% compared to 2019/20

Child poverty: 29.2% of local under 16s were living in relative low-income families in 2019/20. That's well above the national average of 19.1%

Education: 66.9% of pupils achieved a passing grade in their English and Maths GCSEs in 2020/21. This was slightly lower than in England (72.2%)

Teenage pregnancy: There were 38 pregnancies in local under 18s in 2020 for a rate of 16.3 per 100,000. This rate has continued to decrease and is similar to the national average.

Smoking: 15.7% of individuals ages 18 and above who self-reported as smokers in 2020, the national rate was 12.1%.

Physical activity: In South Tyneside, 61.5% of adults reported being physically active in 2020/21. The was less than the national rate of 65.9%

Alcohol: There were 1,108 hospital admissions for alcohol-related conditions in South Tyneside in 2020/21. That's a local rate of 735 per 100,000, which is much higher than England (456 per 100,000)

Self-harm: There were 430 emergency admissions for self-harm in 2020/21 among all age groups. Our local admissions rate for self-harm is 65% higher than in England

Employment: 6.3% of the local population ages 16-64 claimed unemployment-related benefits in March 2022 compared to 4.4% in England. Local claimant count levels were highest in Simonside and Rekendyke (10.8%) and lowest in Cleadon and East Boldon (1.4%)

Economic inactivity: 27.6% of South Tyneside residents ages 16-64 were classed as economically inactive (not working or seeking work) compared to 20.9% in England in 2020/21. Economic inactivity has been rising recently, particularly due to increases in long-term illness.

Fuel poverty: 10,457 of our households were classified as 'fuel poor' in 2019. That's 14.7% of all our households, which is above the national average (13.4%)

Falls: There were 605 emergency hospital admissions due to falls in people aged 65 and over in South Tyneside in 2020/21. The rate of admissions due to falls is roughly the same locally as in England

Dementia: Around 4 in every 100 people aged 65 and over in South Tyneside were diagnosed with dementia in 2020, similar to England

Life expectancy at birth: In 2018-20, the life expectancy at birth for males was 76.4 years in South Tyneside compared to 79.4 years in England. For females, it was 81.2 years in South Tyneside versus 83.1 years nationally

Life expectancy by ward: Life expectancy also varies within South Tyneside. For men, it ranges from 71.5 years in Primrose to 83.6 years for men in Cleadon and East Boldon - a 12.1-year difference. For women, it ranges from 78.5 years in Primrose to 87.7 years in Horsley Hill - a 9.2-year difference

Healthy life expectancy: In 2018-20, the average number of years a person can expect to live in good health is 57.3 years for men and 58.9 years for women in South Tyneside. This compares to 63.1 years for a man and 63.9 years for a woman nationally

Sources: [6] [15] [16] [17] [18]

Where are we now?

Achievements

This Strategy represents a continuation of our commitment to improve the health of our borough and builds on the notable successes achieved across the South Tyneside Partnership in recent years. Key accomplishments over the life of the previous Health and Wellbeing Strategy 2017-2021 [3]include:

- Launching the Let's Talk approach within adult social care, which connects residents with the support available in their community to maximise their independence and achieve the things that matter to them
- Developed and launched a multi-agency response to need at the front door – Integrated Safeguarding Interventions Team (ISIT) – ensuring the right support and the right time for those that need it
- Transitioning the South Tyneside and Sunderland NHS Foundation Trust to a completely smoke-free organisation
- Completing the Learning Disability Transformation Programme
- Implementing the Best Start in Life voucher scheme, which has helped reduce the proportion of new mothers smoking at the time of delivery by around a third since it was launched
- Commissioning a range of new services providing specialised support to children and young people, including the Autism Hub, LGBT+ support service, Kooth and Qwell online counselling services, and Healthy Minds Teams
- Scaling up a local social prescribing model that takes a holistic view of health through using link workers to connect individuals to appropriate community and statutory support
- Launching the Healthy Start Vitamins scheme providing free vitamins to pregnant women and mothers of young children

- Establishing an Alcohol Care Team at South Tyneside and Sunderland NHS Foundation Trust which offers specialist care and treatment for patients with alcohol misuse
- Creating a Suicide Prevention Training Hub providing courses in mental health, emotional resilience, and suicide prevention to staff from key agencies across six local authorities, with South Tyneside serving as a lead local authority

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South Tyneside COVID-19 response in numbers
- ✓ 21,400 requests for assistance supported via the Shielding Hub for residents who were self-isolating or classed as clinically extremely vulnerable
- ✓ 308,000+ vaccinations administered to residents by the beginning of April 2022, with local first and second dose vaccination rates both higher than national averages
- ✓ Nearly 12,000 supervised lateral flow tests administered via 14 community testing sites supported by the Council from January 2021 through March 2022
- ✓ 4,000+ contacts made to local businesses by Environmental Health Officers to provide support and advice
- ✓ 76% of local care homes found the support provided by the Council and partners through a local COVID-19 coordination group to be very or extremely valuable
- ✓ 3,100+ payments made via the COVID-19 Hardship Fund and Test and Trace Support Payment scheme to help residents experiencing financial difficulty
- ✓ 500,000+ views of the Council's main COVID-19 webpage, which has been updated regularly since March 2020 with the latest guidance and available support
- ✓ £40+ million in COVID-19 support grants distributed by the Council's Business Investment Team to thousands of local businesses
- ✓ 6,661 complaints or service requests responded to by the Environmental Health team in 2020, a 50% increase on the previous year
- ✓ Almost 12,000 boxes of home test kits distributed, containing 89,290 individual tests

Further information on the local pandemic response is provided in our 2021 Director of Public Health Report [1].

Challenges and opportunities

COVID-19 and its wider effects

As the biggest public health crisis in living memory, the COVID-19 pandemic has had a profound effect on health and wellbeing. It has also exposed and amplified existing inequalities – having a disparate impact along the lines of age, ethnicity, occupation, and deprivation [19] . These inequalities have carried over to the vaccination programme, with data indicating lower uptake in minority ethnic groups and more deprived areas, which are already at higher risk of infection.

In addition to the harm caused by the illness itself, the pandemic and social restrictions have contributed to a wide range of indirect effects. At the national level, these include:
- Severe strain on the health system, leading to growing backlogs for elective procedures, longer waiting times, and reduced coverage of some screening programmes
- Loss of learning opportunities, which has disproportionately impacted pupils from deprived areas and widened gaps in educational attainment
- Worsening mental health, with surveys reporting increased rates of loneliness, anxiety, and depression
- Increased rates of economic inactivity as people leave the labour market (due to illness, caring responsibilities, retirement, or other factors)
- Increases in higher risk drinking and alcohol-specific deaths

- Increased reports of domestic violence and child abuse coupled with a reduction in child safeguarding referrals due to school closures
- Rapid rises in the prevalence of overweight and obesity among children
- Continued increases in the proportion of children living in low-income households

Continued pressure on the South Tyneside Pound

Increasing strain on the health and social care system coupled with long-term decreases in local authority funding will continue to place pressure on the 'South Tyneside Pound'. The funding that we receive from the national public health grant alone has fallen by over 20% in real terms since 2015/16 [20], requiring us to work more efficiently and creatively to maintain services. The challenge to do more with less is likely to persist in the coming years as record government borrowing, economic disruption, and the lasting effects of the pandemic further stretch funding for the public sector.

National health reforms

The Health and Care Bill is currently undergoing Parliamentary review. It will place the North East and North Cumbria Integrated Care System (ICS) on statutory footing and offer new opportunities for more joined up working between local authorities, the NHS, and other partners. As a key place-based partnership, the Health and Wellbeing Board will work collaboratively within the new ICS to ensure that its work is reflective of and responsive to the needs of our borough [21].

Ongoing workforce pressures

Workforce shortages in the health, social care, and education sectors have been a persistent challenge over recent years both locally and nationally and will likely remain so in the years to come. Rising demand for care among an ageing population combined with the increased risk of staff illness and burnout due to COVID-19 will make attracting and retaining a resilient workforce more important than ever [22] [23].

Health-related behaviours

Whilst this Strategy has a broader focus on the wider determinants of health, we also continue to have poor rates of health-related behaviours. Namely, our high rates of smoking, particularly those in routine and manual occupations, alcohol and substance misuse, obesity, especially in children, and low physical activity [6]. We therefore need to continue to implement evidence-based policies and intervention which can tackle these health issues in the short-term whilst delivering on the Strategy's main outcomes which will create the conditions for long-term prevention.

Rising costs of living

Economic disruption caused by the COVID-19 pandemic, Brexit, and global political instability has increased costs of living, with inflation reaching its highest level in 30 years and the energy price cap recently increasing by more than 50% (and expected to increase further) [24]. Spiralling costs will disproportionately affect lower income households – which spend a higher proportion of their earnings on energy and food – and could lead to significant increases in poverty as well as a range of adverse effects on health and wellbeing.

Developing the Strategy

The ambition of our Health and Wellbeing Board, in developing the Strategy, was to ensure that it was community-informed and reflective of what truly matters to local people. Recognising that the burden of ill health is not evenly distributed across our population, the Board commissioned a Community Insights research project to solicit the views from a range of marginalised, disadvantaged, or otherwise under-represented populations across the borough as to what could be

done to make South Tyneside a healthier and happier place [2]. The insights collected through this project were then used to directly inform the Strategy outcomes and accompanying action planning.

<mark>Detailed findings from the project are available in a report published on the South Tyneside Council website</mark>. The following provides a brief overview of the project and Strategy development process.

Phase 1: Preparation and mapping
A mapping exercise was undertaken to identify recent public engagement work related to health and wellbeing in South Tyneside to identify under-represented groups and select target populations for inclusion in the Community Insights project. Funding for the project was provided by the National Institute for Health Research Clinical Research Network and South Tyneside Council.

Phase 2: Community Insights research
Academic partners from Newcastle University and Northumbria University conducted 16 focus groups with 119 people recruited from voluntary and community sector organisations working with a range of disadvantage and under-represented groups. Community 'insight sheets' - asking people to write or draw what a healthier, happier South Tyneside would look like - were distributed at venues across the borough and generated responses from 115 individuals.

Phase 3: Stakeholder engagement
Findings from the Community Insights project were analysed and presented at a workshop with over 60 local stakeholders from across the public, private, and third sectors. Stakeholders collectively developed a set of prioritisation principles for use in selecting a refreshed set of Strategy outcomes. Separate workshops were also held to solicit input from elected members and young people.

Our prioritisation principles
The following are the principles which stakeholders said we should work towards when identifying the priorities for the Strategy:

- Starting with what matters to people
- Focusing on the people who need the most help
- Prevention first
- Interventions with the biggest impact and benefits
- Sustainability
- Responsive and inclusive
- Consequences of inaction
- Best use of South Tyneside pound
- Evidence-based

Phase 4: Action planning
The outputs from the workshop were reviewed by a multi-agency steering group and used to develop the outcomes for the Strategy. Leads for each outcome were nominated by the Health and Wellbeing Board and are working to produce a detailed action plan which works together with this overarching Strategy.

We have included quotes from participants involved in the project in green text boxes throughout this Strategy to highlight how their voices have directly informed our priorities for the coming years.

> "I like that you've got the fair, you've got the beach, you've got pretty much everything that you would normally have in a holiday camp just on the doorstep." – FG10: food bank user

Strategy Vision and Outcomes

Our Health and Wellbeing Board's vision in delivering this Strategy is:

To work in partnership to improve the health, wellbeing, and quality of life for our children, adults and families and reduce health inequalities, to help people live longer and healthier lives.

To achieve this, we have committed to achieving the following outcomes with the population:

Outcome	What does good look like?
Giving every Child and Young Person the Best Start	Every child and young person, regardless of their background, is provided with the opportunity to thrive and reach their full potential
Good mental health and social networks throughout life	Cohesive and vibrant communities where all members feel included, valued, and supported
Financial security to lead healthy, fulfilling lives	A thriving, sustainable and inclusive local economy in which the benefits and opportunities are distributed fairly across all communities
Safe and healthy places to live, learn, and work	Environments that help people to be healthy and make the most of the good things around them

Giving every Child and Young Person the Best Start

What happens during pregnancy and early childhood can powerfully shape an individual's trajectory in life. Adverse experiences during this critical period affect both the child and the person they will become, negatively impacting educational attainment, and earning potential as well as physical and mental health throughout adolescence and adulthood. Conversely, being raised in a safe, stable, and nurturing environment sets a child up for success, building the foundation for a healthy life [25].

As the highest priority objective in the Marmot Review, giving every child the best start in life is widely recognised to be the most effective means of improving long-term health outcomes [26]. Investing in early childhood development is essential to reducing health inequalities across the life-course and should be followed by ongoing support to help young people flourish through adolescence and into adulthood. Universal services should be complemented by targeted, specialist support, proportional to the level of need to ensure that all families receive the right help at the right time [26] [27].

Why is this important in South Tyneside?
- In 2020/21, over 30% of our children in reception and more than half of our year 6 pupils were overweight or obese. The prevalence of excess weight in these groups was higher than regional and national averages and was at its highest levels since measurement began in 2006
- In 2020/21, the rate of local children in need was 491.8 per 10,000, which is slightly higher than the North East rate was 461.2) and much higher than the national rate of 321.2. The rates of children who were looked after or on child protection plans were lower than regional rates but higher than national rates

- In 2018/19-20/21, the rate of hospital admissions due to alcohol-specific conditions among under 18s was 77.5 per 100,000. This is a decrease from recent years but was still much higher than regional (52.0) and national (29.3) rates
- In 2020/21, the proportion of pupils with who are receiving support for special educational needs via either SEN support or an Education, Health and Care Plan is 21.3% in South Tyneside. This was the highest of any local authority in England
- In 2020/21, the average attainment 8 score - a measure of performance in the top 8 GCSEs - was lower in South Tyneside (46.0) than in the North East (49.2) and England (50.9). The proportion of pupils from state-funded schools progressing into higher education by age 19 (39.2%) was similar to the North East but lower than the national average (43.1%)

Sources: [5] [16] [15]

What assets do we have in our communities?

A wide range of local assets are already in place which can be built on to deliver this outcome. From the home visits provided by our Health Visiting team to the family-oriented interventions offered by our Early Help Service to our 12 children's centres providing health advice and preventative services, a wealth of support is currently available to support both parents/carers and children. This support is set to further increase, with the Council currently advancing plans to establish Family Hubs that will co-locate a range of key services into shared community facilities. The Hubs will act as 'one-stop shops' for families with children up to the age of 18 years (or 25 for those with special educational needs), making it quicker and easier for them to access the help they need.

Support for local children continues into their school years, with 91% of our educational providers – including 45 primary schools, 8 secondary schools, 5 special schools and 1 college – currently classed as good or outstanding by Ofsted [28]. Current initiatives to promote healthy lifestyles among school-aged children range from our Healthy Schools Programme to peer-led forums such as the Young Health Ambassadors and Young People's Parliament, which offer young people the opportunity to become involved in informing new services and organising health campaigns. The health of our children is further supported by our physical assets – including our beaches, climbing gym, skate parks, and outdoor play areas – which promote social connectedness and encourage physical activity.

Who will we be linking with on this outcome?

The following are a few of the key groups who we will work with on this outcome.
- Best Start in Life Alliance
- Children and Young People's Mental Health and Wellbeing Alliance
- Early Help Network Consortium
- Children and Adults Safeguarding Partnership
- Youth Justice Board
- Community Safety Partnership
- SEND Leadership Board
- Domestic Abuse Partnership Board

Which key plans and strategies relate to this outcome?
- Early Help Strategy
- Children and Adolescent Mental Health Strategy
- Mental Health Strategy
- Learning Disabilities Strategy
- Alcohol Harm Reduction Strategy
- Domestic Abuse Strategy

- Oral Health Strategy
- Physical Activity Strategy
- SEND Commissioning Strategy

Quotes to include in this section:

> "There should be more dad groups and parent groups out there, like single parent groups. They don't encourage dad groups or anything. I think there was one dad group and it got closed down." – FG02: young mum

> "I think just more of an incentive to get out…because more and more young people are actually staying indoors. Sometimes, it is a lot better to stay indoors and game than it is to go out and be active because there isn't a lot to do." – FG11: young person

> "It's nothing for kids. Well, there's parks, but the kids don't want to go in parks these days…So, they go out and commit crime. It's anti-social behaviour. They don't mean to do it, probably, but it's just… they're stuck like that." – FG10: food bank user

Financial security to lead healthy, fulfilling lives

Access to safe and secure employment and a decent living wage has considerable health benefits. Good jobs provide the financial means necessary to live a healthy life, whether that's having enough money to heat your home, purchase healthy food, access transport, or participate in leisure activities. Employment also serves as a source of social support and provides a sense of identity and purpose, helping to build self-esteem and protect against social exclusion [29] [30].

Conversely, low pay, unstable employment, unemployment, and financial insecurity are linked to poor outcomes across virtually all aspects of health. Individuals with insufficient income have shorter life expectancies on average and spend more of their life in ill health. Those with long-term conditions are likewise less able to secure and maintain stable employment, further contributing to their poor health [29] [30].

In adopting this outcome, we acknowledge that improving the wellbeing of our borough will require us to broaden our focus beyond health services to address the root causes of ill health. While we cannot do this alone, it is only through improving the underlying social and economic conditions can we create an inclusive and sustainable economy in which the benefits are distributed fairly across all our communities.

Why is this important in South Tyneside?
- In 2019, South Tyneside had high levels of deprivation, with over 40% of our residents living in the most 20% deprived areas in England while less than 10% live in the 20% most affluent areas
- Unemployment levels in South Tyneside have historically been higher than regional and national averages, with local unemployment in 2021 was at 6.3% compared to 6.0% in the North East and 4.4% in England
- In 2021, the gross weekly pay in our borough is £518 compared to £613 nationally. A greater proportion of local jobs were in lower-skilled manual and service occupations with comparatively fewer jobs in professional and managerial roles, which contributes to low productivity and earnings
- 10,457 households in the borough were classified as 'fuel poor' in 2019. That is 14.7% of all our households, which is slightly below the regional average (14.8%) but above the national average (13.4%)

- In 2021, 29.5% of our working age population had qualifications at level NVQ4 and above (equivalent to a higher education certificate). This compares to 43.5% of the working age population nationally. The proportion of our working age population with no qualifications was 8.3% and has increased since 2018 despite falling rates regionally and nationally
- In April 2022, around 5,600 of our residents aged 16+ were on Universal Credit. Of these, 8% were economically active, which indicates ongoing in-work poverty

Sources: [31] [17]

What assets do we have in our communities?

A major programme of regeneration is underway across South Tyneside, with over £1 billion invested into housing, schools, community and leisure facilities, transport infrastructure, and economic growth projects over the last decade. Efforts to diversify and attract investment into South Shields have included renovation of the marketplace, construction of a new Transport Interchange, and recently announced plans to relocate South Tyneside College to the heart of the town centre. Regeneration has also been ongoing in Hebburn and Jarrow in the form of recently opened modern leisure facilities [32].

With good transport links, affordable housing, outstanding natural assets, and specialisms in areas such as advanced manufacturing and offshore wind, South Tyneside is well positioned to attract additional private sector investment in the coming years. One such project is the International Advanced Manufacturing Park, a joint venture between South Tyneside Council and Sunderland City Council which has the potential to create over 7,000 new jobs over the next 10 to 15 years [33]. The combination of ambitious regeneration with the aggressive pursuit of outside investment has the potential to both spur economic growth and improve health outcomes through reducing unemployment, increasing wages, and raising living standards.

Who will we be linking with on this outcome?

The following are a few of the key groups who we will work with on this outcome.
- Economic Regeneration Board
- Universal Credit and Welfare Reform Strategy Group
- Inspire South Tyneside
- People Select Committee's Commission on Tackling Poverty
- Poverty Truth Commission
- Poverty Reduction Coordination Group

Which key plans and strategies relate to this outcome?

- Economic Inclusion and Skills Plan
- Economic Recovery Plan
- Integrated Housing Strategy
- Fuel Poverty Strategy
- Digital Infrastructure Strategy
- South Tyneside Pledge
- Adult Social Care Strategy
- South Tyneside Carers Strategy

Quotes to include in this section:

> "I wouldn't like to be looking for a job now, full stop, because there are zero-hours contracts or they've only got part-time. Single parents, they haven't got somebody else to depend on, another wage, so the poverty starts. With poverty comes ill health." – FG04: support worker working with vulnerable woman

> "If you are very poor it affects almost everything you do…We know how it limits the amount of food that people can eat and they can't afford to put their ovens on. So all this talk about cooking healthy food and things, it goes down the drain if you can't afford to put your oven on and you can't afford to buy fresh food." – FG16: older person

> "It is a struggle, day-to-day life, honestly it is. Even going to work, you get a full-time job, by the time you've paid out your bills, you've paid out your outgoings, like if you've got a car or anything like that, and you're back to square one again…It feels like vicious circles." – FG09: vulnerable man

> "There are positives in South Tyneside but not for the deprived. And I do think it is difficult – you wonder how the deprived people, the people without any money for enough food are going to get themselves to the parks and to the beach and so on." – FG16: older person
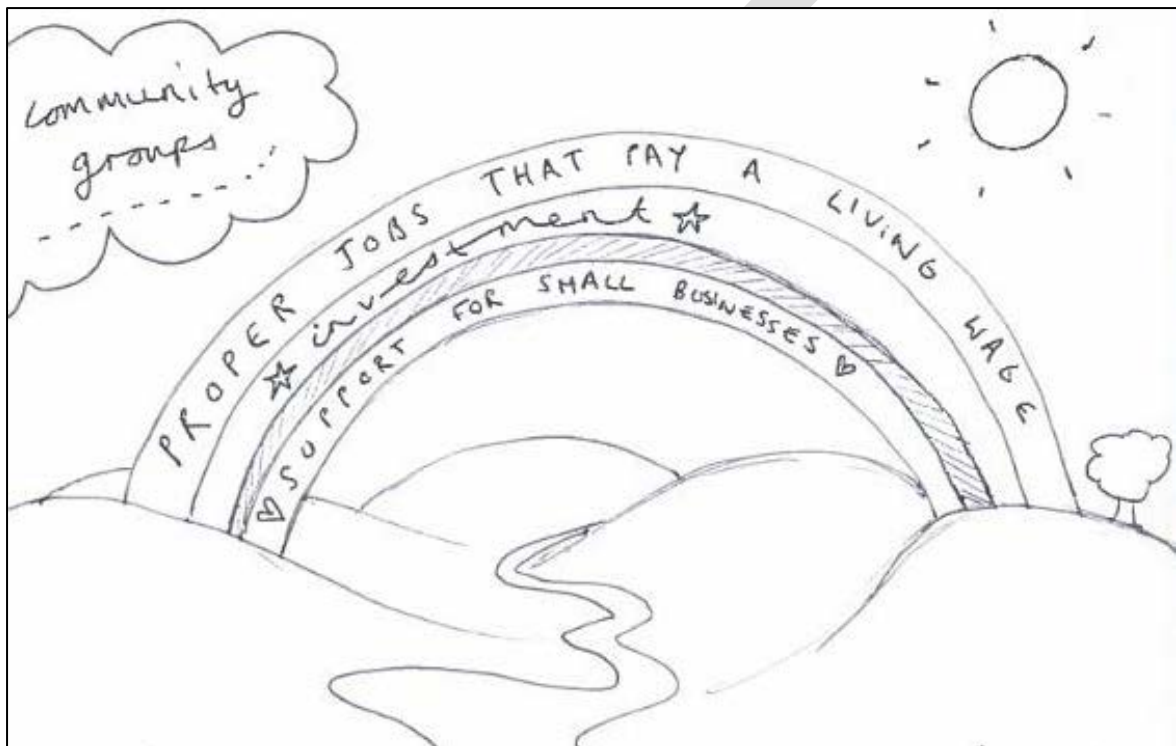
Insight sheet returned from a local community member

Good mental well-being and social connectivity across the life course

In the UK, mental well-being is used to refer to the positive end of mental health in terms of the sense of feeling good as well as functioning well [34]. In South Tyneside, we embrace a holistic view which sees mental well-being not simply as access to services but as a person's broader ability to cope, connect, adapt, and thrive.

In South Tyneside, mental ill health contributes more to the total years of life lived with disabilities than cardiovascular disease and cancer [35]. In England, mental health conditions are estimated economic cost of over £100 billion per year [36]. By enhancing mental well-being can prevent both mental disorders and physical ill-health, including the exacerbation of long-term conditions, as well as promote recovery in individuals with mental health problems [37]. Preventing mental ill health will in turn prevent its social consequences, which range from stigma, discrimination and social isolation to unemployment, poverty, and homelessness [38].

Good mental wellbeing builds the foundation for a healthy lifestyle and cuts across all aspects of life. The importance of strong social connections was a major finding of the Community Insights project, which emphasised the value of community groups in improving self-esteem, providing a sense of purpose, and acting as a critical source of information, advice, and support [2].

Why is this important in South Tyneside?
- In 2021, the proportion of primary and secondary school pupils classified as having social, emotional, and mental health needs was higher in South Tyneside (4.18%) than in the North East (3.15%) or England (2.79%) and has been increasing both locally and nationally in recent years
- A higher proportion of adults aged 16+ in South Tyneside reported rated their well-being poorly across all four measures compared to the national rates in 2020/21. With higher percentages of low satisfaction (7.5% vs. 6.1%), low worthwhile (6.1% vs. 4.4%), low happiness (9.6% vs. 9.2%) and high anxiety (26.9% vs. 24.2%)
- There were 430 emergency hospital admissions for intentional self-harm among South Tyneside residents in 2020/21. That equates to a rate of 298.8 admissions per 100,00 residents, which is slightly higher than the regional rate (273.9) and much higher than the national rate (181.2). However, the local suicide rate is slightly below the national average
- 19.1% of the South Tyneside population aged 16 and over were estimated to have a common mental disorder, which is defined as any type of depression or anxiety in 2017. This is higher than the regional (18.2%) and national (16.9%) estimates
- Compared to England, older adults in South Tyneside are more likely to live alone and to live in an income-deprived household, both of which are factors that contribute to social isolation

Sources: [15] [6] [18]

What assets do we have in our communities?
Our borough benefits from a range of assets which promote mental health and wellbeing, from our award-winning parks and beaches through to our modern leisure centres and growing arts and cultural offer. These physical resources are complemented by the more intangible qualities of South Tyneside – such as our tight-knit communities and strong social capital – which are exemplified by our thriving local voluntary and community sector. Supported under the umbrella organisation of Inspire South Tyneside, our third sector partners play an invaluable role in fostering social inclusion and providing their members with a sense of identity, purpose, and belonging.

South Tyneside also continues to benefit from significant investment into mental health services. These range from our Lifecycle service – offering a single point of access to talking therapies for individuals of all ages – to initiatives such as Healthy Minds Teams and Mental Health Champions, which provide early mental health support to children and young people. More recently commissioned services include the Autism Hub, LGBT+ service, and Kooth and Qwell online counselling platforms. A broad range of specialist services are also available locally for individuals with more complex mental health needs.

Who will we be linking with on this outcome?
The following are a few of the key groups who we will work with on this outcome.
- Mental Health Strategic Alliance
- Children and Young People's Mental Health and Wellbeing Alliance
- Mental Health Champions Network
- Social Prescribing Steering Group
- Cleaner, Greener Communities Board
- Children and Adults Safeguarding Partnership

- SEND Leadership Board

Which key plans and strategies relate to this outcome?
- Mental Health Strategy
- Children and Adolescent Mental Health Strategy
- Autism Strategy
- Learning Disabilities Strategy
- Domestic Abuse Strategy
- Loneliness and Social Isolation Strategy (in development)

Quotes to include in this section:

"You've got to have a purpose in life. You've got to have something to get up for." – FG06: older man
"I'm gregarious. I need people to talk to and to mix with. And I'm on my own all my life and it's no joke. So you just get sick of life sometimes." – FG06: older man
"They actually struggle to ask for help because it is one of those things, do you know what I mean, especially within the man's situation they think, 'I can do everything myself,' sort of thing. But sometimes you just have to suck it in, basically, and go, 'Do you know what, let us have the help because, do you know what, it will probably get me somewhere'". – FG09: vulnerable man
"It's having the support where it's needed at the time when I need it, instead of getting to a point where I'm screaming for the help but I can't find it anywhere. It's having the balance between support and self-care. If self-care doesn't work I've then got the support around me to help me get to the place that I need to be so I don't end up in the crisis circle." – FG02: young mum

Safe and healthy places to live, learn, and work

When we think about health, we tend to focus on the choices we make. What we eat, how often we exercise, and whether we drink or smoke are undeniably important, but living a healthy lifestyle is not simply a matter of personal choice. In fact, the decisions we make are shaped to a large extent by the natural and built environments in which we live, learn, and work [39].

That is why those who live along Sandhaven Beach or across from Temple Park may find it easier to be active. Or why someone with a good salary and normal working hours will find it easier to eat healthy than those who don't have the time or resources to cook fresh food. A recent Food Foundation report found that the poorest 10% of UK households would need to spend 74% of their disposable income on food to meet the government's healthy eating guidance [40]. In the words of Sir Michael Marmot: "It is not ignorance or the inability to cook that is the problem. It is poverty" [41].

Building a healthy environment is about creating the conditions which enable people to take control over their lives and improve their health now and for a sustainable future. This requires affordable, energy-efficient housing and good public transport links as well as access to healthy food, clean air, safe outdoor spaces, and leisure activities. In turn, this will support us to reduce our carbon emissions and adapt to the impact of climate change [42]. Achieving this in South Tyneside will require us to work in a joined-up way with partners across the borough and within the Council itself to ensure that health promotion is embedded into all that we do.

Why is this important in South Tyneside?

- In 2019/20, less than half (49.2%) of adult's report eating the recommended daily portions of fruit and vegetables compared to 55.4% of adults nationally. We know that diet is influenced strongly by both food affordability and availability. In 2019, nearly one in four of our residents lived in the 10% most deprived areas nationally, while in 2017 the local density of fast-food outlets was also higher than in England (111.9 vs. 96.1 outlets per 100,000 population, respectively)
- In 2020, the average number of public green spaces within one kilometre was higher in South Tyneside (6.22) than in the North East (4.45) and England (4.43), indicating good general availability of public green space. However, in 2020/21 only 61.5% of local adults report getting the recommended levels of physical activity, which was lower than in the North East (63.5%) and England (65.9%).
- The rate of hospital admissions for violent crime in South Tyneside (56.0 per 100,000) was lower than the regional rate (60.0) but higher than the national rate (41.9) in 2018/19-20/21. Total crime in our borough between April and December 2021 was up 10% on the year before, which is a greater increase than the Northumbria Police area (up 5%).
- Transport and digital connectivity both have clear overlap with health. In South Tyneside, 38.4% of households do not have access to a car compared to 31.5% in the North East and 25.6% in England. While in 2022 superfast broadband coverage was above the national average (98.9% vs 97.6%), we lag on full fibre broadband, with only 4.6% of local premises covered compared to 34.5% nationally.

Sources: [15] [43] [42] [6, 43] [17] [46]

What assets do we have in our communities?

South Tyneside benefits from its beautiful coastal location, numerous parks, and green spaces, and five leisure centres, all of which provide ample opportunity for residents to meet up and stay active. The Council's recent commitment to become carbon neutral by 2030 is set to spur increased investment into walking and cycling routes in the coming years while our participation in the North East Community Forest scheme will result in over 3,000 new trees being planted across the borough each year [44] [45]. In addition to physical activity, closer partnership between the public health and licensing teams has meant that applications for new alcohol and fast-food outlets are now assessed more thoroughly about their potential health impacts, thus helping to improve the wider food environment.

Local health promotion initiatives have also been successful at improving health within the classroom and workplace. The Healthy Schools Programme, launched over 15 years ago, has led to the adoption of a range of school-based health activities – from the introduction of physical activity programmes such as the Daily Mile to the provision of healthy breakfast clubs. Meanwhile, the Better Health at Work Award has been successful at encouraging local employers to establish the infrastructure to support their employees in adopting healthy behaviours, with 32 local organisations signed up to date reaching a total of 6,700 employees.

Who will we be linking with on this outcome?

The following are a few of the key groups who we will work with on this outcome.

- Cleaner Greener Communities Board
- Economic Regeneration Board
- South Tyneside Homes Board
- Local Plan Steering Group
- Community Safety Partnership Board
- Domestic Abuse Partnership Board
- Health Protection and Emergency Preparedness Resilience and Response group

- Alcohol Alliance
- Smoke-free Alliance

Which key plans and strategies relate to this outcome?
- Integrated Housing Strategy
- Local Plan
- SEND Commissioning Strategy
- Fuel Poverty Strategy
- Community Safety Partnership Plan
- Domestic Abuse Strategy
- Local Air Quality Strategy
- Alcohol Harm Reduction Strategy
- Physical Activity Strategy
- Local Walking and Cycling Infrastructure Plan
- Cultural Strategy
- Sustainable South Tyneside Strategy

Quotes to include in this section:

"It's cheaper just to go and get a pizza from the kebab shop than it is to get healthy food." – FG10: food bank user

"There is quite a lot to do in South Tyneside and South Shields but a lot of it costs money. It's not cheap to take your kids to the fair. Yes, they'd have a cracking time but it's not cheap to do that…So I think it's just lack of opportunities that are free." – FG10: food bank user

"I ride my bike a lot, but half the time there's no designated cycleway for people to go on towards Shields town centre. There are no designated paths, so you're on the road nearly getting hit by cars." – FG11: young person

"There's too much fast food and just unhealthy stuff in general, whereas if it was just healthy stuff, maybe people would change their minds." – FG13: vulnerable young person

Cross-Cutting Themes

Stakeholders agreed that the following cross-cutting themes should underpin our work across all Strategy outcomes.

Fair delivery of services

Health inequalities refer to systematic, unfair, and avoidable differences in health which occur between different groups of people due to social, geographical, or other factors [46]. Reducing health inequalities has been a priority in South Tyneside since our first Health and Wellbeing Strategy was launched nearly 10 years ago and remains as important to us today as it was then [47].

However, there has also been growing recognition of the role that some interventions aimed at improving health overall can widen inequalities. This phenomenon – known as 'intervention-generated inequalities' – occurs when a service disproportionately benefits more socially advantaged groups, causing their health to improve while the health of more disadvantaged groups falls behind. This can occur for several reasons. For instance, the lack of appropriate representation and systematic bias in baseline data and evidence and subsequent evaluations. This could lead to a failure to understand and address the needs of different population groups when planning and delivering services in a way that it is not appropriate, accessible, or acceptable to those who need them most [48].

The importance of fair service provision cuts across all four Strategy outcomes and is crucial to tackling the inequalities which exist in our borough. In practice, this could mean prioritising our services to those with the greatest needs or providing a range of delivery mechanisms to ensure they are appropriate to different populations and communities. To develop this, we will seek to partner with the public and communities to co-produce services fit for their purposes. In addition, we will evaluate service accessibility through analysing data on features such as wait times and uptake as well as using tools such as health equity audits and health impact assessments to identify and address gaps. We have already begun to incorporate these considerations into our service planning and will accelerate this work in the coming years, refocusing our efforts to ensure that our support is provided in a way that is fair, proportionate, and accessible to those in greatest need.

Public involvement and community engagement

This Strategy is testament to the deep knowledge, experience, and insight of our residents regarding the health of our borough and the actions needed to improve it. It is also evidence of our vibrant and thriving voluntary and community sector, which catalyses collective action, builds community spirit, and provides invaluable support to our more disadvantaged and marginalised groups. The voices of these individuals and organisations have been instrumental in informing the development of the Strategy and they will be even more important for its delivery.

While we have laid out an ambitious vision for improving the health of our population, we are also aware that we cannot do it alone. Tackling the complex and deep-rooted challenges facing South Tyneside - particularly considering ongoing cuts to public sector funding - will require us to work more collaboratively than ever. In practice, this will mean investing the time to listen and engage with our residents, partnering with communities to co-produce services where appropriate, and using an assets-based approach which acknowledges and builds upon the local skills, expertise and structures that are already in place. Existing forums, such as HealthNet, provide an excellent foundation from which to build this approach and we will redouble our efforts to further strengthen public involvement and community engagement going forward.

Delivering the Strategy

Action Plan

The implementation of the Strategy will be guided by an action plan which identifies a set of key priorities under each outcome together with the activities necessary to achieve them and a selection of high-level indicators to measure progress. The initial action plan will be finalised in the coming months and will be refreshed as required over the life of the Strategy to ensure it remains relevant to local needs and responsive to any changes in policy and systems.

Rather than replace existing plans or strategies, the Strategy aims to build on the excellent work which is already ongoing across the system. As part of the action planning process, we used an interactive tool to map the above outcomes against existing and planned strategies in the borough to identify areas of overlap. Where possible, we will seek to align our planned work to that which is already underway in order to create areas of synergy and avoid duplication.

Governance arrangements

The Health and Wellbeing Board will have ultimate responsibility for delivery of the Strategy. The Board, in turn, is part of the wider South Tyneside Partnership, the structure of which is currently being reviewed but which currently consists of four strategic Boards established to promote more joined up and effective use of public resources.

South Tyneside Partnership

Greener, Cleaner Communities Board

Health and Wellbeing Board

Children's and Adults Safeguarding Partnership Arrangements

Economic Regeneration Board
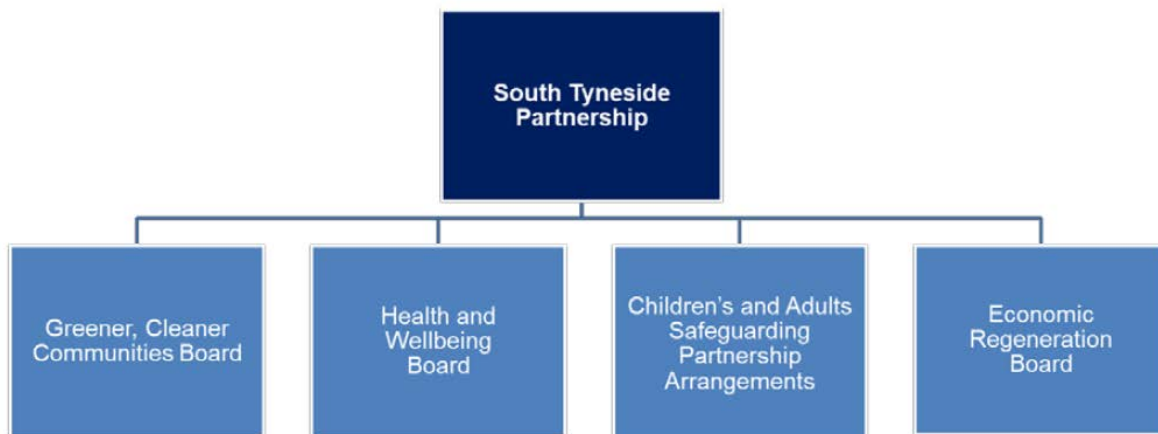
In delivering the Strategy, we recognise that other Boards within the South Tyneside Partnership structure will be best placed to advise and lead on different strands of work. The upcoming action plan will specify the Board(s) which are most appropriate to progress the implementation of each outcome. If necessary, changes to membership and Board structure will be made to enable this.

In addition to Board-level governance arrangements, the Health and Wellbeing Board has also nominated individuals to serve in a set of newly-established 'delivery roles' which have been created to improve accountability and promote more integrated working. These include:

- **Operational Leads** work with Strategic Leads to develop the action plan and coordinate the day-to-day delivery of the activities for their assigned outcome.
- **Strategic Leads** have overall accountability for their assigned outcome. They set strategic direction, ensure plans align with existing work, and report progress back to the Board.
- **Outcome Sponsors** act as a 'critical friend' to their assigned outcome through monitoring progress, providing constructive critique, and ensuring that work is reflective of the cross-cutting themes highlighted above.

Performance monitoring

The Health and Wellbeing Board will also have overall responsibility for monitoring the progress of Strategy implementation. The Board has agreed a rolling reporting schedule which will allocate one meeting per year to a 'deep dive' of each of the four outcomes, allowing for an in-depth assessment of the progress, key challenges, and performance on selected indicators. These annual updates will be delivered by the respective Strategic Leads for each outcome using an established reporting template.

The remaining two Board meetings per year will be allocated to high-level reviews of Strategy progress, which will involve a brief assessment of progress and performance across all outcomes. Key performance indicators will be selected for each outcome and will be used to populate an outcomes framework which will be presented to the Board during the biannual review meetings.

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South Tyneside Health and Wellbeing Strategy
Action Planning Template

Outcome:	Giving every Child and Young Person the Best Start		Outcome Sponsor:	Charlotte Harrison (Inspire)
Strategic Lead(s):	Tom Hall (STC) Shona Gallagher (STC)		**Operational Leads(s):**	Paula Phillips (STC) Jess Barclay-Lambert (STC) Lucy Cook (STC)
Responsible group/subgroup:	Best Start in Life Alliance		**Chair of responsible group/subgroup:**	Tom Hall (Chair) Beverley Scanlon (Vice Chair)
What are the links between these priorities and other local policies and strategies? (Briefly list any shared priorities, activities, etc.)	Early Help Strategy – links to Reducing Parental Conflict, Family Hubs, core Prevention and Intervention offer, CPVA, Supporting Families, Substance Misuse, Connexions, Asylum and Migrant, Youth Services and Early Years. Domestic Abuse Strategy Alcohol Strategy Physical Activity Strategy Local Maternity Systems work Programme Oral health strategy SEND strategy MH and CAMHS transformation strategy		**What the key multi-service/organisations does this outcome align to locally? (e.g. Boards, Alliances, Networks)**	Early Help DCS Assurance Youth Justice Board Early Help Network Consortium (launches April 22) BSiL Alliance Community Safety Partnership Reducing Parental Conflict Steering Group Family Hubs Advisory Groups (to be developed) SEND Board Safeguarding Partnership Corporate Parenting CH & YP MH Alliance Domestic Abuse Partnership Board Best Start Hospital Group SMS Strategy Group (to be re-established)
Suggested priorities under this outcome (Max 3 to 5.)	1. *Establishment of Family Hubs across South Tyneside, implementing the Start for Life offer* 2. *Prevention of alcohol related harm to under 18's improving education, training, and pathway of support* 3. *Establishment of a youth offer across South Tyneside* 4. *To provide a universal and targeted offer to fathers under the umbrella of the family hubs* 5. *Improving outcomes and safety for unborn's, under 1's and their families through targeted interventions* 6. *To support children, young people and families who have been disproportionately affected either physically or emotionally because of the pandemic.*		**Key indicators** (Max 1 per priority.)	1. reduced under18's alcohol related admissions; better managed substance misuse 2. increased breastfeeding initiation and continuation rates 4. reduced number of unborn babies open to social care, removed, looked after 5. improved family relationships 6. families diverted from crime 7. improved financial stability and decreased poverty 8. children living in secure housing 9. Domestic Abuse Incidents 10. First Time Entrants to the youth justice service

Proposed activity/intervention (How will we accomplish each priority?)	Link to intelligence (What need(s) does it address?)	Time to impact (short, medium, long)	Name of lead(s)
Priority 1: The Establishment of Family Hubs across South Tyneside			
Creating seamless support for new families	Clear universal and universal+ offer detailing support available through pregnancy, childbirth and parenthood – meeting all needs at the right time Co-production and collaboration with parents/carers/families - localised and families voices/lived experiences sought Joined up Start for Life offer available to every new family in the Borough, with critical services of midwifery, health visiting, mental health support and infant feeding (with specialist breastfeeding support)	Medium	**Jess Barclay-Lambert** **Paula Phillips** **Lucy Cook**

	Universal + and targeted core offer across whole Early Help System in place and promoted to all families – reaching families at the earliest time Every offer should include safeguarding and those services relating to specialist and targeted need provision, such as Psychotherapy and Substance Misuse support – meeting requirements of a Start for Life offer based on best practice .		
To create a welcoming hub for the whole family	Build on BSiL Hubs work and develop all Children's Centres to whole family/resident accessible Family Hubs, using the National Family Hubs Framework launched in 2021 All parents/carers/families/parents with children being cared for have access to a building and digital offer offering high quality advice and support for effective communication and time together promoting attachment and positive relationships Services communicating with each other and operating as effective teams around families/communities across the continuum of need.	**Short**	**Jess Barclay-Lambert** **Paula Phillips** **Lucy Cook**
To provide information for families who need it when they need it	Design the digital (online), virtual, telephone, text, social media, written and in-person services with families Immediate access to trustworthy information Single digital access point Follow national modelling, when launched, to support digital child records (red book) Enhancing face-to-face access with digital provision Improved data access for families and professionals	**Short**	**Jess Barclay-Lambert** **Claire Mawson**
To empower the Start for Life workforce	Develop/identify/connect a Start for Life multi agency training offer which strengthens continuity of care and develops the workforce to effectively operate to a Family Hub model Utilise best practice in the Region and Nationally; engage in Regional and National workforce development opportunities Identify a 'key contact', i.e. lead professional who supports the Team Around the Family when multiple services are supporting/being offered Clear lines of accountability, positive supervision and support which retains skilled professionals who give of their best	**Medium**	**Jess Barclay-Lambert** **Paula Phillips**
To continually improve the Start for Life offer	Develop the Best Start for Life Outcomes Framework, utilising the nationally available tools and resources; meaningful measures and robust data collation Develop parent/carer Advisory Boards/Forums/Panels for the development of Family Hubs Compliance with Regulatory Framework (to be developed by Govt)	**Medium**	**Jess Barclay-Lambert** **Paula Phillips**
To embed strong leadership to deliver change	Voices of parents, carers and families inform Strategy Families are at the heart of service design, they are listed to and heard and co-produce the services offered. Senior Sponsorship from DCS, DPH and DAS – with one identified lead sponsor Families know who is accountable for delivering excellent Start for Life services in their community Family policy connected and weaved across all Strategies and Plans Leaders take family policy into account across plans to achieve cross-wide connectivity and join broad services together	**Long**	**Jess Barclay-Lambert** **Paula Phillips** **Lucy Cook**

Priority 2: *Prevention of alcohol related harm to under 18's improving education, training, and pathway of support*			
To undertake a multi-agency service improvement workshop to review the current pathway	Number of under 18's attending and admitted to hospital Number of young people referred and engaged with Matrix Number of staff trained in ABI	Short	**Paula Phillips Claire Mawson Mel Soutar**
To establish an education and awareness programme for schools and children's settings to increase knowledge and resilience	Utilise the intelligence gathered from the health related Behaviour questionnaire to scope out the level of knowledge and understanding Understand existing materials available Revisit the social norms work to increase knowledge and awareness	Medium	**Paula Phillips Claire Mawson Mel Soutar**
To develop a clear training offer for the workforce to discuss alcohol related issues and offering low level interventions e.g. ABI	Develop a service specification for the training Identify current or potential providers To develop promotional material to share with staff to raise awareness and engage them into the training	Medium	**Paula Phillips Claire Mawson Mel Soutar**
Priority 3: **To create a strong youth offer in South Tyneside**			
To create a youth offer to provide a range of activities to enable young people to engage in both indoor and outdoor activities	Scope out what currently is available across the Borough and how this is promoted to young people Identify any gaps in provision and accessibility Engage with young people to understand their interests and opportunities, linking with local leisure, voluntary sector and businesses to develop a range of activities Promote the use of local assets across the borough e.g. parks, cycle paths, pitches, centres	Medium	**Jess Barclay-Lambert**
Priority 4: *To provide a universal offer to fathers under the umbrella of the family hubs*			
To provide a clear universal digital offer to new fathers	To engage with fathers to understand their needs to identify hat information and advice they would like to see avail and embedded into our family offer Include a section for fathers within the current For every Family webpage To work with all services working with families to ensure fathers and grandfathers needs are addressed	Medium	**Jess Barclay-Lambert Paula Phillips Claire Mawson**
To provide a range of interventions and activities focussed on fathers to meet their needs	To ensure fathers are engaged in the development of the Family hub model and any family service design or review	Medium	**Jess Barclay-Lambert Paula Phillips Claire Mawson**
To ensure fathers are included in the development and implementation of family hubs	To recruit dads to the family hub advisory boards, encourage dad's activities, leaders, and workers	Medium/Long	**Jess Barclay-Lambert Paula Phillips Claire Mawson**
Priority 5: Improving outcomes and safety for unborn and under 1			
To ensure that prospective parents are supported in pregnancy, identifying early any vulnerability and risk factors to enable the right support and intervention at the right time to decrease the risk of babies requiring care from birth and identifying those that do early on to enable timely planning.	Establishing pathway for those who may require children and families social care, with earlier referrals, assessment and planning pre birth to enable earlier support and intervention aimed at keeping families together. Enabling decision making and support to be implemented earlier in pregnancy will ensure thoughtful planning with families to ensure that babies and their parents can form positive attachment and parenting style whatever the outcome.	Short/Medium	**Lucy Cook**
Understanding the experiences of couples who receive social care intervention in pregnancy and beyond to develop and implement a targeted support and inclusive approach.	Through consultation and co-production with those who have experienced such intervention we can improve the offer and support given for those who are	Medium/long	

	separated from their children and enable babies to form positive attachments and relationships with their parents, promoting identity and understanding of their early life. Further building on consultation that has already taken place and changes to the pathway to be implement in June 2022, evaluating and improving the effectiveness of this.		
Priority 6: To support *children, young people and families who have been disproportionately affected either physically or emotionally because of the pandemic*			
To identify those children and young people with low self-esteem and emotional resilience as a result of school closures during the pandemic, struggling to adjust to offer support via the mental health champions and healthy minds team	Addressing those children and young people with low attendance Identifying additional support for those children/young people finding it difficult to adjust or who are still anxious about Covid Supporting those in education settings who may have fallen behind their peers or lost social connections because of the pandemic	**Medium**	**Jess Barclay-Lambert Paula Phillips Lucy Cook**
To support those children and young people who missed out on key transitions to develop those skills and confidence to flourish	Working with children and young people at key development stages to address any issues not picked up during missed transitions e.g. reception and readiness for school, key stage 1-2, Year 7 and those facing exams	**Medium**	**Jess Barclay-Lambert Paula Phillips Lucy Cook**
To support those children/Young people living with a long-term condition or with a family member who is more at risk of Covid to give them the skills and confidence to learn to live with Covid	Supporting those children, young people and their families to feel as safe as possible while learning to live with Covid Promote the uptake of the vaccine among the most at risk children and young people to protect themselves and their families	**Short**	**Jess Barclay-Lambert Paula Phillips Lucy Cook**

South Tyneside Health and Wellbeing Strategy
Action Planning Template

Outcome:	Good mental wellbeing and social connectivity across the life course	Outcome Sponsor:	Cllr Adam Ellison (STC)
Strategic Lead(s):	Dr. Jim Gordon (ST CCG)	**Operational Leads(s):**	Graeme Greig (STC) Steven Carter (STC) Hannah Jeffrey (ST CCG) Sarah Golightly (STC/STCCG)
Responsible group/subgroup:	Good mental wellbeing working group	**Chair of responsible group/subgroup:**	Jim Gordon (MH), Dave Julien (LTC), Tom Hall (ABU)
What are the links between these priorities and other local policies and strategies? (Briefly list any shared priorities, activities, etc.)	Mental Health, LTC Strategies Need for Social Prescribing Strategy/vision statement CAMHS transformation strategy (in development) Social Isolation and Loneliness Strategy (in development) Links to LD, Autism, Domestic Abuse Strategies ICS Mental Health and LD LTP links Suicide prevention, gambling harm reduction etc. Physical Activity Strategy	**What key multi-service/organisations does this outcome align too locally? (e.g., Boards, Alliances, Networks)**	Mental Health Strategic Alliance, Mental Health Champions Networks PLUS: Social Prescribing Steering Group, Cleaner Green Communities Board (LSI) Dementia, IAPT, Older Person's MH Groups South Tyneside Safeguarding Children and Adults Partnership (STSCAP) Suicide Prevention Alliance
Suggested priorities under this outcome (Max 3 to 5.)	1. Reduce social isolation and loneliness in key groups 2. Support people with long-term physical and mental health conditions through the social prescribing network 3. Reduce rates of suicide and self-harm 4. Promote positive public mental health through the five ways to wellbeing	**Key indicators** (Max 1 per priority.)	1. Increased social prescribing referrals and engagement in social opportunities/activities 2. Reduced levels of social isolation and feelings of loneliness 3. Staff/volunteers trained in mental health awareness programmes 4. Reduced suicide and self-harm, more staff trained in mental health awareness 5. Self-reported wellbeing measures, population wellbeing ONS

Proposed activity/intervention (How will we accomplish each priority?)	Link to intelligence (What need(s) does it address?)	Time to impact (Short, medium, long)	Name of lead(s)
Priority 1: Reduce social isolation and loneliness			
Development of Loneliness and Social Isolation Strategy and action plan for key groups, young people, women and dealing with financial debt in older people		Medium	Steven Carter
Pre-frail social isolation and loneliness project		Medium	Hazel Cuthberton
Priority 2: Support people with long-term physical and mental health conditions through social prescribing network			
Refresh of SP priorities/action plan (session planned)		Short	Hannah Jeffrey
Community interventions and group – mapping work		Short	Charlotte Harrison
Physical activity (on prescription) for mental health and wellbeing		Medium	Ellie Forrester / Hannah Jeffrey
Priority 3: Reduce rates of suicide and self-harm			
Suicide and self-harm prevention with young people with a focus on developing resilience		Medium	Graeme Greig/Chrissy Hardy/Lynne Keel
Further development of Peer support programme around mental health with key groups, e.g., care leavers.		Short	Lynne Keel
Priority 4: Promote positive public mental health			

Consistent and universal system-wide MH training offer for front-line staff and voluntary sector organisations, e.g., psychological first, coping with suicide and so on.		Medium	Graeme Greig/Tori Hunt
Continue to promote national and local mental health campaigns, e.g. Every Mind Matters and free national resources.		Ongoing	Graeme Greig/Tori Hunt

South Tyneside Health and Wellbeing Strategy
Action Planning Template

Outcome:	Safe and healthy places to live, learn and work	Outcome Sponsor:	Liz Davies (STSFT)
Strategic Lead(s):	Vicki Pattinson (STC)	**Operational Leads(s):**	John Scott (STC) Beverly Scanlon (STC) Louise Sloan (STC) Stuart Wright (STC)
Responsible group/subgroup:	Safe and healthy places to live, learn and work – working Group	**Chair of responsible group/subgroup:**	Vicki Pattinson (STC)
What are the links between these priorities and other local policies and strategies? (Briefly list any shared priorities, activities, etc.)	Housing Strategy Local Plan School Organisation Plan SEND Strategy Homelessness Strategy Fuel Poverty Strategy South Tyneside Homes Delivery Plan Economic Inclusion & Skills Action Plan Community Safety Partnership Plan Anti-Social Behaviour Policy Domestic Abuse Strategy Air Quality Strategy (out for consultation at present) STCAP – Annual Plan	**What the key multi-service/organisations does this outcome align to locally? (e.g. Boards, Alliances, Networks)**	Health and Wellbeing Board Greener, Cleaner Communities, Economic Regeneration Board South Tyneside Homes Board Local Plan Steering Group South Tyneside Schools and settings Tyne Coast College Community Safety Partnership Board Domestic Abuse Board HPEPRR South Tyneside Children and Adult Safeguarding Partnership
Suggested priorities under this outcome (Max 3 to 5.)	1.Adopt and implement a local plan, ensuring that supplementary planning documentation is in place, so that health impact assessments are completed on specified planning applications 2. Ensure sufficient good quality schools places are available in good and outstanding OFSTED rated schools 3. Make South Tyneside a place where sustainable, safe and healthy jobs are available	**Key indicators** (Max 1 per priority.)	**Live** **1A**. Delivery of effective partnership working to ensure South Tyneside is a place where people feel safe because crime and anti-social behaviour is the exception rather than the rule. **1B**. To implement a Local Plan that ensures that South Tyneside delivers enough homes to meet the Boroughs needs and helps to creates healthy communities. **Learn** **2A**. Stronger Inclusion Focus to include SEND, improvements to attendance, exclusions and Elective Home Education (EHE) **2B**. Empower our young people to take advantage of job opportunities by boosting careers advice and guidance in primary and secondary schools, working closer with key employers (through The Exchange), transforming triage services (via the Your Next Steps Hub) and creating new pre-employment schemes (drastically reducing our rates of youth unemployment) **Work** **3A**. Increase the number of businesses who achieve the Better Health at Work Award **3B**. Drive growth in emerging industries in the Borough by building new fit for purpose business accommodation, such as offshore wind, digital, health and social care and the movement of large corporate and government departments (diversifying our economy and providing higher-skilled jobs)

Proposed activity/intervention (How will we accomplish each priority?)	Link to intelligence (What need (s) does it address?)	Time to impact (short, medium, long)	Name of lead(s)
Live: **Community Safety and Safeguarding** Continue to develop intelligence and response through tasking co-ordination group of CSP and produce action plans to deal with issues using a range of prevention, intelligence and enforcement tools. Work with our communities to deliver the key priorities of the children and adults safeguarding partnership to raise awareness of safeguarding within our communities, to reduce the prevalence of abuse for our children and adults.	Adopting an intelligence led approach will enable the resources to be deployed in the right areas at the right time targeting hotspot areas, premises and individuals to tackle crime, disorder and ASB Adopt a targeted approach to our strategic safeguarding interventions as a partnership based upon data and intelligence to collectively manage risk, prevent incidence of abuse and support our children and adults to live safely within their local communities.	Short / medium	Stuart Wright/Jackie Nolan
Local Plan Prepare a new Local Plan which has healthy places embedded into each policy. This will ensure that in the future the principle of creating places to live, learn and work are safe and healthy. The Local Plan will ensure that we deliver enough homes to meet the Boroughs needs create and improve healthy communities.	A regulation 18 draft needs to be prepared and consulted on, following this a regulation 19 draft needs to be prepared and consulted on before it is submitted to the Secretary of State for an Examination in Public. To ensure healthy and safe places are embedded in the Local Plan, a Health Impact Assessment needs to be undertaken. The HIA will assess the impacts the policies will have on the health and safety of communities.	Short – Medium Adopted by 2024	Louise Sloan
Ensure new and existing homes are safe and healthy places to live Requiring a Health Impact Assessment to be submitted, if development impacts on health.	Applications which have an impact on health will be required, once the Local Plan is adopted, to submit a health Impact Assessment. This assessment will ensure that health is embedded into development in terms of design, layout, accessibility.	Medium term	Louise Sloan
Ensure new and existing homes are safe and healthy places to live Refreshing the Housing Strategy and developing the new accommodation strategy	Refreshing the housing strategy to ensure that we prevent homelessness wherever possible, meet the needs of our population by providing the right type of accommodation at the right stage of life, improving the choice and quality of accommodation in the borough and supporting vulnerable people.	Short term	Louise Sloan
Learn: To refresh the School Organization Plan to ensure sufficient good quality schools places are available in good and outstanding OFSTED rated school's indicator Increase capacity and momentum to support more schools to achieve and maintain the Healthy Schools Award	Refreshing the School Organisation Plan will enable us to ensure that we have enough places in good or outstanding schools across the borough within the context of our School Improvement Strategy to improve outcomes for all and raise achievement, particularly at Key Stage 4 Maintaining and promoting a focus on healthy schools will lead to increased attendance, positive engagement, and better outcomes	Medium	Bev Scanlon
Help our young people with the most complex needs (such as SEN, EHCP, LAC and Care Leavers) and residents most severely impacted by the economic consequences of the pandemic to navigate our changing economy and labour market	• Ongoing work led by SEND Leadership Board, Behaviour and Attendance Partnership • Most employment opportunities in the short term will continue to come from existing sectors, such as advanced manufacturing, public administration, business support services, health and social care, food and drink service activities and construction. • Projections suggest that the next few years will see strong growth for business services, trade, accommodation and transport, with limited growth in non-market services and construction.	Short/Medium Term	Bev Scanlon/ John Scott
Ensure comprehensive careers, information, advice and guidance and clear pathways for residents of all ages, embedding this in at primary and secondary levels	• The demand for labour is changing with higher level skills and qualifications becoming increasingly important whilst demand for roles that require few or no qualifications is dropping. • 60% of employers surveyed said that they would need new skills in the next year, particularly complex analytical, management and leadership and sales and customers service skills.	Short/Medium Term	Bev Scanlon/ John Scott
Work: Boost aspiration by promoting the great roles that do and will exist in South Tyneside, providing consistent messaging on opportunities (particularly apprenticeships) through South Tyneside Works	• The need for training and employment support to keep pace with forecasted changes in the labour market was clearly highlighted	Short/Medium Term	John Scott

	(particularly the ever-increasing need for digital skills and addressing the ongoing capacity challenges within the health and care sector).		
Work with employers and training providers to upskill and reskill our residents, focussing on digital skills, Health and Care and green jobs, supporting them into new opportunities.		Short/Medium Term	John Scott/Lesley Carlisle
Increase the capacity available to support more workplaces to achieve and maintain their Better Health at Work Award	Workplaces that focus on their staff health & wellbeing are known to improve productivity, recruitment, retention, reduce absenteeism etc	Medium	Tom Hall/Local Businesses

Outcome:	Financial security to lead healthy, fulfilling lives	Outcome Sponsor:	Dr. Matthew Walmsley (ST CCG)
Strategic Lead(s):	George Mansbridge (STC)	Operational Leads(s):	Rory Sherwood-Parkin (STC) Hazel Cuthbertson (STC)
Responsible group/subgroup:	Economic Regeneration Board (ERB)	Chair of responsible group/subgroup:	ERB Chair
What are the links between these priorities and other local policies and strategies? (Briefly list any shared priorities, activities, etc.)	Our 5 core priorities on building financial security clearly link to: • The 2020 Economic Recovery Plan (inclusive growth) • The Economic Inclusion and Skills Plan (supporting those furthest from the labour market) • South Tyneside Pledge • Integrated Housing Strategy • Digital Infrastructure Strategy • Fuel Poverty Strategy. • Adult Social Care and Carers Strategies • Community Insights work (need to support vulnerable residents, while growing job opportunities) • People Select Committee's Commission on tackling poverty	What the key multi-service/organisations does this outcome align to locally? (e.g. Boards, Alliances, Networks)	There are a number of groups and organisations that this outcome aligns to including: • Economic Regeneration Board • Universal Credit & Welfare Reform Strategy Group • Inspire South Tyneside • Cross-departmental group set up looking at anti-poverty measures (involvement from Public Health, Climate Change, Housing Strategy, Democratic Services, Economic Growth, Inspire ST)
Suggested priorities under this outcome (Max 3 to 5.)	1. **Support residents in financial hardship (particularly on fuel and food poverty, homelessness and debt advice)** 2. **Ensure anchor institutions in South Tyneside work together to support employees to mitigate financial pressures** 3. **Coordinate approach to poverty reduction by joining up support and creating an overarching Inclusive Economy Strategy** 4. **Commission insights research to identify barriers to employment and good work amongst particular groups** 5. **Reflect on and implement the recommendations from the Poverty Truth Commission**	Key indicators (Max 1 per priority.)	1. Reduction (or limiting increase) in number of households classed as fuel poor, reduction in rent arrears or in unstable accommodation 2. Reduction in number of households classed as fuel poor and reduction in in-work poverty (ie claiming UC in work) 3. Reducing wider measure of unemployment and claimant count, increasing rates of economic activity, reduction in rough sleeping and homelessness. 4. Increasing gross household disposable income, reduction in deprivation within IMD 5. Reducing wider measure of unemployment, increasing rates of economic activity

Proposed activity/intervention (How will we accomplish each priority?)	Link to intelligence (What need(s) does it address?)	Time to impact (short, medium, long)	Name of lead(s)
PRIORITY 1. Support residents in financial hardship (particularly on fuel and food poverty, homelessness and debt advice)			
1. **Implement Fuel Poverty strategy with immediate action to ensure residents know where to access support** through a directory of available services. Support, learn from and consider further rolling out pilot Council-CCG projects supporting residents in Simonside & Rekendyke and Biddick & All Saints.	High fuel poverty rates (Fuel Poverty Strategy evidence base) and likely rise due to energy price rises this year (food bank usage and other data).	**SHORT**	Anna Milner, Rory Sherwood-Parkin
2. **Look at those actions from People Select's Poverty Commission we could implement immediately, examining:** o Working with local Food Banks to ensure that all help and support is given to those who use them to meet their needs and help them out of their crisis. This could include outreach workers being periodically placed within Food Banks (which is underway at Hospitality and Hope and Age Concern Tyneside South). o Working with the Feeding Britain Network to develop a single access point for Food Bank provision; o Develop a policy with schools to promote opportunities to understand and mitigate challenges faced by less well-off pupils such as 'Poverty Proofing the School Day Project' and affordable school uniform policies; o Promoting underutilised hardship opportunities provided by partners (such as water rate support) to those in Council tax or rent arrears or otherwise known to be experiencing financial hardship	High poverty rates and children living in poverty (Economic Assessment) and likely increase (as above).	**SHORT**	Hazel Cuthbertson, Beverley Scanlon, Mary Fairfield
3. **Set up a working group to coordinate existing anti-poverty activity** (such as Fuel Poverty Strategy work, Food Strategy, new money advice support, Family Hub development, Connexions, regional work on a Universal Credit checklist and so on). Include external partners (food banks, CAB and other support providers) and examine how to best target support (including the Household Support Fund) and consider pathways out of poverty.	Great work happening across the borough, but lack of coordination (recommendation from People Select Poverty Commission)	**SHORT**	Rory Sherwood-Parkin
4. **Amplify our message to Government and key decision-makers that the rising cost of living will disproportionally effect South Tyneside given our existing levels of poverty.** Make this a key part of our wider Influencing/Lobbying Strategy.	Many levers to help people out of poverty and cope with cost of living crisis are outside of our control (ie central Government policy levers)	**SHORT**	Rory Sherwood-Parkin
5. **Expand and intensify multi-agency homelessness safeguarding provision** (and review emergency accommodation capacity and plans) and additional infrastructure (reflect on need for supported accommodation)	Lack of accommodation and infrastructure (and likely growth in demand given rising inflation)	**MEDIUM**	Anna Milner
6. **Examine how we can help specific groups (linked to Priority 4), particularly on breaking down barriers to employment.** Engage closely with key groups such as WHIST. This could potentially be funded through UK Shared Prosperity Funds	Restart programme not working, need more targeted support to help people into work. Funding opportunity through UKSPF	**MEDIUM**	Rory Sherwood-Parkin
PRIORITY 2: Ensure anchor institutions in South Tyneside work together to support employees to mitigate financial pressures			
7. **Work with anchor institutions in the borough on measures they can take to reduce barriers to financial security amongst their employees/reduce in-work poverty**. This could be investing jointly to support employees with loft insulation, bikes, bike sheds, car-pooling (particularly for those roles that need to travel such as care workers). Start with getting Chief Executives together through the South Tyneside Partnership (or via the Economic Regeneration Board). Could develop to look at in-work progression initiatives.	Large proportion of our workforce working for anchor institutions and many at average or below average salaries (Economic Assessment), with financial security likely to be negatively impacted over the next few months.	**SHORT**	George Mansbridge

8. **Understand how other areas have done this through their anchor networks** (such as in Birmingham and Leeds).	As above	**SHORT**	Rory Sherwood-Parkin
9. **Then roll out the model to other employers in the borough**, based on the concept of good work (potentially via the South Tyneside Pledge).	As above	**MEDIUM**	Rory Sherwood-Parkin

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PRIORITY 3. Coordinate approach to poverty reduction by joining up support and creating an overarching Inclusive Economy Strategy

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10. **Working with key partners design a longer-term strategy to move from 'Projects to People,'** promoting growth, but tackling the root causes of poverty, homelessness, digital exclusion, poor health, skills and other barriers. Ensure the Strategy focuses on left behind groups, ie those with multiple employment barriers, learning disabilities, mental health issues, carers, looked after children, in low-paid, insecure employment. It should set out paths out of poverty and low-pay.	Addressing issues of deep-seated deprivation.	**MEDIUM**	George Mansbridge, Rory Sherwood-Parkin
11. **Boost digital inclusion and engagement activity** to drive ability of residents to access the digital economy	High rates of digital poverty and exclusion (Digital Infrastructure Strategy, Economic Assessment), leading to opportunity cost of being able to access online services, healthcare, lower prices for goods and services.	**MEDIUM**	Charlotte Harrison (Diginet)
12. **Consider the roll out of multi-agency support at a community level** focussing on skills, health, debt and other support (ie Family Hubs, South Tyneside Works in community settings, Best Start in Life Hubs).	Identification of particular financial security issues in particular wards/areas across the borough	**MEDIUM**	Rory Sherwood-Parkin, Sam Smart
13. **Embed joint working between Economic Regeneration Board and Health and Wellbeing Board on barriers to financial security and healthy lives.** Issues to tackle could include: • Workforce and skills gaps/shortages in the sector • Ways to help employers keep their employees healthy (therefore productive) • Ensuring health and wellbeing focus within regeneration plans	Potential for silo working	**MEDIUM**	Matthew Walmsley, George Mansbridge

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PRIORITY 4. Commission insights research to identify barriers to employment and good work amongst particular groups

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14. **Understand existing work that has been carried out looking at barriers to employment and good work. This includes;**
   o Community insight work
   o Care leavers engagement and insights
   o WHIST and reports from partners
	To ensure we are not replicating or duplicating any previous work and learning from those insights.	**MEDIUM**	Rory Sherwood-Parkin

15. **Commission in-depth insights research that identifies left behind groups and discovers common barriers to employment, economic activity and financial security (building on the Community Insights work).**	Gap in understanding about barriers to work, particularly identifying causes of deep-seated poverty in particular places/amongst particular groups. Links	**MEDIUM**	Rory Sherwood-Parkin

o This could be unpaid carers, young men in particular places in the borough (and potential barriers around substance abuse and mental health), older women (as per WHIST reports).
  o Would also look at causes of in-work poverty.
  o Understand drivers of changes in client groups that support organisations (ie CAB, WHIST) are now working with.
	to the need for increased Local Authority research capacity (as per HDRC bid to NIHR)		

PRIORITY 5. Reflect on and implement the recommendations from the Poverty Truth Commission			
16. Study, understand and implement the actions of the Poverty Truth Commission when it is published (work to start in the Summer and last circa 18 months).	Gap in understanding on root causes of poverty, particular issues in South Tyneside and their interdependence.	**LONG**	