

South Tees Local Delivery Pilot

Local Delivery Pilot – Organisation Responsible

Redcar & Cleveland Borough Council

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Brief background about the place

South Tees comprises two neighbouring unitary authorities, Middlesbrough and Redcar & Cleveland. It makes up approximately 40% of the Tees Valley sub-region, within north east England.

South Tees has stark contrasts, comprising the large rural area of East Cleveland, through the coastal communities of Redcar and Saltburn and the urban conurbation that extends along the River Tees into Middlesbrough, the largest settlement of the area. This unique geography, whilst reflecting a broad range of diverse and challenging elements, provides a distinct, cohesive and manageable area for the pilot.

This area has significant social and economic issues across the entire place which contribute to the inequality in both Council areas. We believe that our stubborn inequality is typified by small physical barriers and massive cultural barriers across a range of issues, specifically in encouraging the inactive to become more active.

What is the South Tees Pilot trying to achieve?

Our vision for our Local Area Pilot is to place increasing physical activity - more people being more active more often - at the centre of whole system change, driving our high level social, economic and environmental aspirations for South Tees, and addressing stubborn inequalities in our communities to improve Quality of Life.

We recognise the opportunities provided by getting the inactive to be active, particularly where that inactivity is driven by poverty and inequality of opportunity. This programme is an opportunity to use sport and physical activity to drive improvement to wider social determinants across health, educational attainment, employment and community cohesion.

Who is the target audience?

Our Local Area Pilot consists of two complementary elements. The first element delivered across our place - South Tees (population 280,000), seeking to achieve population change within four specific communities of interest, hidden across the whole area and not geographically defined:

- people suitable for prehabilitation prior to surgery
- people with Type II Diabetes
- people accessing community based, commercial weight loss services
- health professionals

The second element drills down into four 'focus' communities clustered across the border between the two boroughs of South Tees that experience the greatest inequalities

challenge. With a combined population of approximately 24,000, the once thriving communities of North Ormesby (IMD 2015 rank 2nd), Grangetown (6th), Brambles & Thorntree (10th) and South Bank (182nd) have witnessed significant social and economic decline.

Progress in the Pilot (January 2019 – June 2019)

What's been happening in the South Tees Local Delivery Pilot?

- **Developing our brand:** You've Got This and our Personal Bests campaign. Small changes make a difference. Achievable, incremental, fun, local. Local Faces in Local Places.
- **Engaging people and communities:** new Programme Officers have gone into communities and spent time with people; listening and talking.
- **Building a better relationship and a better Community Offer:** Taking a different approach to Exercise on Referral. Dismantling a process that blocks people into one that makes people feels supported and motivated to attend and engage. How, not what. Using Motivational Interviewing techniques and behaviour change methods grounded in practice, to construct a better experience for people.
- **Actor Mapping:** Who are the influential people in communities, the movers and shakers that get things done and that people listen too? Real people, on the ground in communities. These are the people we need to know and build relationships with if we want to influence a population at scale.
- **Identifying our priority populations – our starting point:** In our four focus wards we will work in the first stage with one age category, to identify what determines their inactivity – Children, young people (with a focus on transition from primary to secondary school), adults and older people. Using focus groups co-facilitated with partners from Voluntary and Community Sector organisations, we will dig into the range of determinants for these age groups.
- **Developing our work and relationship with clinicians:** working with different clinicians across 3 areas of work: Type 2 Diabetes, Health Professionals & Prehab. Finding different connections through the Clinical Commissioning Group to facilitate a better response from clinicians. Adverts are out.
- **Outcome Evaluation & Baseline data collection:** Mixed method approach had to be taken to reach required numbers for baseline. Active Young peoples survey out in focus wards. Three stranded approach to Outcome Evaluation: Social Media Analysis, Story Telling & Baseline.
- **Investment Principles and Community Investment Programme:** Created 9 investment principles and some investment themes to guide our 'community investment programme'. We have a core group of partners to deliver this work which has been created from our wider Programme Delivery Partnership.

What are the recent thoughts and learning?

- Working with clinicians takes time and moves slowly.
- A complete change in the political landscape means we must start again to get politicians on-board with what the programme is trying to achieve.
- Sticking to your true intent takes time and sometimes means you need a plan B. We worked with the Voluntary and Community Sector to build capacity and help

us to achieve our goals, but sometimes this needs additional support and resources to make it happen.

- Sometimes you have to give a little to buy time and space.
- Sometimes you need to hold your hands up and say this isn't working, learn from it and move on.

What's coming up

Recruitment of Health professional for Low-risk pathway, scaling up the prehabilitation pilot project into a large-scale programme incorporating new conditions like cancer and orthopaedics.

We identified that we did not have enough capacity in the delivery team, so we have recruited an Insight Officer to support our learning cross the programme.

Developing our outcome evaluation elements; how can we use storytelling to demonstrate impact and value and how we track a change movement across a place and with different populations.

Intensive work within our focus wards to dig into the real issues: this will lead into a co-design process with local communities. Working across four wards.

We are 'weaponising' the six spheres of influence for our Exercise on Referral programme; working with activity leaders to use motivational interviewing and influencer to improve adherence and self-reporting. We are testing three different methods to implement behaviour change theory with local communities, health professionals and for people with long term conditions.

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