

# South Tees

## Local delivery pilot

**YOU'VE  
GOT  
THIS.**

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### Background to the pilot

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. Redcar & Cleveland is geographically the largest borough in the Tees Valley. with a total population of 135,200. Redcar & Cleveland is an area of immense contrasts and includes the vast industrial complexes of Wilton International, the steel industry and Teesport, as well as the attractive coastal resorts of Redcar, Marske and Saltburn, the ancient market town of Guisborough and scenic countryside edging the North York Moors National Park.

Middlesbrough is the most urbanised and densely populated local authority area in the Tees Valley. It is bounded by the River Tees to the north, the North York Moors National Park to the south, and the built-up urban areas of neighbouring authorities to the east and west. Middlesbrough's communities are amongst the most diverse in the region with around 50 nationalities are represented in the population of the town.

This unique geography reflects a broad range of diverse and challenging elements, but provides a distinct, cohesive and manageable area in which to

deliver our vision and our pilot. Joint working is a key feature of the two authorities of South Tees, with many services and agencies specifically servicing the area, including: NHS South Tees Clinical Commissioning Group; South Tees Hospitals NHS Foundation Trust; and the South Tees G.P. Federation. Public leisure facilities are managed by Everyone Active on behalf of both boroughs.

### **What's the pilot aiming to achieve?**

We have a simple vision for our place: 'An active life as a way of life'. We have a simple vision that is clear and easy to communicate; a vision that everyone can understand. We want local people, organisations, leaders and institutions to see their place and their contribution to the vision. Our vision is the foundation from which we drive system change and everything is built on this.

### **Who's the target audience?**

We are taking a Proportionate Universalist approach: a universal offer resource should be significantly targeted at those who need it most. We are focused on two key themes: Communities of Place and Communities of interest.

#### **Communities of Place**

These are geographical areas, working with whole populations across a targeted area. Our wards that experience the greatest daily inequality challenges that we focus on are; North Ormesby (IMD 2015 rank 2nd), Grangetown (6th), Brambles & Thorntree (10th) and South Bank (182nd). They were identified not only because of the significant levels of need and the stubborn health inequalities that prevail in these places, but also because of the assets, resilience and potential, we believe is being unlocked within these communities. These communities have seen significant change over the last 20 years, both physical and cultural.

Previous initiatives such as Single Regeneration Budget and Neighbourhood Renewal Fund have not brought about any lasting changes for these places. Whilst the focus wards face significant challenges, there has been a strong investment in asset-based community development and there is a vibrant voluntary and community sector presence. This ranges from less formal groups to charitable organisations and faith groups. There are also significant physical assets and green spaces across the place.

## **Our Communities of Interest.**

### **Thematic Workstreams**

These themes emerged from the discussions within our partnership. They were a set of negotiated work themes, synthesised from a larger range of potential priorities that we believed had the greatest opportunity for development and to match our ambition of change at scale. Each theme has a steering group that leads and informs the work of each community of interest.

Members of these groups represent a broad range of organisations: the local NHS trust; Clinical Commissioning Group; national agencies and local leaders across a range of occupational levels, including a Clinical Director, specialist nurses, consultants, dieticians, public health specialists and academics from a range of institutes.

### **Prehabilitation**

Inactivity, smoking and excess alcohol all have an independent evidence base for having negative, adverse impact on surgical outcomes. Prevalence of these behaviours in patients presenting for major surgery locally is high – between 30%-50%. Complications following surgery can lead to significant morbidity resulting in an adverse effect on quality of life and reduced independence. Improvement strategies have focused on the intra-operative and post-operative phase of the treatment, however little attention has been paid to the preoperative period.

Prehabilitation prescribes physical activity introduced before major surgery to improve post-operative outcomes. Major surgery offers a teachable moment to support sustainable behaviour change. Preoperative patients quote a lack of opportunity and concerns around health as reasons for not undertaking physical activity; however, 90% are prepared to undertake physical activity with the right support. There is a significant opportunity to produce a replicable model for this audience that produces cost-effective outcomes in terms of post-operative recovery. Prehabilitation is an emerging health care concept that has huge potential for community-based delivery.

### **Individuals with or at risk of developing diabetes**

The cost of diabetes to the NHS is over £1.5m an hour or 10% of the NHS budget for England and Wales. This equates to over £25,000 being spent on diabetes every minute. Approximately 90% of people living with diabetes in the UK have Type II. Each year more people are diagnosed with Type II, which is largely caused by lifestyle factors: inactivity, smoking, diet. We will work with practices across the

South Tees to develop innovative ways of supporting patients to achieve remission through being more active and nutritional support.

### **Slimming World**

Slimming World sessions are well-used across South Tees, delivering to over 6,500 members, which is approximately 3% of the adult population in South Tees. Evidence shows that these are effective at reducing body mass and improving other health measures. This work has not always been linked to physical activity, but we are working with Slimming World consultants to increase the prevalence of physical activity through their members. Slimming World provide a structured, ready-made network to engage with, but we have to balance our vision with their commercial aspirations and strike a mutually beneficial position with which we can utilise to support people locally.

### **Health Professionals**

The role of health professionals in promoting physical activity is crucial; however, engaging these groups in the promotion of physical activity is often difficult. They are uncomfortable with providing patients with anything other than generic physical activity advice and cite barriers such as lack of time, training and reimbursement for their efforts. Our prehabilitation work has demonstrated that in addition to primary care staff, only 23% of secondary care staff are aware of physical activity guidelines and only half encourage patients to get active before surgery. We want to co-design new ways of supporting Health Professionals; building their knowledge, ability and confidence to promote physical activity advice and referral. Additionally, we are working to support the redesign of a person-centred approach to Exercise on Referral across the whole geographic area of South Tees.

## **What's happened over the past 12 months?**

### **September 2019–March 2020**

- Built trusted relationships with residents and leaders in our focus wards.
- Developed working links with a range of health professionals and developed specific plans on how to support people with Long Term Conditions and Type II Diabetes.
- Secured further investment from Pathfinder and Accelerator to mobilise our programme in communities and across work streams.
- Developed our initial campaign 'Personal Bests' in partnership with our leaders.
- Developed a local 'Active Practice' initiative with local GPs.

- Invested time and energy into our local 'Exchange' and developed new thinking around system change and common purpose.
- Further developed our knowledge about what is happening on the ground in communities using new technology and software.

Our insight provided a focus for our investment in relation to the nature and scope of what we will do to achieve change, but a vital element of system change must be HOW we achieve this. In our original proposals we outlined our aspiration for creating not only active communities, but also building legacy with collaborative working and leadership to shift power into communities. This work had taken a lot of time and we had reached a point of implementing our programme within communities (of place and interest). During February we started to develop our methodology for co-design with our communities.

### **March –September 2020**

The initial national lockdown forced us to pause much of the programme, particularly work with health professionals and in communities. Focus groups, one to one discussions with residents, group activities and exercise sessions stopped. We had to develop our response to the new context very quickly whilst maintaining our original intent for the programme.

- We developed an on-line presence across all four main social media platforms.
- We got physical activity questions built into the forms used by the emergency response teams established by the local authorities.
- We increased our use of Artificial Intelligence (AI) insight has to inform social media messaging and delivery. This insight influenced how the pilot framed posts on its social media since the AI showed that the volume of online conversations about mental health had increased. YGT responded to this learning by highlighting the relationship between physical activity and improved wellbeing on its Facebook page.
- Insight that has come from members of the Exchange is that they would find it helpful to have something tangible to support conversations with others about YGT and the vision of 'active lives as a way of life'. Based on this the core team have worked with The Creative Alchemist to develop an 'Ambassador Pack'. The Creative Alchemist delivered a workshop to the Exchange in September 2020 to share their ideas around the Ambassador pack and receive feedback. The process of this co-design aims to further

engage ambassadors to play an active role, create ownership and strengthen reciprocal relationships.

- The Outdoor Education offer was commissioned as a response to a lack of structure, access and opportunity for children, young people, and families in the most disadvantaged wards across South Tees. There is a commissioned provision in each of the local authority areas involving organisations that have not previously worked together.
- 'Bags of fun' were activity packs developed for the communities of Tees Valley, including South Tees to support physical activity at home. This is an example of a responsive piece of work within YGT, during pandemic restrictions, that was delivered rapidly to support communities with physical activity.
- The focus wards work is currently undertaking engagement and insight work following the period of the national lockdown (March – June) during the ongoing pandemic. The focus of the work is to re-engage with key community influencers such as the ward councillors, housing associations, community groups and council staff. The purpose of this is to understand the current situation in each ward, gather local insight and strengthen relationships.
- The focus of the work has shifted in the focus wards following reflection during the pandemic. The insight officer has identified new priority populations (women, BAME communities, adolescents, people with a long-term condition or disability and older adults). These are the groups that the insight showed are the most likely to be adversely affected by the pandemic and lockdown.

## Key learnings over the past 12 months?

What are the ingredients to creating the conditions for collaboration?

Individual: skills, competencies, mindset and values

### Core Team:

- Facilitating honest conversations between ambassadors.
- Strengths-based and needs led commissioning; enabling ambassadors to develop their own ideas rather than prescribing what the offer should be.
- Non-directive approach with the ability to say 'we don't know' with an openness to designing the process together.

- Being clear about why we might be saying 'we don't know' so that this did not get misconstrued at a more senior level.
- Open to hearing the honesty of the need and facilitating a response.
- Managing the expectations of all ambassadors involved in the process.
- Placing trust in programme officers to lead on the work.
- Developing collaboration is an opportunity to initiate shifts in mindset, working cultures and relationships amongst the members of the Exchange.
- Confidence to hold one's nerve (given the anticipated discomfort).
- Resilience and confidence to advocate a different way of working (as messages often need to be expressed repeatedly).

**Ambassadors:**

- Open to working in a new way; encouraged to shift their mindset by the Core Team.
- Willingness to have honest conversations about expectations, ability to deliver, openness to working with others.
- Seeing the collaboration as crucial and taking action to foster it, e.g. through team building exercises.

**System: collaboration, leadership and learning:**

- An open approach, inviting everyone with no expectation of how much they could offer.
- A willingness to move from competitor to collaborator; understanding that this develops over time, being willing to try it rather than assume it will not work and understanding the importance of developing relationships.
- YGT approach focused on basic principle and the expected outcomes rather than prescribing how to get there and focused on the anticipated legacy.
- YGT asked 'different' questions to facilitate process, for example focusing on how ambassadors would develop relationships rather than asking about how many people who access the provision.
- Ambassadors had a choice, how they collaborated was not prescribed (see quote above).

**Engagement and influence: senior leadership**

The conversation is ongoing in You've Got This regarding the best approaches to engaging and influencing senior leaders. There is a good level of commitment to the pilot with senior leaders in Public Health, two of whom sit of the PMO. Elected Councillors from each of the focus wards are also involved in You've Got This and attend the Exchange meetings, however the levels of commitment and understanding their role in championing the pilot is mixed. The PMO and CPT are

currently revisiting a stakeholder analysis to identify the position of individuals and strategize as to the most effective ways of not only maintaining commitment and good relationships but supporting senior leaders to champion You've Got This.

### What to think about when trying to work with a whole system approach?

*You've Got This partners have value in the programme vision and therefore engage with the programme. Trust and value are critical to whole system change.*

*Meaningful engagement (with system leaders including ambassadors and other influencers) will lead to increased levels of commitment to the programme and involvement with driving the vision forward collectively.*

*Conditions required for collective action (from a professional stakeholder focus), at different levels of the system*



*Providing effective insight will enable ambassadors to gain understanding of the programme and the WSA, leading to light bulb moments and increased engagement with the programme going forward. Gaining insight from ambassadors/partners on their experiences of YGT, feedback on insight provided, their working contexts and needs then creates a feedback loop to ensure the relationship is reciprocal.*

### **Stay connected**

To stay connected to the work of the South Tees pilot visit our website and social media channels. If you want to keep in touch with the work of all the local delivery pilots and hear about workshops and webinars, you can join the community of learning (CoL) [here](#).