**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.

**What has been happening in the South Tees Local Delivery Pilot?**

We have been working with local agencies to get the right representation within our partnership and agreeing the general principles and vision of what we want to achieve.

We are working with a range of academics from a number of institutions to develop our evaluation framework and outcome measures to ensure they meet the needs of our pilot programme.

We have developed a structure of thematic groups to act as the ‘engine’ for each strand of work and engaging local organisations to ensure we build our insight during the development phase.

Behaviour change theory and the development of appropriate interventions; co-produced with communities and health professionals is the foundation for much of our work and we are developing our understanding of how this is applied within the context of physical activity.

**Emerging thoughts and learning so far**

- System change is hard! Maintaining the support and interest of leaders across multiple agencies to a programme which is built on test and learn and emergence without a project plan and 180 page Project Initiation Document is tricky!
- This is a new way of developing a programme that is very different to previous initiatives such as regeneration programmes. Significant resources are needed to develop an understanding of the approach at all levels of the system.
- System change is reliant upon people and relationships; invest time in understanding the culture and environment that people operate in if you want them to understand what needs to change and their role in making it happen.
- The LDP is not a panacea; partners should not consider it to be the ‘answer’ to all the issues in a locality, but rather one element of a systemic response to health inequalities.

**What is happening over the next 6 months**

We facilitated a major conference in September to engage a broader range of people and organisations who operate and influence the system we need to change: but for many people systems thinking is brand new and we need to communicate our ambitions and also demonstrate their role and value within our pilot.

We are working on our branding, taking ownership of the programme and making it relevant to our communities with a message that speak to everyone. We are implementing an Intervention Mapping process in our focus wards, using an experimental approach which combines evidence from literature, local health data and community influence to identify our priority populations in each ward.

We are developing a practical application of behaviour change theory to engage health professionals (GPs, nurses, consultants) to use physical activity as a clinical pathway.
We are engaging local physical activity specialists to develop our community offer, designed to open up access to relevant and appropriate activities, improve our referral pathways and monitoring systems and design better ‘move on’ opportunities in our communities.

We will also work with Sport England to scope the potential to improve local planning, transport and growth guidance as points of leverage to promote environments conducive to physical activity.

September 2018