Figure 1: Headline Health Data for Middlesbrough and Redcar & Cleveland

	Middlesbrough	**Redcar & Cleveland**
Overall health	Generally worse than the England average. Middlesbrough is one of the 20% most deprived districts/unitary authorities in England and about 31% (8,900) of children live in low-income families. Life expectancy for both men and women is lower than the England average.	Generally worse than the England average. Redcar and Cleveland is one of the 20% most deprived districts/unitary authorities in England and about 24% (5,800) of children live in low income families. Life expectancy for both men and women is lower than the England average.
Health Inequalities	Life expectancy is 12.5 years lower for men and 13.0 years lower for women in the most deprived areas of Middlesbrough than in the least deprived areas.	Life expectancy is 10.1 years lower for men and 7.0 years lower for women in the most deprived areas of Redcar and Cleveland than in the least deprived areas.
Child Health	In Year 6, 22.7% (401) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 is 25 per 100,000, worse than the average for England. This represents 25 stays over 3 years. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average.	In Year 6, 21.0% (307) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 is 43 per 100,000, worse than the average for England. This represents 35 stays over 3 years. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average.
Adult Health	The rate of alcohol-related harm hospital stays is 819 per 100,000, worse than the average for England. This represents 1,091 stays per year. The rate of self-harm hospital stays is 209, worse than the average for England. This represents 310 stays per year. Estimated levels of adult smoking and physical inactivity are worse than the England average. The rate of hip fractures is worse than average. Rates of sexually transmitted infections and people killed and seriously injured on roads are better than average.	The rate of alcohol-related harm hospital stays is 762 per 100,000, worse than the average for England. This represents 1,048 stays per year. The rate of self-harm hospital stays is 246 per 100,000, worse than the average for England. This represents 310 stays per year. Estimated levels of adult excess weight are worse than the England average. Rates of sexually transmitted infections, people killed and seriously injured on roads and TB are better than average.

Source: Fingertips

There will be differences in needs within socially excluded groups (for example between men and women) and these differences must be understood and responded to appropriately using a pro-active and holistic approach.

The 5-health inequality key priority areas (Maternity, Severe mental illness (SMI), Chronic respiratory disease, Early cancer diagnosis and Hypertension case-finding) are joined by a sixth priority: smoking cessation. This is also included at this level of Core20PLUS5 as a cross cutting theme because stopping smoking has a positive impact in all of the five clinical areas of focus.

All six of these priority areas are a consistent thread throughout all of the actions identified within each OGIM. The local OGIM approach is aimed at reducing the significant health inequalities in South Tees, including for the cohorts of people within inclusion health groups.

Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery.

People belonging to inclusion groups, tend to have very poor health outcomes, often much worse than the general population and a lower average age of death. This contributes considerably to increasing health inequalities. Poor access to health and care services and negative experiences can also be commonplace for inclusion health groups due to multiple barriers, often related to the way healthcare services are delivered

The Tees Valley OGIMs include:

- Prevention (healthy lifestyles)
- Cancer
- Long Term Condition Management (Respiratory, CVD, Diabetes)
- Vaccination programmes
- Access
- Mental Health
- Palliative and End of Life Care
- Maternity
- Children and Young People
- Elective Recovery

This is in addition to work led by partners that supports addressing the wider societal determinants of health including employment, housing, air pollution and transport.

In order to ensure health inequalities are positively impacted across all services, it is imperative that we work collaboratively as a place-based system to agree a framework for action. This must be focused around the key priority groups, as above (people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery), and using intelligence from the Core20PLUS5 approach, plus building upon the information, support and intelligence flowing from the ICS Advisory Group. The framework should set out how partners will work together and utilise all available networks, resources and governance arrangements in place to improve prevention, access to care and wider societal determinants of health.

and support, exacerbating health issues and hindering recovery from substance misuse issues, which are extremely prevalent amongst this cohort.

Stigma and discrimination associated with criminal records and substance misuse can deter individuals from seeking help and accessing services in South Tees (https://www.redcar-cleveland.gov.uk/community-support/south-tees-changing-futures-programme). Insufficient support for people transitioning out of custody can also be a challenge. Failing to ensure continuity of care for those transitioning from custody to community can often result in relapse and re-offending (https://www.middlesbrough.gov.uk/children-families-and-safeguarding/south-tees-youth-justice-service). Access to appropriate mental health care is also often limited locally, particularly for those with dual diagnoses of mental health issues and substance misuse (https://www.gov.uk/government/news/more-vulnerable-adults-supported-through-changing-futures-programme).

Treatment and recovery services provide a proven, protective factor for people that engage with them. There were 2,607 adults in treatment for drug misuse at year end of 2022/23 in South Tees. This was made of up 1,767 adults in Middlesbrough and 840 adults in Redcar & Cleveland. There were 1,028 new adults in drug treatment at the end of 2022/23 in South Tees, the highest rate since early 2020/21.

There were 708 adults in treatment for alcohol misuse at year end of 2022/23 in South Tees. This was made up of 382 adults in Middlesbrough and 326 adults from Redcar & Cleveland. There were 439 new adults (int alcohol treatment for the first time during 2022/23.

There were 214 young people in treatment for substance misuse at year end of 2022/23 in South Tees. This was made of up 92 young people in Middlesbrough and 122 young people in Redcar & Cleveland. The number of young people in treatment has been steadily increasing since 2020/21.

The health harms associated with alcohol consumption in England are widespread, with around 10.4 million adults (Health Survey for England 2019, NHS Digital) drinking at levels that pose some level of risk to their health; of these, around 1.8 million are higher risk drinkers. Alcohol-related deaths made up around 4% of all deaths in 2019 (ONS, 2021). Of these, about a quarter are alcohol-specific deaths – e.g. from alcohol poisoning, alcoholic liver disease, alcoholic pancreatitis. The remaining alcohol-related deaths are from conditions partially related to alcohol, roughly two thirds of which are from chronic conditions – e.g. cardiovascular diseases and cancers, with the remainder caused by acute consequences such as road traffic accidents or intentional self-harm.

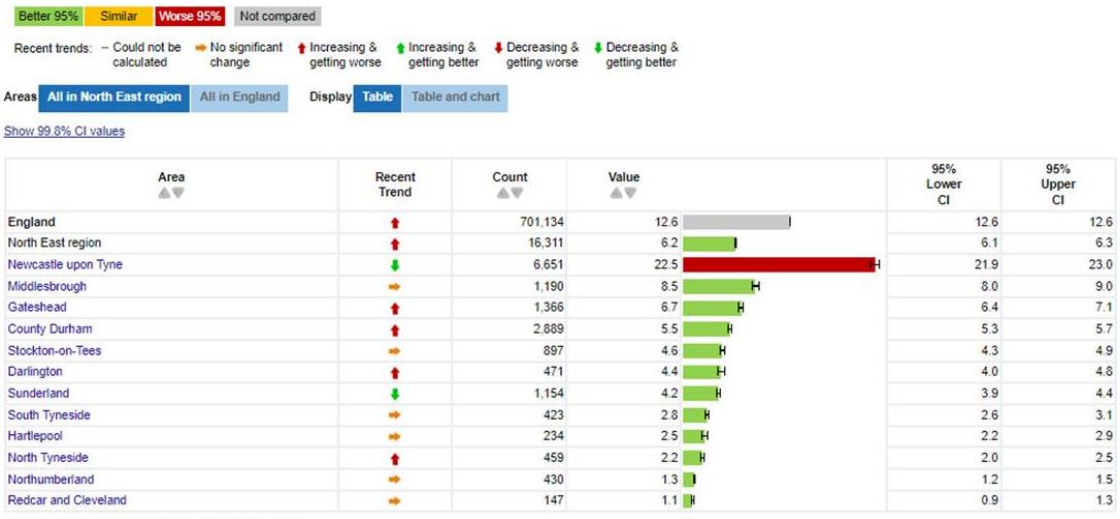
High rates of alcohol-specific mortality and mortality from chronic liver disease are likely to indicate a significant population who have been drinking heavily and persistently over the past 10 - 30 years. The rate of alcohol-specific mortality in Middlesbrough is 19.4 deaths per 100,000 population, whilst in Redcar and Cleveland this rate is 14.4. Both of these areas are amongst the most deprived local authority areas in the country and are significantly higher than the England average: 10.9 deaths per 100,000 of the population (Source: LAPE, PHE).

and address, additional cost to services of migrants with health conditions, waiting times are longer and this impacts on the local population. There are concerns about migrants travelling to the UK to 'exploit' free healthcare, and often migrants mental health is very poor upon arrival in the UK due to the stress and trauma that their journey caused them.

Not By Choice - a publication by Doctors of the World (Oskrochi et al 2022) looking into migration and vulnerability during the pandemic highlighted clear barriers to wellbeing for asylum seekers and refugees. During the pandemic there was a 19% increase in inadequate housing (62.8%) compared to before the pandemic (44%). Inadequate housing conditions are known to have harmful effects on both physical and mental health. In total 26.6% reported bad or very bad general health and 15.28% were recommended to seek diagnosis for a mental health disorder based on their response to the survey.

Figure 4 below shows the number of new Flag 4 records added in the previous 12 months existing on the Patient Register at 31st July per thousand resident population. Flag 4s are codes within primary care systems which indicate that someone registered with a GP in England and Wales was previously living overseas.

Figure 4: GP Registrations from People Previously Living Overseas



Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	701,134	12.6	12.6	12.6
North East region	↑	16,311	6.2	6.1	6.3
Newcastle upon Tyne	↓	6,651	22.5	21.9	23.0
Middlesbrough	→	1,190	8.5	8.0	9.0
Gateshead	↑	1,366	6.7	6.4	7.1
County Durham	↑	2,889	5.5	5.3	5.7
Stockton-on-Tees	→	897	4.6	4.3	4.9
Darlington	↑	471	4.4	4.0	4.8
Sunderland	↓	1,154	4.2	3.9	4.4
South Tyneside	→	423	2.8	2.6	3.1
Hartlepool	→	234	2.5	2.2	2.9
North Tyneside	↑	459	2.2	2.0	2.5
Northumberland	→	430	1.3	1.2	1.5
Redcar and Cleveland	→	147	1.1	0.9	1.3

Source – Fingertips, OHID

Middlesbrough recorded the second highest number of migrant GP registrations of all local authorities in the region. Data shows that there has been no significant change to the number of migrant registrations compared to previous years. Redcar & Cleveland had the lowest number of migrant GP registrations of all areas in the region, and trends indicate no significant change to the number compared to previous years.

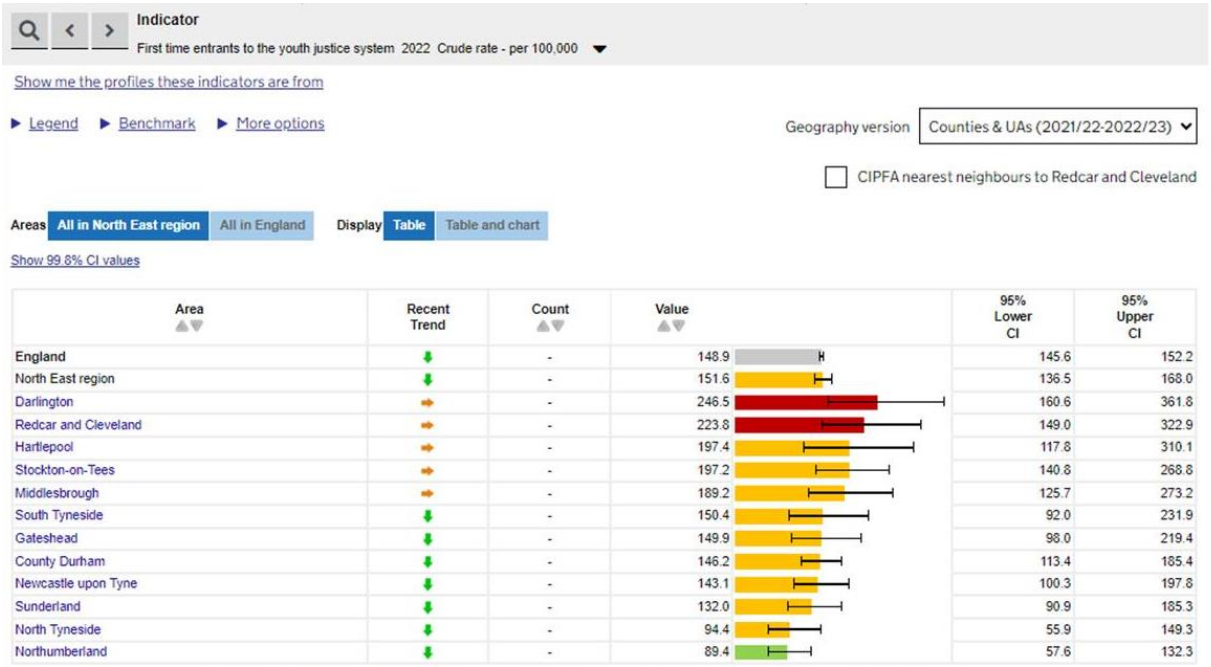
Asylum seekers and refugees indicated poorer health (34.4%) than undocumented (24.4%) or 'other' (22.5%) service users. When looking at migrant health outcomes compared to the health outcomes of UK-born nationals, data from the Migrant Observatory (Centre on Migration, Policy and Society (COMPAS) at the University of Oxford) shows that foreign born UK residents have a lower prevalence of life-limiting health conditions (18%) than UK nationals (26%). However, data shows that as the migrant population spends more time in the UK their health outcomes decrease.

In the South Tees area, individuals in contact with the criminal justice system face several key health issues and barriers. The most significant issues reported by the South Tees Youth Justice system and those adults from this cohort who have been in contact with the South Tees Changing Futures programme are:

- Mental health problems;
- Substance misuse;
- Homelessness;
- Chronic physical health conditions;
- Barriers/limited access to key support services;
- Lack of co-ordination amongst local services;
- Stigma and discrimination (associated with having a criminal record and the co-morbidities);
- Insufficient support for those transitioning out of custody.

Figure 5 outlines how Middlesbrough and Redcar & Cleveland rank in comparison to the region in relation to first time entrants to the Youth Justice System.

Figure 5: First Time Entrants to Youth Justice System (Ministry of Justice):



Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	148.9	145.6	152.2
North East region	↓	-	151.6	136.5	168.0
Darlington	→	-	246.5	160.6	361.8
Redcar and Cleveland	→	-	223.8	149.0	322.9
Hartlepool	→	-	197.4	117.8	310.1
Stockton-on-Tees	→	-	197.2	140.8	268.8
Middlesbrough	→	-	189.2	125.7	273.2
South Tyneside	↓	-	150.4	92.0	231.9
Gateshead	↓	-	149.9	98.0	219.4
County Durham	↓	-	146.2	113.4	185.4
Newcastle upon Tyne	↓	-	143.1	100.3	197.8
Sunderland	↓	-	132.0	90.9	185.3
North Tyneside	↓	-	94.4	55.9	149.3
Northumberland	↓	-	89.4	57.6	132.3

Source – Fingertips, OHID

Redcar & Cleveland have the second highest number of first time entrants into the youth justice system, with a rate of 246.5 per 100,000 population. This is significantly higher than the national value (148.9) and the regional value (151.6). Middlesbrough has the fifth highest prevalence, with a value of 189.2. Whilst this is lower than that of Redcar & Cleveland, this still remains higher than the national and regional values. Data therefore indicates that first time entrants to the youth justice system are significantly higher in both Middlesbrough and Redcar & Cleveland. Trend data signifies that for both areas, there has been no significant change in prevalence compared to previous years.

Multiple sources of evidence (e.g. Understanding the most serious violence among young people in London, Greater London Authority's City Intelligence Unit: https://data.london.gov.uk/dataset/serious-youth-violence) suggest that this high level is linked to deprivation, poor educational attainment and the multiple risk factors listed above.

- Enable better information sharing between services.
- Understand that people have different needs, so the support offered depends on individual circumstances.

Thrive Partnership

In April 2022 the Thrive Partnership, the integrated drug, alcohol and domestic abuse service, commenced in Redcar & Cleveland. We Are With You are the lead provider who provide the core substance misuse service, Harbour provide the core domestic abuse service and Intuitive Thinking Skills provide a recovery based programme. The Thrive Partnership:

- Provides personalised support, putting people at the centre of their own plans.
- Enables people to realise their true potential, encouraging change, hope and a plan for the future.
- Supports people to make positive and long-lasting contributions to their community.
- Reconnects people with family members and friends and be confident to celebrate successes.
- Delivers services in community settings, schools, colleges, and youth clubs – anywhere people would like to be seen.

South Tees Changing Futures Programme

South Tees was awarded £3.1m for the South Tees Changing Futures (STCF) programme in 2021. This programme supports adults experiencing multiple disadvantages in both Middlesbrough Council and Redcar & Cleveland Borough Council areas. The original programme was due to cease on 31st March 2024, but DLUHC/National Lottery Community Fund agreed that the original funding (£3.1m) could be extended over a longer period, to 31st March 2025.Following a competitive bidding process, a further £850,000 of funding was secured for 2024/25.

Changing Futures is funding a team of 17 Key Workers and five Enhanced Caseload Workers to 31st March 2024. From 1st April 2024, funding has been secured from the ICB Health Inequalities funding for a further 12 months. To October 2023, over 800 adults across the South Tees area have been engaged in support – everything from support to access housing, applying for benefits, arranging medical and other appointments including substance misuse services and generally just being a trusted advocate. They have workers based in the Emergency Department of South Tees Hospital Trust and Cleveland Police Custody Suite increasing the opportunity of engaging the most vulnerable. This cohort are invariably those most prone to health inequalities and the resultant higher risk of clinical issues.

Making Every Adult Matter (MEAM)

The MEAM Approach is embedded within all South Tees services, helping local areas design and deliver better coordinated services for people experiencing multiple disadvantages. It's currently being used by partnerships of statutory and voluntary agencies in 42 local areas across England. The MEAM Approach areas consider seven principles, which they adapt to local needs and circumstances. Most of the teams within South Tees including substance misuse, domestic abuse have received training and hands on support to embed this approach. Specialist services are also supported, such as The Guiding Light project supports a small group of women who are affected by violence and multiple disadvantage.

Embedding a Trauma Informed Approach

Changing Futures has funded a Trauma Informed lead and funding for training to improve practice across South Tees. The support has been well received and is making an impact. Over 400 staff have benefitted from training and 16 staff from a range of partners trained as Trauma Informed Champions in 2023, ensuring that effective practice is considered in their host organisation. These partners

include local authority teams, substance misuse services and voluntary and community organisations. A further 21 people have been identified as Round Two champions, including eight staff from Cleveland Police.

Housing
At the Changing Futures Programme Board meeting in February 2023, it was agreed that funding be allocated to trial a Housing First-Style model. Housing First-Style Sub-Group has been established to develop the project. In total, £560,000 of funding has been allocated to support delivery. Beyond Housing is working with RCBC to identify five properties and a draft specification, building on the Key Worker model.

Recovery Connections and Building Recovery In Middlesbrough (BRIM)
Recovery Connections is a peer-led, substance use recovery organisation based in Middlesbrough. Originally Hope Northeast, they were founded in 2008 by members of the local recovery community. Their Middlesbrough-based rehab is rated outstanding by the CQC.

In Summer 2022, Recovery Connections launched BRIM. Through the activities and collaboration involved in BRIM, their aim is to bring recovery, what it stands for, and its immense social value to the forefront of people's minds. BRIM also aims to:

- Challenge stigma and creating a positive frame for recovery.
- Create a coherent and town-wide approach to addiction.
- Match recovery goals to sustainable development goals set by UN.
- Re-develop under-privileged communities.
- Gain insight into what works in communities.
- Create contagious cascades of recovery and hope in the community.
- Create champions that visibly support prevention and early intervention.

Reconnect
RECONNECT is a care after custody service that seeks to improve the continuity of care of people leaving prison or an immigration removal centre (IRC) with an identified health need. This involves working with them before they leave to support their transition to community-based services, thereby safeguarding health gains made whilst in prison or an IRC. Whilst not a clinical service, RECONNECT offers liaison, advocacy, signposting, and support to facilitate engagement with community-based health and support services.

Cleveland Sex Work Strategy
The North East Sex Work Forum (NESWF) has developed a Cleveland Sex Work Strategy with the aim of a consistent harm reduction approach to the sex industry across Cleveland funded by the PCC office. This has included focus groups with frontline practitioners to assess knowledge gaps, consultation with the sex work community to assess unmet health needs and a local upcoming event which will host speakers from the sex industry and workshops to help improve local services going forward, specific training for local police is also in development alongside the NESWF.

- **Discrimination**: Experiences of discrimination and stigma further isolate these individuals from mainstream society and services.

Data Specific to the South Tees Area.

1. **Middlesbrough and Redcar & Cleveland**:
    - **Health Outcomes**: Data from Public Health England and local health profiles indicate that Middlesbrough and Redcar and Cleveland have some of the highest levels of health deprivation in England.
    - **Homelessness**: Reports from local councils highlight significant issues with homelessness. Middlesbrough has a particularly high rate of rough sleeping and use of temporary accommodation.
    - **Substance Misuse**: Local data shows higher rates of drug-related deaths in Middlesbrough compared to the national average. The area also reports high levels of alcohol dependence.
    - **Mental Health**: The South Tees area has higher rates of mental health issues, with local health services under significant pressure to meet demand.

Data Sources:

1. **Office for Health Improvement and Disparities (OHID), formerly Public Health England (PHE)**:
    - OHID provides detailed health profiles for local authorities, including data on health inequalities, substance misuse, mental health, and other relevant indicators.
    - Public Health Profiles provide specific data for Middlesbrough and Redcar and Cleveland.
2. **Local Authority Reports**:
    - Annual public health reports from Middlesbrough and Redcar and Cleveland councils offer insights into local health challenges and service provision.
    - Middlesbrough Council Public Health Report
    - Redcar and Cleveland Council Public Health Report
3. **Office for National Statistics (ONS)**:
    - ONS provides demographic data and statistics related to health, housing, and social determinants of health.
    - ONS Website

Evidence for what will have a positive impact in terms of addressing the issues:

Efforts to address these issues in the South Tees area should focus on:

1. **Integrated Care Models**: Developing integrated care pathways that address physical health, mental health, and social care needs.
2. **Community Outreach**: Enhancing outreach services to engage with hard-to-reach groups, ensuring they can access health services.

change, but it not always easy to implement this. Processes set by funders in regard to achievement of key performance targets, audit requirements and data management can limit creativity or a 'common sense' approach. Other factors impacting delivery include the culture of providers and the recruitment, retention and ongoing training of staff.

Some services operate overly rigid working processes that are not tailored to helping each individual benefit as they should. Too often services were perceived as being inflexible and uncaring. They often did not recognise how difficult it is for some people to manage through any day. As a system, too often we make the individual the problem. Their personal situation, health condition, history of engagement and approach to embracing support too often need to align with service requirements and preferences of staff. There is a case of bringing services to where people are, negating the need for an appointment-based system. The other alternative is to provide spaces where people feel comfortable, where they are welcomed and feel valued.

Trust with services is hard to achieve but easy to lose. Services therefore need to be consistent, delivery in a way that encourages people to remain engaged. The importance of services being trauma-informed when supporting vulnerable people cannot be overstated. Trauma-informed care (TIC) is an approach that acknowledges the widespread impact of trauma and understands potential paths for recovery. It recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system and responds by fully integrating knowledge about trauma into policies, procedures, and practices. The key benefits and importance of trauma-informed services are as follows:

1. **Creating a Safe Environment**: Trauma-informed services prioritise creating a safe physical and emotional environment for clients. This helps vulnerable individuals feel secure, reducing anxiety and fostering a sense of trust.
2. **Promoting Empowerment and Autonomy**: Trauma-informed care emphasises the importance of empowering individuals and fostering their autonomy. This approach helps clients feel more in control of their lives and decisions, which is crucial for their recovery and well-being.
3. **Understanding Trauma's Impact**: Recognising that trauma can have profound effects on an individual's behaviour, mental health, and ability to engage with services allows providers to tailor their approaches accordingly. This understanding helps in avoiding re-traumatisation and in providing more effective support.
4. **Building Trusting Relationships**: Trauma-informed care focuses on building strong, trusting relationships between service providers and clients. Trust is essential for vulnerable individuals to feel comfortable sharing their experiences and engaging fully with the support offered.
5. **Improving Engagement and Retention**: When services are trauma-informed, clients are more likely to engage with and remain in the services provided. This can lead to better outcomes, as continuous support and consistent engagement are critical for vulnerable individuals' progress.
6. **Reducing Re-traumatisation**: A trauma-informed approach aims to avoid practices that may inadvertently re-traumatise individuals. This involves being mindful of triggers and stressors and ensuring that interactions and interventions are sensitive and respectful.
7. **Holistic Support**: Trauma-informed care often involves a holistic approach, addressing not just the immediate issues but also the underlying trauma and its long-term effects. This can lead to more comprehensive and sustainable support and recovery.
8. **Cultural Competence**: Trauma-informed services are often more culturally competent, recognising and respecting the diverse backgrounds and experiences of individuals. This is crucial in providing relevant and effective support.

    - Source: ONS Website
- **NHS Digital**:
    - **Statistics on Drug Misuse and Mental Health**: Comprehensive data on the prevalence of drug misuse and mental health issues.
    - Source: NHS Digital
- **Homeless Link**:
    - **Annual Review of Single Homelessness Support**: Reports on the state of homelessness and support services in England.
    - Source: Homeless Link
- **Local Data and Reports**:
    - Specific studies and reports commissioned by local health authorities and councils in Middlesbrough and Redcar and Cleveland.
- **Research Articles and Policy Papers**:
    - Various academic and policy papers focusing on health inequalities, social determinants of health, and inclusion health.
    - Systematic reviews, which provide a broader understanding of findings from multiple studies.
    - Specific studies:
        - **Cognitive Behavioral Therapy**: McGuire, J. (2008). A review of effective interventions for reducing aggression and violence. *Philosophical Transactions of the Royal Society B: Biological Sciences*.
        - **CBT for Anger Management**: Howells, K., & Day, A. (2003). Readiness for anger management: Clinical and theoretical issues. *Clinical Psychology Review*.
        - **Educational and Vocational Training**: Davis, L. M., Bozick, R., Steele, J. L., Saunders, J., & Miles, J. N. V. (2013). Evaluating the Effectiveness of Correctional Education. *RAND Corporation*.
        - **Substance Abuse Programs**: Mitchell, O., Wilson, D. B., & MacKenzie, D. L. (2012). The effectiveness of incarceration-based drug treatment on criminal behavior. *Campbell Systematic Reviews*.
        - **Restorative Justice**: Sherman, L. W., & Strang, H. (2007). Restorative Justice: The Evidence. *Smith Institute*.
        - **Victim Satisfaction**: Latimer, J., Dowden, C., & Muise, D. (2005). The effectiveness of restorative justice practices: A meta-analysis. *The Prison Journal*.
        - **Mentorship Programs**: Jolliffe, D., & Farrington, D. P. (2007). A rapid evidence assessment of the impact of mentoring on re-offending. *Home Office Online Report*.
        - **Probation Services**: National Probation Service. (2019). *Probation Reform Programme*.
        - **Diversion Programs**: Petrosino, A., Turpin-Petrosino, C., & Guckenburg, S. (2010). Formal System Processing of Juveniles: Effects on Delinquency. *Campbell Systematic Reviews*.
        - **Family Therapy**: Henggeler, S. W., & Schoenwald, S. K. (2011). Evidence-Based Interventions for Juvenile Offenders and Juvenile Justice Policies that Support Them. *Social Policy Report*.
        - **Mental Health Courts**: Honegger, L. (2015). Does the evidence support the case for mental health courts? A review of the literature. *Law and Human Behavior*.
        - **Reduction in Recidivism**: Aos, S., Miller, M., & Drake, E. (2006). Evidence-Based Adult Corrections Programs: What Works and What Does Not. *Washington State Institute for Public Policy*.
        - **Reoffending Rates**: Ministry of Justice. (2013). *Compendium of reoffending statistics and analysis*.

- **Rehabilitation Outcomes**: Visher, C. A., Winterfield, L., & Coggeshall, M. B. (2005). Ex-offender employment programs and recidivism: A meta-analysis. *Journal of Experimental Criminology*.
- **Enhanced Victim Satisfaction**: Umbreit, M. S., Coates, R. B., & Vos, B. (2004). Victim satisfaction with mediated dialogue with offenders: The impact of victim-offender mediation. *International Review of Victimology*.
- **Cost-Effectiveness**: Drake, E. K., Aos, S., & Miller, M. G. (2009). Evidence-Based Public Policy Options to Reduce Crime and Criminal Justice Costs: Implications in Washington State. *Victims & Offenders*.
- **Humanizing the Justice Process**: Maruna, S., & LeBel, T. P. (2003). Welcome home? Examining the reentry court concept from a strengths-based perspective. *Western Criminology Review*.

These sources collectively provide a comprehensive view of the issues faced by inclusion health groups, offering both quantitative data and qualitative insights into the barriers and challenges they encounter.

6. **Mental Health Interventions**:
    - **Mental Health Courts and Specialised Services**: For offenders with mental health issues, tailored mental health interventions and specialised courts that focus on treatment rather than punishment have been effective in reducing reoffending and improving mental health outcomes.
7. **Impact on Offenders and the System**
    - **Reduction in Recidivism**: Many of these support approaches have been shown to reduce reoffending rates, which is a primary goal of the criminal justice system.
    - **Improved Rehabilitation and Reintegration**: Programs that focus on education, skills training, and therapy help offenders reintegrate into society as productive members.
    - **Enhanced Victim Satisfaction**: Restorative justice approaches often result in high levels of victim satisfaction and a sense of justice being served.
    - **Cost-Effectiveness**: Community-based programs and diversion initiatives can be more cost-effective than imprisonment, reducing the overall burden on the criminal justice system.
    - **Humanising the Justice Process**: Support approaches emphasise rehabilitation and support over punishment, promoting a more humane and effective criminal justice system.

In summary, evidence-based support approaches within the English criminal justice system have demonstrated positive impacts on reducing reoffending, improving rehabilitation outcomes, enhancing victim satisfaction, and promoting a more cost-effective and humane justice process.

Health and support services may be available, but some BAME communities are unaware of their existence as they are not promoted in the right way or at the places where communities attend to access other support e.g. food banks, immigration advice, places of worship etc. Not all health services, including dentists, provide an interpreting service. An example was given of refugee families from Kuwait (Arabic speakers) who desperately and urgently need to register with a dentist. Telephone consultations can present a language barrier.

9. What are the recommendations?

9.1 Recommendations Overview

The following five guiding principles are not mutually exclusive, but should work together in a long-term way across national, regional, and local systems:

Healthy-by-default and easy to use initiatives – Initiatives that make healthy choices the default and services easy to use tend to be 'upstream interventions' that target structural factors and do not require much agency to improve health (i.e. individuals do not need to invest much of their own resources or effort to benefit). On the other hand, high agency interventions tend to increase inequalities. Case study examples include Stockton-on-Tees which has made a range of changes to the town to help economic recovery and promote physical activity, and the Pupil Premium, additional funding provided direct to schools based on the number of pupils receiving free school meals or who are classified as looked-after.

Long-term, multi-sector, multi-component action – Health inequalities are driven by an unequal distribution of the wider determinants of health. Any programme of levelling up health needs actions across multiple sectors and which are cross-government to address this unequal balance of the wider determinants of health. Case study examples include the Preston model which involved the city council leading a multi-sector approach to build community wealth, and Healthy New Towns an initiative led by NHS England in partnership with 10 housing development sites across England and a range of different local organisations to design and shape new places so that they promote health and wellbeing.

Locally designed focus – Services and programmes need to be designed around the specific needs of places and communities, especially in disadvantaged or ethnically diverse areas. Evidence suggests that programmes with good community engagement are more likely to be effective.

Targeting disadvantaged communities – Disadvantaged areas and communities need bespoke interventions above and beyond what is provided to the rest of the population. Case study examples include the New Deal for Communities which targeted 39 deprived neighbourhoods in England focusing on crime, community, housing, education, health, and worklessness, and the Wirral Council programme on helping people who were out of work back into employment.

Matching of resources to need – More resources should be given to those with more need to enable the extra support they need to enjoy good health.

Specific policy recommendations include:

1. Levelling up health should be a core part of the cross-government levelling up activity.
2. A long-term, cross-government Levelling Up for Health or Health Inequalities Strategy is needed to drive national, regional and local action.
3. A clear vision for levelling up health and what success would look like is needed informed and supported by an agreed set of metrics.
4. National and local policies to level up should be informed and checked against the evidence based principles outlined above.
5. Local areas supporting the levelling up agenda need the adequate resources to effect change, working closely with local communities.
6. A prioritisation process should be undertaken to identify a set of cross-government priority domains and actions (e.g. housing, education, or welfare) which are likely to have the greatest impact on levelling up health. This may include a combination of stakeholder engagement,

literature review and data analysis to identify those domains which are likely to have the biggest impact in the short, medium and long term.

7. Allocating resources in proportion to need should be used for distribution of public funds rather than competitive bidding.
8. There is a need to broaden the public narrative on health outcome disparities from being perceived as a predominantly health service issue (dealing with the impact) to a social/structural issue that everyone needs to invest in. This could be a facilitated through a public conversation on levelling up health.

9.2 Specific Local Recommendations

Recommendation – Review Substance Misuse Services and Plan for Different Funding Scenarios
Funding for substance misuse services has been supplemented by significant, additional grant funding since 2020. At present (early 2024), this is all due to end by 31/3/2025, subject to review by the Government following the July 2024 election. We will review our South Tees substance misuse service models and plan for scenarios for 2025/26 onwards, based on different funding levels.

Recommendation – Improved Housing
To improve the outcomes of asylum seekers and refugees, local authority strategies should focus on improving the social determinants of health that affect health and wellbeing. Inadequate housing provision including issues such as mould, infestation and overcrowding are key issues. There should be a focus on improving housing support for these groups, including assessments on the suitability of accommodation, an increase in services to resolve disputes and a focus on long-term investment for historically deprived neighbourhoods, to increase physical and mental wellbeing among residents.

Recommendation – Pilot a Housing First-style Approach
A large-scale fully-fledged Housing First model would require £millions of investment, along with significant amounts of both housing and staffing capacity. Unfortunately, we are not in a position to deliver that for South Tees at this stage so we have a vision to start with a small-scale Housing First model which could be scaled up if we are successful in gaining further investment. To provide some mitigation to the local issues, we have £560,000 as one-off grant funding, into developing a Housing First approach. Provision will be commissioned at a local level, funded through combined Changing Futures and TEWV Community Transformation.

Recommendation – Healthy Literacy for Aslyum Seekers/Refugees
Healthcare resources from local GP and other primary care centres should be made available in other languages as standard practice, to resolve language barriers to accessing healthcare for refugees and asylum seekers. There should also be a focus on ensuring interpretation is readily available where needed. Furthermore, training and education for administrative staff and doctors working in local practices should be encouraged and implemented, to ensure understanding of the process for registering local refugees and asylum seekers within their practices. Local services offering psychological services for refugees and asylum seekers should be clearly communicated to those groups living in the local area.

Recommendation – Improved Accommodation (GRT Sites)
Local Authorities and Health and Wellbeing Boards should collaboratively address the negative impact accommodation insecurity has on Gypsies' and Travellers' physical and mental health. Effective joint working at the local level represents the most effective way of reducing health inequalities resulting from poor and insecure accommodation.

Recommendation – Flexible, trauma informed service delivery
Services to be more flexible and trauma informed in their service provision, recognising that potentially vulnerable women may have specific needs to be considered regarding timings of appointments alongside the consideration of an increase in out of hours support.

Recommendation – Women who experience multiple disadvantage
Commissioners, stakeholders and policy makers to develop a greater understanding of and to give consideration to the multiple needs of women in inclusion health groups. There should be a particular focus on those who are involved in or exploited through the sex industry and/or involved in the criminal justice service, within a health and safety model of service provision. This should enable the development of a tailored, local action plan.

Recommendation - Women who experience multiple disadvantage
Improved reporting routes to police with specific points of contact for women who experience multiple disadvantages such as the development of non-uniform, non-enforcing officers who are specifically trained to offer an enhanced response.

Recommendation Women who experience multiple disadvantage
More effective collaboration to be developed amongst frontline services, both public and voluntary to ensure sustained appropriate services for women experiencing multiple disadvantages.

Recommendation – Criminal Justice (or women who experience multiple disadvantage?)
Improvement of through the gate support from custody to community including the provision of suitable housing, particularly for women at this vulnerable stage. Consistent informed support is considered vital to decrease the chance of recidivism.

Recommendation – Criminal Justice
Early interventions to prevent a custodial sentence and therefore to prevent health and wellbeing needs escalating. This should include a focus on preventing children and young people coming into contact with the criminal justice system, but also intervening earlier to improve the health and wellbeing of people already in the criminal justice system.

Recommendation – Health Literacy
To promote health literacy and reduce inequalities in health, local areas should:

- Adopt an early intervention approach to health literacy – ensuring that promoting health literacy is fully integrated into early years and school curriculums.
- Consider the integration of health literacy promotion into other local policy and strategy which promote literacy, language, numeracy and ICT skills, for example.
- Ensure that all health and social care information services are clear and accessible to all, regardless of individual ability.
- As part of a broader strategy, improve the economic and social conditions for at risk groups (the social determinants of health), as these are known to impact on literacy, health literacy, health outcomes and health inequalities.
- Develop awareness and empower health and social care professionals through training to improve health literacy by strengthening public–professional communications.
- Invest, develop, evaluate and share good practice in relation to health literacy Improving health literacy to reduce health inequalities 48 initiatives which improve health and reduce health inequalities.
- Use local knowledge and skills by investing in effective and sustainable community-led approaches, such as ‘health literacy champions’ and using social networks to distribute good health literacy.

- Develop awareness and empower health and social care professionals (across all tiers of an organisation) to improve health literacy and health inequalities by strengthening public–professional communications. This can be achieved through training, continued education and inter-disciplinary initiative.

Recommendation – Develop Local Inclusion Health Research Projects
Our research recommendations are:

- Research studies should routinely examine the distribution of impacts of interventions across socio-economically disadvantaged areas and groups;
- Health inequalities programmes need robust evaluation;
- There needs to be more research into multiple disadvantage and intersectionality;
- A Health Equity Evidence Centre is needed to develop the evidence of what works to address inequalities. More support is needed to help local systems translate research evidence into practice – this can be more effectively achieved via further development of our links with South Tees HDRC.

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