APPENDIX 2

Tameside Health and Wellbeing Board Development Session Thursday 16th November

Tameside Healthy Places Engagement Report

On Thursday 16th November a development session was held with the Tameside Health and Wellbeing Board with the purpose of engaging on the third identified key workstream 'Healthy Places'. The background and context to the whole systems approach and for the three areas of food, physical activity and tobacco initially chosen to contribute to the Healthy Places agenda was presented to the board, followed by a workshop.

During the workshop, Board members had the opportunity to input across the three topics and were asked to consider the following questions:

- What are the **key opportunities for action** by the Board and its members?
- How can the Board and its members **be a champion** for the Healthy Places agenda?
- **What does success look like** for Tameside in the short, medium, and long term?

Key messages from the discussions for consideration in the Healthy Places strategic framework development include:

- Taking a whole system approach is key to tackling complex issues which impact on health and wellbeing.
- Poverty is a key driver which affects people's ability to make healthier choices or have the resources they need to prepare nutritious food.
- There are some 'quick wins' that could be implemented which could have a big impact.
- Being guided by data and intelligence is important in targeting activity.
- The Board and its members have role in championing the Healthy Places strategic framework, having conversations across the system to help win 'hearts and minds' and take a leadership role in ensuring this approach is embedded in all policies.
- The Board member organisations have role, as employers, in adopting the framework, promoting the Healthy Places work, and embedding the key delivery plans within their own organisational practice.

Further details from the topic specific discussions can be found in appendix 1. This information will be included as part of the development of the delivery plans for each of the workstreams.

Next Steps

Further engagement with key stakeholders and partners around the systems working approach and the ambitions for each strand of work is continuing to take place until February 2024.

A comprehensive programme of public consultation on the ambition for each area of work and what they would like to see as part of the delivery plan will take place from now until May 2024 before they are finalised and presented to the Health and Wellbeing Board in June 2024.

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Appendix 1

This appendix gives an overview of the discussion in each of the three break out groups. This feedback will also be used to inform the delivery plans for each workstream.

	Tobacco	**Food**	**Physical Activity**
Start Well	Educational awareness of the dangers of tobacco in schools. Provide takeaway messages for parents, carers, and families.	Portion sizes for children – changing culture and increasing knowledge. Early Help and prevention important – settings-based work in nurseries, schools, leisure centres etc. Availability of food for school children – vending, snacks, journey to schools. Can we undertake analysis of what people buy with their healthy start money? Possible research into this data to understand more around how this support is taken up and utilised – could existing streams of grant funding such as family hubs help to pay for this? Funding for more free school meals for children who are not currently eligible. Allison P - parents want the best for their children - how do we give that information. Children's Services can make a commitment to drive this agenda forward with schools and early help services. Do Pennine support children with SEN neurological conditions with healthy weight? Links to opportunities within pathways to signpost patients (potentially with additional risk	Schools – concern over amount of time allocated to PE in secondary schools. How do we prevent drop off in activity levels at 14+? Traditional sports can put lots of young people off and lead to a negative relationship with. After school activity – opportunities vary by school. This is not statutory and depends on staff interest but can create inequality. Supporting healthy schools. How can we encourage the embedding of PA in policies. Promoting CAS framework and supporting schools to use Home :: Creating Active Schools Use School Health Needs Assessment and other data such as NCMP to target interventions. We will know we have been successful if the number of 14-15 years olds participating has increased.

		factors such as sensory processing needs) into healthy weight support. Food ambassadors/champions in schools. Social anxiety as an issue in young people. Example discussed was that people would rather use drive-thru or online ordering of food due to the avoidance of social interactions – but this is another route to unhealthy food	
Live Well	Ensuring a workplace focus for stop smoking interventions, particularly for routine and manual workers.		Employers/workplaces promoting PA – walking meetings, messaging for employees etc. Promoting the Active Soles movement.
Age Well		Oral health in care homes links to nutrition and hydration and impacts on eating and healthy weight. View from the hospital - Pre-op preparation - carb loading pre-operatively can enhance recovery for some cohorts.	
Life Course	Creating a network of front-line workers who are 'Tobacco Free Champions' Communications and marketing: How to reach the harden smoker – local engagement required to support recent GM comms work.	Poverty as a driver and wider needs such as homelessness, temporary accommodation – no facilities to cook. Poverty drives food choices – cheap often equals poor nutrition. Links to fuel poverty – heat or eat. Ensuring proper co-production to involve residents and leadership form the community to push for a social movement around food.	Opportunity to refresh Active Tameside Estates Strategy. AT has ageing stock which needs to be considered. Accessible activities required. TMBC Strategic Planning – Masterplans and Local Plan – links to transport plan and ensuring accessible via public transport to encourage active travel to support healthy place making. Local plan making begins again in New Year. Can we bring Masterplans and Local Plan consultation to the HWB for review and comment.

	Consider hard hitting campaign messages, aligned to current GM campaign. Promoting the use of online support offers i.e. smoke free app Inter-organisational sharing of comms to amplify messages. [More enforcement is required with consistency. Working with organisations that work with existing community groups to increase reach e.g. Jigsaw - food pantries/allotment groups Develop smokefree settings work further especially in workplace settings.	Food waste - What is the level of fresh food waste? Is there an opportunity to distribute it. Supermarkets used to give out free fruit for children. Kings campaign on redirecting excess food to food hubs instead of food waste. Food waste apps such as 'Too good to go' or 'Olio' apps. Fresh fruit and veg often in multi-packs which leads to waste. Promotion of markets where you can buy individuals. Local food voucher system for Tameside market traders. Explore examples of good practice such as the 'Felix Project'. Packets of herbs and spices should be provided to help people make healthy food taste better – slow cooker project does this, but can it be extended? Donating to a food bank - need guidance on what to put in the donations - healthier options. Community fridges. Gardening – incredible edible, green alleys.	Safer communities and settings to encourage active travel – travel to school and VAWG agenda. Communications and marketing – need to win hearts and minds. Place based approach – using data to focus activity. Understand our neighbourhoods' challenges and assets – one size will not fit all. Walking/Rights of Way more publicity to increase use of and promote walking for journeys less than a mile. Board members can amplify messages through their own organisations. Promoting Park Runs in Hyde and Stalybridge and Couch to 5k app. Consider digital exclusion in all planning. Data and intelligence to drive activity – new Sport England data to LSOA level will help hyper local targeting. National travel survey data. Are we making the most of our natural spaces. Are they in the best condition, are the safe, are they lit eg. Chadwick Dam, Hurst res, Daisynook. Focus on neighbourhood level work, one size doesn't fit all and we need to recognise the local community groups as community assets make a difference.

Tameside Active Alliance Workshop Engagement Report

On Monday 20th December a workshop was held with the Tameside Active Alliance with the following purpose:

- To contribute to the development of the healthy places strategic framework.
- To review the current physical activity strategic objectives and the approach to promoting increased physical activity.
- To identify opportunities to develop the physical activity offer as part of the Sport England funded Place Partner work.

During the workshop, Alliance members had the opportunity to input into shaping the healthy places framework and the development of the Place Partner priorities. GM Moving data and insight partner, Press Red, presented the most recent data for Tameside to shape the discussion in the workshops, The discussion points from the workshops are documented in appendix 1 at the end of this report.

Key messages from the discussions for consideration in the development of the physical activity strategic objectives Tobacco-free Framework and targeting key underrepresented groups:

- The links to the anti-poverty agenda are important to recognise when considering accessibility to sport and leisure activity.
- One size does not fit all – consideration for inclusivity when designing physical activity spaces, programmes and interventions.
- Messaging around physical activity and promoting opportunities to be more active require sustained and consistent marketing and communication.
- Our approach should be place based.
- Active travel for utility for shorter journeys could be considered a quick win.
- Physical activity has an important role to play in ageing well.
- Promoting physical activity to improve mental health is a win for both the individual and the system.
- The Active Alliance is a key driver for change in Tameside.

Further details from the topic specific discussions can be found in appendix 1. This information will be included as part of the development of the physical activity framework and delivery plan.

Next Steps

A comprehensive programme of public consultation is taking place from now until May 2024 before the physical activity framework and delivery plan they are finalised and presented to the Health and Wellbeing Board in June 2024.

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Appendix 1 - Tameside Active Alliance Workshop Group Discussions Write Up from 20th November 2023.

Work and Skill Table Discussion	
How do we work as a system to support these groups? **What are the opportunities to do things differently?**	• Person-centred approach- discussion took place regarding conversations with those that are inactive getting moving is not a "one size fits all". • Private/social enterprises – what can be provided. • Isolation/loneliness/stigma- how can we reach those that are unemployed and work with agencies responsible for benefits to break stigma? • Pupil premium – discussion took place around educating not just children but parents/carers giving them the information's/skills resources but not just those that are eligible for pupil premium etc. • Small steps – education of the benefits of PA and how providers can encourage. • Exposure to what is out there- how do we inform people of what there is and how to access. • Benefits of moving more – do providers, employers know about HLE in Tameside and the impact of inactivity- how do we promote this? • Talking/mental health- linking this "physical activity- miracle pill" how do we promote physical activity? • See in action/try it – private organisations - building up case studies/ active champions. • What's on in Tameside? – one system (leaders /run by young people – led by young people) • Everyone can access- promote activity and address barriers. • Outside the box – advocate • Invested in the invested. • Volunteering – look at how those can reach communities and build in physical activity. • Campaigns – lived experiences, feelings, case studies. • Health • Short – sharp bursts – how do providers/workplaces encourage this? • Social connection/buddies • Mapping exercise – where's the info? Can connectors/champions support?
Older People Table Discussion	

How do we work as a system to support these groups?	• How do we define older people? Ask them!
	• Civic Participation and increased visibility of older people
	  ○ Volunteering – building connections and friendships
	  ○ Intergenerational activities

What are the opportunities to do things differently?	• "Guardian Angels" – childcare provided by older relatives
	  ○ Positive role models for children – healthy and active lifestyles
	  ○ "Ageing well from birth"
	  ○ Extended families – especially in South Asian communities
	• Sharing good news/existing activities to increase visibility of older people being physically active
	  ○ Marketing/Comms
	  ○ Collating and publicising existing activities to local people
	• Celebrate and promote active ageing
	  ○ Lived experience – case studies and stories
	  ○ Spotlight on examples of good practice
	• How do we engage with the extremely isolated?
	  ○ Improved collaboration across the system
	  ○ People who aren't engaging with any services – how do we identify and reach them?
	• Improved perception of safety in communities
	  ○ Community regeneration
	  ○ Hyperlocal activities
	  ○ TMBC Community Safety and GMP – increase engagement with older people
	• Access to greenspace and other activities
	  ○ Improved infrastructure
	  ○ Transport links and accessibility

Tameside Tobacco-free Partnership Workshop Engagement Report

On Thursday 14th December a workshop was held with the Tameside Tobacco-free Partnership with the following purpose:

- To contribute to the development of the healthy places strategic framework.
- To review the current approach to tobacco control in Tameside and review the strategic objectives of the tobacco control plan
- To identify opportunities to develop the stop smoking offer in Tameside using the additional Government allocation of £412,776 in 2024/25 (with similar expected for further 4 years).

During the workshop, Partnership members had the opportunity to input into the development of the Tameside tobacco-free plan and the development of the stop smoking service and the questions asked are documented in appendix 1 at the end of this report.

Key messages from the discussions for consideration in the development of the Tobacco-free Framework and use of the Smoke-free Generation grant funding include:

- Senior level buy-in across the system to drive the tobacco-free agenda in unison.
- Need to understand the causal roots of starting smoking and using tobacco and the wider determinants which make it difficult to stop smoking and focus on mental health, poverty and targeting high risk groups.
- Crucial to look at how to embed stop smoking support into pathways and plans across the system.
- We need to go to meet smokers 'where they are' with an appropriate, acceptable and accessible service and not expect them to 'come to us'.
- Using our community assets more effectively with brief intervention as a tool for consistent messaging and signposting to services.
- Increase the visibility of 'Smokefree Tameside' with a comprehensive communications and engagement programme is required to support regional and national campaigns.
- Build a network of community 'Smokefree Champions' across Tameside who can drive change and support the building of a social movement in communities.
- Tameside has a strong system to draw upon and deliver the tobacco-free framework to make smoking history in our borough.

Further details from the topic specific discussions can be found in appendix 1. This information will be included as part of the development of the Tobacco-free Framework and delivery plan and for the use of the grant funding from April 2024.

Next Steps

A comprehensive programme of public consultation on the ambition for making smoking history in Tameside and what they would like to see as part of the delivery plan will take place from now until May 2024 before they are finalised and presented to the Health and Wellbeing Board in June 2024.

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Appendix 1 - Tameside Tobacco Workshop Group Discussions Write Up from 14th December 2023.

Tobacco Control Table Discussion One	
1. Is this the right approach?	The right approach for now and in future is being taken for tobacco control with people with mental ill health, however: - Branding issues – current "warning graphic labels" (photos) are not deterring -people from smoking. (MIH) - Smoking is still seen as something that is appealing to young people (MIH) - Need to understand the causal roots of why people smoke (MIH) - Friendly approach to build rapport with clients is imperative (LGBTQ+) - Consider making stop smoking support part of various treatment pathways and embed within treatment plans (LGBTQ+) - Welcome Swap to Stop programme – new initiatives welcomed to provide alternatives to current quit offers (LGBTQ+) - Focus on poverty and smoking – high prevalence groups e.g., R&M workers and low-income residents are more likely to smoke, more likely to experience financial insecurity (R&M/Low Income) - Unsure – concerns as to number of people stopping smoking has gone stagnant (Social Housing) - Has concerns around vaping made smoking appear trendy? (Social Housing) - The right system is in place: prevention, treat, reduce inequalities and engagement and influence (Social Housing) High Prevalence Groups: (BAME) - Substance misuse - Normalisation of cannabis - Previous drug use **<u>OVERALL SUMMARY:</u>** • Right approach but need to understand causal roots and reduce appeal of smoking to young people and focus on poverty and high priority groups. • Need to look at how to incorporate stop smoking support within pathways and plans across the system. **What is missing/needs changing?** Mental Health and Cannabis – 'chicken and egg' theory – using cannabis to self-medicate for mental ill health or using cannabis that could lead to mental ill health. - Smoking to self-medicate (BAME) - GM Drug trends indicate that cannabis is used to self-medicate (BAME) - Addressing mental health and drug use – how do you approach treatment – it is complex and need to recognise they co-exist (BAME) - People may feel they have 'bigger fish to fry'. Based on their complex needs – other addictions, mental health etc. (BAME) - What are the alternatives – health and wellbeing approach – address wider needs e.g., poverty, mental health etc.? (BAME)

2. Is anything missing? **3. Does anything need changing?**	- Vape – smoking? Could be a gateway, evidence base is increasing – but what are the long-term impacts (BAME) - How do you monitor use? What is the 'reduction goal/plan' (BAME) A social movement is needed. (MIH) - More social media marketing and promotion is needed. (MIH) - Bespoke training (MIH) - More alternatives and promotion of alternatives to smoking (MIH) - Stop smoking support across various treatment pathways and plans (LGBTQ+) - Higher clinical discussions to give stop smoking support the gravitas it needs across various services (LGBTQ+) - Ensure health professionals discuss smoking and smoking status with service users regularly (LGBTQ+) - Professionals to be trained in understanding smoking is more than just an addiction and impacts various aspects of people's lives (LGBTQ+) - Professionals to also be trained in understanding complexities in peoples lives who smoke that can support them make a quit attempt and to successfully quit (LGBTQ+) - Accessing support is not where it should be when supporting those with mental health conditions to access support -trained advisors within mental health could support to answer specific questions and in certain situations would be helpful in supporting people with mental health conditions to quit smoking (LGBTQ+) - Mental health advocates for stopping smoking to be based in venues that are supporting residents with their mental health (LGBTQ+) - Work in partnership with BAME community by addressing language and cultural barriers to accessing services as well as supporting smokers to understand the harm and how to stop smoking (LGBTQ+) - Move away from model that requires residents (BAME) to 'come to us' in service, instead have community champions/advocates to disperse information and messages on support to quit (LGBTQ+) - Address digital barriers to accessing support to quit (LGBTQ+) - Settings which have access to high-risk groups to be upskilled to direct smokers into stop smoking service using MECC approach (LGBTQ+) - CURE team to provide training to all new starters at Tameside ICFT (Hospital) (including doctors) as there are many professionals across the organisation who can make every contact count in discussing smoking/stop smoking support (LGBTQ+) - Smoking Lead is needed at Tameside ICFT to take forward direction and backing at ICFT to drive progress and innovation (LGBTQ+) - Focus on the financial benefits of quitting smoking (R&M/Low Income) - Build smoking question into all services/assessments and provide stop smoking support information and signposting as standard (R&M/Low Income)

4. How do we grow a social movement	- Use MECC approach across services to keep raising the profile of stopping smoking and understanding that different people react to information from different services/professionals differently – the same message may be better received from one service compared to another (R&M/Low Income) - Need to keep banging the drum to ensure consistency on raising smoking and quit smoking support (R&M/Low Income) - Don't just focus on stop smoking services, look to engage with others across system who can apply pressure e.g., schools and school children to apply pressure to parents, as well as foodbanks etc. to speak the message in a way that may work for those they support (R&M/Low Income) - Other services/areas to explore for taking forward MECC approach with stop smoking support: foodbanks, food pantries, employment and skills – they have access to residents who many be smokers and can signpost and provide information to those they support. - Messaging on quitting should focus on benefits of quitting – particularly tying in with cost of living and finances (R&M/Low Income) - Multi-approach needed for people who smoke marijuana with tobacco (Social Housing) - Training for professionals/volunteers who are front facing e.g., foodbanks (Social Housing) - Look at good practice from other areas e.g., West Cheshire training with foodbanks around health (Social Housing) - Link together to work on CYP offer of support around addictions and tobacco (Social Housing) - Complex cases with multiple issues need to be dealt with in unique way and smoking approached at the right moment (Social Housing) - Link into social prescribing models and look at smoking holistically (Social Housing) - Work collaboratively with young people (Social Housing) **<u>OVERALL SUMMARY:</u>** • Move away from expectation for smokers to 'come to us', we need to go to where they are. • MECC style approach and training to professionals/volunteers to keep consistent messaging, conversations and standardised questions/assessments and signposting for smoking/support across the system in Tameside e.g., BAME and LGBTQ+ services, foodbanks etc. • Better understanding and training on other complexities that co-exist for smokers experience that influence smoking e.g., drug use, self-medicating, mental health. • Engage with other service that smokers may use/access instead of traditional 'health services' to reach people who may not otherwise engage e.g., BAME and LGBTQ+ services, foodbanks etc. • Understand different cohorts of smokers and tailor services/comms to what they tell us matters e.g., work with young people, people in social housing, low-income residents etc. • Promotion of support and alternatives to smoking and focus on financial benefits of quitting. • Senior buy-in/dedicated responsible link/contact within organisations to drive tobacco agenda forward.

5. How do we build leadership on creating a	**Growing a social movement:** - Increase visibility of Smokefree Tameside across the borough and within communities (MIH) - Encouraging influential people e.g., CEO's and leaders to 'lead by example'. When senior members of staff smoke the staff may be more likely to smoke too, to feel 'accepted'. Change the narrative and culture. (MIH) - Encourage staff to be 'smokefree champions' and encourage smokers within their organisation/business to quit. (MIH) - Utilise peer influence from children and others to encourage people to not smoke (R&M/Low Income) - Ensure services and stop smoking/smokefree messages are non-judgemental and accept risk taking is something that majority of young people will explore – but how do we support them to avoid exploring or deter exploration becoming a habit? (R&M/Low Income) - Digital offer? New generation of smokers may not want to access services in person and might be more receptive to digital support (R&M/Low Income) - Build on financial benefits of smokefree living and quitting smoking – for young people and adults – young people are motivated by money like adults, but may have different money motivations (R&M/Low Income) - Peer influence – provide young people with the information and power on illegal tobacco and vapes – do they know and understand the impact purchasing illegal tobacco/vapes is having on other young people, their community, trafficking etc. (R&M/Low Income) - Positive messaging on alternatives people can spend their money on compared to smoking e.g., young people could be a holiday vs. alleviating pressure of paying the bills for adults (R&M/Low Income) - Raise awareness of children and young people's understanding of tobacco to prevent them starting to smoke (Social Housing) - Link in with Employment and Skills here as people looking for work are potentially also looking for ways to increase their income (R&M/Low Income) - Campaign for new drug promotion – campex previously Social Housing) - Go to where people go to and make it visible (Social Housing) - Create real case studies (Social Housing) - Support people to have confidence in challenging smoking and build this into workforce development and training – MECC (Social Housing) - Ensure messaging comes across as respectful about choice – not lecturing, patronising or preaching (Social Housing) - Simple and easy messaging to get support easily (Social Housing) **<u>OVERALL SUMMARY:</u>** • Develop messaging and services based on what will appeal to people e.g., a digital offer for younger people, communications with a focus on financial benefits. • Build on peer influence and raising awareness of the impact tobacco has on community e.g., illicit and illegal tobacco.

smokefree generation in Tameside?	• Increase visibility of Smokefree Tameside to make it the norm e.g., through workplaces adopting smokefree and management within advocating for staff to access stop smoking support. **Building Leadership to create a smokefree generation in Tameside:** - Smoking Lead is needed at Tameside ICFT to take forward direction and backing at ICFT to drive progress and innovation (LGBTQ+) - Different agencies come together to work on tobacco control agenda – with task and finish groups for different aspects they can focus on e.g., low income/foodbank/foodbank and food pantry/welfare rights/CAB for supporting low-income residents and another task and finish group to work with employers to support their residents to quit etc. (R&M/Low Income) - Each task and finish group to have its own action log, linking into public health but being delivered and actioned by partners across the system together to ensure accountability is across the system and not just reliant on Public Health – smoking is everyone's businesses not just an issue of health (R&M/Low Income) - Need buy-in across the system but do not necessarily need to be a 'CEO' or senior leader, can be a single point of contact within an organisation who works to take forward initiatives and changes as they are they key link who is motivated to make a change around tobacco/smoking (R&M/Low Income) - Make smoking/tobacco recognised as an issue that affects the system and each service, business and organisation and residents in some way across Tameside – not responsibility of just Public Health – it is everyone's businesses, and everyone can play a part in some way (R&M/Low Income) **<u>OVERALL SUMMARY:</u>** • Dedicated leads on smoking within organisations e.g., Tameside ICFT, to drive and progress initiatives and change. • Involvement from agencies/organisations across the system • Support Tameside system to understand the impact smoking has to them to bring about buy-in and change – will not be one size fits all approach as each organisation will have their own motivations/agendas. • Dedicated pieces of work for different agendas on tobacco – recognise not every organisation will have same issues/experience with smoking.

Tobacco Control Table Discussion Two: High Priority Groups	
Routine and Manual Workers & Low-Income Residents (Victoria & Ayeesha)	**1. Which organisations work with this high priority group that could help engage smokers?** Routine and Manual Workers: - Tameside employers/businesses themselves - Chartered institutes - Tom and Dean – Employment and Skills – follow up with employers.

	- Unions - Smaller businesses – networks to tap into? Garages, butty shops, SMEs Low income: - Sign-ups to Healthy Start, benefits, children's services, Welfare Rights - Charities - Community groups - Unions **2. How can we maximise the engagement of high prevalence groups and encourage access to quit support (including the GM-funded access to stop smoking app for self-quit)?** Both (R&M and low income) - Maximise employees access to stop smoking support. - Tailored messaging to appeal to different audiences e.g., to save money and lessen sick days taken for workers who smoke vs. different messaging to appeal to businesses/employers e.g., cost of smoking breaks, sickness, impact on productivity for business. - Different messages for different groups e.g., receptionist v trades people – both classed as R&M workers but will need a different approach and messaging as they have different needs/experiences. - Using focus groups to understand how we can push the right buttons e.g., what do people get out of quitting? Find out and build on this as a way to appeal to smokers. - Using data e.g., to visualise the costs e.g., ASH Ready Reckoner for cost to businesses. - Barriers – how can we break them down? Speak to the target audience and learn from them. **3. How do we better target high prevalence groups as a system?** - Through services they access and employers they work for. - Go to these groups of people and where they are to understand them and their experience/environment better. - Provide support in a way that works for them. **4. What innovation can we employ with this funding, e.g. communication, awareness raising, marketing, social movement, where to get help.** - Different messages for different groups e.g., receptionist v trades people - Comms cannot be a one size fits all. **5. What can you and your organisation do to engage this group in smoking cessation?** - Employment and Skills – use the networks and access to businesses they have to raise profile on issue as well as provide information on support.

	- Look to build questions on smoking and signposting into assessments within Employment and Skills service. - Ensure Health Visitors are asking about smoking and are aware of the stop smoking support available. **6. Which innovative approaches can we use the funding for?** - Developing targeted comms for high priority groups, and even groups within those high priority groups - Understanding needs and ways to access services is different for different people e.g., people may access a foodbank/food pantry regularly – this may be a better way to engage with them than expecting them to come to an appointment especially if they do not have funds to travel to the appointment due to complex lives/financial insecurity.
Social Housing (Beth& Carol)	**1. Which organisations work with this high priority group that could help engage smokers?** o Social landlords / different work. o Support groups e.g. Bridges, CGL, Domestic abuse. o Social care adults and children's. o Debt team / Citizens advice / Welfare Rights. o Fire service. o Social housing maintenance teams. **2. How can we maximise the engagement of high prevalence groups and encourage access to quit support (including the GM-funded access to stop smoking app for self-quit)?** o Making every contact count – link to all e.g. Fire services. o Carrot rather than a stick. **3. How do we better target high prevalence groups as a system?** o Care leavers / corporate parent strategy. o Links to social housing. o Look at long term dependency. How to engage? o Think about messages around financial gain – visual. o Stop smoking wheel. **4. Which innovative approaches can we use the funding for?** • Use groups – parent focus groups, asking if social focus groups. • Family hubs – parent carer groups. • Co-production – ask.

	• Link with staff who work with social housing e.g. health visitors.
	• Link about private rented, housing standards.
	• Look at distribution lists for council tax, annual bins correspondence, voting (communication to every property in Tameside.
	• Use community champion.
	• BME groups – use where they access.
	  - Barbers / hairdressers / nail salons
	  - Mosque
	  - Bookies
	  - Pubs
	• Lived experience.
	- Case studies.
	- Visuals.
	- Video / in person champion.
	- Made by Mortals (videos, innovative projects recording lived experience https://www.madebymortals.org/)

BAME Communities (Happe and Sophie)	1. **How can we maximise the engagement of high prevalence groups and encourage access to quit support (including the GM-funded access to stop smoking app for self-quit)?** - Professional awareness around identity/how to ask. - Shifting narrative use – needs to address different forms (understand the need) – needs to address different forms of use shisha, chewing tobacco – not always cigarettes. - How do we stop shift workers – working with licencing/trading standards – shisha use in homes (shishas are available to rent) - Further education on risk needed. - More of information needed on vapes - lack of nicotine (also not just flavours) – what's harmful in it - Strong community voices and building capacity. - Eastern European communications, how do we engage with this group. - Link into all communications groups for health champions - Communications champions lead peer-peer support and lead.
LGBTQ+ (Debbie & Lisa)	1. **How can we maximise the engagement of high prevalence groups and encourage access to quit support (including the GM-funded access to stop smoking app for self-quit)?** **&**

	2. How do we better target high prevalence groups as a system? - Mental health support needs to be embedded into stopping smoking support although available in an area the disjointed nature of mental health support when stopping smoking leads to failed attempts as stopping smoking is a generalised to lower-level mental health clients with higher mental health needs which are prevalent in this community due to the increased stigma require a more in-depth specific knowledge of their needs. - Prev poor experience of health care services leads to distrust and resentment of healthcare services - Knowledge of LGBT wants and needs from the healthcare profession = training - LGBT Youth Group - More Info sessions to capture views and understanding of needs. - Link to GM wide as out Tameside LGBT community socialise on a more GM footprint put messaging and resources into GM level to make our offer heard/link to GM wide to learn from our colleagues/provide support at a GM level irrespective of boundaries. **3. What innovation can we employ with this funding, e.g. communication, awareness raising, marketing, social movement, where to get help.** - Education regards mental health symptoms to dispel & myth bust e.g., withdrawal from nicotine can mimic anxiety appropriate medication for withdrawal so NRT will alleviate side-effects etc.
Mental Ill Health (Liz/Eunice)	**2. Which organisations work with this high priority group that could help engage smokers?** - Infinity Initiatives, Anthony Seddon, Tameside General Hospital, Mind, The Big Life Group, food banks, Be Well Tameside, CGL. **2. How can we maximise the engagement of high prevalence groups and encourage access to quit support (including the GM-funded access to stop smoking app for self-quit)?** 'No wrong door', providing staff training across different organisations, so smokers will feel welcomed and open to quitting. Having enough staff capacity to support smokers. - Less of a 'preaching approach'. - Looking at the causes of smoking – past traumatic events that could be a cause. - Building trust between the patient and staff – more staff training - Holistic and person-centred approach as hospital can often deter people. - Offering nicotine patches on smokers first visit to a stop smoking service. - Considering the use of language, words like 'clinic' and 'charity' can deter smokers as they can feel like a burden, or they feel too prideful to receive support. **3. Which innovative approaches can we use the funding for?**

	- Breaking habits, encouraging more greenspaces and smokefree areas to keep smokers busy as they are more likely to smoke.

OVERALL SUMMARY:

- There are many services, organisations and businesses to engage with and draw upon to include in tobacco control work
- High priority groups all of their own unique experiences and circumstances, therefore communications and specific approaches are required for each – not one size fits all.
- Tobacco/smoking questions should be included across assessments and appointments across various health and wellbeing services, as well as other support services e.g., foodbanks, food pantries as standard
- Organisations involved should appoint a single point of contact and/or senior leader to drive and progress tobacco control work within their organisation
- Recognise contributing factors to residents complex lives which may contribute to smoking
- Training across services to understand how to discuss smoking, signpost/refer on for support and also understand how to approach smoking whilst discussing other factors e.g., mental health and drugs.
- Ensure language we use around smoking is accessible and builds trust with residents – avoid preaching language and terminology that may have stigma and put people off using services e.g., charity and clinic.
- We need to go to where the groups of smokers are to support them to access support, not expect them to come to us – build on co-production with different groups to ensure services work and are accessible to them e.g., young people, people on low income, social housing, BAME
- Need better understanding of nuances e.g., shisha, chewing tobacco and nicotine-free vapes.

Making Healthy Weight Everyone's Business Workshop Engagement Report

On Wednesday 10th January a workshop was held with partners and stakeholders with the following purpose:

- To contribute to the development of the Tameside Healthy Places strategic framework.
- To consider our whole system approach to healthy weight and review the proposed vision and seven pillars for action.
- To explore the Healthy Weight Declaration as a tool to support a whole system approach.

The Healthy Weight workshop discussion was supported by Food Active and included a presentation from a public health colleague from Doncaster City Council on their compassionate approach to healthy weight.

During the workshop, attendees had the opportunity to input into shaping the healthy places framework and the proposed vision and seven pillars for action as part of the framework. The discussion points from the workshops are documented in appendix 1 at the end of this report.

Key messages from the discussions for consideration in the Healthy Places strategic framework development and healthy weight delivery plan include:

- Appreciation of focus being required on prevention and that long-term benefits will not be realised for several years.
- We need more than 'community engagement' around this issue. It will require true co-production, community enablement and ownership across the system to bring about change.
- Creating a healthy place needs to be considered across all strategic and development management planning policy e.g., safety for being active, spaces enabling activity and planning decisions to consider health more generally.
- The terminology around 'weight' should be considered and taking a more compassionate approach may engage more people in the agenda.
- Role modelling is important. The Council and ICB need to model what good looks like and show what is achievable.
- Engagement with young people is key to influence and empower for their future.
- Wide partner and stakeholder buy-in across borough is required so it is not seen as a council 'instruction'.
- Needs senior leadership buy-in and culture shift to de-normalise unhealthy practices e.g., vending machines, cake sales, treat Fridays as well as a culture shift to an environment that supports healthier behaviours e.g., refill stations, breaks, time to travel between work etc.
- There is an opportunity to look at the food offer in anchor institutions across Tameside e.g., schools, colleges, hospital etc. to ensure they are consistent with a healthy offer and supported by a health promoting environment.

Information collated will be included as part of the development of the delivery plan for the healthy weight workstream.

Next Steps

Further engagement with key stakeholders and partners around the systems working approach and the ambitions for each strand of work is continuing to take place until February 2024.

A comprehensive programme of public consultation on the ambition for each area of work and what they would like to see as part of the delivery plan will take place from now until May 2024 before they are finalised and presented to the Health and Wellbeing Board in June 2024.

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Appendix 1

This appendix gives an overview of the discussion in each of the three break out groups. This feedback will also be used to inform the delivery plans for each workstream.

Discussion 1	
Do the vision and pillars for action make sense?	• Agree with the vision and pillars for action but the terminology is not accessible. • Needs definitions, aims and mission statements for each for example as system leadership means different things to different people. • Is 'community engagement' strong enough – does it need to be 'community enablement'? • Community engagement and lived experience is necessary.
Is there anything missing?	• Need definitions, aims and mission statements (identified above) • Need to identify system leaders and ensure their commitment. • Need a system-flowchart to demonstrate leaders from across Tameside and how they align to vision and pillars. • Need accountability and timescales outlined . • Need education leaders involved. • Connectivity from leaders across the system • Engagement with schools and education • Realistic expectations and understanding that prevention takes time and long-term benefits will take time to be realised. • Need to tip the scales within Planning to be in favour of 'health' as a priority to take into consideration and for geographical placing of public amenities. • Planning to consider safe spaces for people to be active alone. • Ownership – co-production and empowerment alone is not enough; ownership will drive the change. • Need to build from within to co-produce with communities. • A health promoting environment is missing that is a combination of whole systems approach and place based. • Recognition of realistic challenges residents face day to day e.g., affordability of healthy food, time pressure to cook healthy food, meal planning, cost of physical activity etc.
Are there any barriers to achieving the vision?	• Directory of support is needed for residents, professionals, and volunteers to support access to all pillars and the vision. • Some towns/areas in Tameside do not have trust in local authority which will make engagement a challenge. • Communications package to deliver the messages required that work towards the vision and all pillars and targeted comms/messaging for different communities and groups within Tameside. • Focus on inequalities. • Compassionate approach

	• Accessibility in certain areas e.g., Hattersley is a barrier for residents. • Developing early habits that support prevention e.g., walking to school, good nutrition – set next generation up for good health – through antenatal, family targeting, CYP alongside appropriate resources. • The guilt around the topic of weight • Power of supermarkets and how the system supports making achieving a health weight harder e.g., convenience, motivation, mental health, social isolation etc. • Young people and young girls reducing engagement in exercise. • Ways to get information out to schools and families without relying on asking more of teachers and other staff. • Internal policies – do they enable people to work in a 'healthy place' are they health promoting spaces?
Are there any opportunities that can be maximised?	• Need to be aware of various schemes and accreditation to work towards within Tameside – this can help achieve senior buy in and interest which will filter down to it being put into action. • Use learning from other organisations/ services/projects. • Use resources we already have for community engagement. • Understand existing networks and community leaders across the sector and community in Tameside to support involvement and delivery. • Understand the voices of influence across Tameside – community groups alone are not enough. • Community champions from various initiatives to be brought together better to be cohesive. • Roll out healthy environments across Tameside for the life course with ways to enable e.g., mapped out walking routes and visual aids, school food awards. • Build small changes into everyday habits. • Use data to identify families and households that are most vulnerable and where support would be beneficial. • Build upon existing campaigns e.g., Tameside Loves Reading > Tameside Loves Wellness and This Girl Can and GM Moving
OVERALL SUMMARY: • Need definitions of the pillars for understanding and buy-in across the system. • Appreciation of prevention and long-term benefits will not be an instant result. • Need more than 'community engagement' – needs co-production, community enablement and ownership across the system to bring about change. • Creating a healthy place needs to be considered across all planning e.g., safety for being active, spaces enabling activity, planning decisions to consider health more generally. • Build on existing campaigns, schemes, and awards e.g., This Girl Can, GM Moving, Green Flag Scheme and White Ribbon etc.	

Discussion 2	
What could the Healthy Weight Declaration look like in Tameside? • Could this be a joint declaration across the Integrated Care System or would it be TMBC with partner pledges? • Who should take ownership/leadership of this? • How do we engage the public in the sign up and delivery	• Named 'healthy places' not healthy weight. • Tameside to develop a HWD (Healthy Place Declaration) that is localised to our own needs and developed with the community. • Potentially not use terms 'declarations' or 'pledge' as this could be misleading and set unrealistic expectations e.g., use commitment instead • TMBC to lead by example for other big employers – get out own house in order first. • Neutral terminology is needed – avoid 'weight'. • Policy to phase out unhealthy advertising within Tameside. • Need to consider and capture commercial determinants of health within • Tameside's declaration would need to understand how this translates to benefit them. • Co-production on developing the declaration/commitment to get community buy-in • Need a bespoke and local to Tameside declaration. • Needs to define who the declaration is for and what this means for Tameside – does it cover ICFT? Colleges? Is it something Tameside partners can sign up to and work towards as a collective? • Needs buy-in from businesses etc. across Tameside for them to push the messages through their avenues not TMBC trying to drive all the change. • Engage with young people – they want to be involved and this brings about empowerment and change. • Tameside-wide campaigns that draw on aspects of the 'commitment' e.g., Tameside walks to… Tameside eats… etc. • Learn from smokefree work and de-normalising and challenging unhealthy behaviour
What do we already do that contributes to the commitments?	• There is a range of project that could be brought under this umbrella of work. • Recipes to reduce food waste and recipe cards on food boxes and meals. • Support vulnerable residents in temporary accommodation with cooking equipment (slow cooker project – this is resource limited though) • HAF • Increasing knowledge of cooking using fresh ingredients – but this is not always put into action
What might the challenges be in implementing the Healthy Weight Declaration that we need to overcome as a system? • Acknowledge that delivering on some of the commitments will	• Consideration that people's experience of weight and discussions on weight have been negative. • Legislation to support reduction/limit on number of unhealthy food outlet in an area • Government legislation can negatively impact economy income/drive. • Engagement with young people is typically a challenge – need to consider ways to engage with this age group. • 'Healthy weight' declaration doesn't fit in with compassionate approach/stigma reduction.

take difficult conversations and difficult decision particularly considering the financial situation across the system and in communities. • How can we work smarter together? • How can we make every contact count?	• Using the word 'weight' can lose interest and engagement – when public facing engagement takes place 'weight' should be avoided. • Financial restraints and impact on resources • Food and drink industries/businesses • Building and securing ownership with organisations • Sliding scale of sphere of influence • Council/health pushing the agenda may not work. • Physical activity in education is reducing during a time when engagement is likely to drop off. • Food in schools, hospital and other large settings and employers are not healthy and don't set a good example. • Free School Meals need to be reviewed and are not consistent – this can be the only opportunity for some CYP to have a healthy and balanced meal. • Access to activities and places that enable activities e.g., areas don't feel safe of well-lit or access/transport to activities can prevent engagement. • Needs to change mindset of food being a 'treat' – needs system leadership to make the change around 'Friday treats', cake sales etc. • Leaders need to prioritise health of residents and workers – needs a cultural shift to support the worker etc. around breaks, mindfulness, having access to health promoting things e.g., refill stations, refillable water bottles, • Policy around freebies of unhealthy food • Support is needed for residents in temporary accommodation and accessing foodbanks who have limited cooking facilities. • Financial barriers/unease around losing money from vending machines etc. need to understand what other options could replace unhealthy options without worry of loss of income. • Number of takeaways needs limiting – how do we do this.

OVERALL SUMMARY:

- The terminology needs to be reconsidered. 'weight' can disengage with people and has negative stigma as well as the term 'declaration' does not feed appropriate – potentially 'commitments' instead e.g., Healthy Places Declaration. Neutral terminology is key.
- TMBC could develop a HP Declaration to start with and set an example for others – we need to get our own house to show what is achievable. Also needs to be localised for Tameside's needs.
- Engagement with young people to influence and empower for their future.
- Needs buy-in across borough and not seen as a council instruction.
- Needs senior leadership buy-in and culture shift to de-normalise unhealthy practices e.g., vending machines, cake sales, treat Fridays as well as a culture shift to an environment that supports healthier behaviours e.g., refill stations, breaks, time to travel between work etc.

- There is already some work going on that works towards the commitments e.g., around food poverty, supporting vulnerable residents etc. but this is time and resource limited and not guaranteed.
- Food offer in places across Tameside e.g., schools, FSM, college, hospital etc. is not consistent or healthy nor health promoting environments.
- Systems, policies and procedures in place to limit number of unhealthy takeaways opening up – could there be criteria?

Tameside Food Network Event Engagement Report

On Thursday 25th January 2024 a workshop was held with the Tameside Food Network with the following purpose:

- Identify opportunities, avenues and channels the online Healthy Places survey can be shared and promoted via
- Review the 2018/19 Food Consultation results and understand if they are still relevant.
- To identify priorities and goals against the six Tameside Food Partnership objectives to feed into the Food Strategy and Action Plans.

During the event, the network members had the opportunity to be consulted on and have input into the Food Strategy for Tameside and shape the Action Plans that will sit against the Food Strategy. The discussions during the event are in appendix 1 at the end of this report.

Key messages from the discussions for consideration in the development of the Tameside Food Strategy and Action Plans include:

- There is an opportunity to review the school food offer and explore procurement/contracts and ensure social value.
- There is appetite for cooking classes across the life-course to support people around making food but also where to shop more sustainably.
- Need to focus on prevention and maximising income of residents to reduce the risk of food insecurity.
- Community food growing should be in more accessible spaces e.g., parks, school fields, grass verges in residential spaces.
- Look to engage with businesses to encourage and support them to provide healthier food option.
- Need to flip the switch on advertisements in Tameside from unhealthy to healthy and future-proof Tameside against unhealthy food/drink promotion.
- The 2018/19 results are relevant but need building on further since COVID and cost of living may have increased demand for services and reduced income and complexities of needs with residents. Future considerations since 2018/19 consultation:
  - Look at upskilling other frontline services across Tameside to allow services to support residents to maximise their income and access other support.
  - Need to focus on energy and the link between food poverty – teach residents about low-cost cooking equipment etc.
  - Need to push social value and responsibility with businesses to support services who deal with residents e.g., food donations from business.
  - Goals: SFP Bronze Award, involvement with social housing and local businesses within Tameside Food Partnership

Further details from the topic specific discussions can be found in appendix 1. This information will be included as part of the development of the Tameside Food Strategy and supporting action plan.

Next Steps

A comprehensive programme of public consultation on the ambition for creating a heathier and more sustainable approach to food in Tameside and what the people, partners and services in Tameside would like to see as part of the Action Plans will take place from now until May 2024 before they are finalised and presented to the Health and Wellbeing Board in June 2024.

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Appendix 1 – Tameside Food Network Event Discussions Write Up from 25th January 2024.

Tameside Healthy Places: Tameside Food Network

Thursday 25th January 2024

Places where the Healthy Places Online survey could be promoted:

- Childrens' newsletters (schools and academies, Family Hubs), Stalybridge neighbourhood group – **CNT**
- Promoting via Tameside IFT Facebook page – **CNT**
- Promoting via GP surgeries, PCN, sending patients the link to survey via text messages – **Chiit Chaat Indian Street food**
- Housing associations – **CNT**
- Information ambassadors – **Maddy Zygmunt, TMBC**
- Face to face engagement – **Claire Phelan, Be Well**
- In waiting rooms – using QR codes – **Janine Yates, TMBC**
- Leisure centres – **Ayeesha Roberts, Be Well**
- Dentists – **Chiit Chaat Indian Street Food**
- Care centres – **Nicola Carter, TMBC**
- Churches and other faith centres – **Operation Farm**
- Target groups
- Tameside correspondents or Tameside reports – **Maddy Zygmunt, TMBC**
- Going to places where residents may not complete the survey – **Janine Yates**, **TMBC**

The above suggestions have all been captured and included within the Community Engagement Healthy Places Strategic Framework.

OBJECTIVE 1
• Food provided in Tameside schools do not meet the school standards. CNT are only able to review Tameside schools' food offer when the school invites them – not as mandatory checks. • Local Authority schools should be following LA policies on healthy food provided to avoid providing unhealthy options. • School food needs reviewing to ensure the consistently are providing healthy options that meet the government standards set on school food. • We need to be mindful of how we approach schools and have these conversations due to extra pressures the education system is under e.g., budgets, high level of complex needs they are dealing with etc. • Advertisements are ways for making money – how can advertisements adapted to promote healthier/more sustainable options.
OBJECIVE 1 & 2

- Nutrition support in food parcels to equip residents with knowledge of what they can make and put good food to use and reduce food waste.

OBJECIVE 1 & 3

- Appetite for increasing knowledge through education and demonstrations for food and cooking within open venues particularly around locally produced/procured foods e.g., from local greengrocers.
- Healthier eating education for people living in social housing.
- How can community food growing be embedded across community and easily accessible spaces e.g., school playing fields, parks, allotments, grass verges in community/housing spaces etc.
- Embed food growing within the curriculum in Tameside.
- Link in with MERKY (Manchester) Debdale Park

OBJECIVE 1 & 4

- Awards to businesses on offering healthier and more sustainable food – can TMBC promote certain business that algin to TFP objectives?
- Review and reestablish Healthy Catering Award.
- Encouraging businesses to offer the option for residents to 'buy less' and 'leave behind' remaining food for others to also buy to reduce resident food waste.
- Markets to provide healthier and more diverse food options.
- There are less healthier food options available by delivery etc. in Tameside than Manchester for example.
- Ashton Market Plan to include healthier food.
- Link in with employment and skills to access businesses around healthier options within the workplace.

OBJECIVE 1 & 5

- Need to develop relationships with schools and the catering providers within schools to improve school offer and understand contracts/procurement of school food.
- Reviewing school contracts on school foods and meals will take a long time and needs to be a long-term goal.
- How do local schools procure their school foods – do they not go through STAR procurement with them being part of TMBC. There is a social value element that schools should be considering.
- School food system needs reviewing and improving in Tameside

OVERALL SUMMARY:

- School food offer is not appropriate and does not provide children with opportunity to access healthy or sustainable food.
- Need to explore school food offer and link in with procurement/STAR and social value regarding procuring healthy and sustainable options – boost access to healthy food and boost local economy.
- Need to flip the switch on advertisements in Tameside from unhealthy to healthy – learn from FoodActive e.g., future-proof Tameside against unhealthy food/drink promotion.

- Support to vulnerable residents around increasing food knowledge e.g., what they can make with items in their food parcels.
- There is appetite for cooking classes across the life-course to support people around making food but also where to shop more sustainably.
- Community food growing to be in more accessible spaces e.g., parks, school fields, grass verges in residential spaces.
- Look to engage with businesses to encourage and support them to provide healthier food option e.g., through council promotion, support around promotion, advertising and Healthy Catering Award etc.

OBJECTIVE 2

- Income maximisation
- Access to support and benefits and debt advice
- Accessible advice across Tameside
- Sustainable food pantries
- Practice prevention – before making a referral to a foodbank, what avenues can be explored to get support in place?
- FareShare – supports pantries but needs pantry-level funding?

OVERALL SUMMARY:

- Need to focus on maximising income of residents e.g., through supporting them to access support they were not aware of
- Prevention needs to be a focus around food poverty – support people to access the right support to reduce food poverty levels and reduce demand on emergency services

OBJECTIVE 3

- Physical and online spaces for residents to engage in increasing their food knowledge and education.
- Cooking courses are needed.
- Development of vocational courses re. lifestyle for finance, healthy eating and developing people's life-skills from across the life course.
- Look to make use of common and unused greenspaces to make it accessible to residents e.g., an allotment within the space of parkrun.

OVERALL SUMMARY:

- Cooking sessions within the community either online or in person and to be offered across the life-course.
- We need to focus on lifestyles holistically to support people e.g., finances have an impact on healthy eating

Are 2018/19 Food Consultation Results still valid?

- Food poverty is still an issue and relevant – there's been an increase in foodbanks and food pantries but was that due to increased demand?
- Increased access to food pantries is good but some residents in need will not have funds to purchase from a food pantry.
- Foodbanks typically have a limit on their usage as they are for emergency food provision, but many will exceed the limit and visit more regularly.
- Donations to foodbanks and FareShare etc. are less than before as people have less money available themselves to purchase items to donate.
- Donations to foodbanks etc. from businesses – where is the social value and social responsibility around this?
- Allotments – the desire is still there for some.
- Learn from Derbyshire with uniformed approach to reusable containers.
- Increasing awareness of support available to residents to take a preventative approach to reduce need of emergency services later on e.g., welfare rights support.
- Volunteers from across various services in Tameside to be trained up by Welfare Rights etc. to be able to deal with issues with residents that come to their service to keep support in one place and continuity of support.
- Recognising the link between food and energy can reduce ability to eat healthily and sustainable e.g., making the link between slow cookers and the variety of meals people can make at a low cost.
- Local businesses to be brought in around social responsibility to support cooking skills in Tameside.

What would make a difference in Tameside, what are the goals?

- Stakeholders coming together – lack of business involvement; look at other bronze awards – involvement of social housing, supermarkets, local businesses, see more coordination between council, local links

- Communication, sharing, collaboration.