

## Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 28th July, 2021.

**Present:** Cllr Jim Beall( Chairman), Cllr Lisa Evans, Cllr Lynn Hall (Sub for Cllr Dan Fagan), Cllr Ann McCoy, Cllr Sylvia Walmsley, Martin Gray, Emma Champley (Sub for Ann Workman), Fiona Adamson, Sarah Bowman - Abouna, Jon Carling, Alex Sinclair (Sub for David Gallagher), Shaun Mayo (Sub for Dominic Gardner), Barbara Bright (Sub for Julie Gillon)

**Officers:** Michael Henderson, John Devine (SBC)

**Also in attendance:**

**Apologies:** Cllr Jacky Bright, Cllr Dan Fagan, Ann Workman, David Gallagher, Dominic Gardner, Barbara Bright, Jonathan Slade, Peter Smith

### **HWB Declarations of Interest**

**7/21**

There were no declarations of interest.

### **HWB Minutes of the meeting held on 30 June 2021**

**8/21**

The minutes of the meeting held on 30 June 2021 were confirmed as a correct record.

### **HWB Outbreak Management Update - Presentation**

**9/21**

Members received an outbreak management update and in summary, noted that:

Stockton-on-Tees currently had the third highest 7-day infection rate in the North East.

All North East LAs have seen an decrease in rate compared to 7 days ago.

Vaccination uptake in Stockton-on-Tees is higher than the national average.

There had been 0 COVID-related deaths in Stockton-on-Tees since May 21

Discussion

- There was no additional funding associated with being in an Enhanced Response Area.

- Organisations could apply for certain workers to be exempt from isolation requirements, if it could be demonstrated that their duties were critical to business continuity and public safety.

- The North Tees Hospital Trust was seeing increasing cases but acuity was not as high as had previously been the case.

- It was noted that there was a challenge around getting young people to receive the vaccination.

- Preparations around delivering the booster vaccine and flu jab, at the same

time, were underway.

- Oximetry at home was still in place. It was noted that acuity was reducing and so was the age profile.

RESOLVED that the update and discussion be noted.

**HWB  
10/21**      **Pharmaceutical Needs Assessment Update**

Members considered a report that notified the Board that HWB that the statutory review of the 2018 Pharmaceutical Needs Assessment (PNA) had commenced and an updated PNA was due to be published by October 2022.

It was explained that a 100-hour contract pharmacy at Yarm Medical Centre had closed.

In the interim, the Board was required to keep the PNA up to date by maintaining the map of pharmaceutical services, assessing any on-going changes which might impact pharmaceutical need, or require publication of a Supplementary Statement.

A review of the existing PNA had identified some changes in the availability of pharmaceutical services. The Director of Public Health had prepared a Supplementary Statement and an updated map of pharmaceutical services on behalf of the Board. This updated information superseded some of the original information within the PNA FINAL F1 dated March 2018; the statement should be read in conjunction with this document and would be published on the Council's website.

It was explained that a Stockton- PNA Steering Group had been established to oversee the review and production of the updated PNA. The Board would be kept updated on its progress.

Discussion:

- Members agreed that the use of pharmacies, for Covid vaccinations, had proved to be beneficial and convenient. Pharmacies would continue to be used in Phase 3 of the vaccine programme.

- Catalyst offered its help with the review, in terms of seeking the views of the public and assessing demand.

RESOLVED that:

1. It be noted that the existing 2018 PNA was under review.
2. the supplementary statement, and updated maps, be noted and published on the Council's website.
3. the establishment of a PNA Steering Group, to oversee the review and publication of an updated PNA, by October 2022, be endorsed.
4. the closure of a 100 hour pharmacy, in Yarm, be noted.

**HWB 11/21 A Fairer Stockton-on-Tees: A Strategic Framework for Reducing Inequalities in the Borough**

Members were provided with the consultation draft of 'A Fairer Stockton-on-Tees' strategic framework.

The framework outlined:

- The key causes of inequality, based on analysis of available research, with the key focus on how income, wealth and power;
- The basis of a strategic approach, recognising the need to take action across strategy, interventions, practice and for the Council as a major employer, commissioner, provider.
- The strategic framework sets out a vision and ambition for reducing inequality over the next ten years.

To realise the ambition outlined in the framework, it identified five key interventions

- Tackling fundamental issues across the borough as a whole.
- A focus on reducing the inequalities faced by identified disadvantaged Communities.
- A focus on deprived neighbourhoods.
- A focus on the most marginalized.
- An emphasis on the Council as a major employer, commissioner and Purchaser.

The draft framework included a proposed governance and accountability structure, and an engagement plan.

Discussion:

- Members of the Board were very supportive of the Framework and all partners were keen to be involved in its development and implementation.
- an indicative action plan was provided with key action areas and each area had high level actions, already identified, and would be developed further.

RESOLVED that the Framework for reducing inequalities, in the Borough, be endorsed.

**HWB 12/21 Tackling Inequalities - Public Health**

The Board received a presentation relating to a system approach to addressing health inequalities, including those arising from Covid 19.

Members noted that addressing health inequalities and improving health and wellbeing covered:

- Health behaviours / 'lifestyle' factors
- Healthcare
- Socio-economic factors inc. community networks
- Physical environment

Local systems and processes needed to be coordinated, to cover the above, and to allow both local focus and economies of scale where appropriate.

The Board agreed that:-

- Local focus enabled effort to be directed on what worked in context of local community and local services. Some things would also make sense to do on a wider footprint
- At local level, partners should use collective intelligence (quantitative, service, qualitative, evidence of effectiveness) to define priorities, inequalities and actions – for the local system (Health and Wellbeing Board (HWB))
- Public Health, working with NHS, could be the 'glue' across the health and wellbeing system around defining and addressing health inequalities and linking to other inequalities work.
- HWB had a view across the whole system and factors that impacted on Health and Wellbeing, and inequality, at local level.
- It would be important to be part of Integrated Care Partnership (ICP) plans. Some direction would come down from Integrated Care Systems (ICS) too
- Local system (HWB) to define outcomes and ways of measuring success / impact.
- Organizational Health and Wellbeing plans and addressing inequalities fall out of the system work by HWB.
- Health inequalities work was not a separate workstream at local or ICP level, but integrated into all priorities and plans through deploying agreed approach.
- Local approach to identifying and addressing health inequalities based on collective intelligence and evidence; and covering e.g. adopting proportionate universalism approach, defining specific target groups, approach to community asset-based working, addressing root causes as well as 'symptoms' of poor health and inequality, defining and implementing ways to monitor impact as a local system

Proposed next steps:

- Further discussions re: next steps / structures / roles and responsibilities re: health inequalities across the system locally, and linking to ICP / ICS

- Use Marmot reports as framework for approach to addressing health inequalities and monitoring impact at local level, and link with ICP / ICS approach.
- Establish local intelligence working group reporting to the Board to collate, synthesize and interpret local intelligence & evidence & inform monitoring approach. This would inform Board priorities and health inequalities; would also feed into ICP work, as needed.

Discussion:

- Members agreed that the Board should be the system lead for the local place.
- It was suggested that there be a conversation at a local level, potentially a health inequalities workshop/summit, early next year.
- It was noted that the suggested Local Intelligence Group would also be able to help in the JSNA refresh.

RESOLVED that the presentation and discussion be noted and actioned, as appropriate, and the proposed next steps, be agreed.

**HWB  
13/21**      **Members' Updates**

The Councils of Governors of North Tees and Hartlepool Trust and South Tees Trust had appointed a new permanent joint chair, Professor Derek Bell.

GPs continued to see patients face to face if felt necessary, following triage.

**HWB  
14/21**      **Forward Plan**

The Board noted its Forward Plan