

## Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 26th February, 2020.

**Present:** Cllr Jim Beall (Chairman), Cllr Jacky Bright, Cllr Lisa Evans, Cllr Luke Frost, Cllr Lynn Hall, Cllr Mrs Ann McCoy, Martin Gray, Ann Workman, Fiona Adamson, Michael Houghton (substitute for Nicola Bailey), Sarah Bowman - Abouna, Dominic Gardner, Barbara Bright (Substitute for Julie Gillon), Karen Grundy,

**Officers:** Michael Henderson, Vanessa Housley, Mandy Mackinnon, Ruby Poppleton (SBC)

**Also in attendance:**

**Apologies:** Nicola Bailey, Barry Coppinger, Julie Gillon, Saleem Hassan, Sheila Lister, Anne Sykes

### **HWB 67/19**      **Declarations of Interest**

There were no declarations of interest.

### **HWB 68/19**      **Minutes of the meeting held on 29 January 2020**

The minutes of the meeting held on 29 January 2020 were confirmed as a correct record.

### **HWB 69/19**      **Board Priority - Healthy Schools' Programme**

The Board received a report that outlined a proposed approach to the development of a Healthy Schools' Programme, which was one of the Board's priorities. It suggests a methodology and a model, and outlined how this would be developed through a pilot phase, with wider rollout.

The proposed approach was to develop a programme based on a whole school approach to health and wellbeing.

This approach would be tested on a number of schools, which had expressed an interest in being involved.

The proposal was that a programme would focus on 4 key and inter-linked areas:

- a.      Nutrition
- b.      Physical activity
- c.      Emotional health and wellbeing
- d.      Resilience

There would be a number of specific areas of focus in the development of a whole school approach, including: leadership, pupil voice, school environment, and curriculum etc.

Schools would be able to access support and resources for each theme to enable them to evidence their progress.

It was envisaged that a form of accreditation would be used e.g. gold / silver /

bronze, similar to other existing programmes such as the Better Care at Work Programme.

The pilot was different from previous Healthy Schools' Programmes because:

- It provided a bespoke offer to schools, aligned to precise needs of their communities.
- It offered a coherent multi-agency approach, co-ordinated across services
- It was highly aspirational: schools self-evaluated, against aspirational criteria.
- It provided support to implement evidence-based actions to yield greater impact.
- A three month pilot was proposed to test out the framework and the best way to coordinate multi-agency support to schools.

Subject to the outcomes of the pilot phase, the next steps would be to develop the resource and framework further, for wider implementation. The intention would be to roll out the framework offer to all schools over a 3 year period.

Discussion:

- Suggested that each school, involved in the pilot, should identify a governor to champion the programme.
- The programme would include issues such as personal safety.
- The programme would be aligned to Ofsted requirement/objectives.
- The programme would be bespoke to the needs of the school and the schools would evaluate themselves. The schools may include issues training on diet and nutrition.
- The programme was designed to provide sustainable improvement.
- Emotional Health and Wellbeing would be included in the programme for pupils and staff.
- It was envisaged that work with pupils would have a positive impact on parents and the wider family.

RESOLVED that the proposed approach be endorsed and an update on progress be provided to the September meeting.

**HWB  
70/19**

**Board Priority - Reducing the prevalence of smoking in Stockton on Tees**

Members received a presentation and report relating to a strategic response to reducing smoking prevalence in Stockton on Tees.

## Key points of the presentation and report::

It was considered that there was a need for cross sector support to help create an environment to support smokers.

Members were reminded that reducing local smoking prevalence to 5%, by 2025 was an aspirational target

The utilisation of e-cigarettes among adults was increasing steadily, with a prevalence of 6.3% of people vaping and this was seen to have contributed significantly to the reduction of smoking in the UK. Vaping in young people in the UK remained low with less than 2% of young people vaping.

The smoke free pregnancy pathway had been standardised and implemented across the region to ensure pregnant smokers were given the same messages and support based on the NICE guidance and the Saving Babies' Lives Care Bundle.

The pathway set out the key steps for supporting women to quit smoking during and after pregnancy.

1 in 2 smokers would die from smoking and others would live with long term and progressive illness.

Smoke free family messages helped to de-normalise the smoking and helped to prevent uptake by children and young people.

1 in 3 people with diagnosed mental health conditions smoked

50% of children from the most deprived areas were exposed to second-hand smoke in their own home, in Stockton.

Members agreed that in order to reduce smoking prevalence it would be necessary to reduce uptake and increase successful quits.

The Board agreed to adopt the 4 steps approach of the Ottawa model across Board organisations and to make it the norm for staff to 'ask and act', The Board agreed to address the 4 challenges set:

- Smoking was not being seen as everybody's business
- Smoking was a social norm for some groups / communities
- Not every workplace has stop smoking support for its staff
- Reaching 5% by 2025 required a reduction of 2.28% per year

It was agreed that, in order to achieve this reduction, a comprehensive strategic approach was required, across the system, and it was therefore proposed that a Smoke-free Alliance be established, to develop and implement a strategic response, on behalf of the Board. A proposed Terms of Reference, including a suggested membership, was provided and it was suggested that the Director of Public Health Chairs the meeting.

Discussion:

- It was requested that the Smoke Free Alliance consider the 5% by 2025 target and whether it was appropriate. Reference was made to the UK Smoke free by 2030 campaign and potential funding that could be accessed from tobacco companies.

- Increasing taxes on tobacco could be effective but there also had to be a reduction in illicit tobacco supplies.

- It was suggested that the GP Federation, Hartlepool and Stockton Health, be added to the membership of the Alliance.

- It was agreed that there was no restriction on an elected member being part of the Alliance, however, it was pointed out that elected member input, into the process, was provided by the Board.

1. the update be noted.

2. the Smoke Free Alliance be established and the proposed terms of reference be approved, subject to the GP Federation being added to the membership and the Director of Public Health being identified as the Chair.

**HWB  
71/19**      **Health and Wellbeing Update**

Members considered the minutes of the Children and Young People's Partnership held on 25 November 2019 and Adults Health and Wellbeing Partnership held on 27 November 2019.

During discussion of the minutes of the Adults' Health and Wellbeing Partnership reference was made to the wider social issues that influenced suicides. It was agreed that this issue be a focus of a future Integrated Mental Health Strategy Group update.

RESOLVED that the minutes and discussion be noted/ agreed as appropriate.

**HWB  
72/19**      **Members' Updates**

The Board was provided with an update on the developing situation relating to the Coronavirus and an overview of prevailing advice from Public Health England.

Reference was made to a recent NHS Gambling Conference and gambling addiction links to mental health and suicide. One of the Board's members had attended the Conference and would provide some feedback to officers, outside the meeting.

The Board was informed of proposals to merge the Durham and Tees Valley Child Death Overview Panels. The purpose was to ensure that there was a

bigger footprint to enable patterns to be identified and lessons to be learnt from child deaths. Details of the proposals would be reported to the September Board.

**HWB**     **Forward Plan**  
**73/19**

Members noted the Board's Forward Plan.