

Date: Tuesday 19 December 2023 at 4.00 pm

Venue: Jim Cooke Conference Suite, Stockton Central Library, Church Road,
Stockton-on-Tees TS18 1TU

Cllr Marc Besford (Chair)
Cllr Nathan Gale (Vice-Chair)

Cllr Carol Clark
Cllr Ray Godwin
Cllr Susan Scott
Cllr Paul Weston

Cllr John Coulson
Cllr Lynn Hall
Cllr Vanessa Sewell

AGENDA

4 Minutes

To approve the minutes of the last meeting held on 21 November 2023. (Pages 7 - 14)

7 Winter Planning Update

(Pages 15 - 28)

Members of the Public - Rights to Attend Meeting

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please

Contact: Scrutiny Support Officer Rachel Harrison on email rachel.harrison@stockton.gov.uk

KEY - Declarable interests are:-

- Disclosable Pecuniary Interests (DPI's)
- Other Registerable Interests (ORI's)
- Non Registerable Interests (NRI's)

Members – Declaration of Interest Guidance



Table 1 - Disclosable Pecuniary Interests

| Subject | Description |
|--|--|
| Employment, office, trade, profession or vocation | Any employment, office, trade, profession or vocation carried on for profit or gain |
| Sponsorship | Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992. |
| Contracts | Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged. |
| Land and property | Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income. |
| Licences | Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer. |
| Corporate tenancies | Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of. |
| Securities | Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class. |

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

- a) any unpaid directorships
- b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority
- c) any body
 - (i) exercising functions of a public nature
 - (ii) directed to charitable purposes or
 - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

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Agenda Item 4

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

A meeting of Adult Social Care and Health Select Committee was held on Tuesday 21 November 2023.

Present: Cllr Marc Besford (Chair), Cllr Nathan Gale (Vice-Chair), Cllr Carol Clark, Cllr John Coulson, Cllr Lynn Hall, Cllr Susan Scott and Cllr Vanessa Sewell.

Officers: Carolyn Nice (A,H&W), Darren Boyd and Gary Woods (CS).

Also in attendance: Dr Rachel McMahon (Cleveland Local Medical Committee), Emma Joyeux (North East and North Cumbria Integrated Care Board), Lindsey Robertson and Stephanie Worn (North Tees and Hartlepool NHS Foundation Trust)

Apologies: Cllr Paul Weston.

ASCH/28/23 Evacuation Procedure

The evacuation procedure was noted.

ASCH/29/23 Declarations of Interest

There were no interests declared.

ASCH/30/23 Minutes

Consideration was given to the minutes from the Committee meeting held on 24 October 2023.

Members were reminded of the information that had been circulated since the October 2023 meeting in relation to the Well-Led Programme and the uptake of medication training by care home providers. With reference to the former, Members noted their presence at a recent Activity Co-ordinator 'Day at the Beach' event – this was an excellent session and attendance at any similar initiative in the future was strongly recommended for both Members and senior officers.

AGREED that the minutes of the meeting on 24 October 2023 be approved as a correct record and signed by the Chair.

ASCH/31/23 Scrutiny Review of Access to GPs and Primary Medical Care

This second evidence-gathering session for the Committee's review of Access to GPs and Primary Medical Care focused on a submission from the Cleveland Local Medical Committee (LMC). Introduced by the Interim CEO and Company Secretary of Cleveland LMC (who had been a GP for nearly 20 years), a presentation was given which covered the following:

- What is General Practice?
- Who are Cleveland LMC?
- What do Cleveland LMC do?
- National trends regarding GP access

- General Practice capacity
- Funding pressures
- Care navigation
- Views on Recovery Plan
- What is needed?
- Further reading

Fully recognising that GP access was currently a priority issue for the public, it was emphasised that the existing situation within Stockton-on-Tees was very much aligned to the national picture when it came to challenges associated with accessing services. During an overview of the differing strands of the overarching general practice offer, it was noted that the digital GP option was not hugely popular locally (compared to take-up within bigger cities such as London and Birmingham), and that private GP use was also low within the Borough due to a lack of demand (perhaps reflective of it being a less affluent area).

As the representative body for all general practices and GPs within Tees, having the authority to speak and negotiate on behalf of so many can present its own challenges. Cleveland LMC was funded solely by its practices on a voluntary basis and was independent of other organisations (there were no conflicts of interest) and any political party (though did take an interest in political developments).

Cleveland LMC supported its constituents in multiple ways, including the dissemination of formal guidance (e.g. another Local Authority area had experienced issues around people getting registered with practices), escalating concerns to national negotiators, and providing contract implementation advice. It also assisted with dispute resolution (which was currently a frequent occurrence), fed into the British Medical Association (BMA), and was linked-in with national communications teams. Cleveland LMC was well respected by the BMA, but its views were not as well received by the Government or NHS England – the imposition of contracts being a particular concern at present.

Also acting as a job advert service, it was normal to have more than 10 GP vacancies at any one time, with recruitment proving more challenging in Teesside than in other regions (young trainees had shown a tendency to want to work in Newcastle or York). As such, access was not seen as a huge priority for practices – the focus was much more on workload, workforce capacity, reducing regulation, financial stability / sustainability, and ensuring patient safety. Whilst it liaised with other LMCs across the country, Cleveland LMC would like to meet more frequently with regional / local stakeholders to ensure positive outcomes (not just for the sake of meeting).

National trends around GP access painted a very concerning picture. Population growth and a reduction in GP numbers had combined to put significant pressure on the sector, and many GPs had resorted to working three-day weeks (though very long days) to control stress levels within the context of a tough working environment. Retention of staff had also become a problem, and it was important to note that 18% of GPs were over the age of 55 – whilst some were working full-time into their 70s, a big gap was looming once they leave the profession, and though the ageing workforce issue had been known for some time, there remains no solution.

Awareness was raised around the national 'Rebuild General Practice' campaign which challenged the way things were sometimes portrayed in the media. Several concerning statements around risks to patients, inadequate time available to spend

with patients, and recruitment and retention issues were highlighted, though it was acknowledged that the statistics reflected a national survey, and local data was not yet available. There was also a desire for more continuity regarding contact with patients (which the current contracting mechanism prohibited) as evidence suggested that better outcomes follow when people see the same GP each time they access services.

It was important to recognise that more appointments than ever were being delivered, with the average appointments per year for every registered patient (6) now 50% more than what the funding was intended for (4 per year). Ultimately, it was not safe to deliver more appointments, hence the push for a greater focus on patient safety – the move to 15-minute slots (rather than 10-minute) was an attempt to assist in this regard, and also reflected the increasing complexity of cases that GPs were being approached about. As previously noted, the existing problem was not about access – it was more to do with capacity and demand. Expectations around GP capacity were not possible within the present funding envelope.

In terms of funding, media headlines tended to focus on primary care as opposed to general practice (which was only one part of the former). That said, primary care received just 8% of the NHS budget, with a greater focus now on investment into hospital services. Core GP funding did not take into account the increase in appointments, and overheads (which had been impacted by recent inflationary pressures) needed to be deducted from this income – this situation leads to workforce reductions as practices try to balance their books. The limitations of the Additional Roles Reimbursement Scheme (ARRS) were outlined, with funding in relation to this initiative unable to be spent on core staff and any underspends being lost (this was a particular issue across Teesside). Other funding issues concerned investment being focused on Primary Care Networks (PCNs) as opposed to individual practice needs (an arrangement which could see poor performance from a neighbouring practice impact on others), and the provision of enough computers to support additional staff.

Regarding care navigation, it was emphasised that call handlers did not like having to ask questions of those contacting services, and that it was hard for them to manage patient demand in light of existing capacity – indeed, this was causing problems in relation to the retention of reception staff who were seeking less stressful roles outside the sector. In related matters, the need for more non-GP roles within practices also created increased supervisory requirements – this in turn further limited patient contact time.

With regards the national recovery plan for GP access, Cleveland LMC felt this would have limited impact as it failed to address the underlying issues around funding and workload. Practices needed more staff but were prohibited from increasing their workforce due to financial restrictions (indeed, there were currently GPs seeking work / additional work within Teesside who practices could not afford to employ). In addition, a greater focus on the interface with secondary care would be welcomed as much work was done in practices that should be undertaken by secondary providers (a recent audit of practices had shown that 170 hours per week were being lost across Teesside – this report could be shared if required).

Reflecting on the presentation, the Committee expressed unease about the gloomy picture being portrayed and was particularly concerned about the call for more frequent dialogue with stakeholders as this appeared to indicate a communications issue. Cleveland LMC confirmed that other organisations had been cancelling

planned meetings at short notice, with no meetings held with NHS Trusts for some time, and the North East and North Cumbria Integrated Care Board (NENC ICB) standing down previously scheduled engagements. The NENC ICB representative in attendance commented that meetings may be affected due to workload clashes and that there was an ongoing organisational restructure which may be impacting upon capacity – this would be taken back to colleagues to ensure any cancelled meetings were rearranged.

Members probed the increase in dispute resolution cases being dealt with by Cleveland LMC (hearing that these involved not only GPs but also nursing and reception staff), as well as the composition of its elected Board in terms of how the Borough was represented (there was presence from each of the four Local Authority areas and Stockton-on-Tees was generally over-represented).

Focus shifted to the reported appointment statistics, with the Committee querying the reference to 'more being delivered than ever before'. It was explained that some of this increase could be attributed to an initial telephone appointment (which would be logged as one contact) being raised to a face-to-face consultation (which would be logged as another contact even though it concerned the same individual). When it came to the type of contact with patients, practices had the scope to deliver services in whichever way they felt was best (this was very much supported by Cleveland LMC), though whilst telephone consultations were quicker, there was often more value in an in-person appointment (which remained the standard option). The ICB would be interested in knowing if there was a gap in services at any practice, and it was noted by the Committee that phlebotomy was a real challenge within the Borough (staffing provided by NHS Trusts, but issues around the arrangement of appointments for when staff were available).

Continuing the theme of appointment types, the Committee was reminded that, prior to the COVID-19 pandemic, there was a strategy regarding a telephone-first approach. Some practices had already adopted this option and therefore adapted to the impact of COVID more easily. Members highlighted their awareness of residents receiving call-backs from practices which was widely welcomed – this did, however, require dedicated staff to return calls.

The current funding landscape led the Committee to query if decisions on financial support for practices was pushing provision towards privatisation. It was acknowledged that some within the sector did indeed have that impression and felt that there was a policy to force GPs into a salaried role. In response to a question on incentives for greater access, it was stated that practices received 70% of the capacity and access improvement funding up-front, with the remaining 30% given upon delivery of their agreed plan – this was allocated as part of a PCN arrangement rather than on an individual basis.

The Additional Roles Reimbursement Scheme (ARRS) was explored further, with particular attention focusing on the stated underspend in previous years. Cleveland LMC noted that it was difficult to get clarity on spending as the funding for this initiative was held centrally rather than by the ICB. The NENC ICB representative advised that around 75% of available ARRS funding for this year had been spent in Stockton-on-Tees, and there had been an attempt to incentivise PCNs in relation to this scheme. It was acknowledged that some PCNs were more proactive than others with regards collective working and the sharing of best practice / learning, with Members reminded that practices were, ultimately, individual businesses.

Members concluded the session by discussing access to / visibility of practice managers. It was stated that this role was one of the most pressurised within the sector and was the biggest pinch-point in terms of retention – as such, much resource was given to supporting them. Two practice managers were on Cleveland LMCs elected Board, as well as PCN Clinical Directors (who the Committee would also be attempting to engage with as part of this ongoing review).

Finally, the Committee was reminded by the NENC ICB representative in attendance that, despite the references to risks to patient safety within the presentation, all of the Borough's general practices were deemed safe by the Care Quality Commission (CQC).

AGREED that the Cleveland Local Medical Committee submission be noted.

ASCH/32/23 North Tees and Hartlepool NHS Foundation Trust: Maternity Services Update

Senior representatives of North Tees and Hartlepool NHS Foundation Trust (NTHFT) were present to update the Committee on developments involving its maternity services following issues identified by the Care Quality Commission (CQC) in 2022. As well as updating Members on the actions taken in response to these CQC outcomes, NTHFT had also been asked to provide details of its review of the community midwifery offer after concerns were raised by the Committee in early-2023.

Led by the NTHFT Associate Director of Midwifery and supported by the NTHFT Chief Nurse / Director of Patient Safety and Quality, a presentation was given which covered:

- **Perinatal Organisational Structure:** Significant changes made in relation to these services with a shift in terminology to 'perinatal' and alignment with the neonatal offer (reflecting a national drive for restructuring existing maternity provision). The Trust's introduction of a 'quadumvirate' (four key posts within the perinatal structure) was nationally recognised as best practice in terms of organisational composition, of which the Associate Director of Midwifery post was one of three additional professional leadership roles which had been implemented as part of a transformational plan.
- **Perinatal Services Governance:** NTHFT had commenced an NHS programme which focused on strengthening culture within its maternity offer – this was expected to take over six months and would enable learning which could be applied to other Trust areas / networks. A key consideration around governance was also to ensure the voice of service-users was appropriately sought, considered and, where necessary, acted upon – this was an important aspect of the 'Ward to Board' / 'Board to Ward Governance' ethos.
- **CQC Improvements (5 Must Dos; 1 Should Do):** Focused inspection undertaken by the CQC in 2022 which identified areas for improvement – all 'must do' actions had since been signed-off as complete. Example included of detail, evidence and ongoing monitoring arrangements for one of the 'must do' elements – this information was accessible to staff and this assurance mechanism would be adopted throughout the Trust's perinatal structure.
- **National Safer Care Recommendations:** Increased national focus on maternity services following high-profile failings elsewhere in the country. NTHFT was on-track

for compliance with both the Maternity Incentive Scheme and the Ockenden Report: Immediate and Essential Actions which fed into the maternity and neonatal three-year delivery plan. The Trust had received positive feedback following visits led by the North East and North Cumbria Integrated Care Board (NENC ICB) and a peer review, with notable changes recognised – this was empowering for the whole service and its staff.

- **Community Midwifery Services:** Led by the regional midwife team, an external review of this provision started in July 2023 which included the hosting of several workshops, sessions with staff, and the triangulation of local intelligence (complaints / compliments). Engagement with the Maternity and Neonatal Voice Partnership (MNVP) was also initiated, and an interim report had since been produced which would be considered by the senior team. The Trust had secured investment from the regional midwife team to strengthen the existing community offer.
- **Areas of Good Practice:** Several positive aspects in relation to NTHFT maternity provision were highlighted, including the development of a bereavement pathway, a Professional Nursing Advocate (PNA) and Professional Midwifery Advocate (PMA), and 'Badgernet' – electronic patient records which had interface with neighbouring South Tees Hospitals NHS Foundation Trust (STHFT). There had been visits from the Deputy Chief Midwifery Officer for England and the Regional Chief Midwife, post-discharge neonatal feeding support (in conjunction with a baby-friendly initiative), and 0% staff turnover this month, with a forecast of positive recruitment to the service by 2024 despite the well-known challenges around recruitment and retention within health and care.

The Committee thanked officers for their presentation and welcomed the positive steps that had been taken / achieved to improve the maternity offer which reflected wider input from professionals outside the locality. Members were pleased to hear of the national / regional recognition of the Trust's work to strengthen provision and spoke of their knowledge of an increasing number of expectant / new mothers being aware of the services which were available to them. Links to STHFT regarding patient records was also praised given some of the Borough's residents accessed the James Cook University Hospital, Middlesbrough, and the Committee was keen to receive Maternity and Neonatal Voice Partnership (MNVP) input as part of any future update on the Trust's maternity services.

AGREED that the North Tees and Hartlepool NHS Foundation Trust (NTHFT) maternity services update be noted.

ASCH/33/23 CQC / PAMMS Inspection Results - Quarterly Summary (Q2 2023-2024)

CQC / PAMMS Inspection Results – Quarterly Summary (Q2 2023-2024)

Consideration was given to the latest quarterly summary regarding Care Quality Commission (CQC) inspections for services operating within the Borough (Appendix 1). 10 inspection reports were published during this period (July to September 2023 (inclusive)), with attention drawn to the following SBC contracted providers:

Providers rated 'Good' overall (3)

- Roseworth Lodge Care Home had been upgraded from a previous overall rating of 'Inadequate'.

- Primrose Court Nursing Home had been upgraded from a previous overall rating of 'Requires Improvement'.
- Care & Support Solutions had maintained its grading following a previous overall rating of 'Good'.

Referencing Roseworth Lodge, the SBC Quality Assurance and Compliance (QuAC) Manager who was presenting the report commented that it was unusual for a provider to jump two grades since the last inspection. Members were pleased to see these positive developments, particularly given the service had a good reputation previously. Investment towards the décor was specifically welcomed.

Regarding Care & Support Solutions, the Committee asked if there were any updates following the CQCs recommendation that the service reviewed its systems to ensure training completion was effectively monitored. The QuAC Manager noted that an Action Plan in relation to any required improvements, however minor, would be in place, though in this case the identified issues were deemed low risk.

Providers rated 'Inadequate' overall (1)

- Willow View Care Home had breaches in relation to five regulations, namely dignity and respect, need for consent, safe care and treatment, good governance, and staffing – this led to the service being downgraded from the previous overall rating of 'Requires Improvement'.

It was noted by the SBC Director of Adults, Health and Wellbeing that Willow View Care Home was being closely monitored at present and that a new manager was now in place who was liaising with the CQC. Although improvements were already evident, the service remained under an embargo and therefore could not accept new admissions.

The remaining six reports were in relation to non-contracted providers. Inspections of two home care agencies saw New Horizons 24/7 Pvt Limited downgraded to 'Requires Improvement' from the previous overall rating of 'Good' (breaches identified around staffing, record-keeping and oversight), whilst Sally and Sarah maintained its grading following a previous overall rating of 'Good'. Outcomes of primary medical care service inspections saw A Vita Limited (doctors / GP) graded 'Requires Improvement' (no previous rating), The Arrival Practice (GP) maintaining its grading following a previous overall rating of 'Good', and Smile Spa Limited (dentist) requiring no actions (note: ratings not given for dentists). Finally, North East Ambulance Service NHS Foundation Trust received a focused inspection of its Emergency and Urgent Care (EUC) services and some of the 'well-led' key question for the Trust overall following previously identified concerns – no rating was given.

The section on Provider Assessment and Market Management Solutions (PAMMS) inspections (Appendix 2) was noted – there were three reports published during this period (July to September 2023 (inclusive)). Comfort Call – Stockton and Alexandra House both maintained a 'Good' overall rating, but Woodside Grange Care Home – Chestnut Suite (Learning Disability element only, not the overall service) was downgraded to 'Requires Improvement' from a previous overall rating of 'Excellent'.

Further detail was provided on the outcomes of the PAMMS inspection of Woodside Grange Care Home – Chestnut Suite. It was explained that the previous inspection was a 'light touch' assessment which focused on a reduced sample of mandatory-only

questions. This latest report followed a full assessment which identified concerns around the 'safeguarding and safety' and 'quality of management' domains.

AGREED that the Care Quality Commission (CQC) Inspection Results – Quarterly Summary (Q2 2023-2024) report be noted.

ASCH/34/23 Chair's Update and Select Committee Work Programme 2023-2024

Chair's Update

The Chair had no further updates.

Work Programme 2023-2024

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 19 December 2023 and was scheduled to feature the next evidence-gathering session in relation to the Access to GPs and Primary Medical Care review. Two items which had recently been considered by SBC Cabinet would also be included on the agenda – namely the SBC Director of Public Health Annual Report 2022 and a Winter Planning Update.

It was intended that an overview of the CQC State of Care Annual Report 2022-2023, including reflections on the local health and care scene, would be provided at the December 2023 meeting. However, the CQC had recently stated that representatives were unable to be in attendance for this annual item, nor could they attend the meeting in January 2024. Members agreed that efforts should be made to ensure this important aspect of the Committee's work programme was maintained. In related matters, the SBC Director of Adults, Health and Wellbeing notified Members that reports following the CQCs adult social care inspections of the five pilot sites were now published and that a link would be forwarded so the Committee could access the outcomes of these.

AGREED that:

- 1) the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2023-2024 be noted.
- 2) a response be provided to the CQC emphasising the Committee's desire for the annual State of Care presentation to be maintained.

AGENDA ITEM

REPORT TO ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

19TH DECEMBER 2023

REPORT OF DIRECTOR OF ADULTS, HEALTH AND WELLBEING

WINTER PLANNING UPDATE

Summary

This briefing provides an update to the Committee on Winter planning work across the Council, working with partners. This includes measures in place across Adult Social Care (ASC) to respond to Winter pressures and the associated increase in service demands.

Recommended that the report be noted.

Detail

Winter Planning

1. Winter 2022/3 presented significant challenges to communities and the health and wellbeing system with cost-of-living pressures, ongoing COVID-19 circulation, flu and other respiratory infections.
2. The exact picture for the remainder of this Winter is not yet known but work continues, to monitor and mitigate the impacts as well as prevent escalation where possible. The Tees Valley Local A&E Delivery Board (LAEDB) has oversight of NHS planning and coordination with partners, feeding into regional (Northeast and North Cumbria) arrangements and has Local Authority representation. A winter planning event took place on 12th October 2023 across the ICB NENC footprint, to consider pressures from last Winter and collectively plan for this Winter based on the learning. Ongoing risk of respiratory infections including emerging variants, vaccination and impact of strikes were key considerations. Infection prevention and control continues to be crucial in preventing and mitigating communicable disease.
3. Adult Social Care Winter planning took place in April/May 2023 utilising key learning from previous years. High impact schemes agreed and implemented include: increased social care workforce; increased capacity for community equipment delivery; same day care provision for hospital discharge and community settings; and a clear network of escalation and communication across multiple organisations.

4. Cleveland Local Resilience Forum (LRF) also held a Winter planning meeting on 18th October 2023 to consider how the LRF supports wider system resilience. The LRF is instigating Project Viper – a system for identifying and ensuring better access to information about those at risk, who will need immediate assistance in the event of a major incident (including adverse weather events) e.g. those on oxygen at home, those with significant mobility needs. Stockton-on-Tees will be participating in this initiative.
5. The borough's Major Incident Plan was updated ahead of the Winter period to ensure that an appropriate response can be put in place in the event of a major incident due to adverse weather. This has also allowed for the introduction of a new notification and communications program known as RAYVN, which will allow better shared awareness amongst Council Officers and Members in the event of an incident within their wards.
6. In order to keep the borough moving throughout the Winter period, our comprehensive Winter maintenance plan is in place. This includes the response to cold weather and the deployment of gritters to ensure our priority highways are kept accessible and as safe as possible. Alongside this we have dedicated resource available at all hours as part of our snow and flood planning with specialised equipment which can be deployed when required.
7. Through our links to the national weather warning systems and communications resources through the Department of Health and Social Care, our usual arrangements are in place to communicate key messages to our communities when we are warned of adverse weather events. For example, advice on keeping warm and checking on vulnerable neighbours in the event of sudden cold snaps.
8. In addition to the LRF and local NHS-lead Winter planning infrastructure, there is a local multi-agency Health Protection Collaborative which reports to the Health and Wellbeing Board. The Collaborative maintains oversight of key health protection issues on behalf of the Board, facilitates joint working and brings updates to the Board for assurance. The Collaborative is chaired by the Director of Public Health and covers key issues such as infectious disease control, screening and immunisations and public health key messaging on protecting the local population's health and wellbeing in adverse weather events. It also provides local public health support and advice into the major incident planning process.

Infectious Disease Surveillance

9. The main national monitoring system for COVID-19 population prevalence through the ONS was stopped earlier this year. Recognising the ongoing need of broader surveillance than hospital data, a smaller version of the survey has been reinstated from October 2023 to ensure ongoing population surveillance.
10. According to the latest England data for COVID-19 infections, the percentage of people with COVID-19 is low with a 7 day PCR positivity of 7.5% up to the 27/11/2023, although it is important to note that testing rates are low. Hospital admissions increased by 10% (for week ending 1st December 2023) compared to the previous week and were highest in the 85yrs+ age group. However, they remained significantly below those seen in Spring 2023 and December 2022. Admissions for week ending 01/12/2023 were 2,064 compared to 3,936 in the same week in 2022. COVID-19 ICU admissions and deaths are also increasing but remain significantly lower than the same week last year. Trends in Stockton-

on-Tees are similar to national trends, however COVID-19 cases have started to increase from the start of December (see **APPENDIX 1**).

11. A new COVID-19 strain (BA2.86) was detected mid-August. It has been identified in several countries within a short time, suggesting rapid transmission. It has been classified as a variant of concern (VOC) due to its large number of mutations, with consequent potential to escape existing immunity.
12. UKHSA confirmed that BA.2.86 is causing an early increase of cases, hospital admissions and deaths across England. Data is still evolving but there is no evidence to suggest that BA.2.86 is more likely to make people seriously ill than other circulating variants, while vaccination is likely to provide continued protection – hence the national booster vaccination programme was brought forward this September.
13. As expected for Autumn, Influenza infections remain low overall, but have risen in recent weeks. Higher influenza rates are most common between December and February. There has been a higher rate of Respiratory syncytial virus (RSV) affecting mostly under 5s and norovirus affecting mostly over 65s in recent weeks.

COVID-19 / flu and vaccinations

14. The Tees Valley Vaccination Board continues to have oversight of the flu and COVID-19 vaccination programmes and reports into the regional ICB (Integrated Care Board) immunisation board. Locally, public health continues to monitor population vaccination coverage and works with the ICB to identify and plan targeted vaccination clinics for areas with lower vaccination coverage and higher risk groups.
15. To protect vulnerable groups at greater risk, the national decision was taken to start vaccination for flu and COVID-19 on 11th September 2023, starting with care homes and over 75 year olds. **APPENDIX 2** sets out eligible groups. In Stockton-on-Tees, 71% of those aged 65 and over have been vaccinated against COVID-19, compared with 68% in England. In Stockton-on-Tees, vaccination coverage within care home residents is 77.8% for COVID-19 and 76.5% for flu (up to 19/11/23). Vaccines are being evolved constantly in response to these viruses.
16. From 18th September 2023, the NHS started to invite people for their COVID-19 vaccination in priority order of risk and those eligible will be able to book an appointment through the National Booking Service website or by calling 119. The borough is well covered for COVID-19 vaccinations across the Primary Care Networks (PCNs – groups of GP practices) and the local GP Federation (Hartlepool and Stockton Health).
17. Community pharmacies also offer flu and COVID-19 vaccinations to those who are eligible. Flu vaccinations can also be purchased from community pharmacies by population groups who are not eligible for a free flu jab through the NHS. COVID-19 vaccinations are not available for purchase. (Please find a list of community pharmacies who have signed up to offer COVID-19 and Flu vaccines in **APPENDIX 3**). COVID-19 and flu vaccinations can be administered together, where this is available.
18. Roll-out of the COVID-19 booster has happened at pace; by 8th October 2023, 14,600 out of 85,000 eligible residents had had a COVID-19 booster. This increased to 37,216 by 26th November 2023 (45.9% of eligible residents) with substantial variation across the borough. As in previous COVID-19 vaccination campaigns, uptake is lowest in the most deprived areas with some having less than half the uptake (e.g. 27.4% uptake in Newtown

compared to 63.1% in Billingham West). Public health is working with the Tees Valley vaccination leads and GP Federation colleagues to deliver some bespoke clinics in areas of lowest uptake. Three (out of four) bespoke clinics have been delivered so far and have been successful in promoting vaccination in hard to reach groups including those with pre-existing health conditions, and those experiencing homelessness.

19. **APPENDIX 4** sets out eligible groups for the flu vaccine. Flu vaccinations for 2-3-year-olds, school-age children (reception to year 11) and children in clinical risk groups started in September, delivered by the school immunisation service and aiming to finish by 15th December 2023. As of 12th November 2023, 34.6% of 2 year olds and 34.2% of 3 year olds received their flu vaccination. Average uptake of flu vaccine across the borough for all eligible individuals is 45.1% up to 26th November 2023.
20. National communications messaging to promote flu and COVID-19 vaccinations has been disseminated widely, supported by local joint working between SBC and the NHS. SBC is also supporting messaging on COVID-19 and flu vaccines through our community wellbeing champions network. Funding has also been provided by the ICB to support addressing vaccine inequalities and local insights work has been commissioned to look at this.
21. Occupational health flu and COVID-19 vaccination programmes have started in NHS trusts and primary care. Free flu vaccinations for SBC employees are again provided this year by the Council's Occupational Health team with the aim to vaccinate 800 staff starting in October 2023. To reflect the changes in eligibility in the national flu programme, all SBC staff are eligible, but vaccination of frontline health and social care workers are prioritised. As of 12th November 2023, 28.9% of health and social care workers had received a flu vaccination and 25.8% of frontline health and social care workers had received a COVID-19 booster vaccination.

Health Protection work with key settings

22. People most at risk in Winter and more vulnerable from cold weather include:
 - people aged 65 and older
 - babies and children under the age of 5
 - people on a low income (so cannot afford heating)
 - people who have a long-term health condition
 - people with a disability
 - pregnant women
 - people who have a mental health condition
23. Work is continuing with the care sector through provider forums and monthly newsletters, as established in the height of the pandemic. This provides the opportunity to disseminate key messages and resources, 'temperature check' with providers on impact of Winter illness and provide support as required.
24. The Social Care Protection Group continues to oversee key updates and resources for the coming Winter months, including public health key messages on infectious illnesses, the COVID-19 / flu vaccination programmes, and the increased risks to health for older populations from cold weather plus interventions to mitigate these risks. Any urgent updates are also shared e.g. regarding the immunisation programmes. There are also plans to work further with care home managers on perceptions and uptake of key

vaccinations among staff and residents including flu, COVID-19 and pneumococcal infections.

Local health protection response

25. There is no indication of a shift in national policy in managing COVID-19. Therefore, general health protection principles and measures will apply into the Autumn and Winter. Should there be a new variant that warrants considering a step-up of response, SBC public health would liaise closely with the UK Health Security Agency (UKHSA) on this and any further action needed. In the meantime, we continue to monitor the position, liaise with UKHSA and offer support and advice particularly to our care sector as required.
26. Dissemination of consistent and clear messages on keeping well in Winter remains important and includes:
- Good hand and respiratory hygiene
 - Avoid passing on infections – Stay at home if you are unwell
 - Flu and COVID-19 vaccinations – Get vaccinated
 - Keeping warm and getting help with heating
 - Getting advice if unwell (pharmacy, 111, GP)
 - Looking out for others

Adult social care support

27. Adult Social Care (ASC) service activity is processed through the First Contact team, sitting alongside the integrated single point of access (iSPA) team and wider community health teams, following a recent move to Billingham Health Centre. They provide a community hub of surveillance, decision making and coordination across care and health activity.
28. Regular meetings within ASC operational teams, brokerage and senior management are in place to identify and mitigate any areas of growing pressure within services. The frequency of this surveillance is adapted to reflect pressures within the system.
29. Business Unit Plans and Business Continuity Plan are in place across all of ASC to ensure continued service delivery throughout any increased activity / demand and adverse weather conditions. Operational teams have robust triage and review processes in place to ensure any persons in crisis are easily visible and get the services they require. Risk management policies are also in place and implemented for any referrals that cannot be allocated to a worker due to capacity.
30. Registered care homes and care at home providers continue to attend the care provider forums for key messages and support throughout the year. Resource was provided to the care market via the Market Sustainability and Improvement Fund to support workforce retention across the care sector.
31. ASC in partnership with North Tees and Hartlepool NHS Foundation Trust have implemented new pathways to provide additional capacity for key priorities for Winter planning as outlined by North East North Cumbria Urgent and Emergency Care Board, including falls, reducing ambulance handovers and community services response into homes before ambulance arrival.

32. Virtual Frailty Wards (Hospital at Home) are live in Stockton-on-Tees. The current system has been in development over the last year and has capacity to support more people in their own home, negating the need to be taken to hospital, when safe.
33. A range of day opportunities are available to support service users and their families with 215 clients being supported as at 11th December 2023. The majority of these are for individuals with learning disabilities, with support also being provided for people with physical / personal care support needs, memory and cognition needs and mental health needs. Support is also available for people needing help with access and mobility, social support and isolation and sensory needs. Services remain available over the Christmas period in response to the wishes of the clients.

Supporting our communities

34. SBC public health arranged a Winter health conference on 19th September at the Employment and Training Hub, aiming to empower the VCSE sector and community groups with information, networks and resources to support the community this Winter. The event provided a platform for sharing information, experiences, good practice and building relationships, with presentations from a wide range of speakers with over 50 attendees from a wide range of communities and organisations.
35. As Members will be aware, in addition to the activities detailed above the Council (working with its partners across the VCSE sector) has a range of ongoing activities which will support the borough's residents, specifically those who are experiencing hardship due to the current cost of living challenge. These include:

Information and advice delivered through a range of initiatives including:

- A cost of Living Booklet ('Here to Help') which provides an extensive range of information on both Council and partner services
(https://www.stockton.gov.uk/media/3738/Cost-of-Living-Support/pdf/Cost_of_Living_booklet_2023-24_final_accessible.pdf?m=638327918630970000)
- A central 'Here to Help' one-stop shop of information on the Council's website
- Regular features in Stockton News promoting cost of living support services (see **APPENDIX 5**)
- A Winter Wellbeing support leaflet:



hlc2159_Winter
Wellbeing final access

The above leaflet is supported by a bespoke [webpage](#), both have been developed to support our residents through Winter

- 'Here to Help drop-in' events (commenced Sept. 2023 and will run through to March 2024, see **APPENDIX 6**). The Here to Help events are being undertaken across the

7 Community Partnership areas, bringing together internal and external colleagues to support our residents on a range of issues.

A recent event was covered by BBC Tees (can be heard at 2:17 <https://www.bbc.co.uk/sounds/play/p0gb6cf8>).

Some of the events which have taken place to date include:

- Egglecliffe Community Centre, Durham Lane, Egglecliffe, TS16 0EH - Friday 15 September 2023
- ARC - Stockton Arts Centre, Dovecot Street, Stockton, TS18 1LL - Tuesday 10 October 2023
- Norton Methodist Church, Norton Road, Norton, TS20 2QQ - Sunday 19 November 2023 12pm to 2pm
- Victoria Park Community Hall, Peel Street, Thornaby, TS17 6HL - Tuesday 5 December 2023 - 10am to 1pm

Three further events are planned across the borough - the next one is at Billingham Library, Kingsway, Billingham, TS23 2LN on Monday 15 January 2024 at 11am to 2pm. Further details can be found [here](#).

Food support:

- The Introduction of 'The Bread and Butter Thing' - 5 mobile food hubs across the borough, each providing affordable food for people on low incomes, while also reducing waste and providing support to our communities. Three hubs are currently in operation, with the remainder to be opened late 2023 / early 2024.

<https://www.gazettelive.co.uk/news/teesside-news/how-armys-worth-volunteers-supporting-28238870>

- The Food Power Network also continues to be in place, providing a coordination function for the efforts around food provision and food poverty through a post in Catalyst, working closely with SBC and wider partners.



Stockton.pdf

Community Spaces (previously known as Warm Spaces)

- A network of more than 60 Warm Spaces venues was established in October 2022 with outreach support from key organisations and activities to combat social isolation and positively impact outcomes for individuals and families. A number of these venues remained over the Summer and continue to operate.
- An [interactive directory and map](#) of venues across the borough is on the Council's website.
- The ongoing development phase of [Community Spaces - Stockton-on-Tees Borough Council](#) is aiming to deliver a year-round offer as venues are more than warm spaces (venues which provide communities with wider support, whilst also addressing social isolation). Further funds (£60k) have also been secured from Public Health to continue to support these organisations become sustainable in the long-term.

- The Warm Homes Healthy People programme in Stockton funded through public health offers support with boiler repairs, emergency heating, energy saving as well as debt and benefits advice. <https://www.stockton.gov.uk/Warm-Homes-Healthy-People>

Consultation and Engagement

36. In addition to the work set out above, the work to address inequality in vaccine uptake is done through working with our community wellbeing champions; behavioural insights work is being carried out working with our young people, their families / carers and professionals who work with them e.g. schools. The report also outlines our ongoing work with the VCSE and partners on staying safe and well in Winter and accessing cost of living support.

Next Steps

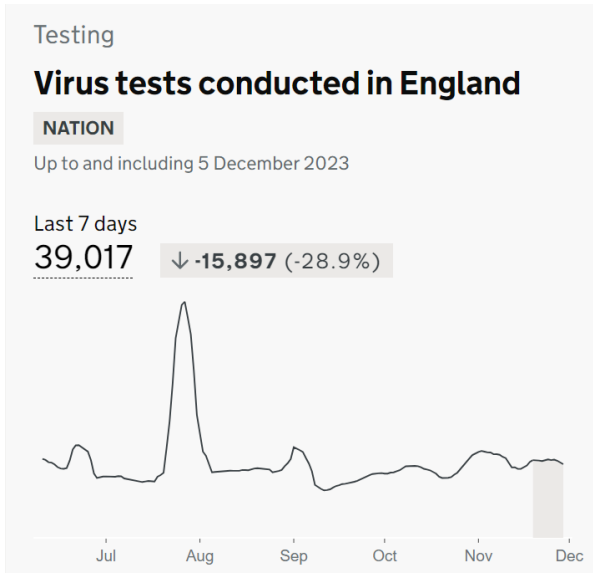
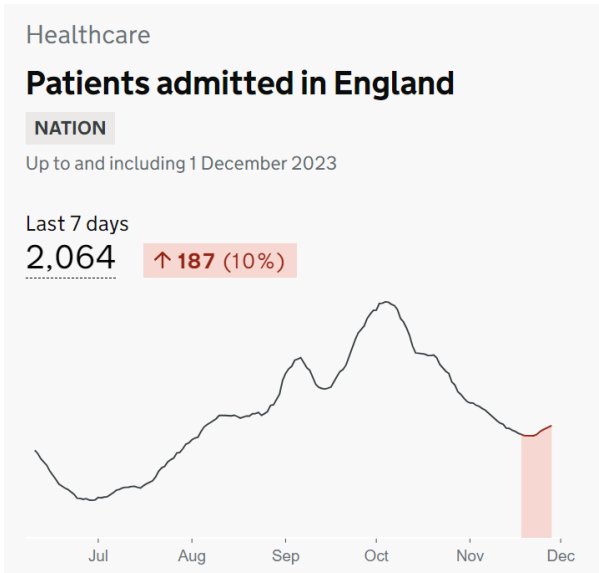
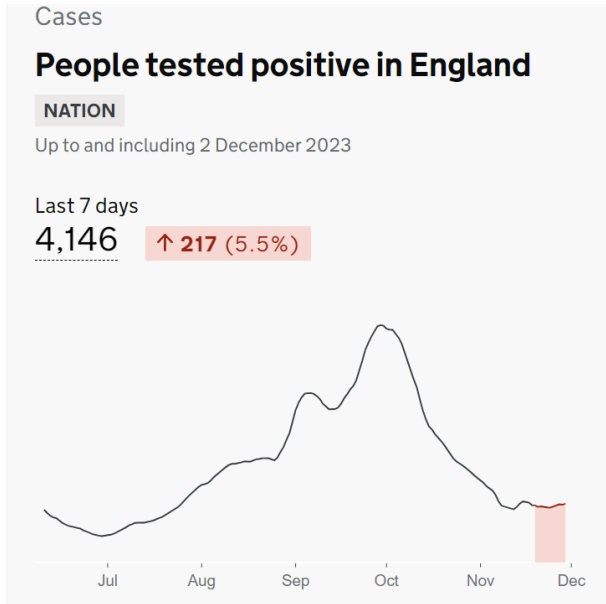
37. Beyond continuing the work described in this briefing, key updates or proposed changes in approach (e.g. in response to a new threat to population health) will be brought to the Corporate Management Team and on through to key Committees / Cabinet as needed.

Name of Contact Officer: Carolyn Nice
Post Title: Director of Adults, Health and Wellbeing
Telephone No. 01642 527054
Email Address: carolyn.nice@stockton.gov.uk

APPENDICES

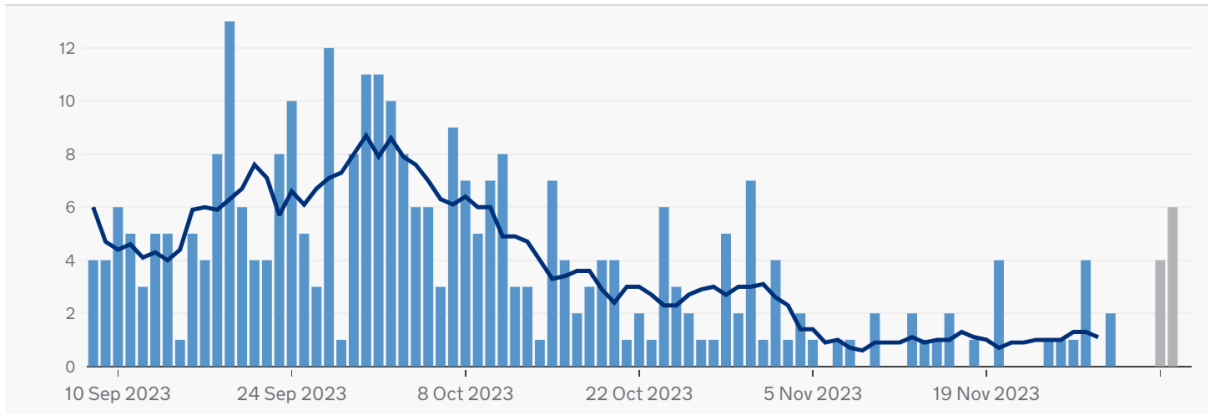
APPENDIX 1

COVID-19 update (8 December 2023)



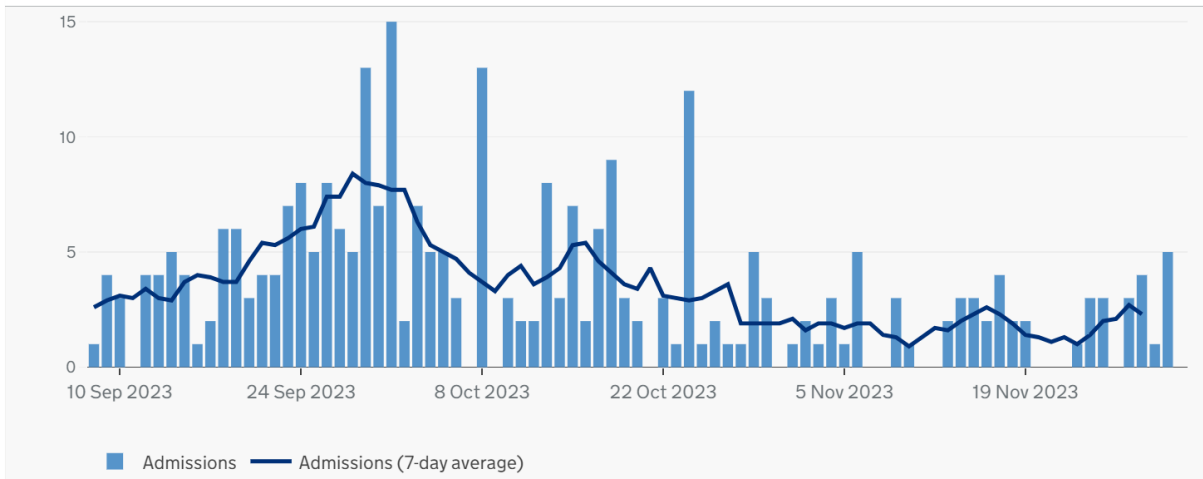
Cases of COVID-19, Stockton-on-Tees

Cases in Stockton-on-Tees



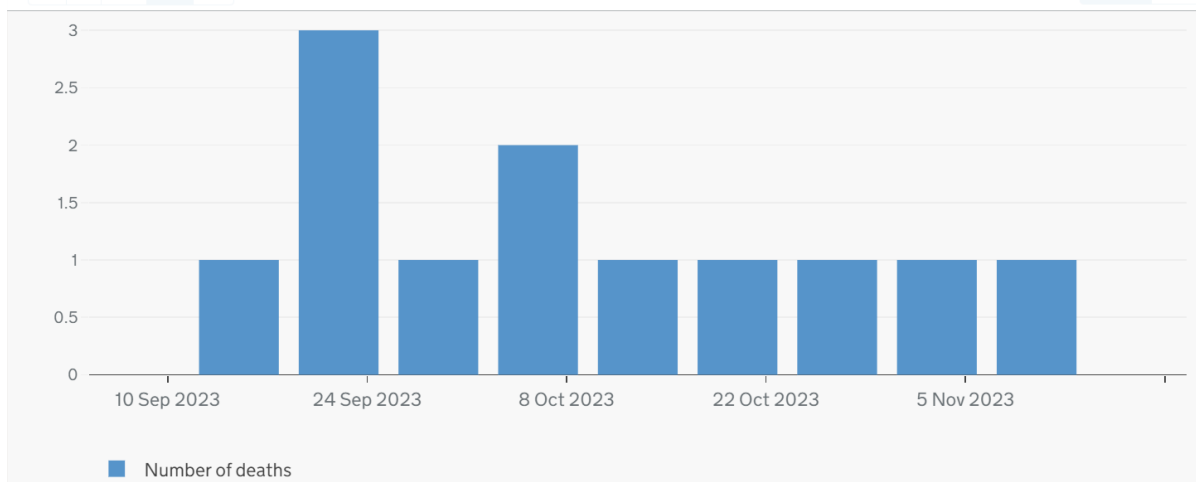
Hospitalisations with COVID-19, Stockton-on-Tees

Healthcare in North Tees and Hartlepool NHS Foundation Trust



Deaths with COVID-19 on death certificate, Stockton-on-Tees

Deaths in Stockton-on-Tees



APPENDIX 2

COVID-19 vaccination eligible groups

- Residents in a care home for older adults
- All adults aged 65 years and over
- Persons aged 6 months to 64 years in a clinical risk group
- Frontline health and social care workers
- Persons aged 12 to 64 years who are household contacts of people with immunosuppression
- Persons aged 16 to 64 years who are carers and staff working in care homes for older adults

APPENDIX 3

Community pharmacies offering flu and COVID-19 vaccinations

| Ward | Participating Pharmacy |
|---|--|
| Billingham | The Pharmacy, Abbey Health Centre Harry Hill, Kenilworth Road |
| Yarm | Cohens Chemist Whitworth Chemist |
| Ingleby Barwick | Coulby Newham Pharmacy at Ingleby Barwick Community Hall |
| Eaglescliffe | Eaglescliffe Pharmacy Pharmacy Express |
| Mandale and Victoria | Pharmacy Express |
| Roseworth, Hardwick and Salters Lane | Pharmacy World |
| Stockton Town Centre, Newtown, Grangefield | Knights Pharmacy 365 Well Pharmacy Synergise Pharmacy |
| Fairfield, Hartburn, Bishopsgarth and Elm Tree | Fairfield Pharmacy |

APPENDIX 4

Flu vaccination eligible groups

- those aged 65 years and over
- those aged 6 months to under 65 years in clinical risk groups
- pregnant women
- all children aged 2 or 3 years on 31 August 2023
- primary school aged children (from Reception to Year 6)
- those in long-stay residential care homes
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals

- frontline workers in a social care setting without an employer-led occupational health scheme

All frontline health care workers, including both clinical and non-clinical staff who have contact with patients, should be offered a flu vaccine as part of the organisations' policy for the prevention of the transmission of flu to help protect both staff and those that they care for.

APPENDIX 5: Stockton News (example of a recent article)

Cost of Living Support

With the price of energy, food and other bills rising, many people are finding it hard to keep up with the cost of living.

Here we've listed just some of the support available for you to help with your household finances. For more information about support and advice available, visit www.stockton.gov.uk/cost-of-living-hub

Check your benefit entitlement

The government's Help for Households website gives information on a range of financial support, from Universal Credit to Carer's Allowance. Its online calculator gives you a breakdown of benefits you are entitled to based on your personal circumstances, like tax support, and information on how to apply. Benefits advice is also available from the Council and Stockton and District Advice and Information Service (SDAIS).

To check your entitlement, visit helpforhouseholds.campaign.gov.uk/income-support

Energy efficiency schemes

There are schemes available for eligible residents to improve the energy efficiency of their homes which may also help to reduce energy bills.

The government's Boiler Upgrade Scheme (BUS) is providing households with up to £6,000 towards the cost and installation of a low carbon heating system such as heat pumps.

To find out if you are eligible and to find an authorised BUS installer visit the gov.uk website, email BUS.enquiry@ofgem.gov.uk or call 0330 053 2006.

The Home Upgrade Grant provides eligible households with fully funded energy saving measures such as double glazing, loft insulation, cavity wall insulation, draft proofing and low carbon heat systems.

To register your interest for this scheme visit www.teesvalley-ca.gov.uk/net-zero/home-upgrade-grant-hug

Tees Credit Union

Tees Credit Union is a community-based financial co-operative. It provides convenient and easy access to basic financial services such as loans, savings accounts, debt solutions and much more.

As bills get higher, the Tees Credit Union is here to help you to make the most out of your finances. The best way to find out how they can help is to call in to their shop on Stockton high street or visit their website at www.teescreditunion.co.uk



Warm Spaces

Warm Spaces are free, non-judgemental public places where people can go to get warm, save money on their heating costs, avoid social isolation, and receive vital support and advice while staying as well as possible.

The Council's A Fairer Stockton-on-Tees team is working with partner organisations to build a directory of Warm Spaces. Over 40 places have already signed up to welcome people into a warm space.

Visit www.stockton.gov.uk/warm-spaces where you can find a list of all the venues, the opening times and what facilities are on offer.

Warm Homes Healthy People

Warm Homes Healthy People offers emergency heating, boiler services, debt advice and energy efficiency measures. You may be eligible if you are:

- Over 65
- In receipt of disability benefits
- Have a long-term illness made worse by the cold
- Living with a child under 5 who has a long-term illness made worse by the cold
- Living with dementia

To qualify for free boiler servicing or repair you must be the homeowner and be claiming a qualifying benefit as well as one of the other categories above.

For further information please call the Warm Homes Healthy People team on 01642 528215 or visit www.stockton.gov.uk/warm-homes-healthy-people to apply online.



Our People

9


APPENDIX 6: Here to Help events

- Are being held across the 7 Community Partnership areas between Sept. 23 – March 24, bringing together internal/external colleagues to support our residents on a range of issues.
- A recent event was covered by BBC Tees (can be heard at 2:17 <https://www.bbc.co.uk/sounds/play/p0gb6cf8>)

Got a lot on your mind? We're here to help – drop in with any of life's worries for advice and support tailored to you.




Here to Help drop-in

Coming together to create A Fairer Stockton-on-Tees for all



The Cost of Living
Mental Health
New Job
Money
Universal Credit
Caring duties
Health
Self-care
Loneliness

Tuesday 10 October, 12pm to 3pm
ARC - Stockton Arts Centre
Dovecot Street, Stockton, TS18 1LL
Join us on World Mental Health Day for support and free wellbeing activities.



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