

Date: Wednesday 29 November 2023 at 2.00 pm

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

Cllr Robert Cook (Chair)
Cllr Lisa Evans (Vice-Chair)

Cllr Diane Clarke OBE
Cllr Kevin Faulks
Cllr Steve Nelson
Cllr Stephen Richardson
Carolyn Nice
Sarah Bowman-Abouna
Jon Carling
Dominic Gardner
Jonathan Slade

Cllr Dan Fagan
Cllr Mrs Ann McCoy
Cllr David Reynard
Cllr Sylvia Walmsley
Elaine Redding
Fiona Adamson
David Gallagher
Julie Gillon
Peter Smith

AGENDA

- 1 Evacuation Procedure** (Pages 7 - 8)
- 2 Apologies for absence**
- 3 Declarations of interest**
- 4 Minutes**
To approve the minutes of the last meeting held on 25 October 2023. (Pages 9 - 12)
- 5 Healthwatch Annual Report** (Pages 13 - 56)
- 6 Director of Public Health Annual Report** (Pages 57 - 80)
- 7 Public Health Update** (Pages 81 - 94)
- 8 Winter Preparedness**
Presentation to follow.
- 9 Mapping of VCSE Sector** (Pages 95 - 108)
- 10 A Smoke Free Generation** (Pages 109 - 112)

- | | | |
|-----------|--|-------------------|
| 11 | Physical Activity Steering Group Update | (Pages 113 - 116) |
| 12 | Stockton Better Care Fund Update | (Pages 117 - 132) |
| 13 | Member Updates | |
| 14 | Forward Plan | (Pages 133 - 136) |

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: John Devine john.devine@stockton.gov.uk on email Michael.henderson@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

Jim Cooke Conference Suite, Stockton Central Library **Evacuation Procedure & Housekeeping**

If the fire or bomb alarm should sound please exit by the nearest emergency exit. The Fire alarm is a continuous ring and the Bomb alarm is the same as the fire alarm however it is an intermittent ring.

If the Fire Alarm rings exit through the nearest available emergency exit and form up in Municipal Buildings Car Park.

The assembly point for everyone if the Bomb alarm is sounded is the car park at the rear of Splash on Church Road.

The emergency exits are located via the doors between the 2 projector screens. The key coded emergency exit door will automatically disengage when the alarm sounds.

The Toilets are located on the Ground floor corridor of Municipal Buildings next to the emergency exit. Both the ladies and gents toilets are located on the right hand side.

Microphones

During the meeting, members of the Committee, and officers in attendance, will have access to a microphone. Please use the microphones, when directed to speak by the Chair, to ensure you are heard by the Committee.

This page is intentionally left blank

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday 25 October 2023.

Present: Cllr Bob Cook (Chair), Cllr Lisa Evans (Vice Chair), Cllr Dan Fagan, Cllr Kevin Faulks, Cllr Mrs Ann McCoy, Cllr Steve Nelson, Cllr David Reynard, Cllr Tony Riordan (sub for Cllr Diane Clarke OBE), Cllr Sylvia Walmsley, Carolyn Nice, Jane Smith (sub for Elaine Redding), Sarah Bowman Abouna, Fiona Adamson, Lucy Owens (sub for Jon Carling), Peter Smith

Officers: Tanja Braun, Judy Trainer

Also in attendance: James Bromiley, Ruth Dalton (NTHFT), Kamini Shah (NHS England), Pauline Fletcher (NENC ICB)

Apologies: Cllr Diane Clarke OBE, Cllr Stephen Richardson, Elaine Redding, Jon Carling, Dominic Gardner, Alex Sinclair, Mary Bewley.

1 **Declarations of Interest**

There were no declarations of interest.

2 **Minutes**

RESOLVED that the minutes of the meeting held on 27 September 2023 be confirmed as a correct record and signed by the Chair.

3 **Health Protection – Winter Planning Update**

The Health and Wellbeing Board considered an update from the health protection collaborative on ongoing work on winter planning.

Winter 2022/23 presented significant challenges to communities and the health and wellbeing being system with cost of living pressures, ongoing Covid circulation, flu and other respiratory infections.

The picture for this winter was not yet known but planning was underway to monitor and mitigate the impacts as well as prevent escalation where possible.

The update covered surveillance systems, Covid and flu vaccinations, work with settings and communities and the local health protection response.

Key issues discussed were as follows:

- With regard to attendance at work places, Covid infections were now treated the same as other infection and there was no longer a testing requirement. However, where staff worked with vulnerable people, access to tests and local protocols on attendance should be in place
- Administering the Covid vaccine was not as straightforward as the flu vaccine and required additional staff training as well as particular requirements for mixing and storage. As a result, not all GP practices offered both vaccines
- Take up of the flu vaccine amongst Council employees appeared to be good and a further update could be provided by NHS colleagues at the end

of the season

RESOLVED that the update be noted and key messages to staff supported on winter wellness, including vaccinations.

4 Oral Health Update

This Board received a presentation from Kamimi Shah (NHS England) on oral health. The presentation covered:

- Oral Health Needs Assessment and recommendations
- The impact of poor dental health
- The evidence base for prevention programmes
- Existing work around oral health promotion
- Dental decay prevalence decrease in Teesside 2007/08 to 2016/17
- Community Water Fluoridation

Key issues highlighted and discussed were as follows:

- Although there had been improvements in dental health, there remained significant oral health inequalities
- Fluoridation helped to level out oral health inequalities
- Supervised tooth brushing schemes were taking place in Stockton schools as part of the Healthy Schools Programme. A small number of schools were not taking part in the programme, however, this was not due to an unwillingness to participate and Council officers were working with schools to provide support for their involvement

RESOLVED that the presentation be noted.

5 NHS Dentistry Provision

This Board received a presentation from Pauline Fletcher (NENC ICB) on NHS Dentistry Provision and the Primary Care Dental Access Recovery Plan. The presentation covered:

- The role of the ICB in commissioning dental services
- Overview of NHS dentistry regulations and contracts
- The challenges to people accessing dentistry in the North East and Cumbria
- Action to tackle the challenges in three stages
 - Immediate actions to stabilise services
 - A more strategic approach to workforce and service delivery
 - Developing an oral health strategy to improve oral health and reduce the pressure on dentistry
- Further actions and next steps
- Advice/ signposting for patients
- Advice for patients with an urgent dental need
- Oral health improvement initiatives

Key issues highlighted and discussed were as follows:

- Immediate action had included £3.8m non recurrent investment for 2023/24, a local recommissioning process to re-provide (where possible) activity when contracts were handed back and support for employment of overseas dentists
- Patients were not registered with dentists in the same way as GP practices and therefore a patient could contact any NHS dental practice to access care. Dental practices were being encouraged to prioritise patients for treatment based on clinical need and urgency. However, some practices were operating waiting lists to manage those patients requesting routine NHS dental care
- Board Members vocalised concerns that older and vulnerable people who could not afford private dentistry were still having problems accessing NHS care and asked for a further update in 12 months

RESOLVED that the presentation be noted and a further update be provided to the Board in 12 months.

6 Update on Group Development Work Between North Tees and Hartlepool NHS Foundation Trust and South Tees NHS Foundation Trust

This Board received a presentation from James Bromiley (Associate Director of Group Development) on the Group Model and Partnership Agreement. The presentation covered:

- Drivers for the collaboration
- Group model development
- The purpose of the Partnership Agreement
- The Group Operating Model
- Partnership Management and Governance
- Clinical Strategy
- Timeline

Key issues highlighted and discussed were as follows:

- A key driver for the change was creating a stronger single and coherent voice for the health needs of the community
- The Group Model built on years of collaborative working
- The Partnership Agreement would set out at high level how the Group Model would operate
- The Model would adopt a “patient first” principle and a joint clinical strategy
- The Partnership Agreement was due to be considered by boards in late November with a view to implementation in Quarter 1 of 2024/25
- There was an acknowledged need for improvement in record sharing and forming the Group would provide a stronger business case for funding for digital investment
- Merger was not on the agenda at the present time. The Trusts would continue to submit their own accounts and the proposed arrangements

would not be to the financial detriment of North Tees and Hartlepool NHS FT Trust

- No adverse impact on travelling time was anticipated as a result of the changes and there were plans to roll out more services into the community

RESOLVED that the presentation be noted.

7 Healthwatch Annual Report

RESOLVED that this item be deferred to the next meeting of the Board.

8 Member Updates

There were no Member Updates.

9 Forward Plan

It was agreed that an item would be included on the next Board agenda regarding the recent Government Announcement on Smoking.

RESOLVED that the forward plan be noted.



**Healthwatch Stockton-on-Tees.
Annual Report
April 2022 - March 2023**



We engaged with and supported 1,514 people!

We provided advice and information to 14,971 people

13 Healthwatch Champions

Escalated service user voice to our partners

5 reports published

Embedded our role within the ICS



April 2022 - March 2023 priorities

Youthwatch

This year we have worked closely with Youth Focus North East to begin the development of Youthwatch, a platform for young people to have their say about health and care services.

Integrated Care System ICS

We have worked closely at a national, regional and local level with our ICS and Healthwatch colleagues to ensure a robust mechanism at a strategic level that embeds the voice of the public within the transformation of health and care services.



April 2022 - March 2023

0-19 Growing Healthy

Working with the Stockton Community Wellbeing Champions, we supported the Public Health Growing Healthy Stockton-on-Tees consultation, to ensure that the voices of those accessing services were able to contribute to the development of the future commissioning and delivery of the 0-19 health services. This resulted in recommendations that will be embedded into the future delivery model and improve access to services.



April 2022- March 2023

10 Year Celebration Event

This year Healthwatch celebrated its 10th birthday, Healthwatch-Stockton-on-Tees led on the celebration event that brought together 14 local Healthwatch - known formerly as the North East and Cumbria ICS region. We were able to share our learning to date, reflect on our ambitions and develop our mission to ensure service user voice is embedded within the rapidly changing health and care services.



10 Year Celebration Event

“Thank you for inviting me to join the Healthwatch 10-year celebration. It is important to celebrate the great work of the Healthwatch teams and the impact this has had on patients, carers and the public. Now we have the opportunity to learn from this work and ensure the voices of our communities are at the heart of health and care services”

Claire Riley Executive Director of Corporate Governance, Communications & Involvement, North East & North Cumbria ICS



April 2022 - March 2023

Healthwatch Hero

This year we have implemented a piece of work that highlights individuals whose voice and determination to make difference have supported improvement of services.

We were honoured to be able to recognise the work of Catherine Wakeling who advocates for those struggling with mental health. Catherine has implemented an out of hours support group to help those in need. The feedback we gathered from those accessing the service was overwhelming in positivity at the difference Catherine and colleagues have made to their lives.



Celebrating a hero in our local community

"Catherine is helping me so much, I don't know what I would have done without her support"

"It's been very helpful, lots of support and able to get out of the house and feel safe with the people I am with, absolutely great support"

Catherine is now a Healthwatch Champion and will continue to work with us to escalate the voices of service users.

This work will now feature yearly as we celebrate those individuals who go above and beyond to help make a positive change in our community.



How to become a Healthwatch Community Champion

If you regularly speak to people in your community, as a member of the public or a professional, you can help us make sure their voices are heard in local health and social care matters

Find out more



Top Three Priorities 2023-2024

Growing Older Project - This Tees Valley project aims to deliver a local review to support a response to the national requirement to improve the planning process for when families can no longer support their family member to stay at home. The particular focus is to improve support for families, carers and older people with a learning disability.

Pharmacy - Intelligence brought to Healthwatch has informed the planning of Enter & Views to take place at a selection of pharmacies in the area. This will help to determine access to medications, capacity within pharmacy and highlight other services that pharmacies offer - supporting the alleviation of demand on GP Services. This work is planned to go ahead in October 2023.

Rolling Programme of Coffee Mornings - It is the mission of Healthwatch Stockton-on-Tees to reach deprived areas of the borough, to help to address health inequalities. Providing a safe place for people to raise concerns and access our Information and Signposting Service.



This coming year we intend;

- To work closely with our partners in the establishment and design of the new Mental Health Hub - due to be launched in October 2023.
- To develop a cohort of Healthwatch Heroes - who share their invaluable lived experience to help improve the design and delivery of health and care services.
- Continue to work closely with the Stockton-on-Tees Wellbeing Champions to ensure clear pathways of communication from the public to a strategic level to inform future planning.
- To develop our programme of coffee mornings to reach those who find it challenging to access services - raising awareness and supporting individuals to have a voice.
- To continue developing our role within the ICS - particularly at Place level, ensuring 'word on the street' reports are shared in a timely manner to inform priorities.



Top 3 areas that people have contacted us about:

Dentistry

GP Practices

Mental Health Services

Contact us to get the information you need If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch Stockton-on-Tees is here for you.

www.healthwatchstocktonontees.co.uk

01642 688312

healthwatchstockton@pcp.uk.net

Healthwatch Stockton-on-Tees



Thank you
Any Questions?



This page is intentionally left blank

Together

we're making health
and social care better

Annual Report 2022–23

healthwatch
Stockton-on-Tees



How can I
find a new GP
or dentist?

How do I
get help for
an elderly
relative?

What do I do
if I am unhappy
with my care or
treatment?

Just ask.

healthwatch

We are here to help!

Freephone 0808 172 9559

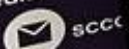
Healthwatch can help you by:

- Providing **information** about how to find your local health and social care services
- **Advising** you about what to do if you are unhappy with your care or treatment



Email: healthwatchstockton@pcp.uk.net
www.healthwatchstocktonontees.co.uk

Page 27
Contact us:
social media



Contents

Message from our Chair	3
About us	4
Highlights from our year	5
Listening to your experiences	10
Advice and information	19
Volunteers	21
Finances and future priorities	23
Statutory statements	24



"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."

Louise Ansari, Healthwatch National Director

Message from our Chair



It's hard to believe we have arrived at this point in the year, both a time for reflection and a time to look forward, ensuring continued confidence with our partners and stakeholders of the valuable impact that Healthwatch and the public can make to the delivery of health and care services, both locally in Stockton-on-Tees and nationally via the transformation agenda.

This year the Stockton-on-Tees Healthwatch team organised a North East regional event to celebrate the 10th birthday of Healthwatch. Fourteen local Healthwatch came together to highlight the positive work and impact that has been made across the region, championing the voice of the public and their views of health and care services.



**Peter Smith,
Chair of Healthwatch
Stockton-on-Tees**

We know the need to maintain our focus as local Healthwatch has never been greater, finding ways to help maintain stability for the people we represent. The entire health and social care system faces many challenges, from reducing waiting times for vital surgery and treatment; making it simpler to access primary care services; recruiting new doctors, nurses and social workers; ensuring professional social care assessments and the very real issue regarding the lack of NHS dentistry. These issues affect the general population on a day-to-day basis and through their comments and suggestions impacts on how services are planned and delivered.

After 75 years of the NHS, we still face huge challenges alongside social care services in managing to provide quality services whilst under extreme financial pressure. Is change needed? Do services need more investment; or can we develop creative ways of preventing illness and stop the rise in health inequalities whilst supporting our ageing population. Can the NHS, public health and social care organisations work more closely together to provide improved, collaborative, and efficient care? Are we harnessing the best use of technology and available data to provide more control for patients?

Working with the public across the Borough of Stockton-on-Tees our local Healthwatch has managed to demonstrate the power of public feedback, and this has helped to identify what works, to spot issues and to make recommendations on potential improvements. This report demonstrates much of the work we have undertaken over the past 12 months.

I would like to thank Natasha and the Healthwatch team for all their hard work and continuing support to the people and patients of Stockton-on-Tees.



Peter Smith, Chair, Healthwatch Stockton-on-Tees

About us

Healthwatch Stockton-on-Tees is your local health and social care champion.

We make sure NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.

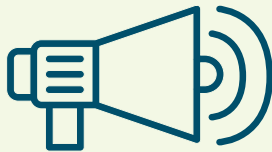


Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Year in review

Reaching out



1,514 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

14,971 people

came to us for clear advice and information about topics such as mental health and the cost-of-living crisis.

Making a difference to care

We published

5 reports

reports about the improvements people would like to see to health and social care services.

Our most popular report was

Accessible Information Standards in Health & Care

which highlighted the struggles people face in receiving health information from health and care services.



Health and care that works for you



We're lucky to have

13

outstanding volunteers who gave up **31 days** to make care better for our community.

We're funded by our local authority. In 2022-23 we received

£129,079

which is **0.7 % less** than the previous year.

We currently employ

4 staff

(full time equivalent) who help us carry out our work.

How we've made a difference this year

Spring



Youthwatch

This year we have worked closely with Youth Focus North East to begin the development of Youthwatch, a platform for young people to have their say about health and care services.



Integrated Care System (ICS)

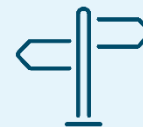
As the transformation of health and care services is developing, we have worked with our ICS colleagues to ensure that we have a role at a strategic level and that the voice of service users and the public are embedded within new structures.

Summer



Bee Happy

We collaborated with Stockton-on-Tees Borough Council Community Based Learning Disability Day Services to engage with people with a learning disability to find out their views and experiences of their health and wellbeing over the past year.



Coffee Mornings

We have delivered coffee mornings throughout the area to provide an opportunity for people to have their say, while distributing food parcels to those most in need with the support of 'Feeding Families.'

How we've made a difference this year

Autumn



10-Year Event

We celebrated 10 years of Healthwatch by bringing together partners and colleagues from across the North East to share valuable learning and provide an opportunity to determine our collective ambition for the future.



0-19 Growing Healthy

Working with the Stockton Community Wellbeing Champions we supported the Public Health Growing Healthy Stockton-on-Tees consultation, to ensure that the voices of those accessing services were able to contribute to the development of the future commissioning and delivery of the 0-19 health services.

Winter



Accessible Information Standards

We engaged with the community to understand how the Accessible Information Standard is working on a local level and to find out how people experience receiving health information from health and care services.



Waiting Well

We provided valuable feedback to the North East and North Cumbria Integrated Care Board on their Waiting Well programme which aims to support patients to prepare for surgery.

10 years of improving care

This year marks a special milestone for Healthwatch. Over the last ten years, people have shared their experiences, good and bad, to help improve health and social care. A big thank you to all our Healthwatch Heroes that have stepped up and inspired change. Here are a few of our highlights:

How have we made care better for you

Accessing Primary Care Services

Due to intelligence gathered we were able to help the NHS identify and remove barriers to improve access and delivery of health services.



Community Mental Health

Our period of consultation gave us valuable information about how mental services could work more effectively, which helped to provide an insight to commissioners. We are continuing our involvement to ensure service users are at the heart of the Community Mental Health Transformation Programme.



Improving Hospital Visiting

North Tees and Hartlepool NHS Trust welcomed feedback that led to reviewing hospital visiting policies, procedures and guidance.



Care Homes

Our programme of Enter & View visits supported improvements to the care of those living with dementia both in care homes throughout the borough and within North Tees and Hartlepool NHS Trust.



NHS dentistry

We continued to voice public concerns that improvements to NHS dentistry are too slow, leaving thousands of people in pain. Our findings highlight a serious shortage of NHS Dentists and poor access to treatment.



- To improve our service
- Take on board your suggestions to understand your needs
- To leave feedback anonymously
- Any form of feedback is welcome
- For you to express your concerns and suggestions



Healthwatch Hero



Celebrating a hero in our local community

We are delighted to have had the opportunity to work with Catherine from Starfish Health & Wellbeing and gather the voices of those accessing the service to ensure the voice of service users are embedded within the transformation of mental health services.

We received lots of feedback about the drop-in service 'A Place to Be' and the passion shown by Catherine to make a positive change for the residents of Stockton-on-Tees.

While attending a 'lived experience group' information was gathered that highlighted the need for an out of hours drop-in service.

Catherine acted on this feedback and established a 5pm-8pm drop-in service that is well attended, demonstrating local need.

"It's been very helpful, lots of support and able to get out of the house and feel safe with the people I am with, absolutely great support." *Place to Be attendee*

"Catherine is marvellous." *Place to Be attendee*

"Love it when Catherine is here, she is so kind and helpful." *Peer Mentor*

"Catherine is helping, me so much I don't know what I would have done without her support." *Place to Be attendee*

"Catherine is just amazing." *Peer Mentor*

We are very glad to welcome Catherine as a Healthwatch Champion who will continue to share with us the voice of service users, championing what matters to them.



Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

Advocating for fairer NHS dentistry

NHS dentistry is in desperate need of reform and this year local Healthwatch came together nationally to successfully move NHS dentistry up the political agenda with our ambition to make it easier for people to find a dentist taking on NHS patients.

With living costs on the rise, our new findings show widening health inequalities as people in every part of the country struggle to pay for dental care.

We have seen a shortage of NHS appointments, which has affected people on the lowest incomes the most, meaning they were less likely to have dental treatment than those on higher incomes.

We made renewed calls on NHS England and the Department of Health and Social care to put a reformed dental contract in place.

Changes to NHS dental contracts

Our findings achieved widespread media attention and as a result NHS England announced changes, including:



- Increasing the payments for dentists when treating patients with complex needs, for example, people needing work done on three or more teeth.
- Requiring dental practices to regularly update the national directory as to whether they are taking new NHS patients.
- Moving resources from dental practices that are underperforming.

What difference will this make?

This announcement showed the power of people's feedback – with decision makers listening to your voice and taking action.

With these changes in place, it should be easier for people to find a new dentist taking on NHS patients, alleviating the stress and worry so many suffer when they cannot afford to go private.



“Since I moved to Stockton-on-Tees I have tried to find a dentist who accepts new NHS patients. Every single dentist I contacted, stated that they do not accept new NHS patients or are private patients' practices only. As I understand, I have the right to get access to dental care, yet I end up paying for my check-ups every 6 months. I also paid for fillings twice and had to pay for a tooth to be removed. I was in pain for 2 weeks, but no dentist would have accepted me. The situation is unbearable as well as unaffordable for me.”

Stockton-on-Tees resident



Experiences of the Accessible Information Standards in Health & Care

At the beginning of this year Healthwatch England launched the 'Your Care, Your Way' campaign. The campaign called for improved accountability and implementation of the Accessible Information Standard (AIS) in health and care.

The AIS gives disabled people and people with sensory loss the legal right to get health and care information they can understand, and the communication support they need. By law, all publicly funded health and social care providers must fully comply with the AIS and ensure people are given information about their health and care in accessible formats (Healthwatch England, 2022).

Healthwatch Stockton-on-Tees collaborated with Stockton-on-Tees Borough Council Community Based Learning Disability Day Services to find out about the views and experiences of people with a learning disability in relation to their health and wellbeing over the past year.

Our recommendations:

1. Health and care services to be accountable for delivering the Accessible Information Standard.
2. Every health and care service to have an accessibility champion so that health and social care staff know who is responsible for leading local accessible information policy and delivery, and to support staff awareness of their compliance with the standard.
3. To involve people with communication needs in designing better services.
4. To provide mandatory training on accessible information for all health and care staff - to enable staff to understand the standard and regularly provide information in the formats patients need, and to proactively ask patients about their communication needs.

What difference will this make?

The findings highlight the importance, for those covered by the AIS, of receiving support from family, carers, and support staff to access and understand information, and to communicate with health and care services. The amount of support that people receive from family, carers and support staff has been stated as the main factor that could affect people's ability to ask health services to provide information or communicate with them in a way that can be easily understood, when needed.

People who are covered by the AIS experience disadvantages in accessing health and care information when needed, and that this has an impact on the quality of care that they've received. This includes missing appointments, not being able to contact the service that was needed, not being able to understand how to take medication, taking the wrong dose of medication, missing out on important information about their health, and that their mental health and wellbeing has been affected because of this.

By raising the profile of the Standard, organisations will be better informed about how they should make sure that people get support from a communication professional if they need it, and about changing working practices to support effective communication, promoting equality and inclusion.

Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Creating empathy by bringing experiences to life

It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems.



Healthwatch Stockton-on-Tees have developed a programme of coffee mornings that provide an opportunity for individuals to meet with us for an informal chat, information and signposting, and providing an opportunity for our partners to attend in collaboration to address concerns and provide a coordinated approach to help tackle health and wellbeing concerns.

In December 2022 we were able to utilise our coffee mornings to work alongside 'Feeding Families' and help to distribute food parcels to families struggling due to the cost-of-living crisis, while speaking with individuals about their personal concerns accessing health and care services.

Getting services to involve the public

Services need to understand the benefits of involving local people to help improve care for everyone.

Our work to highlight inequalities in accessing health and care for those who are covered by the Accessible Information Standard, has helped to raise the profile of what service providers need to do to ensure access is equitable throughout the area.

Those who are covered by the AIS are between two-three times more likely to have been refused a request for support to understand health care information when they have asked, and to have not been provided with health care information that they could understand or access. It's important to those who require communication support, that they are made to feel comfortable in asking for information from health and care services in a way that can be easily understood.

Our findings show that people who are covered by the AIS experience disadvantages in accessing health and care information when needed, and that this has an impact on the quality of care that they've received. This includes missing appointments, not being able to contact the service that was needed, not being able to understand how to take medication, taking the wrong dose of medication, missing out on important information about their health, and that their mental health and wellbeing has been affected because of this.

By working together with the public, we can help to tackle inequalities in accessing health and social care.



Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Improving care over time

Change takes time. We often work behind the scenes with services to consistently raise issues and bring about change.

'Waiting Well' is a regionwide programme that aims to support patients who are waiting for planned care such as knee and hip replacements.



Evidence shows that taking simple steps before surgery or treatment to improve fitness, diet and mental health plays a crucial role in helping patients to recover more quickly and reduces the chance of being re-admitted to hospital. By empowering them to manage elements of their own health and be in as good shape as they can for their treatment means that there is much less chance of their planned care being cancelled.

To explore public perception, we undertook a piece of engagement to find out what the local views were of the programme. Overall people thought the idea was good and that it would motivate people to take better care of their wellbeing. Our findings were shared with the North East and North Cumbria Integrated Care Board (NENC ICB) to inform future planning and delivery.





Hearing from all communities

Over the past year we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voice is heard and services meet their needs.

This year we have reached different communities by:

- Developing a programme of coffee mornings targeting specific areas.
- Facilitated local services coming together to help support those struggling from socio-economic deprivation.
- Supported and contributed to engagement ahead of the re-commissioning of the 0-19 service in Stockton-on-Tees, ensuring decision makers hear the voices of the public.
- Worked with partners to continue to build our network and help overcome barriers to accessing services.
- Developed an easy read format of intelligence gathering that can be used to support people to have their voice heard.

Tees Valley Youthwatch

Tees Valley Youthwatch

Youth Focus North East and Healthwatch across the Tees Valley have collaborated to develop a Young Persons Advisory Board. The aim of this project is to ensure meaningful young person representation is included within service commissioning and planning.

Throughout the ongoing development of 'Youthwatch' it has highlighted the challenges that can be faced engaging with diverse communities and how strategic planning and commissioning needs to ensure that a variety of engagement mechanisms are used to ensure meaningful engagement, both for the communities it is working with and to better inform the delivery of health and care services now and in the future.



Improved access for 0-19 services

Healthwatch Stockton-on-Tees collaborated with the Stockton-on-Tees Wellbeing Champions and Stockton-on-Tees Public Health to support the review of 0-19/25 Service.

The purpose of the engagement was to ensure that the voices of local children, young people, their families, and those involved in supporting them are central to the review and re-commissioning of the 0-19/25 service.

The Public Health vision is to enable children and young people with the building blocks to secure the foundation for a healthy life, working with families to promote wellbeing, protect from illness and injury and prevent ill health at the earliest opportunity through prevention and early intervention.



“

“We would like to thank Healthwatch who have collaborated with the Stockton-on-Tees Community Wellbeing Champions to produce this report reviewing our Public Health 0-19 (up to 25 with SEND) offer. Together they were able to collect responses from almost 100 residents, including harder to reach groups.

“The valuable insights and recommendations collated in the [report](#) will, along with other information collected during consultation, contribute to our service review and the ongoing development of a model of support and the commissioning process, working with communities, children and young people and their caregivers.”

”

Director of Public Health, Sarah Bowman-Abouna

Collaborating to ensure service user voice is at the heart of future service delivery

This year Healthwatch celebrated its 10th birthday. Fourteen local Healthwatch came together who work collectively across the North East and North Cumbria Integrated Care System (NENC ICS) region to add value and service user voice to the changing health and care landscape. Staff past and present, Board members, volunteers and partner organisations came together to share in the success that Healthwatch has achieved to date and identify how we can continue to build on our success and support the transformation of health and care services.

We were delighted that Claire Riley from the NENC ICS was able to attend the event and share with us her ambition for the future of health and care services.

With the ICS transformation underway Claire spoke of her desire to ensure insight and feedback from the public was used at both a national and local level. She welcomed the opportunity she has had to work alongside Healthwatch and is looking forward to continued collaboration that will support system wide planning and service delivery.

Claire acknowledged there will be challenges and ‘hard conversations’ along the way and that positive system change will only be achieved through meaningful partnership working. She welcomed the opportunity to answer questions raised and provided honest feedback on the challenges ahead, with a determination to ensure positive outcomes for health and care services.

“Thank you for inviting me to join the Healthwatch 10-year celebration. It is important to celebrate the great work of the Healthwatch teams and the impact this has had on patients, carers and the public. Now we have the opportunity to learn from this work and ensure the voices of our communities are at the heart of health and care services.”

Claire Riley Executive Director of Corporate Governance, Communications & Involvement, North East & North Cumbria ICS





Advice and information

Healthwatch is here for every person living in Stockton-on-Tees. We can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people by:

- Providing up to date information people can trust.
- Helping people access the services they need.
- Helping people access NHS dentistry.
- Supporting people to look after their health during the cost of living crisis.

Help to find medication in Stockton

Healthwatch Stockton-on-Tees were contacted by a lady whose husband had suffered a stroke and had to feed via a feeding tube after hospital discharge.

The initial medication was in liquid form, however when this ran out the pharmacist would only dispense the medication in tablet form, proving difficult to administer and causing concern that the correct dosage was not being given as it was blocking the tube. The lady raised this with her GP and the pharmacist and was advised they were not able to provide liquid form. We were able to source advice from the NHS Patient Care Team who contacted her and were able to offer support to rectify the problem.

Helping residents with an NHS complaint

During 2021 – 2022, a client contacted Healthwatch Stockton-on-Tees and requested help to make a complaint on behalf of her husband. She was signposted to the Stockton Independent Complaints Advocacy Service (SICA) and the case was successfully resolved. The North East Ambulance Service (NEAS) have used the learning and proposed plans to prevent repeat future experiences.

The complaint was received about the poor care and treatment received from the NEAS after a nasty fall and head injury.

An ambulance did not arrive until 9 hours after the initial call. When the ambulance did arrive and the paramedics attended to the patient, they found that his temperature was very high and immediately thought he had COVID-19.

The paramedics and the NEAS call operators deemed the client's husband not critical because he was able to respond when they spoke to him. However, when the paramedics took him to the hospital and a scan was carried out, it showed that he had suffered a fractured skull, signs of having a bleed on the brain.

It was strongly felt by the client that NEAS failed in their duty of care, by making a judgement on how serious his condition was based on his ability to answer when spoken to. The injury sustained has had a very adverse impact on their ability to manage most daily functions without difficulty and impacted adversely on the general wellbeing of the whole family.

As an outcome the complaint, the client wanted the NEAS to admit that they failed in their duty of care. A number of questions were put to the NEAS to bring the case to a successful resolution and the outcomes of the complaint were:

- In their complaint response NEAS apologised for letting the client's husband down on the day.
- They acknowledged that on the first call, the health advisor should have probed further to determine whether her husband would have described the headache as severe. They stated in their response that if his headache was severe then this may have resulted in advice to attend an Emergency Department within an hour if they had transport, or a category 3 ambulance being assigned.
- They further stated that as the pain level was not probed enough to determine this, the outcome was to see his GP within 3 days. They admitted that this does not appear to be sufficient for her husband's condition.

All the issues raised in client's complaint were adequately answered, a resolution was reached, and the client was happy with the outcome of the complaint.



Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Have gathered information from local communities, while promoting Healthwatch Stockton-on-Tees.
- Visited services to gather services user, carer and friends and family feedback.
- Attended forums and meetings to build capacity and ensure Healthwatch representation.
- Read and provided comments on local policies and initiatives to embed public voice.
- Represented us at planning meetings as services begin to change within the Integrated Care System.

Jon Carling, Board Member

"I am delighted to be part of the Healthwatch Board in Stockton. It's inspiring to see the enthusiasm of the staff and volunteers, and to contribute to the variety of actions they have taken to make a difference in our Borough. The report on mental health provision was very influential on services, especially in the voluntary sector, for example."



Leonie McGrother, Board Community Representative

"As Development and Engagement Officer for the Stockton Community Wellbeing Champion Project, being on the Healthwatch Board has been a brilliant opportunity to build on the relationship with Healthwatch Stockton and increase capacity to provide health and wellbeing support to the residents of Stockton-on-Tees. I have learned a lot being a Healthwatch board member and look forward to continuing to work towards improving health and wellbeing outcomes in the area."



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.



www.healthwatchstocktonontees.co.uk/volunteer



01642 688312



healthwatchstockton@pcp.uk.net

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		Expenditure	
Funding from local authority	£129,079	Expenditure on pay	£76,030
Additional income	£5,316	Non-pay expenditure	£25,868
		Office and management fee	£9,416
Total income	£134,395	Total expenditure	£111,314

Additional income is broken down by:

- **£816 funding** received from Healthwatch Norfolk for website migration funding
- **£4,500 funding** received from NENC ICB for ICS funding

Next steps

In the ten years since Healthwatch was launched, we've demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues and think about how things can be better in the future.

Services are currently facing unprecedented challenges and tackling the backlog needs to be a key priority for the NHS to ensure everyone gets the care they need. Over the next year we will continue our role in collecting feedback from everyone in our local community and giving them a voice to help shape improvements to services.

We will also continue our work to tackling inequalities that exist and work to reduce the barriers you face when accessing care, regardless whether that is because of where you live, income or race.

Top three priorities for 2023-24

1. Growing Older Project – this Tees Valley project aims to deliver a local review to support a response to the national requirement to improve planning process for when families can no longer support their family member to stay at home. The particular focus of this project is to improve support for family, carers and older people with learning disability.
2. Building on our programme of engagement, focusing on the communities we don't regularly hear from.
3. Continuing to ensure the voices of our community are embedded within the ICS and the health and social care transformation – particularly mental health and the development of the local Mental Health Hub.



Statutory statements

The organisation holding the Healthwatch contract is the Pioneering Care Partnership (PCP). PCP is a multi-award-winning health and wellbeing charity operating across the North East.

For further information, please visit www.pcp.uk.net

Registered Charity No: 1067888. Company Registered in England No: 3491237

Registered address: Pioneering Care Centre, Carer's Way, Newton Aycliffe, County Durham, DL5 4SF

© Pioneering Care Partnership

Healthwatch Stockton-on-Tees uses the Healthwatch Trademark

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of five Executive members and five Community Representatives who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2022/23 the Board met seven times and made decisions on matters such as:

- Our work regarding the accessible information standards.
- Collaborating with Youth Focus North East to enhance the voice of young people.
- Supporting staff to ensure public representation within the new Integrated Care System (ICS).
- Leading regional Healthwatch as we celebrated 10 years of making difference as a North East region sharing learning and skills.

We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of using services. During 2022/23 we have been available by phone, email, provided a webform on our website and through social media, as well as attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, present it to the Health & Wellbeing Board and Scrutiny Committee, and it will be disseminated amongst our partners and commissioners, including North Tees & Hartlepool Foundation Trust and the Care Quality Commission.

Responses to recommendations

All our reports throughout the year have received responses from the relevant partners and recommendations made will form part of the future planning and commissioning of services.

There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

The way we work

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us.

In our local authority area, for example, we work closely with the Stockton-on-Tees Public Health team to ensure the voice of the public is embedded with plans for future service delivery.

We have good working relationships with North Tees and Hartlepool NHS Foundation Trust to support the planning of their patient and engagement strategy, and we also attend the Patient & Carer Experience Committee

We attend meetings and forums throughout the area to ensure collaboration and a joined-up approach to consultation and engagement.

We are members of the Teeswide Safeguarding Adults Board and actively promote raising awareness and safeguarding campaigns.

We also take insight and experiences to decision makers in the Integrated Care System. For example, we collaborated with other local healthwatch within the region to support the consultation of the 'Waiting Well Programme.'

We provide regular update reports to the Integrated Care System of local engagement and grass root intelligence to help identify trends and concerns and steer priorities at a local, regional and national level.

We also share our data with Healthwatch England to help address health and care issues at a national level.



Working with partners

This year we have continued to ensure the relationships built with our partners continue to develop in strength, ensuring the voice of the residents of Stockton-on-Tees remain embedded in-service transformation and delivery.

We work closely with Catalyst, our strategic infrastructure organisation, to look at innovative ways to support health and wellbeing. In particular the development of the Mental Health Hub, which aims to bring services together in a joined coordinated approach to offer service users streamlined delivery of support and care.

We are also members of the Integrated Mental Health Steering Group, a forum that brings together an array of skills and experience to add value and expertise to the transformation of services.



"I am looking forward to the continued input of Healthwatch as we progress with the agreed changes in our local communities, and I very much welcome their continued support to understand and address the key health inequalities that impact upon access, effectiveness, and experience of our mental health services."



Dominic Gardner Care Group Director MHSOP/AMH, Durham Tees Valley Care Group Tees, Esk and Wear Valleys NHS Foundation Trust

Healthwatch representatives

Healthwatch Stockton-on-Tees is represented on the Stockton Health and Wellbeing Board (HWBB) by Peter Smith, Healthwatch Chair.

During 2022/23 our representative has effectively carried out this role by regular attendance at the HWBB meetings, contributing to discussions, sharing intelligence, and raising awareness of the Healthwatch workplan. Facilitating bi-monthly Healthwatch Stockton-on-Tees board meetings, involvement regionally in Healthwatch discussions and planning relating to the new Integrated Care System. Reviewing reports and recommendations, providing feedback and responses as required.

We also take insight and experiences to decision makers in North East and North Cumbria (NENC) Integrated Care Board. While we have worked together informally for many years, recent funding from the ICB has enabled the Network to formalise working arrangements through our Operational Protocol, so that it can systematically represent the views of service users, families and carers with partners across the Integrated Care System. Local intelligence is collated across each of the four sub-regional areas and shared at Area ICP meetings.

Healthwatch representatives

At regional level, the Healthwatch Regional Coordinator represents service-user voice from across the region at the NENC Integrated Care Partnership Strategic meeting, Quality & Safety Committee, Primary Care Strategy & Delivery sub-committee, Healthy & Fairness Advisory Group, Equality, Diversity & Inclusion meetings and System Quality Group meetings.

The network of local Healthwatch has also been commissioned to undertake additional research to ensure local opinions are represented in the ICB's work priorities, including focus groups for the Waiting Well, and consultation around the development of the ICB strategy.

We also share our data with Healthwatch England to help address health and care issues at a national level.

Healthwatch Stockton-on-Tees has been represented on the Integrated Care Partnerships in the South ICP area of NENC ICS by Toni McHale and Christopher Akers-Belcher. The Regional ICP is attended by Christopher Akers-Belcher, Healthwatch Regional ICB Coordinator. The Integrated Care Board Participant for the network is David Thompson, Chair of Healthwatch Northumberland.

2022–2023 Outcomes

Project / activity	Changes made to services
Experiences of the Accessible Information Standards in health and care.	Stockton-on-Tees Borough Council adult social care are currently undertaking a review of its day opportunities and wider community options.
Provide better access to local areas for people who use wheelchairs.	Stockton-on-Tees Borough Council has been successful in two grant awards to develop changing places within Stockton to enable people to have their personal needs met within the community.
Provide more opportunities for people with a learning disability to participate in local activities that are enjoyable and meaningful, and that enhance learning.	Stockton-on-Tees Borough Council has made a commitment to work with people and their carers to participate, at all levels, in shaping and delivering service delivery. To strengthen and grow the relationships people have in their communities working with them to be active and valued members of their communities.

2022–2023 Outcomes

Project/ activity	Changes made to services
Growing Healthy – Stockton-on-Tees Service Review.	The valuable insights and recommendations collated in the report will, along with other contribute to the service review and the ongoing development of a model of support and commissioning process, working with communities, children and young people and their caregivers. The Public Health team are using the recommissioning process as an opportunity to review our current offer and the needs of children, young people and families in the borough.
Waiting Well across the North East and Cumbria.	Healthwatch Stockton-on-Tees were able to gather valuable insight into the public perception of the ‘Waiting Well’ initiative to improve health. Overall, the findings were that the programme is supported, this information along with areas to consider, was shared with the NENC ICS and this programme is continuing to be rolled out regionally.
Experiences of Dental Care Services.	Following on from previous work we continue to be involved in ensuring that dentistry remains a high priority within the commissioning arena. A dentistry myth buster was developed and disseminated; we currently have representation within the Dentistry Workforce Development where all intelligence to date will be shared. There are plans to continue our work with the ICB throughout 2023-2024.
Youthwatch working together across Tees Valley.	The collaboration with Youth Focus North East and Healthwatch colleagues has enabled a joint working agreement that focuses solely on the challenges faced by young people. This work has identified how, by combining expertise and knowledge we can begin to add value and consistency throughout the area, developing mechanisms to enable us to work differently so that engagement meets the needs of the community.
Healthwatch 10th Anniversary.	This year 14 local Healthwatch came together to share learning, knowledge, and expertise to ensure as we move forward within the Integrated Care System, we have a coordinated approach, adding strength to the public voice.



healthwatch

Stockton-on-Tees

Healthwatch Stockton-on-Tees
Catalyst House
27 Yarm Road
Stockton-on-Tees
TS18 3NJ

www.healthwatchstocktonontees.co.uk

t: 01642 688312

e: healthwatchstockton@pcp.uk.net

 [@HwStockton](https://twitter.com/HwStockton)

 [Facebook.com/HW.Stockton.on.Tees](https://www.facebook.com/HW.Stockton.on.Tees)

AGENDA ITEM

REPORT TO HEALTH & WELLBEING BOARD

29 NOVEMBER 2023

REPORT OF DIRECTOR OF PUBLIC HEALTH

HEALTH AND WELLBEING BOARD - INFORMATION ITEM

Health, Leisure and Culture - Lead Cabinet Member – Councillor Steve Nelson

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Summary

The Director of Public Health Annual Report 2022 is brought to Health and Wellbeing Board for consideration.

Recommended that the report be noted.

Detail

1. Under the Health and Social Care Act (2012), the Director of Public Health has a duty to prepare an independent annual report. As across local authorities nationally, there was a hiatus in producing these reports due to the impact of the Covid-19 pandemic and subsequently due to the recovery work to stand back up core public health duties and services and catch up key work which has now been achieved.
2. The Director of Public Health Annual Report 2022 aims to capture an overview of key activity from a public health perspective, over the course of the unique and challenges events of the Covid-19 pandemic. It also seeks to summarise the learning from this period from a public health perspective and describe some of the activity since, in response to this learning.
3. Recovery across the health and wellbeing system and society continues and learning will continue to be embedded in the approach of public health going forward, working with partners.

Consultation and Engagement

- 5 The report describes some of the key work undertaken with partners and communities during the course of the pandemic and the actions since. Working alongside communities and Elected Members was an essential part of the local public health response.

Next Steps

7. The Health and Wellbeing Board is asked to receive the report. Embedding learning and monitoring of public health activity will continue to be overseen and reported through the Lead Member, Corporate Management Team and Health and Wellbeing Board as part of core business.

Name of Contact Officer: Sarah Bowman-Abouna

Post Title: Director of Public Health

Telephone No. 01642 527054

Email Address: sarah.bowman-abouna@stockton.gov.uk



Director of Public Health Report Stockton-on-Tees 2022

Front cover pictures:

- Covid-19 Marshals and NHS Hartlepool & Stockton Health GP Federation vaccination teams work together to deliver vaccines in Stockton town centre at the Melissa bus (Stockton-on-Tees Borough Council)
- Supporting our care home residents (Stockton-on-Tees Borough Council / local care sector)
- Vaccinations in Stockton town centre at the Melissa bus (Stockton-on-Tees Borough Council)
- Moses project distributing food boxes
(<https://www.healthwatchstocktonontees.co.uk/news/2021-07-29/case-study-stockton-charity-worker-receives-royal-accolade>)
- Covid-19 Community Champions winning the Catalyst 2021 achievement award for Innovation as a Result of Covid-19
(<https://www.healthwatchstocktonontees.co.uk/news/2021-11-15/community-covid-team-crowned-champions-stockton-awards>)

Contents

Foreword	4
Introduction	5
1. Covid-19 in Stockton-on-Tees	6
2. Supporting our residents	6
Children and Young People	7
Working Age Adults	8
Older Adults	9
Supporting Vulnerable Residents	10
Addressing Health Inequality	11
Vaccinations	13
Community Champions and Communications	15
Compliance and Community Safety	17
3. Living with Covid-19	17
Addressing the Long-Term Impacts of Covid-19	17
Long COVID-19 (also known as post Covid-19 syndrome)	18
4. Looking Ahead	19
5. Progress in 2022/23	20

Foreword

I am pleased to introduce this report, which looks back on our response to Covid-19 in 2020-22 and serves as a record of our local activity in response to the significant challenges posed by the pandemic. So many local people were affected, and many continue to be. The partnership working that has become almost synonymous with the borough ensured our fast and effective response to the many challenges covid brought us. We all had to work differently in the Council and in our own lives as members of the community and this report indicates how we are using these new approaches support our local community to recover and to inform our work in the future. I would like to thank everyone in the borough who helped each other in such a time of adversity and showed great strength. I know this is echoed by Cllr Jim Beall who was the Elected Member responsible for public health during the height of the pandemic and sat with me on the Local Outbreak Engagement Group that sought to ensure clear communications and engagement work with the community during that time. We are committed to supporting our local people and our staff as we use what we have learned to benefit health and wellbeing across Stockton-on-Tees.



Cllr Steve Nelson
Cabinet Member for Health, Leisure and Culture

Introduction

This report looks back on our response to the Covid-19 pandemic and reflects on how we have built on the lessons we learnt during a very difficult time, together with the strong partnerships that are so important to us in our borough. It is so evident to me that many of us are still living through the impacts of the Covid-19 pandemic on ourselves and our loved ones. Particularly at a time when so many are also affected by the cost of living, it feels even more important to use what we have learned to work with and support communities and our partners to improve health and wellbeing. The strength and resilience of individuals and communities in the borough has been so striking and I would like to say a huge thank you to all those who have supported each other and helped with the local pandemic response including my brilliant public health team, Council colleagues and partners and the great leadership and support of local Elected Members.

Throughout the height of the pandemic, the power of our local people and communities was demonstrated by collective efforts to prevent the spread of the virus, mitigate its impact, and support those affected by the pandemic. We are proud to have developed the Covid-19 Community Champions programme who we have worked closely with to better understand our communities' views and experience of the pandemic, develop shared understanding, and inform our collective response to the pandemic and the support in communities. Public Health has further developed this collaboration over time, working with the voluntary and community sector and Community Champions (now 'community wellbeing champions') to focus on other areas of wellbeing important to local people.

A key strength in our response to Covid-19 was the local partnerships that worked across services and organisations services to provide effective support. Directorates across Stockton-on-Tees Borough Council joined together with the NHS, the voluntary and community sector and wider communities to effectively protect the health and wellbeing of our local people, strengthening the foundation for future collaboration. For example, food parcels were delivered from a marquee behind Splash within a few days of the start of lockdown and welfare calls were made to more than 10,000 people who were shielding from Covid-19 during the early stages of the pandemic. This support was delivered over the course of a few weeks and supported residents with access to food parcels, medication deliveries, dog walkers etc. Such efforts were only possible through a joined-up approach to working with local people and was supported and overseen by our local Health and Wellbeing Board, locally elected Members and senior leaders.

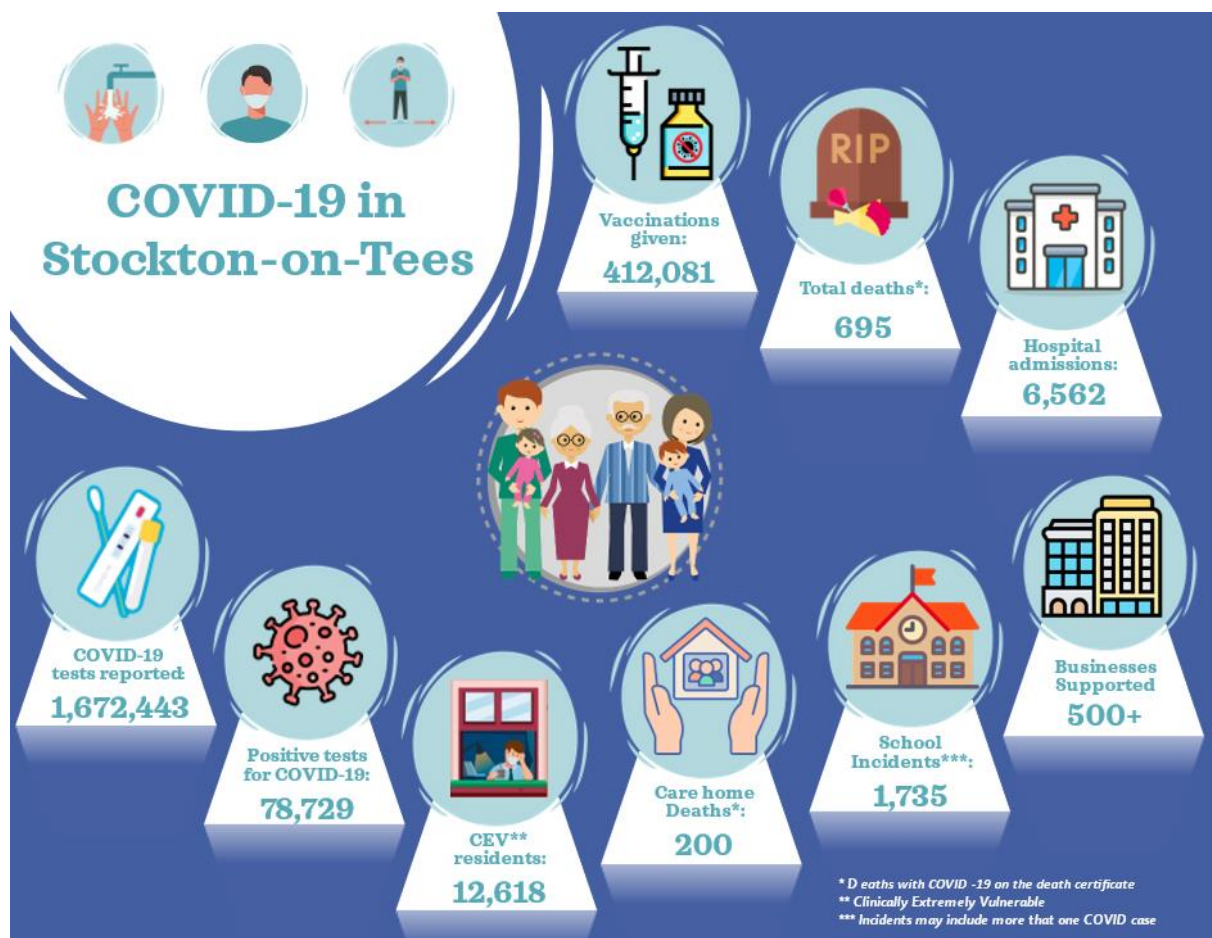
This report seeks to consolidate the work over the past three years or so, helping us to understand how we can work together in different ways to improve and protect health and wellbeing and to prepare for future challenges.



Sarah Bowman-Abouna
Director of Public Health

1. Covid-19 in Stockton-on-Tees

The Covid-19 virus was first identified in December 2019 in Wuhan, China. The World Health Organisation declared Coronavirus disease (Covid-19) a pandemic on 11th March 2020, signalling the far-reaching impact of the new virus's spread across the world. To help prevent this spread, national measures were implemented including good hand hygiene, face masks, social distancing and avoiding large gatherings. Nationally, various forms of lockdown were implemented which restricted the opening of public venues and workplaces and infrastructure such as schools. The rapid roll-out of the Covid-19 vaccination programme was a huge achievement and significantly reduced the risk of infection, severe illness, hospitalisation and death. As in other areas across the country and worldwide, the local impact of Covid-19 was enormous for communities, services and wider society. Partners and communities across the borough came together in the face of this challenge.



2. Supporting Our Residents

Throughout the height of the pandemic, we worked with partners and communities to protect the health and wellbeing of all our residents across the life-course, with a particular focus on tailored response and support with and for our most vulnerable residents. Throughout we were fortunate to collaborate very closely with our regional health protection colleagues at the UK Health Security Agency and the Office for Health Improvement and Disparities (previously PHE) as well as fellow public health teams across the North East and support from regional representatives of national teams such as the Department of Health and Social Care. This helped us develop our approach to the pandemic and share learning with other areas as well as benefiting from the peer support these wider networks offered.

Children and Young People

As the Northern Health Science Alliance report [Child of the North: Building a fairer future after Covid-19](#) highlights, children in the North of England¹ were disproportionately affected by the consequences of the pandemic compared to the rest of the country. Disruption to education, social networks, access to services, and employment opportunities have all contributed to poorer mental wellbeing and increased poverty in our local children and young people (CYP).

Covid-19 significantly affected childhood education and care in several ways; the first lockdown in March 2020 caused an abrupt shift to online education, posing new challenges for families and CYP finding themselves schooling and socialising with their peers digitally. The increasing reliance on digital technologies for access to learning had the potential to worsen existing inequalities with reports that children in the North missed more learning opportunities than their peers in the rest of the country². This has left a long-lasting effect on the future economic prospects for children living in the North, estimated at £24.6bn in terms of lifetime loss of wages due to the impact on their education.

To effectively support families and CYP across the Borough, a collaborative approach was adopted across the Council and wider partners. Public health worked with colleagues from children's services, customer services, schools, health and safety, the outbreak management team and regional health protection teams to translate guidance into practice and support schools in contact tracing across both pupil and staff groups. Timeliness was important and the team was often able to provide advice and support in response to queries received at the end of the school day, enabling the school to act on the advice ready for the next day. We supported schools to share good practice to develop onsite testing facilities as well as supporting the rollout of the Covid-19 vaccinations.

As well as working together to mitigate the spread of Covid-19 and implement government guidance, schools were initially supported by the School and Governor Support Service. This service helped source Personal Protective Equipment (PPE) for schools and facilitate Free School Meal (FSM) vouchers during the summer holidays for all eligible children and other vulnerable families identified by schools. Vouchers were provided to children attending schools out of borough as far as Brotton, Sunderland, Newton Aycliffe, and North Yorkshire.

As the pandemic progressed, the FSM voucher scheme grew in size and the service ordered in bulk and disseminated vouchers to schools and early years providers. This evolved further into the 'Winter Grant' which provided funding to support these vulnerable families with fuel costs. Such support was made possible through close partnership working across the Council to support residents and families. Overall, the Education Improvement Service supported the delivery of thousands of pounds worth of vouchers, alongside Finance and Treasury Management colleagues, who ensured there were audit trails in place for the spend. We were also fortunate to have the support of local businesses throughout the pandemic – for example ASDA provided the vouchers and were very supportive to the team.

Our local children's homes also received public health support to help prevent and manage Covid-19 outbreaks through information and advice, infection prevention control training, access to PPE and testing.

¹ This includes the North East, North West and Yorkshire and Humber

² Pickett K., Taylor-Robinson D., et al (2021) The Child of the North: Building a fairer future after Covid-19, the Northern Health Science Alliance and N8 Research Partnership.

Cllr Jim Beall, former Cabinet Member for Health, Leisure / Culture and former Health and Wellbeing Board Chair:

“ Our Public Health service came of age during the Covid-19 pandemic showing leadership at strategic, tactical and operational levels. Colleagues across the Local Authority and its local partners valued their expert advice and practical support to the local management of the required response to the crisis, including contact tracing and the subsequent vaccination programme. Multi Academy Trusts, in particular, held Stockton-on-Tees up to be an exemplar of such support. The value of a vibrant and responsive Public Health Team in the agenda of tackling local health and wellbeing issues has been demonstrated and going forward, has been recognised by others for its importance.”

Next steps

Building on our learning we will:

- Ensure emotional wellbeing support is a key part of our health and wellbeing offer, working closely with children’s services colleagues and support ongoing recovery efforts with education settings and families.
- Our Holiday Enrichment Fund programme continues in the holidays to support children with access to healthy food and enriching activities.
- Work increasingly closely with children, young people and their caregivers as we design our health and wellbeing offer for the future.

Working Age Adults

The pandemic presented businesses and workplaces with new challenges and caused significant disruption across many different sectors. Businesses were required to adapt quickly to new ways of working to minimise the risk of transmission and protect both their staff and members of the public. Working closely with workplaces across the borough provided different routes for us to reach into the community to provide support, as well as supporting the workplaces themselves.

Employee at ConocoPhillips

“Difficult times for all, I do think Industry felt a little bit out on a limb, trying to comply with ever changing rules whilst maintaining safe operations. I know at times we really struggled. I would say collectively, we got through it...we worked closely with you guys”

At the start of the pandemic, directorates across the Council collaborated to support local businesses and workplaces to reduce the impact of Covid-19 through providing advice and guidance and facilitating shared learning to prevent outbreaks. A true cross-Council approach enabled this, with Public Health working with colleagues across Environmental Health, Health and Safety, Licensing, Town Centre Management, Inclusive Growth, Communications and local businesses to provide a range of support including:

- A set of action cards for each business sector with tailored advice on preventative measures to reduce the spread of Covid-19 (such as, social distancing, use of protective screens and mask wearing) during different phases in the pandemic.
- Direct support to manage cases and outbreaks of Covid-19 within workplaces, including support with risk assessments and infection prevention to reduce the spread of Covid-19.

- A webinar to share learning and guidance and a question and answer session for local businesses on managing the response and understanding their duties and common pitfalls.
- The Covid-19 Compliance team carried out on-site visits to support with outbreak management.
- The Council's Inclusive Growth team proactively engaged with businesses to ensure they had access to a range of economic support, information, advice and guidance, including the provision of business grants and financial support during lockdowns.

Risk assessments were developed to help businesses and workplaces minimise the spread of Covid-19 among their staff and clients – this provided a picture to enable us to determine actions together with those workplaces, to help control the impact on clients, staff wellbeing and business continuity.

A dedicated Covid-19 inbox offered an open line of communication to support businesses and workplaces alongside a bespoke webpage with a range of resources and information on all the available support. The inbox was monitored by team members through extended working hours and weekends to ensure workplaces could access timely advice.

Next steps

Building on our learning we will:

- Continue to support local workplaces and businesses to protect the health of their staff and clients.
- Build further on this to provide wider health and wellbeing support to help address staff sickness absence and wider population wellbeing as many staff are also residents of the borough.

Older Adults

Older people are more at risk of serious impacts from Covid-19 and this was particularly the case before the rollout of the Covid vaccination. The pandemic presented a huge challenge to the NHS and social care and the Council closely with our local NHS colleagues and particularly local social care providers to support and protect those most at risk of serious illness, mindful of the very difficult circumstances for many families of older loved ones, particularly older people in social care settings.

Throughout we collectively prioritised preventing and minimising the spread of Covid-19 in places caring for older adults, by closely monitoring identified cases and putting preventative actions in place. Social care settings were offered dedicated infection prevention control (IPC) advice and training and help to access personal protective equipment, testing and later vaccinations. Where possible, staff were skilled up and redeployed in social care settings to provide additional capacity to relieve the sustained staffing pressures caused by Covid-19.

The local care home protection group kept the social care sector informed with weekly newsletters and regular care home forums to disseminate information, listen to questions and concerns, update on national guidance and share good practice, for example to support safe visiting of residents by their family and friends. Adult social care and the NHS ensured dedicated arrangements to accommodate hospital discharges of Covid-19 positive patients in designated care homes.

Public Health supported all care settings to establish regular Covid-19 testing for residents and staff, reporting cases as well as contact tracing, further testing in response to outbreaks

and resolving issues with ordering tests. Crucially, the Council worked together with local NHS trust colleagues to enable early access to Covid-19 vaccinations for social care staff – a local vaccine booking system was opened to front-line social care workers who were also priority at our local walk-in vaccination clinics.



Local Band Wildcats of Kilkenny entertain White House Care home residents from their visiting pod.

Ben Brown – Deputy Manager of the White House care home:

“ During the pandemic delivering the most basic care needs was an uphill struggle with a myriad of challenges and constraints that were in place, and all of that was before navigating the minefield that was the guidance. Thankfully for local providers the Social Care Operational Group were on hand to ensure we were kept up to date and could understand and implement the frequent and sometimes drastic changes to the guidance.

I cannot stress enough how much of a lifeline this was for us, we had regular guidance updates, newsletters and provider forums to ensure that we were supported throughout. I know that I speak for every provider when I say we are extremely grateful for this.”

Next steps

Building on our learning we will:

- Maintain our relationship with the local care sector to continue to support them in protecting the health of their residents and staff (e.g. infection control and vaccination uptake).
- Develop this further to support care homes on wider health and wellbeing for residents for example oral health.

Supporting Vulnerable Residents

People in the community with particular health conditions are also at greater risk of the impacts of Covid-19, for example organ transplant recipients and those with certain cancers. In March 2020, the UK Government announced additional precautions for these individuals who were

'clinically extremely vulnerable' (CEV), initially including advising them not to leave their homes for 12 weeks and not go out for shopping, travel, or leisure. This marked the start of what came to be known as 'shielding' in England.

For many individuals, shielding isolated them from their communities and meant they were reliant on others for essentials such as food shopping and collecting medicines. The Council formed a 'shielding team' working with the voluntary, community and social enterprise (VCSE) sector to support local people who were shielding.

Reflection from a member of the SBC Shielding Team:

"As the Shielding Team was comprised of different colleagues across the Council, we were fortunate to have a range of diverse skills and experience which was a real strength.

We were able to effectively utilise each other's knowledge in certain areas and networks to ensure the right support was provided to our residents"

Across the borough, the shielding team contacted each of the 12,500 people who were either categorised as CEV or who were shielding and required additional support. As well as ensuring access to essential items through shopping, this team also helped link or refer individuals to wider care services such as the Stockton-on-Tees Adult Carers' Support Service and the Dementia Hub. They were also able to check for additional needs and refer to services such as the listening service with Stockton MIND, help with utility bills and referral to emergency and crisis support if needed.

Through this work, the shielding team saw an increasing influx of patients requiring support who did not meet the CEV criteria; many were individuals with more complex social care or mental health needs. The team responded by linking people with wider support networks and services, including social care and mental health support. Sometimes the person on the other end of the phone just needed a listening ear and the team were able to offer this and take a holistic view.

Next steps

Building on our learning we will:

- Build learning on supporting people with additional vulnerabilities, into emergency planning approaches for the future.
- Continue to monitor evidence on the impact of Covid-19 on people with clinical vulnerabilities to support recovery and ongoing support together with partners.

Addressing Health Inequality

Some people in our communities already experiencing poor health were more likely to be disproportionately affected by Covid-19 restrictions, for example in being able to access services and support. Local commissioned services were very responsive to this, adapting and innovating their ways of working to improve access whilst being mindful of protecting the wider health of those individuals and their staff.

A good example is our local frontline services for substance misuse (Change Grow Live Recovery Stockton – 'CGL') and homelessness – these services collaborated to support some of our most vulnerable residents to sustain their recovery and return to services as soon as restrictions allowed.

People in recovery from opiate dependence (e.g. heroin) are prescribed opiate replacement therapy (e.g. methadone). Due to the nature of methadone and the needs of the patient, methadone is typically dispensed by a pharmacy daily with pharmacists supervising its consumption on-site. During lockdown CGL revisited risk assessments for individuals and put alternative treatment and support plans in place, working closely with national specialists. This meant clinical care and support could be continued for individuals, enabling a take-home supply of treatment where appropriate whilst carefully managing risk. Individuals were also contacted frequently either by phone or in-person through a 'doorstep visit'.

Any setting where people were gathered particularly for sustained periods, presents a greater risk of outbreaks of the virus – including hostels providing supported, temporary accommodation. Hostel residents live with poorer health than the general population so the potential consequences of an outbreak were high. We developed local standard operating procedures to help prevent and manage outbreaks (eventually superseded by national processes). This included working alongside hostel staff to train them in infection control and the use of PPE; helping them to access PPE and to revise business continuity plans; and advising on cleaning equipment for residents. Guidance on social distancing and lockdown restrictions was also shared and we provided recommendations on implementing these. Lateral flow tests were made available on-site and collective efforts meant we were able to organise vaccination pop-up clinics which increased vaccination uptake in hostel residents. Across the pandemic there was one small hostel outbreak and we have built strong relationships with our hostel settings as result of the joint working, which will stand us in good stead for the future.

Similarly, we worked collectively with houses of multiple occupation and temporary accommodation, for example with a temporary accommodation facility for asylum seekers where we provided testing, vaccinations and helped with infection prevention and control. Cross-Council working together with a local charity enabled this and meant information could be provided in multiple languages. As restrictions were reduced, public health linked further with well-connected grassroots community organisations and groups regarding testing and vaccinations, including Purple Rose and Stockton's African Caribbean Association.

Susan Mansaray, Purple Rose:

"It was a great partnership indeed between Stockton Council and Purple Rose. The pandemic was a very difficult time for everyone, more difficult for refugees and asylum seekers with language barrier. We faced reluctance getting the vaccine and getting tested due to cultural myths and religious beliefs; however we were able to get through to our communities because of the trust we've established. We understand our community. Alone we can do little, by working together we support our communities better and achieve more."

The populations in our local prisons (HMP Holme House and HMP Kirklevington Grange) were also vulnerable to outbreaks due to the nature of the prison setting and the poor health of many of the prison population. Many prison staff are also residents of the borough and some of the HMP Kirklevington Grange population undertake work placements in the community as part of their work towards release. To provide advice, support and action in this circumstance, regional and local authority public health colleagues worked in partnership to provide outbreak control support on-site and within the community. We supported campaigns to promote vaccination for inmates and staff, including organising a vaccination van to attend the prison for staff to be vaccinated during the course of their working day.

Next steps

Building on our learning we will:

- Continue to build on the relationships we have built with key settings, groups and organisations, particularly those supporting those in the community in or at high risk of poor health.
- Work with these settings to keep prevention and protecting health high on the agenda, through advice on simple, practical actions.
- Build further on this work to tailor our approach on wider health and wellbeing issues according to the context of different communities.

Vaccinations

The roll-out of the vaccination programme from late 2020 was a milestone in the response to Covid-19 and signalled the opportunity to step up protection across our population, including those communities most at risk. As was the case across the country, in Stockton-on-Tees we soon discovered that access to the vaccination varied greatly across the community, including those who did not have access to the internet or had reduced access to transport. Though differences in uptake of the vaccination was a common theme nationally, our work to address this had to be local and specific to our populations – crucially being a joint effort across public health, the community, VCSE and NHS partners.

Through bringing together our collective intelligence and data, we could see that residents in more deprived areas, younger age groups, those from BAME groups and the homeless population experienced barriers to accessing the vaccine than more affluent, older and white British groups. These barriers ranged from issues such as transport and whether clinics were through appointment, to other issues individuals might be managing in their lives or views and perceptions around vaccinations in general. We worked collectively to address these inequalities by tailoring our approach to local vaccination services and communications.



Hartlepool & Stockton Health (GP Federation) staff in the Melissa bus and the Northumberland vaccination bus delivered vaccinations in the heart of local communities, supported by our Covid Marshals.

We worked closely with our local services the Tees Valley Vaccination Board, our VCSE partners and local community champions to plan more tailored vaccination clinics for and with communities who found it difficult to access the vaccine. Arranging outreach clinics in well-known venues worked well, together with the support of 'trusted faces' and networks (such as advocates / community leaders / VCSE organisations or local services). On several occasions, the vaccination team provided on-site clinics in hostels with breakfast or food vouchers provided by the homelessness team – which also provided opportunities for additional support and services such as blood-borne virus testing via our local substance misuse service.

To improve access to the vaccine for people living, working in or visiting Stockton town centre (one of our areas of lowest vaccine uptake), we arranged weekly walk-in vaccination clinics in Wellington Square shopping centre (in 2022) which were promoted across the Council, NHS and community champions. The Council's Covid support team and regional and local vaccination teams worked jointly to deliver the clinics, which proved popular and were well-used by those communities who we had identified as previously experiencing barriers to getting the vaccine. Over the year the local vaccination team delivered 10,795 vaccinations in over 100 clinics.



Our walk-in vaccination centre at Wellington Square was in the middle of areas with the lowest vaccination uptake

The popular walk-in vaccination clinic in Wellington Square shopping centre (Stockton town centre) was run by Hartlepool & Stockton Health (GP Federation) and Council staff and helped local people access the vaccination easily.

Fiona Adamson Hartlepool and Stockton Health CEO

'The challenges of the pandemic focused our minds on working together to take healthcare out into our communities in new ways. We were able to offer vaccination in community locations, including the Mosque, town centre, and hostels. This helped protect 14,225 people who may never have accessed traditional services, and using behavioural data to offer regular walk-in clinics in Wellington Square for groups who generally don't or can't make appointments. We have taken this learning and partnership into new services such as our Community Outreach Nurse, Menopause cafes and 'Know your Numbers' campaign. We look forward to continuing to work together'

Next steps

Building on our learning we will:

- Build further on the strong partnerships we have with NHS / vaccination programme colleagues to promote equity of uptake of the Covid and flu vaccinations in future.
- Adapt and apply the approach we used to address Covid vaccine inequalities, to other vaccination programmes.

Community Champions and Communications

The local Covid-19 Community Champions Programme was key in our response to the pandemic and really highlighted the power of community effort. We worked closely with the VCSE sector and commissioned Pioneering Care Partnership to coordinate the programme which was established in November 2020. Through the Champions Programme a network built up of over 70 champions from across the borough, The close relationship with and work of the champions enabled an ongoing conversation and joint working between public health and local communities. At a time when information and guidance was changing rapidly and repeatedly, many people were overwhelmed or confused about the Covid guidance, laws and interventions. Working together with the champions helped us to understand this better together with the different challenges, strengths, perceptions, fears, knowledge and connections in our local communities. This meant we could develop solutions together that made messages, support and services more relevant to our populations. We were also able to address some of the misinformation that proved such a challenge to helping the population to protect themselves and others. Working with public health, the champions were able to provide up-to-date, factual information in a way that made sense to communities. Some champions took on a champion role at work as well as in their neighbourhood.



Andrea Love (Covid Community Champions) delivers disposable face masks to Brian Jones of The Moses Project (Photo: Healthwatch Stockton-on-Tees).

As well as shaping collective local planning, services and interventions, work with the champions shaped the design of communications and messaging with the oversight of the Local Outbreak Engagement Group. We supported these communications with ongoing messages on wider public health issues that had the potential to worsen during the pandemic such as on mental health, domestic abuse, screening and immunisations, alcohol, Winter health and flu vaccinations.

Examples include:

- videos in multiple languages at a variety of recognisable landmarks across the borough to promote community testing
- myth-busting on vaccinations
- providing free face masks and hand sanitiser at food banks
- information about safe disposal of masks
- changes to location of testing sites
- free community transport to a vaccination site
- pop-up vaccination sites

The champions had broad-reaching impact because of their understanding of and trust within specific communities - they also extended their networks through the course of the pandemic. The champions were winners of the 'Innovation as a Result of Covid-19' award at the Catalyst Conference and Achievement Awards in 2021.

Establishing and working alongside the community champions has formed the foundation of a stronger and more meaningful partnership with communities and we are keen to build on this further. The programme has evolved into the 'Community Wellbeing Champions' – the champions are currently shaping a programme of activity working with Public Health and based on their wider health and wellbeing priorities such as mental wellbeing.

Local Covid Community Champions said...



Next steps

Building on our learning we will:

- Build further on the community champions network together with the champions, focusing on health and wellbeing issues that matter to them.
- Work increasingly collaboratively with communities based on what we learn from and with them, to shape our approach to improving and protecting health and wellbeing and addressing inequalities e.g. through the design and commissioning of models of support.
- Use intelligence from close working with diverse local communities to tailor communications messages and approaches.
- Explore how we collectively understand and maximise the resources and strengths held within communities.

Compliance and Community Safety

Teams from across the Council came together to provide wider support to businesses and local communities in response to national guidance. This included enforcement advice from environmental health colleagues, helping local businesses to implement the guidance. Our Covid-19 Marshals supported businesses and residents across the borough, providing a visible presence, offering advice and support and helping implement social distancing. They also had an invaluable role in supporting the logistics of running local vaccination clinics across the borough which helped residents access the Covid vaccine in venues that were more accessible to them. Community safety colleagues also offered support to help ensure the protection of our staff and local people.

Next steps

Building on our learning we will:

- Maximise the relationships various Council teams have with the community and local businesses, to develop opportunities to improve health and wellbeing.

3. Living with Covid-19

Addressing the Long-Term Impacts of Covid-19

The introduction of the vaccination programme significantly reduced the threat of infection from Covid-19. However, the longer-term impacts of the pandemic still persist today. The Health Foundation³ highlights that across England, deterioration in mental health has not been reversed to pre-pandemic levels, there is a persistent education gap due to lost learning and long-term health conditions are still keeping people out of work.

For many areas across the globe and the country, the Covid-19 pandemic shone a light on the stark inequalities within our wider society⁴. Generally, more socioeconomically deprived

³ The Health Foundation. [The continuing impact of Covid-19 on health and inequalities](#). August 2022

⁴ Local Government Association. A perfect storm - health inequalities and the impact of Covid-19. [Online] April 01, 2021. <https://www.local.gov.uk/perfect-storm-health-inequalities-and-impact-Covid-19>.

communities and lower income countries were worse affected. In Stockton-on-Tees, the inequalities faced by our residents were already evident, with one of the largest gaps in life expectancy in the country. At the Council, we are working with partners and communities to address these stark inequalities. The relationships we have made with local residents and community groups during the pandemic and the strengths and networks already in local communities, will be the foundation for a community-led approach over the coming years.

Public health is working across the Council and wider partners to help address the ongoing impacts of Covid-19. For example:

- Ongoing work to improve health and wellbeing, particularly where the pandemic has exacerbated risks to poor health e.g. alcohol misuse, physical activity, healthy weight, mental wellbeing.
- Supporting the NHS through use of intelligence and connections into the local community as it implements its plan for service recovery following the pandemic.
- Working with Council colleagues on developing Warm Spaces (now Community Spaces) - free public places where people can go for shelter, to save money on their household bills, avoid social isolation and receive vital support and advice. Public health is also working to promote financial inclusion for groups who need support, linking with help offered through Stockton Infinity Partnership and Tees Credit Union.
- Addressing loneliness and isolation through social prescribing and funding a mobile library to increase participation and access to library services.
- Developing our children and young people's health and wellbeing offer in the context of the impact of the pandemic including on mental wellbeing, socialisation and education.

Next steps

Building on our learning we will:

- Continue our focus on addressing health inequalities through working together with our communities to tailor support according to need.
- Work with partners to support the development of community spaces and use these as an opportunity to improve access to wider health and wellbeing support.
- Continue to build our work with social prescribers and VCSE to connect communities to support, including for loneliness and social isolation.

Long Covid-19 (also known as post Covid-19 syndrome)

Fortunately, most people recover from Covid-19. It has also become clear that some people experience ongoing symptoms which have a significant impact on their daily lives. These ongoing symptoms are commonly known as 'Long Covid' or 'Post-Covid-19 Syndrome' which includes both ongoing symptomatic Covid-19 (from 4 to 12 weeks) and post-Covid syndrome (12 weeks or more) (NICE, 2021). A wide range of symptoms have been reported with the most common being fatigue, shortness of breath, and cognitive dysfunction (brain fog).

The Office of National Statistics report around 1.9 million people living in private households in the UK (2.9% of the population) were experiencing self-reported Long Covid as of March 2023 (ONS, 2023). To understand more about the local picture, we have worked with local partners such as colleagues from the North Tees and Hartlepool NHS Foundation Trust specialist Long Covid clinic to share learning on who may be impacted, emerging trends and understand what support is needed.

As there was a lack of support available for those with less severe ongoing symptoms, we have worked with our partners at Tees Active to develop a pilot project supporting local residents with mild and less severe symptoms of Long Covid. These are individuals who would specifically benefit from increasing their physical activity levels, identified by a health professional. Following this pilot Tees Active have adapted their already well-established Active Health programme which offers physical activity support through referral for those with long term health conditions, to enable access for those suffering from Long Covid.

Next steps

Building on our learning we will:

- Monitor the support of the Tees Active programmes in supporting people with Long Covid.
- Continue to learn from the emerging evidence base on Long Covid, to understand how we can support people together with partners.
- Continue activities to enable and support people across the borough to have the best possible mental and physical health and wellbeing, to help them to be resilient to other threats to the population's health.

4. Looking Ahead

The Covid-19 pandemic has left a significant legacy for us all. We have learned a lot through navigating this very challenging time together across our partners and with local people. Some of our work is summarised here and importantly, how we are using what we have learned to shape our work and how we doing things in future. There will be some key areas of focus that cut across all that we do, which are summarised here to close this report. They have emerged over the course of the last three years and will inform our approach to improving health and wellbeing and addressing inequality.

- 1) **Align our priorities through our [Joint Health and Wellbeing Strategy](#)** for the borough (overseen by the local Health and Wellbeing Board). The Covid-19 pandemic shone a spotlight on the difference in experiences and outcomes across our local population and truly joined up action will be the only effective way to address inequalities. We will need a 'sliding scale' approach to tailoring support according to different communities to mitigate the widening inequality we are seeing emerging from the pandemic, added to by the impact of the cost of living. This approach will help protect the most at-risk of poor health and build and improve resilience in communities.
- 2) **Prioritise listening to and work alongside communities** in a meaningful way to understand and develop solutions and initiatives together. Many people within our communities have the knowledge and skills to support each other and improve their health and wellbeing with the right support and in an environment that enables them to do so. One size does not fit all - the strengths and needs in communities vary and so must our approach.
- 3) We must continue to work with our partners, communities and services to **support children, young people and families** to get the best start in life and seek to make up for the impact the pandemic has had.
- 4) Continue to **focus on preventing ill-health and building protective factors**. It will take time to fully understand the long-term consequences of the pandemic, however evidence already shows the negative impact on people's physical and mental health. A renewed focus on mental health and wellbeing is particularly important, including where we know

the pandemic has affected people's behaviours around alcohol consumption, smoking and physical activity.

- 5) Bring together our collective intelligence and use **timely, evidence-based, intelligence-lead approaches** to shape our collective planning and action that is locally relevant.
- 6) We will continue to **strengthen these relationships between organisations and communities** to guide how we work coming through the height of the pandemic. Local government, public sector partners, charities, grassroots organisations, the VCSE and community groups came together and worked in new ways, with common purpose. Building on this will improve our resilience for future challenges.

5. Progress in 2022/23

We are progressing work on the key areas and learning drawn out in this report. Some examples are described here and we will be developing these further in the coming year and beyond.

Supporting system recovery work and standing up local services

We are:

- working with North Tees and Hartlepool NHS Foundation Trust (NTHFT) to understand why people do not attend for outpatient appointments and how we can support them to do so
- working across partners to understand and address inequality in uptake of bowel cancer screening
- supporting the 'Waiting Well' initiative with NTHFT and regional partners e.g. access to stop smoking support for those waiting for surgery to help improve patient outcomes
- working closely with GP practices to reinstate local NHS health checks delivered through GP practices. These checks are commissioned by Public Health and are offered to all 40-74 year olds to help detect risk factors for stroke, kidney disease, heart disease, diabetes and dementia – people can then be offered support and advice to reduce their risk and stay healthier for longer
- supporting our commissioned services e.g. substance misuse, sexual health, to reinstate face to face support where this is appropriate whilst maintaining the benefits of remote support where this is beneficial and well-received by our communities

Refreshing strategic direction and nurturing partnerships

We are:

- currently clarifying our priorities for the coming year, in-line with work with partners to refresh the Health and Wellbeing Strategy, the development of the Council's new corporate plan and learning from elsewhere including Michael Marmot's work on inequalities
- helping lead and facilitate the Council's work with communities and partners, to develop a new way of working alongside communities – aiming to empower communities and more effectively tailor support. For example we are embedding this approach in our public health work on a new model for children and young people's health and wellbeing; and working with our community wellbeing champions network to further broaden their representation of communities across the borough

- refreshing our approach to capturing outcomes and the impact we are making in the eyes of communities, in-line with the refresh of the Health and Wellbeing Strategy and the Council's approach to working with communities
- progressing our work on domestic abuse, having worked across partners to develop the new Domestic Abuse Strategy 2022-28 based on review of our position and new requirements such as the Domestic Abuse Act 2021. This includes developing a new action plan focusing on key areas of development / change such as accommodation and support to children and families
- working alongside Council colleagues to develop our local places and resources so that people have the best opportunity to be healthy – for example informing development of the new waterfront site in Stockton town centre; learning from the Healthy Streets pilot and looking at how this learning can be applied more broadly; and informing the thinking and planning for the Care and Health Zone
- working closely with ICB Directors of Place and partners to understand how we can add value to our local work through collective approaches across the Tees Valley where this makes sense e.g. on links between health and work

Designing models of support and commissioning services

We are:

- working with our local domestic abuse service having undertaken a full commissioning process on this in 2022
- developing a new model of support for children and young people's health and wellbeing which focuses on early prevention, tailoring support according to need and being more rooted in the community – this includes health visiting, public health school nursing and healthy weight and we are working closely with families and partners in its development
- developing our approach to healthy weight for all ages, having completed a comprehensive needs assessment working together with partners
- embedding a new approach to sexual health prevention following significant review work, to ensure the best outcomes for our local population
- continuing to monitor infectious disease e.g. Covid and flu and work with partners to develop tailored support as needed e.g. key public health messages on keeping well; and bespoke vaccination clinics to improve access for parts of our communities
- developing the infrastructure for joined up analysis of health and wellbeing intelligence, to help our joint planning with NHS and other colleagues on issues such as systematically identifying adults at risk of poor health and wellbeing and developing a more coordinated offer of support to prevent their health from deteriorating and maximise their wellbeing

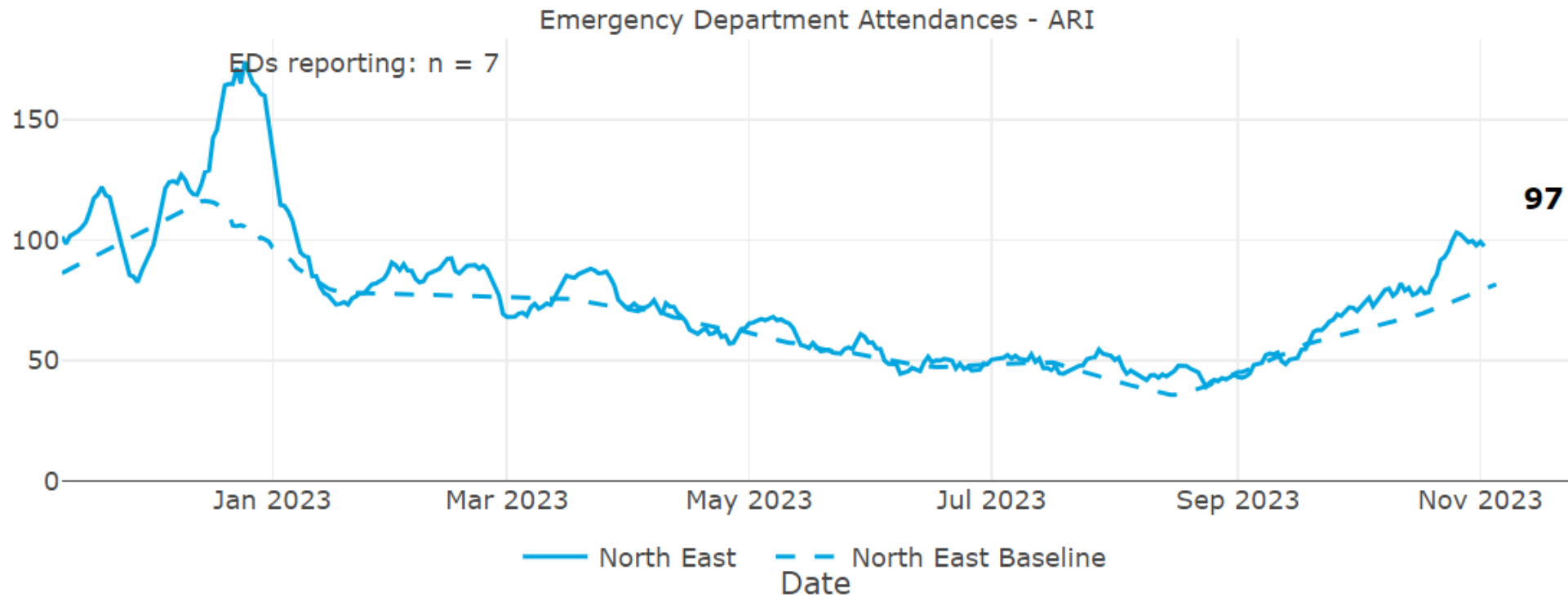
This page is intentionally left blank

Public Health Update

- Acute Respiratory Illness
- COVID-19 and Flu
- Vaccination
- Other concerns
- Next steps

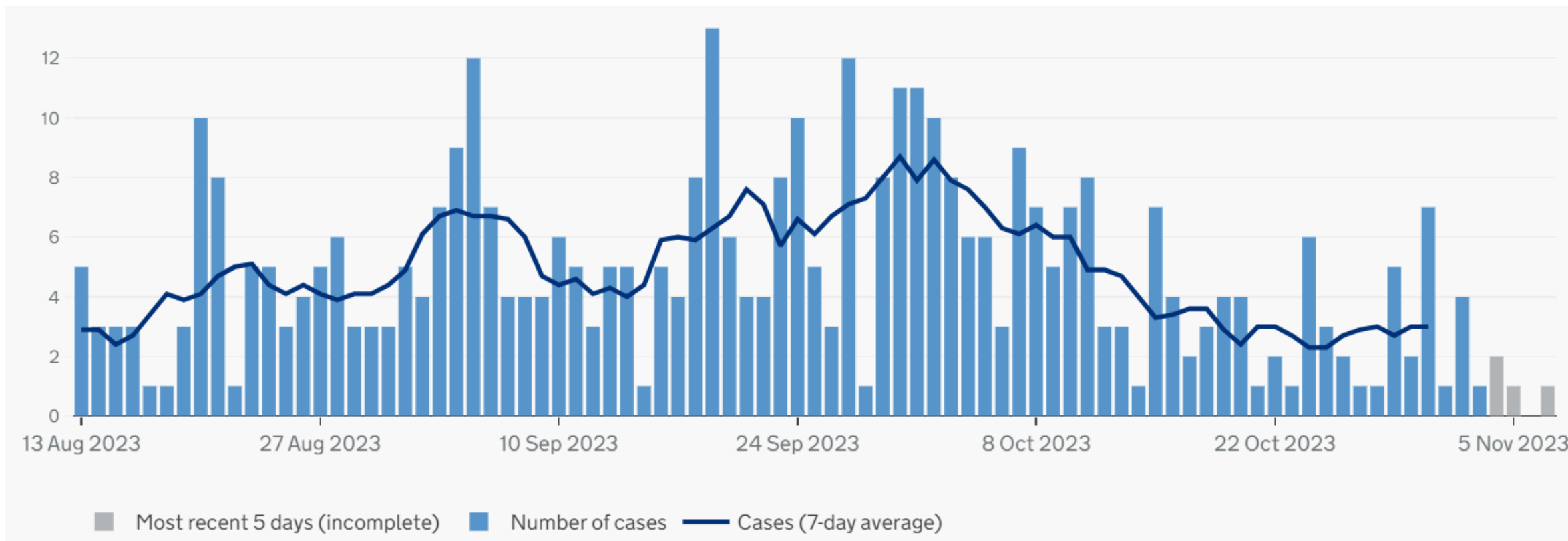
Acute Respiratory Illness

North East



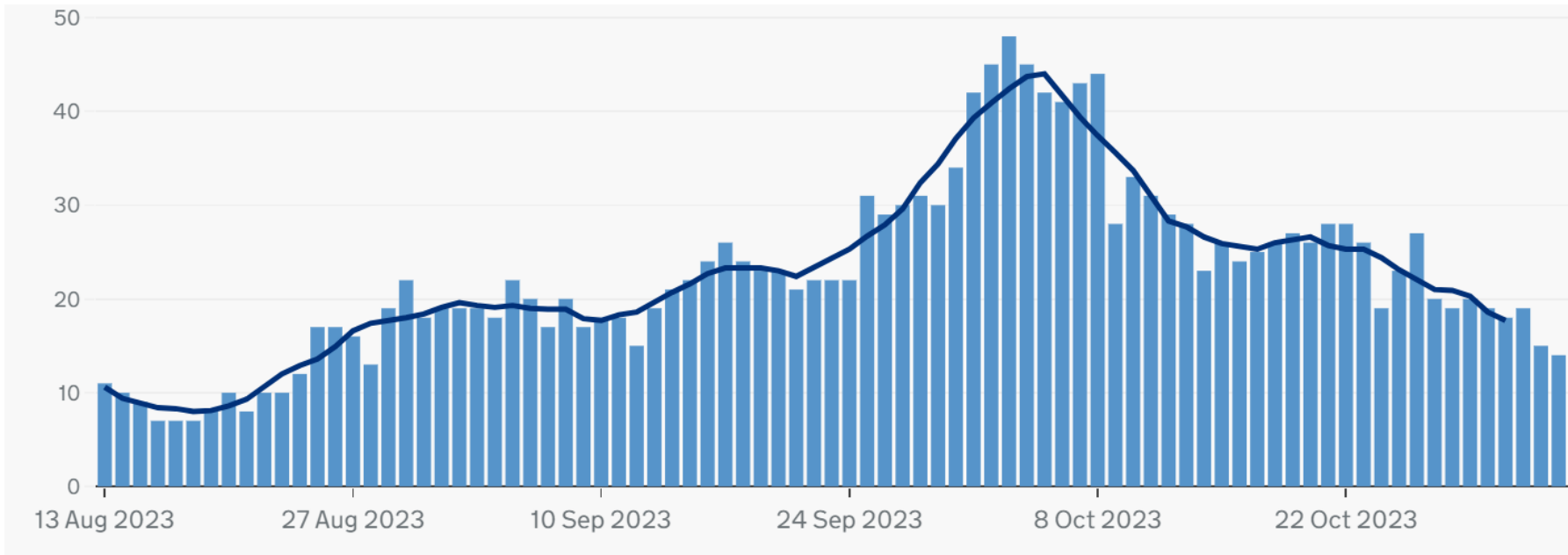
COVID-19 Stockton-on-Tees

Cases, last 3 months



COVID-19 hospitalisations

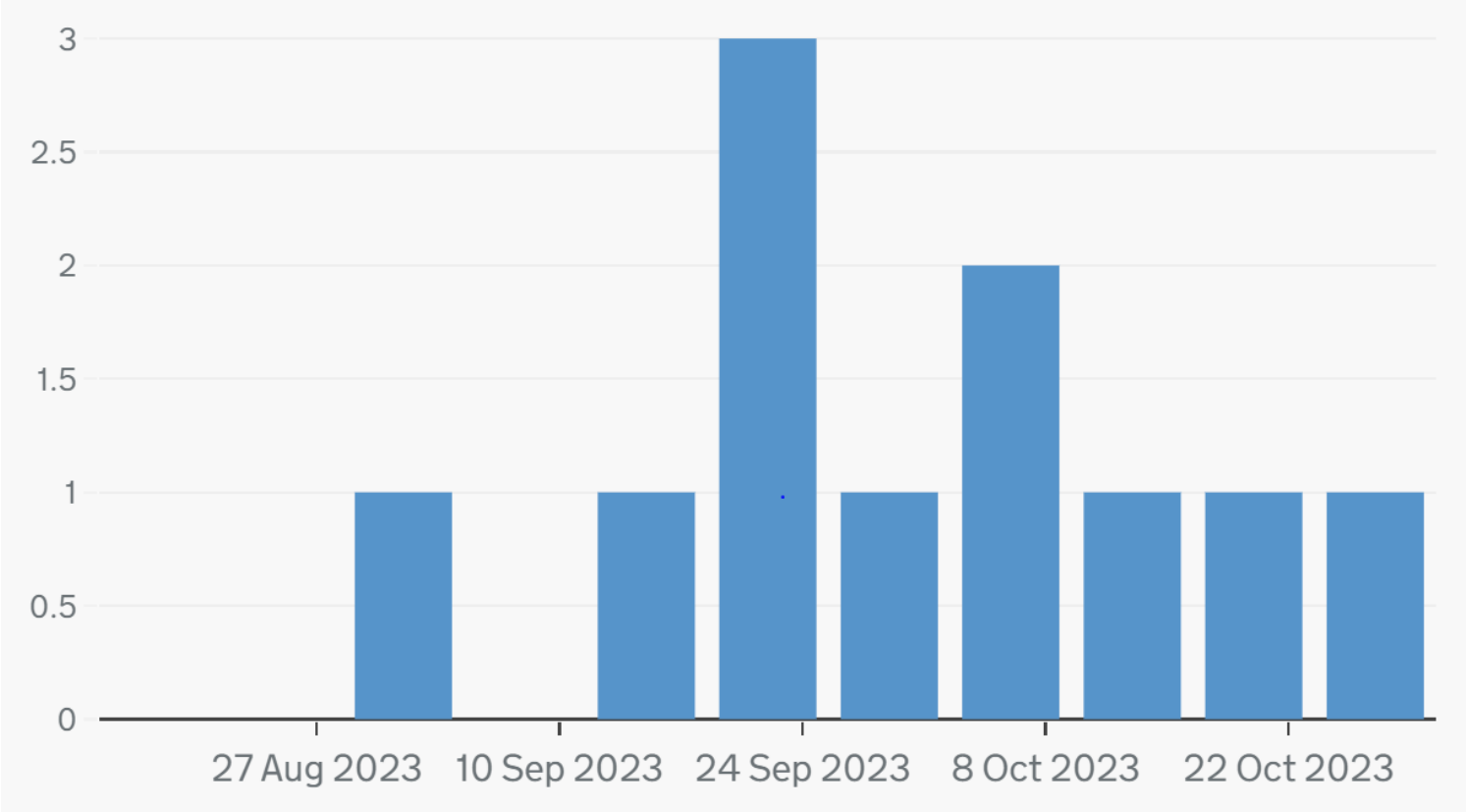
North Tees & Hartlepool Trust



COVID-19 related hospitalisations decreased (remain highest in 85+ years)

COVID-19 Deaths Stockton-on-Tees

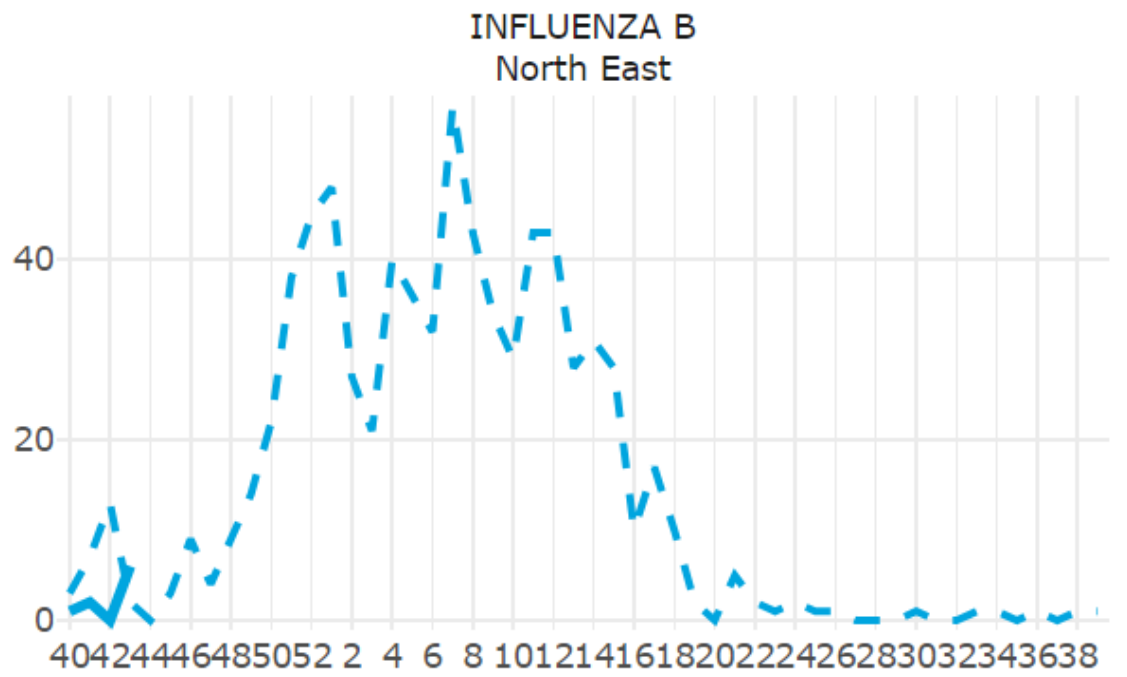
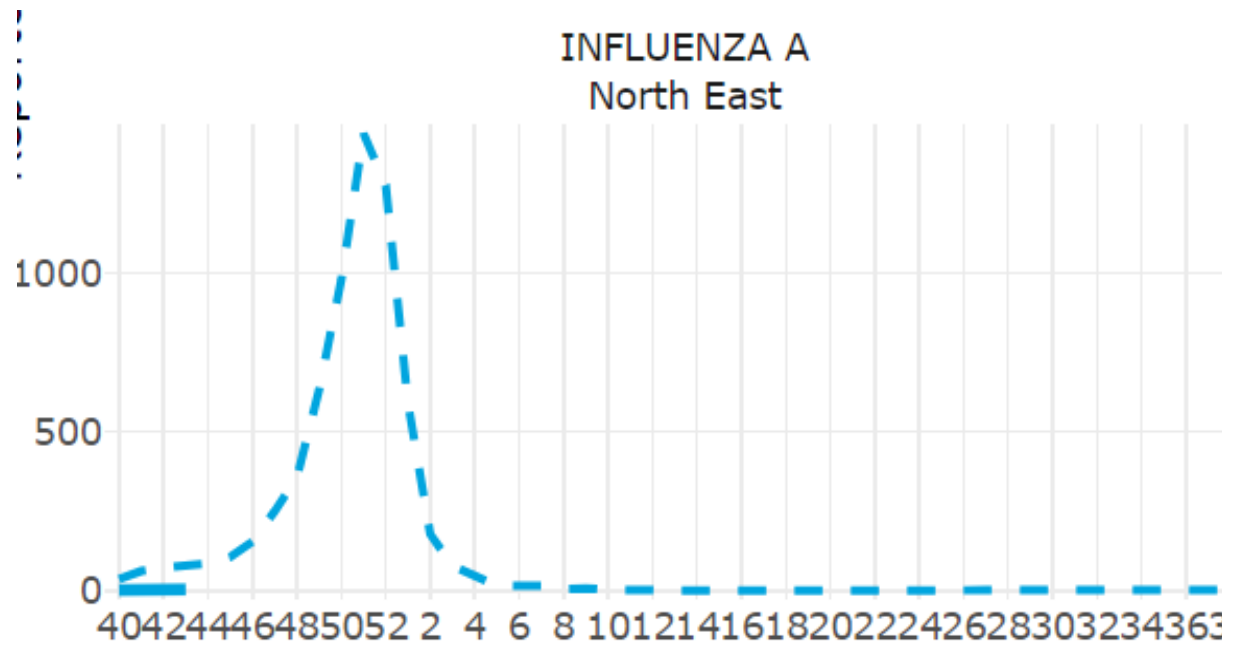
Last 3 months up to 27/10/23



Deaths within Stockton-on-Tees with Covid-19 on the death certificate remain low

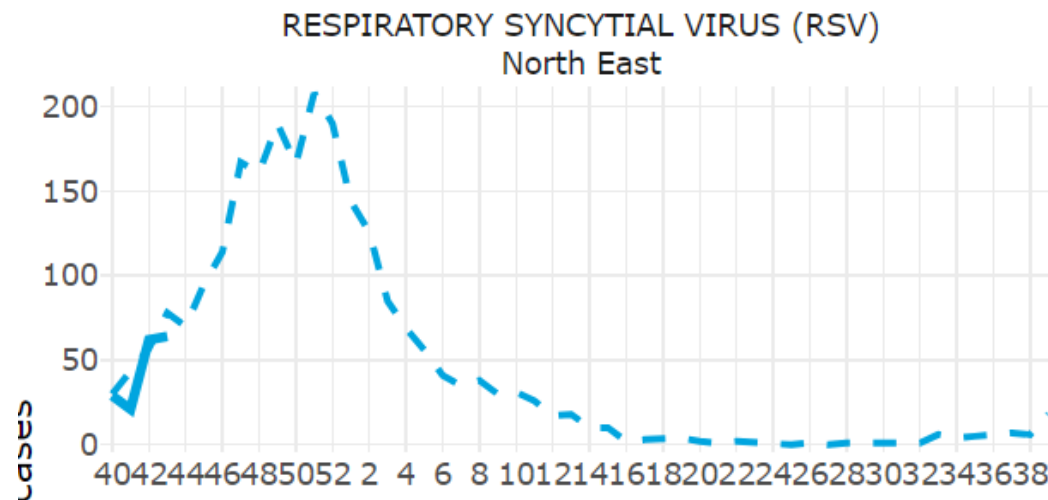
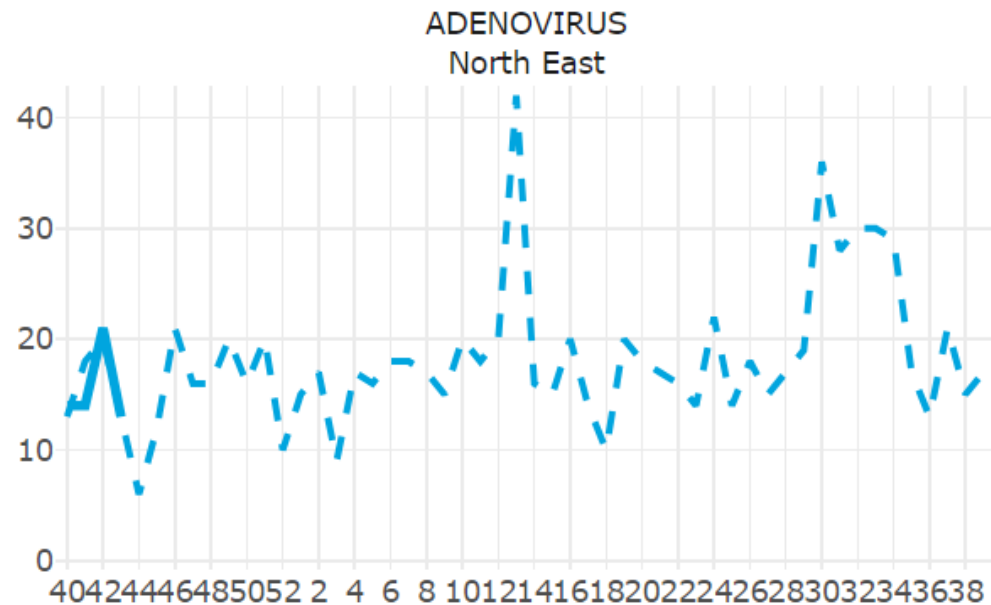
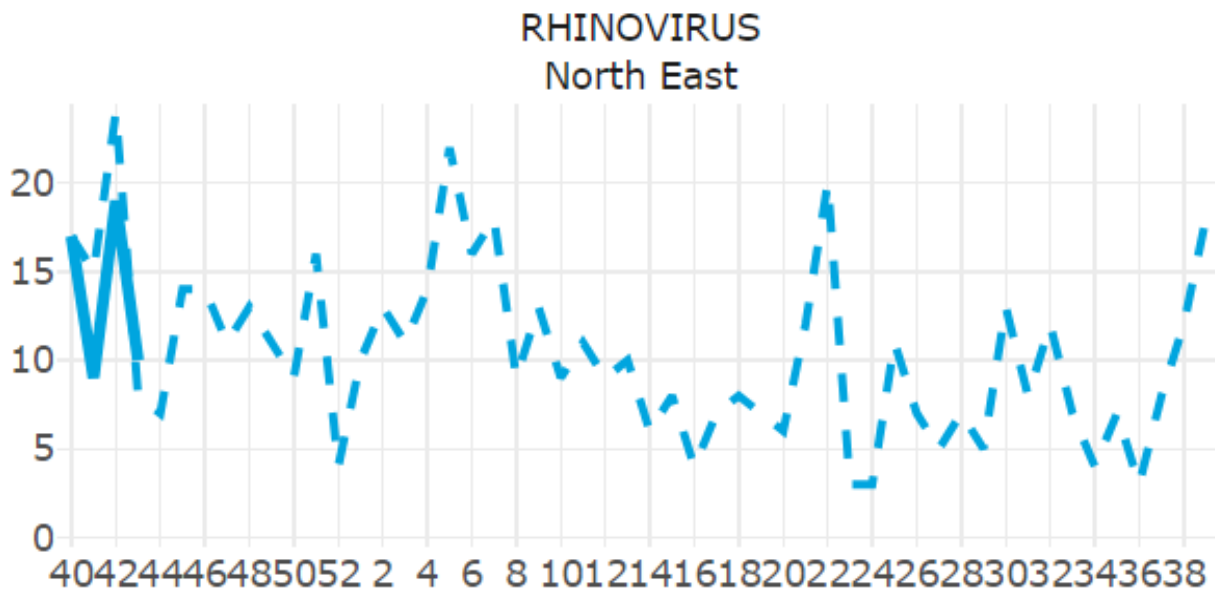
Flu North East

Up to 7/11/23



Other Acute Respiratory Illness North East

Up to 7/11/23

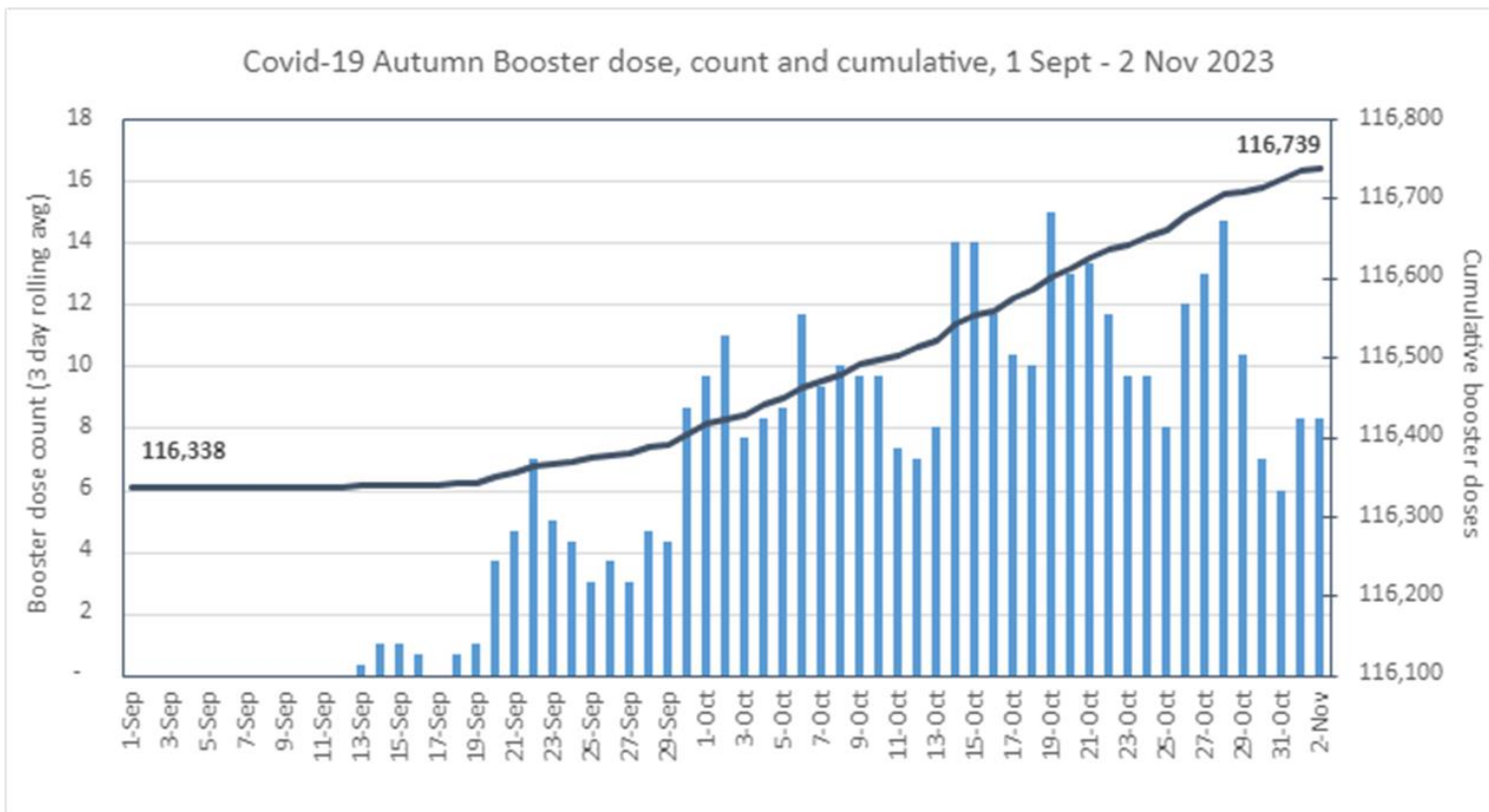


Other Infectious illness

- Norovirus cases are currently rising within the North East although there are currently no reported cases in Stockton-on-Tees.
- 3 cases of children with diarrhoea (Confirmed cases of Cryptosporidium and Salmonella) attending nurseries in Stockton-on-Tees, despite guidance to exclude from the setting.
- Salmonella - National trends show increased rates with a cluster of 74 cases identified. Appears to mostly affect young children (0-9 years) and older adults (60-69 years). Locally in Stockton: small outbreak in October with 3 known cases from a bakery. Imported eggs most likely source.

COVID-19 Autumn Vaccinations

Stockton/NE



Average uptake across borough for those eligible is 42.9%

Care home resident COVID vaccination uptake for Stockton on Tees 77.3%

But disparities in vaccination uptake in minority ethnic groups including Black/Black British, Mixed, and Asian/Asian British

Vaccination Flu

Average uptake across borough for those eligible is 38.7%

Vaccination uptake

Autumn 2023 up to 5th Nov

Lowest vaccination rates in the following wards:

Covid	Flu
Newtown (24.7%)	Newtown (29.6%)
Stockton Town Centre (27.6%)	Parkfield and Oxbridge (30.2%)
Parkfield and Oxbridge (28.4%)	Ingelby Barwick West (30.3%)
Norton South (29.5%)	Stockton Town Centre (31.9%)
Hardwick and Salters Lane (29.6%)	Mandale and Victoria (33.8%)

Vaccination pop-up clinics

Autumn 2023



26/10/23 Thornaby Pavilion: 80 COVID-19 vaccinations

Feedback from vaccination team: *“patients who had restricted mobility or had family members with frail or physical and mental health issues... one service which we provide which patients and especially family members appreciate is that we can vaccinate in the patients car/vehicle and therefore limit and reduce risks of falls or added stress to carers”*

06/11/2023 Stockton Highstreet: 33 COVID-19 and 22 Flu vaccinations

Next steps

- Support with pop-up vaccination clinics for Flu and COVID in November/December
- Reshare winter health messages with nurseries, childminders and primary schools, particularly regarding D&V
- Winter Wellbeing support leaflet - Autumn Vaccine information, Infection Prevention & Control, keeping warm, welfare support.

This page is intentionally left blank

Fairer Stockton-on-Tees Coordinator

Karen Jessop



Mapping the VCSE Sector

- **FSOT Framework – Coordinator role – SBC/lottery funded**
- **Health Inequalities National Lottery funding**
- **Identify gaps and how to address**
- **Role of VCSE**
- **Themes to map:**
 - Food Poverty,
 - Skills and Employment,
 - Fuel Poverty,
 - Money and Debt
 - Health and Wellbeing



Approach to the Mapping Exercise

- Catalyst existing directory
- Many services had changed or ceased operating
- Benefit of visiting services – knowledge, relationships, connections
- Visited around 100 different organisations and services
- Balancing benefits with capacity



Mapping Health and Wellbeing

- Joint approach with Sarah Jones
- Visits and discussions to feed into our shared document
- Shared out services to visit to be more effective – huge number
- Collaborative working – e.g. Lakota Hub
- Health and Wellbeing and Mental Health Forums
- Community Wellbeing Champions



What has the mapping achieved?

- Understanding of VCSE and how it works alongside commissioned services.
- Strong working relationships with a range of partners.
- Gaps identified and connections made to bring organisations together to meet needs.
- Built up contacts on mailing list – allows me to share information easily with VCSE and SBC colleagues
- Examples of themes – transport, social isolation



Partnership Work – Transport

- Several organisations stated transport was a barrier to accessing services.
- Discussions with SBC – agreed to part fund volunteer driver scheme.
- Tender for organisation to lead this.
- An agreement has been issued with a view to them delivering this service.
- Intend for service to start in the new year.

Partnership working – The Clarences

- Clarences – Working Group
- HAF provision – linking up BCT, Family Action, Iron Guidance – increased capacity from 15 to 60+ children in HCP.
- Building on assets – linking BELP to school to set up an education programme.
- PCP linked in to deliver Well Aware.
- Relationship with BCT led to Fun Fridays – around 200 people attended.
- Met with residents' group to help them constitute and access funding sources.



Partnership Working

Thornaby Warm Welcome

- Need identified by Community Partnership
- Learning and development of the group
- Sustained attendance of over 30 people per session, often up to 50
- Meeting needs – other organisations attend
- Support workers
- Constituting to achieve sustainability
- Developing further venues – Five Lamps, The Youthy
- Central Stockton – visit planned, funding needed







Partnership working

Bike Recycling Project

- Met with colleagues from Refugee Futures, Probation Service, Police, Men's Shed, SBC and Sustrans to find a way to increase capacity to get more discarded or confiscated bikes refurbished and given out to those who would benefit from cheap, healthy transport options.
- Knowledge of sector – identified Men's shed as a potential partner
- Issues with leading and the building.



Partnership working - Fairer Stockton-on-Tees SBC

- Contributions to shared initiatives, representing, informing and connecting VCSE to council's work
- Community Spaces – helped identify venues, gathered feedback and brought services to venues – MH training
- Here to Help events – used contacts to get good range of organisations to attend
- Cost of Living Hub, newsletter and annual booklet – VCSE news contributions.
- Community Partnerships – key areas



Beyond the mapping

- Stockton Information Directory – development as most up-to-date resource
- Focussed mapping services – part of the Conversation, Early Years Provision
- Information sharing via mailing lists, colleagues at Catalyst and our e-bulletin, providing point of contact
- Connecting People
- **Further gaps identified:**
 - Furniture Poverty – since FRADE
 - Support for hoarding – needs further exploring
 - Funding/governance for small groups – record numbers

This page is intentionally left blank

A smokefree generation

November 2023

Recent history

- In 2019 announced an ambition to become **Smokefree by 2030** by reducing prevalence to 5% in the adult population.
- In 2022 The Khan Review found that ‘without **further action**, England will miss the smokefree target by at least 7 years, and the poorest areas will not meet it until 2024’.
NB: This highlighted the need for targeting resources and provision of intensive support for priority groups
- The Khan Review recommendations included
 - vaping promoted to help smokers quit → funding for swap to stop pilots in place 2023/24
 - increasing the age of sale by one year every year

Government announcements

- Oct 2023 Government proposals – significant positive step
 - Legislation for increasing age of sale & proxy purchases
 - Restricting vape flavours & regulating vape packaging
 - Restricting the sale of disposable vapes
 - All would require new enforcement powers for Local Authorities
 - Additional funding nationally: £70m stop smoking services; £5m this year then £15m thereafter for campaigns; £30m for enforcement agencies and introducing on the spot fines for underage sales of tobacco and vapes
- Consultation open until 6th December – consulting on:
 - the smokefree generation policy and its scope
 - several options to tackle youth vaping
 - the proposal to introduce new powers to issue fixed penalty notices re age of sale
- Oct / Nov 2023 Government announcements
 - Increase funding to Stop Smoking Services (5 yr commitment): £236,760 for Stockton-on-Tees (£70m nationally)
 - Tobacco and Vapes Bill announced in King's Speech 7th Nov.

Next steps

- Preparation of a consultation response by the Smokefree Alliance on behalf of the HWB
 - **HWB asked to consider and approve response**
 - **Individual HWB member organisations asked to respond to consultation to support the proposals**
- Launch the Swap to Stop pilot (Nov 2023) and monitor the impact locally
- Plan the use of additional Stop Smoking monies to have the greatest impact on priority groups where smoking prevalence is higher than in the general population (13%)
 - Pregnant smokers (13%)
 - People with mental health conditions and serious mental illness (40%)
 - People with low income (routine & manual workers) (31.6%)
 - People in treatment for substance misuse: alcohol and non-opiates (87%)
 - People in treatment for substance misuse: opiates (82%)

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

NOVEMBER 2023

REPORT OF DIRECTOR OF PUBLIC HEALTH

Physical Activity Steering Group Update

SUMMARY

This report updates the board on progress achieved by the Physical Activity Steering Group (PASG) and partners since January 2023. As a sub-group of the Health and Wellbeing Board, the report also outlines future proposed developments of the steering group.

RECOMMENDATION

The report recommends for the Board to:

1. Note the presentation on Physical Activity Developments, and on the Healthy Weight Strategic Approach.
2. Approve and support the expansion of the steering group's remit to include healthier weight.
3. Approve and support the next steps for Healthy Weight Strategic Approach for Stockton-on-Tees.

DETAIL

Physical Activity Developments

1. The Physical Activity Steering Group has a broad membership from a range of partners across Local Authority and the VCSE. The group continues to meet to progress actions within the framework with the overarching aims of:
 - Encourage active living to become the norm
 - Develop and promote the use of the built environment
 - Work with communities that need extra support to be more active
 - Continue to invest in accessible, affordable, and inspirational sport and leisure facilities and events

This framework fits the evidence-based approach for addressing the wider socio-economic determinants of health and the public health priority of building healthy places, as set out in the Joint Health and Wellbeing Strategy, the Council Plan and the work of Michael Marmot and the Institute of Health Equity. It therefore fits clearly with the work across the system to address health inequalities, promote community

asset-based working and the Fairer Stockton-on-Tees framework. It also supports delivery of the ICS Strategy “Better Health and Wellbeing for All” priority on supporting children, young people and adults to live active lives.

2. The steering group changed its format in 2023 to foster more collaboration through holding collaborative design sessions. The group has used these sessions to focus on a number of important topics, such as inclusive physical activity, and supporting increases in physical activity in our more deprived areas. Actions from these sessions are being prioritised and taken forward in task and finish groups.
3. The group also continues to review the outcomes and indicators which measure the impact this work is having, along with monitoring progress and updating the group’s shared Action Plan. Areas where progress has been made include:
 - The successful update and completion of a key strategic document, the Stockton Playing Pitch and Outdoor Sport Strategy, signed off by all key stakeholders and adopted in January 2023.
 - Opportunities to invest in and improve facilities and to provide new opportunities. Supporting strategic recommendations identified within the Stockton Playing Pitch Strategy and Action Plan, grant funding has been secured which has allowed the complete regeneration of Little Boy Tennis courts and investment of a new Parks tennis offer across the Borough.
 - A Football Foundation Hub project capital grant application to provide an aspiration multi-hub facility in Billingham, which will include potentially 3 x new Artificial Grass Pitches, grass pitches and range of ancillary facilities.
 - Following the successful delivery of Stockton Beat the Streets, which was nominated and achieved prestige finalist status in 2 x national awards (APSE and National Sports Leaders), successful projects as part of the follow on and sustain phase have included - establishing a new ParkRun, development of Love Exploring initiative, securing funding to deliver a new Sport England endorsed initiative, ParkPlay.

Expansion of Steering Group Remit to Include Healthier Weight

4. The Physical Activity Steering Group have considered a proposal to expand their remit to include Healthier Weight and agreed to support this and propose the change to Board.
5. Benefits considered included:
 - Clear governance route through to the Healthy and Wellbeing Board for the Healthy Weight agenda.
 - Closely linked topics given being active is an important element of achieving and maintain a healthy weight.
 - Benefits from taking a more holistic strategic approach on behalf of the Board, considering multiple aspects of health and wellbeing together.

- Opportunity to engage new members, and efficient use of time for members.
6. Members were keen that the importance of Physical Activity continuing to be recognised and championed independent of its impact on weight is noted, ensuring it maintains its importance.
 7. The steering group will need to review its membership to ensure good representation across both the physical activity and healthy weight agendas. A working group focused on Healthy Weight that feeds into the steering group will also need to be established to support more in-depth discussions and action plans around healthier weight.
 8. To support this expansion in remit it is proposed that the group updates its name to the “Physical Activity and Healthier Weight Steering Group” (PA&HWS). The group’s terms of reference (TOR) will be amended to reflect the changes once approved and shared with the HWB for approval in due course outlining the strategic approach for physical activity and Healthier Weight.

Healthy Weight Strategic Approach for Stockton-on-Tees

9. A Healthy Weight Strategic Approach for Stockton-on-Tees has been developed collaboratively drawing on insights from the recent comprehensive Healthy Weight Health Needs Assessment undertaken working across partners (attached).
10. This Healthy Weight approach is a strategic approach to the prevention and management of overweight and obesity in Stockton-on-Tees. It is a lifecourse approach, identifying key opportunities for minimising risk factors for overweight and obesity and enhancing protective factors from pre-conception to early years, school age and adolescence, working age, and into older age.
11. It takes a whole systems approach, recognising that the causes of obesity are broad and complex, and cannot be addressed solely through individual responsibility, particularly when considered in relation to inequalities, but that co-ordinated, collaborative action is needed across the system.
12. Next steps for the implementation of our healthy weight approach include a workshop with system partners on the 6 December 2023 and setting up of a working group focussed on Healthy Weight that will support the Physical Activity and Healthier Weight Steering Group. The scope and longevity of the working group will be defined, based on the work needed flowing from the needs assessment and oversight of the action plan.

Name of Contact Officers:

Post Title: Sarah Bowman-Abouna (Director of Public Health)
Email address: sarah.bowmanabout@stockton.gov.uk

Post Title: Andrea Hogg, Chair of Physical Activity and Healthier Weight Steering Group (Principal Sport and Active Life Officer) and Grace Wali, Vice Chair (Health and Wellbeing Manager Healthy Places)

Email address: andrea.hogg@stockton.gov.uk, grace.wali@stockton.gov.uk

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

29th November 2023

REPORT OF: Better Care Fund (BCF)

STOCKTON BETTER CARE FUND UPDATE

Stockton-on-Tees BCF Quarter 2 report

SUMMARY

The purpose of this paper is to provide the Health and Wellbeing Board with an update on the submission of the Stockton-on-Tees BCF Quarter 2 report.

RECOMMENDATIONS

The Health and Wellbeing Board are asked to:

1. Note the submission of the Stockton-on-Tees BCF Quarter 2 report to NHS England as part of the reporting requirements set out in the BCF Planning Requirements 23-25.

Background

Planning and quarterly reporting were paused during the COVID-19 pandemic. Quarterly reporting has now re-commenced with this quarter 2 report which was developed to collect:

- Confirmation of S75 agreements and that national conditions are being met,
- Updates on metric ambitions,
- Refreshed capacity and demand plans for Nov 2023 – Mar 2024.

Details

This paper consists of the quarter 2 report which was agreed by the BCF Delivery Group and signed off by the Pooled Budget Partnership Board on behalf of the Health and Wellbeing Board. It was submitted to the NHS England on 31st October 2023.



Copy%20of%20BCF
%202023-25%20Qua

Emma Champley, Assistant Director Adult Strategy and Transformation

Emma.Champley@stockton.gov.uk

Kathryn Warnock, Head of Commissioning and Strategy, NHS Tees Valley Clinical
Commissioning Group

kathryn.warnock@nhs.net

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

1. Guidance for Quarter 2

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Capacity & Demand Refresh

Please use this section to update both capacity and demand (C&D) estimates for the period November 2023 to March 2024.

This section is split into 3 separate tabs:

5.1 C&D Guidance & Assumptions

Contains guidance notes including how to calculate demand/capacity as well as 6 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs and ongoing data issues.

5.2 C&D Hospital Discharge

Please use this section to enter updated demand and capacity related to Hospital Discharge in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. expected capacity and demand from your original planning template has been populated for reference. If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

In Capacity and Demand plans for 2023-24, areas were advised not to include capacity you would expect to spot purchase. This is in line with guidance on intermediate care, including the new Intermediate Care Framework. However, for this exercise we are collecting the number of packages of intermediate/short term care that you expect to spot purchase to meet demand for facilitated hospital discharge. This is being collected in a separate set of fields. You should therefore:

- record revised demand for hospital discharge by the type of support needed from row 30 onwards
- record current commissioned capacity by service type (not including spot purchasing) in cells K22 to O26
- record the amount of capacity you expect to spot purchase to meet demand in cells P22 to T26.

Spot purchased capacity should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 C&D Community

Please use this section to enter updated demand and capacity related to referrals from community sources in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. The same period's figures has been extracted from your planning template for reference.

If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

Data from assured BCF plans has been pre-populated in tabs 5.2 and 5.3. If these do not match with your final plan, please let your BCM and the national team know so that we can update our records and note the discrepancy in your response to question 1 on tab 5.1. Enter your current expected demand and capacity as normal in tabs 5.2 and 5.3.

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Stockton-on-Tees

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Stockton-on-Tees

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4				
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	295.0	269.0	307.0	288.0	297.7	Not on track to meet target	No specific challenges or support needs. The Q1 performance is only slightly over plan.	We continue to aim to meet the ambition through our BCF funded admission avoidance and prevention schemes as well as wider initiatives such as UCR, Ageing Well and Hospital @ Home.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.4%	93.4%	93.4%	93.4%	92.35%	Not on track to meet target	No specific challenges or support needs. The Q1 performance is only slightly below plan and remains high in comparison to other localities.	We have several schemes and initiatives in already place to support this metric and several others funded via the 23/24 Discharge Fund which are due to commence and should impact on performance.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,782.0	401.7	On track to meet target	No specific challenges or support needs.	On track to meet the target, and a review of falls services both proactive and reactive has commenced across the Tees Valley which should support this metric.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)					434	Not on track to meet target	Ageing population, complexity and acuity of clients lead to higher level of needs combined with deconditioning caused by COVID lockdowns	Based on LA SALT return as per ASCOF Definition there were 59 Admissions within the Q1 2023-24 period equating to a 159.7 per 100,000 population aged 65 and over. This is a slight increase on the Q1 period for
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services					91.4%	Not on track to meet target	Ageing population, complexity and acuity of the clients influence their abilities to remain at home.	Based on ASCOF data, Q1 position is reported at 88.4% against a target of 91.4%. Work continues to meet this challenge.

Checklist Complete:
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board:

Stockton-on-Tees

5.1 Assumptions

<p>1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?</p> <p>* We are unable to split Pathway 0 discharges for those who require some social support, therefore as per guidance have not reported P0 discharges at all. * We previously reported P0 capacity as 0 as we did not collect capacity for these services. Although we still cannot quantify all P0 (Social Support) capacity, we have started to report the services that we can (Home but Not Alone - Hospital Discharge Service, Home From Hospital (Five Lamps)). * We have introduced a method of collecting and monitoring discharges (OPTICA) via the Trust (North Tees), therefore for this refresh we are using this data for the majority of the projected demand rather than the annual plans and proportional pathway splits that we previously used. This system is not yet fully functional in other acute Trusts, therefore we must continue with previous data sources for these. * The refresh of the data shows that activity into the P2 spot beds has slightly decreased, however there has been better use of the core commissioned intermediate care facility which meant the overall demand remains static. Given that this refresh is for the winter period, we have looked at previous activity and can see that, on average, an additional 5 beds per week are usually required at this time, therefore this has also been built into the figures. These figures take into account LOS and occupancy levels. * The information used to complete this capacity and demand refresh is the same source as we used to complete the Community Bed Audit/Trajectory.</p>	<p>Checklist Complete:</p> <p>Yes</p>
<p>2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)</p> <p>Demand: The original BCF Demand plan was based on historical trends which included an increase in activity over Winter. We are using more accurate data now to project demand for Nov-Mar (as mentioned above), therefore have made some assumptions for Winter. For example we can see that historically we use an average of 5 more beds per week, so have built this into the demand plans. As we use a spot purchase arrangement, in addition to the Core bedded intermediate care facility (block), we have the option to flex the capacity to allow for this, providing finances and care home capacity allow. As we do not have the historical P1 data in the format we are now using to project demand, if it difficult to predict what effect winter will have.</p> <p>Capacity: The original BCF capacity plan was based on historical trends which included a higher demand over the winter period. We also modelled the capacity based on the predicted impact of additional schemes developed to support community and hospital discharge pathways. Therefore the refreshed projections reflect the most recent data rather than any significant changes to commissioned services.</p>	<p>Yes</p> <p>Yes</p>
<p>3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?</p> <p>* Although there are still developments underway, our plans and implementation of the new OPTICA system in Stockton and Hartlepool have helped us to gather more accurate data on discharges on each of the pathways. The development of the community module of the same system will only improve this further as we continue to understand what the data tells us. * We have considered the schemes funded within the Market Sustainability Improvement Plan and whilst they will have a positive impact on sustaining the market and retaining the workforce they don't impact on the refreshed Capacity and Demand figures * We have also considered and are beginning to address via recently established local partnership working groups the priority areas set out in the recently published Intermediate care framework in particular 'Priority area 1: Improve demand and capacity planning.' We are in discussion with colleagues to address the 'Recommended Action (now until March 2025): Develop a single approach to ICS demand and capacity planning for intermediate care across BCF and NHS planning footprints.'</p>	<p>Yes</p>
<p>4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?</p> <p>* We feel it pertinent to reiterate here the resource needed to complete the numerous templates required for submission, which will continue to pull on valuable resource over winter.</p>	<p>Yes</p>
<p>5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).</p> <p>* As previously mentioned, our data does not include capacity and demand for Mental Health services. Since the last submission we have begun conversations with TEVV (Mental Health Trust) in relation to this, and to consider what should be collected in the future, however are not in a position to include it this time. * We continue to use a spot purchase model when our core 'block' beds cannot be used (i.e. full, daily admissions met, Assistance of 2s limit reached). This offers a certain flexibility in terms of capacity and demand. If external factors allow (finances, capacity) we flex this capacity to meet the demand, whether that's an increase or decrease. We are continuing to monitor this carefully, especially in light of measures we have put in place to get people 'home first' and decrease the dependency on beds. * Although the demand data we are now using is more accurate than previous submissions, it is a new data source and recording mechanism, therefore we expect that this will not be faultless and the data provided gives an overall impression rather than perfect numbers.</p>	<p>Yes</p>
<p>6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?</p> <p>On the whole we think that our capacity and demand are relatively well matched, and this is backed up with the data provided (note - the beds data appears to show that we do not have enough capacity for community/step up and that we have surplus discharge capacity, however we commission as a whole therefore this should be looked at as a whole). We have a number of schemes in progress and in development which will affect/shift the demand between pathways and we will be monitoring this closely. Examples of these are a review of our Intermediate Care pathways as a whole which includes a review of the core (block) beds including admission criteria and additional wraparound services commissioned via the Hospital Discharge Fund both in the acute trust and in the community. We actively monitor the demand for our services and where there are spikes in demand, the capacity is increased accordingly. For example we have the mechanism to increase the number of beds which are available via spot purchasing or can increase the number of hours provided by our Dom Care providers. There are, however, limitations to this, not only around financial constraints but also staff recruitment and retention.</p>	<p>Yes</p>

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provided outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be $(\text{Caseload} \times \text{days in month} \times \text{max occupancy percentage}) / \text{average duration of service or length of stay}$.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. Please consider the below factors in determining the capacity calculation. Typically this will be $(\text{Caseload} \times \text{days in month} \times \text{max occupancy percentage}) / \text{average duration of service or length of stay}$.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services."

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board:

Stockton-on-Tees

Community Capacity - Demand (positive is Surplus)	Previous plan					Refreshed capacity surplus:				
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home	14	26	34	17	36	14	26	34	17	36
Reablement & Rehabilitation in a bedded setting	-6	-6	-6	-6	-6	-5	-5	-5	-5	-5
Other short-term social care	6	6	6	6	6	6	6	6	6	6

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:				
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	78	99	56	36	34	78	99	56	36	34
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	26	38	47	29	48	26	38	47	29	48
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	4	4	4	4	4	5	5	5	5	5
Other short-term social care	Monthly capacity. Number of new clients.	6	6	6	6	6	6	6	6	6	6

Demand - Community		Prepopulated from plan:					Please enter refreshed expected no. of referrals:				
Service Type		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)		0	0	0	0	0	0	0	0	0	0
Urgent Community Response		78	99	56	36	34	78	99	56	36	34
Reablement & Rehabilitation at home		12	12	13	12	12	12	12	13	12	12
Reablement & Rehabilitation in a bedded setting		10	10	10	10	10	10	10	10	10	10
Other short-term social care		0	0	0	0	0	0	0	0	0	0

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

HEALTH AND WELLBEING BOARD - FORWARD PLAN

<p>29 November 2023</p>	<ul style="list-style-type: none"> • Healthwatch Annual Report (Peter Smith) • DPH Annual Report (Sarah Bowman Abouna) • Public Health Update (Sarah Bowman Abouna) • Winter Preparedness (Craig Blair ICB) • Mapping of VCSE Sector (Jon Carling) • Physical Activity Steering Group Update (Neil Russel, Grace Wali, Andrea Hogg) • A Smoke Free Generation (Sarah Bowman Abouna) • Stockton Better Care Fund (Emma Champley, Yvonne Chung, Rob Papworth, Kathryn Warnock ICB) • Members' Updates • Forward Plan
<p>20 December 2023</p>	<ul style="list-style-type: none"> • Health Protection Winter Planning Update (Rob Miller/ Tanja Braun) • Alcohol Strategic Group Update (Sarah Bowman-Abouna/ Mandy Mackinnon) • Tobacco Alliance Update (Sarah Bowman Abouna/Mandy McKinnon) • Joint Strategic Needs Assessment Update (Sarah Bowman-Abouna) • Joint Health and Wellbeing Strategy - Strategic Approach (Sarah Bowman-Abouna) • Care and Health Zone (TBC) • Members' Updates • Forward Plan
<p>31 January 2024</p>	<ul style="list-style-type: none"> • Health Protection Winter Planning Update (Rob Miller/ Tanja Braun)

	<ul style="list-style-type: none"> • Fairer Stockton on Tees (Jane Edmonds, Haleem Ghafoor) • Health Protection Winter Planning Update (Rob Miller/ Tanja Braun) • Quality Statement (Adult Services, Emma Champley) • Members' Updates • Forward Plan
28 February 2024	<ul style="list-style-type: none"> • Health Protection Winter Planning Update (Rob Miller/ Tanja Braun) • Integrated Mental Health Strategy Group (Sarah Bowman Abouna/Tanja Braun) • Members' Updates • Forward Plan
27 March 2024	<ul style="list-style-type: none"> • Domestic Abuse Steering Group Update (Sarah Bowman Abouna, Mandy Mackinnon) • Health and Wellbeing Partnerships' Update (Partnership Chairs) • Members' Updates • Forward Plan

To be scheduled:

- SEND Strategic Action Plan (**Joanne Mills**) **New Year**
- Multiple Complex Needs – Peer Advocacy Pilot (**Sarah Bowman Abouna/Mandy Mackinnon**)
- Pharmacy Provision/ Update on Community Pharmacies (**ICB**)
- Primary Care Update (GPs, dentists and optometry) (**ICB – Emma Joyeux**)
- Immunisations and Screening – April – as part of HPC Update (**Nicola Bell, Dawn Powell**)

Scheduled items Frequency:

- Domestic Abuse Steering Group Update (March and September) **(Sarah Bowman Abouna/Mandy McKinnon)**
- Alcohol Strategic Group Update (June and December) **(Sarah Bowman Abouna/Mandy McKinnon)**
- Integrated Mental Health Strategy Group (May and November) **(Sarah Bowman Abouna/Tanja Braun)**
- Physical Activity Steering Group Update (May and November) **(Sarah Bowman Abouna/Tanja Braun)**
- Tobacco Alliance Update (Usually June and December) **(Sarah Bowman Abouna/Mandy McKinnon)**
- SEND Strategic Action Plan (Usually May and November) **(Joanne Mills)**
- Health Protection Collaborative Update (Usually January, April, July and October) **(Sarah Bowman, Tanja Braun, Rob Miller)**
- Health and Wellbeing Partnerships' Update (Usually March and September) **(Partnership Chairs)**

This page is intentionally left blank