

Date: Tuesday 23 January 2024 at 4.00 pm

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

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

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

Cllr John Coulson
Cllr Lynn Hall
Cllr Vanessa Sewell

AGENDA

- 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 19 December 2023. (Pages 9 - 14)
- 5 Scrutiny Review of Access to GPs and Primary Medical Care**
To consider submissions on this scrutiny topic from representatives of the Borough's four Primary Care Networks (PCNs) (to follow).
- 6 SBC Director of Public Health Annual Report 2022** (Pages 15 - 38)
- 7 Chair's Update and Select Committee Work Programme 2023-2024** (Pages 39 - 42)

Members of the Public - Rights to Attend Meeting

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

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

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

KEY - Declarable interests are:-

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

Members – Declaration of Interest Guidance



Table 1 - Disclosable Pecuniary Interests

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

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

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

Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

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

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

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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.

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ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

A meeting of Adult Social Care and Health Select Committee was held on Tuesday 19 December 2023.

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

Officers: Emma Champley (A,H&W) and Gary Woods (CS).

Also in attendance: Fiona Adamson, Carl Gowland (Hartlepool & Stockton Health) and Emma Joyeux (North East and North Cumbria Integrated Care Board)

Apologies: Cllr Ray Godwin.

ASCH/35/23 Evacuation Procedure

The evacuation procedure was noted.

ASCH/36/23 Declarations of Interest

There were no interests declared.

ASCH/37/23 Minutes

Consideration was given to the minutes from the Committee meeting held on 21 November 2023.

The Committee Chair referred to the current situation regarding the Care Quality Commission (CQC) State of Care Annual Report 2022-2023 item. An attempt was being made to discuss future contributions to the Committee's work programme with local CQC representatives and further updates on any developments would be provided when available.

AGREED that the minutes of the meeting on 21 November 2023 be approved as a correct record and signed by the Chair.

ASCH/38/23 Scrutiny Review of Access to GPs and Primary Medical Care

The third evidence-gathering session for the Committee's review of Access to GPs and Primary Medical Care involved a submission from Hartlepool & Stockton Health (H&SH) GP Federation. Introduced by the H&SH Chief Executive Officer, and supported by the H&SH Head of Operations and Service Delivery, a presentation was given which covered the following:

- Who we are – structure and purpose
- Our services
- 7Day Enhanced Access – locations
- 7Day Enhanced Access – typical month
- Our services – workforce
- Our services – supporting access

Formed in 2016, H&SH was a traditional GP Federation set-up based upon the former Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) footprint. Some of its services were Stockton-on-Tees-specific, whilst others served the Tees Valley as a whole. Elected (bi-annually) by peers, three of its (minimum of) six Board Directors need to be GPs, and one must be a general practice manager. H&SH received no statutory funding, nor financial support from practices (all of which were members) – any funds it created were invested back into services / practices.

Holding itself to account to ensure it adds value rather than acts as a burden to the overarching health system, the vision of H&SH was to improve the health and wellbeing of local people. Key missions included the championing of general practice and supporting Primary Care Networks (PCNs) to continue their development – engagement as a trusted partner (via local NHS Trusts and Health and Wellbeing Boards) was also an important duty. In terms of its goals, H&SH was limited in its ability to pay high remuneration rates to its staff – the organisation therefore focused on staff wellbeing and creating a positive culture in which to work, thus aiding recruitment and retention.

Several services were provided as part of the overall H&SH offer, a key element of which was the 7Day Enhanced Access to general practice (contributing 217.5 hours-per-week and more than 32,000 appointments per annum across Stockton-on-Tees) – indeed, this was a crucial driver behind the original formation of H&SH as practices did not want private companies providing out-of-hours access. Commissioned by PCNs (previously this was done through the CCG) who all engaged with H&SH, 7Day Enhanced Access had been operating since 2017 – within the Borough, the ‘core’ locations were Tennant Street Medical Practice and Woodbridge Medical Practice, with further weekend / evening access available at Abbey Health Centre, Eaglescliffe Medical Practice, and Norton Medical Centre.

Data showing the number of appointments for various health reasons / types across a typical month for the 7Day Enhanced Access offer was listed, as well as corresponding ‘did not attend’ (DNA) cases for each element. Access to see a GP was comfortably the highest (1,081, with 100 DNAs), followed by appointments for a treatment room (628) and a complex treatment room (459). The recent addition of a menopause clinic was highlighted (this was in response to PCNs being unable to cope with the level of demand for menopause support and was proving very popular), and it was noted that H&SH worked with PCNs to establish pressure points (e.g. there was significant demand for complex wound care). With regards DNAs, H&SH was relatively comfortable with current rates, though did try to identify specific sites where this was occurring and whether the way in which an appointment was booked impacted upon attendance (e.g. appointments booked too far in advance often resulted in more DNAs – the window to be able to book had therefore been reduced). It was also acknowledged that those accessing weekend / evening appointments would likely be attending a practice which was not normally their own.

H&SH was also responsible for / involved in a number of other services, including Footsteps (a nationally rare teen health one-stop-shop which was based within Eaglescliffe Medical Practice), the Integrated Urgent Care Service (GP-led from both Hartlepool and Stockton sites and currently up for recommissioning), and COVID vaccination services / clinics and oximetry@home. The Outreach Nursing Service (Public Health) was able to support those who found it difficult to engage with practices (H&SH aimed to build on the current model and had recently acquired a bus

to assist in taking healthcare into the community), and PCNs were supported with regards human resources and any background work in relation to the numerous roles practices could appoint to.

In terms of workforce, H&SH oversaw a digital staffing pool which comprised a bank of professionals (all of whom were checked / audited) that practices could access if required – this assisted around 5-10 practices per month and was particularly useful if there was any planned care. GP and Nurse Fellowships (career start schemes) were also highlighted, involving education, projects to run, peer support, and learning from older, more experienced practitioners – features designed to make the locality a great place in which to work. Other workforce initiatives included a GP retention scheme (Tees Valley RISE), PCN personalised care teams (for those without a clinical need), a primary care training hub, and delivery of healthcare apprenticeships (in particular, senior healthcare support workers).

Further to the digital staffing pool, H&SH supported access to GP services through the OPEL framework, a mechanism by which practices rated themselves as to the level of pressure they were under, potentially leading to them being signposted to H&SH for assistance. The organisation had also put on extra appointments during the winter period (which it paid for itself on behalf of local practices), and a respiratory-specific service would be operating from Ingleby Barwick this year for a 10-week block (seven days-a-week) – this would provide 130 appointments per week, would be GP-led alongside a nurse, and was expected to support a high number of children. Access to services on Sundays had existed since 2017 and it was hoped that next year would see an increase in provision on this day of the week. A new contract for 7Day Enhanced Access was due to start in April 2024, though a key issue remained around the lack of places to put in additional services due to limits on space and funding.

The Committee directed its opening questions towards the existing, and future, workforce situation and heard that any GPs working locally had the option to support H&SH service provision (though had to go through rigorous checks). H&SH created opportunities for local practices to take on weekend / evening work and gave employment possibilities for medical students (e.g. shadowing work within the Urgent Care Centres in their final year), allowing the building of local relationships which may assist with them remaining within the area once they formally qualify.

Members asked what had been learnt from the recent vaccine rollout which had resulted in challenges around the availability and administration of the COVID and flu jabs during the same appointment (thereby impacting on the need to access services more than once). H&SH stated that the infrastructure / booking system behind the national NHS England vaccination programme was problematic and that, whilst most PCNs had opted-in to offering both vaccines at the same appointment, there had been issues in getting enough doses to the right places at the right times (particularly the COVID vaccine which had to be stored and handled differently). Assurance was given that most care home / housebound residents got both vaccines at the same time, and that views had been fed back to national bodies to ensure a more efficient process next year – indeed, the new vaccination strategy gave more opportunity for decisions on future rollout to be directed by local agencies, and the Enhanced Health in Care Homes (EHCH) framework provided further avenues to support the delivery of healthcare within care home settings.

Attention turned to the younger population and the unusual, yet highly valued, Footsteps service. The Committee heard that this was the idea of a local GP who was

seeing an increase in eating disorder and anxiety cases among teenagers. An outreach 'council' for young people was created which had since won an award, and the service was accessible to any teenager within the Borough.

Referring to the 7Day Enhanced Access appointment data, Members highlighted the 'diabetes review' numbers and noted that some people had gone without a review since the emergence of COVID. H&SH confirmed that nursing numbers gave a particular cause of concern as it was this element of the workforce which serviced many of the populations day-to-day needs rather than GPs. The desire was for more specialist-trained long-term condition nurses, though ensuring sufficient workforce capacity and expertise was complicated by the forthcoming end to the PCNs first five-year contract in March 2024 – it was therefore hoped that future workforce arrangements could be more firmly planned once post-March 2024 PCN funding was established.

Discussion ensued around phlebotomy services and the feedback of results if bloods were taken in a setting outside a person's normal practice. The North East and North Cumbria Integrated Care Board (NENC ICB) representative in attendance stated that results should go back to whoever requested the blood test (unless a shared care arrangement was in place).

The Committee concluded the session by praising H&SHs digital staffing pool and asking if there was any way in which this could support local services more. H&SH advised that practices were able to request the use of this pool at any time and that communications were sent out to practices reminding them of this option.

AGREED that the Hartlepool & Stockton Health submission be noted.

ASCH/39/23 SBC Director of Public Health Annual Report 2022

Consideration was due to be given to the SBC Director of Public Health Annual Report 2022. However, as the relevant officer was unable to be in attendance due to unforeseen circumstances, it was agreed that this item would need to be deferred to the next Committee meeting in January 2024.

AGREED that consideration of the SBC Director of Public Health Annual Report 2022 be deferred to the next Committee meeting in January 2024.

ASCH/40/23 Winter Planning Update

Consideration was due to be given to a Winter Planning Update report detailing winter planning across SBC in conjunction with partners. However, due to staff sickness / unavailability, and because the contents of the report reflected work taking place (and impacting) across the whole Council, it was suggested, and subsequently agreed, that this item should be referred to the Executive Scrutiny Committee for consideration at its next meeting in January 2024.

AGREED that the Winter Planning Update report be referred to the SBC Executive Scrutiny Committee for consideration at its next meeting in January 2024.

ASCH/41/23 Chair's Update and Select Committee Work Programme 2023-2024

Chair's Update

The Chair had no further updates.

Work Programme 2023-2024

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 23 January 2024, with anticipated items including the Teeswide Safeguarding Adults Board (TSAB) Annual Report 2022-2023, analysis of safeguarding concerns (including Deprivation of Liberty Safeguards (DoLS) activity), and further evidence-gathering in relation to the ongoing Access to GPs and Primary Medical Care review. The deferred SBC Director of Public Health Annual Report 2022 would also be added to the agenda.

A brief verbal summary of the business considered at last week's (15 December 2023) Tees Valley Joint Health Scrutiny Committee meeting was provided which would be incorporated within the latest regional health scrutiny update paper that would be included on the agenda for the January 2024 meeting.

AGREED that the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2023-2024 be noted.

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Agenda Item

Adult Social Care and Health Select Committee

23 January 2024

SBC DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2022

Summary

The Committee is requested to consider the SBC Director of Public Health Annual Report 2022.

Detail

1. Under the Health and Social Care Act (2012), the Director of Public Health has a duty to prepare an independent annual report. The Local Authority's duty is to publish it.
2. The SBC 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. The report was considered by SBC Cabinet on 16 November 2023 and then subsequently by full Council on 22 November 2023.
4. The SBC Director of Public Health is scheduled to be in attendance to present the report which is included within these meeting papers.

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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>)

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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.

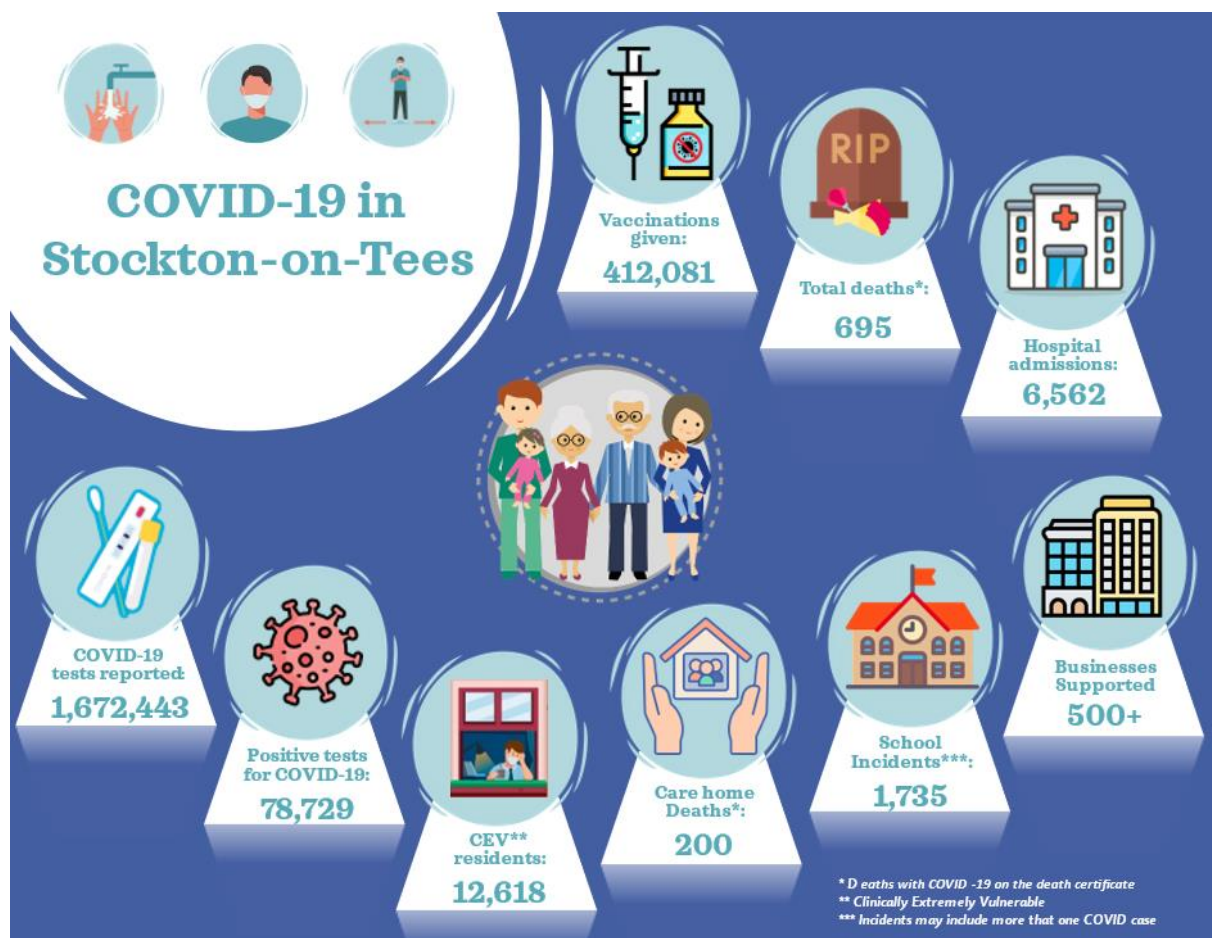
This report seeks to consolidate the work over the past three years or so, helping us to understand how we can work together in different ways to improve and protect health and wellbeing and to prepare for future challenges.



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

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**ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2023-2024**

Date (4.00pm unless stated)	Topic	Attendance
20 June (1.00pm) (informal)	Scrutiny Training	Scrutiny Team
18 July	Overview Report: SBC Adults, Health and Wellbeing CQC / PAMMS Quarterly Update: Q4 2022-2023 Regional / Tees Valley Health Scrutiny Update Minutes of the Health and Wellbeing Board (February & March 2023)	Cllr Ann McCoy / Cllr Steve Nelson / Carolyn Nice / Emma Champley / Sarah Bowman-Abouna Darren Boyd
19 September	Healthwatch Stockton-on-Tees: Annual Report 2022-2023 CQC / PAMMS Quarterly Update: Q1 2023-2024 Monitoring: Progress Update – Care Homes for Older People Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • Background Briefing • (Draft) Scope & Project Plan 	Peter Smith Rob Papworth Sarah Bowman-Abouna / Emma Joyeux
24 October	Well-Led Programme Update Monitoring: Progress Update – Day Opportunities for Adults PAMMS Annual Report (Care Homes): 2022-2023 Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • North East and North Cumbria Integrated Care Board Regional / Tees Valley Health Scrutiny Update Minutes of the Health and Wellbeing Board (May, June & July 2023)	Julie Nisbet / Ben Brown / Sarah Stokes Rob Papworth Darren Boyd Emma Joyeux
21 November	Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • Cleveland Local Medical Committee North Tees and Hartlepool NHS Foundation Trust (NTHFT): Maternity Services Update CQC / PAMMS Quarterly Update: Q2 2023-2024	Rachel McMahon Lindsey Robertson / Stephanie Worn Darren Boyd

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

Work Programme 2023-2024

Date (4.00pm unless stated)	Topic	Attendance
19 December	Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • Hartlepool & Stockton Health GP Federation SBC Winter Planning Update (referred to SBC Executive Scrutiny Committee)	Fiona Adamson / Carl Gowland
23 January 2024	Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • Primary Care Networks (PCNs) <ul style="list-style-type: none"> ○ Billingham & Norton PCN ○ BYTES PCN ○ North Stockton PCN ○ Stockton PCN SBC Director of Public Health: Annual Report 2022 Regional / Tees Valley Health Scrutiny Update	Felicity Brown Dr Nick Steele / Daniel Hallsworth Dr Barnaby Morgan Dr Dharendra Garg / Ian Forrest Sarah Bowman-Abouna
20 February	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2022-2023 Safeguarding Concerns – Analysis (including DoLS activity) Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • TBC CQC / PAMMS Quarterly Update: Q3 2023-2024 Minutes of the Health and Wellbeing Board (September, October & November 2023)	Darren Best / Carolyn Nice Angela Connor / Graham Lyons TBC Darren Boyd
19 March	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Quality Account (TBC) Monitoring: Progress Update – Care at Home (TBC)	TBC Martin Skipsey

2023-2024 Scrutiny Reviews

- Access to GPs and Primary Medical Care
- Adult Safeguarding

Monitoring Items

- Day Opportunities for Adults (Progress Update) – TBC
- Care at Home (Progress Update) – TBC

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

Work Programme 2023-2024

Performance and Quality of Care (standing Items)

- SBC Adults, Health and Wellbeing – Overview Report
- SBC Director of Public Health – Annual Report
- SBC PAMMS (Care Homes) – Annual Report
- Healthwatch Stockton-on-Tees – Annual Report
- Care Quality Commission (CQC) – State of Care Annual Report
- Teeswide Safeguarding Adults Board (TSAB) – Annual Report
- North Tees and Hartlepool NHS Foundation Trust (NTHFT) – Quality Account

Regular Reports

- 6-monthly Adult Care Performance Reports (including complaints/commendations) (new format tbc)
- 6-monthly Public Health Performance Reports (new format tbc)
- Regional / Tees Valley Health Scrutiny – Updates
- Care Quality Commission (CQC) / PAMMS – Quarterly Inspection Updates
- Health and Wellbeing Board – Minutes
- Quality Standards Framework (QSF) for Adult Services (new format tbc)

Other Reports (as required)

- Healthwatch Stockton-on-Tees – Enter and View Reports
- Care Quality Commission (CQC) – Inspection Reports (by email / by exception at Committee)

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