

Date: Wednesday 31 January 2024 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 29th Novemeber 2023 (Pages 9 - 14)
- 5 Health Protection Winter Planning Update** (Pages 15 - 32)
- 6 Joint Strategic Needs Assessment Update** (Pages 33 - 40)
- 7 Joint Health and Wellbeing Strategy - Strategic Approach** (Pages 41 - 44)
- 8 Care and Health Zone**
- 9 Right Care, Right Person - To Follow**
- 10 Members Updates**

11 Forward Plan

(Pages 45 - 46)

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: Michael Henderson 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

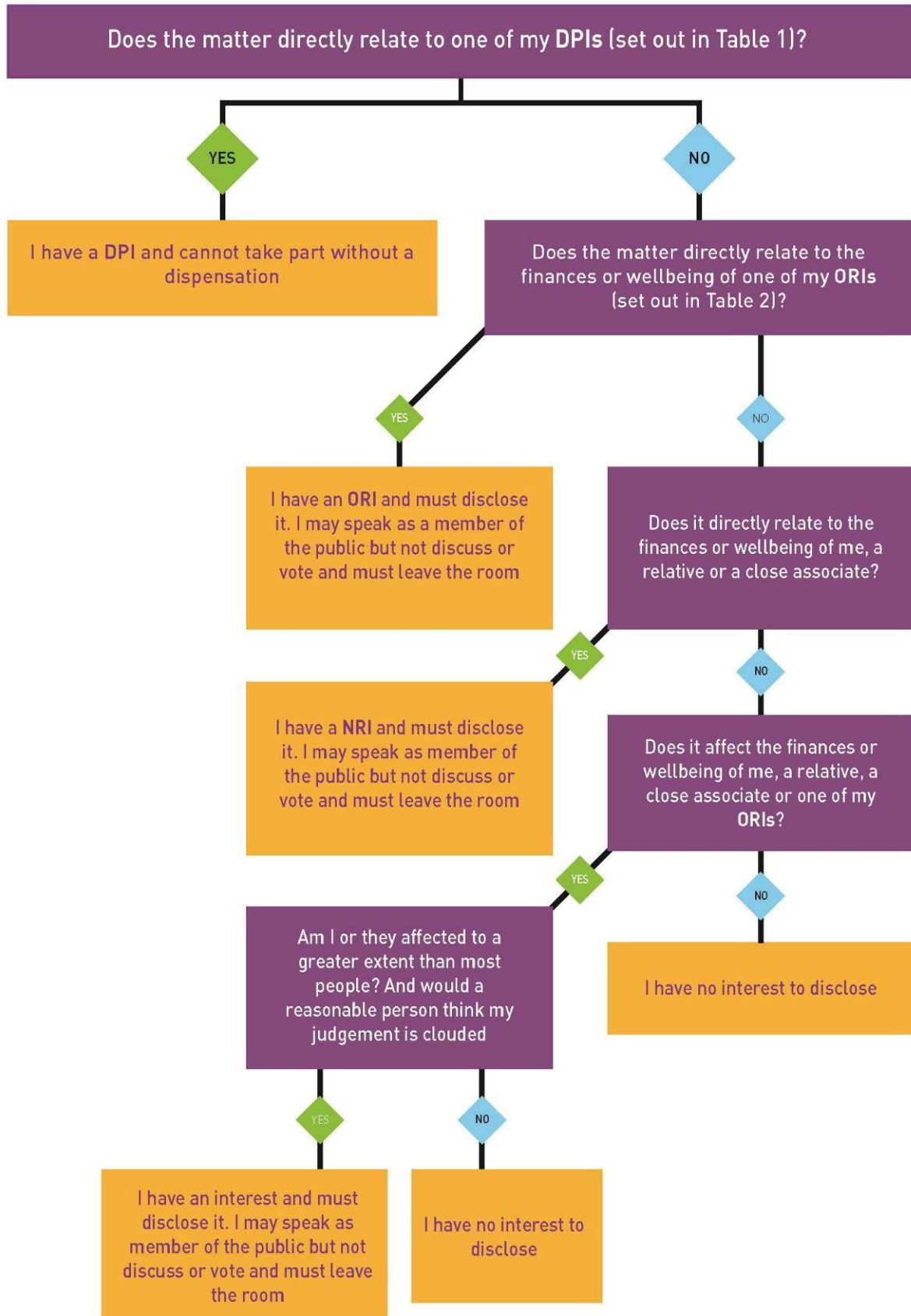


Table 1 - Disclosable Pecuniary Interests

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.

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Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday 29 November 2023.

Present: Cllr Bob Cook (Chair), Cllr Diane Clark OBE, Cllr Dan Fagan, Cllr Kevin Faulks, Cllr Lynn Hall (sub for Cllr David Reynard), Cllr Steve Nelson, Cllr Stephen Richardson, Cllr Sylvia Walmsley, Jane Smith (sub for Elaine Redding), Sarah Bowman Abouna, Fiona Adamson, Jon Carling, Dominic Gardner, Peter Smith

Officers: Yvonne Chung (BCF), Aishah Waithe, Rob Miller, Grace Wali (PH), Neil Mitchell (CS, E&C), Judy Trainer (CS)

Also in attendance: Karen Jessop, Lucy Owens (Catalyst), Alex Sinclair, Craig Blair, Alex Sinclair, Kathryn Warnock (NENC ICB)

Apologies: Cllr Lisa Evans, Cllr Mrs Ann McCoy, Cllr David Reynard, Carolyn Nice, Elaine Redding

1 **Declarations of Interest**

There were no declarations of interest.

2 **Minutes**

RESOLVED that the minutes of the meeting held on 25 October 2023 be confirmed as a correct record and signed by the Chair.

3 **Healthwatch Annual Report**

The Board received a copy of the Healthwatch Annual Report for 2022/23 and received a presentation which outlined:

- April 2022 – March 2023 priorities
- 10 Year Celebration Event
- Healthwatch Heroes
- How to become a Healthwatch Community Champion
- Priorities for 2023/24:
 - Growing Older Project
 - Pharmacy
 - Rolling Programme of Coffee Mornings

Key issues highlighted and discussed were as follows:

- The Board thanked Healthwatch for their help with developing the community mental health framework
- Access to dentistry was discussed and it was noted that Tees Valley Joint Health Scrutiny Committee had received a presentation on the issue and Stockton's Adult Social Care and Health Select Committee were doing a scrutiny of access to primary care services
- Waiting times for core CAMHS were good, however, there had been significant increases in waiting times for Autism and ADHD referrals since the pandemic

RESOLVED that the Healthwatch Annual Report 2022/23 be noted.

4 **Director of Public Health Annual Report**

Under the Health and Social Care Act (2012), the Director of Public Health had a duty to prepare an independent annual report. Nationally, there had been a hiatus in producing these reports due to the impact of the Covid-19 pandemic and subsequently due to the recovery work.

The Director of Public Health Annual Report 2022 aimed 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 sought to summarise the learning from this period, from a public health perspective and describe some of the activity since, in response to this learning.

Embedding learning and monitoring of public health activity would continue to be overseen and reported through the Lead Member, Corporate Management Team and Health and Wellbeing Board as part of core business.

Board Members thanked the Director, the Public Health Team and partners for all their work in response to the pandemic. The report highlighted health inequalities and the importance of having a cohesive approach to inform future work.

RESOLVED that the Director of Public Health Annual Report be noted.

5 Public Health Update

This Board received a presentation on:

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

Key issues highlighted and discussed were as follows:

- Acute respiratory illness was currently on the rise which was a similar pattern to last winter
- Covid cases and Covid related hospitalisations were currently decreasing. The vast majority of hospitalisations remained in the clinically vulnerable 85+ age group
- Deaths within Stockton-on-Tees with Covid-19 on the death certificate remained low
- Norovirus cases were currently rising within the North East although there were currently no reported cases in Stockton-on-Tees
- Three cases of children with diarrhoea (Confirmed cases of Cryptosporidium and Salmonella) attending nurseries in Stockton-on-Tees had been reported, despite guidance to exclude from the setting
- National trends revealed increased rates in Salmonella cases with a cluster of 74 cases identified. Recent cases appeared to mostly affect young children (0-9 years) and older adults (60-69 years). Locally in Stockton, there had been a small outbreak in October with three known cases from a bakery

- Average uptake of Covid autumn vaccinations across borough for those eligible was 42.9% and Care home resident Covid vaccination uptake for Stockton on Tees was 77.3%. However, there were disparities in vaccination uptake in minority ethnic groups including black/black British, mixed, and Asian/Asian British
- Average uptake for flu vaccinations across the borough for those eligible was 38.7%
- Pop up Covid vaccination clinics had been held at Thornaby Pavilion and on Stockton High Street
- Next steps included:
 - Support with pop-up vaccination clinics for Flu and Covid in November/December
 - Resharing of winter health messages with nurseries, childminders and primary schools, particularly regarding diarrhoea and vomiting
 - Winter Wellbeing support leaflet - autumn vaccine information, infection prevention and control, keeping warm and welfare support
- Board Members were concerned about low vaccine take-up and noted unexpected variation between wards. It was suggested that variation across the Borough could be attributed to differences in start time between practices and officers undertook to review more current data. It was also confirmed anyone eligible should have been contacted by their GP practice
- A national report on low flu vaccination take up in the NHS had also been published. ICB colleagues advised that take up locally in Health and Social Care staff was down 7% on the same time last year
- Disappointing take-up reinforced the need to continue to promote key messages about the importance of vaccinations. Work continued across partners and community champions to promote these key messages

RESOLVED that the update be noted and actioned accordingly.

6 Winter Preparedness

This Board received a presentation from the ICB on winter planning. The presentation covered:

- Context
- National Guidance
- 2023/24 Winter Planning
 - Local Accident & Emergency Delivery Board (LADB)
 - System Control Centre (SCC)
 - Tees Valley Incident Command Coordination Centre (ICCC)
 - Urgent and Emergency Care Highlight Report
 - 23/24 Winter Plans and Business Cases
- Risks and Challenges

Working alongside Tees Valley LADB partners, a resilience template had been developed. The template built in Key Lines of Enquiries (KLOE's), based upon the requirements of the various planning guidance documents, alongside other local intelligence. The template mapped the KLOE's against the 10 high impact interventions, ensuring response to each. TV LADB system partners had been to self-assess against the range of KLOE's, providing a RAG risk rating. This had then been consolidated into a TV system RAG risk rating.

From the 66 KLOE's identified the TV system rated 12 as amber (In plans, but risks associated with delivery) and 0 as red (No evidence of existing implementation or in system plans). The Amber KLOE's were set out for the Board and the LADB would ensure monitoring and delivery against each over the coming months.

Key issues discussed were as follows:

- Community based support reduced the pressures on tertiary care
- If a new and serious covid strain was to emerge, there would be a national response and communications strategy
- Additional support had been provided to GP practices to enable more appointments to be offered over the winter period

RESOLVED that the presentation be noted.

7 Mapping of VCSE Sector

The Board received a presentation from Catalyst on an exercise that had been carried out to map out and identify gaps in themed areas. The presentation covered:

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

Key issues highlighted and discussed were as follows:

- The mapping had led to:
 - Understanding of the VCSE and how it worked alongside commissioned services
 - Strong working relationships with a range of partners
 - Gaps identified and connections made to bring organisations together to meet needs
 - Identifying contacts on the mailing list – allowing information to be shared easily with VCSE and SBC colleagues
 - Key themes identified were transport and social isolation
- Board members highlighted an opportunity for a bike recycling scheme in Holme House prison and also an opportunity for joint working to take place with social care colleagues around hoarding

RESOLVED that presentation be noted.

8 A Smokefree Generation

The Board received a presentation on the Government's announcement for the UK to become a Smokefree generation by 2030 by reducing smoking prevalence to 5% of the adult population. The proposals included:

- Legislation for increasing the age of sale and proxy purchases
- Restricting vape flavours and 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

The consultation would be open until 6 December 2023. The Director of Public Health would draft and circulate a response from the Board for comments. Individuals would still be able to submit their own comments.

RESOLVED that the presentation be noted and the Director of Public Health be authorised to draft and submit a response to the consultation on behalf of the Board, following seeking comments from Board members.

9 Physical Activity Steering Group Update

The Board received a report 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 outlined future proposed developments of the steering group.

RESOLVED

- (1) That the presentation on Physical Activity Developments, and on the Healthy Weight Strategic Approach, be noted.
- (2) That the expansion of the steering group's remit to include healthier weight be supported and approved.
- (3) That the next steps for Healthy Weight Strategic Approach for Stockton-on-Tees be supported and approved.

10 Stockton Better Care Fund (BCF) Update

The Board considered a report providing an update on the submission of the Stockton-on-Tees BCF Quarter 2 report. The quarter 2 report 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

The quarter 2 report had been agreed by the BCF Delivery Group and signed off by the Pooled Budget Partnership Board on behalf of the Health and Wellbeing Board. It had been submitted to the NHS England on 31 October

2023.

Following concerns expressed on behalf of the Board, frequency in submitting reports had now been reduced from fortnightly to monthly.

RESOLVED that 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 be noted.

11 Member Updates

Parking Arrangements – Thornaby Health Centre

Councillor Sylvia Walmsley highlighted a problem that had come to her attention regarding confusion about parking arrangements at Thornaby Health Centre. She suggested that a solution might be to include parking options on appointments letters. Alex Sinclair undertook to investigate with the acute trust.

Right Care, Right Person

Dominic Gardner highlighted this national programme which set out a framework for how police and health services should improve the response to people with mental health needs. The partnership approach would establish an agreement between policing, health and other relevant partners that aimed to ensure that individuals in mental health crisis were seen by the right professional.

A formal update would be brought to the Board in January.

12 Forward Plan

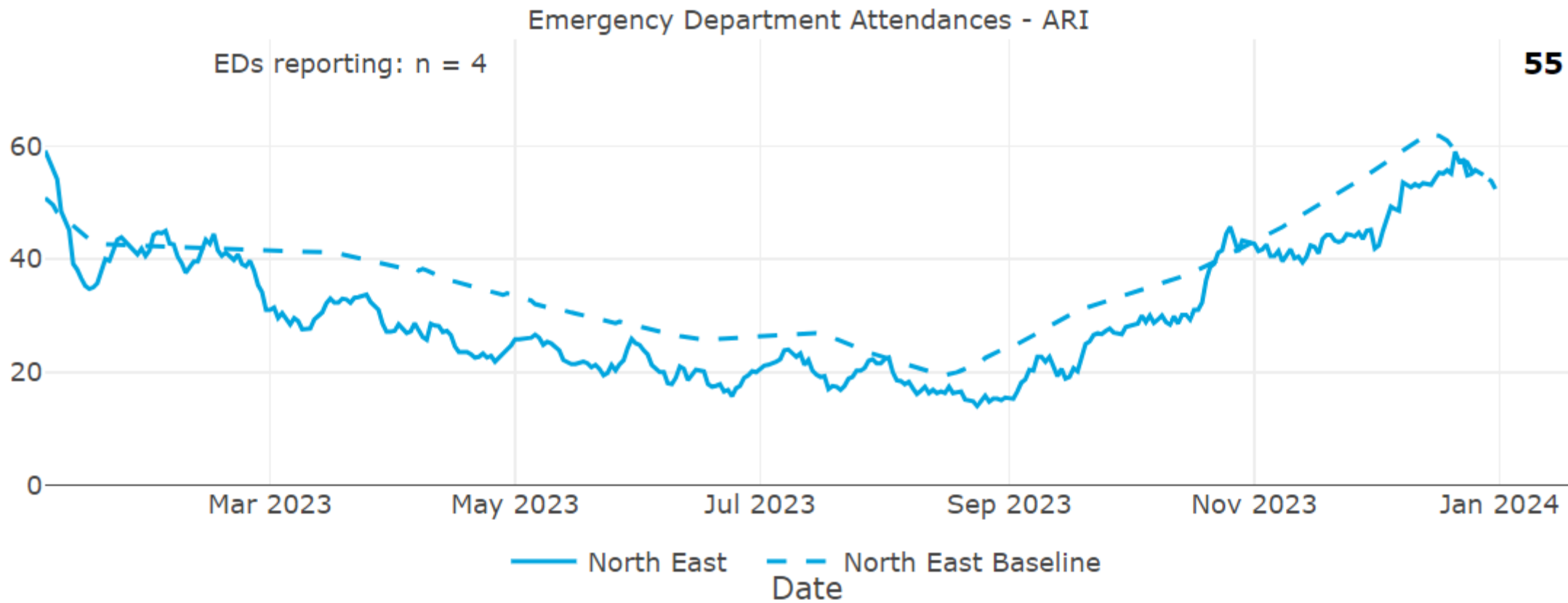
RESOLVED that the forward plan be noted.

Winter - Health Protection Update

- Acute Respiratory Illness
- COVID-19 and Flu
- Vaccination
- Other communicable disease updates
- Outbreaks
- Completed actions
- Next Steps

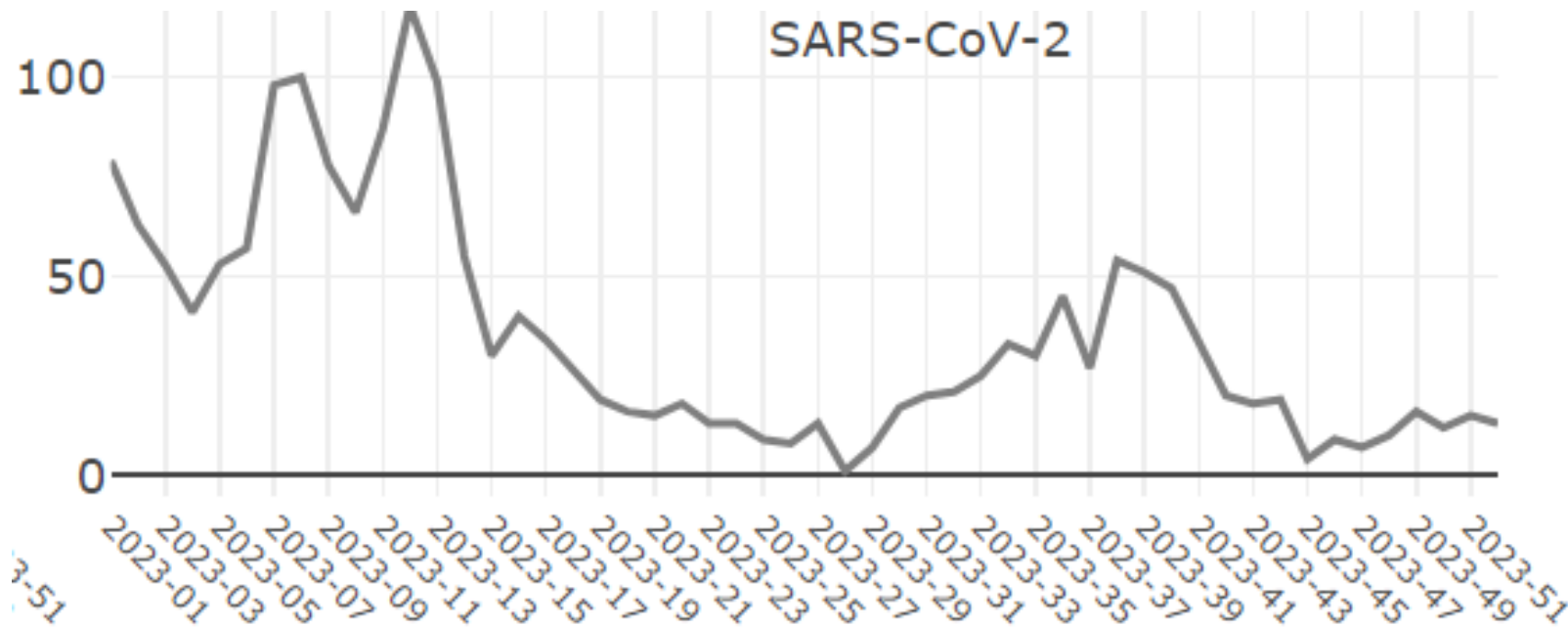
Acute Respiratory Illness

North East up to 31/12/23



COVID-19 Stockton-on-Tees

Cases up to 31/12/23



COVID-19 positivity for NE 7.86%, a decrease from 10.14% the week before

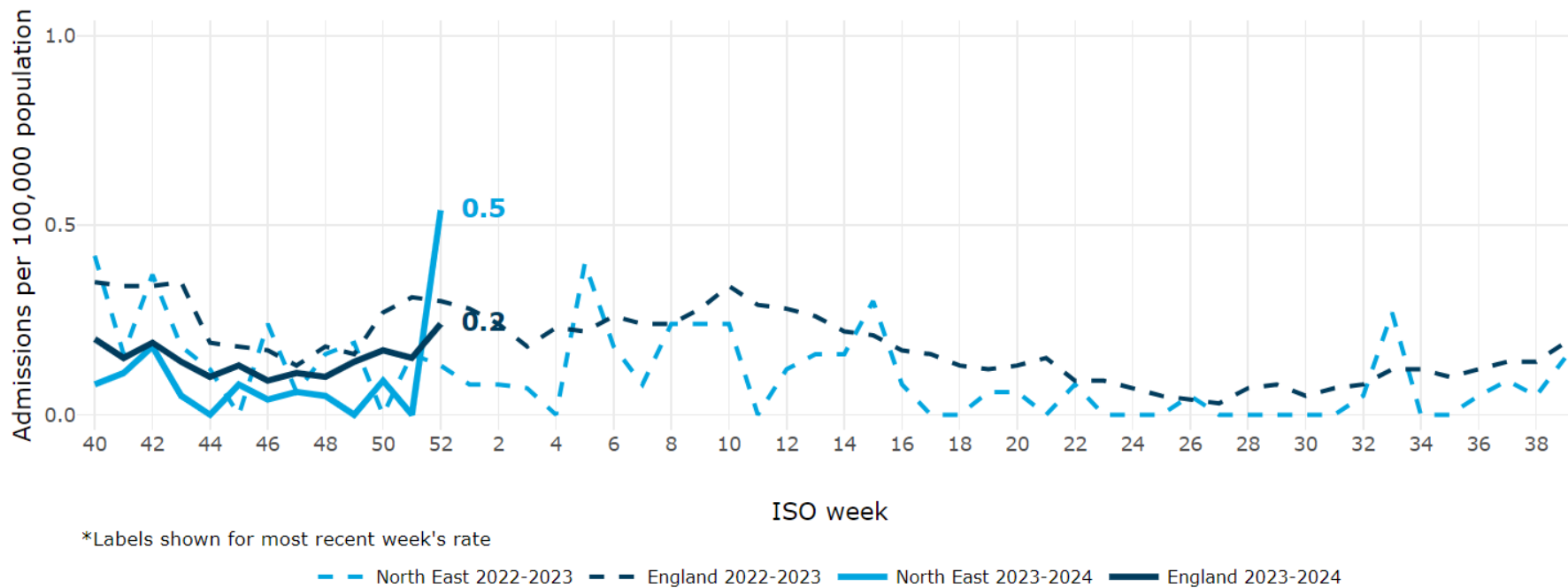
COVID-19 hospitalisations: North East

Hospital admissions are increasing but are lower than this time last year

ICU / HDU admissions are increasing and are higher than this time last year (5 in 1M)

Unclear why; could be due to complexity / co-morbidity

Figure 6. ICU/HDU admissions with confirmed SARS-CoV-2 – SARI Watch (Mandatory Surveillance)



Deaths in England

Up to 29/12/23

While deaths in England have risen, they remain relatively low.

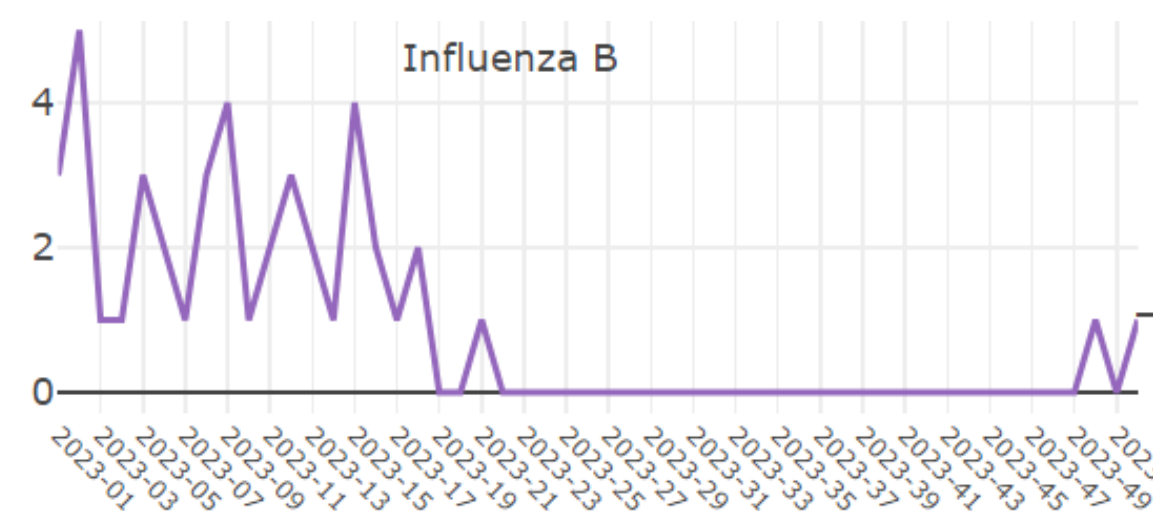
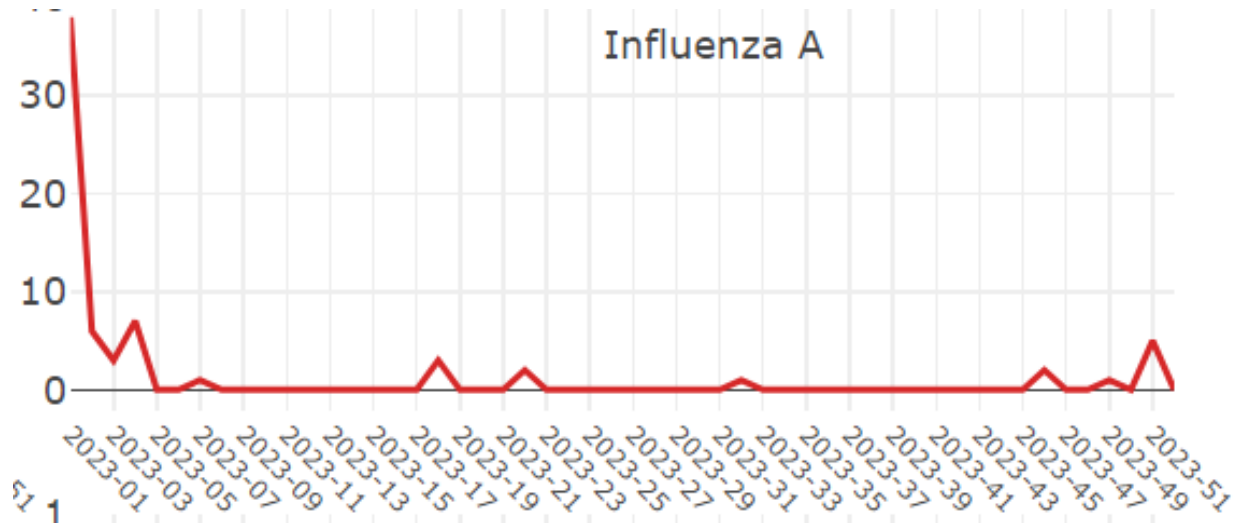
212 ↑ 31 (17.1%)



Flu Stockton-on-Tees

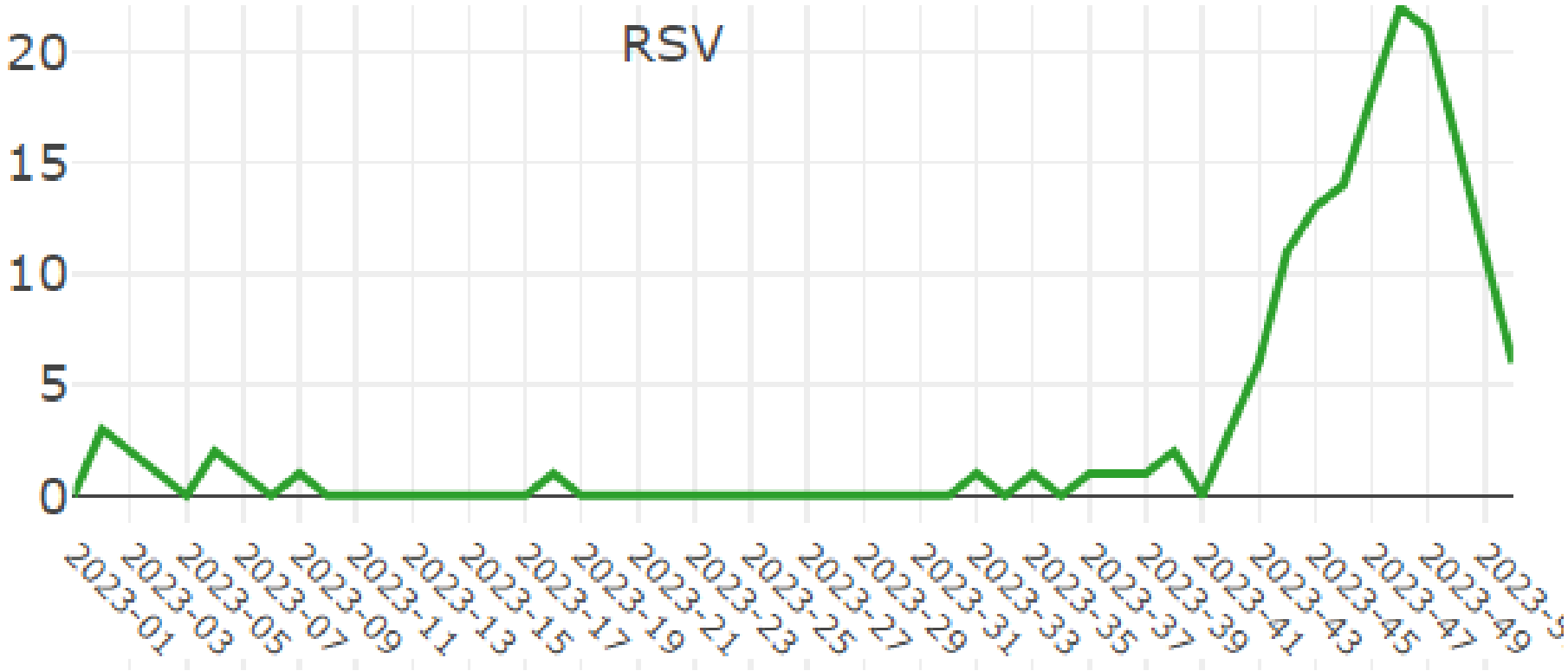
Up to 31/12/23

Increase in Influenza A to 8.21% in the NE (previous week, 5.52%).



Other Acute Respiratory Illness Stockton-on-Tees

Up to 31/12/23



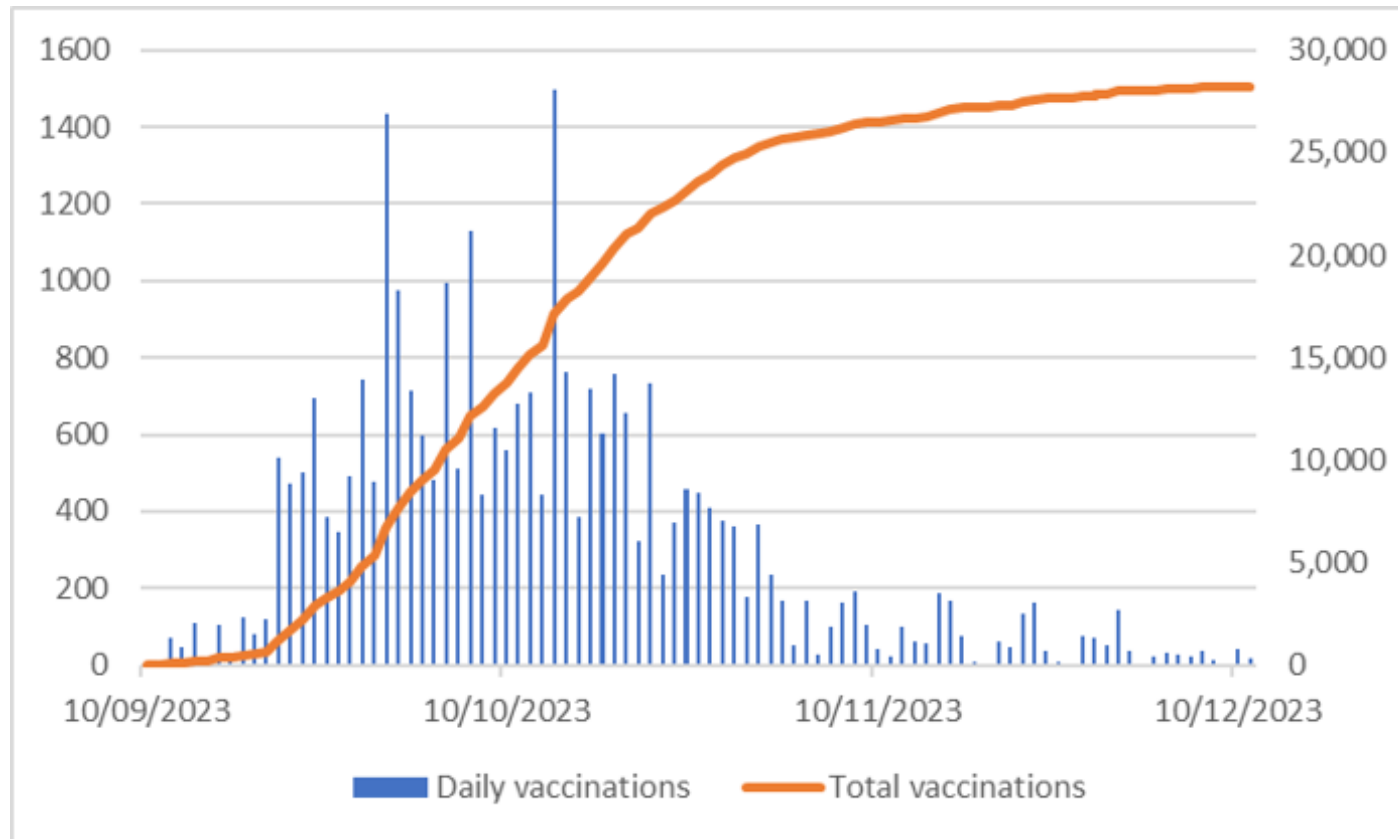
COVID-19 Autumn Vaccinations Stockton-on-Tees

Up to 7/1/24

Over 38,500 Covid vaccines administered as part of the Autumn booster programme

Average uptake across borough for those eligible is 48.9%

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



COVID vaccination by group in Stockton-on-Tees

Autumn 2023 up to 12/11/23

Group	COVID vaccination uptake (%)
6 months to 64 years clinically at risk	23.4%
Pregnant women	3.7%
Carer (16 to 64 years)	18.5%
Severe mental illness	17.0%
Frontline health & social care workers	25.8%
Household contacts of immunosuppressed (12 to 64)	3.1%
Learning Disability Register	29.4%
Housebound	67.7%

Vaccination uptake

Autumn 2023/24 up to 7th Jan

Lowest & highest vaccination rates in the following wards:

Ward	Covid (7/1/24)	Flu (7/1/24)
Newtown	30.0%	37.2%
Stockton Town Centre	32.7%	40.4%
Parkfield and Oxbridge	34.0%	39.5%
Norton South	35.5%	41.0%
Hardwick and Salters Lane	35.8%	43.1%

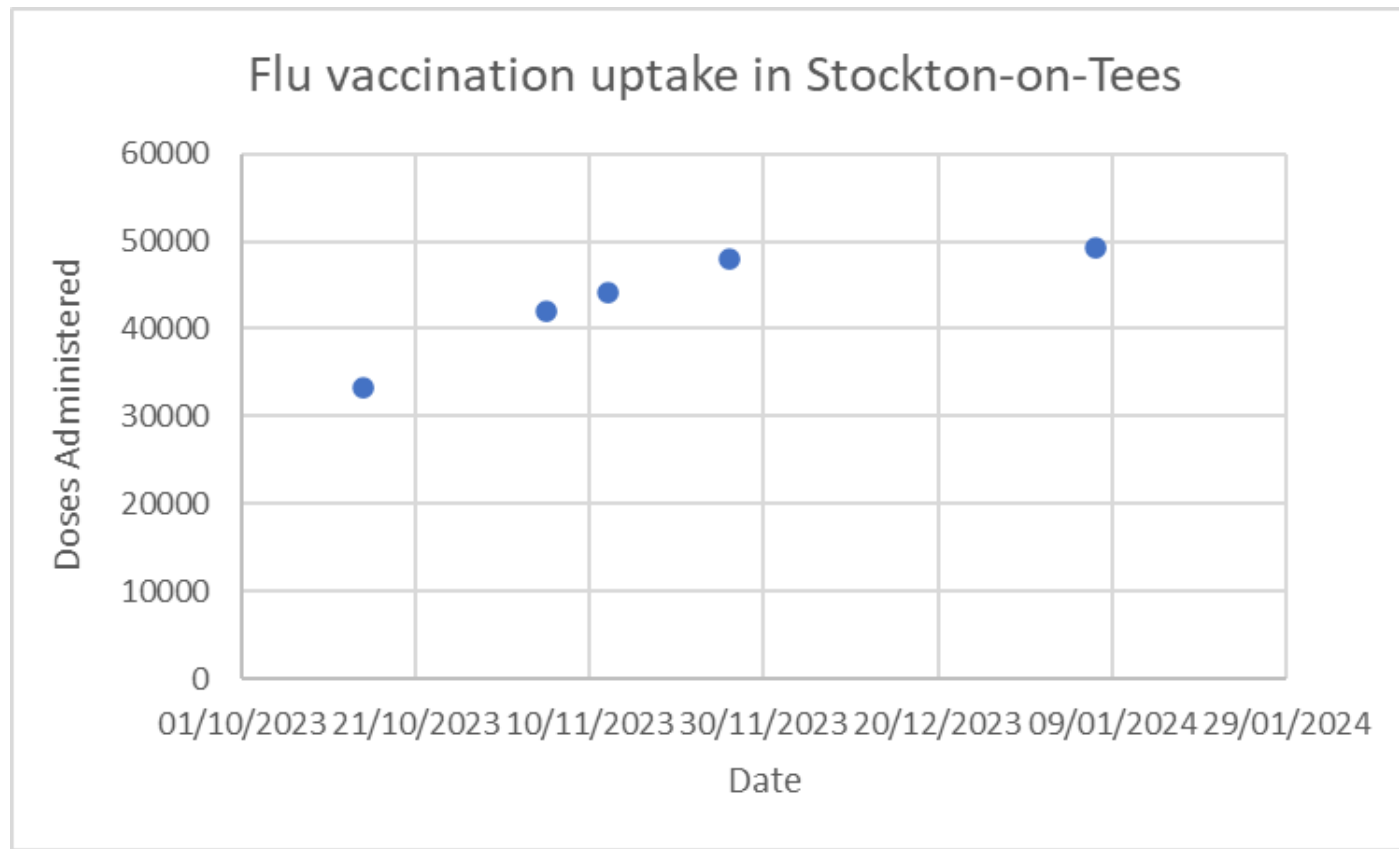
Ward	Covid (7/1/24)	Flu (7/1/24)
Billingham West	65.6%	57.0%
Hartburn	62.7%	58.0%
Billingham North	59.8%	48.1%
Yarm	59.6%	53.3%
Eaglescliffe	58.9%	52.2%

Flu Vaccination

Up to 7/1/24

Over 49,000 flu vaccines administered as part of the Autumn booster programme

Average uptake across borough for those eligible is 47.1%



Flu vaccination by group in Stockton-on-Tees

Autumn 2023 up to 12/11/23

Group	Flu vaccination uptake (%)
6m-65 at risk	31.5%
65+	73.9%
Pregnant women	9.6%
2yo	34.6%
3yo	34.2%
Health & social care workers	28.9%
Household contacts of immunosuppressed	5.9%
Learning Disability Register	43.9%

Vaccination pop-up clinics

Autumn 2023

Date	Location	COVID vaccines administered	Flu vaccines administered
26/10/23	Thornaby Pavillion	80	NA
6/11/23	Stockton Highstreet	33	22
4/12/23	New Walk	36	NA
15/12/23	Stockton Highstreet	30	NA



Outbreaks

This month (December/January)

- Some outbreaks of COVID-19 continue in care settings
- Also outbreaks of e.g. ARI, D&V in some care settings and schools – not unusual in Winter
- Public health continues to monitor and support as needed, working with UKHSA

Other communicable disease updates

Norovirus on the rise nationally (advice shared with relevant partners)

One case of a new variant of swine flu identified in North Yorkshire

High rates of a new strain of *C. diff* nationally (partners informed)

E Coli – multiple outbreaks nationally linked to cheese producer.

Scabies – national increase in cases detected; some shortage of treatment nationally

Measles – national increase, particularly London & W. Midlands, mainly in unvaccinated children. UKHSA addressing nationally; MMR catch up campaign planned

Completed actions

- Shared Winter cold weather alerts with partners
- Shared 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) shared with partners including community champions and community spaces
- Distributed COVID-19 tests to ASC providers experiencing outbreaks
- Completed all planned vaccination pop-ups
- Ongoing support with NHS comms messaging on vaccinations, including work with local community wellbeing champions

Next steps

- Update on Winter health at next care home provider forum 31/01/24
- Continue to update with comms messaging for communicable diseases to partners
- Health Protection Collaborative to look further at staff vaccination uptake; and vaccination rates among young people – to report back to future HWB
- Ongoing links with UKHSA and wider partners on national issues e.g. increase in measles and roll out of MMR campaign
- Public health to maintain oversight of population surveillance / emergent issues and work with partners as these arise e.g. future cold weather alerts

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Joint Strategic Needs Assessment (JSNA) update

HWB 31/01/24

Purpose of the JSNA

Health and Wellbeing Boards (HWB) are required to produce a JSNA of the health and wellbeing of their local community (Health and Social Care Act, 2012).

The JSNA is a tool to inform the joint strategic planning across partner agencies, with oversight from the Health and Wellbeing board.



Purpose of the JSNA

The JSNA analyses and provides an overview of current and future health and wellbeing needs of the local population ('hard' data i.e. statistics, 'soft data' i.e. the views of local people and service data).

The JSNA is different to a health needs assessment – a health needs assessment is more detailed and is often used to inform procurement of particular health and care services.

At a more specific level, intelligence (hard and soft) can also be analysed to investigate or answer particular questions about health and care services e.g.

- Who is regularly attending our local A&E department?
- What are the most common health conditions experienced by people needing social care support?

Current position

JSNA website in place for many years: <https://www.teesjsna.org.uk/stockton/index.html>

Large number of JSNA topics

Key areas and topics need updating – approach being revised following Covid:

- Fewer topics
- Reflecting learning / system recovery from Covid
- Ensure focus on inequality and on themes / pathways / communities where appropriate e.g. vulnerable groups

Multi-agency ownership through the HWB is key:

- In context of 'Team Stockton' and integration agenda
- Capacity to support development
- Use JSNA to drive strategy (H&W Strategy, flowing to individual organisational plans)

Some work across Tees Valley through DsPH and PH intelligence leads, where appropriate & possible e.g. frailty (links to CQC inspection adult social care)

H&W Strategy: current key priorities



Best start in life



Live well and live longer



Healthy places and sustainable communities

Approach: whole system, working with communities, inequalities focus

- H&W Strategy being refreshed – broad strategic areas will be similar
- The JSNA will support and inform the work under these strategic areas.
- JSNA refresh will run parallel to and beyond Strategy development work:
 - High level strategic issues will remain – forming the high level Strategy
 - Next step following Strategy document will be development of work plan and monitoring framework

Proposed process

Re-establish joint strategic intelligence group (revised membership), coordinating across partners on behalf of Board

Group to:

- maintain oversight of process & links across topics / themes
- compile initial priority list of work
- identify strategic / service leads to input to relevant theme / topic
- steer and oversee existing work e.g. frailty
- identify where Tees Valley collaboration possible per topic / theme and link with TV colleagues
- report to Board on progress; HWB 'sign off' every 6 months
- also support integration agenda (initial work: admissions avoidance, integration workshop Jan. 24)

Board asked to support with appropriate capacity (working group & strategic service leads); PH to coordinate working group and invitations

Next steps

Intelligence working group convened and provide list of 'top 10' topics / themes

Pragmatic approach: CQC, children's, common areas of priority focus, recent health needs assessments which can be 'converted' to JSNAs

Group provide oversight of current work (e.g. frailty)

Oversight of admissions avoidance work (integration agenda)

Report back to February HWB on proposed list and programme of work

Link through group membership, to H&W Strategy development process

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AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

DECEMBER 2023

REPORT OF DIRECTOR OF PUBLIC HEALTH

Joint Health and Wellbeing Strategy Refresh

SUMMARY

The health and wellbeing system has evolved since the production of the last Joint Health and Wellbeing Strategy, which is due to be refreshed. This briefing proposes the process for this, working across Board partners. The briefing is being circulated to Board in the absence of a December meeting to update Board on the proposed process and work underway, with a view to the work progressing in December 2023 and January 2024 and further discussion at the January Board meeting as needed.

RECOMMENDATION

The report recommends for the Board to:

1. Note the background work undertaken to-date.
2. Consider and approve the proposed approach and actively support the proposed Board strategy development sessions.
3. Support establishing a small task-and-finish group as required, to progress the work on behalf of the Board, including ensuring appropriate staff capacity is identified to sit on this group.
4. Receive further updates on progress.

DETAIL

Context

1. The context of the Board and its work has evolved since the last Strategy was produced (covering 2019/20 – 23/24). Particular changes include:
 - The impact of the Covid pandemic on the health and wellbeing of the local population and on the health and wellbeing system with the need for ongoing recovery for the population's physical and mental wellbeing, the economy and the health and social care system's work to address the resultant backlog. This also includes the learning gleaned across the system from this very challenging time.

- Continued increases in need and rises in demand, with consequences for both the local population and for the health and wellbeing system.
 - Ongoing and widening inequalities across the population and the continuing cost of living pressures.
 - Challenges in staff recruitment and retention across the health and care sector.
 - The recent development of a Place Leadership Board for Stockton-on-Tees to lead joined up working across key partners, to a shared vision for the borough.
 - The refresh of key strategic documents across partners including the corporate plan for the Council.
 - A focus on moving to working alongside communities in a different way, to support and build on strengths in communities and work together to promote and improve health and wellbeing. This includes a residents' survey currently running in the borough and plans for further conversations with local residents on the plans for the borough.
 - A renewed focus on addressing health inequalities across the system and the need to look at the interface between geographical place and community characteristics (gender, race, experience, etc.) that impact on inequalities.
 - An increasing drive towards closer joint working and integration where appropriate, across the system with an integration event planned for key partners across the borough on 9th January 2024.
 - The evolution of the Integrated Care System (ICS) including the development of a 'place plan' for the Tees Valley and the regional ICB Strategy *Better Health and Wellbeing for All*
 - Significant financial pressures for the NHS, social care and all parts of the health and wellbeing system.
2. The update of the Strategy is therefore timely and will take into account this change in context as well as broader national work such as *Build Back Fairer: The Covid-19 Marmot Review*.
3. It is envisaged the Strategy will be a high-level strategic document that sets direction for the system for the medium- and longer-term and is also:
- Clear on priorities given the breadth of the agenda and the context described above, focusing on those areas where the biggest impact can be made to benefit the population's health and wellbeing
 - Clear on scope given the range of national and local strategies and the need to address wider socio-economic determinants of health and wellbeing
 - Describes how the system will need to work together to achieve the key strategic aims and therefore enable clarity on roles and responsibilities across the system

- Sets out how working with the community will be embedded in the action planning, delivery and monitoring of the Strategy

Work to-date

4. The current Strategy and the strategic groups reporting to the Board on specific issues e.g. tobacco control, domestic abuse, currently deliver on key themes set out in the Strategy, with reporting and assurance to the Board
5. The Tees Valley Integrated Care Partnership has produced a Tees Valley ICP plan which sets out some of the key work areas across the Tees Valley footprint. This work and that of the ICP will continue to evolve to maximise where joint working across the Tees Valley makes sense e.g. in relation to system resilience and winter planning, transport and health, work and health.
6. A proposal will be brought to the January meeting of the Board on updating the Joint Strategic Needs Assessment for the borough. Some detailed needs assessments have taken place on specific areas of work e.g. healthy weight, which form a good foundation for updating some areas of the JSNA.
7. Work is currently underway through SBC public health to review the key population data to help draw out and highlight key health and wellbeing issues for the borough and inform Board discussion on strategic priorities and outcomes.
8. A residents' survey is currently running across the borough. Other significant pieces of engagement work have been undertaken with the community which can be drawn on to support and inform the development of the Strategy e.g. on the development of the approach to health and wellbeing for children, young people and families.
9. Once the Strategy has been developed, the next step will be to develop an approach to monitoring progress against strategic outcomes, and a delivery plan to coordinate action across partners on these key areas. An approach to outcome monitoring has been drafted using a logic modelling approach and will be shared with the Board to start this discussion (the approach is also being applied in the Domestic Abuse Steering Group).

Strategy development: proposed process

10. The proposed process is as follows:
 - Progress the review of high-level population data in December 2023 and January 2024.
 - An approach to engaging and working with the community on the delivery and monitoring of the Strategy will be compiled by the Council's community engagement team, linking across partners including Board organisations, Councillors and crucially communities through community networks as well the VCSE and Healthwatch – January 2024. The engagement work to produce the Strategy document will build on existing work through the residents' survey and other large

piece of conversation with the local community. Beyond this, it is envisaged that working with the community will be an ongoing priority embedded into the delivery of the Strategy and making it real to communities i.e. how we collectively deliver the Strategy working with communities and how we monitor whether we are making a difference.

- The engagement work will be supported by an approach to communications lead through the Council's communications team, linking across partners – January 2024.
- Two workshops for the Board in February 2024 (or potentially February first week of March) to:
 - Review the current Strategy including discussion on how far it has driven joint action and strategic direction across the system and enabled effective delivery against strategic outcomes
 - Discuss and agree how the system and the Board should work together to achieve strategic outcomes set out in the new Strategy as it is developed, including the fit of the Strategy in the wider local system (e.g. in relation to the ICP place plan and the new Local Partnership Board)
 - Review the key population data (in the context of national policy and evidence set out above) to enable the Board to take a view on key strategic priorities and scope for the new Strategy
- High-level strategy document to be produced for the Board by end May 2024 with communications with partners and the community as a key part of the process. It is proposed a time-limited task and finish group would be convened to consolidate the outcomes of the workshops, data and resident data and to develop the Strategy draft. It is important the Strategy is a document owned by all Board partners. The Board is asked to support offering capacity to sit on the task and finish group and progress the work. Task and finish group membership will be proposed to the Board in January 2024.
- Ongoing work with the community will inform the development of the actions and designing the approach to delivery against the Strategy and monitoring impact. This should be embedded throughout the life of the Strategy rather than being a 'consultation' process that informs the development of the document alone.

11. Updates will be brought to the Board in January 2024 as needed and then in February 2024 and March 2024 as the Strategy development process progresses.

Name of Contact Officers:

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HEALTH AND WELLBEING BOARD - FORWARD PLAN

<p>31 January 2024</p>	<ul style="list-style-type: none"> • Health Protection Winter Planning Update (Rob Miller/ Tanja Braun) • Joint Strategic Needs Assessment Update (Sarah Bowman-Abouna) • Joint Health and Wellbeing Strategy - Strategic Approach (Sarah Bowman-Abouna) • Care and Health Zone (TBC) • Quality Statement (Adult Services, Emma Champley) • Right Care, Right Person (Dominic Gardner) • Members' Updates • Forward Plan
<p>28 February 2024</p>	<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
<p>27 March 2024</p>	<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**)
- Fairer Stockton on Tees (**Jane Edmonds, Haleem Ghafoor**)

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**)