

Date: Wednesday 29 May 2024 at 6.00 pm

Venue: Baptist Tabernacle Auditorium, The Square, Stockton on Tees, TS18 1TE

AGENDA

- 1 Welcome and Evacuation Procedure**
- 2 Apologies for Absence**
- 3 Declarations of Interest**
- 4 Minutes**

To approve the minutes of the last meeting held on
Wednesday 20th March 2024 & Wednesday 3rd April 2024 (Pages 7 - 22)
- 5 Public Question Time** (Pages 23 - 24)
- 6 Appointments/Amendments to Committees, Panel
Joint /Outside Bodies for 2023/27** (Pages 25 - 26)
- 7 Director of Public Health Annual Report** (Pages 27 - 64)
- 8 Motion - Cllr Ted Strike - Consent Street Trading
Policy** (Pages 65 - 66)
- 9 Members' Question Time** (Pages 67 - 68)
- 10 Forward Plan and Leader's Statement**

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: Democratic Services Officer, Peter Bell on email peter.bell@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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COUNCIL

A meeting of Council was held on Wednesday 3 April 2024.

Present: The Worshipful the Mayor (Cllr Jim Beall), Cllr Pauline Beall, Cllr Michelle Bendelow, Cllr Marc Besford, Cllr Carol Clark, Cllr Diane Clarke OBE, Cllr Nigel Cooke, Cllr Robert Cook, Cllr John Coulson, Cllr Ian Dalgarno, Cllr Richard Eglington, Cllr Lisa Evans, Cllr Dan Fagan, Cllr Kevin Faulks, Cllr Jason French, Cllr Nathan Gale, Cllr Clare Gamble, Cllr John Gardner, Cllr Ray Godwin, Cllr Lynn Hall, Cllr Elsi Hampton, Cllr Stefan Houghton, Cllr Shakeel Hussain, Cllr Barbara Inman, Cllr Niall Innes, Cllr Eileen Johnson, Cllr Mrs Ann McCoy, Cllr Mick Moore, Cllr Sufi Mubeen, Cllr Steve Nelson, Cllr Ross Patterson, Cllr Stephen Richardson, Cllr Tony Riordan, Cllr Paul Rowling, Cllr Susan Scott, Cllr Vanessa Sewell, Cllr Andrew Sherris, Cllr Norma Stephenson OBE, Cllr Mick Stoker, Cllr Emily Tate, Cllr Marcus Vickers, Cllr Sylvia Walmsley, Cllr Alan Watson, Cllr Sally Ann Watson, Cllr Paul Weston, Cllr Katie Weston and Cllr Barry Woodhouse.

Officers: Mike Greene (CE), Ged Morton, Julie Butcher, Judy Trainer, Peter Bell, Sarah Whaley, Jade Conway, John Devine, Stuart Levin (CS), Garry Cummings (DCE&F, T&P), Reuben Kench (DoCS,E&C), Carolyn Nice (A,H&W).

Also in attendance: Members of the Public.

Apologies: Cllr Alex Griffiths, Cllr David Reynard, Cllr Ted Strike, Cllr Marilyn Surtees, Cllr Laura Tunney and Cllr Hilary Vickers.

COU/96/23 Evacuation Procedure

The premises evacuation procedure in the event of an emergency was noted.

COU/97/23 Civic Welcome

The Worshipful the Mayor addressed the meeting by way of civic welcome.

COU/98/23 Council's Constitution

Council was invited to approve the Council's Constitution. Members had been provided with a link to the Constitution.

RESOLVED that the Council's Constitution be agreed.

COU/99/23 Long Service Awards

The Worshipful the Mayor recognised the special contribution of a unique group of staff who had all achieved milestone Long Service Awards.

In the 40-year group was Robert Andrew Dwyer

In the 25-year group were:

Joanna Hatfield
Leanne Oxley
Ian MacGregor
Andrew Woodhouse
Rachael Lloyd
Sarah Mullen

Jo Hatfield, Ian MacGregor and Rachael Lloyd were in attendance at the meeting and the Worshipful the Mayor invited them to come to the stage to receive their Long Service certificates.

COU/100/23 Mayor's Civic Awards Scheme

The Worshipful the Mayor recognised the achievements of those who had been successfully nominated for a Mayor's Civic Award:-

Green Award - Bruce Burnell.
Young Person Award - Elliot Gordon.
Services to the Community Award – Groups/Organisations - Vision 25.
Services to the Community Award – Individual - Garry Bell.
Services to the Community Award – Business - RiverShack
Health & Wellbeing Award - Infant Hercules
Carer / Foster Carer Award - Doug and Carolyn Brewster.
Mayor's Special Award - Tony Campbell.

COU/101/23 Presentation to Mayor's Charities

A presentation was made to the Mayor's Charities.

The Worshipful the Mayor presented Tracey Hamilton from Eastern Ravens Trust and John Phillipson from North East Autism Society a cheque for £42,484 raised during his civic year.

COU/102/23 Presentation of Silver Salver to Retiring Deputy Mayor

On behalf of the Council, the retiring Mayor (Councillor Jim Beall) presented a silver salver to the retiring Deputy Mayor (Cllr John Gardner) for his services during 2023/24.

COU/103/23 Appointment of The Mayor of the Borough for the Municipal Year 2024/25

Moved by Councillor Tony Riordan and seconded by Councillor Niall Innes, that Councillor John Gardner be appointed Mayor for the Municipal Year 2024/2025.

RESOLVED that Councillor John Gardner be appointed Mayor for the Municipal Year 2025/2025.

COU/104/23 Return of Thanks for Appointment by The Mayor

The Worshipful the Mayor, Councillor John Gardner, returned thanks for his appointment.

COU/105/23 Vote of Thanks to Retired Mayor

Moved by Councillor Bob Cook, seconded by Councillor Lisa Evans, that a vote of thanks be extended to the retired Mayor and Mayoress for the admirable way in which they had discharged their duties during their term of office.

RESOLVED that thanks be extended to the retired Mayor and Mayoress for the admirable way in which they had discharged their duties during their term of office.

COU/106/23 Presentation of Medallions and Commemorative Digital Album to the Retired Mayor and Mayoress

The Worshipful the Mayor presented the Retired Mayor with a Medallion and Commemorative Digital Album.

COU/107/23 Address by the Retired Mayor

The retired Mayor addressed the meeting to reflect on his year in office and the charities he had supported.

COU/108/23 Appointment of the Deputy Mayor of the Borough for the Municipal Year 2024/25

Moved by Councillor Tony Riordan and seconded by Councillor Niall Innes, that Councillor Stephen Richardson be appointed Mayor for the Municipal Year 2024/2025.

RESOLVED that Councillor Stephen Richardson be appointed Mayor for the Municipal Year 2024/2025.

COU/109/23 Return of Thanks for Appointment by the Deputy Mayor

The Deputy Mayor, Councillor Stephen Richardson , returned thanks for his appointment.

COU/110/23 Presentation of Floral Arrangements

Floral arrangements were presented to the Mayoress, the retired Mayoress and the Deputy Mayoress.

COU/111/23 Presentation of Bible to the Mayor by the Mayor's Chaplain

Reverend Paul Neville presented the Bible to the Worshipful the Mayor.

COU/112/23 Meetings of Council

RESOLVED that meetings of the Council being held at 6.00pm (except where otherwise stated) during the Municipal Year on the following dates:-

29 May 2024

24 July 2024

18 September 2024

20 November 2024
22 January 2025
19 February 2025 (Special - MTFP)
19 March 2025
2 April 2025 (Annual Meeting - 11.00 am)

COU/113/23 Announcement of Cabinet Members for 2024/27

The Leader of the Council announced his Cabinet for the Municipal Years 2023/24:-

Deputy Leader of the Council and Cabinet Member for Children and Young People -
Councillor Lisa Evans
Cabinet Member for Health, Leisure and Culture - Councillor Steve Nelson
Cabinet Member for Adult Social Care - Councillor Pauline Beall
Cabinet Member for Regeneration and Housing - Councillor Nigel Cooke
Cabinet Member for Access, Communities and Community Safety - Councillor Norma Stephenson OBE
Cabinet Member for Environment and Transport - Councillor Clare Gamble

COU/114/23 Announcement of Assistant Cabinet Members for 2024/27

The Leader of the Council announced that there would be no Assistant Cabinet Members.

COU/115/23 Amendments/Appointments to Committees and Joint / Outside Bodies for the 2024/27 Municipal Year

RESOLVED that the following amendments/appointments be made:-

Executive Scrutiny Committee – Remove Cllr Ross Patterson – Add Cllr Kevin Faulks
Crime and Disorder Select Committee – Remove Cllr Pauline Beall – Add Cllr Ann McCoy
Health and Wellbeing Board – Remove Cllr Ann McCoy – Add Cllr Pauline Beall
Place Select Committee – Remove Cllr Katie Weston – Add Cllr Jim Beall
Remove - Cllr Shakeel Hussain - Add Cllr Sufi Mubeen
Audit and Governance Committee - Add Cllr Marc Besford - Remove Cllr Katie Weston
Employee Appeals Panel - Remove Cllr Michelle Bendelow - Add Cllr Jim Beall
Cleveland Fire Authority – Remove Cllr John Gardner – Add Cllr Andrew Sherris

Moved by Councillor Ross Patterson and seconded by Councillor Stefan Barnes that Councillor Kevin Faulks be appointed Vice Chair of the Executive Scrutiny Committee for Municipal Years 2024 – 2027.

Moved by Councillor Tony Riordan and seconded by Councillor Stefan Houghton that Councillor Niall Innes be appointed Vice Chair of the Executive Scrutiny Committee for Municipal Years 2024 – 2027.

At this point a vote took place.

RESOLVED that Councillor Kevin Faulks be appointed Vice Chair of the Executive Scrutiny Committee for the Municipal Years 2024 – 2027.

Moved by Councillor Paul Rowling and seconded by Councillor Eileen Johnson that Councillor Jim Beall be appointed Vice Chair of the Place Select Committee for Municipal Years 2024 – 2027.

Moved by Councillor Tony Riordan and seconded by Councillor Niall Innes that Councillor Suffee Mubeen be appointed Vice Chair of the Place Select Committee for Municipal Years 2024 – 2027.

At this point a vote took place.

RESOLVED that Councillor Jim Beall be appointed Vice Chair of the Place Select Committee for the Municipal Years 2024 – 2027.

Moved by Councillor Paul Rowling and seconded by Councillor Eileen Johnson that Councillor Jim Beall be appointed Vice Chair of the Employee Appeal Panel for Municipal Years 2024 – 2027.

Moved by Councillor Tony Riordan and seconded by Councillor Niall Innes that Councillor Sally Ann Watson be appointed Vice Chair of the Employee Appeal Panel for Municipal Years 2024 – 2027.

At this point a vote took place.

RESOLVED that Councillor Jim Beall be appointed Vice Chair of the Employee Appeal Panel for the Municipal Years 2024 – 2027.

COU/116/23 Corporate Parenting Promise

The Worshipful the Mayor and the Leader of the Council signed the Corporate Parenting Pledge on behalf of the Council accepting all Members' role as Corporate Parents.

COU/117/23 The Mayor will close the Meeting

The Mayor closed the meeting and invited guests to the civic reception.

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COUNCIL

A meeting of Council was held on Wednesday 20 March 2024.

Present: The Worshipful the Mayor (Cllr Jim Beall), Cllr Pauline Beall, Cllr Michelle Bendelow, Cllr Marc Besford, Cllr Carol Clark, Cllr Diane Clarke OBE, Cllr Nigel Cooke, Cllr Robert Cook, Cllr John Coulson, Cllr Ian Dalgarno, Cllr Richard Eglinton, Cllr Lisa Evans, Cllr Dan Fagan, Cllr Kevin Faulks, Cllr Jason French, Cllr Nathan Gale, Cllr Clare Gamble, Cllr John Gardner, Cllr Ray Godwin, Cllr Lynn Hall, Cllr Elsi Hampton, Cllr Stefan Houghton, Cllr Shakeel Hussain, Cllr Barbara Inman, Cllr Niall Innes, Cllr Eileen Johnson, Cllr Mrs Ann McCoy, Cllr Mick Moore, Cllr Sufi Mubeen, Cllr Steve Nelson, Cllr Ross Patterson, Cllr David Reynard, Cllr Stephen Richardson, Cllr Tony Riordan, Cllr Paul Rowling, Cllr Susan Scott, Cllr Vanessa Sewell, Cllr Andrew Sherris, Cllr Norma Stephenson OBE, Cllr Mick Stoker, Cllr Ted Strike, Cllr Marilyn Surtees, Cllr Emily Tate, Cllr Hilary Vickers, Cllr Marcus Vickers, Cllr Sylvia Walmsley, Cllr Alan Watson, Cllr Sally Ann Watson, Cllr Paul Weston, Cllr Katie Weston and Cllr Barry Woodhouse.

Officers: Mike Greene (CE), Ged Morton, Judy Trainer, Peter Bell, Stuart Levin (CS), Garry Cummings (DCE&F, T&P), Reuben Kench (DoCS,E&C), Carolyn Nice (A,H&W).

Also in attendance: Members of the Public.

Apologies: Cllr Stefan Barnes, Cllr Alex Griffiths, Cllr Hugo Stratton, Cllr Jim Taylor and Cllr Laura Tunney.

COU/89/23 Welcome and Evacuation Procedure

The Worshipful the Mayor welcomed everyone to the meeting and outlined the arrangements for the meeting.

COU/90/23 Declarations of Interest

There were no declarations of interest.

COU/91/23 Minutes of Council from the meetings which were held on 24 January and 21 February 2024

Consideration was given to the minutes of the meetings held on 24 January and 21 February 2024.

RESOLVED that the minutes of the meeting held on 24 January and 21 February 2024 be confirmed and signed as a correct record.

COU/92/23 Public Question Time

The following question had been submitted by David Cooper for response by the Cabinet Member for Environment and Transport (Cllr Clare Gamble):-

“Does the council take the view that S72 of the 1835 Highway Act is no longer in force? (This relates to the edict from the council that parking on the pavement is permitted).”

The Cabinet Member for Environment and Transport responded with:-

“We are not aware of any edict being issued by this Council in relation to parking on pavements.

Section 72 of the Highways Act 1835 is still in force, it does not relate to parking. It primarily covers some offences of driving on the footway and of cycling on the footway as well as more historic issues relating animals on the highway.

Currently, there is no legislation, outside of London, making parking on the pavement illegal however, the Highway Code states that drivers should not do so elsewhere (outside of London) unless signs permit it. It is illegal to leave your vehicle or trailer in a dangerous position or where it causes any unnecessary obstruction which is once again stated in the Highway Code. Any instances of dangerous or obstructive parking can be reported to the Councils Civic Enforcement team.”

David Cooper asked the following supplementary question:-

“Given the decision of the council to permit drivers to park on pavements, what would its advice be to those teaching children how to be safe?”

The Cabinet Member for Environment and Transport:-

“Noting the answer to the previous question, confirming that the Council continues to be guided by current national legislation, we recommend those teaching children how to be safe follow the relevant national guidance, provided by the Department for Transport. The Governments ‘Think! Road safety’ website provides excellent education resources, designed for different age groups.

If you enter the term THINK! – Road safety or think.gov.uk into your preferred search engine you should find the resources you need.”

COU/93/23 Amendments to Committee for 2023/27

Consideration was given to a report on an amendment to a committee and an appointment to an outside body for 2023/27.

RESOLVED that:-

Place Select Committee - Cllr Shakeel Hussain be removed and Cllr Sufi Mubeen be added.

NEREO - Cllr Jim Beall be appointed

COU/94/23 Members' Question Time

The following question had been submitted by Councillor Ted Strike for response by the Cabinet Member for Access, Communities & Community Safety (Councillor Norma Stephenson OBE):-

“SBC are expanding their “Street Trading Consent “ to cover the whole borough as of the 1st March this year. Despite raising my concerns at a cabinet meeting and Full Council meeting as well as emailing licencing I have not had any explanation of what this involves. IBCP’s first market is April 13th and at the time of submitting this question I have had no clarification of what this new regulations entail.

On Friday evening I received a call from the organiser of SirenFest who was concerned as she had been sent a link and was confused. She spoke to an officer from licencing who advised that the cost would be £100 for up to 20 traders.

Having looked at this link can the cabinet member advise me:

Is my understanding correct,

- 1) That established markets are exempt? The Ingleby Community Market has been trading for 9 years, is that classed as an established market.
- 2) Fairs are exempt. Does this include our well-established Christmas Fair?
- 3) Does the Family Fun weekend come under these rules?
- 4) Are events that charge to attend exempt?

If events that charge are exempt then why have SirenFest been advised they need to pay?

Could I have some clarity please and can you forward me a copy of the response?”

The Cabinet Member for Access, Communities & Community Safety responded with:-

“The whole Borough Street Trading regime was implemented on 1 March 2024, after a period of extensive period of consultation, during which all Elected Members were included also. During the consultation period changes were made to the procedural guidance which included changes to DBS requirements to community events, and charity events on religious or school grounds, themes which were concerns raised during the consultation period.

With regards to your specific points of clarity, I can offer the following:

That established markets are exempt? The Ingleby Community Market has been trading for 9 years, is that classed as an established market.

The Ingleby Community Market, whilst an asset to the area and well attended, is not an established market under the Markets Charter and as such would require a temporary event consent.

Fairs are exempt. Does this include our well-established Christmas Fair?

Fairground rides are not classed as trading under the primary legislation, so they would not require the consent. However, any trading (selling of goods) would require a temporary event consent.

Does the Family Fun weekend come under these rules?

The commercial trading at these events would fall under the regime, yes. They would require a temporary event consent. Any fairground rides etc. would not require consent.

Are events that charge to attend exempt?

Providing robust plans are in place to control access to the event, for example a car boot sale with an entrance fee, then they would be exempt.

For clarity, Temporary Event Consents are not new to the street trading regime, the consent and subsequent fee has been in place for some time but we have now extended the area to which they apply to include the whole Borough. The new procedural guidance is available online at: www.stockton.gov.uk/street-trading-consent and a new online application and payment process is in place to ensure the process is as easy and efficient as it can be.”

Councillor Ted Strike asked the following supplementary question:-

“Stockton Borough Council prides itself for being an events Council, taxing private community events does not sit well with that position. Does the Council agree with me that all established markets should be exempt from this stealth tax, not just Stockton Borough Council markets? If the Council insists on charging this then the cost to Ingleby Barwick Community Partnership is the minimum of £100 per market for up to 20 stalls and even more if we exceed this amount. We will certainly not be paying it and if necessary put £1 entry fee charge on that can be re-deemed on the day. Some of my opponents have over the years tried some tricks over the years to stop Ingleby Barwick having events being held in the car park but these have failed. Stockton Borough Council could be more successful and ease these un-necessary taxes. Can the Council advise me what the Council will do with their 30 pieces of silver? Also how does this sit with the Council’s Power our Future? And I quote ‘We will be a bold innovating Council, together with our partners we will make sure Stockton-on-Tees is a fair and equal place, where everyone is proud to live and work and our communities flourish and people feel like they belong, we want everyone in our Borough to participate in building a brighter future for all. How is charging our market traders and not SBC market traders fair and equal?, Will SBC change these rules immediately and exempt existing events including but not limited to Thornaby Show, Billingham Show, Ingleby Barwick Family Fun Weekend, Ingleby Barwick Market and Thrift?”

The Cabinet Member for Access, Communities & Community Safety responded with:-

“With regard to established markets yes I would agree with you but as I have already pointed out that under legislation Ingleby Barwick Market is not an established market. It doesn’t fit the criteria for an established market and that isn’t SBC criteria. As far as the charges for licensing goes legislation states that any money made from licensing must be spent in licensing, it is ring fenced so that is where that funding will go for extra officers should we need them. No we won’t change the rules now.”

Member Question submitted by Cllr Ted Strike for response by the Leader of the Council (Cllr Bob Cook):-

“The bad debt (impairment) provision for council tax was £15.4m as at 31st March 2023. £5.074m was released into the councils reserves at last month’s budget. I understand that the council must have a bad debt fund, but I believe there are no guidance on the amounts to be held for bad debt.

The fact that we could release over £5m last month means that this fund could grow and grow, surely the council should set a minimum and maximum level of funding for this funding?”

The Leader of the Council responded with:-

“This evaluation considers various factors, including overall debt levels, the duration of outstanding debt, and repayment patterns. These figures don't convey meaningful insights in isolation, and their significance is further complicated by the legacy impacts of Covid, as discussed in our budget report. The council operates a collection fund that manages all income from Council Tax and Business Rates, along with provisions for bad debts and appeals. This complex account also covers the distribution of income to the Council, other precepting authorities, and the central government, detailed in the Annual Statement of Accounts on our website.

A provision is a liability of uncertain timing or amount. The Council is required to hold provisions for historic non-collected income and an estimate of future collection activity. The Collection fund accounts for Council tax and business rates which are two of the Council’s biggest income streams. There is no set guidance on what level the provision should be, but it is the responsibility of the Section 151 officer to ensure that it is fair and appropriate. The level of these provisions is reviewed regularly and set as part of the budget setting process. In order to ensure a robust review of the level of reserves, the finance function assess various measures including assessment of the latest local intelligence and behaviours, review national guidance as part of the Local Government Finance Settlement and engage with independent advisors to review the approach.

The Section 151 Officer holds a statutory responsibility to ensure the proper administration of the council's financial affairs. In coming to a professional view on these matters the Section 151 Officer must balance the need for fiscal prudence with the council's strategic objectives, ensuring that resources are allocated effectively and that risks, including those related to bad debts, are managed appropriately. Decisions regarding bad debt provisions and the financial health of the council more broadly must be made with the appropriate professional considerations.”

Cllr Ted Strike asked the following supplementary question:-

“I appreciate Cllr Cook won’t be able to answer this now but if you could provide me with the amount of funds for each year 2019/20 and for each year until the current year I would appreciate that.”

The Leader of the Council responded with:-

“I’m sure I can get those figures.”

Member Question submitted by Cllr Marcus Vickers for response by the Cabinet Member for Environment and Transport (Cllr Clare Gamble):-

“Analysis of all the SBC data by the Wolviston Community speedwatch group discovered over 870 vehicles speeding through Wolviston Village in the space of one week, this would equate to over 45,000 speeding vehicles in the village every year.

Will the Council review its policies and procedures in relation to traffic calming and speeding alongside the appropriate partners to look at keeping our communities safer.”

The Cabinet Member for Environment and Transport responded with:-

“Speeding is a criminal offence and the enforcement is the responsibility of the Police.

The identification of the need for traffic calming is currently done as part of the Council’s Annual Road Safety review, where the causes of crashes resulting in injury are analysed and locations are identified where road safety measures, such as traffic calming, could be implemented to reduce the number of collisions occurring. Wolviston has not been identified through the Annual Road Safety Review. However, locations that are not identified through this process for road safety improvements, but where there are community concerns, can be put forward for investigation via local Ward Members Ward Transport Budget.

Following a the meeting with Wolviston Parish Council (August 2023) it was agreed for speed surveys to be carried out on Wynyard Road & the High Street. The surveys were carried out and the data was passed onto the Parish Council and Ward Cllrs. For both roads, average speeds were commensurate with the speed limit.

Officers have not had any requests from Ward Councillors for traffic calming measures to be introduced in Wolviston using the Ward Transport Budget, but we would be willing to consider a scheme on Wynyard Road and High Street at the request of Ward Councillors.

The Council have plans to produce updated Road Safety guidance in the next year which will include further details on the process for determining when road safety measures like traffic calming are implemented by the Council.”

Member Question submitted by Cllr Niall Innes for response by the Leader of the Council (Cllr Bob Cook):-

“The Powering Our Future report states at Point 4, that we will have ‘Communities Powering our future’. Can the Leader inform me what actual steps are being taken to ensure our residents are driving the change rather than be passengers with no say?”

The Leader of the Council responded with:-

“Communities Powering Our Future will see us change the way we work with our communities so they use their knowledge, skills and strengths to help them deliver positive outcomes for themselves.

We will empower communities and increase individual, family and community level activities, helping people and communities to be independent and have less reliance on Council services.

We have already started gathering the views of communities through our Residents Survey which closed before Christmas. This was based around the National Wellbeing Measures, and also included some open questions to get more general thoughts on the future of the Borough. 1,637 residents responded, which has given us a really rich data set, and analysis of this on ongoing. Residents were also asked to provide their details if they would be happy to be involved in further engagement work, and this will be followed up through more targeted and focused sessions.

Building on national best practice, we are also looking to develop an Appreciative Inquiry approach, with initial steps being taken considered to train our staff in this methodology. This will can enable teams across the council to understand what is important to our communities, to work with them to harness existing strengths and shape future solutions.

Our Making it Real Board was set up in January 2024. This Board is made up of People with Lived Experience who have (or may in the future access our services), and senior leaders in Adult Social Care. The innovative nature of the Making it Real Board ensures that membership is flexible and there is a strong desire of promoting future opportunities for wider engagement and Making it Real Board developments.

Community engagement will also continue to be a key principle as we develop our major programmes. A recent example of this is the consultation to develop the Blueprint for Central Stockton, Teesdale and Thornaby

Alongside this, we are developing a comprehensive plan for engagement and communications with residents, communities, businesses and visitors. This will detail opportunities to engage with residents and help them to drive change. The role of Elected Members will be key to this, harnessing our role as community champions, with a mandate to represent local community views.”

Cllr Niall Innes asked the following supplementary question:-

“On the point of consultation with residents, I know many have felt they haven’t been consulted and I appreciate the points the Leader made about residents surveys. Just thinking about examples with the money that has through for Billingham, what steps will be taken to ensure residents of Billingham will be consulted and that residents of Billingham have that voice to be able to decide where that money is spent?”

The Leader of the Council responded with:-

“The Levelling Up money for Billingham there was consultation that took place prior to the second Levelling Up scheme that we submitted to government and as you know we got that on the third Levelling Up scheme without having to submit another bid. There is a masterplan coming forward for the town centre that will be consulted on with residents and businesses but the way the money will actually be spent is what we will have to consider that we submitted to government and there is very little flexibility but I’m sure that when the masterplan comes out people will see the things that we are looking at as a Council and with the new owners of the town centre. There will be consultation on the masterplan and we have actually done consultation on the levelling up fund that we applied for on the second tranche.

Member Question submitted by Cllr Ted Strike for response by the Leader of the Council (Cllr Bob Cook):-

“Given the difficult financial situation the council are in would it not be prudent to form a cross party "Budget Committee" of one or two members of the Conservative Party, who have 26 members and a representative from the eight Independents to work with the Labour on a united budget?

This would stop the unpleasant atmosphere that we saw last month as well as reducing significantly the time spent on the debates?”

The Leader of the Council responded with:-

“Thank you, Cllr Ted Strike, for raising this question which touches upon our democratic processes and our commitment to good governance. Considerations about how we can best navigate our financial challenges while fostering a spirit of collaboration and mutual respect are important. We must however recognise the practical challenges and political realities that accompany our roles as elected representatives. The diversity of opinions, priorities, and responsibilities we each carry into this chamber reflects the very essence of democracy. Debate, dissent, and dialogue are not only expected but necessary.

The budget is approved by full Council, at which point all members can vote on the budget proposals, and as such we are not required to hold a cross party budget committee in addition to this process. In line with our constitution, any member or party can put forward alternative budget proposals. Members are invited to be involved in the budget process by means of members seminars, group briefings and invitation from officers to individual meetings to discuss the proposals.

The MTFP update report to Cabinet in December often includes the main issues that will be addressed in the MTFP and Budget report to Council in the following February. Similar to the run up to the February budget report, offers are available from officers to meet with individual members or groups to discuss at this stage.

There are 4 MTFP update reports presented throughout the year; taken in July, September and December to Cabinet and in February to Council. These reports are then taken to Scrutiny Committee with cross party representation for discussion.

The Audit and Governance Committee meet on a regular basis with a cross party representation, which provides updates on the financial performance of the Council and well as assessment of governance, risk and audit.”

Cllr Strike asked the following supplementary question:-

“The 7 independent Councillors that support you as a minority Council, do they get involved pre-budget or are they the same as everyone else with the information that we all get?”

The Leader of the Council responded with:-

“Like all groups they are entitled to have the 151 officer and the finance team to brief them on what is in the budget and all groups have got the same facility in doing that and as an individual Councillor the finance team would do the same if you would ask. It is the most important decision we need to make each year. Going back to what you said in your original question, if you could get an amendments to the Council budget

earlier to all members so people could actually look at them might be a way forward and then we could get agreement from all parties concerned.”

Member Question submitted by Cllr Paul Weston for response by the Leader of the Council (Cllr Bob Cook):-

“Could you please tell me how much the council tax support grant has been cut since Labour were last voted out?”

Could you tell what that is in both cash terms and in real terms if that's possible? Specifically, can you tell me how much more would be in the budget if it was the same as 2010 plus inflation.”

The Leader of the Council responded with:-

“I am assuming this is a reference to Revenue Support Grant received by the Council. The overall position around Local Government Finance has changed over the years. In 2010 we had a funding formula and received grant, this was replaced by a new system in 2013/14 when business rates retention came in alongside RSG. Overall, though, we received £78m through formula Grant in 2010/11 =£78m. Revenue Support Grant and Business Rates is £67m in 2024/25 – a reduction of £11m in cash. In real terms however this amounts to £44m per year.

There were other funding streams that also reduced however and the total difference in overall government funding between 2010/11 to 2024/25 in cash terms is £711 Million, which is around £1 Billion (assuming funding would increase in line with inflation).” Cllr Paul Weston asked the following supplementary question:-

“Is this the real reason why Council’s have had to put up council tax up so much over the years and why our council tax payers in the middle of a cost of living crisis have had to fill the gap even though we have had to cut services and reduce staff?”

The Leader of the Council responded with:-

“The way local government is funded now compared to 2010 is that government is putting less money into the coffers of local councils and therefore to bridge that gap councils have had to increase council tax over the years. When this government does its spending assessment they have always includes the increase in council tax and the social care levy. The government are giving less to local authorities and they are expecting local residents to pay more council tax. The money that we have lost equates to 1200 jobs lost in the council. They have done this so they can’t get the blame for putting up council tax but in reality the reduction in the revenue support grant for all councils has been reduced.”

COU/95/23 Forward Plan and Leader’s Statement

The Leader of the Council gave his Forward Plan and Leaders Statement.

Council last met on the 21st February to consider the Medium Term Financial Plan and to set the Council Budget. Since then, Cabinet met on 14 March and considered the following matters:

- Procurement Plan, Higher Value Contracts and Social Value Update

- Syllabus for Primary Religious Education
- Durham Lane Industrial Estate Redevelopment

Cabinet would meet again on 18 April. So far on the forward plan Cabinet is due to consider:

- A Powering Our Future - Programme Update
- Scrutiny Review of Cost of Living Response

The next meeting of full Council will be 3 April at the Forum Theatre in Billingham which is of course the annual meeting and a significant civic event.

The Leader of the Council also reminded members that elections for both the Police and Crime Commissioner and the Tees Valley Combined Authority Mayor will take place on 2nd May and the Council was in the election period. The monitoring officer had issued advice to members and officers in respect of this period.

Coming up at the end of this month there was Stockton Calling on 30th March taking place at various locations.

The Leader of the Council looked forward to seeing Members at the Forum on 3rd April 2024.

COUNCIL QUESTIONS/MOTION

QUESTION
<p>Public Question submitted by John McDermottroe for response by the Cabinet Member for Regeneration and Housing (Cllr Nigel Cooke):-</p> <p>“Is there a danger the £20M levelling up funding for Billingham Town Centre will be lost if part of it is to be used for housing that was not part of the plan?”</p>

QUESTION

Public Question submitted by Chris Lipthorpe for response by the Cabinet Member for Health, Leisure and Culture (Cllr Steve Nelson):-

“The Department for Health and Social Care have opened a consultation ending on 17th June proposing the mass fluoridation of 1.6 million North East people including the residents Stockton-on-Tees. Their reasoning includes that the compulsory medication of our drinking water will reduce the gap in oral health between the most and least deprived regions.

Unlike other public health measures, such as vaccination, where individuals can opt-out, fluoridation allows no such choice. It affects everyone who relies on tap water for drinking, cooking, and daily hygiene. This one-size-fits-all approach disregards individual consent and medical history, where fluoride may not be advised for everyone.

Secondly, the potential health risks include dental fluorosis in children, bone problems, thyroid function, diabetes II. It is a neurotoxin and enzyme disruptor. In light of these concerns, I urge the council to consider the precautionary principle. Let us not introduce a substance into our water supply when there is reasonable doubt about its safety and necessity.

Instead, let us invest in targeted dental health programs that educate and empower individuals to take charge of their dental health without compromising their right to choose what goes into their bodies?”

AGENDA ITEM

REPORT TO COUNCIL

29 MAY 2024

**REPORT OF
CORPORATE
MANAGEMENT TEAM**

Appointments/Amendments to Committees, Panel Joint /Outside Bodies for 2023/27

The Council has previously approved appointments to its Committees, Panels and Joint/Outside Bodies for 2023/27.

A request has been received from a political group to amend one of its positions on the Cleveland Police and Crime Panel, as follows:

Remove	Add
Councillor Pauline Beall	Councillor Paul Rowling

RECOMMENDED that the amendment be noted and approved.

LEGAL IMPLICATIONS

Such seats must be allocated to political groups as prescribed by the Local Government (Committees and Political Groups) Regulations 1990.

CONSULTATION INCLUDING WARD/COUNCILLORS

Consultation has taken place with the relevant political group.

Jonathan Nertney
 Head of Democratic Services
jonathan.nertney@stockton.gov.uk
 Tel number 01642 526312

Background Papers	None
Education Related Item	No
Ward(s) and Ward Councillors	All
Property Implications	None

AGENDA ITEM

REPORT TO COUNCIL

29 MAY 2024

REPORT OF CORPORATE MANAGEMENT TEAM

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Summary

The Director of Public Health Annual Report 2023/24 is brought to Cabinet for consideration.

RECOMMENDED to Council that:-

1. The report be noted.
2. The Population Intervention Triangle model be adopted across the Council and it's work with partners as set out in the DPH Report 2023/4.

Detail

1. Under the Health and Social Care Act (2012), the Director of Public Health has a duty to prepare an independent annual report. This report follows the Director of Public Health report presented in November 2023 which reviewed the public health response to Covid-19 in Stockton-on-Tees.
2. The Director of Public Health Annual Report 2023/24 highlights the challenge of persistent health inequalities experienced by people in Stockton-on-Tees. Health inequalities and poor health and wellbeing have a significant impact on people's lives, are unjust and largely preventable.
3. The report highlights existing examples of good practice and strong partnerships with other organisations and the voluntary and community sector but is clear that a holistic and systematic approach is required to go further and faster in addressing inequalities.
3. The proposed approach with interventions in civic society, community and services based on a self-assessment complements the Council's Powering our Future policy.

Consultation and Engagement

- 5 The report describes some of the key work undertaken with partners and communities to address health inequalities. Working collaboratively with communities, partners and councillors is essential in addressing health inequalities.

Next Steps

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

Name of Contact Officer: Sarah Bowman-Abouna

Post Title: Director of Public Health

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**Director of Public Health
Annual Report
2023/24**

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Foreword

This year's Annual Report highlights the challenge of the health inequalities experienced by people in Stockton-on-Tees. We know our residents are experiencing even more challenges as a result of the cost-of-living situation and the ongoing impact of the Covid-19 pandemic. As I write, local authorities are also experiencing unprecedented financial pressures, making our responsibility even more pressing to drive better outcomes and make best use of our resources.

Fortunately, in Stockton-on-Tees we have excellent partnership working with other organisations and a strong voluntary and community sector. This helps us to be more innovative in our approach and to continue to make real sustainable impacts on health inequalities. We will need to work together ever more closely across partners. The voice of local people in all of this is also absolutely crucial and you will find some examples of the great work going on in our community, contained within this report. Also highlighted here are some actions we can take together across partners and communities in the borough to build on this work and go further and faster in improving outcomes and reducing inequality.



Cllr Steve Nelson
Cabinet Member for Health, Leisure and Culture

Introduction

We must not be tempted to become disheartened by the fact that inequality in all its guises persists both nationally and here in our borough, despite the actions that are being taken to try and address this. The impact inequality and poor wellbeing have on the lives of local people is very real, unjust and often rooted in preventable causes. This said, I think we have a better opportunity than ever to address this in a meaningful way – there is a real will and passion to address inequality across our local health and wellbeing system and to work in partnership together with communities, who sit at the heart of all we do.

The good news is that we have really strong local building blocks, through the many strengths and work in our local communities and organisations. Secondly, we do have some evidence of what works in helping to improve outcomes and address inequality. The challenge is to apply this systematically across all partners in the borough and to commit to following this through despite wider changes and challenges, so that we can realise the impact. This report proposes an approach to help us, working across the local health and wellbeing system and agreeing a strategic approach and practical actions across civic, community and service areas.

I hope the report is useful in helping drive forward our collective activities to improve outcomes with, and for, local people.



Sarah Bowman-Abouna
Director of Public Health

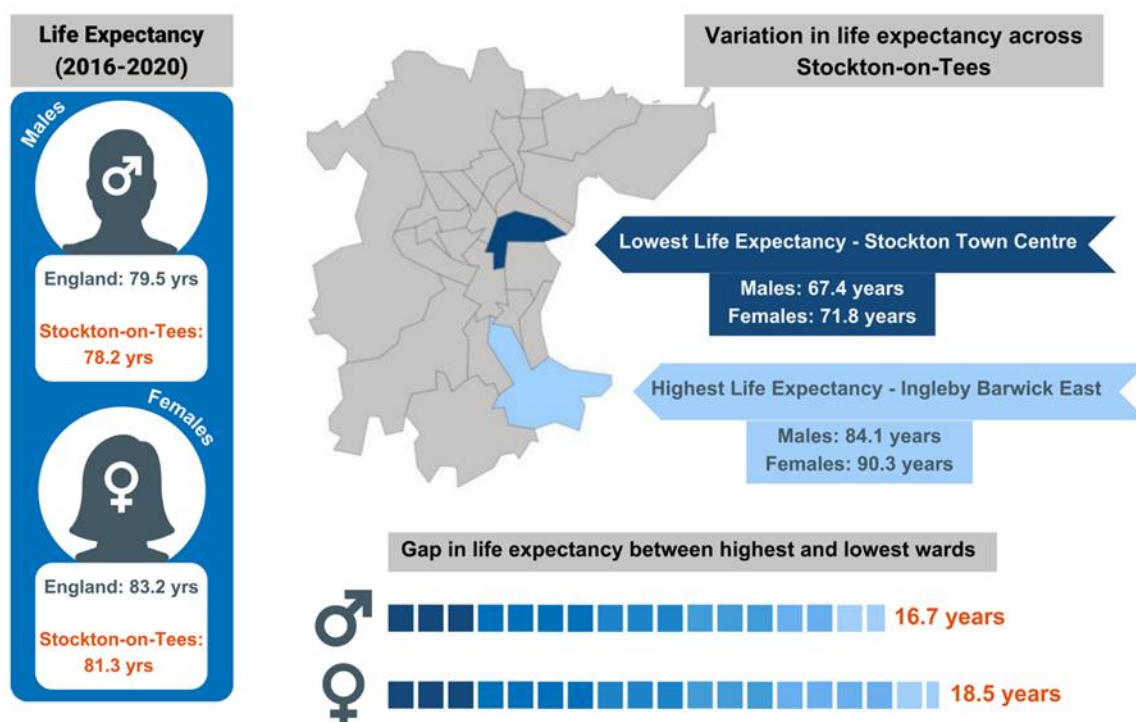
Executive Summary

- Though much good work is underway, health inequalities still manifest themselves every day across our borough.
- A holistic and systematic approach is needed, to address health inequalities across the borough.
- There is some clear evidence on the approach we could take to progress this locally. It is clear, that action must go beyond addressing poverty and deprivation (important though these are) to address the multiple factors that impact on people's lives and underpin inequality.
- Much local work is underway, within the local community, the Council and the wider system. Some examples are outlined in this report – it is crucial we collectively understand the impact we are having in seeking to address inequalities through both the stories of our local people and the data we collect.
- The Population Intervention Triangle (PIT) is proposed as a way of bringing this together and progressing work further.
- The PIT model focuses on action in civic society, the community and services; and also the interface between these and complements the Council's Powering our Future policy.
- To support this, a number of practical tools can be used to make sure the approach is embedded across the Council and wider local system. A self-assessment with partners is a helpful way of starting this process.
- The report makes some recommendations on the next steps we could take as a local system to go further, faster in addressing inequalities.

Our picture in Stockton-on-Tees

We have recently had the opportunity to review some of our key measures of health and wellbeing, as part of our local Health and Wellbeing Board developing its Strategy for the next few years. Across the population, life expectancy has increased for females from 81.4yrs to 82.1yrs (from 2011-15 to 2016-20). It has remained static for males at 78yrs (2011-15 to 2016-20). However, there is a wide discrepancy in life expectancy at ward level across the borough as shown in **Figure 1** (more detail - **Appendix 1**).

Figure 1: Inequality in life expectancy across Stockton-on-Tees



The gap between people living in the most deprived wards and those living in the most affluent wards is 16.7yrs for men and 18.5yrs for women. This gap in life expectancy is one of the widest gaps in country and has been persistent for some years despite significant efforts across organisations. Though we have some examples of really good practice, it has proven challenging to put in place systematic action across all organisations in the local health and wellbeing system. Local statutory organisations will also need to work more closely together with communities, to understand how to make change happen together.

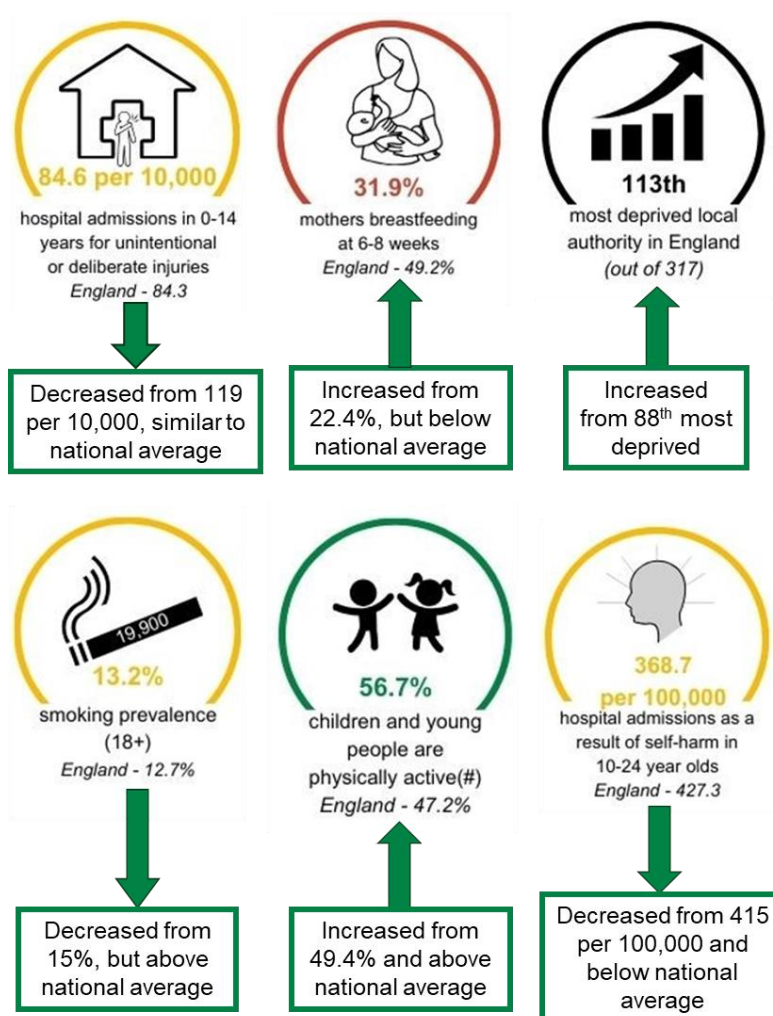
Inequality in life expectancy

- Inequality in life expectancy across different parts of the borough has increased for females between 2011-13 and 2018-20. All but two deciles have seen a decrease in life expectancy, and this decrease has been greatest in the most deprived areas. In particular, the gap between the most deprived and next most deprived decile has widened.
- For males, inequality in life expectancy seems to have reduced however this may be due to a reduction in life expectancy in some of the borough's affluent areas (**Appendix 2**). Particularly striking is that the 7yr gap between the most deprived decile and the next has not reduced.
- This picture for females and males emphasises the need for targeted action working with the most deprived communities as well as action across the whole population (the sliding scale or 'proportionate universalism' approach).

Importantly, we also have local inequality in healthy life expectancy. That is, there are big differences across our borough, in how long people are living in good health. Healthy life expectancy is 61.5yrs for females and 60.1yrs for males (compared to England figures of 63.9yrs for females and 63.1yrs for males – 2020 data). At the same time, retirement age and the cost of living have increased meaning more local people need to work while in poor health or are unable to work as long as they need to due to their health. This clearly means an impact on society, on individuals, families and community life, as well as the opportunity for some to contribute to the local economy.

Encouragingly, there has been some progress in outcomes since our last Health and Wellbeing Strategy was published in 2019 (compared with most recent data: **Figure 2**).

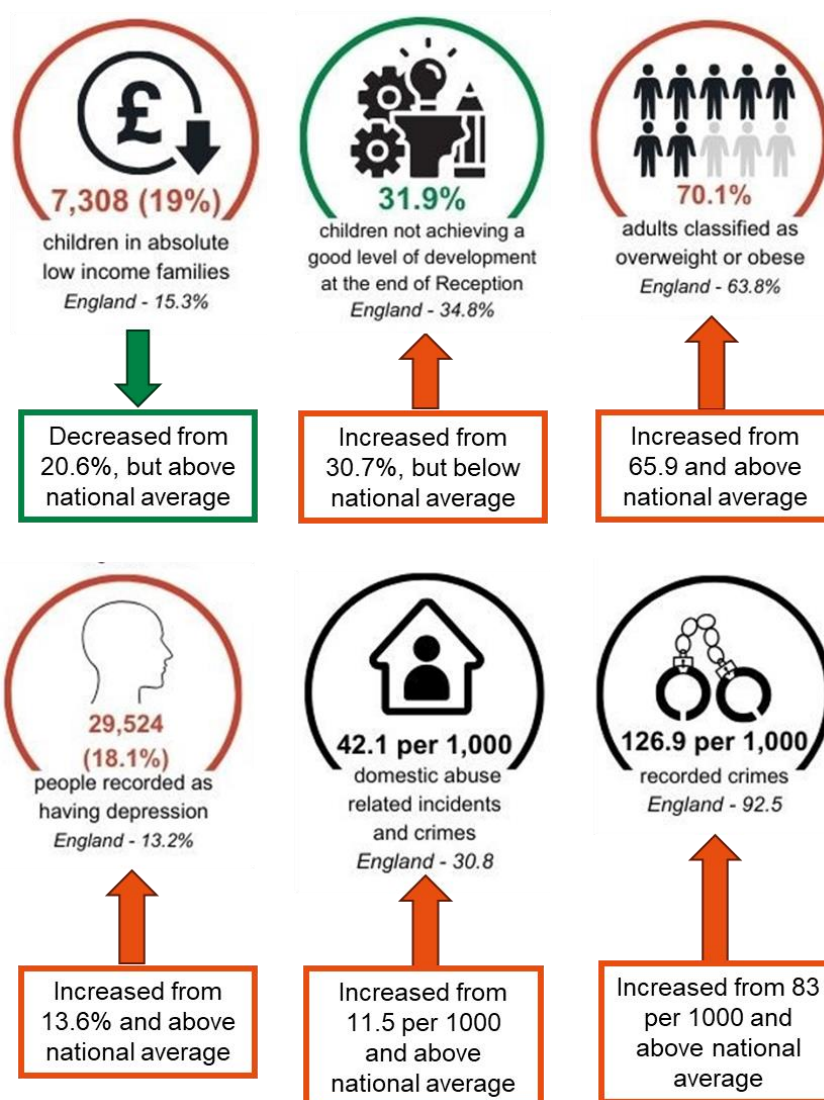
Figure 2: Improved outcomes (since 2019) - Examples



These improvements are positive news, though as the data above shows some outcomes that have improved remain worse than the national average. Figures for the whole borough also mask inequalities across different parts and communities of the borough. For example, there has been a drop in smoking across the population both nationally and locally in the last decade. Change in national policy (e.g. smoke free public places from 2017) has been a key factor in this change and has impacted the acceptability of smoking to the general public. At the same time, smoking remains the key preventable cause of premature illness and death. Smoking rates also remain highest (and higher than the national average) in some of the groups in our community that are susceptible to worse health outcomes, such as workers with routine and manual occupations, people with a mental illness and pregnant women. Inequalities therefore remain.

Equally, some of our population indicators illustrate the ongoing challenge in improving health and wellbeing in the borough (**Figure 3**).

Figure 3: Worsening outcomes or outcomes illustrating inequality (since 2019) – Examples



These figures also show that health remains poorer in some of our communities than others. These communities are more likely to experience poor health and the factors that lead to poorer health. Often, several factors combine to mean that some communities are disproportionately impacted and have disproportionately poorer outcomes. For example, communities who live in areas of greater deprivation, and some ethnic groups, are more likely to be overweight or obese. Some of the figures are root causes of poor outcomes and inequality. While less children are living in absolute poverty, almost 20% of our local children remain in families who are in absolute poverty and the impact this brings on health, wellbeing and overall life chances. Of course, there are always examples where people are able to overcome these disadvantages and inequality but at population level the evidence is clear that factors such as deprivation lead to poorer outcomes.

Perception and culture are also important. For example, where more recent local figures show that reported crime may be reducing, communities tell us that fear and perception of crime is a significant concern for residents and this will inevitably impact on other issues such as feelings of safety, mental wellbeing and how comfortable people feel to be active outdoors in their local neighbourhoods.

What do local people say?

Working with local communities in a different and more meaningful way is a priority for the Council and important to many local partners. The Council's Powering our Future programme gives focus to this, looking to understand and build on strengths and assets in communities and work closely with communities to shape our local priorities, to develop how we work together to deliver them and to understand whether we are collectively making a difference. This is a large programme of work but will be built on existing building blocks of good work in the community and in partner organisations. We are very fortunate to have a strong and vibrant voluntary, community and social enterprise sector in the borough as well as the many small and larger actions that people carry out in the neighbourhoods and communities every day to support each other. At the same time, it is important to acknowledge the impact that wider issues continue to have on local people, such as the cost of living and the ongoing impact of the Covid-19 pandemic.

The Council carried out a residents' survey in late 2023 which had 1,637 responses and provided a snapshot of the views of local people.

Residents' survey – some headlines

- 70% feel satisfied or very satisfied with life overall
- 16% felt very anxious, 16% anxious on the previous day
- 81% felt they can rely on people if they have a serious problem
- 7% always felt lonely and 40% some of the time or occasionally
- 40% had volunteered in the last 12 months
- 56% felt they belong to their neighbourhood
- 50% felt safe (walking alone after dark) in their neighbourhood

To build on this we need to forge closer links across our diverse communities in the borough to feel safe and connected and less anxious or lonely (63% of the residents survey were age 50yrs + and 92% were of white ethnicity). As well as many examples of good work across the local community, there are examples of the Council and partners reshaping our approach to working with communities which we can build on:

- The Powering our Future programme is focusing on supporting and empowering community capacity building and seeking to embed co-production and partnership with communities, learning from other areas
- A Making it Real Board has been established to provide a community view and voice on strategy and decision-making on health, wellbeing and adult services in the Council
- Co-design and co-production are taking place in a range of work areas including support for people caring for those with substance misuse issues; the new model for sexual health services; community-based interventions and support for healthy weight; and the design of the children and young people's health and wellbeing model, with children and families

What works? Addressing health inequalities

Given the existing work underway, what more can be done to see a real shift in addressing health inequalities? The research evidence points to balancing action on where there is the most scope to improve health, cost effectiveness and fairness (focusing on the building blocks of health, which are not evenly distributed).

Robust research evidence on addressing health inequalities tells us to:

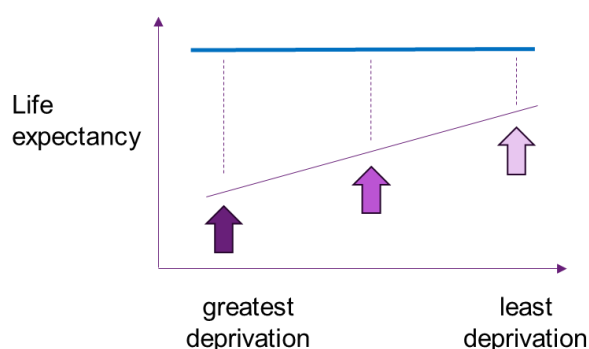
1. Provide **support across the population, according to level of need** - not just those in the most acute need or the areas of greatest deprivation. I.e. A mix of population interventions and high risk (targeted) approaches is needed
2. Understand and address the **relationship between** the many factors that drive inequality – rather than just a focus on poverty
3. Focus on **population and place**, not just individual behaviour to address the root causes of health inequality and build protective factors

1. The 'sliding scale' approach (proportionate universalism)

In his seminal research-based report *Fair Society, Healthy Lives* (2010), Prof. Sir Michael Marmot set out that to address health inequalities, it is important to provide support across the population, tailoring this to the level of need (a 'proportionate universalism' approach). This means a mix of population-wide approaches is needed, from universal through to early help and then to more targeted approaches working with communities at greatest risk. Though supporting local people with the greatest need is very important, focusing just on these communities will not improve overall population health and wellbeing; it will also lead to need escalating in groups of the population who previously needed less or minimal support. This feels particularly pertinent currently, when the cost-of-living situation means that people who were previously managing (or even managing well), are finding themselves in need of extra support.

To achieve this sliding scale approach (**Figure 4**), more 'effort' (resource, innovation) is needed to increase outcomes in areas and communities of greatest disadvantage, whilst maintaining support across the spectrum of the population:

Figure 4: Improving outcomes across the population



Maintaining this approach can be challenging in extremely resource-stretched times, however it should be seen as an invest to save opportunity with a focus on maximising existing resources and innovating to work in different ways rather than on a requirement for additional resource. That said, a period of transition from reactive-focused to more prevention-focused approaches will be needed. Strategic coordination and leadership across the local health and wellbeing system is key to successfully making this shift.

Marmot also described that deprivation is only one factor leading to inequality and that people experience inequality because of the interplay between various factors e.g. sex, race, disability.

2. Intersectionality – the relationship between drivers of inequality

Inequality is a complex issue – we cannot expect simple solutions to solve complex problems.

‘One size fits all’ approaches aimed at reducing inequality, **leave people behind.**

System-wide leadership and working alongside **communities**, help shape approaches that promote equity and improve outcomes.

‘It’s not just about lived experience but a critical reading of that lived experience that can shape policy-making. There is always a risk that it becomes just about people’s experiences, not about the people that need to hear them.’ (VCSE interviewee, IPPR)*

* <https://www.ippr.org/articles/an-intersectional-approach-to-poverty-and-inequality-in-scotland>

Intersectionality is ‘A lens...for seeing the way in which various forms of inequality often operate together and exacerbate each other’ Crenshaw (1989). It is crucial that we understand and address the relationship between the many factors that drive inequality. Poverty is very important but is only one of these factors. As well as being supported by the research evidence, this approach is used by a range of bodies including governments, the World Health Organisation and the World Economic Forum.

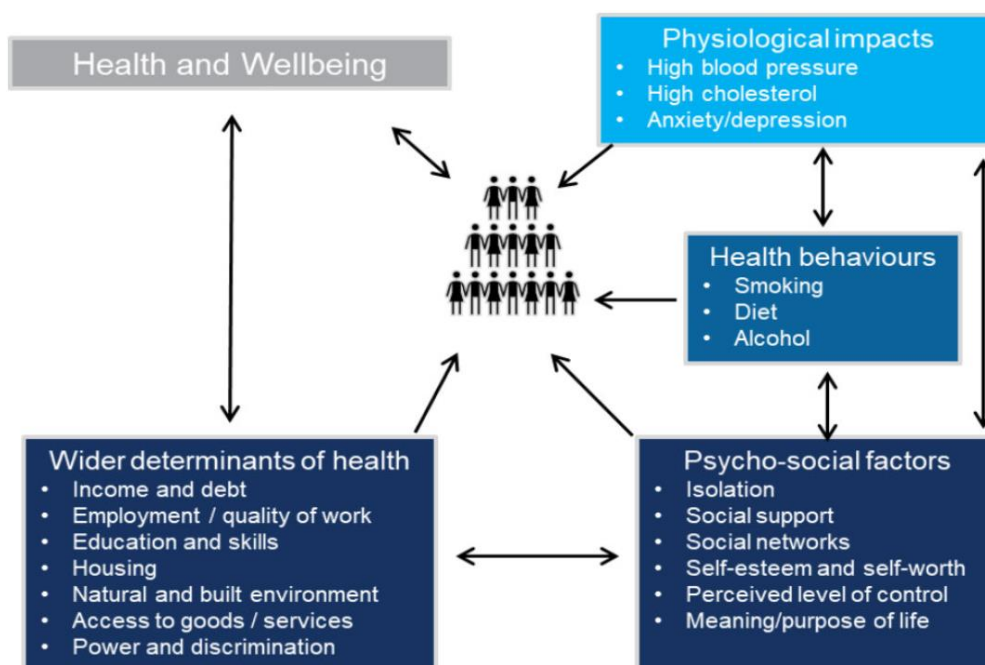
In 2021 an Institute for Public Policy Research (IPPR) report* in Scotland looked at research on policy, and on speaking to people with direct lived experience (**Appendix 3**). It recommended:

- Targeted approaches that focus on eradicating barriers to access experienced by specific groups.
- More democratic policy making, engaging with experts in intersecting inequalities and ensuring policy makers reflect the community.
- Embed partnership working with experts by experience, building long-term relationships with people with direct experience of poverty and / or other forms of inequality.
- Gather evidence and develop recommendations on how to address persistent gaps in understanding of e.g. BAME groups.
- Recognise that dismantling structural inequalities will take time, sustained work and appropriate resourcing.

3. Population and place focus

To effectively and sustainably address health inequalities and improve health and wellbeing, research evidence also highlights the importance of focusing on population and local place-level actions, rather than just on individual behaviour. Doing so helps not only address the root causes of health inequalities but also build protective factors such as resilience, healthy relationships and social connections, hope for the future and social and emotional development in children. A simplified system map of the causes of health inequalities is shown in **Figure 5** below which is also supported by Marmot’s work.

Figure 5: System map of the causes of health inequalities



(Adapted Labonte model, PHE 2021: <https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report>). The model is a simplification and there are many interactions between the different factors.

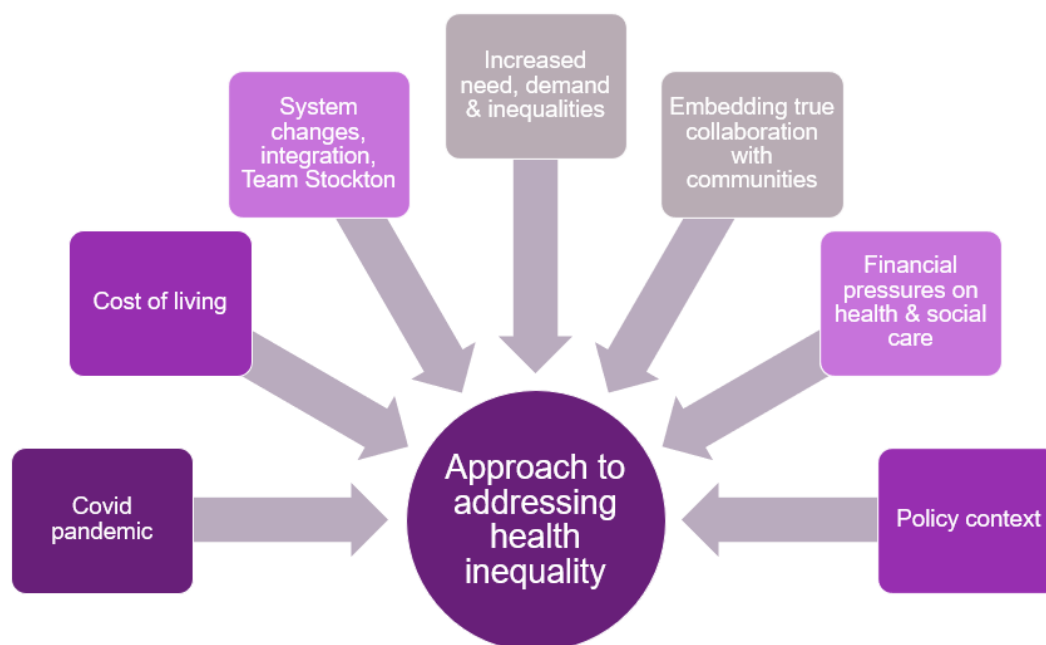
The learning from this approach shows:

- Health inequalities stem from variations in the wider determinants of health and whether people have access to psycho-social mediating and protective factors. This means that people do not have the same opportunities to be healthy.
- Given the range of causes, a joined-up, place-based approach is needed to tackle the complex causes of health inequalities.
- Interventions that solely rely on individual behaviour change are likely to widen inequalities given the complex pathways impacting on capability, opportunity and motivation to change.
- Action on behaviours and conditions need to be addressed within the context of their root causes (the wider determinants of health). For example, we know that a significant proportion of the gap in life expectancy in the borough is due to circulatory and respiratory diseases and cancer (**Appendix 4**), however addressing the wider causes such as access to green space and the impact of planning on health (not just lifestyle factors e.g. alcohol) will help to prevent these conditions and improve wider health outcomes.

There is a critical role for **local areas** to play in reducing health inequalities across the population, by taking a **joined-up place-based approach** - and utilising the **leadership, expertise** and **local levers** that are available to create **conditions that help people to be healthy**.

Current local context

While sadly inequalities in health and wellbeing have been a feature locally and nationally for some time, the context has changed in a way that now presents an opportunity to galvanise and drive forward local action in a way that has not been possible before. Some of the main factors affecting our collective approach to addressing health inequalities are summarised as follows:



Across the local health and wellbeing system there has been:

- A renewed focus on addressing health inequalities across the system, including the *A Fairer Stockton-on-Tees* framework to address inequalities being adopted with an initial focus on poverty. Also, a recognition of the need to look at the interface between geographical place and community characteristics (gender, race, experience, etc.) that impact on inequalities.
- The recent development of a Place Leadership Board for Stockton-on-Tees to lead joined up working across key partners, to develop a shared vision for the borough.
- The ongoing refresh of key strategic documents across partners including the corporate plan for the Council and the Health and Wellbeing Strategy.
- 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.
- An increasing drive towards closer joint working and health and care integration.
- Development of the Council's Powering our Future programme which covers communities, partnerships, colleagues, transformation and regeneration. This programme is being implemented and includes cross-cutting work on the approach to early intervention and prevention.

Local action

Across the Council, community and partners a range of activity is already taking place to address inequality. A few examples are highlighted in this report followed by suggested next steps on how we build on these, make the approach more systematic across partners and respond to the evidence on addressing the complex causes of inequality and wider socio-economic determinants. The examples span targeted work with those in the community with the most complex needs; examples of a 'sliding scale' (proportionate universalism) approach according to level of need; and wider community and cost-of-living activity. In reality, there is often cross-over between these approaches.

1. Targeted support

Working with people with multiple needs

Across the borough there are many examples of working with some of the most vulnerable communities which we can learn from and build on, particularly with joined up approaches in mind that build on strengths and work with individuals and families.

Stephen's story

Stephen (not his real name, 18yrs old) was referred to our local Individual Placement Support (IPS) service (Stockton Hartlepool Employment Connections, SHEC) in September 2023. He was using Cannabis daily and other drugs, including ketamine and crack cocaine weekly when he could afford to do so. Experiencing suicidal feelings, he was referred to CAMHS (Child and Adolescent Mental Health Service) in October 2023.

Our substance misuse provider Change Grow Live (CGL) and CAHMS worked closely together and with Stephen, with a clear reduction plan of his substance use and a package of psychosocial interventions. Stephen engaged well with this support and was motivated by his potential future and desire to work. He was then introduced to our local Individual Placement Support service by their key worker and though he was very motivated, Stephen struggled with low self-esteem and a previous apprenticeship that he had broken down due to a lack of understanding of his mental health needs and substance misuse. The IPS Employment Specialist worked with Steve to:

- Help him to produce a CV and applications
- Liaise with employers, training providers, and other agencies that fit his goal
- Work on a statement of disclosure, so Stephen could confidently be upfront about his journey
- Provide one-to-one support
- Allay his feelings of being overwhelmed
- Keep track of appointments, applications and interviews

Stephen has now been successful in securing a mechanics apprenticeship, is substance free and his mental health is stable. He is being supported to begin living independently. At his most recent interview, he spoke highly of the support he had received and how positive he felt about his future.

Latest figures show that 11 people from Stockton-on-Tees (who were in structured treatment for substance misuse) were supported into employment in the first year of the IPS programme - a real achievement with SHEC as a new provider having also built relationships with local businesses in that time. The service supports local people of different ages.



(Local 55 year old male)

In addition, we are testing a new approach working with a range of partners for peer advocates to work alongside some of the individuals in the borough with the most complex needs, based on learning and approaches from elsewhere. The advocates will work with people who are often experiencing mental ill health, substance misuse, domestic abuse and housing needs to help identify what is important to them and how barriers to support available can be removed. Working alongside Teesside University we are looking forward to evaluating and learning from the programme, using peer research. The intention is to use this to inform our collective approach to working with communities with multiple needs, building on their strengths and helping us co-design models of support that will meet their needs.

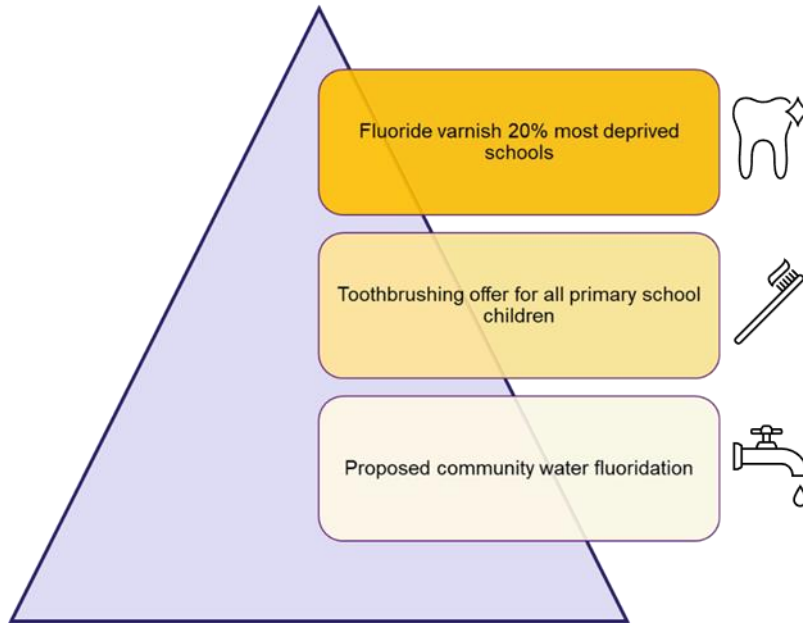
Mobile vaccination clinics for homeless people

During the pandemic it became clear that people with pre-existing chronic conditions were at particular risk of harm from covid. Whilst many homeless people experience poor health uptake of covid vaccinations was low. The NHS, the council's housing and public health teams and local hostels worked closely to offer mobile vaccination clinics in accessible locations, at the right day and time for the target group and to complement the offer with food vouchers and further health and wellbeing support.

2. Tailoring support according to need

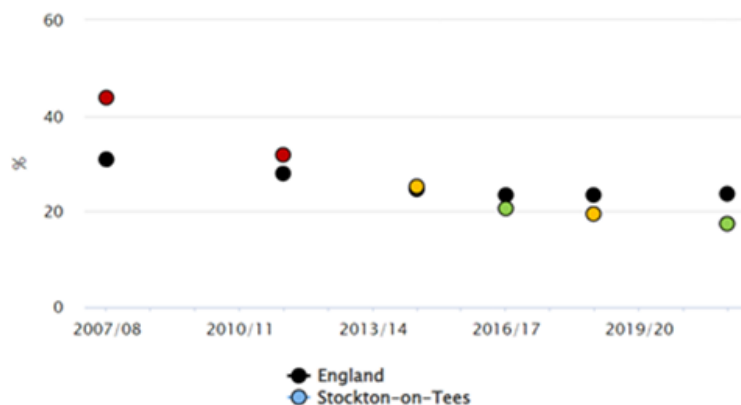
Oral health

Good oral health is an important part of health and wellbeing. Tooth extraction because of decay is the main reason for children needing a general anaesthetic. School absence, pain and impact on self-esteem are also associated with decay. In Stockton-on-Tees we have historically had a 'sliding scale' approach to support (universal through to targeted) which has helped improve outcomes:



Fluoride varnish is currently being reinstated following the impact of the Covid-19 pandemic. At the time of writing, the Bill introducing community water fluoridation is going through the parliamentary process. This will benefit the whole population with a particular benefit in areas of greatest deprivation. The local toothbrushing programme and fluoride varnish provision, have helped reduce dental decay in children over recent years, supported by population-wide health promotion work on reducing sugary diets which also help promote healthy weight. The borough's Community Wellbeing Champions (a network of 70+ individuals and voluntary and community organisations across the borough, funded through public health) have also helped distribute oral hygiene packs in the community.

Figure 6: Percentage of 5-year-olds with experience of visually obvious dental decay

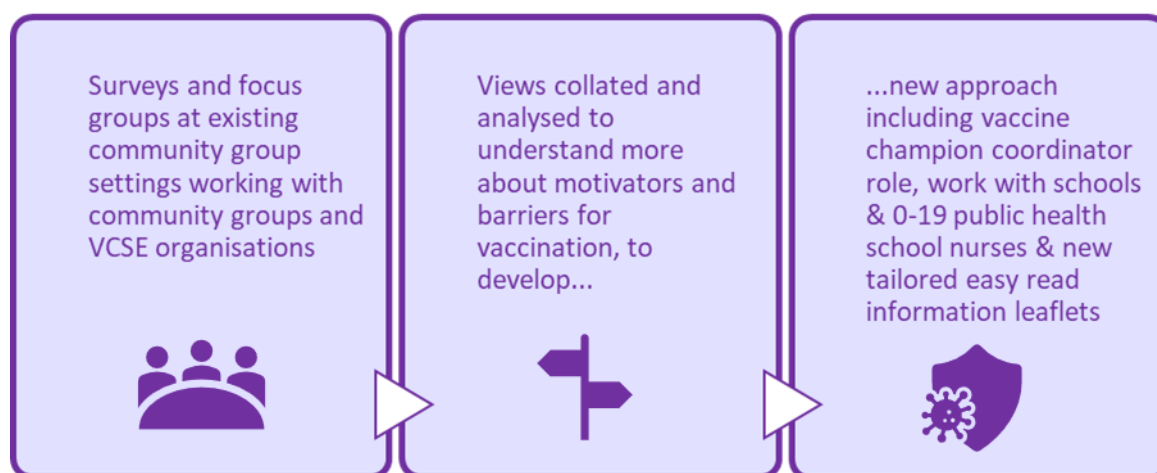


Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children (Biennial publication - latest report 2022) <https://www.gov.uk/government/collections/oral-health-surveys-and-intelligence-children>

Secondary school-age vaccinations

Historically, we have had good immunisation rates in our children and young people across the borough. However, this has changed locally and nationally and secondary school age vaccination uptake in Stockton-on-Tees has fallen significantly in the last two years to below the England average (including HPV vaccine for 12–13 year-olds, Meningococcal ACWY vaccine and Tetanus, Diphtheria and Polio for 14-15 year-olds). We know that vaccinations remain one of the best population-wide ways of protecting health.

In 2023, the Council’s Public Health team used inequalities funding from the Integrated Care Board to work with a local behavioural insights organisation in carrying out research in local communities. The research focused on understanding attitudes and behaviours regarding the vaccinations among the young people, their parents and carers and professionals e.g. teachers. It was particularly focused on seeking views from communities in more deprived areas and young people identifying from BAME communities where it has previously been harder to hear the communities’ views.



NHS Health Check

Cardiovascular disease (CVD) can affect anyone but is more frequently found in people living in the poorest neighbourhoods. Cardiovascular events such as heart attack and stroke remain one of the biggest killers in England. The free NHS health check is promoted locally to assess the risk of CVD in anyone over 40 who has not yet been diagnosed with a chronic condition linked to CVD and to offer advice and support to make changes to live more healthily.



This free Check is offered to all 40-74yr olds through their GP. It aims to detect risk of heart disease, diabetes, kidney disease & stroke and provide help to prevent these conditions. Locally public health works with GP practices and others such as community champions to successfully promote uptake of the check among communities in the most deprived areas, who are at greater risk.

- 40% of local people taking up the Check are from the most deprived areas
- 1,024 people from these areas had their Check in the 12 months (2022/23 – 2023/24)

3. Cost of living and wider community support

The Council is committed to addressing poverty by providing Cost of Living support. This is supported by the current development of an Anti-poverty strategy and the outstanding work of the Stockton Infinity Partnership and the local Welfare Support service, which supports residents to claim benefits to which they are entitled. The Infinity Partnership is recognised as the most effective Financial Inclusion Partnership in the country and ensures key partners work together to maximise income and assist those in debt.

Amazing work is done in the community in Stockton-on-Tees, through a range of groups and organisations. This work is the backbone of community resilience in the borough and a huge support to local people. A few case studies are highlighted here.

'Rosie'

Rosie (not her real name, >60yrs old) disclosed she is on medication to help with her mental health issues. Having previously been a school cook, she was glad to be invited to a cooking session where she received a slow cooker and casserole cookbook free of charge. Rosie believes this has saved her money on energy bills. Staff learnt she needed financial support and referred her to the Citizens Advice Bureau (CAB) who have assisted with her immediate and longer-term issues, going 'above and beyond' in her words. Rosie is regularly helped with emergency food parcels when the CAB are working on complex financial issues that can't be resolved overnight.

It came to light that some of Rosie's financial issues stemmed from supporting family members, who have since been offered supported and referred to services such as the Stockton-on-Tees Active Travel Hub as they were eligible for a free bike. Rosie has also been helped by Thirteen's Hardship Fund. She said: 'This community pantry and lunch club really is a godsend; I don't know how I would manage without it most weeks.'



'Wayne' – Norton Community Pantry

Wayne is a single man in his 30s who depends on benefits and cares for his three children between Friday and Sunday each week, and regularly through school holidays. He lives in private rented accommodation which he struggles to afford and has severe mental health problems. Wayne has disclosed that he often does not eat for a few days to ensure he has enough food in stock for when his children visit over the weekend. He attends the pantry each week and regularly receives an emergency food parcel.

Staff have referred him to the CAB for financial support and advice. To aid his mental health, they have also facilitated access to training via Thirteen and volunteer sessions to improve green spaces at St Michael's Church in Norton. Wayne has also been referred to the Green Doctor to receive emergency funds to get his energy supply reinstated at home.

Wayne said: 'I've never received any support before and didn't know what help was out there, so I'm very grateful for the support that has been given to me.' The CAB are currently working towards a personal independence payment award for Wayne which would improve his situation, alongside seeking more affordable housing.

The PALS Hometown Project is an innovative approach to improving men's mental health awareness and well-being in Stockton-on-Tees, with a focus on the Town Centre wards. The project enables regular meetings that allow men of all ages to talk about their mental health, isolation and overall wellbeing in a safe, community space lead by peers. It connects people and signposts them to relevant services through initiatives like Infant Hercules Men's Choir (with 110 members) and community wellbeing walks.



PALS project



Alan – community spaces

Community spaces started life as ‘warm spaces’ as the cost-of-living crisis began to take hold and sprung up across the borough in a range of venues. They have evolved to become wider community spaces welcoming people from the local community, running a range of activities and combatting loneliness and social isolation. Alan (70yrs old, Thornaby) offers invaluable support as a volunteer at one of the community spaces:

‘Alan has been an absolute godsend in the success and sustainability of the Warm Welcome social drop in. He is full of the enthusiasm and just gets on with whatever needs doing, whether that is making drinks, welcoming people, calling bingo, tidying up or spreading the word about the group.

Alan is so cheerful and the group love him. He is very approachable and has been a real hit with his sense of humour. Alan has donated prizes himself to the bingo games played at each session and has even asked a local business to donate prizes too. It is such a relief to be able to leave the group in Alan’s capable hands when regular staff cannot lead the sessions. He is not fazed by this and seems to enjoy the responsibility. He is full of energy and keen to think of new ways to expand the group and add extra activities that people will enjoy.

Alan is a real community star!’

(Community spaces staff member)

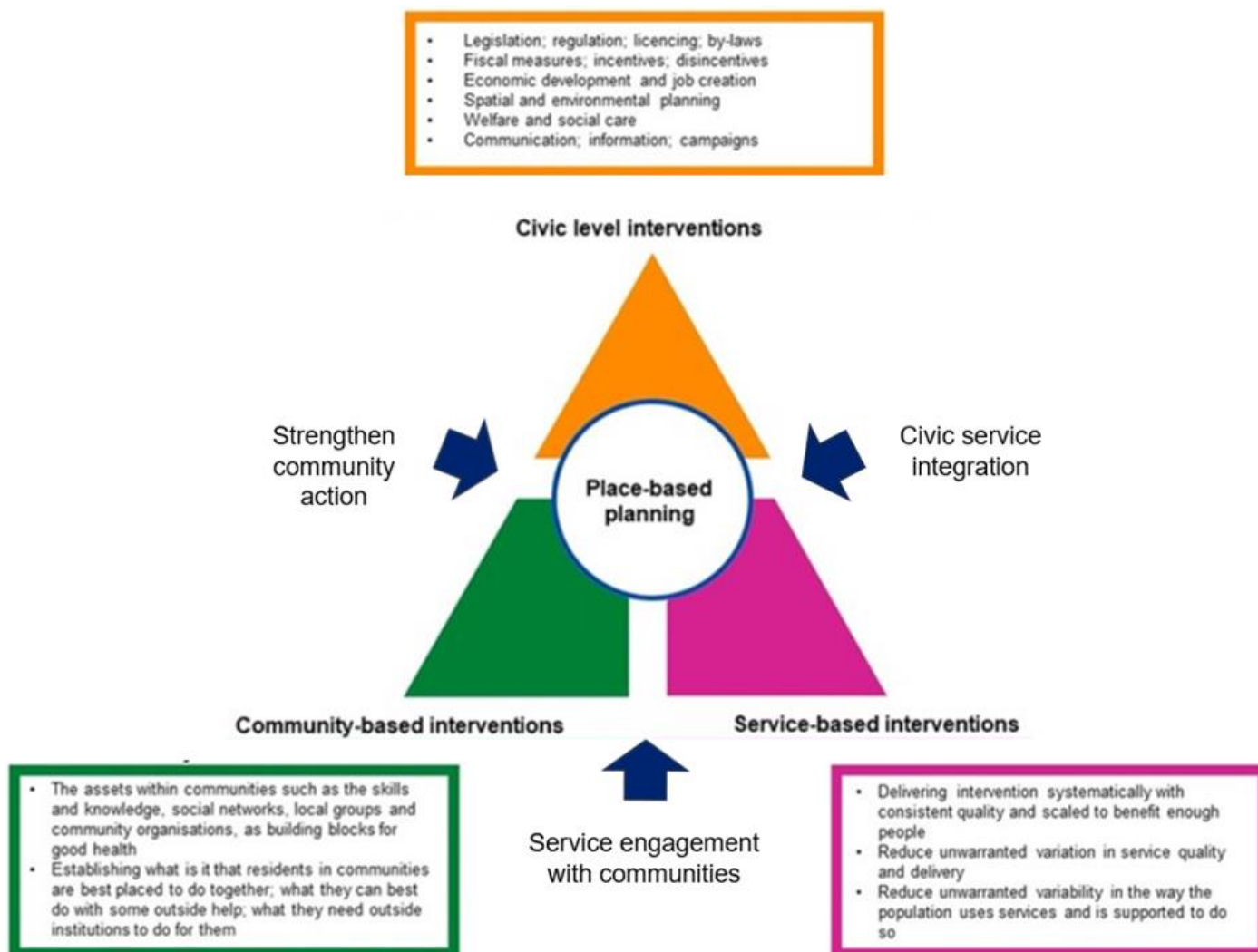


Alan volunteering at one of the borough’s community spaces

Approach – what next in Stockton-on-Tees?

As addressing health inequalities is complex, it is helpful to coordinate and plan our activity through a single evidence-based approach, which will help the partners across the borough to act in a systematic and structured way, focusing on local place.

The Population Intervention Triangle (PIT)



<https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report>

The Population Intervention Triangle (PIT) model sets out that to be effective, system leadership and planning is needed to implement action on civic, service and community interventions. The elements in the model have the potential to reduce inequalities at population scale.

- **Civic** interventions have the greatest reach of any intervention. Local authorities are a driving force as leaders of place and are well-placed to act on many drivers of inequality. There are

tools available to help implement healthy public policy on the following, which both impact on health and wellbeing and address inequality e.g. economic development, spatial planning, welfare, community safety and impact as a major local employer.

- **Services** can achieve significant outcomes due to their direct impact with individuals but must be delivered with system, scale and sustainably - and deliver further and faster to the most disadvantaged communities.
- **Community** - it is important that all partners and communities understand the value of community assets in reducing reduce health inequalities (e.g. skills and knowledge, social networks, local groups and community organisations, as building blocks for good health). Community-centred approaches focus on changing the conditions that drive poor health alongside individual factors. They aim to increase people's control over their health and lives.
- Particular focus on **joint working across the interfaces** between the civic, service and community sectors will enable the whole to become more than the sum of its parts.

The model is accompanied by a range of practical tools and more detail on specific actions that can support its delivery to produce measurable population level change. It is based on focusing on place and not just individual problems or issues and was developed through practical experience, including addressing health inequalities between and within local geographies.

The PIT model can be used at a variety of levels:

- To support **cross-organisational working** at the strategic place-based level, including with population health management.
- At a **topic or condition level**, it can (for example) support whole system approaches to main elements of health inequalities and prevention (aimed at wider determinants, behaviours or health conditions).
- By **individual partners** (for example primary care; voluntary, community and social enterprise (VCSE) sector) as a framework to easily see how their contributions fit on a place basis.

The PIT approach: What is our current position?

A self-assessment, co-produced across partners and the community, would support shared strategic direction and action across the system and is recommended as a next step. However, an overview of some key points is captured here. Strategic bodies such as the Place Leadership Board and Health and Wellbeing Board support work across the interface between civic, community and service activity.

Civic intervention

Key strategies and policies are in place and leaders across the local system have identified addressing inequality and improving health and wellbeing as priorities. There is the opportunity to embed addressing inequality and equity impact assessment and to join up across the system further through identifying shared strategic outcomes. Also to acknowledge and implement the intersectionality approach and glean learning from other areas that have taken a 'Marmot places' approach.

There are pockets of good practice in relation to designing approaches and models of support and in commissioning e.g. work to build social value in contracts. The Council is continuing to develop further as a lead employer in the borough and to embed addressing inequality specifically throughout commissioning processes. Much work is underway on practice and workforce e.g. development of welfare support and the employment hub, with the opportunity to employ a 'Making Every Contact Count' approach.

It is important to embed into our monitoring frameworks: measuring impact on the gaps between worst and best outcomes in our communities; and community voices and the outcome of community conversations. The indicators set out in Marmot's review provide an evidence-based starting point for measuring whether we are addressing the root causes of inequality

Service-based intervention

Currently we have some services and models that are based on the best available evidence and are tailored according to need. However, this is not consistently the case across the health and wellbeing system – this approach is needed at scale to have a meaningful and sustainable impact and to go further and faster where there is the greatest need. Embedding equity impact assessment will also support this.

Starting from the experience and journey of communities and individuals (rather than services) will help in designing more joined up approaches and support. To design models that are tailored according to need, a more nuanced understanding is needed of the many inter-related factors leading to inequality in communities, with services responding to these and not focused on individual issues where this is over-simplistic.

Community-based intervention

Focused work is under way in the Council to better understand the strengths and assets in communities, as well as community views. This is being developed focusing on supporting community development and community engagement, and learning from other areas across the UK who are further along in establishing a new partnership with local people. Working with the National Development Team for Inclusion (NDTI) we are embarking on a self-assessment process to help us determine our readiness and next steps in this work. There is the opportunity to then join this up with strategic partners to identify a common approach and next steps. We know that there are groups in our local population who we need to work more closely with to understand their strengths and needs so we can agree together a coherent approach to working together.

The work with communities will have implications for how we work as statutory organisations in the future, including how we shape and support our workforce. There are some good examples of working closely with communities on specific issues and agendas and there is the opportunity to broaden this and embed into strategy and policy. We also need to ensure commissioning processes allow co-production and support to small community organisations who may be best placed to deliver on particular issues.

Lastly our impact monitoring approaches can be developed to capture the experience of our local communities and sit these alongside quantitative data to inform collective evaluation, planning and decision-making.

In summary, a huge amount of work is going on in the community and across organisations to address inequalities and their causes. We can build on this by **agreeing a shared approach** across partners in the borough that is rooted in research evidence and addresses the **complex relationships** between the causes of inequality. The **PIT approach** brings together civic, service and community action to do this. A self-assessment will highlight gaps in our current work and identify next steps and how we work together. There are some starting points in systematically embedding addressing inequality into all our key **policies, approaches** and **services**, working across **partners** and **communities**.

Next steps

Key message: To help address inequalities and improve health and wellbeing, we need a systematic, evidence-based approach agreed and implemented across partners and communities and embedded in strategy, policy, design, action, monitoring and evaluation.

A co-produced self-assessment will identify actions across partners and the community. To continue to drive forward addressing inequalities, our current position in the borough points to some initial next steps.

1. **Adopt the Population Intervention Triangle (PIT) approach**, working with partners and communities to embed this, driven by strategic leadership across the borough and the local health and wellbeing system e.g. Health and Wellbeing Board, Place Leadership Board. The strategic approach will help define how we work together as a health and wellbeing system and out of this will fall programmes and activities in-line with the evidence base.
2. It is proposed the PIT is used to **support** the implementation of the **A Fairer Stockton-on-Tees framework** with a focus on the wider determinants of health to support addressing inequalities in general (beyond specifically health inequalities). The approach will provide next steps beyond the initial focus on poverty, proposing how to address the complex inter-related causes of inequality through both a strategic approach and practical tools.
3. Work across local partners and the community to **co-produce a self-assessment** (particularly in relation to the civic and service aspects) on our current position and generate recommendations and actions. The recommendations can be linked with the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy as they are updated and will help to highlight initial areas of focus and short- and longer-term actions.
4. **Consider** adopting a **'Marmot place' approach** or using the learning from Marmot place sites.
5. Explore **LGA support** for the self-assessment process and / or bespoke LGA support programmes to embed addressing inequality across the Council and local system e.g. policy and leadership support.
6. **Adopt** and embed an **equity impact assessment** approach across all Council strategies, policies and programmes of work, engaging experts in intersecting inequalities e.g. Office for Health Improvement and Disparities, LGA, Health Foundation, Association of Directors of Public Health, National Development Team for Inclusion.

7. **Adopt** more **sustainable approaches** to creating the conditions for maximising health and wellbeing and addressing inequality e.g. taking the next step from providing shorter-term crisis food provision, to a strategic approach to the local food environment.
8. Continue to focus on **supporting community building**, focusing on assets and strengths.
9. Continue to move towards **embedding working with the community** in developing policy, designing approaches to issues and models of support / services, commissioning processes and understanding impact on outcomes.
10. Explore opportunities to embed the approach to addressing inequalities across the collective workforce, such as **adopting a Making Every Contact Count approach** focusing on advice and brief interventions on a small number of consistent key issues.
11. Embed the model in the Council's transformation agenda (Powering our Future) – for example
 - a. Communities: Through supporting a **better understanding of communities** where there is currently a gap in our knowledge and our joint working e.g. some BAME communities. Working with communities to address inequality and build protective factors through the PIT approach, will also support the move to **earlier intervention and prevention**.
 - b. Transformation: Through **informing our approach** to design of models of support and services. The approach will promote **early prevention** through focusing on wider socio-economic determinants of health, balancing targeted and universal activity and providing a structure to help address the complex interactions between factors that lead to inequality, beyond deprivation.
 - c. Partnerships: Through providing a **structured approach** to determining priorities and approach across strategic partners; and aligning activity and systematically monitor impact.
 - d. Regeneration: Through helping to embed addressing **wider socio-economic determinants** of inequalities and health and wellbeing through policy and practical action.
 - e. Colleagues: Through embedding an approach to prevention and addressing inequality in our **workforce planning**; and embedding e.g. Making Every Contact count across our current workforce to **maximise their impact**.
12. Identify and **address gaps in our understanding of local communities**, through work with the community, local intelligence and research evidence. For example, the experience of people in varying ethnic groups and the LGBTI community.
13. **Ensure** local strategic outcomes / **impact monitoring approaches explicitly capture impact in inequalities**, using the Marmot indicators as a basis. A logic model approach can lend itself well to clearly linking actions and measures to strategic outcomes and
14. will be used to monitor the new Joint Health and Wellbeing Strategy.

Appendix

Appendix 1: Life expectancy

Life expectancy across the population for females (2011-15) was 81.4 years.

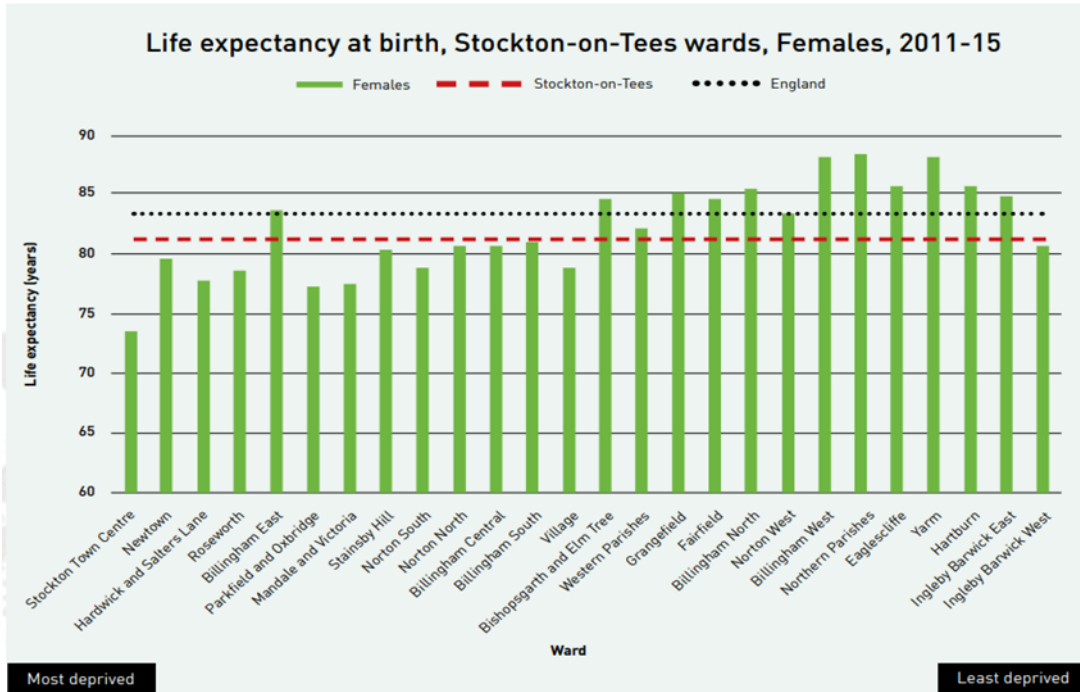


Figure 1 Life expectancy at birth, Stockton on Tees wards, females 2011-15

Life expectancy across the population for females (2016-20) was 82.1 years.

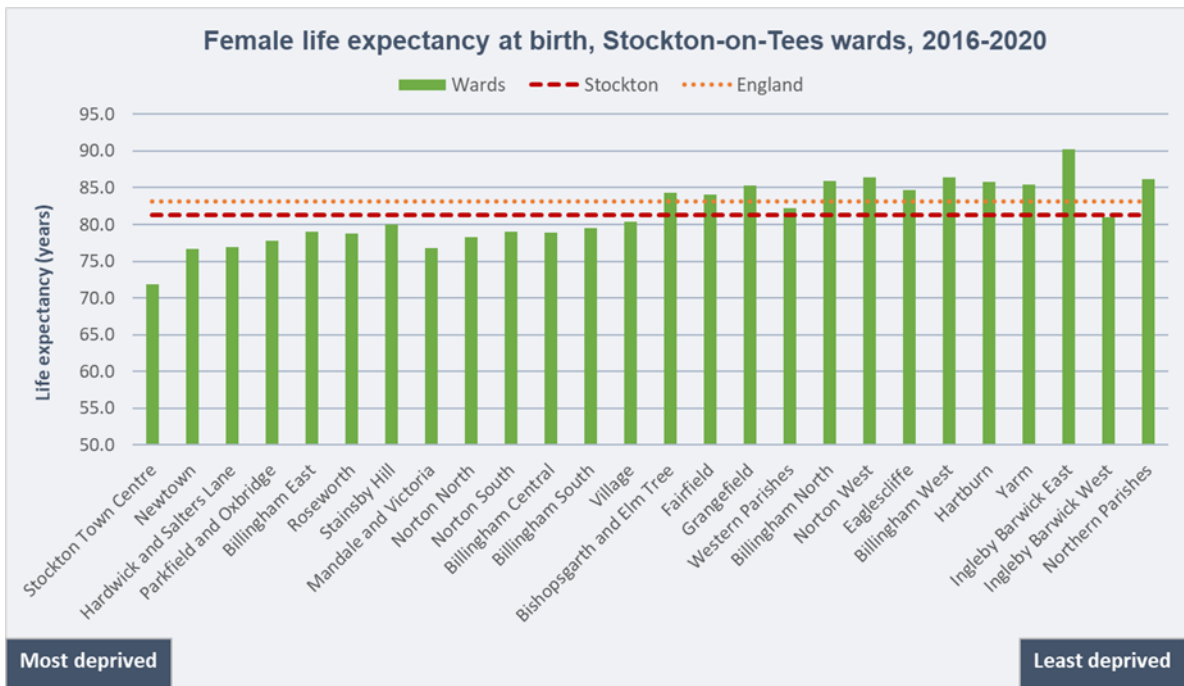


Figure 2 Life expectancy at birth, Stockton on Tees wards, females 2016-20

Life expectancy across the population for males (2011-15) was 78 years.



Figure 3 Life expectancy at birth, Stockton on Tees wards, males 2011-15

Life expectancy across the population for males (2016-20) was 78 years.

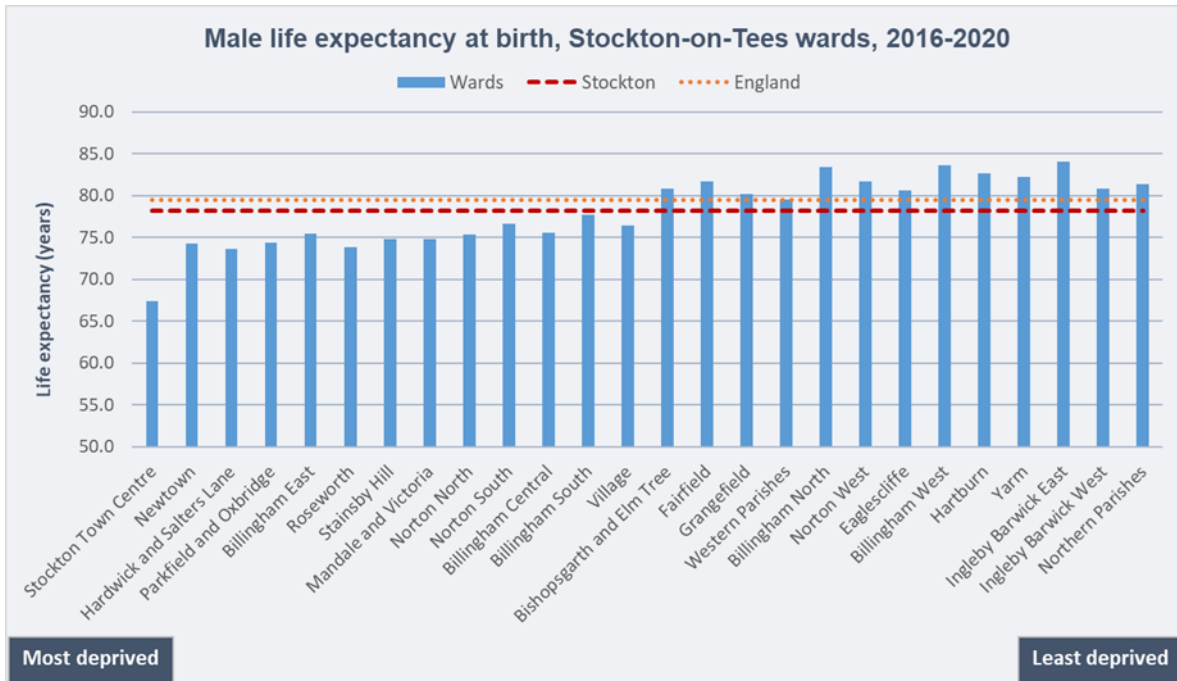


Figure 4 Life expectancy at birth, Stockton on Tees wards, males 2016-20

Appendix 2: Inequality in life expectancy

Females

For females there has been an increase in the slope of inequality from 11.4 years to 13.9 years. The gap in LE from decile 1 to decile 2 in 2011-2013 was approximately 1.8 years, this increased to 4 years in 2018-2020. Life expectancy for females has decreased in all deciles except decile 6 and decile 8 where there been a small increase (0.1yrs). The most significant decrease is in decile 3 has seen the greatest decrease (3.9 years).

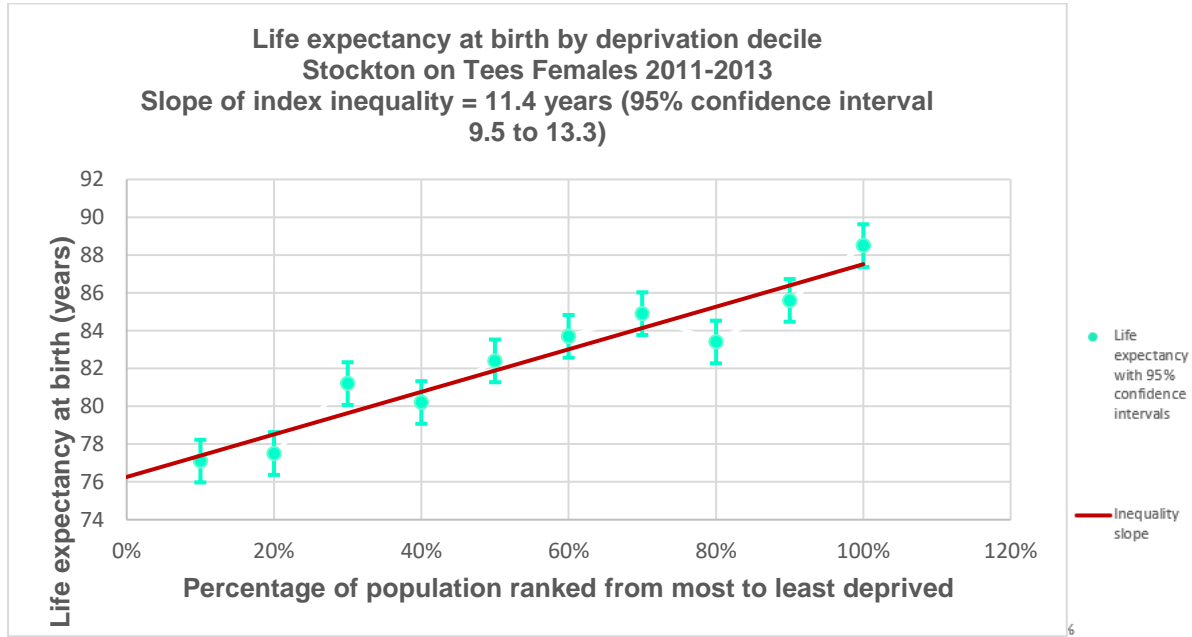


Figure 5 Life expectancy at birth by deprivation decile, Stockton on Tees, females, 2011-13

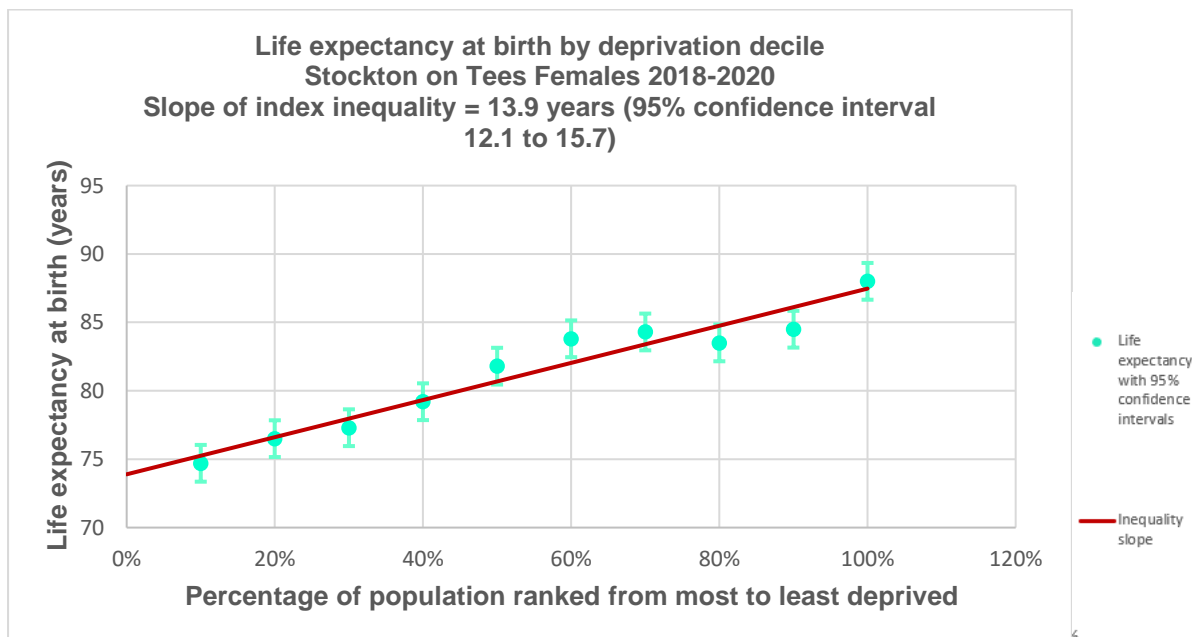


Figure 6 Life expectancy at birth by deprivation decile, Stockton on Tees, females, 2018-20

Males

For males the slope index of inequality reduced from 17.3 in 2011-3 to 14.5 in 2018-20. The explanation is not clear, but the 2011-13 data may well have been skewed by the 3rd least deprived decile, which has ‘pulled the line upwards’ at the right-hand end, whereas the line for 2018-20 is not influenced by such extremes and so may be ‘flatter’ as a result.

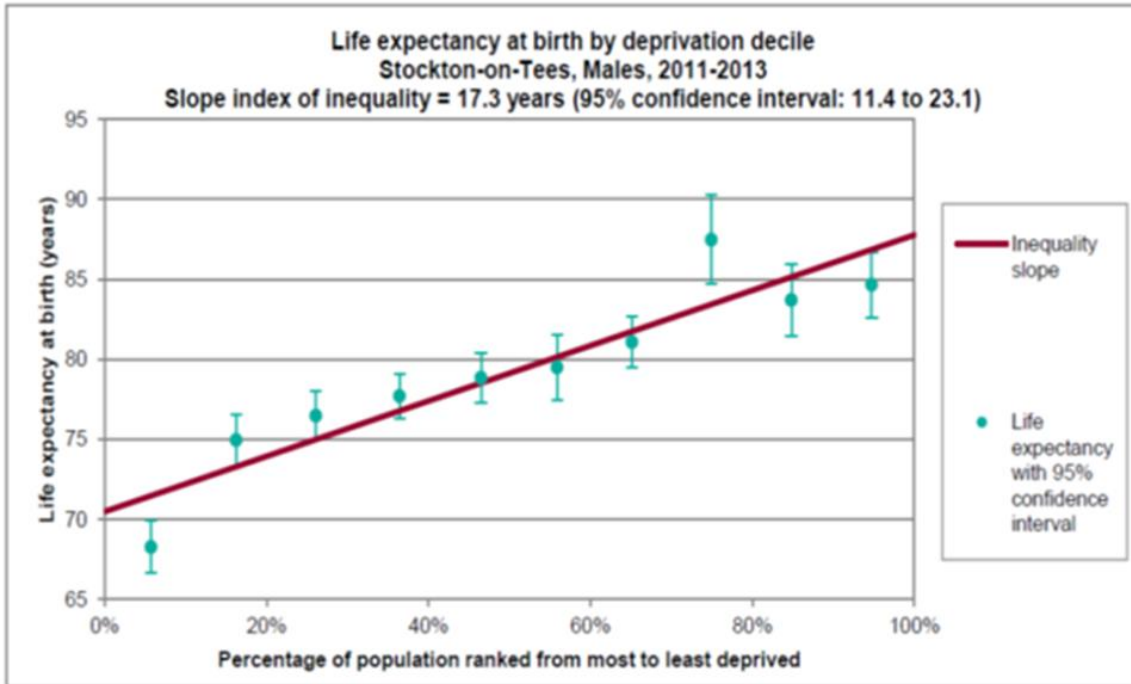


Figure 7 Life expectancy at birth by deprivation decile, Stockton on Tees, males, 2011-13

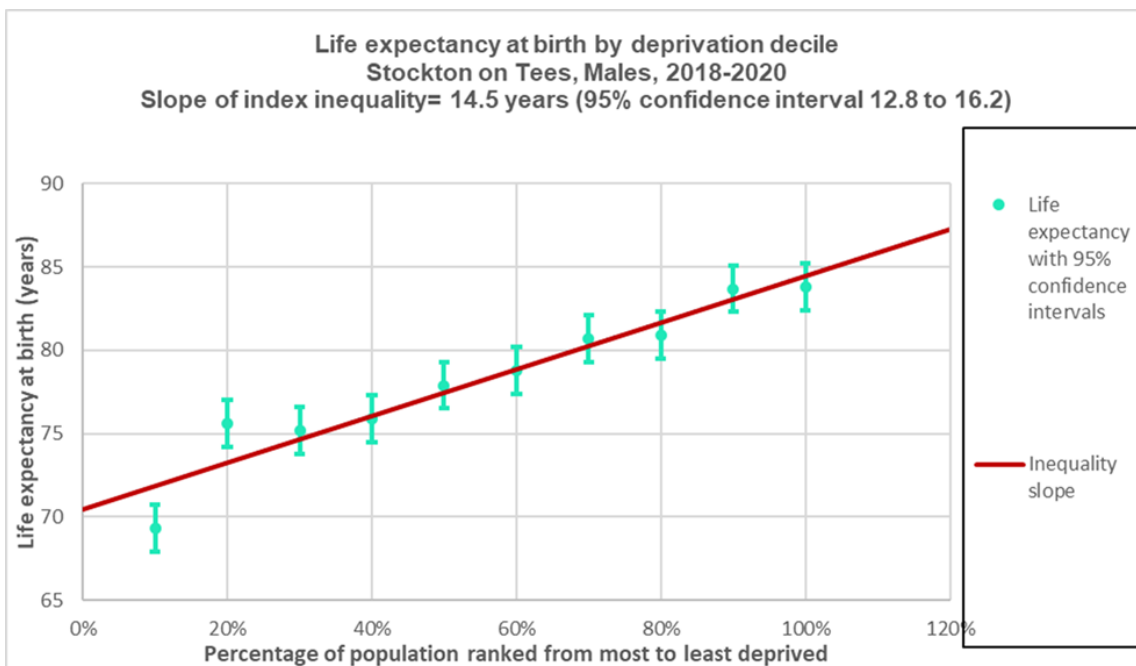


Figure 8 Life expectancy at birth by deprivation decile, Stockton on Tees, males, 2018-20

Appendix 3: Intersectionality

The IPPR report *Intersectionality: Revealing the realities of poverty and inequality in Scotland* (2021) (<https://www.ippr.org/articles/an-intersectional-approach-to-poverty-and-inequality-in-scotland>) made recommendations for Scotland’s Poverty and Inequality Commission based on existing research on policy, and on speaking to people with direct experience of living with multiple factors impacting their wellbeing and access to services. It looked at access to public services such as housing and healthcare, to digital access, the reliability of social security, food insecurity, no recourse to public funds status and barriers to employment.

The Scottish government’s diversity wheel illustrating intersectionality, showing how personal characteristics intersect with systems and structures to shape a person’s experience (<https://www.gov.scot/publications/using-intersectionality-understand-structural-inequality-scotland-evidence-synthesis/pages/3/>).

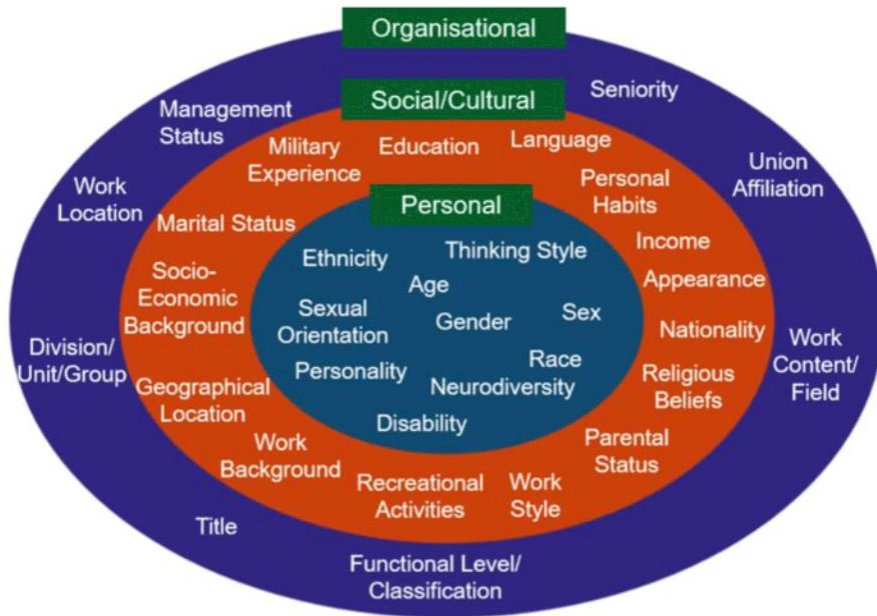


Figure 9 Diversity wheel. Scottish government 2022

Appendix 4: Breakdown of the life expectancy gap between the most and least deprived quintiles of Stockton-on-Tees by cause of death, 2020 to 2021

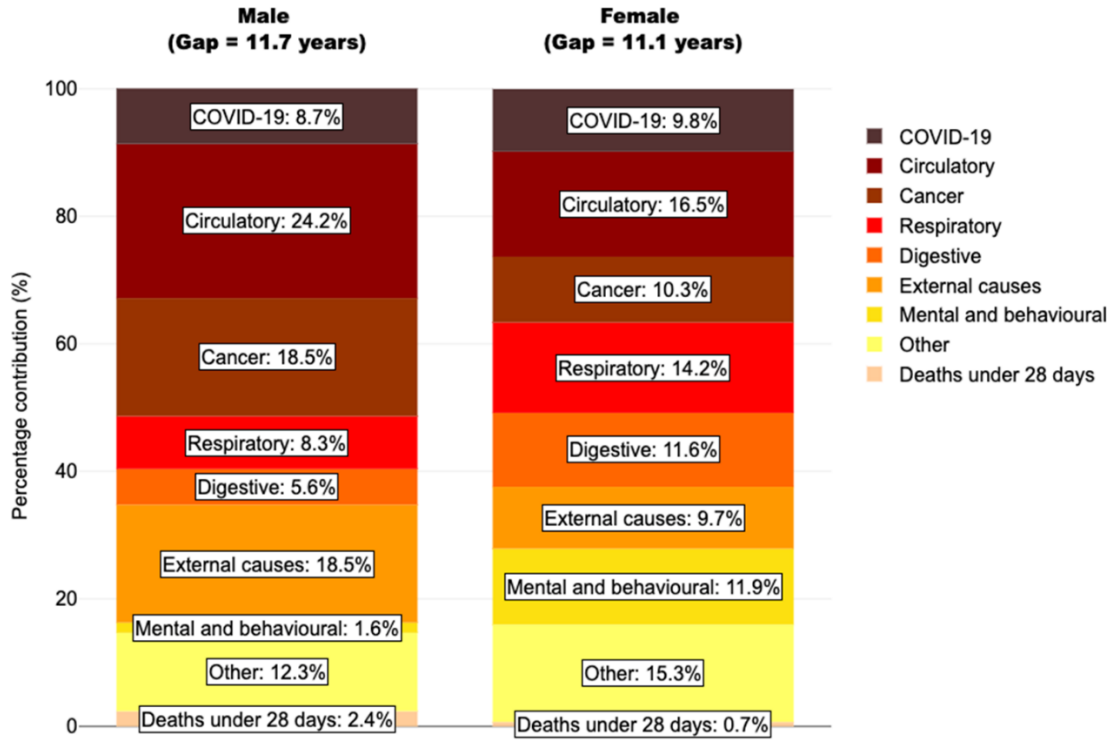


Figure 10 Life expectancy gap between most and least deprived population quintiles by cause of death. Stockton on Tees. 2020-21

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MOTION

Motion submitted by Cllr Ted Strike:-

“Whilst we recognise the need to update the regulations on the "Consent Street Trading Policy" the current rules are penalising craft stalls, Farmers markets and community events, something I am sure was never intended.

That Council, at the earliest opportunity amend the current rules to exclude all community events and Farmers Markets from these charges. These include, but are not limited to:

Ingleby Barwick Family Fun Weekend
Ingleby Barwick Community Market
Ingleby Barwick Light Switch on
The Thornaby Show
The Billingham Show
The Festival of Thrift
Northern Dales Farmers Markets
Norton Green Market”

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COUNCIL QUESTIONS/MOTION

QUESTION

Member Question submitted by Cllr Tony Riordan for response by the Leader of the Council (Cllr Bob Cook):-

"The staff in Democratic Services had kindly provided members and officers with the dates of the Full Council Meetings, for the Municipal Year 2024/25 entering them into the diary as long ago as May 2023. This was greatly appreciated by members and officers as they could plan their other commitments, holidays, work, etc, around those dates.

Prior to the publication of the agenda for the last Annual Council Meeting on the 3rd of April, the date of the subsequent meeting of Full Council was last week, the 22nd of May, and had been for over a year.

Once this agenda was published, it became apparent that last week's diary date, the 22nd of May, had been changed to today, the 29th of May.

I am informed that the date of the meeting was changed on the instruction of the Council Leader.

Can the Leader of the Council please provide members with the reason(s) he instructed that the well-established diary date of the 22nd of May was changed to today?"

QUESTION

Member Question submitted by Cllr Tony Riordan for response by the Leader of the Council (Cllr Bob Cook):-

“The Leader will be aware that on the 24th of January 2024, this Council debated a motion that, in part, related to Stockton Hotels Company Ltd (Hampton by Hilton).

The motion was carried and (in part) read,

1. To request Stockton Hotels Company Limited to provide copies of its profit and loss accounts so that this Council can publish them.
2. To request Stockton Hotels Company Limited to provide copies of its Directors Reports, so that this Council can publish them.

Can the Leader please inform members when the very simple task of compiling these previously written and retained documents, and publishing them, will be?”