

Date: Wednesday 29 May 2024 at 2.00 pm

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

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

Cllr Pauline Beall
Cllr Dan Fagan
Cllr David Reynard
Cllr Marcus Vickers
Majella McCarthy
Sarah Bowman-Abouna
Jon Carling
Dominic Gardner
Jonathan Slade

Cllr Diane Clarke OBE
Cllr Steve Nelson
Cllr Stephen Richardson
Cllr Sylvia Walmsley
Carolyn Nice
Fiona Adamson
David Gallagher
Julie Gillon
Peter Smith

AGENDA

- 1 Evacuation Procedure**
- 2 Apologies for absence**
- 3 Declarations of interest**
- 4 Minutes**
To approve the minutes of the last meeting held on 24 April 2024 (Pages 7 - 10)
- 5 Health Protection Collaborative - Immunisation and Screening** (Pages 11 - 14)
- 6 Integrated Mental Health Strategy Group** (Pages 15 - 32)
- 7 Physical Activity and Healthy Weight Steering Group Update** (Pages 33 - 40)
- 8 Tees Valley Area Integrated Care Partnership (ICP) Meeting - 2 February 2024** (Pages 41 - 54)
- 9 Members' Updates**

10 Forward Plan

(Pages 55 - 58)

Members of the Public - Rights to Attend Meeting

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

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

Contact: Michael Henderson on email Michael.henderson@stockton.gov.uk

KEY - Declarable interests are:-

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

Members – Declaration of Interest Guidance



Table 1 - Disclosable Pecuniary Interests

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

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

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

Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

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

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday 24 April 2024.

Present: Cllr Bob Cook (Chair), Cllr Lisa Evans, Cllr Pauline Beall, Cllr Diane Clarke OBE, Cllr Steve Nelson, Cllr Stephen Richardson, Cllr Marcus Vickers, Cllr Sylvia Walmsley, Fiona Adamson, Jon Carling, Dominic Gardner

Officers: Jane Smith, Emma Champley, Tanja Braun, Sid Wong, Michael Henderson, John Devine, Abigail Neasham

Also in attendance:

Apologies: Cllr Dan Fagan, Carolyn Nice, Cllr David Reynard, Julie Gillon, Sarah Bowman Abouna, David Gallagher, Peter Smith, Jonathan Slade, Majella McCarthy

1 **Declarations of Interest**

There were no declarations of interest.

2 **Minutes of the Meeting held on 27 March 2024**

RESOLVED that the minutes be confirmed as a correct record and signed by the Chair.

3 **Best Start in Life**

Members received a presentation that provided an overview of Stockton on Tees' Strategy, for giving every child the best start in life 2021 – 2025.

The Board noted that:

- There would be an extension to the Speech, Language and Communications Needs pathway across Key Stage 1, 2, 3 and 4 in response to the increased number of children being identified as having speech, language and communications needs as part of the Education, Health and Care Plan needs assessment
- Future funding had been secured through Council SEND and Inclusion services with contributions from ICB

Key issues highlighted and discussed:

- Covid restrictions had had a significant effect on young children's socialising and communication skills, given the isolation from their peers and wider community.
- Members agreed that 0-5 years was the most important time of development for children and speech and language support was key.
- It would be essential that the strategy reached those in high levels of deprivation and the multi-agency approach would assist with this, as

would engaging with families directly.

- It was requested that 'measuring impact' data include details of wards, free school meals, families on benefits. Officers would look into this as the school/setting entered information into the impact tracker.

RESOLVED that the presentation and discussion be noted and actioned as appropriate.

Joint Health and Wellbeing Strategy

The Board considered a presentation that described the process that had been followed in developing a new Joint Health and Wellbeing Strategy.

The new strategy would have 4 Key themes:-

- All children and families have the best start in life
- Everyone has a healthy standard of living
- Everyone lives in healthy and sustainable places and communities
- Everyone lives long and healthy lives

It was explained that, in order to deliver outcomes, a logic model approach had been used. Members were provided with brief details of the model, together with 6 questions being used to focus resources, at a strategic level.

Details of draft focus areas, across the 4 key themes, was provided, together with issues it would be important to bear in mind when drafting the new strategy.

Key issues highlighted and discussed:

- Data would inform the Board in terms of progress and would give context, specific to the borough, including a narrative on what the data was, or may be, indicating. It was also requested that a traffic light system be used to identify areas of success and concern.
- Suggested that the logic model should be simplified.
- The Strategy would need to be flexible and open to change, should that prove necessary. The Strategy would be monitored by the Board.

RESOLVED that the presentation and discussion be noted and actioned as appropriate.

4 Annual Report of Director of Public Health

The Board considered the Annual Report of the Director of Public Health 2023/24.

The report detailed progress made 2023/24 and focused on health inequalities, which persisted. To help address inequalities and improve health and wellbeing, a holistic, systematic, evidence based approach needed to be agreed and implemented across partners and communities and be embedded in strategy, policy, design, action, monitoring and evaluation.

Reference was made to the Population Intervention Triangle (PIT) model, which could be used to provide focus on actions at civic, community and services level, as well as the interface between these actions.

The Board noted proposals to undertake a co-produced self-assessment on the Borough's current position and generate recommendations and actions.

RESOLVED that the update and presentations be noted and the proposals included be endorsed.

6 Members' Updates

There were no Member Updates.

7 Health and Wellbeing Board – Forward Plan

RESOLVED that the forward plan be noted.

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AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

REPORT OF NHSE IMMUNISATION AND SCREENING and DIRECTOR OF PUBLIC HEALTH

IMMUNISATION AND SCREENING UPDATE

SUMMARY

The presentation updates on key outcomes and issues in relation to immunisation and screening programmes delivered in Stockton-on-Tees. This report serves as a covering note to the detail in the presentation slides.

RECOMMENDATIONS

1. The Stockton-On-Tees Health and Wellbeing Board are asked to note the update and to consider any implications on the health and wellbeing of the population and health inequalities.
2. It is recommended that the update is circulated to the Adults' Health and Wellbeing Partnership and Children and Young People's Partnership for consideration.

DETAIL

Context

- 3 Immunisation programmes seeks to prevent or reduce the harm caused by infectious diseases. Screening programmes aim to identify a range of chronic and harmful diseases such as cancer early to improve treatment outcomes.
- 4 The role of the Health and Wellbeing Board is to exercise assurance, scrutiny and support in ensuring robust plans are in place for screening and immunisation of the local population and in ensuring inequalities are addressed. This assurance duty is discharged through the Director of Public Health, working with partners.

Immunisation and Screening arrangements

- 5 The UK Health Security Agency (UKHSA) publishes a routine immunisation schedule annually, which details universal and targeted (selective) vaccination programmes for children, young people and adults.

- 6 NHS England commissions a range of services to deliver routine and selective immunisation programmes. General practice offers vaccinations for babies, young children, at risk patients, and older adults. School vaccination teams deliver vaccinations for school aged children. Primary care, maternity services, sexual health services and others deliver selective vaccination programmes.
- 7 Local authorities have an important role in protecting the health of their population; working in partnership to support addressing inequity in uptake of screening and immunisations; and in monitoring and challenging the delivery of vaccination programmes. Local authority public health works with vaccination and screening programme commissioners and providers to reduce inequalities.
- 8 The health protection collaborative receives bi-annual reports from the immunisation and screening team of NHS England.

Immunisations

- 9 Stockton has generally high rates of routine childhood vaccination in comparison to most areas regionally and nationally. However, it does not consistently achieve the 95% target for the primary vaccinations. Within the overall Stockton achievement, there is local variation by GP practice and sub-populations. It is important that every effort is made that the target is consistently achieved in all parts of the population, otherwise there is risk from diseases which are preventable through vaccination. This is a combined effort nationally and locally between NHS England, the ICB, GP Practices and Child Health Information Services. The local authority plays a role through its public health team, 0-19 service and any education and children's services by promotion of vaccines and engagement with local populations to reduce vaccine hesitancy.
- 10 "Pre-school booster" vaccination rates (which include MMR for measles), have been declining. These should take place when children are three years and four months, before most enter nursery and school. The NHS is supported by the local authority through the public health team, 0-19 service and education and children's services by promotion of vaccines and engagement with local populations to reduce vaccine hesitancy.
- 11 Measles is the current example of a disease which can be prevented by vaccination, but where there are now outbreaks of this disease because historic rates have not been high enough in all populations. Measles is highly contagious and can lead to severe illness requiring hospitalisation and even lead to deaths. The Measles Mumps and Rubella (MMR) vaccine is safe and highly effective and recommended by the UKHSA and NHS. There is a national and local MMR catchup campaign to vaccinate children who have previously missed the vaccination, which is showing a positive increase in the numbers vaccinated. However, it is expected that there will be a need to continue this catchup work as long as there are gaps in population coverage.
- 12 Teenagers are recommended to have vaccines to prevent Human Papilloma Virus (HPV), Meningitis (Men ACW&Y) and boosters for tetanus, diphtheria, and polio. All these are highly effective vaccines. The HPV vaccine is currently of special note as the evidence has shown that, due to this vaccine, combined with the cervical screening programme, the NHS is predicted to eliminate cervical cancer in England

by 2040. HPV is also effective at preventing some other cancers. The school age immunisation service undertakes this. The role of the local authority in these programmes is to actively and positively promote vaccination, and to ensure that schools are able to fully support the School Age Immunisation Service through access to the teenagers and schools and to promote to children and parents. It is also to work with the School Age Immunisation Service to identify and work with communities in which there may be vaccine hesitancy.

Screening

- 13 The adult screening programmes have continued to recover after the pandemic. All the programmes, including diabetic eye screening, abdominal aortic aneurysm screening, breast screening, bowel screening and cervical screening have recovered in terms of capacity and programme delivery. However, each of these programmes needs to recover further in terms of uptake, which is generally lower than before the pandemic. The NHS continues works to improve access to these services. The role of the local authority is valued. This role is to promote health and well-being among local populations, a part of which is participating in screening programmes when offered.
- 14 A current development of note in the bowel screening is successfully extending the age range of people invited from 60-74 yrs to 50-74 yrs. This is bringing the benefit of early diagnosis and greater chance of successful treatment to more people.

Vaccination and screening inequalities

- 15 Inequalities in uptake of vaccination and screening are well recognised and often linked to specific groups and areas of deprivation.
- 16 Vaccination inequalities have been demonstrated in much detail for Covid vaccinations with significantly higher uptake in older people and more affluent areas. Walk-in vaccination clinics in underserved or accessed areas continue to be successfully provided. For example, for the current Spring COVID-19 booster vaccinations, the GP Federation (Hartlepool & Stockton Health) worked with public health to deliver a pop-up vaccination clinic in Billingham Library (29th April 2024). The clinic helped 670 people access and take up the COVID-19 vaccination.
- 17 Using ICB inequalities funding, public health commissioned local vaccination behavioural insights research with young people, their families and staff, which was completed in 2023. This research has been used to inform the development of two interventions to reduce vaccination inequalities in Stockton-on-Tees using the remaining ICB inequalities funding.
- 18 The first intervention is commissioning of a VCSE provider to provide a part-time, youth vaccine champion coordinator, which will commence in July 2024. The role will be for 2 days per week for 12 months. The aim of the role will be to: Develop educational resources for use in a range of settings and for a range of audiences (e.g. lesson plans for schools, educational resources); Deliver vaccination

education sessions in secondary schools and local community organisations working with young people and their families; Liaise with the School Age Immunisation Service provider (IntraHealth) to support with vaccination education and school vaccinations, where appropriate; Establish and coordinate a Youth Vaccine Champions Programme.

- 19 The second intervention is for the design of easy-read vaccine leaflets for school age vaccinations (HPV, Td/IPV and MenACWY vaccines). Design work will begin from May 2024. The design of these resources has been commissioned due to the local behavioural insights research highlighting that young people and their families lack knowledge regarding adolescent vaccinations including: what diseases they protect against, what to expect on the day of vaccination, and common side effects. The current information and resources available are often complex and contain jargon. However the average reading age in the North East is estimated to be between 9 and 11 years old, making complex reading resources inaccessible. The aim of the new easy-read vaccine leaflets is to be accessible, appealing and able to be used widely by young people and their families.
- 20 NHS England has recently undertaken in depth health equity audits for the breast, bowel and cervical screening programmes. The main themes of inequality are common between the programmes and these show gradients for deprivation, ethnicity and age. These recent health equity audits have each generate detailed action plans based on the recommendations and these are being taken forward by partners across the system within the NHS and the local authorities.

Next steps

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Working collectively to transform the mental health system

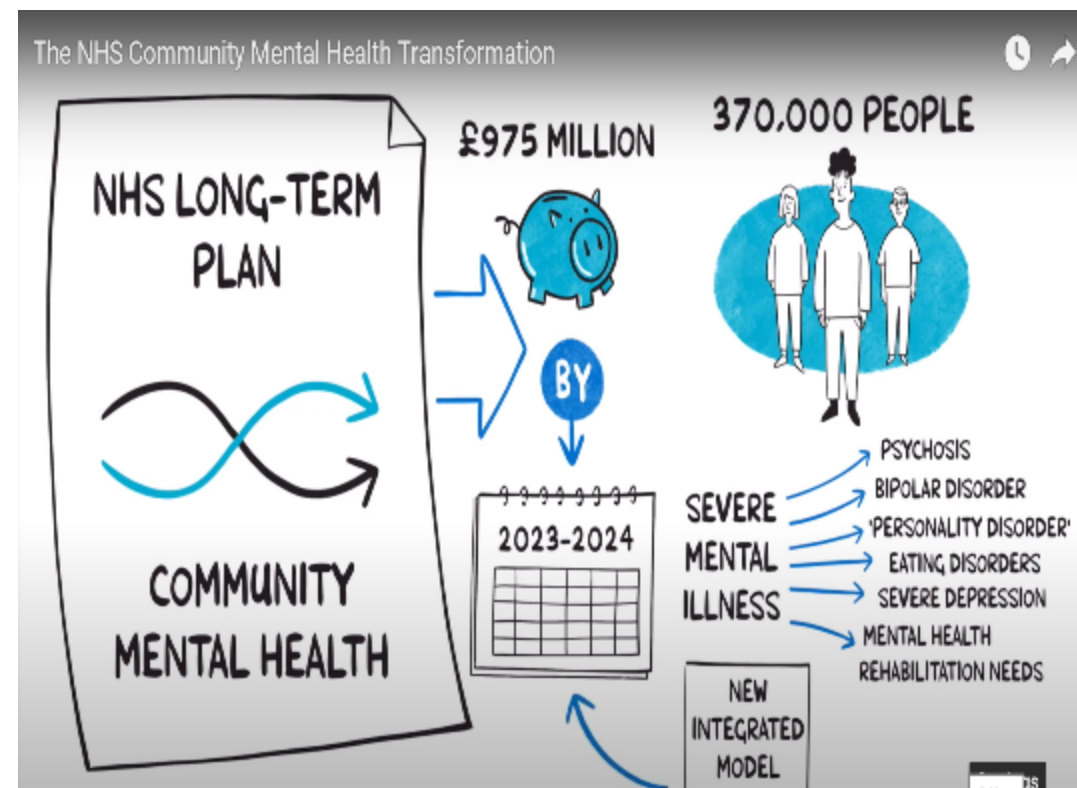
Stockton Health and
Wellbeing Board

May 2024



Reminder of core aims of Community Transformation

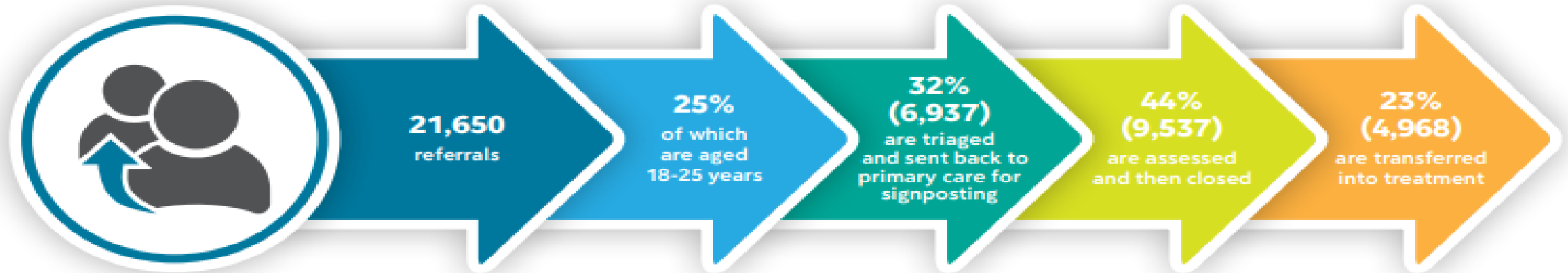
- To deliver a new mental health community-based offer which allows for collaborative pathways across the system it operates within.
- Create a **core mental health service** which is aligned with **primary care networks and voluntary sector organisations**
- Ensure services are **accessible** to the community it serves and **inclusive of population need**.
- Allow the individual seeking advice and support the right care, at the right time in the right place and in doing so **ensure timely access to care**



Starting point: Tees Esk and Wear Valley Patient Flow



Summary: Tees Valley



Re-referral rate

Data demonstrated that across Adult Mental Health (AMH) Community Services a significant proportion of people were not accepted into TEWV teams as the individuals needs could not be met by secondary care.

A significant number of people were assessed and closed. This means people were not receiving the right care at the right time from the right place.

This further demonstrates a large amount of waste in the system and the need for people to be navigated to the correct service.



2020-21

Referrals total

6,099

Patients rereferred

1,787 (29%)

Progress since 2022

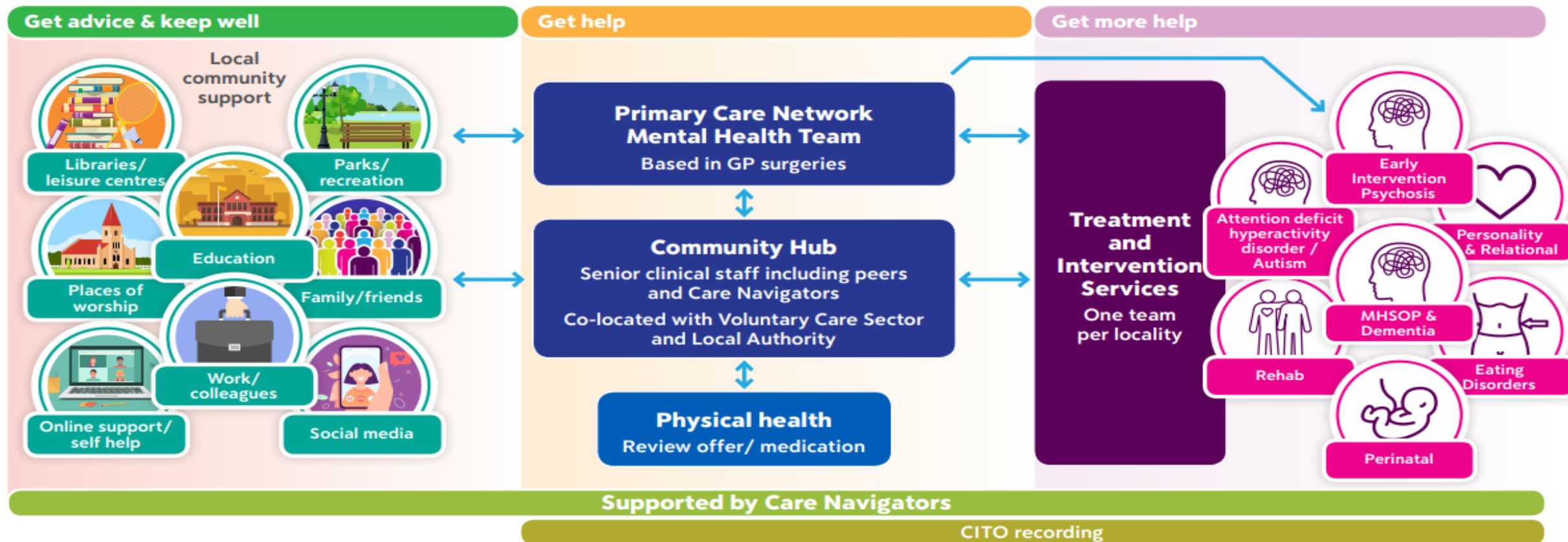
COMMUNITY TRANSFORMATION NHS
ENGLAND: Stockton



Community Transformation

Our vision:

- Integrated services delivering collaborative pathways which meet the needs of the local population
- Empowering individuals to choose and manage their own personalised recovery, as experts in their own mental health (informed by social, cultural and ethnic needs)



Principles:

- We accept each other's assessments
- We do not refuse a referral
- There is no wrong door to Get Help
- Patients are not "discharged" by services

MDT input across both as
a shared resource

COMMENCED
February 2023

Community Hub

- Triage and assessment
- Medication reviews
 - Interventions:
- Graded Exposure
- Anxiety Management
 - Hearing Voices
 - Life line work
- Stress Vulnerability
 - Sleep Hygiene
 - CBT
 - Clinics
- Physical wellbeing checks
- Signposting and navigating
- Interface with PCN workforce
- ASD/ ADHD assessment
 - Peer support

Treatment and Intervention Services

- Complex presentation and prescribing
 - Risk Management
 - ASD/ADHD complex needs
 - Governed therapies
- Intense/high frequency /complex referrals
 - Physical wellbeing checks
 - Interface with PCN workforce
 - Peer support

*Access, Affective and Psychosis teams Re-configured
into the hub and treatment teams*

Tees Valley Primary Care Mental Health Services

Rationale / need



- Thresholds to enter into secondary care services are high
- Care should be accessible at first point of entry via the GP
- NHSE mandate: improvement letter states inclusion of a joint approach to funding Mental Health practitioners on a 50/50 basis via the Additional Roles Reimbursement Scheme under the PCN directed service contract (DES)

Model development

Introduction of a mental health workforce which operates as an integrated part of the primary care network



Proposed Impact:

- reduced referrals into secondary care
- improve access for patients with the positive benefit this will have on carers, staff and stakeholders

Model Development/Workforce

ANP

12, 20 min appt per day

Patients who have a Severe Mental Illness (SMI) and or personality and relational disorders

Too complex for IAPT, would not meet the threshold for TEWV

Allow for assessment, complex medication reviews, short term intervention/stabilisation work/exploring where a patient may benefit from support within our local VCS services (right care, right place)

MHWP

Longer, more flexible appointments for place of appt

Use of Dialogue & ReQoI as Patient Recorded Outcome Measures (PROM) – helps with care planning and longer term recovery focused work.

May do joint working with SPLW/VCS

Offering psychologically informed interventions (such as CBT based skills)

SMI Physical Healthcare Practitioner

New development within TEWV

Time split between 50/50 primary care and secondary MH service

Importance of screening (core 20plus5 - national approach to reducing health inequalities)

Kits from NHSE allows for portable screening for patients who may be difficult to reach hard to engage – assertive outreach.

Importance of **intervention** and **making every contact count**

Proposed outcome measurement - benefit of workstream

Time

20 minute appointments enables greater throughput of patients and greater availability of being seen at the earliest opportunity

Number of appointments

56 appointment per week per clinician available as per service level agreement. Flexibility in appointment time outside of 9-5

Individual needs are met at the earliest opportunity

Only 2% of all patients are stepped up into secondary care services (of 41,000 between 2021-2023)

SMI Health Care Checks

National drive for PCNs to meet the ambition of 60% target for all SMI physical healthcare checks, Stockton PCNs combined are achieving 74.5% with Billingham and Norton PCN hitting 80.7%

Improved Relationships with Voluntary Care Sector and Primary Care

Feedback from surveys sent out to staff and partners

It goes towards helping with a large, currently, unmet need for patients unable to access secondary mental health care. It enables primary care to be able to offer a joined-up service in a timely manner.

Patients receive a fantastic quality of care and there has been an improvement in the primary secondary care interface, with bouncing of patients between primary and secondary care reduced, reducing the risk of harm/delays in accessing the right support/care.

Feedback from surveys sent out to services users

Absolutely excellent service. Really good at making you feel at ease and listening to what you say and giving you different options of help available.

The mental health nurse I spoke to was excellent, however the waiting time to speak to her was too long.

Give me the help I needed and were so quick to help me though my support I still have a long journey to go yet but I really want to say thank you.

When I first started having appointments with the mental health nurse I was so unwell and she took time to help me and understood and listened. She got me support from secondary mental health I now have a bipolar diagnosis and waiting to be prescribed mood stabiliser and she prescribed Trazadone which has helped with my insomnia and has helped also she is amazing and changed my life.



Workstream

11

- **Place Based Delivery**
- **Stockton**

Pictured above -
Sarah Jones
(Project Manager for Stockton Workstream,
employed by Catalyst Voluntary Development Agency)



Project Manager appointed October 2022 hosted by Catalyst Stockton (Strategic infrastructure organisation for the borough of Stockton-on-Tees)

Key deliverables from Project Manager:

- **Mapping resource:**

The Project Manager has mapped and built relationships across Stockton for those operating in services that require mental health support.

- **Community first:**

Collaborated and developed close working relationships with the Lived Experience Forum (LEF) to identify, gain valuable insight and understand local need, the LEF have been instrumental in all workstreams within Stockton's Community Mental Health Transformation.

- **Increase capacity of the VCS sector:**

Developed and collaborated with the transformation Stockton team to write the Community Mental Health Transformation Service Specification with an invite to tender.

This procurement will enable greater capacity of the VCS to support those requiring Mental Health services and form part of the formal partnership (5 successful bids outlined overleaf).



Successful Delivery Providers in Stockton on Tees

The organisations will support an integrated approach to the delivery of mental health services and work in partnership to deliver the aims of the Community Mental Health Transformation agenda for Stockton. All of the providers are community-based organisations that enable easier access to support for those who face physical and mental health challenges.

Meet the Community Mental Health Transformation Providers



1. Lakota Hub CIC

Provides emotional support by providing access to a range of opportunities for healing and self-development in one location at Lakota Hub CIC. Promotes independence and assists attendees in gaining meaningful employment. The hub aims to reduce barriers for the deaf clients by providing a British Sign Language Therapist.



2. Moses Project:

The Moses Project provides guidance, mentoring and support to hundreds of adult males aged 25+ with past and current addictions to drugs and alcohol.

The one unifying factor in our experience, is all have unresolved past trauma, usually from childhood. The men tend to live in chaotic circumstances and suffer the consequences of long-term self-abuse. Many are homeless, in crisis, sofa surfing and without a permanent address. Compassionate support to deal with substance misuse and tackle the multiple complex barriers to a return to the community helps them regain hope and control of their lives.





3. Bridges

Bridges is a registered charity and was created by family and carers who were supporting loved ones with alcohol or substance misuse problems and mental health. They offer a client centred service with individual support packages that enable the family to cope with the problems that arise from addiction. Addiction impacts on all members of the family, and they offer a holistic systemic approach to address issues, which affect the whole family.



4. Thornaby Methodist Church

Thornaby Methodist Church have received transformation funding to commission services from PeerTalk and Umbrella Hugs. This contributes to the wider care provisions that are offered through the Thornaby Wellness Project at Thornaby Methodist Church including the following:

- A central hub for people with mental health problems to find a provision of services that allows them to access the right care for them
- Peer Talk - have recruited and will train in January volunteer facilitators which will include those with lived experience to provide peer support groups.
- Umbrella Hugs work in partnership with Thornaby Methodist Church and provide mental health support for mums and other carers.



5. Starfish Services Limited

Fund 'The Place to Be' - a safe space that is open 5pm-8pm Monday to Friday for people experiencing poor mental health, it also offers a warm space and a hot drink for those that may be socially isolated and continues to provide support for those that are close to requiring crisis services.

The Wellbeing Hub

Opening May 2024. Shared with CAB.
Co-location of service partners including specialist mental health staff, VCSE partners and CGL workers



Expectations/Impact of the model



- No wrong door – no rejections: *Community Navigator post pivotal to this.*
- Warm transfers of care.
- Pathway simplified: Easier navigation for people who need help and staff working in the system
- Holistic offer – people will receive a package of care from TEWV and system partners
- Staff recruitment/ retention and wellbeing
- Earlier access to support/ guidance and interventions
- Waiting times reduced from 6 months and on track to hit 28 day target – recent operational issues have slowed progress
- Specialist caseload reducing to allow more meaningful therapeutic treatment

Challenges

- Funding
- Unprecedented system pressure
- Specialist Workforce
- Time to transform
- Maintaining momentum
- Funding (such a challenge its worth repeating.....)



Thank you for listening. Any questions?

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AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

May 2024

REPORT OF DIRECTOR OF PUBLIC HEALTH

Physical Activity & Healthier Weight Steering Group Update

SUMMARY

This report updates the board on progress achieved by the Physical Activity & Healthier Weight Steering Group Update (PA&HWSG) and partners since November 2023. As a subgroup of the Health and Wellbeing Board, the report also outlines future proposed developments of the steering group.

RECOMMENDATION

The report recommends for the Board to:

1. Note the presentation on Physical Activity Developments, and on the Healthy Weight Strategic Approach.
2. Approve and support the Sport England Place Partnership Development application.
3. Approve and support the next steps for Physical Activity & Healthier Weight Developments.

DETAIL

Physical Activity Developments

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

2. This framework fits the evidence-based approach for addressing the wider socio-economic determinants of health and the public health priority of building healthy places, as set out in the Joint Health and Wellbeing Strategy, the Council Plan and the work of Michael Marmot and the Institute of Health Equity. It therefore fits clearly with the work across the system to address health inequalities, promote community asset-based working and the Powering our Future change programme, particularly the work on prevention and early intervention. It also supports delivery of the ICS Strategy “Better Health and Wellbeing for All” priority on supporting children, young people and adults to live active lives.
3. The steering group changed its format in 2023 to foster more collaboration through holding collaborative design sessions. The group has used these sessions to focus on several important topics, such as inclusive physical activity, and supporting increases in physical activity in our more deprived areas. Actions from these sessions are being prioritised and taken forward in task and finish groups.
4. The group also continues to review the outcomes and indicators which measure the impact this work is having, along with monitoring progress and updating the group’s shared Action Plan. Areas where progress has been made include:
5. The successful update and completion of a key strategic document, the Stockton **Playing Pitch and Outdoor Sport Strategy**, signed off by all key stakeholders and adopted in January 2023. Support has and continues to be offered to a range of clubs and sports around development and investment opportunities.
6. Opportunities to invest in and improve facilities and to provide new opportunities. Supporting strategic recommendations identified within the Stockton Playing Pitch Strategy and Action Plan, grant funding has been secured which has allowed the complete regeneration of **Little Boy Tennis courts** and investment of a new **Parks tennis offer** across the Borough. We do Tennis, are secured as the tennis operator and continue to develop the tennis offer, which has included tennis coaching, recruitment of Free Park Tennis Activators with Free Park Tennis sessions about to be launched June.
7. A **Football Foundation Hub project** capital grant application to provide an aspirational multi-hub facility in Billingham, which will include potentially 3 x new Artificial Grass Pitches, grass pitches and range of ancillary facilities including an active track and athletics sprint track and provision. the application is progressing well and now at outline design stage.
8. Following the successful delivery of Stockton Beat the Streets, which was nominated and achieved the prestigious finalist status in two national awards (APSE and National Sports Leaders), several successful projects have now been established as part of the follow on and sustain phase including
 - **ParkRun** at Wynyard Woodland Park (over 50 events to date, 3305 finishers, 294 volunteers)
 - Further development of **Love Exploring initiative** to include additional locations, games, trails, heritage trails.

- Funding secured to deliver a new Sport England endorsed initiative, **ParkPlay**. ParkPlay has now been launched and is successfully running in three locations Ropner Park and John Whitehead Park and Victoria Park, Thornaby.
9. **Aquapaddle** has now been successfully established on the River Tees, which encourages participants to paddle over a set course (like parkrun but on water) This is a British Canoeing endorsed initiative, delivered completely by volunteers.
 10. **Active Inclusion Training** - a workshop has now been developed and successfully rolled out to give staff confidence and knowledge to deliver fun, enjoyable and inclusive activities to young people and adults of all abilities.
 11. **Tees Active** report that the number of visits and participation has increased significantly over the past six months and now exceed pre-covid participation. Key sports include swimming, ice skating and active8 sessions. People are investing in their own health more and it is forecast to grow another 5% over the next five years. In Quarter 4 of 2023/2024 membership of TAL increased by 12.6%.

Healthy Streets update

12. The Board has previously received an overview of the Healthy Streets programme, which seeks to work with communities to make their local streets and spaces more attractive, safer and welcoming to use, and therefore to provide the opportunity for more walking, cycling and spending time outside.
13. **Community Engagement** The first phase of community engagement work was carried out between May – September 2023. This included a range of engagement activities with various community members in each pilot area. The engagement events included community focus groups, creative engagement events with youth groups and schools, as well as running an online residents' questionnaire. The University Research team also led on a series of 1-1 in depth interviews with residents and ward councilors.
14. **Design Development** The project team appointed consultants "Ryder Architecture" to support the design phase in Oct 2023. Ryder are working on a design brief report for each pilot area and are anticipating the finalised report by the end of May 2024. The report development utilised a "co-design" approach, with both the local community and in collaboration with internal SBC colleagues and other organisations such as Cleveland Police.
15. **Next Steps – Implementation** The project team will continue to work with the relevant internal SBC teams, ward councilors and various community stakeholders to implement the proposed pilot projects from the design report. This is a phased approach over the next 12 months, to accommodate the range of proposed street changes. Temporary and smaller scale projects will be conducted over the summer, allowing opportunity to test ideas and further engage with the community on the process to inform the larger scale works.
16. **Evaluation** Throughout the project, an appointed University Research team, made up of researchers from Newcastle and Teesside universities, have worked with the project team to develop and undertake community engagement work, and have been processing and analysing emerging data and insights. The research team will continue this through

implementation stage, to carry out further engagement during and post interventions to evaluate the project impact and success. The researchers will also evaluate the “Healthy Streets” approach and reflect on the impact of wider local authority processes in determining the success of the pilot schemes.

Active Travel Update

17. Active Travel Schemes

- Yarm Levelling Up Fund - Durham Lane cycleway. Detailed design completed and scheme out to tender with construction planned to start in September 2024. The scheme links from the A66 Elton Interchange in the north through to Egglescliffe school in the south.
- Thornaby Towns Fund – Network of routes currently in detailed design development with construction due to start in January 2025. The scheme provides links from residential areas to the Town Centre, a few schools and to the wider cycle route network.

18. Further developments

Tees Valley Combined Authority is due to launch a public engagement campaign in the coming weeks to gather public views on these cycling, walking and wheeling schemes, along with proposed bus corridor improvements.

- Norton Road – The scheme is in outline design stage. Delivery of phase 1, from Maxwells Corner to Talbot Street, is proposed in 2025.
- Thornaby to Stockton – Improvements through Mandale interchange, across Victoria Bridge and through St Johns Crossing. The scheme is in outline design. Delivery is proposed in 2025/26.
- Stockton Town Centre Links – Providing improved cycling, walking, and wheeling links between Bowesfield and Stockton High Street and Newtown and Stockton High Street. The scheme is in outline design with delivery proposed in 2025.
- Preston Park to Bowesfield – Improvements along Yarm Road, Concorde Way and Bowesfield Lane. The scheme is at feasibility stage with no funding source currently identified.

Sport England Place Partnership and Stockton-on-Tees (place-based partnerships)

19. In 2016 Sport England invited 12 communities from across England to test a new way of working by becoming one of 12 ‘local delivery pilots’. Their aim was to understand how working with places could address the inequalities that exist among the least active. South Tees was one of these local delivery pilots. The pilots have shown that a place-based

approach has the potential to unlock groundbreaking change and empower new generations of leadership in sport and physical activity across the country.

20. Sport England will over the next 5 years expand their place partnerships to 80-100 additional places, alongside a universal offer that all places can benefit from. Stockton-on-Tees has been chosen to be one of the new place-based partnerships. Investment as part of these place-based partnerships must align to one or more of Sport England's outcomes of:

- Increasing activity,
- reducing inactivity,
- positive experiences for children and young people,
- tackling inequality.

21. Sport England chose their new place partnerships by looking at areas that have both a sport and physical activity need, and a social need to develop a Place Need Classification. Within Stockton four areas were identified as being in the top 10% highest need using this Place Need Classification:

- Central Stockton, Portrack and Low Hartburn
- Norton South
- Roseworth
- Thornaby South

There were an additional 7 areas identified as being in the top 20%, including areas in Billingham, Hardwick and Thornaby.

22. Sport England considered local partnership factors, and existing partnership working through the Physical Activity Steering Group (now the Physical Activity and Healthier Weight Steering Group), as well as an active and involved VCSE sector, as strengths for Stockton-on-Tees. The collaborative work already undertaken by the Steering Group, and wider insight and engagement work for the Healthy Weight Health Needs Assessment, and the Healthy Streets pilot, will put Stockton-on-Tees in a good position for place partnership work with Sport England.

23. There is a two-stage investment process for place partners. Places are encouraged to apply for a development award to explore the potential for a longer-term relationship with Sport England. Development award investment can support places to progress and explore their thinking regarding place based systemic working.

24. The second stage will offer the opportunity to apply for a further 'full award' investment, based on learnings from the development and scoping stage. There are no fixed timescales around when places need to make these applications. It is for each local place to decide when they are ready to do this.

25. Following an inception meeting with Sport England and Tees Valley Sport in December 2023 an initial update about the place partnership work to the Physical Activity and Healthier Weight Steering Group was provided in January 2024. The Public Health Practitioner for physical activity and healthy weight attended the Sport England Leadership Essentials Training for Officers in early January 2024, and attended the briefing session for councillors along with Councillor Nelson in February 2024.

26. An initial planning session with a range of partners was held on the 18th of March 2024 to explore current understanding and experiences around place-based working, including discussions around: Collaboration and co-production
 - Health inequalities
 - Insight led approaches
 - Systems thinking and systems change
 - Test and learn approaches
27. Sport England will work with local areas through Active Partnerships. The Active Partnership for Stockton-on-Tees is Tees Valley Sport, which already provided initial information about the programme, including local data insights. Tees Valley Sports supported Middlesborough with their pilot since 2016, and so have built up considerable experience around this way of working.
28. The project group is working to apply for the development award in July 2024 building on existing insight and evidence, and collaborative work with partners. A local Sports England leadership programme will take place in June 2024. The facilitators for the two day training sessions are provided by Sports England.
29. Planning for a Office for Health Improvement & Disparities (OHID) led local two day facilitated Sector Led Improvements workshop is under way to develop further insights on specific topic areas relating to Physical Activity. This will further support the application for the Sports England partnership programme.

Expansion of Steering Group Remit to Include Healthier Weight

30. The Physical Activity & Healthier Weight steering group has reviewed its membership to ensure good representation across both the physical activity and healthy weight agendas. A working group focused on Healthy Weight that feeds into the steering group was established in March 2024 to support more in-depth discussions and action plans around healthier weight. The group's terms of reference (TOR) have been reviewed to reflect the changes, outlining the strategic approach for physical activity and Healthier Weight. The expansion has provided opportunities to engage new members, and efficient use of time for members.
31. A Healthy Weight Strategic Approach for Stockton-on-Tees has been developed collaboratively drawing on insights from the recent comprehensive Healthy Weight Health Needs Assessment undertaken working across partners. The Healthy Weight Strategic Approach provides a framework, based on research evidence, for collaboration across partners and communities, recognising that the causes and therefore the solutions to promoting healthy weight are complex and interlinked including the food environment, green space, transport and place planning. The implementation of the framework included a workshop with system partners and setting up of a Healthier Weight working group focussing on Healthy Weight. The group will regularly review the Collaborative Approaches Action Plan.
32. A new community Weight Management Service provided by Tees Active started in April 2024 building on existing programmes such as Lite for Life and Energise. The new service

employs Health Outreach Coordinator to engage with communities at high risk of experiencing obesity and those less likely to access the service. The service is performing well to-date, exceeding the target of 432 people accessing the service and in a timely way. 84% of service users report being more active and 81% of those who had lost weight at 12 weeks had maintained or further reduced this weight loss at 26 weeks. The service is successfully reaching communities in areas of greatest deprivation and younger people at risk. It is developing to further improve completion of the programme (currently 55%) and to further expand reach with men and people from BAME communities.

33. A Public Health small grant scheme has been established to support healthier weight, individuals and communities to get active, eat well, or connect with others or a combination of these. The small grant scheme aims to support VCSE (Voluntary, community and social enterprise) organisations in contributing to a healthier weight in Stockton-on-Tees. VCSE organisations are well connected at grassroots levels within their local communities, they can identify where small amounts of funding can deliver considerable health and wellbeing benefits.
34. As part of the Steering Group's work, partners are working together to promote the support available on healthier weight, through key messages, work with communities and the VCSE and promotion through other services such as GPs and social prescribing.
35. The North East has been selected by Sustain to be the regional project partner to replicate a 'Good Food for All Londoners' approach over 3 years. The project will include agreeing and piloting a North East Good Food framework and benchmarking programme to stimulate local authority commitments to good food across the region. The 3-year programme started in 2023 is led by the Association of Director of Public Health in the North East via Durham County Council.

Name of Contact Officers:

Post Title: Sarah Bowman-Abouna (Director of Public Health)
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Post Title: Andrea Hogg, Chair of Physical Activity and Healthier Weight Steering Group (Principal Sport and Active Life Officer) and Grace Wali, Vice Chair (Health and Wellbeing Manager Healthy Places)
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North East North Cumbria Health & Care Partnership



Confirmed MINUTES

Tees Valley Area Integrated Care Partnership (ICP) Meeting

Meeting held on: 2nd February 2024, 12pm – 2pm

Held at: Pease Suite, Dolphin Centre, Darlington, DL1 5RP

Item No:	Meeting Notes	Action
TVICP/23/47	Welcome and Introductions	
	<p>Councillor Cook, as Chair, welcomed colleagues to the fourth Tees Valley Area Integrated Care Partnership (ICP) Meeting.</p> <p>Present:</p> <ul style="list-style-type: none"> • Councillor Bob Cook (Chair) – Health and Well-being Board Chair & Leader of Stockton Borough Council • David Gallagher – Executive Area Director (South), NENC ICB • Craig Blair - ICB Director of Place, Middlesbrough / Redcar & Cleveland, NENC ICB • Jean Golightly - Director of Nursing (South), NENC ICB • Jon Carling – Voluntary Sector Lead / 3rd Sector, Catalyst Stockton • Josh Harbron – Assistant Director of Adult Social Care, Darlington Council (<i>attending for James Stroyan</i>) • Michelle Stamp – Consultant in Public Health, South Tees Hospital FT, and Public Health South Tees (<i>attending on behalf of Mark Adams</i>) • Martin Short (MS) - ICB Director of Place (Darlington), NENC ICB • Rebecca Morgan (RM) – Project Development Manager / Healthwatch Sub-Regional Co-ordinator, Healthwatch • Professor Derek Bell – Chair, North Tees & Hartlepool NHS Foundation Trust / South Tees Hospitals NHS FT 	

	<ul style="list-style-type: none"> • Jane Smith – Service Lead Strategy Quality & Improvement – Children’s Service, Stockton Borough Council • Alex Sinclair – ICB Director of Place (Stockton), NENC ICB • Dr Helen McLeish – PCN Clinical Director, Darlington PCN • Dr Jackie McKenzie - PCN/CD Representative, Hartlepool PCN • Sandra Britten – Chief Executive (Operational) Alice House Hospice • Stacey Hunter – Group Chief Executive Officer (Joint North and South Tees), North Tees & Hartlepool NHS Foundation Trust & South Tees Hospital Foundation Trust • Brent Kilmurray – Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust • Councillor Mary Layton – Darlington Borough Council • Ken Ross – Public Health Principal, Darlington Borough Council • Craig Blundred – Director of Public Health, Hartlepool Borough Council • Mark Adams – Director of Public Health, Middlesbrough Council / Redcar & Cleveland Council • Sarah Bowman-Abouna – Director of Public Health, Stockton Council • Anne Richards – Partnership Officer, RCVDA • Lisa Oldroyd – Chief Executive & Monitoring Officer, Office of the Police and Crime Commissioner for Cleveland • Dr Catherine Monaghan – Medical Director, NENC ICB • Seth Pearson • Dr Teik Goh <p><u>In Attendance:</u></p> <ul style="list-style-type: none"> • Kathryn Warnock - South Tees Integration Programme Manager / Head of Commissioning & Strategy, NENC ICB • Cath Martin - South Tees Strategic System Lead - Transfer of Care, South Tees Hospital Foundation Trust • Rebecca Herron – Governance Lead, NENC ICB • Lynne Pearson (Note Taker) – Corporate Secretary, NENC ICB • Claire Attey – Corporate Secretary, NENC ICB 	
TVICP/23/48	Apologies for Absence	
	<ul style="list-style-type: none"> • Dr Bharat Kandikonda - PCN/CD Representative – 	

	<p>Middlesbrough PCN</p> <ul style="list-style-type: none"> • Clive Heaphy – Interim Chief Executive, Middlesbrough Council • Cllr Matthew Roche – Councillor, Darlington Borough Council (<i>Councillor Mary Layton attended</i>) • Mayor Chris Cooke – Joint HWBB Chair Live Well South Tees Board – Middlesbrough Council • Denise McGuckin – Managing Director of Hartlepool Borough Council • Elaine Redding – Director of Childrens Services, Stockton Borough Council • Dr Dharendra Garg – Stockton PCN Representative • Helen Ray – Chief Executive, North East Ambulance Service • James Stroyan – Director of People (Children & Adult), Darlington Council • Ian Williams – Chief Executive, Darlington Council • Jill Harrison - Director of Adult & Community Based Services, Hartlepool Borough Council • Julian Penton - Voluntary Sector Lead/3rd Sector, Hartlepower (Hartlepool) • Lynne Walton – Director of Finance (South), NENC ICB • Mike Greene – Chief Executive – Stockton Borough Council • Miriam Davidson – Interim Director of Public Health, Darlington Borough Council (<i>Ken Ross attended</i>) • Peter Neal – Voluntary Sector Lead, Redcar & Cleveland Voluntary Development Agency (RCVDA) • Sue Jacques – Chief Executive, County Durham and Darlington NHS FT • Dr Teik Goh - PCN/CD Representative, Redcar and Cleveland PCN • Kathryn Boulton, Director of Children's Services, Redcar & Cleveland Council • Kerry McQuade – Director of Strategy Planning and Transformation, North East Ambulance Service • Chris Zarraga – Director, Schools North East • Paul Smithurst – Regional Fundraising Manager, SSAFA • John Sampson – Managing Director and Chief Executive – Redcar and Cleveland Council • Councillor Shane Moore – Middlesbrough Council • Erik Scollay (ES) – Director of Adult Services, Middlesbrough Council • Patrick Rice – Director of Adults and Communities, Redcar & Cleveland Council • Carolyn Nice – Director of Adult Services, Stockton Council 	
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TVICP/23/49	Declarations of Interest	
	Councillor Bob Cook (BC) reminded colleagues of the importance of the robust management of conflicts of interest and asked individuals to raise any potential conflicts of interest as the meeting progressed. No conflicts of interest were raised.	
TVICP/23/50	Minutes from previous meeting held 24th November 2023	
	The minutes of the meeting, held 24 th November 2023, had previously been circulated to members for comment. There were no amendments requested and therefore the minutes were AGREED as an accurate record. Confirmed minutes have also been shared with Health and Wellbeing Boards for information.	
TVICP/23/51	Matters Arising & Action Log	
	<p>Action Log</p> <p><u>TVICP/23/32 – Items for Future Meetings:</u> Martin Short (MS) advised that the development of the work programme for the Tees Valley Area ICP meeting was on the agenda for discussion at this meeting.</p> <p><u>TVICP/23/34 – Overview of SSAFA, the Armed Forces Charity:</u> RH advised that the action log had been updated to outline the information received from Paul Smithurst (PS) regarding the 13 'medical' queries received by the North East SSAFA (Armed Forces Charity). She advised that colleagues could obtain further information from PS if required.</p> <p>Matters Arising There were no matters arising to note.</p>	
TVICP/23/52	Healthwatch Update	
	<p>The report had been circulated to members prior to the meeting.</p> <p>Rebecca Morgan (RM) provided the key highlights of the Healthwatch Quarterly report, including the work of Healthwatch organisations in Darlington, Hartlepool, Stockton, and South Tees.</p> <p>Common themes and areas of work noted were:</p> <p>'Growing Older / Planning Ahead' project, which involved working with adults living with Learning Disabilities to understand any gaps in support and services, and to make</p>	

recommendations for future commissioning. The data for this project is currently in the process of being collated to provide both a local and Tees Valley-wide profile. RM confirmed that this information should be ready to be shared at the next Tees Valley Area ICP meeting.

It was noted that a review of the ICB's Involvement Strategy has been undertaken. Healthwatch Darlington have coordinated this project, which included focus groups and engagement in a range of areas across the Tees Valley and the wider NENC region. In addition, it was noted that alongside general population engagement, Healthwatch were holding a series of workshops to include representation of the voices from communities including LGBTQ+ and BAME. RM highlighted that this was a very positive piece of work.

The significance of Healthwatch's dentistry review was also highlighted. RM advised that there were three key elements which would be provided by Healthwatch to ensure support to the ICB's engagement and review of people's experience of dentistry across the NENC region:

- Service user experience;
- Reviewing variance of information and messaging;
- General population survey – experiences and perceptions of NHS dentistry from those who have utilised this within the past year.

RM outlined the regional and national issues currently being monitored by Healthwatch, including GP access, women's health, migrant health (within established migrant communities) and Mental Health access.

It was highlighted that Healthwatch South Tees were currently promoting the STAR Awards 2024, which honours health and social care champions.

RM advised that Healthwatch South Tees had received a query in relation to the Shingles vaccine roll-out, from a patient who had met the eligibility criteria but was unable to find a practice who could provide the vaccination. Craig Blair (CB) assured the group that this could be discussed further outside of the meeting; and highlighted the importance of ensuring that patients were signposted correctly. He noted that there were complexities in relation to the roll-out and access to the vaccine, with discussions continuing at Scrutiny Committee. CB advised that he would contact Lisa Bosomworth (LB) to discuss further. Councillor Bob Cook (BC) highlighted that these discussions had also taken place at the Health and Wellbeing Board.

	<p>ACTION: David Gallagher (DG) requested CB circulate the Shingles vaccine guidance to colleagues to ensure that they had sight of this.</p> <p>ACTION: CB confirmed that he and LB would work on identifying the correct route for this individual to access the vaccination.</p> <p><i>RM left the meeting – 12.11pm</i></p>	<p>DG</p> <p>CB</p>
TVICP/23/53	Dentistry & Oral Health Update	
	<p>DG provided a presentation and overview of Primary Care dental access recovery; and the development of an oral health strategy in the North East and North Cumbria. He also highlighted the support and input provided by Healthwatch towards identifying the current challenges with dentistry access and the potential solutions.</p> <p>The presentation included information on the following:</p> <ul style="list-style-type: none"> • Current challenges for dentistry provision and how these would be tackled. • The progress made so far in terms of recovering dental access. • The importance of building Practice / workforce resilience, • Impact on children's oral health • Ways of improving oral health; and the role of Local Authorities in achieving this. • Importance of water fluoridation as an effective public health intervention for improving oral health. • How a consensus could be built across the North East and North Cumbria. <p>DG highlighted that the current challenges were attributable to the NHS dental contract remaining unchanged since 2006; and the impact of the Covid-19 pandemic and the risks of transmission. He advised that it was anticipated that the dental contract will be reviewed in light of the current dentistry provision and access issues.</p> <p>It was noted that the North East and North Cumbria was not an outlier in terms of dentistry provision but must still strive to make improvements. The ICB has responsibility for the commissioning of all Primary Care services, including dentistry. DG advised that the Primary Care Team were therefore working hard to address the challenges around dentistry access and provision.</p> <p>In terms of improving oral health, DG explained that all Tees Valley Local Authority organisations – and the associated Health & Wellbeing Boards – were responsible for their oral</p>	

health strategy. DG highlighted the evidence-based interventions to improve oral health, including fluoride varnish application and water fluoridation.

DG explained that the Government was aiming to expand water fluoridation to areas across the North East, to reach an additional 1.6M people. It was noted that a public consultation had been due to begin in early 2024 but was still awaiting release. It was noted that parts of the North East, such as Hartlepool, already had water fluoridation in place, and this area performed better in terms of population oral health.

DG advised that any consultations that would take place, via Local Authorities, would provide the public with the opportunity to respond to the proposal to implement a fluoridated water system in areas of the North East that did not currently have this in place. It was noted that Northumbria Water had indicated that they would be able to implement this relatively quickly; and funding would be provided at national government level, rather than local. It was highlighted that there was a need for a consensus across the North East system, and an awareness from system partners of the importance of supporting this, if possible.

Brent Kilmurray (BK) advised that it would be helpful for potential contracting models to have a focus on vulnerable patient cohorts, to ensure that those most in need would be given priority. DG acknowledged the importance of this consideration; and advised that work would need to be undertaken with system partners, such as TEWVFT, to achieve this.

A query was raised in relation to the retention of dentists; particularly the potential lack of professional development for NHS dentists and how to mitigate this. It was suggested that linking in with Teesside University and Newcastle University could help to increase career development and skill diversity. DG advised that discussions were currently taking place with Teesside University. He also highlighted the importance of NHS dentists focusing on addressing the current needs, such as access and prevention of tooth decay.

Professor Derek Bell (DB) suggested a collective review of tooth decay prevention, including preventative measures such as the removal of carbonated drinks in schools and hospitals. DG noted that this would facilitate collaborative working; and also incorporate the broader health improvement agenda, as there was currently ongoing regional work on this taking place via the DPH network.

	<p>Craig Blundred (CBI) highlighted that it would be key to consider and review the policies for all system partners; and this area of work would provide significant opportunities to work collectively.</p> <p>John Carling (JC) advised that it was positive to hear of the investment being made towards addressing this issue, but noted it was disappointing that this was non-recurrent funding. DG explained that the funding was non-recurrent for 2023/24, but it was hoped that the funding would be ring-fenced in future years.</p> <p>JC highlighted that Catalyst Stockton would welcome involvement in the messaging to communities regarding fluoridation.</p> <p>DG confirmed that there was a heatmap in place to help the targeting of the strategy to the areas of greatest need.</p>	
TVICP/23/54	South Tees Integrated Working	
	<p>Kathryn Warnock (KW) and Carol Martin (CM) provided a presentation and overview of South Tees system working across health and social care.</p> <p>The presentation included information on the following:</p> <ul style="list-style-type: none"> • The joint working of the South Tees Integration Programme Board, noting its vision to maximise healthy life expectancy and independent living in the South Tees community, by establishing innovative and integrated health and social care services which promote prevention. • The agreed principles for senior leadership and collaborative working across hospital Trusts and Local Authority organisations. • The establishment of the Better Care Fund (BCF), including joint work programme, governance, plans, services and schemes. This includes the establishment of the iSPA. • The work undertaken to improve the transfer of care and discharge for patients. • The implementation of the Improving Transfers of Care and Discharge process, which was implemented following the identification of South Tees as an outlier for DTOC. <p>Stacey Hunter (SH) noted that this was positive to note; and highlighted the importance of ensuring that this was available at a systemic level so that all patients received this. CM advised that discussions were ongoing to understand how this could be implemented in the most</p>	

	<p>effective way, in addition to the funding considerations. She explained that additional investment had been put into reablement and discharge services.</p> <p>KW highlighted the importance of wider integration and proactively bringing the appropriate colleagues together for risk stratification. She noted that the focus on transfers of care should continue, with the community element to facilitate bringing system partners together.</p> <p>CB explained that the South Tees system had been at crisis point before the implementation of the transfer of care process. He advised that, now there was a joined-up system approach to supporting patients discharged from hospital, the focus should be on prevention and achieving a reduction in bed base pressures.</p> <p>Jean Golightly (JG) welcomed the clarity of the presentation in setting out the improvements made. She advised that consideration should subsequently be given to how patient experience would be captured. She reiterated that the pressure on the system prior to the implementation of this process was significant; and had resulted in huge improvements. CM agreed that capturing patient experience was important; and confirmed that a meeting had taken place with Healthwatch to progress this.</p> <p>CM advised that support to carers was also being considered; and JG acknowledged the importance support and communications with carers.</p> <p>DG thanked CM and KW for their hard work and leadership around the transfers of care process. He highlighted that there was significant learning and best practice to be taken forward in terms of addressing other system challenges.</p> <p>DB highlighted the importance of utilising the data to guide what the next steps would be, particularly in terms of how to add value to patient experience and maintain their independence.</p> <p>Mary Latham (ML) highlighted the importance of communication with patients and families / carers, as they were often unaware of how to access the services available to them upon discharge from hospital.</p>	
TVICP/23/55	Tees Valley Anchor Network	
	The report had been circulated to members prior to the meeting.	

	<p>Mark Adams (MA) presented and provided an overview of the Tees Valley Anchor Network. The report outlined the following information:</p> <ul style="list-style-type: none">• The definition of an anchor institution as being large, public-sector organisations that were unlikely to relocate, and have a significant stake in a geographical area.• The mapping exercise undertaken to identify the baseline 'anchor' activity within NTHFT and STHFT, following the completion of a questionnaire by both Trusts.• The proposal that, as there were several anchor institutions across the Tees Valley, this could collectively create a Tees Valley Anchor Network for the local system. <p>MA explained that the purpose of the anchor network would be to bring together anchor organisations across the Tees Valley to maximise their impact in enabling sustainable, prosperous, and healthy communities. He highlighted that anchor networks were based around prevention, and the retention of wealth within communities wherever possible.</p> <p>The specific challenges across the Tees Valley which could be tackled by the anchor network were outlined. This included employment issues (particularly in relation to zero hours contracts), building utilisation and contracting.</p> <p>BC explained that Stockton was also aiming to implement a similar approach, as per the Social Value Act (2012), via work with procurement partners. He suggested that a Tees-wide body, as a social value entity, would be advantageous for all local organisations; and would ensure that procurement-spending would be used for local areas.</p> <p>SH confirmed that she would support the implementation of a Tees Valley anchor network, as this would provide an opportunity to change the experiences of the local populations for the better.</p> <p>JC queried how an anchor institution would link into the voluntary and community sector; and whether there would be membership available for these organisations. MA explained that this sector would have an important role to play within the anchor institution, particularly in terms of ensuring more inclusive employment.</p> <p>BK advised that a terms of reference would be required to ensure that the anchor institution could hold itself to account.</p>	
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	<p>Dr Teik Goh (TG) queried how an anchor network would ensure longevity and implement outcomes that would have a lasting impact. He suggested that linking in with schools and employment colleagues would help to achieve this. MA advised that an increased spend and metrics towards inclusive employment, particularly for BAME communities, should result in a diversity of employment population within sectors where there was currently a lack of representation. BC highlighted the importance of recruiting younger people into local government careers.</p> <p>DG advised that, if there was a full commitment to this approach, there would need to be an establishment of the next steps and clarity around the actions and implementation requirements. The Tees Valley Area ICP discussed this at length; and agreed that this should be brought back to the next meeting – following the establishment of the metrics.</p> <p>ACTION: Tees Valley Anchor Institution to be brought back to the next TV Area ICP meeting for further discussion.</p> <p>As per the recommendation of the report, it was also agreed that a task and finish working group would be initiated to support the development of an anchor institutions network for Tees Valley, as per the recommendation of the report. MA advised that the leads from each of the Tees Valley Area ICP organisations would be contacted to confirm/nominate the lead. DG emphasised the importance of ensuring that all system partners within the Area ICP were involved in this.</p> <p>ACTION: MA to contact the lead for each organisation within the TV Area ICP, to confirm the lead for anchor institution lead for each organisation.</p>	<p>RH</p> <p>MA</p>
TVICP/23/56	Tees Valley ICP Workplan Proposal	
	<p>The report had been circulated to members prior to the meeting.</p> <p>Sarah Bowman-Abouna (SBA) and Martin Short (MS) presented an update on the workplan for the Directors of Public Health; proposed some key areas of collective work for the Tees Valley ICP. It was noted that there was now an ask for these meetings to address some of the challenges identified for the Tees Valley.</p> <p>SBA highlighted the importance of establishing a clear action plan, outcomes, and timescales for delivery, which linked back to a refresh of the ICP Tees Valley places plan and local Health and Wellbeing Strategies in order to reduce any duplication and to ensure impact can be monitored. She advised that it was proposed that the</p>	

	<p>following four themes could be focused on four socio-economic determinants, as follows:</p> <ul style="list-style-type: none"> • Transport • Work and health • Care and health workforce • Anchor institutions; which would link into the previous anchor institutions network discussions. <p>It was proposed that the Tees Valley Area ICP meeting could be utilised as way of holding themed workshops to facilitate discussions around these areas. The Tees Valley Area ICP discussed the proposals in relation to work areas for the Tees Valley ICP work programme. The importance of establishing concrete outputs from these meetings was highlighted. The group agreed that a workshop format for future meetings would be welcomed; and it was suggested that the anchor institutions network could be topic for one of the workshops.</p> <p>ACTION: Following agreement from BC and DG, it was agreed that workshop sessions should be incorporated into the Tees Valley Area ICP meetings going forward.</p>	RH
TVICP/23/57	Suggested Items for Next Meeting	
	<p>DG advised that the intention of this item was to ensure that the group considered how to move forward with meaningful discussions and avoid any duplication of work. He suggested a programme that would require colleagues to report back on any areas of work they had been tasked with. BC advised that colleagues that any additional items suggested for the next meeting should be sent to DG.</p>	
TVICP/23/58	Any Other Business	
	<p>The Chair noted there were no further items of business advised and thanked members for their attendance and contributions to the meeting.</p> <p><i>The meeting closed at 2.02pm</i></p>	
	<p><u>Next Meeting</u> Date: Friday, 7th June 2024 Time: 12-2pm Venue: TBC</p>	

Signed:



Date: 23.04.24

Cllr Bob Cook (Chair)

Confirmed

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HEALTH AND WELLBEING BOARD - FORWARD PLAN

<p>26 June 2024</p>	<ul style="list-style-type: none"> • BCF Update • Alcohol Strategic Group Update (Sarah Bowman Abouna/Mandy McKinnon) • Tobacco Alliance Update (Sarah Bowman Abouna/Mandy McKinnon) • Members' Updates • Forward Plan
<p>31 July 2024</p>	<ul style="list-style-type: none"> • Health Protection Collaborative Update (Sarah Bowman, Tanja Braun, Rob Miller) • Members' Updates • Forward Plan
<p>28 August 2024</p>	<ul style="list-style-type: none"> • Members' Updates • Forward Plan
<p>25 September 2024</p>	<ul style="list-style-type: none"> • Domestic Abuse Steering Group Update (Sarah Bowman Abouna/Mandy McKinnon) • Health and Wellbeing Partnerships' Update (Partnership Chairs) • Members' Updates • Forward Plan
<p>30 October 2024</p>	<ul style="list-style-type: none"> • Health Protection Collaborative Update (Sarah Bowman, Tanja Braun, Rob Miller) • Members' Updates • Forward Plan
<p>27 November 2024</p>	<ul style="list-style-type: none"> • Integrated Mental Health Strategy Group (Sarah Bowman Abouna/Tanja Braun)

	<ul style="list-style-type: none"> • SEND Strategic Action Plan (Joanne Mills) • Members' Updates • Forward Plan
18 December 2024	<ul style="list-style-type: none"> • Alcohol Strategic Group Update (Sarah Bowman Abouna/Mandy McKinnon) • Tobacco Alliance Update(Sarah Bowman Abouna/Mandy McKinnon)
29 January 2025	<ul style="list-style-type: none"> • Health Protection Collaborative Update (Sarah Bowman, Tanja Braun, Rob Miller) • Members' Updates • Forward Plan
26 February 2025	<ul style="list-style-type: none"> • Members' Updates • Forward Plan
26 March 2025	<ul style="list-style-type: none"> • Domestic Abuse Steering Group Update (Sarah Bowman Abouna/Mandy McKinnon) • Health and Wellbeing Partnerships' Update (Partnership Chairs) • Members Updates • Forward Plan
30 April 2025	<ul style="list-style-type: none"> • Health Protection Collaborative Update (Sarah Bowman, Tanja Braun, Rob Miller) • Members' Updates • Forward Plan

To be scheduled:

- Multiple Complex Needs – Peer Advocacy Pilot (**Sarah Bowman Abouna/Mandy Mackinnon**)
- Pharmacy Provision/ Update on Community Pharmacies (**ICB**)
- Primary Care Update (GPs, dentists and optometry) (**ICB – Emma Joyeux**)
- Fairer Stockton on Tees (**Jane Edmends, Haleem Ghafoor**)

Scheduled items Frequency:

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

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