

Date: Wednesday 31 July 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
Dominic Gardner
Peter Smith
Michael Houghton
Lucy Owens

Cllr Diane Clarke OBE
Cllr Steve Nelson
Cllr Stephen Richardson
Cllr Sylvia Walmsley
Carolyn Nice
Fiona Adamson
Jonathan Slade
Karen Hawkins
Matt Storey

AGENDA

1 Evacuation Procedure

2 Apologies for absence

3 Declarations of interest

4 Minutes

To approve the minutes of the last meeting held on 26 June 2024

5 Healthwatch Annual Report (Pages 7 - 28)

6 Joint Health and Wellbeing Strategy - Update (Pages 29 - 50)

7 Health Protection Collaborative - Update (Pages 51 - 68)

8 Health and Wellbeing Board - Function and Development (Pages 69 - 74)

9 Members' Updates

10 Forward Plan (Pages 75 - 78)

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



Annual Report 2023-2024

Stockton-on-Tees

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

We make sure NHS leaders and decision-makers hear local voices and use feedback to improve care.

We can also help to find reliable and trustworthy information and advice.

- Our vision

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

- Our mission

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

Our Values Are:

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



A look back at our work 2023 -2024

1,842 people

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

182 people

came to us for direct information and guidance.

17,844 people

were able to access up to date health and care advice and information through our various online platforms.

We published 9 reports about the improvements people would like to see in health and social care services.

How we've made a difference this year

- We have continued to develop our network of **Community Representatives**, ensuring grass root representation is embedded in our work.
- With colleagues across North East & North Cumbria, we developed robust reporting mechanisms to capture and escalate the public voice in a timely way, **informing decision making within the Integrated Care System (ICS)**
- Our programme of **coffee mornings** was delivered in a wide variety of locations, promoting inclusion and reach, increasing meaningful feedback from a variety of communities.

Our Work Plan This Year

Public voices have helped us to provide valuable feedback to decision makers, making a difference and improving how health and care services are delivered.

- **Views & Experiences of People Accessing or Requiring ADHD Support Services** -We worked closely with people with lived experience of ADHD to raise awareness and gather views of how health and care services could be improved. This work will help shape national initiatives to inform service change.
- **Views & Experiences of Pharmacy Services** - We conducted 6 **Enter & Views in pharmacies** across the Borough to raise awareness of the Pharmacy First service and gather feedback on current service provision and inform future planning.
- **Youthwatch** - Working together across Tees Valley - in collaboration with Youth Focus North East -In collaboration with our colleagues in Tees Valley, we developed '**Youthwatch**' to engage with young people to gather their views on health services and produce two reports.

1. I need a Doctor

2. Insight into Youth Sexual Health

Our Work Plan This Year cont.

- **Views & Experiences of People Accessing Drug & Alcohol Services** - We engaged with people accessing **Drug & Alcohol services**. Working closely with partners, we made appropriate recommendations to inform future service delivery.
- **Access to Dental Services** – Working with colleagues throughout the North East & North Cumbria we contacted 287 dental practices in a mystery shopping exercise to determine service provision in the region.
- **Growing Older Planning Ahead – For Adults with a Learning Disability** - We carried out focused work, providing recommendations that will inform the future commissioning of planned care for adults with a learning disability.

So what?

Public voices have helped to inform

- **9** Reports relating directly to health & care services
- We have made **47** Recommendations to improve health and care services and access
- Provided insight for our **4** **'Word on the Street'** reports – shared widely with partners – ensuring timely feedback to service providers and decision makers
- Supported decision makers in the planning of developing new and innovative ways of working. Including Public Health, Integrated Care System (ICS), Local Authority, North Tees & Hartlepool Foundation Trust, Select Committee, Health & Wellbeing Board and the VCSE

Who have we spoken to?

Our work continues to develop throughout Stockton-on-Tees

- **1842** People engaged with feedback
- **6** Enter & Views carried out
- **226** Meetings attended with partners and professionals
- **44** Events hosted
- **13** Focus groups
- **182** People supported directly with information & advice
- **52** Services attended throughout Stockton-on-Tees
- **177** Events attended

Spotlight on Dentistry

- Volunteers from the Healthwatch Network across North East & North Cumbria carried out a mystery shopping exercise throughout the region - contacting dental practices to determine waiting times and accessibility.
- The scenario we asked about was someone who does not have a regular dentist, looking for urgent dental care, having had pain with a back tooth for 2 days that they are managing unsuccessfully with painkillers.
- During this time, we also had an open survey running to provide other ways of capturing information, together with our information and signposting function.
- It is anticipated that a final report for the North East & North Cumbria , including recommendations will be available by the end of September 2024.
- Healthwatch are working closely with the ICB to ensure our recommendations inform the dental recovery plan - including the newly opened dental emergency provision in Darlington

Spotlight on Dentistry continued...

- The Dental practices contacted were NHS service providers
- 24 (9%) of Practices offered an NHS appointment the same day or next day.
- 6 (2%) Offered an NHS appointment within 2-3 days.
- 18 (6%) Offered an NHS appointment more than 3 days away.
- 23 (8%) Said to call back tomorrow to see if an urgent care appointment is available.
- 216 (75%) Offered no NHS appointments, of these one offered to join a waiting list and 93 of these offered a private appointment, many wanted paying up front for private appointments.

Spotlight on Drug & Alcohol Services

- There is a high prevalence of drug and alcohol related harm in Stockton-on-Tees, with alcohol-related hospital admission and deaths relating specifically to alcohol being significantly higher than the national average.
- Long term illicit drug use and drug related deaths are also significantly higher than regional and national averages.
- Together, with the support of Public Health and service providers we engaged with those that had experience of drug & alcohol services to determine what was working well and what could be improved.

Spotlight on Drug & Alcohol Services

This focused engagement work highlighted areas that could help to improve services for those needing support with substance abuse.

These included;

- Greater choice of meeting places and drop-in venues.
- Face to face out-of-hours service - including evenings and weekends.
- Multi-agency approach – avoiding a ‘wrong door’ or having to repeat frequently, difficult questioning, including housing, schools, justice system, social services, and mental health services.
- Continued development of Lived Experience Peer Support.
- Freephone Service - that can be accessed via a mobile phone, with good promotion of the service.

What difference did this make?

- This work has highlighted the challenges facing family, friends, carers, service users and professionals when facing substance addiction. The effect of drug abuse and alcohol addiction can affect different people in different ways, but the commonality is the negative impact it can have on all who are involved.
- This report will form part of a wider piece of work with the Public Health Stockton-on Tees Team, as the Peer Support Advocacy service is developed. It will also help to plan and shape the future commissioning of Drug & Alcohol Support Services.

The recommendations contained within this report will help current service providers to improve service delivery and accessibility.

“We would like to thank Healthwatch Stockton-on-Tees for completing this exercise and for working with us to understand the feedback and recommendations, as well as providing us with the opportunity to share a comprehensive insight of our service and how we are meeting some of the challenges identified.”

Jenny Thompson, Services Manager, Stockton Recovery Service

“We would like to thank Healthwatch Stockton-on-Tees for seeking the views of local people who access a range of drug and alcohol services across Stockton-on-Tees. As commissioners of some of these services, we welcome their feedback, and always endeavour to learn from local experiences to help us improve the support available.”

Mandy Mackinnon, Strategic Health & Wellbeing Manager, Public Health Stockton-on-Tees

Who have we worked with

Year on year our network grows and develops – dependent on our workplan priorities, commissioning and impact, the partners we work closely with can change.

2023-2024 Key Partners

Stockton-on-Tees Community Champions	North East Autism Society
Catalyst (VCSE)	TEWV
Stockton-on-Tees Borough Council	Red Balloons
Public Health Stockton-on-Tees	Mental Health North East
North Tees & Hartlepool NHS Foundation Trust	Stockton-on-Tees Family Hubs
Autism Parents Together	Stockton Community Mental Health Team
North East & Cumbria Learning Disability Network	Starfish Health and Wellbeing

Community Groups

We want to ensure that our intelligence reflects the voice of service users – we have attended

Autism Matters	Fresh Balance
STEPS	Changing Lives
MAIN	Bridges Family & Carer Service
Change Grow Live (CGL)	Thornaby Community Partnership
Starfish Health and Wellbeing	Stockton Parent Carer Forum
Alliance Psychological Services	Radio House
A Way Out	Accent Group – Argyll House Residential Provision
Andy's Man Club	Mums in Recovery

Behind The Scenes

We have worked to ensure NO voices are missed, strengthening reporting pathways and intelligence gathering.

- Complete overhaul of recording processes
- Additional reporting mechanisms
- Robust partnership working
- Reflection of how we can have better impact
- Strengthened working across Tees Valley Healthwatch
- Introduction of Community Representatives – ensuring our work is meaningful
- Embedded working arrangements within the ICS

Our work priorities 2024/2025

Every year we set priorities that will form focused workplan items, to capture your voices and support making positive changes and improvements to health and care services

- **We held a public work plan event to gather the public and partners to help shape our priorities**
- We provided a platform for partners to raise awareness of other local priorities, including – The Local Authority, ‘Making it Real Board’, The ICB, sharing plans for future care and Sarah Jones as she leads on the ‘Wellbeing Hub’
- We know services and capacity are under significant strain – by working together we can help determine how services are commissioned to support accessibility for all, aiming to improve health outcomes and reduce health inequalities.
- Our focused priorities for 2024-2025 are Young People and Migrant Health
- Together we can help to make a difference.

What our Partners said about our work

Our reports are always sent to service providers and commissioners for response and feedback, to tell us how our work will be embedded within transformation.

"Thank you for sharing this report with us. It is very positive to see how many people and services have contributed to the content. It is pleasing to see the good practice evidenced in the report. We welcome the recommendations and will take forward within our planning processes."

***Emma Champley, Assistant Director, Adult Strategy & Transformation
Stockton-on-Tees Borough Council***

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

**Sarah Bowman-Abouna, Director of Public Health
Stockton-on-Tees Borough Council**

Questions?



Together We Are Stronger

healthwatch
Stockton-on-Tees

Joint Health & Wellbeing Strategy Stockton-on-Tees

July Health and Wellbeing Board meeting

July 2024

July Health and Wellbeing Board meeting

Purpose: This will be a **final check in** with the Board before completing the last phase of the strategy development process.

Recommendations for the Board:

- Agree on the proposed (refined) approach and theme of the new Strategy
- Review and agree on the last phase (process steps) and timelines to completion
- Review and comment on key sections of the Strategy already drafted

The approach – for Board approval

Following the last Board strategy workshop, the approach for this new strategy has been refined.

Proposed approach (refined)

1. More than a document in isolation: We are developing a system wide strategic approach, more coordinated, delivered through a joint delivery plan with stronger oversight from the Health and Wellbeing Board.

- The core deliverables:
 - **A Health and Wellbeing Strategy**
 - **A joint delivery plan, outcomes framework and dashboard**
 - **Strengthened coordination mechanism to deliver on the Strategy**
 - **Better performance monitoring system for the Board to assume its oversight responsibility**

The approach – for Board approval

Proposed approach (refined)

2. Added value of this strategy:

- We recognise there are a plethora of existing strategies, actions plans that all in some way are contributing to improving the health of residents in Stockton.
- **The added value of this strategy is to have one document that recognises and connects relevant ambitions and commitments across the Council, partners and broader system that contribute to a common set of priority areas to improve health and wellbeing.**
- Therefore, we have reviewed all relevant existing strategies and plans, and in the process of consulting across the Council and partners.

The approach – for Board approval

Proposed approach (refined)

3. Language matters: The strategy document needs to be accessible to residents of Stockton. Accessible in terms of language and readability, minimal use of jargon and attention to words that may be sensitive or triggering.

Rather than comprehensive (given timescales), we will ask a few groups and colleagues to specifically review the language and offer advice for improvements.

- We will ask the members of the Making it Real Board to review and offer any advice.
- Healthwatch colleagues and their Board have agreed to review.
- We are in discussions whether Bright Minds, Big Futures would consider reviewing.

Core deliverables – for Board approval

Health and Wellbeing Strategy	<ul style="list-style-type: none">• A short, succinct document.• At the level of high-level ambitions and commitments.• Language that is accessible for the general public.
Joint Delivery plan	<ul style="list-style-type: none">• Year on year detailed plan.• Clear objectives, activities, timelines and responsibility.
Outcomes framework and Dashboard	<ul style="list-style-type: none">• A set of high-level outcomes and process milestones that can be monitored over time.
Strengthened coordination mechanism to deliver on the Strategy	<ul style="list-style-type: none">• Dedicated coordination capacity to follow the delivery plan and connect the various existing strategies, plans, partnerships and committees.
Better performance monitoring system for the Board to assume its oversight responsibility	<ul style="list-style-type: none">• Develop a RAG rated system to monitor progress.• Forward planning of the Board aligned to ongoing oversight of the Strategy.

Timelines for last phase – for Board approval

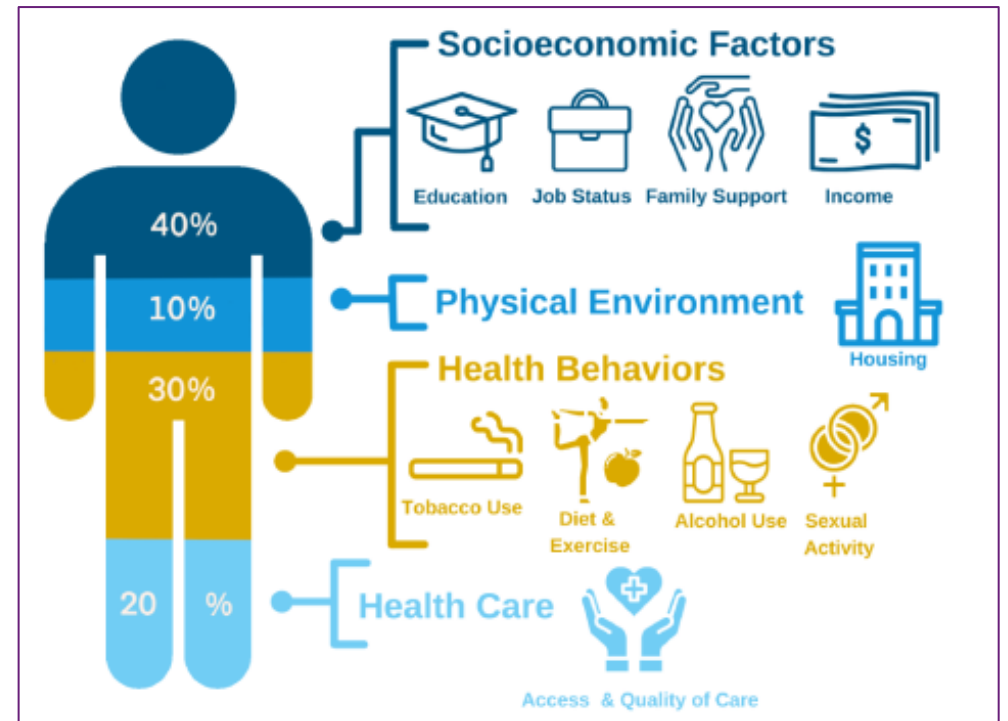
<p>August</p>	<ul style="list-style-type: none"> • Finalise draft of the strategy • Final consultations – across relevant Council departments and partners • On shaping the language <ul style="list-style-type: none"> • Consult with the Making it Real Board • Consult with Bright Minds, Big Future (to be confirmed) • Health watch colleagues and Board • Discuss and agree overall document format with comms colleagues
<p>September HWB meeting</p>	<ul style="list-style-type: none"> • Board to review and approve the Health and Wellbeing Strategy
<p>October and November</p>	<ul style="list-style-type: none"> • Develop the Delivery Plan, Outcomes framework and metrics for a dashboard • Board development sessions: <ul style="list-style-type: none"> • Agree monitoring and oversight system for the Board and aligned with the forward plan for 2025 • Potentially review composition of the Board and need to review the oversight function of the Board vis a vis other existing steering groups, committees and partnership groups • Put in place the coordination mechanism to deliver on the strategy
<p>December HWB meeting</p>	<ul style="list-style-type: none"> • Board to review and approve the Delivery Plan, outcomes framework • Board to conclude on the monitoring and oversight system, to start in 2025 • Forward plan for 2025 developed and aligned with the oversight for the Strategy and delivery plan

The theme of the SP – For Board approval

Supporting local action on the building blocks of health

- Renew our focus on the wider determinants
- Research studies show that 50% of a person's health and wellbeing is determined by their education, employment, income, physical environment – the building blocks of health.

What influences a person's health and wellbeing?



The theme of the SP – For Board approval

5 key enablers – systematically applied

- **Health is everybody's business:** Health in all policies – a whole system approach
- **Communities at the centre:** Strong empowered communities
- **Commit to prevention and early intervention:** Through a life course approach
- **Levelling the playing field:** Leave no one behind (communities and inclusion groups)
- **Placed based approach:** Population intervention triangle framework

Ways of working

Given the challenging environment – We need to be smarter with how we work and use resources

- **Bang for our buck** – Greatest impact based on evidence
- **The whole is greater than the sum of the parts** – Better coordinated
- **Creative and taking measured risks** – Brave to pilot new ideas and test scalability
- **Open to challenge** – Systematic about reviewing what's working, what's not and changing tract
- **Meet expectations** – A clear and consistent approach to co-production and community engagement

Ensuring systematic application of the 5 enablers

As part of the Board's role to monitor progress on the delivery plan – these are 5 scrutiny questions that the Board should routinely ask during performance review sessions

1. Is it having its intended impact? If not, do we need to re-evaluate?

2. Can we demonstrate we are contributing to reducing health inequalities?

3. Can we demonstrate meaningful community engagement and taking opportunities for co-production ?

4. Are we taking opportunities to be more joined up or integrated?

5. Are we taking opportunities to maximise positive health benefits for people?

New Strategy – Structure and proposed chapters

- **Foreword**
 - **Introduction**
 - What is the HW Board – role, responsibilities and composition
 - Broader system – key structures and partners
 - **Theme of the Strategy, key enablers and ways of working**
 - **What does the data tell us about the health of Stockton residents?**
 - **What are the communities telling us?**
 - **4 focus areas**
 - Narrative (why is this important)
 - Set of high-level commitments
 - **What will the monitoring and accountability system look like for Strategy implementation**
- * Overall length of document = around 20 pages

New Strategy – 4 focus areas

- **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**

1: All children and families have the best start in life – work in progress....

A good start in life is fundamental to children’s and young people’s lifelong health and wellbeing and future life chances. Good care before conception and during pregnancy, the right support during early years, through to school and transition to adulthood, gives a child the best chance to maximise their potential and lifelong health outcomes.

Commitments

- **Early years:** Children and families are supported to develop a child’s early speech, language and communication and provide a positive home learning environment.
- **Mental health and wellbeing:** to be drafted (pending consultation with the integrated mental health steering group)
- **Inclusive:** Children with Special Educational Needs and Disabilities have their needs met and Stockton on Tees is a borough where all children and young people are included regardless of their need, background or vulnerability.

1. All children and families have the best start in life – work in progress....

Commitments

- **Early intervention:** Children, young people and their families have access to support as early as possible to prevent problems from escalating.
- **Corporate parenting:** Children in our Care and Care Experienced Young People are supported to enable them to achieve their full potential.
- **Safe from harm:** Children and young people are safe from harm and safe in their communities, protected from bullying, neglect and abuse in the home, online and in the community.
- **Transition:** Ensure there is a joined-up pathway that fully supports young people in their transition to adulthood.

2. Everyone has a healthy standard of living - work in progress....

There is well established link between the money and resources someone has and their mental and physical health and wellbeing. People with the lowest levels of income, at risk or in poverty (not having enough to live on, even for the basic essentials) have the greatest risk of poor mental and physical health and wellbeing.

We also know been in employment can have a positive impact on health, resilience and wellbeing, but it must be good employment. This means fairly paid, a supportive and safe work environment and where people can develop and grow.

Commitments

- **Healthy workplace:** We will make Stockton-on-Tees a recognised place of good work and fair pay. As many employers as possible offering safe and supportive workplaces, that promotes and support staff health and wellbeing.
- **Addressing inequality:** We will provide support for skills, education and training to give people better chances to access the job opportunities available. We will focus efforts on communities that have more prevalent issues with lower skills and lower wages, as well as people facing barriers, such as those living with a disability or those with long term health conditions.

2. Everyone has a healthy standard of living - work in progress....

Commitments

- **Poverty:** We will work to tackle the contributing causes as well as providing direct support, advice and information to people, families, households directly affected by poverty.
- **Equality and poverty impact assessments:** As a Council we will ensure that our policies, practices, and decision-making processes are fair, do not present barriers to disadvantaged and protected groups and those affected by poverty. This will be supported through the systematic use of equality and poverty impact assessments.
- **Food insecurity:** We will ensure people and households who face food insecurity (when people don't have enough to eat and don't know where their next meal will come from) are able to access nutritious food while working to address the underlying causes of food poverty.

3. Everyone lives in healthy and sustainable places and communities - work in progress....

The places where we live (our homes and neighbourhoods), the communities we are part of, the natural environment, how we travel; all have a substantial impact on mental and physical health and wellbeing. Healthy and sustainable places and communities have common traits; where people feel included and safe, strong social interactions and cohesion and active and healthy behaviours are facilitated for people of all ages.

Commitments

- **Green space:** Accessible and attractive parks, nature reserves, amenity green space and green corridors that more people of all abilities and ages want to use and enjoy keeping active (walking, running, children's play, formal and informal sport).
- **Active travel:** We will reduce the barriers that stop people from choosing to travel actively to schools, colleges and work. Delivering improvements in walking, wheeling and cycling infrastructure that will support active travel for people of all abilities and ages.

3. Everyone lives in healthy and sustainable places and communities - work in progress....

Commitments

- **Food environment:** Stockton-on-Tees has a healthier food environment where good food is easily accessible, affordable and which meets diverse cultural and nutritional needs. Healthy food should not be a luxury, and therefore everyone should be able to eat healthily every day, no matter who they are, what they do or where they live.
- **Air quality:** We will reduce air pollution by working with partnerships and networks to influence policy and planning decisions. Increase awareness by providing education on the health impacts of poor air quality and promoting behaviours that improve air quality, with a particular focus on areas and communities that experience the worst air quality.
- **Domestic abuse:** We want everyone living or working in Stockton-on-Tees to feel safe, supported and protected from domestic abuse, regardless of their age, sex, gender, sexuality, disability, socio-economic status, faith or background.

3. Everyone lives in healthy and sustainable places and communities - work in progress....

Commitments

- **Community resilience:** We will work with communities to strengthen resilience through evidence-based public health initiatives, fostering community networks and supporting education on emergency preparedness, including the health and environmental effects of the climate change emergency as well as future pandemics. Communities most likely to be negatively impacted will be prioritised.
- **VCSE:** We will continue to support and work with a vibrant and growing voluntary, community & social enterprise sector (VCSE) in Stockton-on-Tees.
- **Co-production:** We will have a clear and consistent approach to co-production with communities and take all opportunities to embed this into practice. Whilst, respecting the rights of local communities to get involved as much or as little as they are able or wish to.
- **Social isolation and loneliness:** we will work together with communities to tackle the contributing causes, encourage and facilitate more ways to connect within the community, as well as providing support for people at greatest risk or impacted.

4. Everyone lives long and healthy lives - work in progress....

Commitments

- **Independence:** We will provide the right support at the right time to people to prevent, reduce or delay the need for ongoing support and maximise their independence.
- **Vaccinations:** We will support and promote vaccination programmes to prevent serious illness caused by communicable diseases. Through partnerships and networks with the NHS, UK Health Security Agency and community organisations, we will improve vaccination uptake, with a focus on communities with greater barriers to access.
- **Screening:** We want all residents of Stockton-on-Tees to be able to access all available screening for circulatory disease, respiratory disease and cancers.
- **Smoking:** We will reduce the number of people smoking across all communities, whilst providing focused support for people with low incomes, living with mental illness and pregnant women.

4. Everyone lives long and healthy lives - work in progress....

Commitments

- **Alcohol related harm:** We will reduce alcohol related harm in Stockton-on-Tees whilst ensuring that alcohol can be enjoyed responsibly.
- **Drug related harm:** We will reduce the number of people using drugs through primary prevention initiatives and tackling the drivers contributing to drug misuse. We will treat addiction as a health condition, breaking down stigma, and ensuring early help and treatment to reduce drug related harm.
- **Complex and multiple needs:** For people experiencing complex and multiple needs, we will look for all opportunities to better coordinate and deliver holistic support and care, rather than siloed.
- **Mental Health:** To be drafted (pending consultation with the integrated mental health steering group)

Health Protection update

H&W Board 31st July 2024

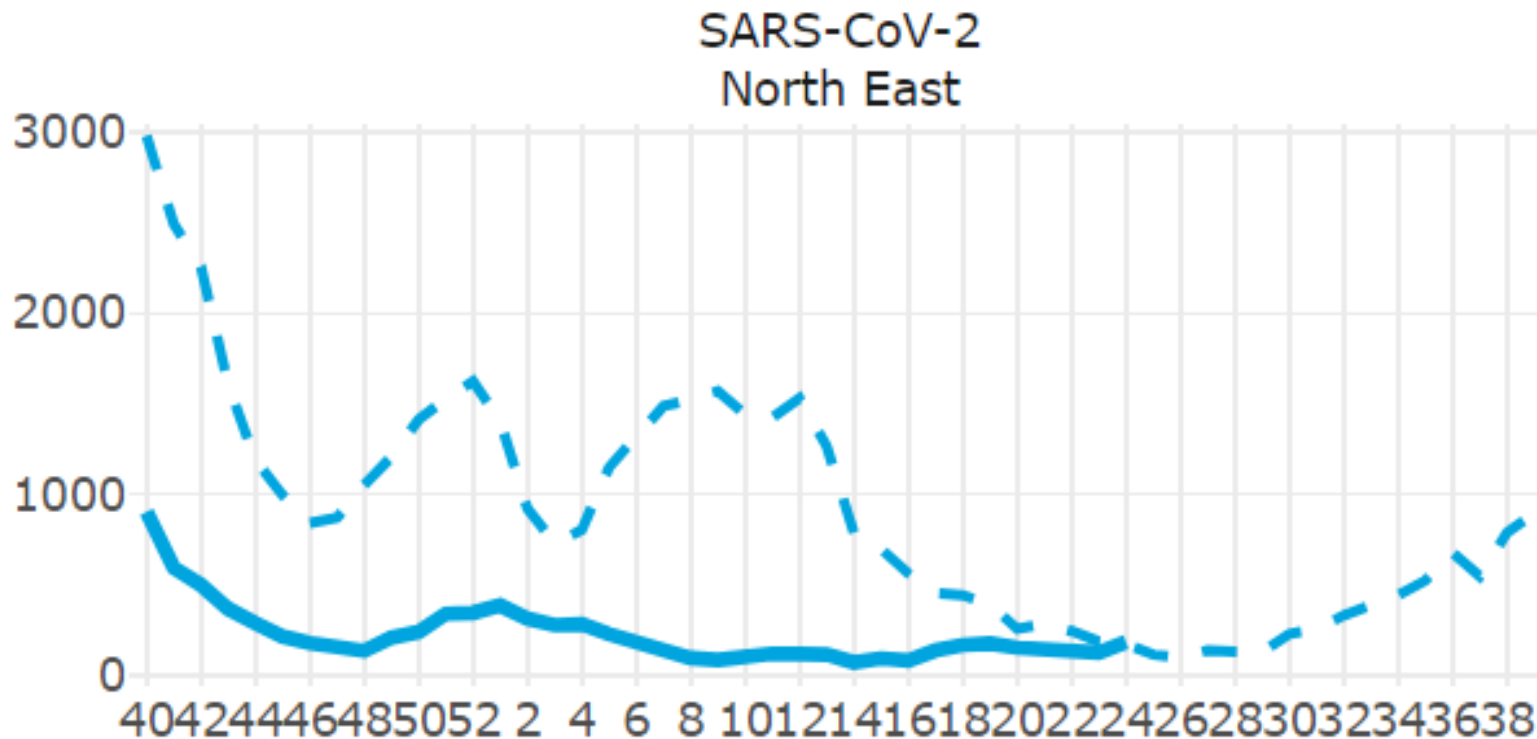
Sarah Bowman-Abouna

Health Protection Update

- COVID-19 and Flu
- RSV
- Vaccination
- Other communicable disease updates
- Outbreaks
- School aged immunisation projects
- Completed actions
- Next Steps

COVID-19 North East

Cases up to 16/6/24



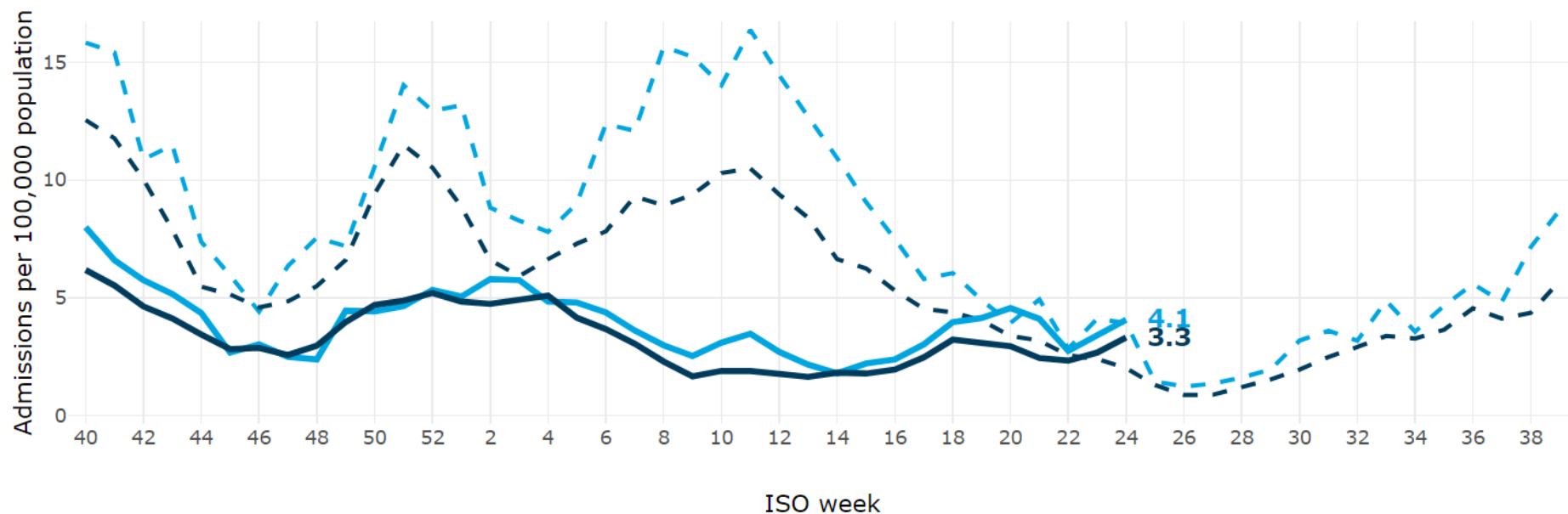
NE: increase in COVID-19 over past weeks. NE positivity has increased to 12.20% (from 9.60%) and is currently above national positivity (10.07%)

Dotted line: NE 22/23; solid line NE 23/24

COVID-19 Hospitalisations: North East

Up to 16/6/24

Figure 4. Hospital admissions with confirmed SARS-CoV-2 – SARI Watch (Mandatory Surveillance)



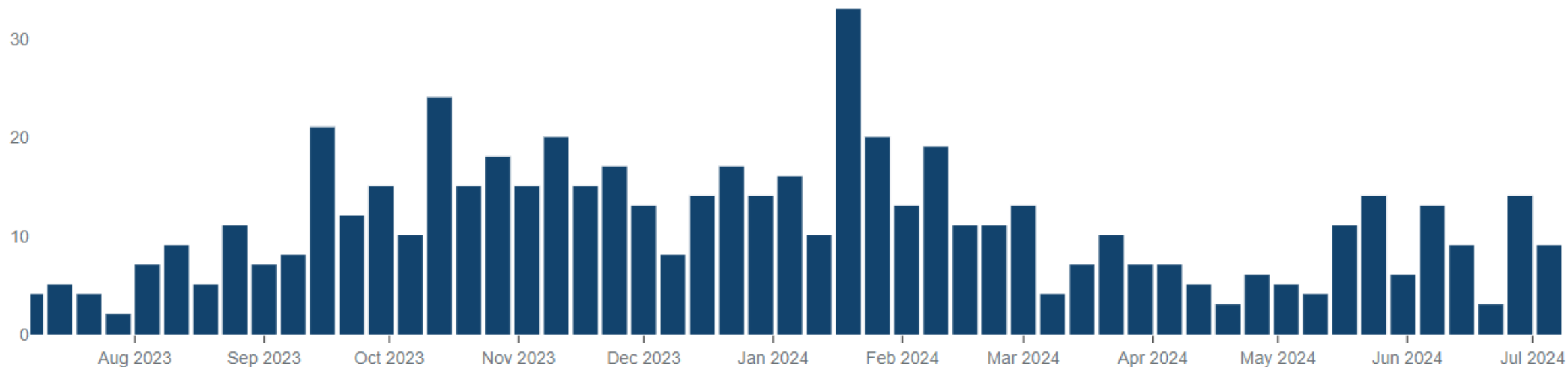
Hospital admissions are increasing to 4.07 per 100,000 (from 3.40 per 100,000 the previous week).

*Labels shown for most recent week's rate

— North East 2022-2023 — England 2022-2023 — North East 2023-2024 — England 2023-2024

COVID-19 Deaths in North East

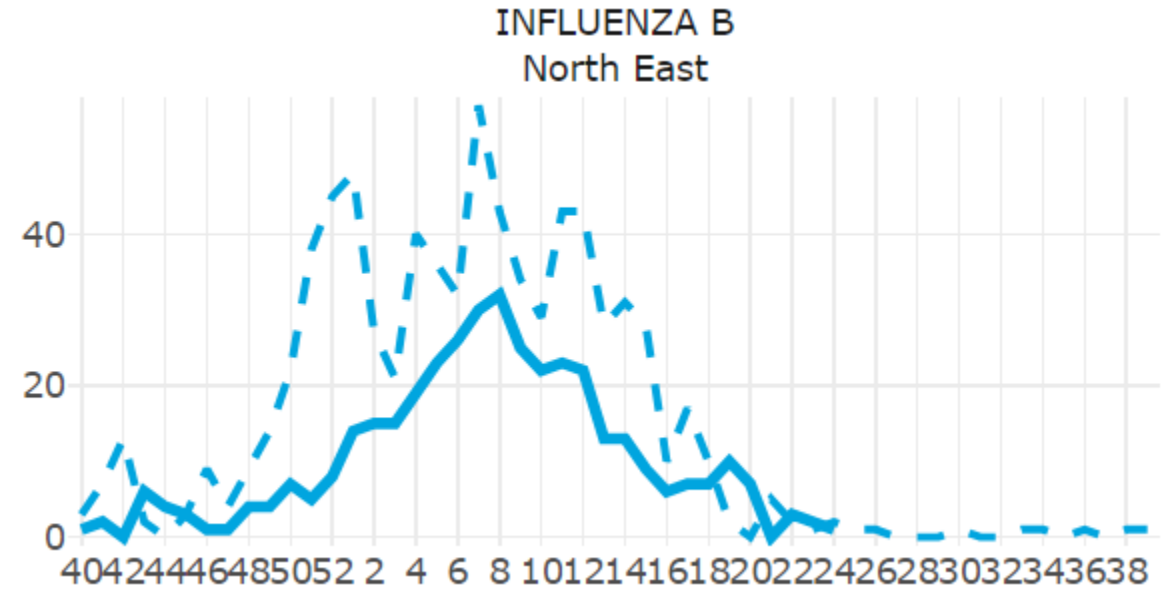
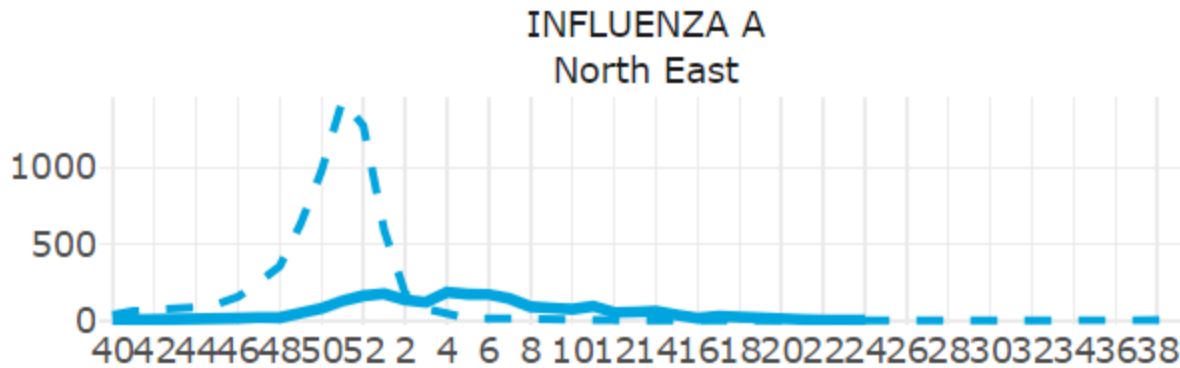
Up to 5/7/24



Flu North East

Up to 16/6/24

Decrease in Influenza A positivity in the North East to 0.51% (previous week, 0.59%) and Influenza B to 0.00% (0.40% previous week)

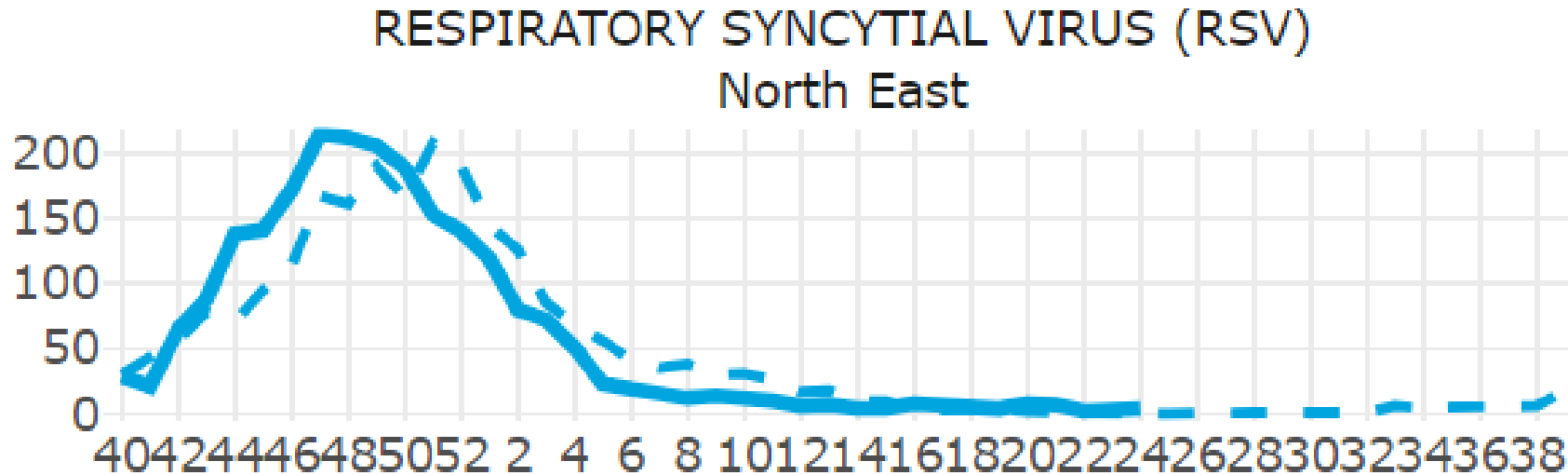


Dotted line: NE 22/23; solid line NE 23/24

Other Acute Respiratory Illness North East

Up to 16/6/24

RSV positivity in the North East has decreased to 0.17% (was 0.20% previous week)



Dotted line: NE 22/23; solid line NE 23/24

Measles

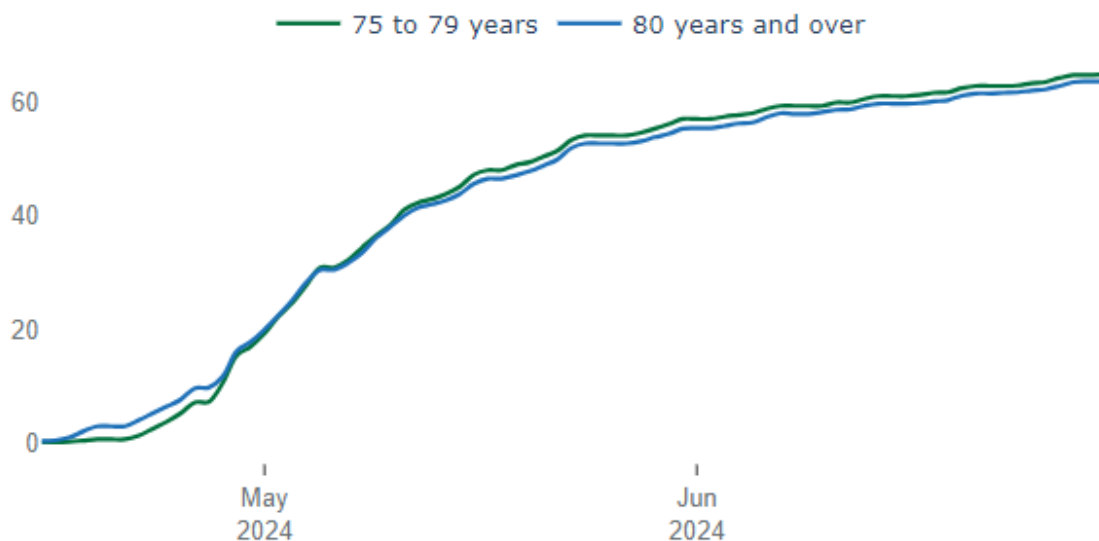
1 Jan 24 - 18 Jul 24

- Measles outbreaks have been observed nationally
- The rise in cases is due to lower MMR vaccine uptake
- Over 2,000 confirmed cases nationally
- Mostly affecting children
- There have been 78 confirmed cases of measles in the NE
- Most of these (55) were due to outbreaks in Middlesbrough
- Cases in the NE have slowed in recent weeks
- Stockton-on-Tees has high MMR vaccination rates (over 90%, however we are still below the 95% required for herd immunity)
- But cases in London continue to rise, currently at 830



COVID-19 Vaccination Stockton-on-Tees

Spring 2024



Date	Pop-up Location	COVID vaccines administered
29/4/24	Billingham Library	670
24/5/24	Thornaby Pavillion	67

The Spring COVID-19 booster saw 64.8% of 75-79 year olds and 63.6% of 80+ year olds get vaccinated in Stockton-on-Tees. (62.3% & 62.2% in England).

Other eligible groups included those living in care homes for the elderly and those with certain health conditions. Some of these may be reflected in this data.

Upcoming Vaccination Campaign

Winter 2024

The Winter vaccination campaign is to include COVID-19 and Flu vaccines.

Those eligible for Flu vaccine include:

- From 1st Sept: pregnant women, children aged 2-3, primary and secondary school children, and children between 6 months and 18 years in a clinical risk group
- From 3rd Oct: 65+, those aged 18+ in a clinical risk group, those in long stay residential care homes, carers, and frontline social care workers e.g. those in residential/nursing homes and hospices

Those eligible for COVID-19 vaccine are to be confirmed



New RSV Vaccine

- The RSV vaccine is to be introduced September 2024
- It will be offered to pregnant women who are at least 28 weeks (to protect their unborn baby) and people over 75 as these are those most at risk
- RSV results in around 33,500 hospitalisations per year in children aged under 5 years old, and 20 to 30 deaths per year in the UK with premature babies and those under 6 months most at risk
- RSV is estimated to account for 175,000 GP appointments in those aged 65 years and older in the UK per year and 4,000 deaths in those aged over 75 years in England and Wales in Winter
- This vaccine programme will run year round



Pertussis (whooping cough)

NHSE update

- Vaccination uptake has dropped (NE: 70-75% across 2017, to 58-61% up to Sept. 2023)
- Trusts committed to working with NHSE to enhance offer in maternity at different points
- NHSE have an agreed NENC pathway for vaccines in pregnancy
- Health visitors part of the pathway to promote & be “trusted voices” for all vaccines in pregnancy
- GPs still need to offer pertussis
- Work on pertussis closely linked to flu and RSV also in pregnancy. Change in language and focus “take up vaccines when offered” (not just single vaccines)
- NENC ICB social media vaccines in pregnancy campaign “trusted voices” – expected

Outbreaks

This month (June/July)

- D&V and COVID-19 affecting adult social care
- Public health continues to monitor and support as needed, working with UKHSA

Other communicable disease updates

- National STEC outbreak
 - almost 300 cases identified since April 2024
 - affecting some individuals in the NE, but proportionally
 - associated with pre-packaged sandwiches especially BLTs
 - food chain investigations ongoing to identify specific growers
- National listeria outbreak
 - also associated with pre-packaged sandwiches
 - resulted in deaths in hospitals in the South which received media attention
 - not believed to be affecting the NE

School aged immunisation projects

- ICB vaccine inequalities funding; commissioned behavioural insights work. Also used evidence
- Identified a lack of knowledge regarding school aged immunisations (HPV, MenACWY, and TdIPV) in young people and their families in Stockton-on-Tees
- Developed two interventions to address this:
- Currently working with an Easy Read provider to create Easy Read leaflets for each of these vaccines
- Piloting a vaccine champion coordinator to work into community organisations and schools - raise awareness and share accurate information regarding these vaccines



Completed actions

- Heat health alerting season now underway, ASC made aware at recent Provider Forum
- Measles/MMR comms shared widely especially in children and young people's settings and with Community Wellbeing Champions
- Measles/MMR awareness session carried out with migrant community in Stockton-on-Tees
- Measles/MMR information shared with traveller community
- Shared details of vaccine catch-up clinics with secondary schools
- Promoted maternal vaccination including whooping cough
- Completed all planned Covid vaccination pop-ups
- Supported settings experiencing outbreaks and with an queries/concerns
- Planning of the Winter Health Conference is underway

Next steps

- Update ASC at next Provider Forum in September
- Continue to update with comms messaging for communicable diseases to partners
- Ongoing links with UKHSA and wider partners on national issues e.g. increase in measles and roll out of MMR campaign
- Raise awareness of RSV and promote vaccination to those eligible
- Public health to maintain oversight of population surveillance / emergent issues and work with partners as these arise

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AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

31st July 2024

REPORT OF DIRECTOR OF PUBLIC HEALTH

HEALTH AND WELLBEING BOARD – FUNCTION AND DEVELOPMENT

SUMMARY

Through the recent workshop sessions to develop the new Health and Wellbeing Strategy for the borough, it was agreed to revisit the function of the Board, the format of Board meetings and the opportunity for Board development. The briefing outlines the first proposed steps for the Board's consideration and approval.

RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board:

1. Consider the proposal for Board development sessions
2. Consider the proposal to use the Board meetings in September, October and November for these development discussions

DETAIL

1. During Spring 2024, the Board held two facilitated workshops to steer development of the new Joint Health and Wellbeing Strategy. A theme that emerged from these workshops and subsequent discussions, was the opportunity to revisit the Board's function and way of working particularly in the context of changes in the health and wellbeing system, national policy and Board membership since the Board was established and since the last Strategy was written.
2. As a summary, the two main linked issues raised in discussion were:
 - **Function** - Have a clear, common understanding of the Board's function in the new context – strategic direction-setting, assurance (including on statutory duties), oversight, monitoring impact and particularly in relation to adopting a Board position on key issues.
 - **Added value** - Ensuring the Board makes best use of its time and resources in carrying out its functions and brings added value as the statutory, strategic system-wide leadership group for local health and wellbeing and health inequalities.

3. The new Health and Wellbeing Strategy and its corresponding delivery plan and outcomes monitoring framework are being developed to set out the direction and action the local health and wellbeing system (key partners and community working together) can take to most effectively improve local population health and wellbeing. It is proposed this will be driven through a **renewed focus on the wider determinants of health**; and through being **smarter with how we work and use our collective resources**. These principles apply to the Strategy and to the Board itself and it is proposed the Board is developed in this context over the coming months.
4. The proposed approach for the new Strategy sets out that the Strategy will add value through connecting commitments across partners that contribute to priorities for improving health and wellbeing. Equally, the Board itself should add value in this way, through its composition, way of working and its meetings. The Stockton-on-Tees Health and Wellbeing Board has a good starting point to build on, with strong partnership working and a shared commitment to addressing inequality and working more closely with local communities.
5. The Board itself can add value through systematically applying the 5 proposed enablers in the draft Strategy. The Board can also, for example, apply a 'health and wellbeing lens' to key themes and priorities to:
 - take a medium- to longer-term view and secure commitment / investment in earlier prevention
 - ensure a system-wide focus on health and wellbeing outcomes through system leadership
 - identify key issues and lines of enquiry to improve quality, performance and assurance
 - identify opportunities and gaps and problem-solving through system discussion
 - take a collective position on key issues to advocate for the health of the local population

This would be for further discussion in the development sessions.

Board development

6. It is proposed some dedicated time and support is secured for Board development, to enable us to 'stop and think', to develop and meaningfully implement our new way of working. To enable this, it is requested that the Board meetings in September, October and November 2024 are used. Should any key items or urgent Board business need to be brought e.g. Winter planning assurance, it is proposed the DPH and Director of Adults, Health and Wellbeing work with colleagues to help negotiate how the time may be managed on behalf of the Board for those meetings.
7. The proposed areas of focus for these development sessions are:
 - **September** meeting:
 - **Board function** and maximising the Board's **added value** (in the context of the new system and Strategy) and role of the Board in taking a position / stance on key issues.

- Review **oversight** function of the Board, for key themes set out in the Strategy and the work to deliver these, focusing on collective added value of the Board.

The final draft Strategy will also be brought to this meeting for review and approval.

- **October** meeting:
 - **Co-production** with communities and the role of people with lived experience in the life of the Board; the approach to co-producing a living delivery plan for the Strategy; and the approach to capturing impact from the perspective of local communities.
 - **November** meeting:
 - Board approach to seeking **assurance** on key issues / statutory functions and monitoring **impact / performance** at local system level.
8. It is proposed each development session will consider what the discussion means for Board Terms of Reference (ToR) and composition of the Board, including the structure and purpose of partnerships and groups reporting to the Board and links to other strategic groups (e.g. Tees Adult Safeguarding Board, Team Stockton, ICB place sub-committee). SBC Public Health will review Board arrangements elsewhere linking with partners e.g. the LGA to help inform this thinking and with revised ToR to come to the December Board meeting.
9. It is proposed that external facilitation support is considered for these sessions – for example the Director of Adults, Health and Wellbeing is in discussion with the LGA about potential support they can offer.
10. From January 2025, the Board would be positioned to put in place its new way of working systematically. For example a focus on Board meetings run as thematic ‘workshops’ starting with the wider determinants of health and wellbeing; these could sit alongside quarterly business meetings to enable Board decision on specific items (e.g. BCF annual return, PNA). The format and frequency of future Board meetings would be developed as a result of the development session discussions.

FINANCIAL IMPLICATIONS

External facilitation of Board development sessions may attract a fee; this will be considered by the Director of Public Health and Director of Adults, Health and Wellbeing.

LEGAL IMPLICATIONS

Any changes to the Board terms of reference would need to be considered and approved by Council.

RISK ASSESSMENT

The proposals are deemed low risk.

CONSULTATION INCLUDING WARD / COUNCILLORS

Members have been involved through the Strategy development workshops and subsequent discussions. The proposed Board development sessions will build on this and form the foundation for wider discussion with Members / ward Councillors.

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HEALTH AND WELLBEING BOARD - FORWARD PLAN

28 August 2024	CANCELLED
25 September 2024	<ul style="list-style-type: none"> • Domestic Abuse Steering Group Update (Sarah Bowman Abouna/Mandy McKinnon) • Health and Wellbeing Partnerships' Update (Partnership Chairs) • Right Care, Right Person (Dominic Gardiner) • Members' Updates • Forward Plan
30 October 2024	<ul style="list-style-type: none"> • Health Protection Collaborative Update (Sarah Bowman, Tanja Braun, Rob Miller) • Members' Updates • Forward Plan
27 November 2024	<ul style="list-style-type: none"> • Integrated Mental Health Strategy Group (Sarah Bowman Abouna/Tanja Braun) • SEND Strategic Action Plan () • 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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