

# Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday 29 May 2024.

**Present:** Cllr Bob Cook (Chair), Cllr Lisa Evans, Cllr Pauline Beall, Cllr Dan Fagan, Cllr Steve Nelson, Carolyn Nice, Cllr Sylvia Walmsley, Lynn Hall (sub for Cllr Diane Clarke) Jon Carling, Dominic Gardner, Tanja Braun (Sub for Sarah Bowman Abouna), Cllr John Coulson (Sub for Cllr David Reynard)

**Officers:** Nicola Bell, Michael Henderson, John Devine, Fergus Neilson, Dawn Powell, Andrea Hogg, Grace Wali, Neil Mitchell, John Kemp

**Also in attendance:**

**Apologies:** Fiona Adamson, Cllr Diane Clarke OBE, Cllr David Reynard, Sarah Bowman Abouna, Cllr Stephen Richardson, Cllr Marcus Vickers, David Gallagher, Peter Smith, Jonathan Slade, Majella McCarthy

## 1 Declarations of Interest

For Transparency Councillor Steve Nelson declared an Other Registerable Interest in the 'Physical Activity and Healthy Weight Steering Group Update' report, as he was a member of the Tees Active Board.

Jon Carling declared an Other Registerable Interest in the 'Integrated Mental Health Strategy Group' report, as he was Chief Executive of Catalyst.

## 2 Minutes of the Meeting held on 24 April 2024

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

## 3 Health Protection Collaborative – Immunisations and Screening

Members received a report and presentation that provided an update on key outcomes and issues in relation to immunisation and screening programmes delivered in Stockton on Tees

Key issues highlighted and discussed:

Immunisation

- Members recognised the importance of encouraging the population to take up available vaccinations to guard against outbreaks of disease. It was noted that historic rates of vaccination had not been high enough to prevent outbreaks e.g. MMR and Pertussis, where cases were increasing. Members noted some of the interventions being undertaken to increase coverage.
- There was a clear correlation between drop in uptake of vaccinations and increases in outbreaks, so services needed to be vigilant and proactive, all the time.

- Education was an important factor in keeping uptake high but the sources of information that people used were not always reliable government and public health information should be the first port of call.
- It was felt that general pressure on services, eg. Primary Care and difficulties getting appointments could impact negatively on uptake.
- Programmed vaccinations were undertaken by the commissioned Schools' Immunisation Service but GPs would be involved in providing vaccinations of any pupils who had been missed.
- Outreach vaccination services included visits to schools, community centres etc
- Catalyst and NHS England would meet to discuss engaging with hard to reach groups.

#### Screening

- The screening programme caught life threatening diseases early and was an essential element of preventing early deaths.
- Lung health screening programme was comparatively new and was being developed. Stockton on Tees was one of the first authorities to host the programme; uptake had been good and detection better than had been anticipated.
- The increase in frequency of diabetic eye screening from 12 months to 24 months, for low risk patients, was medically safe and had been agreed by the National Screening Committee.
- The Newcastle Pilot study of using a screening bus, in areas of low uptake was at a very early stage and an evaluation would not be available for a number of months.
- It was explained that there was an established, and successful, Abdominal, Aortic, Aneurysm programme of screening for men over 65.

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

#### **Integrated Mental Health Steering Group**

The Board considered a presentation and report relating to community mental health transformation..

The presentation detailed the core aims of the 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 were 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.

The report provided updates on suicide prevention work, mental health crisis and the Prevention Concordat for Better Mental Health

Key issues highlighted and discussed:

- Members considered that the 'no wrong door' delivery model, described in the presentation was exceptional. In addition, having the benefits advisors in the wellbeing hub was very positive, as people with mental health problems were more likely to be in debt and being in debt was a factor in poor mental health.
- Mental Health issues, associated with Covid had impacted on poor communities more than others. The lack of social contact during the lockdowns had had a negative impact on lots of people's mental health but this had been greater for people who already had issues before lockdown. Demand for services had gone up but also the severity of mental health issues had increased, significantly.
- People were not being turned away. Funding would continue to be a challenge.
- The urgent care system would be aligned and embedded in the Hub, to provide the complete offer.

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

#### **4 Physical Activity and Healthy Weight Steering Group Update**

The Board considered a report that provided an update on progress achieved by the Physical Activity & Healthier Weight Steering Group (PA&HWSG) and partners since November 2023. As a subgroup of the Health and Wellbeing Board, the report also outlined future proposed developments of the steering group.

The Board was provided with details of a Sport England Place Partnership Development application.

Members noted that the Steering Groups membership and terms of reference

had been reviewed and now outlined the strategic approach for physical activity and healthier weight.

Key issues highlighted and discussed:

- Members supported the work that was going on and the range of activities that were available, for people to engage in. The uptake of activities and continued use of them demonstrated that messages were working and showed the value people were placing on their health.
- It was agreed that combining strategic approaches to physical activity with healthy weight was a sensible development.
- There was a role for medical interventions, in weight management, for a small number of people, but this would predominately be undertaken by the NHS. 71% of the borough's residents were overweight and the interventions undertaken by the Council were mainly whole population based with some focus on individuals and groups. These interventions were in place to try and prevent the need for invasive and more expensive medical interventions.

RESOLVED that:

1. the presentation and report on Physical Activity Developments, and on the Healthy Weight Strategic Approach, be noted.
2. the Sport England Place Partnership Development application be endorsed.
3. the next steps for Physical Activity & Healthier Weight Developments be endorsed.

## **5 Tees Valley Area Integrated Care Partnerships – 2 February 2024**

The minutes of the meeting of the Tees Valley Area Integrated Partnership held on 2 February 2024 were considered.

RESOLVED that the minutes be noted.

## **6 Members' Updates**

It was explained that a question had been received regarding the fluoridisation of the water supply, from a member of the public. This would be presented at Council and a response provided.

It was raised that some residents had had some problems getting access to a national consultation of the fluoridisation issue.

**7 Health and Wellbeing Board – Forward Plan**

RESOLVED that the forward plan be noted.