

Live Well South Tees Board

Monday 14th December, 2020

Please note that this is a virtual meeting.

The meeting will be live-streamed via the Council's [Youtube channel](#) at 10.00 am on Monday 14th December, 2020

	Agenda Item	Priority	Time
1.	Welcome and Introductions <i>Cllr Mary Lanigan / Cllr Dorothy Davison</i>		10.00 am
2.	Apologies for Absence <i>Cllr Mary Lanigan / Cllr Dorothy Davison</i>		
3.	Declarations of Interest <i>Cllr Mary Lanigan / Cllr Dorothy Davison</i>		
4.	Minutes- Live Well South Tees Board - 3 September 2020 (Pages 3 - 8) <i>Cllr Mary Lanigan / Cllr Dorothy Davison</i>		10.05 am
5.	Addressing Inequalities - Presentation and Discussion	1,2,3	10.10 am
6.	Covid Update	1,2	11.00 am
7.	Health and Wellbeing Executive Chair's report (assurance report) (Pages 9 - 18)	1,2,3	11.45 am

**Date and time of next meeting:
TBC**

Priority 1 – Inequalities
Priority 2 – Integration
Priority 3 – Information and Intelligence

JOINT HEALTH AND WELLBEING BOARD

A meeting of the Joint Health and Wellbeing Board was held on 3 September 2020.

PRESENT: R Andrews, A Barnes, C Blair, Councillor D Davison, A Downey, D Gardner, Councillor S Kay, K King, J Lowe, M Milen, Councillor M Ovens, C Parker, P Rice, E Scollay, L Spaven and Councillor L Westbury

OFFICERS: C Breheney
S Lightwing
C Lunn
A Pearson

APOLOGIES FOR ABSENCE K Boulton, S Butcher, Mr M Davis, D Gallagher, B Kilmurray, S Johnson, Councillor M Lanigan, T Parkinson, J Sampson, Councillor M Smiles, Mr A Tahmassebi, J Walker, K Warnock.

DECLARATIONS OF INTERESTS

Name of Member	Type of Interest	Item/Nature of Interest
Councillor M Ovens	Non pecuniary	Agenda Item 5 -Relative works at Roseberry Park

1 **MINUTES OF THE LIVE WELL SOUTH TEES BOARD HELD ON 4 JUNE 2020**

The minutes of the Live Well South Tees Board held on 4 June 2020 were agreed as a true and accurate record.

2 **PREDICTIONS FOR POST LOCKDOWN INCREASE IN DEMAND FOR MENTAL HEALTH SERVICES ACROSS SYSTEM PARTNERS**

The Board received a presentation from the Director of Operations- Teesside, Tees, Esk and Wear Valleys NHS FT (TWEV), the Joint Director of Public Health, Advanced Public Health Practitioner, and Health Improvement Specialist, on predictions for the increase in demand for mental health services across system partners in response to the Covid-19 pandemic.

The aims of the session were for the Board to:

- Understand and mitigate the impact of poverty and debt on mental wellbeing.
- Understand and amplify the community protective factors which protect mental wellbeing.
- Work together to meet additional demand for mental health services over the next five years.

The session had been planned according to the whole system approach previously agreed:

- Mission-led: considering mental health post-Covid in depth and the response of the system to the challenges outlined.
- Place-based: focus on place, not organisations - the session was designed around the Population Intervention Triangle:

- Civic level, considering the impact of debt on mental wellbeing.
- Community, considering community protective factors and the establishment of a Wellbeing Network.
- Service, considering the role of Tees, Esk and Wear Valley NHS FT within the broader system of services, community and civic-level.

It was vital to estimate how large the surge of extra Covid-19 generated demand for primary and secondary mental health services was going to be. Modelling had been developed by

public health, research, clinical data and planning experts, including Clinical Commissioning Groups (CCG) Mental Health (MH) commissioning leads across Durham and Tees. It was based on life course age bands: children and young people under the age of 18, working class adults under the age of 64, and older people 64+ onwards. The model looked at segments of the population who might have had a similar experience in terms Covid-19 and risk factors and used the research to estimate increased prevalence of mental illnesses for each segment. The model could be used to give a sense of the potential increased demand for any geographically defined population.

Initially there had been had been reduction in those accessing routine and urgent care services across adults, older people and children and young people (CYP). In May 2020 there was an increase in urgent care presentations and a return to pre-Covid levels of referrals into crisis teams and more acute services, and demand was now higher. Demand for routine care had also bounced back to pre-Covid levels.

The forecast looked at the volume of additional demand over the next five years and those people who required some support for their mental health and emotional wellbeing, which would be provided by a range of services. In terms of numbers, the modelling suggested that:

- The equivalent of 52% of CYP (made up of individuals with multiple episodes - so not half of all CYP would need a system intervention).
- Working age adults - 23%.
- Older people - 22%.

The increase in demand was driven by:

- School-age CYP - due to disruption to schools and social network.
- CYP subject to recent or past trauma.
- CYP with Special Educational Needs/Learning Disabilities.
- Illness caused by vicarious experience (for example children of ICU workers),
- Multi-generational lockdown impacts on families subject to multiple risk factors such as poverty.
- Keyworkers.
- Long-term physical conditions.
- One person/shielded households.
- Households with significant lost income (redundancy or reduced hours).
- People with pre-existing mental illness.
- Low volume, high needs group of ICU survivors with significant neurological, psychological or physical symptoms.

It was acknowledged that there were some risks in the accuracy of the forecasting and therefore the forecast was refined monthly as new research, data and intelligence became available. Modelling results appeared broadly in line with other models being used nationally.

Consideration was given to the importance of a civic level response in relation to the social determinants of mental health. Civic interventions had real potential to reach high numbers of people. Social determinants of mental health were the conditions in which people were born, grew, lived, worked and aged, including socio-economic status, education, the physical environment, employment, social support networks and access to healthcare. There were clear social gradients across health outcomes that had been mirrored during the pandemic.

Financial security was a key determinant of mental health. According to the Health Foundation, one in five of the UK population lived in poverty and over half lived in working households. Poverty damaged health and poor health increased the risk of poverty

Pre-Covid, across South Tees, there were high numbers of CYP living in households with low income, a high level of long-term claimants of jobseekers allowance and those living in fuel poverty and lower overall employment. There were complex and varied factors contributing to poverty and whilst much was controlled at national level, it was acknowledged that significant

and effective local action had been taken during the pandemic, including Financial Inclusion Group activity.

Locally, the Citizens Advice Bureau (CAB) had recorded that welfare benefit enquiries had increased from 30% to 55% since lockdown, and employment related enquiries had increased from 3% to 12%. Unemployment had increased and reduced hours and pay cuts had been implemented. There had been a reduction in debt enquiries - from 30% to 12% - mainly due to lenders and landlords giving repayment holidays. It was expected that debt issues would rise rapidly once this period was finished. Increased mental health/anxiety in relation to the impacts of Covid on finances had also been noted.

Initiatives implemented in South Tees included:

- Financial Inclusion Groups -key to leading plans to address poverty and debt.
- Food Poverty - Middlesbrough Food Partnership and Food Power Alliance.
- Fuel Poverty (South Tees Affordable Warmth Partnership and Action Plan).
- Welfare Rights Advice service across South Tees.
- Citizen Advice Bureau.
- Loan Shark Awareness campaigns.
- Promotion of community banks/approved loans.
- Programme developed to 'Stop the Knock' (Middlesbrough Borough Council).
- Poverty proofing the school day and enhanced needs pathway in Healthy Child Programme.
- Community Support and signposting across both Local Authorities.

Responding to questions raised, it was acknowledged there was always a significant gap between the prevalence of mental health issues in a population and how much of that converted into demand for mental health services. This situation was influenced by several factors including people's ability to talk about their mental health, education and the availability of services. As part of a whole system approach formal treatment and therapy was not always required and often practical advice support and guidance for some of the social determinants was sufficient.

The impact on CYP of not attending school, for some, at the outset would have been positive. However, the longer-term impact in relation to attainment, life chances and the ability to socialise in terms of development and creating identity was really important. It was noted that there had already been an increase in mental health issues for CYP prior to the pandemic.

Declaration of Non-Pecuniary Interest from Councillor Ovens- family member works at Roseberry Park.

A mental health toolkit had been developed with the aim of maximising the positive and reducing the negative impacts on mental health and wellbeing.

There were three broad categories of factors which protected mental health and wellbeing:

- Enhancing individual control and community ownership.
- Increasing individual resilience and community assets.
- Facilitating participation and promoting inclusion.

Mental wellbeing was fundamental to achieving a healthy, resilient and thriving population.

In order to respond to mental health impacts at a community level, north east public health teams were currently undertaking a rapid review to assess the impact on the mental health of the local population as a result of the pandemic. This would contribute to a wider exercise across the region, which was being undertaken by the Mental Health Integrated Care System (MICS) and provide a picture of the local level of need and provision to inform capacity and planning and development. This work would be completed by the end of September. A short survey had been issued to mental health and well-being organisations and agencies to gather

information on the work that they did, the current impact, and challenges they faced. The exercise would be repeated in three and six months' time as a check to see how things were changing.

The rapid review would consider the following areas:

- Provider capacity to address the anticipated increased prevalence.
- Capacity for early intervention.
- Community Assets.
- Self-Help.
- Collaboration.
- Insights and intelligence.

Reference was made to the Prevention Concordat for Better Mental Health and PHE Guide which had been adopted by Middlesbrough and Redcar and Cleveland Councils in 2018. This set out the local system leadership approach for prevention and ensuring this was adopted throughout all interventions.

The Wellbeing Network had been in development for two years and the purpose was to develop a community asset based approach for the five ways to wellbeing. This was a medium/long term approach to wellbeing and the aim of the Network was ultimately give people meaning to their lives, with an emphasis on prevention. Reports on lockdown suggested that many people had been re-evaluating their lives.

According to Richard Layard (founder of Action for Happiness) in conversation with Martin Seligman (leading academic Positive Psychology) the pandemic had:

- Given us an improved sense of solidarity.
- Raised awareness of the importance of our own agency for mental wellbeing.
- Proved that things have been achieved rapidly that were not believed possible.
- Brought us closer to what we most humanly value, and are pre wired for.

Wellbeing was an essential complement to purely economic measures of success, particularly Gross Domestic Product (GDP) and it was recognised that economic measures were inadequate to account for so much of what was important in people's lives. In the UK a wellbeing focus in policy over the last ten years had produced shifting priorities towards Employment, Mental Health and Loneliness.

According to evidence gathered, factors that mattered most to individuals included: education and skills, personal finance, governance, environment, what we do, personal wellbeing, where we live, health and relationships. The Office for National Statistics (ONS) measured wellbeing by asking four questions in relation to: life satisfaction, worthwhile, happiness and anxiety. From April 2019 to March 2020 there had been significant drops in life satisfaction, worthwhile and happiness and an increase in anxiety, although generally the drops were not as low and anxiety was not as high as was recorded in 2011 following the economic recession.

A consultation had been launched this week with a proposal for the establishment of a South Tees Wellbeing Network (STWN). The idea was to better connect people and prevent silo working on activities that were trying to achieve the same outcomes.

The South Tees Wellbeing Network would be:

- A network of local services, organisations and groups that brought together people working on the front line of wellbeing.
- Not a strategic or decision-making body but aims to influence those who are – through community asset evidence.
- To improve development/access to services/wellbeing activities, promote innovation and increase cross referral between partners.

- To create a fully connected community asset based approach to wellbeing for integrated planning, measuring and evaluation.

The proposed functions of the STWN were to: promote wellbeing activities, plan, build capacity and evaluate wellbeing activities and campaigns, and identify and meet any gaps in wellbeing across South Tees.

In conclusion, examples of interventions to date to support people's mental health and wellbeing in South Tees from a TEWV perspective were listed in the presentation and included:

- Embedded roles within Tees IAPT model (IMPACT) to support transitions between IAPT and secondary care service.
- Formed links with LA Shielding Hubs.
- Provided Psychological Support services for Acute Trust colleagues.
- Launched a single number Crisis Service for Teesside.
- Enhanced pathways to VCS partners.
- Developed a telephone listening service.
- Developed an outreach service for adults with learning disabilities.
- Supported developments in enhanced care within care homes.
- Provided dedicated advice and input for BAME communities in conjunction with Public Health and VCS Partner.

Future plans included:

- Contributing to the development of a Tees Resilience Hub.
- Introduction of peer support workers within urgent care services.
- Enhancement of liaison psychiatry in line with CORE24 standards.
- Pilot of practice based mental health workers within Primary Care Networks across Teesside.
- AMH/MHSOP Community Services review and development of a new model.
- Develop pathways and interfaces with Local Authority Vulnerable People Programmes.
- School Support - Tees Valley CCG, Public Health South Tees, TEWV and VCSE providers collaborative offer to schools.
- Work with Public Health to identify ways of providing support to communities who traditionally do not access our services.

Finally, the Board was asked to consider supporting the proposed future ways of working and practical considerations as follows:

- To give the mental health impacts of the pandemic and lockdown the same level of priority as physical health.
- To plan for the long term, committing to a wellbeing-led planning approach that develops policies through a lens of wellbeing inequalities and understand the potential to work together to enhance the support available to reduce negative impact.
- Recognise this had to be tackled as a system issue, in partnership with each other and provide a co-ordinated, joined-up response.
- Design joint solutions to prevent any part of the system being overwhelmed.
- Embrace and actively pursue wellbeing as a goal and outcome and look to consistent measures of wellbeing outcomes.
- Support goals and implementation of the wellbeing network, starting with active consultation engagement.
- Additional national investment into mental health above the Mental Health Investment Standard will be essential but consideration should also be given to reprioritising existing resource.
- Think differently about workforce composition based on labour market supply and the role of community assets.

- Consider how mental wellbeing impact assessment can be embedded in service and policy planning and what support might be needed.

Board members were given the opportunity to comment on the presentation and ask questions.

It was clarified that in relation to CYP funding was provided through a national mental health standard which required that funding for CYP increased year on year at a higher proportion than other groups. The Chair requested that the findings of the survey issued as part of Public Health's rapid review were shared with the Board once available.

AGREED that the report and recommendations, as presented, were approved.

3 **HEALTH AND WELLBEING EXECUTIVE CHAIR'S REPORT (ASSURANCE REPORT)**

The Health and Wellbeing Executive Chair's Report was presented and the following points were highlighted:

- Better Care Fund 2020/2021- the BCF Policy Framework and Planning Requirements had not been issued due to the pandemic and national advice was to continue with current schemes and planned spending.
- Pharmaceutical Needs Assessment (PNA) - due to current pressures in response to the pandemic, the requirement to published renewed PNA had been suspended until April 2022.
- Healthwatch South Tees (HWST) - a comprehensive update was provided in relation to work undertaken to date and priorities for 2020/2021 were outlined.
- Flu Vaccination- an outline of the regional approach across the north east and Cumbria and local response across the Tees Valley to deliver the flu vaccination was provided.
- Details of progress against the South Tees Health and Wellbeing Board Priorities.

It was clarified that regional and national campaigns would be used to promote the uptake of flu vaccinations this year.

4 **DATE AND TIME OF NEXT MEETING**

The Chair advised that the next meeting would take place on Thursday 17 December 2020 at 2.00pm-4.00 pm.

Post meeting the next meeting was re-arranged to Monday 14 December 2020 at 10.00 am.

South Tees Health and Well-being Executive Assurance Report

To:	Live Well South Tees Health and Wellbeing Board	Date:	3 December 2020
From:	Dr Ali Tahmassebi – Chair South Tees Health and Wellbeing Executive	Agenda:	
Purpose of the Item	To provide South Tees Health and Wellbeing Board with assurance that the Board is fulfilling its statutory obligations, and a summary of progress in implementing the Board’s Vision and Priorities.		
Summary of Recommendations	That Live Well South Tees Health and Wellbeing Board: <ul style="list-style-type: none"> • Are assured that the Board is fulfilling its statutory obligations • Note the progress made in implementing the Board’s Vision and Priorities 		

1 PURPOSE OF THE REPORT

1.1. To provide South Tees Health and Wellbeing Board (HWB) with updates on progress with the delivery of the Board’s Vision and Priorities and assurance that the Board is fulfilling its statutory obligations.

2 BACKGROUND

2.1 To support the Board in the delivery of its priorities a South Tees Health and Wellbeing Executive has been established. The South Tees Health and Wellbeing Executive oversees and ensures the progress and implementation of the Board’s work programme and creates opportunities for the single Health and Wellbeing Board to focus on the priorities.

3 PROGRESSING STATUTORY HEALTH AND WELLBEING BOARD FUNCTIONS

3.1 The next section of this report sets out progress the Health and Wellbeing Executive has made against the Board’s statutory functions.

3.2 *Better Care Fund 2020/21*

3.2.1 Due to the Covid 19 pandemic, the BCF Policy Framework and Planning Requirements have not been issued so far for 2020/21 nor any indications given for 2021/22. National advice was to continue with schemes and planned spending of the funds which we are doing across South Tees.

Scheme performance and spend are monitored by the BCF Implementation and Monitoring Group. It has been agreed to continue with most schemes in 2021/22. This includes recurrent funding for the specialist support offered to all South Tees Care Homes around Infection Prevention and Control, Palliative Care, Medicines Optimisation, and Nutrition as well as the CHES service which care homes can call upon to help avoid residents being admitted to hospital unnecessarily.

3.2.2 Performance reporting has been affected by the pandemic so we have not been able to set targets for the BCF metrics this year. Latest figures show a reduction in permanent admissions to care homes and in non-elective admissions to hospital.

3.2.3 Single Point of Access Multi-Disciplinary Team (SPA MDT):

The South Tees Single Point of Access (SPA) MDT, part funded by the Better Care Funds, offers an integrated single point of access for professionals of Middlesbrough and Redcar & Cleveland to contact when they require advice, guidance, assessment and access to health and social care services. The MDT uses their collective knowledge to seek to prevent unnecessary admissions to hospital and offer support in the community wherever possible to ensure the best outcome for the individual.

The MDT currently receives referrals from GP Practices for any patient and also as part of the enhanced health in care home initiative. It processes assessments and referrals to the falls team and plans are being developed around how the SPA MDT can support with complex discharges involving multiple organisations. Access to the MDT will be extended to other health and care professionals in South Tees in the coming weeks.

3.3 **Pharmaceutical Needs Assessment**

3.3.1 South Tees Health and Wellbeing Executive noted the suspension of the requirement to publish renewed Pharmaceutical Needs Assessments (PNA) until 1st April 2022 due to current pressures in response to the COVID-19 pandemic.

The Executive noted the voluntary closure of Boots UK Ltd, One Life, Middlesbrough in April 2020 and endorsed the recommendations that :

- a) The change is relevant to the granting of applications
- b) Making a revised assessment would be a disproportionate response to this change and therefore approved the publication of a Supplementary Statement that the statement of need on the basis that the PNA for essential services remains appropriate. It was noted that there is a 100 hour pharmacy at 378 Linthorpe Road within walking distance.

3.4 **Healthwatch South Tees (HWST)**

3.4.1 **HWST Community Champions**

As public engagement is extremely difficult at the moment due to current COVID-19 guidelines we have developed a new volunteer role for HWST – Community Champion. This role acts as our eyes and ears in communities and feeds back vital community intelligence to inform the direction of our work and priority areas. Anyone can become a Community Champion;

- A member of the public
- A professional delivering front line services

We have specifically targeted key individuals who represent seldom heard groups to ensure their voice is heard and included in our feedback and recommendations to key decision makers. The connection with these Community Champions will help to address the limitations of our research mentioned earlier in this paper.

Through relationships built with our Community Champions, we are currently developing a survey to build on analysis from our 'Experiences of Lockdown' report. Each Champion will promote the completion of this survey with the communities of interest they represent which will help to widen the scope of data we can analyse. We will then produce a mini report for each of these groups to help us to better understand the diversity of the local landscape and needs of local people.

To date, we have recruited 14 Community Champions who have the ability to engage with the following communities of interest;

- Teesside University students
- Transgender communities
- RNIB – representing those who are blind or partially sighted
- Action on Hearing Loss
- Social Prescribing Link Worker
- The Recovery Advocates and Consultants (TRAC)
- Community Fitness Instructor - Special Educational Needs & Disabilities (SEND) & older people
- Tees Valley Buddies – Adults with learning disabilities
- Neurodiverse support network for families
- Youth Focus North East (YFNE) – young people
- Ageing Better Middlesbrough
- Age UK
- Hillside Surgery Patient Participation Group (PPG)
- Redcar and Cleveland Voluntary Development Agency (RCVDA)

Work is currently being developed with a Middlesbrough Council key worker to identify routes into a variety of BAME communities and groups. We are also in the early stages of identifying ways to link up with Middlesbrough Councils COVID Champions to reduce any replication of work.

We have produced a dedicated Community Champions page on our website which you can access [here](#).

3.4.2

Service Survey

This survey was developed and produced in partnership with a number of members of the Middlesbrough Health and Wellbeing Recovery Group to collect information re: changes to local services, predominately to help with our Information & Signposting service but to also share more widely. This will highlight what worked well, what didn't,

lessons learnt and what they will continue as their 'new norm'. It will also help to identify which local communities have been excluded digitally, financially etc. We've have 40 responses in total from a wide range of services, including care homes, family support groups and community care. It has helped to Increase our connections with key strategic stakeholders/decision makers & raised awareness of our work with external agencies as to how important our work and intelligence is to inform strategic decisions locally. We have worked with members of Teesside University, Financial Inclusion, Public Health and Health Improvement to identify the most useful way to present this information to ensure that it can be used by both services and members of the public. This report will be published in December.

3.4.3 **New South Tees Neurodevelopmental pathway**

From April 2021 there will be a new South Tees pathway for children and young people with autism and other neurological conditions. This will be called the Neurodevelopmental Pathway. The new pathway aims to provide needs led support for both the child and family before, during and after diagnosis.

We were approached by the CCG to carry out consultation with parents and carers of children who have SEND to ensure the 'bubble of support' offered to those on the new pathway reflects local need.

This was carried out during October through the promotion of an online survey which was completed by 91 parents and carers across South Tees. We also hosted 6 focus groups that 15 people took part in representing; Middlesbrough Parents 4 Change, Parent Carer Wellbeing Group at North Ormesby Hub, Chasing Rainbows and R&C Parent Carer Forum.

We have produced a short video, capturing the experiences of one of the parents, who took part in the consultation, which demonstrates how her family adapts to ensure her autistic son lives a happy life. The video can be viewed [here](#).

We are currently analysing the data which will inform our final report. This will be produced and published in December.

3.4.4 **Carers**

We are currently working with organisations supporting carers across South Tees to improve carers experiences of accessing and using primary health care with a focus on GP's. HWST is leading on developing a briefing and co-ordinating 'drip feeding' positive experiences/suggestions that highlight ideas for reasonable adjustments for both carers and those they care for whilst accessing GP appointments.

3.4.5 **Experiences of Lockdown Across South Tees Report**

We have analysed the views and experiences of 380 people across South Tees, to develop a picture of how local people have used health and social care services over the lockdown period. The report looks into experiences of face-to-face and virtual appointments, highlighting both positives and negatives, as well as mental health. The findings have enabled us to suggest recommendations for services to improve experiences - which will be of use going forward, if we enter into another lockdown, and also top-tips for professionals and patients when using video consultations. It also

includes 208 messages of thank you we received from the public for a variety of front line workers during the lockdown period.

This report is now published and has been shared with a number of groups who have requested this to inform the recovery work across South Tees and can be accessed here -

- ['Experiences of Lockdown Across South Tees'](#)

Summary of key themes:

- People appreciated how efficient services have been in comparison to what they experienced before COVID-19.
- Staff were described as friendly, helpful and supportive, which had a positive impact on experiences of services.
- Safety measures in health and care settings, e.g. PPE and social distancing, are critical for people to feel safe and at ease when attending face-to-face appointments, however the extent to which these are imposed varied between people's experiences of services.
- Video calls were seen as an efficient, safe and reassuring way of accessing care in the current climate, however they weren't always thorough enough or appropriate for the patients' digital literacy, accessibility and actual care needs.
- Some people's access to care had been affected by services' immediate reaction to COVID-19, e.g. postponement of operations.
- Experiences of maternity services were negatively affected by social distancing guidelines meaning mothers were often alone, however we have also received messages of thanks to individuals and staff teams in this department.
- Mental health has been affected by experiences of loneliness and concern for family members, meaning this will be a future area of concern.

We included recommendations to improve experiences of services and virtual appointments from both the Dr and patient perspective which can be found on page 14 of our 'Experiences of Lockdown Across South Tees' report.

Through the analysis of the raw data, which informed our report, we have identified the following areas that we plan to build on and gather further intelligence, as previously mentioned within the 'HWST Community Champions section). This will enable us to inform and influence specific service delivery practice and strategic partnerships work streams that we regularly attend e.g. Health and Wellbeing Executive.

- Experiences of GP Access.
- Experiences and impact of ongoing and new treatments being cancelled or postponed.
- Mental health and access to support services.

Discussions have taken place with the Chair of the South Tees H&WB Recovery Group and Public Health South Tees to agree how the evidence from our community intelligence pathways will feed into the framework. There will be an opportunity for the full group to engage in discussions about how they will use this intelligence to inform their work and contribute to qualitative measures and outcomes. This will be done through an allocated agenda item and presentation in a planned meeting.

3.4.6 HWST STAR (South Tees Award of Recognition) Awards

This was due to take place Monday 30 March but was unfortunately cancelled due to the COVID-19 lockdown. As we had already judged the categories, it was agreed that we would reveal the winners each day during our STAR Awards week on social media. All nomination, winners and runners can be found [here](#).

4	PROGRESS AGAINST SOUTH TEES HEALTH AND WELLBEING BOARD PRIORITIES
4.1	<p>The Board’s agreed vision and priorities are to:</p> <p>Empower the citizens of South Tees to live longer and healthier lives. With a focus on the following areas key themes:</p> <ul style="list-style-type: none"> a. Inequalities - Addressing the underlying causes of inequalities across the local communities; b. Integration and Collaboration - across planning, commissioning and service delivery; and c. Information and Data – data sharing, shared evidence, community information, and information given to people.
4.2	Set out below is a summary of the progress the Executive has made towards achieving the Boards priorities since the last Board meeting in September 2020.
4.2.1	<p>Predictions for post Lockdown increase in demand for mental health services across system partners</p> <p>Following the endorsement of the HWBB on the proposed areas for focus on an action plan has been drafted which proposes the following areas of focus:</p> <ul style="list-style-type: none"> • Adopt Political and senior leads to champion mental health and impact of COVID-aligning to the national mental health member champions approach and network • Adopt NE mental health impact assessment findings and embed in local planning • Apply local mental health impact assessment in key areas • Adopt within service monitoring and report at system level on ONS wellbeing measures • Complete the wellbeing network consultation and establish the network. (Wellbeing network consultation responses are currently being collated and will be presented alongside a summary of suggested key functions achievable in the first year. A ‘soft launch’ of the network proposed for Thursday 4th February 2021)

- Review current investment plans to ensure sufficient focus on prevention and action at community as well as service levels
- Review organisational workforce development plans identifying how local jobs creation can be supported
- Embed Social value act across HWBB board members

In addition:

- LMT/CMT members to champion wellbeing lens being embedded in council and into directorates.
- Further consideration and assessment of current offer is required on mental wellbeing and care homes in terms of what more can be done to support wellbeing of frontline staff, families.

It is proposed that the strategic oversight for this approach is aligned to the Mental Health Prevention and Crisis Concordat group reporting regularly to the HWBB. The remit for the Concordat group is currently under review to ensure scope and membership reflects the whole system response that was outlined to the HWBB in September. Each locality may have nuanced action plan as above to ensure a locally appropriate response. To test this approach, the Concordat will lead on the development of a plan for a Tees Resilience Hub, utilising regional and local health funding. The Resilience Hub will supplement efforts to enhance the resilience of health and social care staff, and the broader community, in terms of withstanding the mental health impacts of the pandemic.

4.2.2 Green Space Social Prescribing Bid

The Government and other bodies have recently announced a significant funding opportunity - Green Social Prescribing.

Social prescribing enables local agencies to refer people to a link worker who give people time and focus on what matters to the person as identified through personalised care and support planning. They connect people to community groups and agencies for practical and emotional support. They also collaborate with local partners to support community groups to be accessible and sustainable and help people to start new groups.

The NHS Long Term Plan prioritised the embedding of Social Prescribing Link Workers within primary care to deliver on the personalised care agenda, enabling patients to be referred to a Link Worker attached to a GP Practice who will spend time developing a personalised care plan with the patient taking a 'what matter to you' approach and then referring them on to agreed non-clinical sources of support in such as VCS organisations and activities or welfare rights advice.

Green social prescribing links people to nature-based interventions and activities and includes both green and blue environments. Activities are varied and may include green exercise, such as local Walking for Health schemes, active travel, local Park Runs, care farming, community gardening and food growing projects, conservation volunteering and arts and cultural activities which take place outdoors.

In July, the Government announced a new £4million investment for a cross-government project aimed at 'Preventing and tackling mental ill health through green social prescribing'. The project will test how to embed green social prescribing into communities in order to achieve three main outcomes: improved mental wellbeing, reduced health inequalities and reduced demand on the health and social care system.

In October 2020, expressions of interest were invited from Integrated Care Systems (ICS). After discussions with key stakeholders and partners across health and care and the North East England Climate Change Coalition, the North East and North Cumbria ICS selected Middlesbrough as their potential test site given the levels of disadvantage and health inequality coupled with COVID19 impact. An Expression of Interest was submitted and this passed the first stage (55 were submitted, 15 taken through to the next stage). We are now working to very tight timescales:

- Deadline for full application stage: 27th November 2020
- Project set up: from January 2021
- Project delivery: from April 2021 – March 2023

There is over £1million of funding available for regional expertise and support (resource/local posts) and a further £1million+ for project delivery across the four sites to develop the green social prescribing activities and opportunities; this funding is not about employing more social prescribing type posts.

A small core writing group is drafting the application form, supported by a wider partnership including various Middlesbrough Council colleagues, PHE NE, CCG and national and local VCS organisations including for example Middlesbrough and Stockton Mind (the commissioned host of social prescribing link workers in primary care). A lead organisation to host the bid is yet to be identified.

Much of the detail is still being worked out at this point, but a key overarching priority will be to improve mental wellbeing particularly with vulnerable groups and those most impacted by COVID19. The project will link with (1) planned improvements in green infrastructure, (2) the Mayor's plans around the Borough being a leader on environmental issues and (3) our response to COVID recovery and supporting the most vulnerable. It will also be aligned with other local programmes and assets such as You've Got This (the Sport England Local Delivery Pilot) and the Climate Action Fund work at Middlesbrough Environment City.

4.2.3 Kings Fund Healthy Communities Together Programme

The South Tees application to receive development support from The Kings Fund and up to £450,000 from The National Lottery Community Fund was unsuccessful at the second stage. This was to support the development of effective and sustainable partnerships to between the voluntary and community sector, the NHS and local authorities to improve health and wellbeing, reduce health inequalities and empower communities. The aim is to continue with plans and potentially seek funding from alternative sources.

5 RECOMMENDATIONS

- 5.1** That Live Well South Tees Health and Wellbeing Board:
- Are assured that the Board is fulfilling its statutory obligations
 - Note the progress made in implementing the Board's Vision and Priorities

6 BACKGROUND PAPERS

- 6.1** No background papers other than published works were used in writing this report.

7 Contact Officer

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