South Tyneside Council

item 3

Health and Wellbeing Board
5 March 2026

Cllr Tracey Dixon (*Chair*), Matthew Walmsley, Cllr Ruth Berkley (Lead Member for Adults, Health and Independence), Tom Hall (Director of Public Health), Vicki Pattinson (Director of Adult Social Services and Commissioning), Stuart Easingwood (Director of Children's Services), Stuart Wright (Director of Place Strategy), Liz Dawson (Director of Communications NHS Foundation Trust), Charlotte Harrison (Inspire South Tyneside), John Lowther (Healthwatch), Louise Lydon (South Tyneside and Gateshead Pharmaceutical Committee), Rania Aiai (Trainee Pharmacist), Brogan Turner (Senior Policy Officer) Anna Christie (Senior Public Health Principal) Emma Horseman (The Cultural Spring) and Emma Purvis (Senior Democracy Support Officer).

1. Welcome and Apologies for Absence

Partners were welcomed to the meeting.

The Chair thanked Councillor Ruth Berkley for her long service to the Board as she would not be standing for re-election.

Apologies for absence were received from Cllr Liz McHugh, James Duncan, Andy Airey, Ken Bremner, Darren Adams, Clare Liddle, Jeanette Penman, Zoe Campbell, Graeme Cassidy.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Health and Wellbeing Board held on 29 January 2026

It was noted that a Picture of Health was now available on the Data Observatory.

Council officers were also working with Billy's Lifeline to help them find a new location that meets their requirements.

A Health and Care Partnership development session had also been scheduled with Board members.

Agreed: That the minutes of the meeting held on 29 January 2026 be confirmed as a true and accurate record.

4. Health and Wellbeing Strategy Annual Report

Submitted: Report of the Director of Public Health

Board Members received this report as the Annual Report on delivering the Joint Health and Wellbeing Strategy for the period March 2025 to February 2026. The report provided a high-level overview of progress made by partners across South Tyneside against the five strategic outcomes and two cross-cutting themes, alongside a summary of key national policy developments impacting local delivery.

The national policy context over the year was summarised, noting significant developments across health, social care, child poverty, mental health and local government finance, as well as anticipated policy developments in the year ahead

The report outlined that, over the past year, partners had made strong progress across all areas of the Strategy. Under 'giving every child and young person the best start,' work had continued to strengthen early years pathways, adolescent health provision and women's health arrangements. Developments included an end-to-end speech and language support model, progress towards a Good Level of Development Best Start Plan, the development of an adolescent health model within primary care, and the establishment of a multi-partner women's health alliance with agreed priorities.

In relation to 'financial security to lead healthy, fulfilling lives,' the report highlighted continued activity to support residents experiencing financial hardship, improve digital inclusion and address in-work poverty. Income maximisation support embedded in schools had enabled families to access additional benefit entitlement, while work continued to reduce barriers to Free School

Meals, mitigate winter pressures and align health, employment and skills support.

The Board also noted progress under the ‘good mental wellbeing and social connectivity’ outcome, including strengthened mental health provision across prevention, primary care and crisis response. This included mobilisation of the 111 mental health option, continued suicide prevention work, streamlined perinatal mental health pathways, expansion of school-based mental health support, and enhanced multidisciplinary mental health provision in primary care.

Under ‘safe and healthy places to live, learn and work,’ the report described progress on housing and homelessness, community safety, climate change, air quality and active travel. This included approval of the Homelessness and Rough Sleeping Strategy, continued Housing First and outreach provision, adoption of a housing strategy statement of intent, delivery of a borough-wide Climate Summit, and further reductions in antisocial behaviour.

For ‘all residents live and age well’, the report highlighted progress in preventative outreach, development of step-down and step-up care pathways, enhanced health in care homes, delivery of the Sustainable Food Action Plan, implementation of stop smoking initiatives, progress against the Alcohol Strategy, and work to improve physical activity opportunities and support people with multiple disadvantage.

The report also outlined ongoing work under the cross-cutting themes of Fair Delivery of Services and Public Involvement and Community Engagement. This included health literacy work, inclusion-health outreach, trauma-informed practice, Pride in Place engagement, the launch of the Poverty Truth Commission, and continued co-production with people with lived experience.

A board member commented that the report gave good oversight of where the Strategy was at. They suggested that it would be a key moment to look at women’s health as WHIST would be commending its 40th year.

The Healthy Place Alliance was also acknowledged which helped work towards the priority of ‘healthy places to live and work.’

It was commented that the report highlighted how much ground had been covered and the Board were asked to input what they would like to see going forward, which could translate into a future strategy. The NHS 10 Year Strategy could also be considered, including how much could be translated into neighbourhood health plans and what impacted health and wellbeing outside of this strategy.

A board member noted that the best projects would hit several areas in one go, for example volunteering work with both children and adults which could reduce loneliness and bring neighbourhoods together. It was thought that learning around this could be drawn from the Pride in Place projects.

Agreed: To a) note the progress made against the Health & Wellbeing Strategy during 2025/26, recognising that the report provided an overview of activity, rather than a comprehensive account of all work across the system and b) invite Board members to consider substantive items they would like the Health and Wellbeing Board to focus on over the coming year, to support forward planning.

5. Live Well

Submitted: Report of the Director of Public Health

Board Members received an update on the Live Well theme of the Making Waves Cultural Strategy and the establishment of the Live Well sub-group within the South Tyneside Cultural Partnership. The report outlined progress to date and the priorities being developed for 2026/27, with a focus on the role of arts and culture in supporting health, wellbeing and community connection across the Borough.

It was reported that the Making Waves strategy had three themes: Live Well, Invest and Thrive, and Visit and Enjoy, with Live Well focusing on people, cultural participation, community connection, civic pride and the contribution of arts and culture to health and wellbeing.

Board members were advised that, through partnership development and a Live Well workshop held in January 2026, there had been agreement to focus activity on three key priority areas for the coming year: enabling children and young people to have the best start in life through access to high-quality arts and culture; improving community connectivity through creative neighbourhoods; and creating resilient communities by sharing and evidencing the impact of arts and culture on health and wellbeing.

It was further noted that a fourth, cross-cutting priority relating to volunteering had also been agreed. This aimed to develop a collective cultural volunteer network to support creative activity across the Borough and would be embedded across the three core priority areas.

The Board noted that early work had focused on engaging young people, community partners and people with lived experience, developing frameworks for co-creation, and exploring how existing community models could be adapted to strengthen local cultural engagement. The importance of sharing learning, building evidence and raising visibility of the contribution of arts and culture to wellbeing was emphasised.

It was advised that the Live Well sub-group was meeting monthly and that an action plan for April 2026 to March 2027 was in development, with a view to finalising it by the end of March 2026.

A board member noted, as the new Chair of Hospitality and Hope, that one of the productions had been brilliant and given the whole charity a boost.

Another member commented that the benefits of art and creativity had come through during the Pandemic and felt the music industry should warrant more attention from the Minister for Culture and Leisure. Young musicians would be given the opportunity to perform at the Borough's summer concerts to help encourage them and boost exposure.

The Project was also working with local charities to help contact harder to reach groups. Several board members offered their support to help make connections in their respective fields.

It was suggested that another update could be brought to a future board meeting.

Agreed: To note the report.

6. Adult Social Care Priorities and Metrics – 2025/26

Submitted: Report of the Director of Adult Social Care and Commissioning

Board Members received a report outlining the Department of Health and Social Care's (DHSC) Adult Social Care Priorities and Metrics for 2025–2026 and their implications for South Tyneside. The report set out the national context, current system pressures and performance, and the role of the Health and Wellbeing Board in providing strategic oversight and assurance.

It was reported that DHSC had identified three national priorities for adult social care: improving the quality of care and support; increasing choice and control through personalisation and Direct Payments; and strengthening integration with health services,

particularly through neighbourhood and Integrated Care System arrangements. These priorities were set against a backdrop of rising demand, increased complexity of need, workforce pressures and financial challenges.

Progress against these priorities was measured through the Adult Social Care Outcomes Framework, with a focus on quality of life, delaying and reducing the need for care, experience of care, and safeguarding. The report highlighted that South Tyneside's Adult Social Care and Commissioning Living Better Lives Strategy and Commissioning Strategy were well aligned with the national priorities.

The report noted strong local performance in a number of areas, including reablement and early intervention outcomes, reductions in waiting lists, safeguarding performance, and the development of high-quality local provision through extra care and supported living schemes. Progress was also reported in relation to integration with health partners through programmes such as Guiding You Home and neighbourhood working.

Areas of continued pressure were highlighted, including increasing demand linked to an ageing population, growth in complex and high-cost packages, workforce turnover and wider market sustainability challenges. Work to stabilise the workforce and provider market was ongoing through the workforce strategy, commissioning activity and partnership arrangements.

The report outlined the Health and Wellbeing Board's role in overseeing delivery of the priorities, including monitoring outcomes and performance, supporting system integration, overseeing market sustainability and championing co-production and lived experience.

It was noted that a huge amount of work had been done to recognise challenges and how they could be tackled at a local level. Workforce challenges were proving to be persistent, but care staff were making a real difference in people's lives and the Borough was in a strong position with the Care Academy.

Agreed: To a) note the DHSC Adult Social Care Priorities and Metrics for 2025/26; b) endorse the alignment of national priorities with South Tyneside's Commissioning Strategy, Living Better Lives Strategy, and Market Position Statement; c) approve the proposed performance reporting approach (ASCOF-aligned) for HWB assurance; d) support strengthened system integration actions with NHS and VCFSE partners and e) receive a

quarterly update on risks and mitigations linked to market sustainability, workforce, demand, and financial pressures.

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7. Mental Health Act Reforms

Submitted: Report of the Director of Adult Social Care and Commissioning

Board Members received a report outlining the reforms to the Mental Health Act following Royal Assent of the Mental Health Act 2025 in December 2025. The report set out the key legislative changes, the implications for local systems and partners, and the role of the Health and Wellbeing Board in providing strategic oversight during phased implementation.

It was reported that the reforms modernised the 1983 Act by strengthening individual rights, raising the threshold for detention, reducing inequalities and ensuring that detention is used only where there is a clear risk of serious harm and a reasonable prospect of therapeutic benefit. Key changes included the introduction of statutory Care and Treatment Plans, earlier and more frequent access to Mental Health Tribunals, replacement of the nearest relative with a Nominated Person, and the removal of police stations and prisons as places of safety.

Members were advised that autistic people and people with a learning disability could no longer be detained solely on the basis of their disability, with detention under treatment powers limited to situations where there was a co-occurring psychiatric disorder. The reforms also sought to address long-standing racial disparities in detention rates and extended Human Rights Act duties to independent providers delivering publicly commissioned care.

The report highlighted that implementation of the Act would be phased over an extended period, with detailed guidance and an updated Code of Practice still in development. The scale of reform would require significant system-wide preparation, including workforce development, expansion of community-based alternatives to detention, enhanced advocacy provision, and closer integration between health, social care, police and voluntary sector partners.

The report noted the implications for Adult Social Care, including increased demand for community provision, strengthened rights-based practice, greater involvement in tribunal processes and discharge planning, and a heightened focus on safeguarding, equality and lived experience. The Health and Wellbeing Board’s role

in overseeing system readiness, reducing inequalities and aligning local strategies with the reforms was also emphasised.

A board member commented that this would be the most significant piece of legislation around mental health for a decade, and it would be important that services locally had a plan to implement it.

It was acknowledged that mental health was having a big impact on emergency services and a working group would be set up between the Council, mental health providers and other partners. CNTW in Northumberland had been taking a radical new approach and discussions were being had around their inclusion in the Health and Wellbeing Board membership.

The changes would look at how wrap around support could be given at a point of incident.

Agreed: To note the presentation.

8. Integrated Care Fund (Better Care Fund) 2026/27

Submitted: Report of the Director of Adult Social Care and Commissioning and Scott Watson, Director South Tyneside and Sunderland Local Delivery Team, North East and North Cumbria Integrated Care Board.

Board Members received a report outlining the national Better Care Fund (BCF), also referred to as the Integrated Care Fund, planning requirements for 2026–27. The report summarised the statutory conditions, funding updates, assurance processes and submission timelines set out in the national planning guidance.

It was reported that the Better Care Fund continued to provide a key mechanism for integration between health and social care, supporting preventative, place-based services and joint commissioning through pooled budgets. The guidance reaffirmed the requirement for local authorities and Integrated Care Boards to maintain joint governance arrangements and aligned delivery plans.

The report advised that the 2026–27 planning requirements included the submission of both Narrative and Numerical returns and the submission deadline of 19 May 2026 was highlighted, alongside the subsequent national assurance process.

The report noted that the Health and Wellbeing Board had a statutory role in the Better Care Fund, including providing strategic

oversight of the pooled budget arrangements and endorsing the final plan prior to submission.

Officers were continuing to develop the South Tyneside Better Care Fund plan in line with the guidance, and that the final plan would be brought back to the Health and Wellbeing Board for formal endorsement.

A board member asked whether more responsibility would be given to the Health and Wellbeing Board for holding accountability. This was confirmed as more focus would be placed on Neighbourhood Health Plans and looking at what could be done differently. The Board's role would more strategic and evaluating, looking at systems and processes, while involving the right people.

Agreed: To note the report.

9. Tackling Multiple Disadvantage in South Tyneside: Rewriting the Story

Submitted: Report of the Director of Public Health

Board Members received a report highlighting the scale and impact of multiple disadvantage in South Tyneside, drawing on lived experience, frontline practice, system leadership insight and local evidence. The report set out how experiences such as homelessness, substance misuse, poor mental health, domestic abuse and contact with the criminal justice system often intersect, resulting in significant health, social and economic inequalities.

It was reported that people experiencing multiple disadvantage often faced repeated trauma, stigma and exclusion, and that current systems could be fragmented, crisis-driven and poorly aligned to address underlying causes. The report emphasised that despite a wide range of dedicated services, individuals frequently fell between services or were required to repeat their stories, leading to disengagement and poorer outcomes.

The Board noted examples of existing practice and innovation across South Tyneside, including Housing First approaches, domestic abuse services, substance misuse recovery, Local Area Coordination and trauma-informed practice. The report highlighted the importance of relationship-based working, early intervention and coordinated, person-centred responses delivered before crisis occurs.

The report set out a shared collective vision for tackling multiple disadvantage through a 'one team' approach, focusing on strengthening connections across the system, improving trauma-informed and anti-stigma practice, supporting reflective learning, innovating and evaluating new models of care, working meaningfully with people with lived experience, and improving the use of data and evidence. These ambitions were underpinned by a logic model to guide ongoing system-wide action.

The report also outlined proposed next steps, including stronger system leadership, embedding anti-stigma training, supporting workforce development, improving coordination between services, and ensuring people with lived experience shape both operational delivery and strategic decision-making. The role of the Health and Wellbeing Board in providing strategic oversight and endorsing the shared vision was emphasised.

It was noted that respect and dignity were a key driver of this work and it was highlighted that prison sentences could have a higher impact on women when looking at child caring responsibilities. Women were also more likely than men to receive a prison sentence as a first-time offender.

A discussion was had around the importance of thinking differently and helping address and signpost for multiple needs at a single contact. Local Area Co-ordinators had highlighted some areas of disconnect within the system. It was agreed that commissioning services should not be in silos and more flexibility was needed within the system as a 'three strikes and your out' approach was not appropriate.

Agreed: To endorse the overall vision, objectives and activities outlined in the logic model.

10. Partner Updates

Louise Lydon (South Tyneside and Gateshead Pharmaceutical Committee)

Newly qualified pharmacists were being trained as independent prescribers as part of their qualification and were beginning to enter the profession.

Tom Hall (Director of Public Health)

Sharon Hodgeson had been appointed as the new Public Health Minister and it was proposed that the Health and Wellbeing Board write to her.

Charlotte Harrison (Inspire South Tyneside)

The recent microgrant programme had concluded and had received a good response with awards being made the following week. The focus was around job loss health and there had been around 700 applications.

Stuart Wright (Director of Place Strategy)

The Community Safety Partnership plan was due a refresh and input from the Health and Wellbeing Board was welcome.

The Economic Inclusion Summit would be held in the coming week and 90 people had confirmed their attendance.

Councillor Ruth Berkley (Lead Member for Adult's, Health and Independence)

CNTW had received a sapling derived from Sycamore Gap which would be planted in the Sycamore Wing.

Councillor Berkley acknowledged that this would be her final meeting and noted how she had enjoyed her time as a member of the Board, with health and wellbeing something she was greatly passionate about. She commended the excellent partnership working in South Tyneside, as well as the strength of its voluntary sector.

Stuart Easingwood (Director of Children's Services)

A number of changes were being made within Government policy around children's social care, safeguarding, foster care placements, leadership and youth justice. The Children and Schools Bill would place an emphasis on regional care co-operatives.

The Council were also awaiting another visit from Ofsted which was imminent.

Vicki Pattison (Director of Adult Social Services and Commissioning)

The Living Better Lives Strategy would be due a refresh and it already aligned well with national policy.

Board Members were encouraged to listen to the Radio 4 interview with Baroness Casey which discussed adult social care: https://www.bbc.co.uk/news/articles/cg4gg9ywereo.

Liz Dawson (NHS)

37 patients had their operations rescheduled due to a shortage in orthopaedic cement; however schedules had returned back to normal now and the department had the best performance on waiting lists.

11. Date and Time of Next Meeting

The next meeting was to be confirmed following approval of the Council Diary for the new municipal year.