South Tyneside Council

item 3

Health and Wellbeing Board
22 July 2026

Health and Wellbeing Board
28 May 2026

Cllr Paul Mackings (*Chair*), Matthew Walmsley, Cllr Andrew Heywood (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), Calvin Kipling (Assistant Director Education, SEND and Inclusion), Stuart Wright (Director of Place Strategy), Liz Dawson (Director of Communications NHS Foundation Trust), Lynn Wilson (ICB Director of Commissioning, Durham, Sunderland and South Tyneside), Charlotte Harrison (Inspire South Tyneside), John Lowther (Healthwatch), Grahame Cassidy (Healthnet), Louise Lydon (South Tyneside and Gateshead Pharmaceutical Committee), Darren Adams (Chief Superintendent Area Commander for South Tyneside), Ashley Iceton (0-19 NHS Services), Brogan Turner (Senior Policy Officer), Anna Christie (Senior Public Health Principal), Rebecca Gibbons (SEND Strategic Development Officer), Paula Phillips (Head of Public Health Improvement, Commissiong and Delivery), Amara Belgore (Public Health Work Experience), Mary Fairfield (Public Health Practitioner) and Emma Purvis (Senior Democracy Support Officer).

1. Welcome and Apologies for Absence

Partners were welcomed to the meeting.

Apologies for absence were received from Cllr Michelle Fascione, James Duncan, Andy Airey, Ken Bremner, Allison Thompson, Lindsey Rowlands.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Health and Wellbeing Board held on 5 March 2026

Agreed: That the minutes of the meeting held on 5 March 2026 be confirmed as a true and accurate record.

4. Health and Wellbeing Strategy Overview and Current Performance

Submitted: Report of the Director of Public Health

Board Members received a presentation and background report providing an overview of the Joint Health and Wellbeing Strategy, including its statutory purpose, development, governance arrangements and current performance against key outcomes. The Strategy, agreed in 2022 and refreshed in 2024, set the shared priorities for improving population health and reducing health inequalities across South Tyneside.

It was reported that the Strategy had been developed through community insight work, engagement with stakeholders, elected members and young people, and was supported by evidence from Joint Strategic Needs and Assets Assessments. Delivery was overseen through an action plan and a number of thematic alliances, with progress reported to the Health and Wellbeing Board through a framework of measurable indicators. Members were advised that, for many indicators, improvements would take time to materialise and that the focus was on achieving sustained movement in the right direction.

The Board noted performance against the outcome of Giving Every Child and Young Person the Best Start, including reductions in smoking at the time of delivery, increasing breastfeeding rates and reductions in childhood obesity levels. However, challenges remained around child development outcomes, breastfeeding prevalence and hospital admissions for mental health conditions amongst young people.

In relation to Financial Security to Lead Healthy, Fulfilling Lives, Members were advised that employment rates remained below regional and national averages, whilst economic inactivity levels remained comparatively high. Improvements had been seen in reducing fuel poverty and levels of child poverty had remained broadly stable. Performance relating to young people not in

education, employment or training had also remained relatively stable.

The Board also considered performance under Good Mental Wellbeing and Social Connectivity Across the Life Course. Measures relating to self-reported wellbeing, happiness and anxiety had shown little significant change over recent years. However, the proportion of adult social care users reporting sufficient social contact had improved significantly and the local suicide rate remained lower than the regional average. Hospital admissions linked to self-harm had also shown a declining trend.

Under the Safe and Healthy Places to Live, Learn and Work outcome, Members noted a substantial reduction in anti-social behaviour incidents and improvements in carbon emissions. Challenges remained in relation to households living in temporary accommodation and the health impacts associated with air pollution.

The report further considered performance relating to All Residents Live and Age Well, where physical inactivity levels and emergency admissions due to falls had remained broadly unchanged. NHS Health Check uptake continued to be lower than regional and national averages, highlighting an area for ongoing focus.

The Director of Public Health noted the successes that had come from the Strategy which could be built on in the coming year. There had been significant political and organisational change, and it was hoped that work would continue around antisocial behaviour in the Town Centre, suicide prevention and multiple disadvantages.

The representative from the Police advised that antisocial behaviour in the town centre remained a standing agenda item.

A board member asked that the Strategy consider health inequalities and assess where improvements had been made.

The issue of growing economic inactivity and NEET (not in employment, education or training) young people was raised, and it was suggested that the Board continue to monitor this, noting the links to health inequalities.

A board member raised that life expectancy should also consider living well, since poverty could mean a poor quality of life.

Agreed: To note the report.

5. Men’s Health National Strategy

Submitted: Report of the Director of Public Health

Board Members received a report outlining the publication of the National Men's Health Strategy 2025–2035 and its implications for local delivery.

It was reported that the Strategy focused on improving health outcomes for men through a preventative, data-driven approach, addressing the major causes of ill health and premature mortality. Particular emphasis was placed on cardiovascular disease, cancer and suicide, which remains a leading cause of death amongst men under the age of 50.

The report highlighted that place-based approaches and community outreach would be important in improving engagement with men, particularly those from higher-risk groups and communities experiencing greater levels of deprivation. The report advised that services should be designed to identify needs earlier, improve access to support and promote healthier lifestyles through prevention and early intervention.

Within South Tyneside, rates of preventable death amongst men were significantly higher than both regional and national averages. Alcohol-related harm, cancer and heart disease were identified as key contributors to these outcomes.

The report outlined a number of proposed actions to support local implementation of the national strategy, including the development of a Men's Health Strategy Action Plan, targeted activity focused on high-risk groups and priority wards, increased use of community engagement and co-produced services, and the establishment of a multi-agency Men's Health Steering Group.

It was noted that men could be less willing to engage with services than women, so it was important to make initial contact count. Another board member noted that many problems, such as unhealthy lifestyle and disengagement with services, stemmed from childhood. Services should be adapted to find the right fit for people, and staff should be supported to interact differently. It was suggested that work should be aligned with schools to engage children with SEMH (social, emotional and mental health) needs at an early stage.

A board member noted that within the voluntary sector there were a lot more grants available for work with women but not as many for men. While some eligible organisations, such as Billy's Lifeline, would work with men it was thought there could be a priority to engage with men through projects like the Cultural Spring.

It was noted that 80% of suicide related deaths were amongst men and there was a two year wait for NHS mental health services. It was stressed that engagement should not only come at crisis points as clinical intervention could often come when it was too late. It was also important to consider longer term health conditions and pain management.

It was also flagged that the Care Strategy would be up for a refresh and this would provide an opportunity to engage with male carers. The Local Area Coordinator positions had also demonstrated the importance of having the same trusted person to approach for support.

It was also suggested that certain themes could be a focus such as gambling and some of the issues permeated by online content and links to depression. It was added that some funding had been received as part of the regional Gambling Levy. It was also suggested that community cohesion played a role, including clubs specifically aimed at men.

Agreed: To a) commit to a Men's Health Strategy Action Plan; b) adopt a prevention and early intervention approach informed by data and evidence; c) target men and boys in high-risk groups and priority ward areas; d) utilise outreach, community engagement and co-produced services to positively engage men and boys; and e) support the establishment of a multi-agency Men's Health Steering Group.

6. Age Friendly Communities Annual Update

Submitted: Report of the Director of Public Health

Board Members received the second annual update on the Age Friendly Communities Strategy and Action Plan (2024–2028). Board members were reminded that Age Friendly Communities was a World Health Organisation initiative aimed at creating environments that enabled people to live healthy, active and independent lives for as long as possible.

It was reported that the programme was structured around eight themes, including housing, transport, social participation, communication, health, and community inclusion. The report highlighted continued progress across a wide range of actions and demonstrated how age-friendly principles were influencing wider strategic and operational decision-making across the Borough.

Members were advised that South Tyneside had continued to develop its age-friendly approach through partnership working across the Council, health services, the voluntary sector and community organisations. Particular progress had been made in ensuring that the needs and views of older residents were reflected in initiatives relating to town centre development, transport planning, housing, digital inclusion and community safety.

The Board noted that accessibility and walkability audits had been undertaken in a number of locations, with findings already influencing public realm improvements and future investment decisions. Work had also progressed on a local Transport Needs Assessment, improvements to information and reporting systems, and initiatives to improve access to support and services.

The report highlighted ongoing work to address digital exclusion, improve access to information, support carers, increase uptake of benefits and entitlements, and strengthen opportunities for volunteering, social participation and community engagement amongst older residents. Progress had also been made in supporting age-friendly employment practices and developing resources to support residents in planning for later life.

Members were informed that a local State of Ageing report was being developed to strengthen the evidence base and support future planning. The report also highlighted the importance of continuing to focus on issues including poverty, pension credit uptake, falls prevention, mental health, housing and access to services.

The report also noted the significant benefits arising from collaborative working between organisations and recognised that the age-friendly agenda was increasingly influencing the design and delivery of services across South Tyneside. A board member affirmed this and the importance of services working together to identify additional support was raised. For example, Age Concern workers fitting grab rails were able to recognise sight impairments and make recommendations for additional support.

A discussion was had around engagement with people of different ages, including the Family Hubs intergenerational day and the intergenerational debate. It was thought that bringing young and older people together could help tackle loneliness and provide positive role models.

Agreed: To a) note the progress made against the Age Friendly Communities Strategy and Action Plan and acknowledge the benefits arising from cross-sector collaboration; b) consider opportunities for age-friendly priorities to align

with other programmes of work; c) review where the Age Friendly Communities programme is best positioned strategically; and d) support opportunities to secure and align funding streams to drive this work.

7. Healthwatch South Tyneside

Submitted: Report of the Chair of Healthwatch

John Lowther, Chair of Healthwatch, summarised the findings and recommendations from three Healthwatch South Tyneside engagement reports: 'Have Your Say 2025/26', 'Young People's Mental Health' and 'Guiding You Home'.

In relation to the Have Your Say report, Healthwatch had engaged with more than 300 residents across 21 community groups and drop-in sessions, alongside additional feedback received throughout the year. Access to GP services remained the most commonly raised issue, with concerns focused on obtaining appointments, the use of eConsult systems and waiting times. Hospital services generally received positive feedback, particularly in relation to standards of care and cleanliness, although concerns remained regarding Accident and Emergency waiting times and access to NHS dental services. Members also noted that relatively few respondents reported being asked about their mental wellbeing during interactions with health and social care professionals.

The Board received the findings of the Young People's Mental Health report, which highlighted increasing demand for mental health support amongst young people. Feedback identified concerns regarding waiting times for assessment and treatment, with respondents reporting delays in accessing support. Young people also highlighted the importance of feeling listened to by professionals and called for greater awareness and promotion of available services. The report recommended reducing waiting times, improving signposting to support services and increasing promotion of available mental health provision.

Members also received an update on the Guiding You Home report, which examined the experiences of relatives and friends of patients being discharged from hospital. The findings emphasised the importance of clear communication, appropriate involvement of carers in discharge planning, and ensuring support arrangements were in place before discharge occurred. Recommendations included the development of improved discharge communication arrangements, provision of comprehensive information for patients

and carers, and strengthened co-ordination between hospital teams and care providers.

The Chair commended the work that had been produced by Healthwatch, particularly given that they had only two members of staff.

A board member commented that it was good to see an upward trend in positive comments around health services; and for the NHS, access was the number one priority. The South Tyneside and Sunderland NHS Foundation Trust were within the top 5 nationally for access to planned care. However, South Tyneside did struggle with A&E access in the winter months. It was said that more investment was needed into medical staff and the Life Cycle service had helped improve better access to counselling.

A board member thanked Healthwatch for their insight which was useful within adult social care. It was also said that there were no significant waits currently for home care services.

A board member observed that children's pathways to diagnosis could take a while but waits for talking therapies were reduced since schools were able to help with access. However, they noted that adult pathways seemed to take a lot longer.

It was highlighted that triangulating data and evidence helped to ensure the Board were looking at the most accurate narrative. External funding had also been secured by the Council to increase research capabilities.

Community Pharmacy England had the opportunity to access funding for the Pharmacy First scheme which allowed patients to be treated at a pharmacy without needing to go to a GP. Work was also being done around pharmacy led discharges so that medication was ready in advance of hospital discharges.

A board member noted that access to GPs was not what it used to be, but care should be taken not to perpetuate myths. For example, some comments may imply that someone was unable to access a GP appointment but had been directed to the right place for care. It was said that advertising for Pharmacy First was a priority and could help avoid unnecessary appointments to A&E. The NHS has run several campaigns directing people to the appropriate place but re-enforcement from professionals would also help.

Agreed: To note the reports.

8. Better Care Fund – End of Year 2025/26

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

Board Members received the Better Care Fund (BCF) End of Year Report for 2025/26, which provided an overview of progress made during the year, key challenges encountered and the priorities being taken forward into 2026/27.

It was reported that the Better Care Fund continued to play an important role in supporting integrated working across health, social care and the voluntary sector, with a particular focus on prevention, independence, Home First principles and neighbourhood-based models of care. Delivery during the year had aligned closely with the development of neighbourhood multidisciplinary teams, the Guiding You Home programme and wider Care Closer to Home initiatives.

The report noted a number of positive developments during 2025/26, including progress in embedding the Home First approach and improvements in hospital discharge arrangements through the introduction of ward-based discharge teams. These changes had strengthened joint working between health and social care partners and supported more appropriate discharge outcomes, helping to reduce reliance on long-term residential care.

It was advised that permanent admissions to residential and nursing care for people aged 65 and over had remained below anticipated levels, reflecting the positive impact of reablement services, intermediate care provision and community-based support. Intermediate care services had continued to play an important role in supporting recovery, rehabilitation and independence.

The report also highlighted learning from the Strategic Better Care Fund Review and wider system diagnostic work, which had informed service improvements and would support the development of future integrated care arrangements.

Despite these achievements, a number of ongoing challenges were identified. These included continued pressures associated with emergency admissions, discharge delays, workforce capacity, housing issues and demand for reablement and domiciliary care services. Financial pressures within community equipment services and home care provision were also noted, alongside challenges relating to data quality and information sharing across the system.

All national Better Care Fund conditions had continued to be met throughout 2025/26 and that governance arrangements remained in place to provide oversight and assurance. Learning from the year

would inform the 2026/27 Better Care Fund programme, with priorities including strengthening neighbourhood multidisciplinary team working, further embedding the Guiding You Home approach, improving data quality and maintaining a strong focus on prevention, reablement and early intervention.

Agreed: To a) note the content of the Better Care Fund End of Year Report 2025/26; b) acknowledge the progress made and the challenges identified; and c) support continued oversight of improvement actions through the Better Care Fund governance arrangements during 2026/27.

9. Better Care Fund – Narrative and Numerical Plan 2026-27

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

Board Members received the Better Care Fund (BCF) Narrative and Numerical Plan for 2026/27, which set out how BCF resources would support the continued development of integrated neighbourhood-based health and care services across South Tyneside.

Members were advised that the plan built on progress made during 2025/26 and supported the ongoing transition to a fully embedded neighbourhood model of care. It was noted that BCF investment would focus on strengthening prevention, improving hospital flow, supporting timely discharge and reablement, and reducing avoidable admissions to long-term residential care through multidisciplinary neighbourhood teams.

The plan aligned with the priorities of the South Tyneside Health and Care Partnership and supported delivery of Home First principles, enhanced intermediate care provision, urgent community response services, digital enablement and market sustainability. It was also advised that the Narrative and Numerical Plan submissions had been developed in parallel to ensure alignment between delivery priorities, planned expenditure, pooled budget arrangements and performance measures.

It was reported that robust joint governance arrangements were in place to oversee delivery of the programme, monitor performance and ensure value for money and continuous improvement throughout 2026/27.

It was asked whether there were any metrics to show how the BCF had made a difference. The Fund would be changing focus and along with revised metrics. It had proven to be an enabler for innovation

and to ease some cost pressures but it was now a fund for core services. Work was being undertaken to reduce the numbers in residential care with investment in extra care schemes. A board member added that it was difficult to demonstrate a reduction in repeat hospital visits.

The importance of collaborative decision making between health and care was also raised.

Agreed: To a) note the key changes to the Better Care Fund approach for 2026/27; b) provide retrospective endorsement of the South Tyneside Better Care Fund Plan; and c) confirm the Board's ongoing commitment to supporting delivery and strategic oversight of the Better Care Fund during 2026/27.

10. Local SEND Reform Plan

Submitted: Report of the Director of Children's Services

Board Members received the Local SEND Reform Plan, which set out South Tyneside's response to increasing demand and complexity within the Special Educational Needs and Disabilities (SEND) system and outlined a three-year programme of reform.

Members were advised that a comprehensive Local Area SEND Partnership maturity assessment had been undertaken to evaluate current performance across areas including system leadership, inclusion, partnership working and the use of resources. While the assessment identified a number of strengths, including improved governance arrangements, developing partnership working and growing use of data and insight, it also highlighted areas requiring further development, including consistency of practice, co-production, workforce capacity, joint commissioning and long-term sufficiency planning.

The Board noted that the reform programme had been designed to support earlier intervention, stronger inclusion within mainstream education settings and a more coordinated approach across education, health and care services. The plan sought to reduce reliance on reactive and high-cost specialist provision whilst improving outcomes and experiences for children, young people and families.

Members heard that the plan was structured around four key areas of reform: strengthening system leadership, partnership working and co-production; improving access to specialist support and local provision; strengthening inclusion across education settings; and

promoting a more inclusive culture and approach across the wider system. Delivery would be supported through initiatives including improved governance and performance reporting, enhanced access to specialist advice, development of local provision, workforce development and strengthened engagement with families and young people.

The Board was advised that implementation would take place over a three-year period. The first year would focus on establishing the foundations for reform, including improved governance, data quality and consistency of practice. Subsequent years would focus on embedding and scaling these approaches to deliver measurable improvements in outcomes, inclusion and sustainability.

Members noted the significant financial context underpinning the programme, particularly the opportunity to secure funding through the Government's High Needs Stability Grant. Access to this funding was dependent upon Department for Education approval of a credible and deliverable Local SEND Reform Plan and would support the long-term financial sustainability of the High Needs system.

Assurance was provided that progress would be monitored through established governance arrangements, supported by a partnership-wide performance framework, regular reporting and ongoing engagement with children, young people and families.

A board members suggested that there were groups out there that could help engage parents, carers and young carers.

It was asked whether demand would begin to level off once it had caught up with unmet need. It was felt that not everyone had accessed support services and more stringency had been applied in providing plans, given that a special school was not always the best route for people. It was suggested that a move away from diagnosis led support to avoid over medicalisation of certain problems and offer support where it is genuinely needed. The Officer agreed as not everyone with a diagnosis would necessarily have SEND needs.

Agreed: To a) note the findings of the Local Area SEND Partnership maturity assessment; b) endorse the priorities and direction set out in the Local SEND Reform Plan; and c) support continued system-wide alignment to ensure delivery of reform across education, health and care.

11. Partner Updates

Grahame Cassidy (Healthnet and Age Concern)

Age Concern would be holding its AGM and board members were invited to attend. The Healthnet election was also pending.

Charlotte Harrison (Inspire)

Inspire had secured £300,000 from the National Lottery Fund to help support organisations in growing capacity.

Vicki Pattinson (Director of Adult Social Services and Commissioning)

Carers week would be held in June and an update could be brought to a future meeting of the Board.

A carers march would go from Jarrow to South Shields during this week.

Liz Dawson (South Tyneside and Sunderland NHS Foundation Trust)

The Trust would be working more closely with trusts in Durham and Darlington and an update would be brought to a future meeting.

12. Date and Time of Next Meeting

The next meeting will be Wednesday 22nd July 2026 at South Shields Town Hall.

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Chair's Signature 22/7/26