HEALTH AND WELLBEING BOARD

AGENDA

HARTLEPOOL BOROUGH COUNCIL

21th July 2024

At 10.00 am

Committee Room B in the Civic Centre,
Victoria Road, Hartlepool

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:

Elected Members, Hartlepool Borough Council - Councillors Darby, Harrison (C) Little and Roy.
Representatives of NHS North East and North Cumbria Integrated Care Board (NENC ICB) Karen Hawkins (VC) and Levi Buckley
Director of Public Health, Hartlepool Borough Council – Craig Blundred
Interim Director of Children's and Joint Commissioning Services, Hartlepool Borough Council - John Macilwraith
Executive Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison
Representatives of Healthwatch - Margaret Wrenn and Christopher Akers-Belcher

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin
Executive Director of Development, Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Vacancy
Assistant Director for Early Intervention, Performance and Commissioning, Rebecca Stephenson
Representative of Hartlepool Voluntary and Community Sector – Christine Fewster and Vacancy
Representative of Tees, Esk and Wear Valley NHS Trust – Jamie Todd
Representative of North Tees and Hartlepool NHS Trust – Dr Deepak Dwarakanath
Representative of Cleveland Police - Alan O'Donoghue
Representative of GP Federation - Fiona Adamson
Representative of Headteachers - Sonya Black
Observer – Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Jorgeson

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

3.1 To receive the minutes of the Tees Valley Area ICP Meeting held on 8th November 2024

4. ITEMS FOR CONSIDERATION

4.1 Maternity Services Update - Presentation - University Hospital of Hartlepool - *Chief Nurse, Director of Midwifery, Managing Director - University Hospital Tees*

4.2 Secure Data Environment - *Marketing and Communications Manager, Health Innovation North East and North Cumbria*

4.3 Joint Hartlepool Dementia Strategy - *Chair of Dementia Friendly, Hartlepool*

4.4 Carers Strategy – *Hartlepool Carers*

4.5 Community Blood Pressure Monitoring - *Head of Service (Community Hubs and Wellbeing)*

4.6 Housing Health and Care Programme - *Executive Director of Adult & Community Based Services*

4.7 Update on the Year One Actions of the Joint Local Health and Wellbeing Strategy - *Director of Public Health*

4.8 Pharmaceutical Needs Assessment Maintenance Update / Approval of PNA - *Director of Public Health*

4.9 Health and Wellbeing Board Terms of Reference - Refresh - *Director of Public Health*

4.10 Board Forward Plan - *Director of Public Health*

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting

29th September 2025
8th December 2025
16th February 2026

North East North Cumbria Health & Care Partnership

Confirmed MINUTES

Tees Valley Area Integrated Care Partnership (ICP) Meeting

Meeting held on: 8 November 2024, 12pm – 2pm
Held at: Boardroom, North East and North Cumbria (NENC) Integrated Care Board (ICB), Trinity Mews, North Ormsby Health Village, Middlesbrough, TS3 6AL

Item No:	Meeting Notes	Action
TVICP/24/13	**Welcome and Introductions**	
	Councillor Cook, as Chair, welcomed colleagues to the Tees Valley Area Integrated Care Partnership (ICP) Meeting. **Present**: • Councillor Bob Cook (Chair) – Health and Well-being Board Chair (HWBB) and Leader of Stockton Borough Council • David Gallagher – Chief Contracting and Procurement Officer • Levi Buckley - Chief Delivery Officer, NENC ICB • Martin Short - Director of Delivery, NENC ICB • Karen Hawkins – Director of Delivery, NENC ICB • James Bromiley – Associate Director, North Tees and Hartlepool Foundation Trust (NTHFT) • Rowena Dean – Chief Operating Officer, NTHFT • Dr Ann French – Dean, School of Health and Life Science, Teesside University • Lorraine Hughes – Director of Public Health, Darlington Council • Rebecca Morgan (RM) – Project Development Manager / Healthwatch Sub-Regional Co-ordinator, Healthwatch • Richard Morris - Associate Director of Operations, County Durham and Darlington NHS FT • Matt Neligan – Chief Strategy Officer, NTHFT • Jane O'Neil – Associate Director of Nursing & Quality, Tees, Esk and Wear Valley (TEWV) • Lisa Oldroyd – Chief Executive and Monitoring Officer, Office of the Police and Crime Commissioner for Cleveland • Lucy Owens – Voluntary Sector Lead/3rd Sector, Catalyst Stockton • Julian Penton - Voluntary Sector Lead/3rd Sector, Hartlepool Community Trust • Ann Richards - Voluntary Sector Lead/3rd Sector, Redcar & Cleveland Voluntary Development Agency	

	• Erik Scollay - Director of Adult Services, Middlesbrough Council • Patrick Scott - Deputy Chief Executive Officer, TEWV • Mike Smith, Redcar and Cleveland Primary Care Network (PCN) (deputising for Dr Goh) • Ian Turnbull – Chief Inspector, Cleveland Police • Grace Wall – Strategic Health and Wellbeing Manager, Stockton Council **In Attendance:** • Jane Smailes (Note Taker) – Corporate Governance Support Officer, NENC ICB • Sanmi Ayuba – Corporate Business Assistant, NENC ICB	
TVICP/24/14	**Apologies for Absence**	
	• Mark Adams - Joint Director Public Health Middlesbrough, Redcar and Cleveland • Professor Derek Bell – Chair, NTHFT / South Tees Hospitals NHS FT (STHFT) • Sarah Bowman-Abouna – Director of Public Health, Stockton Council • Craig Blundred – Director of Public Health, Hartlepool Council • Sandra Britten – Chief Executive (Operational) Alice House Hospice • Cllr Alec Brown - Joint HWWB Chair, Redcar and Cleveland Council • Mayor Chris Cooke – Joint HWBB Chair Live Well South Tees Board – Middlesbrough Council • Dr Dhirendra Garg – Stockton PCN Representative • Dr Teik Goh – PCN Clinical Director Representative, Redcar and Cleveland PCN • Mike Greene – Chief Executive, Stockton Council • Jill Harrison - Director of Adult and Community Based Services, Hartlepool Council • Clive Heaphy – Interim Chief Executive, Middlesbrough Council • Sue Jacques – Chief Executive, County Durham and Darlington NHS FT (CDDFT) • David Jennings, Chair, TEWV • Brent Kilmurray – Chief Executive, TEWV • Cllr Mary Layton – Darlington Council • Majella McCarthy, Director of Children's Services, Stockton Council • Denise McGuckin – Managing Director of Hartlepool Council • Jacqueline McKenzie – PCN Clinical Director, One Life Hartlepool PCN • Dr Helen McLeish – PCN Clinical Director, Darlington PCN • Cath Monaghan – Medical Director, NENC ICB	

	• Carolyn Nice – Director of Adult Services, Stockton Council • Chris Piercy - Director of Nursing, NENC ICB • Helen Ray – Chief Executive, North East Ambulance Service (NEAS) • Sally Robinson - Director of Children's Services, Hartlepool Council • Cllr Matthew Roche - Darlington Council • John Sampson – Managing Director and Chief Executive – Redcar and Cleveland Council • Richard Scothon - Chair, CDDFT • Jeanette Scott - Director of Nursing, NENC ICB • Peter Strachan – Chair, NEAS • James Stroyan – Director of People (Children & Adult), Darlington Council • Joe Tynan – Director Children's Services, Middlesbrough Council • Lynne Walton – Director of Finance, NENC ICB • Ian Williams – Chief Executive, Darlington Council	
TVICP/24/15	**Declarations of Interest**	
	Councillor Bob Cook (BC) reminded colleagues of the importance of the robust management of conflicts of interest and asked individuals to raise any potential conflicts of interest as the meeting progressed. No conflicts of interest were raised.	
TVICP/24/16	**Minutes from previous meeting held 9th August 2024**	
	The minutes of the meeting, held 9 August 2024, had previously been circulated to members for comment. There were no amendments requested and therefore the minutes were **AGREED** as an accurate record. Confirmed minutes have also been shared with Health and Wellbeing Boards for information.	
TVICP/24/17	**Matters Arising & Action Log**	
	Action Log Actions were noted as complete. **Matters Arising** <u>Health Innovation Zone</u> David Gallagher (DG) advised there had been a planned Health Innovation Zone (HIZ) Board meeting the previous	

	day which had been cancelled and DG had planned to give an update from that. As an addition to the presentation made at the previous TVICP meeting, DG described a number of workstreams that were underway for this initiative based in Stockton for Tees Valley. There had been a meeting with the chair of the ICB about the initiative which had been useful and raised some helpful ideas to play into the work. A number of organisations were playing a role in developing a model including the FTs, Teesside University, Stockton BC and the ICB. DG proposed a regular agenda item to feedback progress on a six monthly basis. **ACTION** Health Innovation Zone to be added to the forward planner as an agenda item every six months. There were no other matters arising to note.	JS
TVICP/24/18	**Healthwatch Update**	
	The Healthwatch quarterly update (July – September 2024) had been circulated to members before the meeting. Rebecca Morgan (RM) highlighted the following key points from the report. Across the Tees Valley the local Healthwatch groups have been involved with Women's Health: The Big Conversation with the second annual women's health conference held on 11 July 2024 to ask women what matters to them in terms of their health and wellbeing. There have been nearly 5k responses to the survey, and whilst the final report is still being prepared for the ICB a brief review of the initial data show the top 3 priorities are; • Mental Health • Healthy ageing and long-term conditions • Bone, joint and muscle health Dentistry services continue to a priority for the public. Healthwatch has completed a dentistry engagement exercise across the region with draft recommendations based on the experiences and opinions of residents across the NENC ICB region, which are constructive and realistic in terms of the model of service provision.	

	Healthwatch organisations across the North East (excluding North Cumbria) are working with Voluntary Organisations Network North East (VONNE) to engage public and patients as part of the North East Ambulance Service's (NEAS) intention to review their clinical strategy. The report also drew attention to the local workplan priorities in 2024/25 for Healthwatch in Hartlepool, Darlington, South Tees and Stockton-on-Tees. From Healthwatch South Tees, RM specifically highlighted the calls that had been received from individuals following prison release and the difficulties they were experiencing obtaining their medication, repeat prescriptions and registering with a GP. From Healthwatch Hartlepool, RM highlighted a long case study from an individual who, whilst not a crisis point, was struggling on a day to day basis with their mental health and how they felt they were being passed from one service to another. Following a query from Martin Short (MS), RM confirmed the matter had been flagged to local services. In respect of the Women's Health report, and following a query from MS, RM believed there would be geographical and characteristic data available on both a regional and local footprint. RM agreed to share the report once it was available. **ACTION**: Rebecca Morgan to share the Women's Health report when it was finalised. Matt Neligan (MN) explained that the draft report from Healthwatch regarding the Hospital Trusts Group Model public listening event had been helpful and instructive in helping the Group develop priorities and the need to focus on fundamentals for patients such as appointments and car parking. He said that the Group was keen to develop and co-design services with Healthwatch and other partners. RM said that Healthwatch had been pleased to be involved so early in the process. Referring to the long case study regarding mental health support, Julian Penton (JP) advised there was a common theme across the Tees Valley of fragmented care for people. He explained that similar issues were being reported to Hartlepool Community Trust. David Gallagher (DG) welcomed the report noting the importance for planners to hear about the themes that the	RM

	public were raising, for example the prison release issues highlighted in the report.	
	ACTION: DG requested access to urgent dentistry care be added to the agenda for the next meeting in February. Ann Richards (AR) provided an example of positive joint transformation with TEWV. Redcar and Cleveland Voluntary Development Agency (RVDA) had received a query regarding two individuals for whom the usual referral pathway was not appropriate due to concerns around confidentiality. Following contact with the relevant TEWV Director, and recognising there was a gap in the model, changes were made by TEWV to the model to accommodate the exception.	JS
TVICP/24/19	**Hospitals Trust Group Update**	

	Matt Neligan (MN) and James Bromiley (JB) provided an update on the Hospitals Trust Group work, which provided an opportunity to develop community care with partners.
	
	The presentation highlighted the following key areas:
	
	• Achievements over the past 6 months, including,
	  o Recruiting clinical boards from across the Trusts.
	  o Carrying out full engagement survey on patient preferences via Healthwatch.
	  o Defining time horizons for strategic work over 12-18 months; 1-5 years and 5+ years.
	
	• Next steps, including,
	  o Internal finalisation of clinical proposals to test with partners.
	  o A University Hospitals Trust (UHT) strategy by April 2025 bringing together clinical, estates and digital proposals (plus other enabling strategies) in an integrated way.
	
	• Discussion points with partners, including,
	  o How to best join up and align to existing place-based plans and development work across the Tees Valley.
	
	Following a comment from Richard Morris (RM) regarding the work of County Durham and Darlington FT (CDDFT) and the integration across Tees Valley of digital solutions,	

	JB noted that UHT and CDDFT would be working together where clinical pathways existed or needed to be included. David Gallagher (DG) noted the importance of ensuring the early, underlying stages in the development of the UHT work were completed properly before moving on to any potential formal public consultation. Referencing the future UHT strategy, Lucy Owens (LO) explained that across the Voluntary and Community Sector (VCS) there were difficulties in identifying the key strategies they should be linking in with, acknowledging it was not possible for the VCS to work on all the strategies. She highlighted the need from the VCS to be able to demonstrate to funders how the VCS work is linked into, for example, reducing health inequalities. **ACTION** It was agreed the UHT strategy would be brought back to a future meeting for an update, and would be added to the forward plan, with a date to be agreed. **ACTION** It was agreed the presentation would be circulated to members.	JS JS
TVICP/24/20	**Darzi Investigation Report Overview - Presentation**	

	Karen Hawkins (KH) provided an overview of the Darzi Report, which is a rapid investigation over a 9 weeks' period into the state of the NHS focusing on access, quality, and performance.
	
	The presentation highlighted the following areas,
	
	• Summary findings, including,
	  ○ Public satisfaction with the NHS is at its lowest ever.
	  ○ Time spent in ill health has increased.
	  ○ Surge in multiple long-term conditions particularly among children and young people in mental health needs.
	  ○ Unwarranted variations in the number of patients per GP and shortages of GPs, particularly in deprived communities.
	
	• Drivers of performance, including.
	  ○ Not enough spent on capital or digital technology.
	  ○ Impact of Covid.
	  ○ Patient voice is not loud enough.	

	• 10 Year plan themes, including,
	  o Re-engage and re-empower patients.
	  o Simplify and innovate care delivery for a neighbourhood NHS.
	  o Tilt towards technology.
	
	• Tees Vally: initial reflections for the future, including,
	  o Collaborative working with Local Authorities to consider their focus areas on the back of the report and opportunities for joint plans.
	  o Support plans to improve patient flow out into the community.
	
	Levi Buckley (LB) explained that the 10 Year Plan is likely to be published in June 2025. He noted that the Chief Executive of Healthwatch, Louise Ansari, was leading on some of the themes that were coming out of the work of the UHT Group.
	
	Following a query from Julian Penton (JP) regarding the likelihood of a reorganisation of ICBs/ICSs with the new Government, LB responded that there did not seem to be any appetite to redesign the current model.
	
	Martin Short (MS) advised a 3 weeks' consultation, "Creating a new 10-Year Health Plan", had been launched which was seeking views, experiences, and ideas to shape the new 10 Year Plan for England.
	
	ACTION
	It was agreed the link for the consultation would be circulated to members.
	
	ACTION
	It was agreed the presentation would be circulated to members.
		JS
		
		JS

TVICP/24/21	**Winter Plan 2024/25 – Tees Valley**	
	Karen Hawkins (KH) and Rowena Dean (RD) provided an overview of the Winter Plan 2024/25 (Tees Valley). It was noted that whilst every organisation had its own winter plan assured through its own governance arrangements the presentation covered the Tees Valley system plan for winter 2024/25 co-ordinated through the Local Accident and Emergency Delivery Board. The presentation highlighted the following key areas, • System approach to winter planning, including,	

	• Assurance Process • System Priorities • Local Priorities • Public Messaging Cllr Bob Cook (BC) acknowledged the need for health and social care to work together to provide the best outcomes for the local population, with RD noting that locally partners worked well together and aimed to support each other. Rebecca Morgan (RM) referenced previous Healthwatch work regarding Pharmacy First and some of the public frustrations with use of the service. It was acknowledged there had been some challenges with the new service, for example confusion on Urinary Tract Infection pathways and the relevant exclusion criteria which determined when patients needed to be referred back to a GP. David Gallagher (DG) welcomed any feedback that could be included in the review / management of contracts and he noted the need for ongoing dialogue to improve services. **ACTION** It was agreed the presentation would be circulated to members.	JS
TVICP/24/22	**Right Care Right Person (RCRP)**	

	Martin Short (MS) introduced Lisa Oldroyd (LO), Ian Turnbull (IT) and Jane O'Neil (JN) explaining that Right Care, Right Person is an approach designed to ensure people who have health and/or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs.
	
	The presentation highlighted the following areas,
	
	• The key stages in implementing RCRP, as set out in the national agreement.
	• The Tees Valley RCRP partners.
	• The four RCRP phases to be delivered in Cleveland working with partners,
	  o Concern for welfare.
	  o Walk out of healthcare facilities, Absent Without Leave (AWOL) from mental health establishments.
	  o Transportation of patients.
	  o Section 136 of Mental Health Act and voluntary health patients.
	• The phased rollout of RCPC across Tees Valley.	

	• TEWV Implementation
	  o Concerns for welfare / safety policy.
	  o AWOL and missing from hospital.
	• Acute Trust Implementation.
	• Review and reflection.
	• Next steps.
	
	Levi Buckley (LB) noted the strength of the partner relationships that had allowed this work to progress. He also recognised the development of NHS111 Press 2 for mental health and the need to support people with the appropriate support.
	
	It was acknowledged that for those who were clearly at risk of harm to self or others then the police would continue to attend.
	
	MS explained there would be a full evaluation of the RCRP process after completion of the 4 implementation phases.
	
	It was agreed that the Right Care Right Person evaluation would be brought back to a future meeting.
	
	ACTION
	It was agreed a link to an informative video be circulated to the members.
	
	ACTION
	It was agreed the presentation would be circulated to members.
	
	ACTION
	It was agreed that the Right Care Right Person evaluation would be brought back to a future meeting, date to be confirmed. This item would be added to the forward planner.
		JS
		
		JS
		
		JS

TVICP/24/23	**NENC ICB Strategic Update**	
	David Gallagher (DG) advised at the most recent NENC ICB Strategic ICP meeting in October there was a conversation regarding current and future ICP arrangements. It had been agreed to have three area ICPs across the NENC ICB area. This would mean a merging of the North and Central area ICPs to mirror the new NE combined authority. The plan is to undertake an independent review of the ICPs and consider developing leadership groups for the area ICPs to be the engine room to drive the Strategic ICP.	

	David Gallagher noted some of the key points discussed at the meeting; • An update om pregress in delivering the ICP strategy • NHS England planning rounds due late 2024 and early 2025 • A presentation on child poverty • Housing and health and the importance of joint planning.	
TVICP/24/24	**Suggested Items for Next / Future Meetings**	
	Suggestions for discussion at future meetings; • Access to urgent dentistry care in February 2025 • Right Care Right Person evaluation, date to be confirmed	
TVICP/24/25	**Any Other Business**	
	Cllr Cook advised he had received an email to request a representative from the Tees Valley Area Integrated Care Partnership into the newly established NENC's Children and Young Person's Health and Wellbeing Strategic Oversight Group. He noted that the work will be aligned to benefit the Children and Young People of the region. **ACTION** It was agreed that the membership of the group would be circulated to members following the meeting. The Chair noted there were no further items of business advised and thanked members for their attendance and contributions to the meeting. *The meeting closed at 2.20pm*	**JS**
	<u>Next Meeting</u> Date: Friday, 7th February 2025 Time: 12-2pm Venue: tbc	

Signed: **Date: 04.03.25**

Cllr Bob Cook (Chair)

Service Profile

Provided at the University Hospital of Hartlepool

NHS
North Tees and Hartlepool
NHS Foundation Trust

Diagnostic services

CARDIOLOGY
24-hour tapes
Echocardiogram
Electrocardiogram (ECG)
Myocardial perfusion scans
ENDOSCOPY
Bowel scope
Bowel screening
Colonoscopy
Endoscopy
RADIOLOGY
Bone density scan (Dexa)
Breast diagnostics and screening
Computed tomography (CT) scanning
Magnetic resonance imaging (MRI)
Nuclear medicine
Obstetric ultrasound
Plain film
Ultrasound
OTHER TESTS
Elderly care tilt testing (syncope)
Lung function
Parkinson's disease - DaTscan imaging technology

Inpatient/day case services (Routine and cancer services)

INPATIENTS
Breast surgery
Foot surgery
Hand and wrist procedures
Hip replacements and revision surgery
Knee replacement and revision surgery
DAY CASE
Arthroscopies
Breast procedures
Colorectal procedures
Gynaecology procedures
Hand and wrist surgery
Hernias
Laporoscopic cholecystecomy
Pain services
Specialist sport surgery
Urology procedures
Vascular procedures (outreach service)
DAY CASE SERVICES
Chemotherapy
Elderly care rehabilitation
Haematology
Rheumatology
PAEDIATRIC SERVICES
General surgery
Orthopaedic
Urology

Outpatients (routine and cancer services)

MEDICAL SPECIALITIES
Cardiology
Diabetes
Elderly
Endocrinology
Gastroenterology
General medicine
Haematology
Oncology
Parkinson's
Respiratory
Rheumatology
Stroke
SURGICAL SPECIALITIES
General Surgery
- General surgical
- Rectal bleed
- Endocrine (thyroid)
- Teeswide breast service (suspected cancer)
- Upper gastrointestinal

Othopaedic
- Hand and wrist
- Joint replacement (hip and knee)
- Upper limb

Urology
- Bladder dysfunction
- Erectile dysfunction
- General urology
- Prostrate assessment

WOMEN AND CHILDREN'S
Assisted reproduction unit
Gynaecology
- Chronic pain
- Incontinence
- Preconception
- Urogynaecological

Obstetrics
- Antenatal
- Early pregnancy assessment
- Obstetric clinics
- Obstetric ultrasound
- Pregnancy assessment
- Birthing unit (Rowan unit)

Paediatrics
- Allergy
- Constiptation
- Development
- Epilepsy
- Respiratory
- Surgery
- Urinary tract infection

ALLIED OUPATIENT SERVICES
Allied health professionals (Physio/OT/Dietitian)
- Physiotherapy
- Occupational therapy
- Dietetics

Audiology (complex hearing)
Pain management
Pharmacy
Psychology
SPECIALIST OUTPATIENT SERVICES
Clinical oncology
Dermatology
Ear, nose and throat
Nephrology
Neurology
Opthalmology
Oral surgery
Plastic surgery
Vascular

Out of hospital (Community and One Life)

Audiology
Cardiac services
Community integrated assessment team (CIAT)
Community matrons
Community midwifery
Community respiratory service
Community stroke
Continence advisory service
Dental
Dementia liaison service
Diabetic retinopathy screening service
Diabetes team
Ear, nose and throat (ENT)
Holdforth/Home First
Hospital at home
Leg ulcer clinic
Musculoskeletal services
Nutrition and dietetics
Occupational therapy (adult and paediatrics)
Orthotics
Physiotherapy (adult and paediatrics)
Podiatry
Podiatry surgery
Rapid response
Safeguarding children
Skin/minor surgery
Specialist palliative care/Macmillan nursing
Speech and language therapy
Teams around the practice (TAPS) (incl. out of hours)
Wheelchair and orthotics (Adult and paediatric)

Urgent Care Centre (Since April 2017)

Community diagnostic centre
Minor illnesses
Minor injuries
Out of hours GP

Caring Better Together

Maternity provision

Provided at the University Hospital of Hartlepool

North Tees and Hartlepool
NHS Foundation Trust

In 2017 NHS England's concept proposal: a team of midwives to provide care in the antenatal, birth and postnatal period to a caseload of women that is smaller than the traditional model.

In September 2020: the trust established **Maternity Continuity of Care** know as the Rowan team based at University Hospital of Hartlepool, offering birth at the Rowan suite.

113 **Births have been facilitated at the Rowan Suite since opening.**

73% **of the women were from Hartlepool.**

In an 18 month time frame:

32% **of all deliveries for the trust live within a Hartlepool postcode.**

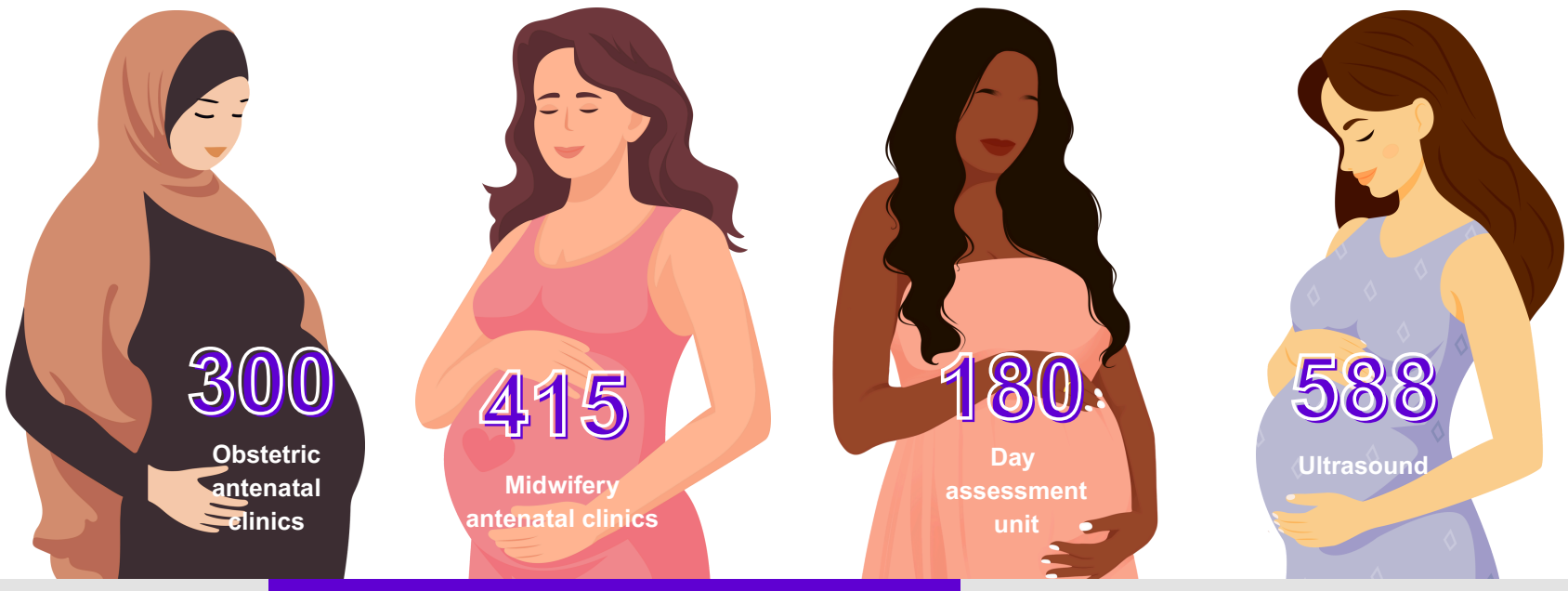
97.4% **of which delivered at North Tees.**

0.7% **delivered at Rowan Suite.**

84% **attrition rate from Rowan caseload to birth at North Tees.**

7% **of which had documented a change in care pathways.**

Monthly average footfall



Birth in Hartlepool can be facilitated through the traditional community midwifery Homebirth service

North Tees delivery unit has two rooms to replicate the low dependency environment as would be expected at the Rowan Suite

Waterbirth remains an option as North Tees has a birthing pool

North East and North Cumbria SECURE DATA ENVIRONMENT

Part of the NHS Research Secure Data Environment Network

NHS North East and North Cumbria

The Secure Data Environment North East and North Cumbria

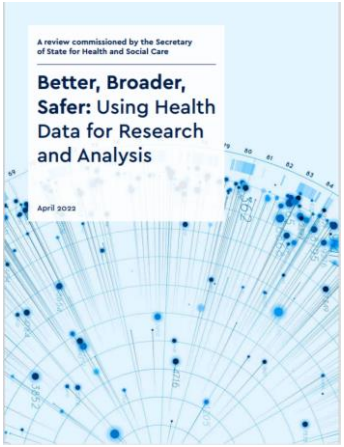
Mark Walsh: Programme Director NENC Secure Data Environment

Health Innovation North East and North Cumbria

USING PATIENT DATA

FOR RESEARCH

Understanding Patient Data



April 2022
Goldacre review recommends SDEs

June 2022
Data Saves Lives strategy sets out direction for national and sub-national SDEs

October 2023
DHSC updates policy for “data access by default”

North East and North Cumbria SECURE DATA ENVIRONMENT

Part of the NHS Research Secure Data Environment Network

NHS North East and North Cumbria

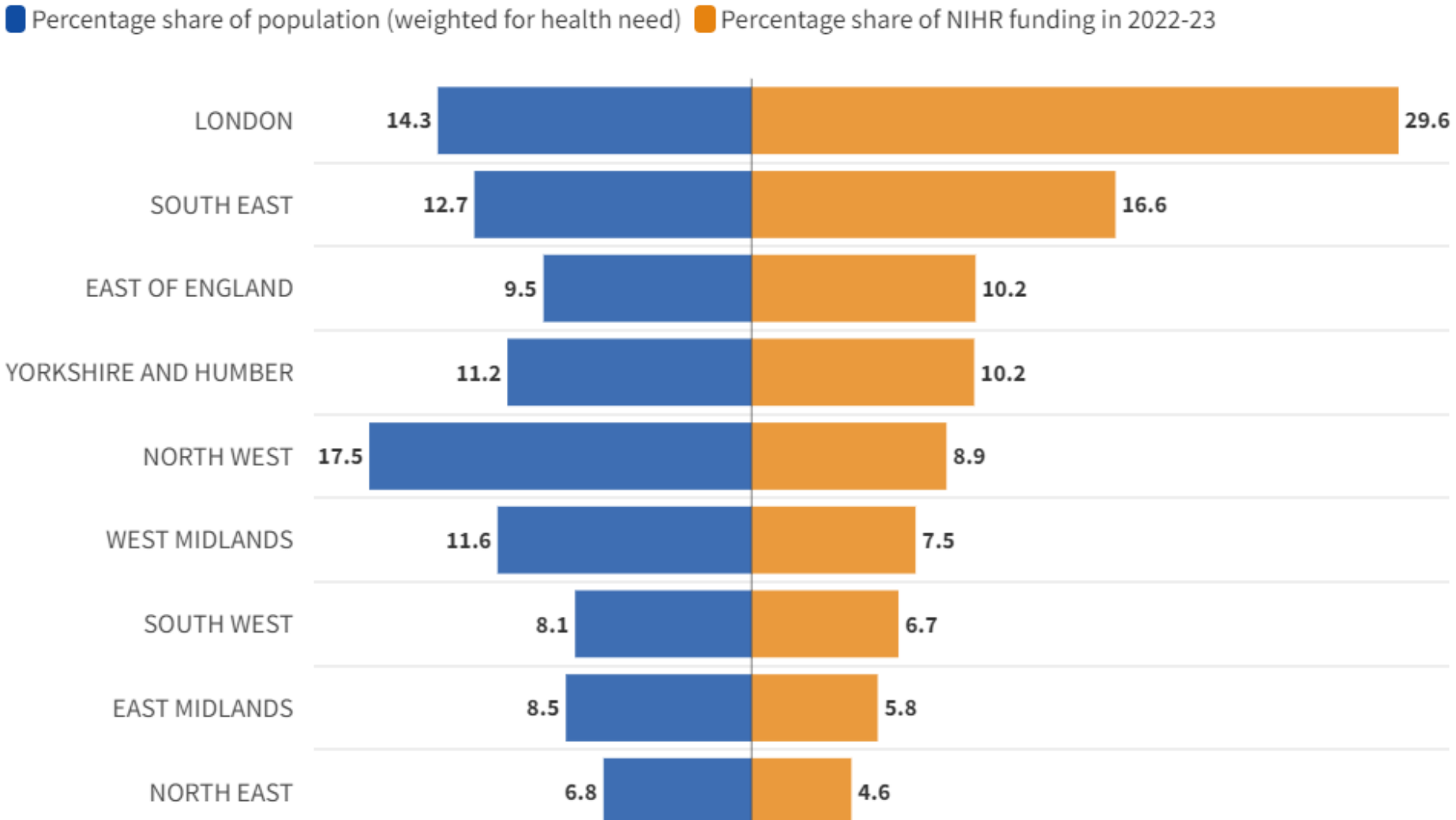
Improve data driven healthcare research

Transforming access to patient records for research

Boosting patient care and economic growth

Ensuring data privacy and public trust

Health Data Research Service [Prime Minister turbocharges medical research - GOV.UK]


Percentage share of population (weighted for health need)
Percentage share of NIHR funding in 2022-23
LONDON
14.3
29.6
SOUTH EAST
12.7
16.6
EAST OF ENGLAND
9.5
10.2
YORKSHIRE AND HUMBER
11.2
10.2
NORTH WEST
17.5
8.9
WEST MIDLANDS
11.6
7.5
SOUTH WEST
8.1
6.7
EAST MIDLANDS
8.5
5.8
NORTH EAST
6.8
4.6

Research
Secure Data
Environment
NETWORK

NHS

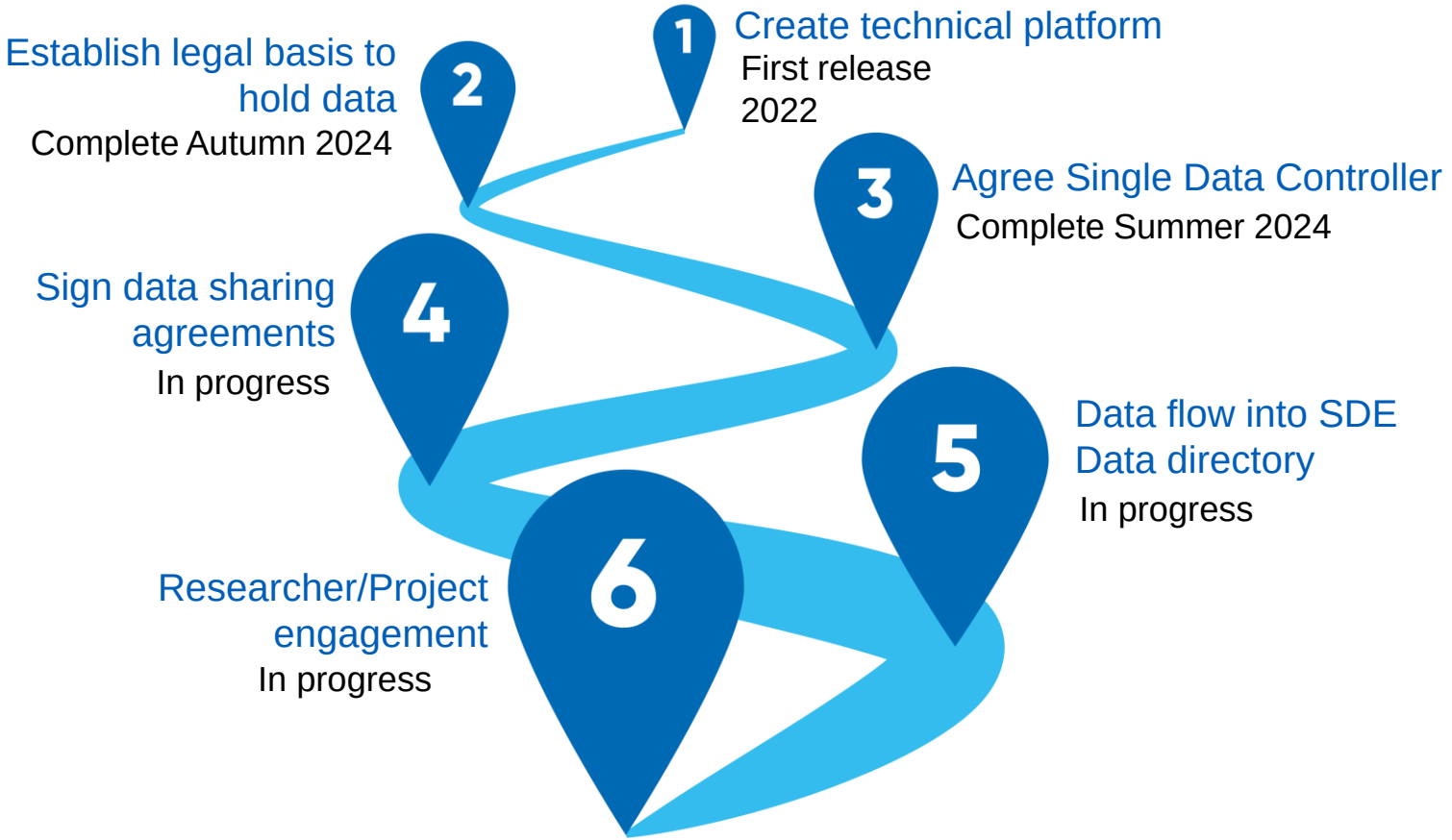
Secure Data Environments:

E	England	POPULATION 56.5m
EE	East of England	POPULATION 6.6m
EM	East Midlands	POPULATION 5.1m
GW	Great Western	POPULATION 5.2m
KMS	Kent, Medway & Sussex	POPULATION 3.8m
L	London	POPULATION 10.5m
NENC	North East and North Cumbria	POPULATION 3.2m
NW	North West	POPULATION 7.3m
TVS	Thames Valley & Surrey	POPULATION 3.9m
W	Wessex	POPULATION 2.8m
WM	West Midlands	POPULATION 6.2m
YH	Yorkshire & Humber	POPULATION 5.9m

North East and North Cumbria SECURE DATA ENVIRONMENT

Part of the NHS Research Secure Data Environment Network

NHS North East and North Cumbria



Patient confidentiality

- Patient confidentiality is key
- Anonymised and pseudonymised data
- National accreditation

How are the public involved?

- Nationally mandated and reported
- 16 public members – more being recruited
- Public Evaluation Group
- 1800 public survey contacts
- DARE UK project
- Rolling PPIE programme

“Having been involved with many research projects requiring public lived experience, I would remark that this particular project is one of the best examples of good communication between the leads and the contributors, information is discussed in an open and transparent manner and the interaction between the project and the public members appears to be well considered within this project.”

“100% I feel that we, as public members are always put at the forethought of everything they are doing."

"Always listened to. Impressed with everyone I speak to"

“There is evidence that views have been integrated within the project and when meeting face to face contributors are made to feel supported, validated and respected.”

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NENC SDE

Roland Finch
Public Member
NENC SDE

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HEALTH AND WELLBEING BOARD

21 July 2025

HARTLEPOOL BOROUGH COUNCIL

Report of: Stephen Thomas, Chair of Dementia Friendly Hartlepool

Subject: JOINT HARTLEPOOL DEMENTIA STRATEGY

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1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where those who are vulnerable will be safe and protected from harm.
- of resilient and resourceful communities with opportunities for all.

2. PURPOSE OF REPORT

2.1 To outline the progress made on developing the Dementia Strategy for Hartlepool and to seek commitment from partners to take this forward.

3. BACKGROUND

3.1 A dementia strategy is crucial for several reasons:

- **Rising Prevalence**: Dementia is a growing global challenge, with an increasing number of people affected as populations age. A strategy helps manage and plan for this rise
- **Improved Diagnosis and Care**: A well-structured strategy can enhance the diagnosis, treatment, and care for individuals with dementia. This includes developing guidelines for better management and ensuring access to necessary services
- **Support for Carers**: Carers often face significant challenges. A dementia strategy can provide them with the support and resources they need, such as respite care and training

- **Public Awareness and Stigma Reduction**: Raising awareness about dementia and reducing the stigma associated with it is essential. A strategy can promote education and understanding, fostering a more inclusive society

- **Reduce Isolation:** Supporting people living with dementia to have greater access to community, social and leisure opportunities and reduce isolation.

3.2 In summary, a dementia strategy is essential for addressing the multifaceted challenges posed by dementia and improving the quality of life for those affected.

4. PROPOSALS

4.1 The Dementia Friendly Hartlepool partnership agreed to lead on the development of a Joint Hartlepool Dementia Strategy with the Chair of the partnership chairing the strategy group.

4.2 The partnership put out a call to organisations and individuals across the town to get involved in developing the strategy. To date, 3 meetings of the Joint Hartlepool Dementia Strategy group have taken place.

4.3 Regular attendees have included people with lived experience, their carers and families, the Greatham Foundation, Adult Social Care representatives, public health, care providers, social prescribers and representatives from VCS organisations such as CAB, Healthwatch volunteers and Hartlepool Carers. A representative from the ICB has attended one session.

4.4 The meetings have been interactive with a lot of discussions and sharing of information and experiences. The group have worked together to collaborate to identify what they have agreed should be the vision and priorities for the strategy.

4.5 <u>Draft Vision</u>

4.5.1 Our vision is to make sure that people with dementia, their families and carers are supported to live life to their full potential. We want the people in Hartlepool to be able to say:

- I can live my best and happiest life (whatever that means to me)
- I live in an informed, supportive community that understands dementia
- I know who/where to turn to for information, support and advice
- I have access to timely and accurate diagnosis, delivered in an appropriate way by well trained staff
- My family and cares are involved in decisions about my care and are supported to live their best possible life.
- I have access to the right support that enables me to live well at home for as long as possible

- My voice is heard, listened to and is taken into account in relation to my own health and wellbeing
- I know when the times comes, I can die with dignity in the place of my choice

4.6 Draft priorities

- **Living Better** – people who are living with dementia, with the right support, can have the opportunity to live full and active lives. Supporting people to stay healthy can reduce the risk of getting dementia, and the rate at which the condition progresses slowed down. For people in Hartlepool who are living with dementia it is vital that they are supported to stay healthy and live active lives.

- **Support Carers and families** – carers and families play a vital part in supporting a person living with dementia. Providing care for a loved one can be challenging as well as physically and emotionally draining. It is vital that carers receive the right support to enable them to maintain their own physical and emotional wellbeing. Support needs will vary from person to person and at different times, but access to the right support at the right time is vital.

- **Diagnosis and Access to Support** – like many conditions, timely diagnosis and post diagnostic support and treatment can have a significant impact on way in which the dementia progresses and the wellbeing of the individual. Timely diagnosis not only ensures that a package of care and support can be developed which enables the person to live well, but also allows individuals, families and carers to become more aware of what is happening and to plan for the future.

- **Person Centred Care and Support** – we need to make sure that people who have a dementia diagnosis continue to have fair access to health, care and other services to ensure they have the best possible life experience. However, in all cases, the individual, family and carers should be fully involved and engaged in future care planning.

- **Young Onset Dementia (YOD)** – people living with YOD are those diagnosed under the age of 65. Diagnosis has profound impacts on the individual's emotional wellbeing, their employment and family. Support for people living with YOD needs to be provided in an age-appropriate manner and ongoing support is needed that provides information and advice specific to the issues people face.

4.7 Next Steps

4.7.1 As the vision and priorities have developed there have been discussions about how each of the priorities are underpinned by a series of aims and actions

4.7.1 What has become apparent is that the commitments and actions that are seen as important to improving our approach to supporting people living with dementia are whole system commitments and actions, some of which current members of the strategy group do not have control over or power to make decisions about or influence organisational decisions.

4.7.2 To create a Joint Hartlepool Dementia Strategy and action plan that delivers on the vision developed that the group feels achieving would make a real difference to people living with dementia, their families and carers, needs a commitment from the whole system and community.

5. OTHER CONSIDERATIONS/IMPLICATIONS

RISK IMPLICATIONS	Without the commitment from those organisations to actions that can influence and change practices around how we support people living with dementia, there is a risk that the strategy will become a document that sits on a shelf and makes no difference to people's lives.
FINANCIAL CONSIDERATIONS	None associated with this report.
SUBSIDY CONTROL	Not applicable
LEGAL CONSIDERATIONS	None associated with this report.
CHILD AND FAMILY POVERTY	None associated with this report although there are significant interdependencies between poor housing and poverty.
EQUALITY AND DIVERSITY CONSIDERATIONS	There are no equality and diversity implications specifically associated with this report. The strategy aims to reduce social exclusion and challenge negative stereotypes, prejudice and social isolation often experienced by people living with dementia and their families / carers.
STAFF CONSIDERATIONS	None.
ASSET MANAGEMENT CONSIDERATIONS	None.
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	None.

6. RECOMMENDATION

6.1 It is recommended that members of the Health and Wellbeing Board recognise the progress made with the development of the Joint Hartlepool Dementia Strategy and nominate at least 1 representative from their organisation who is committed to attending future strategy group meetings and who can contribute to the action planning phase of the strategy development.

7. REASONS FOR RECOMMENDATION

7.1 Without commitment to the strategy and its actions, there is the potential that the strategy will be an aspirational document without measurable actions. This will limit the ambition of the strategy group of transforming the approach to supporting people living with dementia and their families and carers in the borough.

8. CONTACT

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HEALTH AND WELLBEING BOARD

21 July 2025

HARTLEPOOL BOROUGH COUNCIL

Report of: Christine Fewster, Hartlepool Carers

Subject: CARERS STRATEGY

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1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- of resilient and resourceful communities with opportunities for all.

2. PURPOSE OF REPORT

2.1 To outline the progress made on developing the Carers Strategy for Hartlepool and to request support and commitment in developing and delivering actions needed to help ensure that all unpaid carers have equality of opportunity, better recognition, improved identification and support across all aspects of their lives.

3. BACKGROUND

3.1 The most recent Hartlepool Carers Strategy covers the period 2019 – 2024. A recent report produced for Carers Week, "Caring About Equality" highlights the significant contribution that carers make to society and yet many still feel invisible, face significant inequalities and lack adequate support (Carers Week Report 2025).

3.2 A refreshed Carers Strategy will aim to ensure that carers are recognised, valued and supported in their roles, which are often physically and emotionally demanding.

4. PROPOSALS

4.1 The Carers Strategy Group with membership from across statutory organisations, the voluntary and community sector and representation from

carers via Hartlepool Carers started meeting in January 2025 to create a new Carers Strategy that focuses on the issues that are important to carers. The group is underpinned by focus groups facilitated by Hartlepool Carers with a group of carers, ex-cares and young carers.

4.2 Early meetings focused on considering the current strategy and the need to work with carers to ensure that the priorities are right for them. In addition, it was identified that there was not a clear action plan that outlined how the strategy would be implemented, and it was agreed that this needed to be a core factor for the revised strategy.

4.3 The priorities drafted by the strategy group were shared with the carers focus groups and have been amended to reflect their feedback.

4.4 Draft priorities

- All partners recognise and support carers at an early stage of their caring journey.
- Carers have a family life and an opportunity to be part of their community.
- Carers are provided with relevant and personalised information, advice and support.
- Carers are supported to maintain their health and wellbeing.
- Carers are helped to have a life outside of their caring role which could involve education, employment or volunteering.
- Opportunities are provided to help ex-carers live healthy, fulfilling lives.
- Carers are supported to take a break from their caring role
- The impact of caring on individuals is recognised and understood across all sectors of the community
- Young carers are recognised and supported and their rights to help, education, safety, and a happy childhood are protected

4.5 Next Steps

4.5.1 As part of the focus group discussions with carers, ex carers and young carers, aims of the priorities and the actions that need to embed the priorities have been identified.

4.5. As the “Caring About Equality” report identifies, all unpaid carers share a common need for equality of opportunity: better recognition, improved identification and support across all aspects of their lives. This includes greater financial assistance, more frequent and accessible breaks, reliable and affordable social care services, time to look after their own health, more workplace flexibility and support, and recognition and support from the NHS. It is our ambition that our Carers Strategy helps deliver on that vision.

5. OTHER CONSIDERATIONS/IMPLICATIONS

RISK IMPLICATIONS	Developing a meaningful action plan which has real benefits for carers is essential for supporting carers in communities, workplaces and healthcare systems where unpaid carers play a vital role. Without the commitment from those organisations to actions that can influence and change practices around how we support carers, there is a risk that the strategy cannot be delivered.
FINANCIAL CONSIDERATIONS	None associated with this report.
SUBSIDY CONTROL	Not applicable
LEGAL CONSIDERATIONS	None associated with this report.
CHILD AND FAMILY POVERTY	None associated with this report although there are significant interdependencies between poor housing and poverty.
EQUALITY AND DIVERSITY CONSIDERATIONS	There are no equality and diversity implications specifically associated with this report. The strategy aims to reduce social exclusion and challenge negative stereotypes, prejudice and social isolation often experienced by people living with dementia and their families / carers.
STAFF CONSIDERATIONS	None.
ASSET MANAGEMENT CONSIDERATIONS	None.
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	None.

6. RECOMMENDATION

6.1 It is recommended that members of the Health and Wellbeing Board recognise the progress made with the development of the Carers Strategy and nominate a representative from their organisation who is committed to attending future strategy group meetings and who can contribute to the action planning phase of the strategy development.

7. REASON FOR RECOMMENDATION

7.1 Without commitment to the strategy and its actions, there is the potential that the strategy will be an aspirational document without measurable actions. This will limit the ambition of the strategy group of transforming the approach to supporting carers in the town.

8. CONTACT

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HEALTH AND WELLBEING BOARD

21 JULY 2025

Report of: Marine Ramsey, Head of Service (Community Hubs and Wellbeing)

Subject: COMMUNITY BLOOD PRESSURE MONITORING

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1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
• where people live healthier, safe and independent lives (People).

2. PURPOSE OF REPORT

2.1 The aim of this report is to provide an update on the Community Blood Pressure Monitoring Pilot within the Council's Community Hubs.

3. BACKGROUND

3.1 An estimated 32% of adults living in private households in England had high blood pressure (hypertension) and 3 in 10 of those (29%) were undiagnosed equating to approximately 4.2 million adults with undiagnosed hypertension. (ONS 2023)

3.2 In February 2024, North East and North Cumbria Integrated Care Board (ICB) was successful in securing NHS England funding for the delivery of a hypertension project addressing health inequalities. The aim of the project was to improve hypertension detection and management in populations that experience high levels of deprivation alongside ethnic minority groups.

3.3 This approach would provide access to blood pressure checks for communities that may usually be reluctant to attend GP Practices. The project would also provide home blood pressure monitors for those with elevated results so they can monitor their blood pressure without the need for any travel costs to attend GP appointments. This self-care approach would reduce the workload for GP Practices, enable patients to take responsibility for their own health and provide education and empowerment.

3.4 Tees Valley was identified to implement this project based on data showing that Tees Valley has the lowest prevalence of hypertension in its most deprived areas. This suggests missed opportunities for finding high blood pressure, as typically populations that reside in the most deprived areas have poorer health outcomes and more specifically, higher prevalence of hypertension and cardiovascular disease (CVD).

3.5 The pilot provided an opportunity for community centres to be provided with blood pressure kiosks and home blood pressure monitors to implement the proposed project. Up to three blood pressure kiosks were available to be hosted across different community centres. In addition training was provided for staff and educational resources were available to support awareness and education on CVD Prevention to the target populations.

3.6 The pilot was aimed at community centres hosting the Blood Pressure Kiosks being based in areas of high deprivation and having good engagement with ethnic minority groups and deprived communities.

3.7 There were only three devices available and it was agreed that it would be most effective for the pilot to target one area within Tees Valley. A bid was submitted for the pilot to be hosted within Community Hubs in Hartlepool.

4. MOBILISATION

4.1 In April 2024, confirmation was received that the Hartlepool bid was successful along with a bid from Middlesbrough. The ICB funded a fourth device to allow both pilots to go ahead. Feedback indicated that the Hartlepool submission 'provided an excellent level of detail and strong vision to support the delivery of this exciting project'.

4.2 Mobilisation took longer than anticipated as there was a delay getting the machines and it took time to work through the processes with GPs. In addition, it was important to ensure that any literature was understandable for local communities and reflected the low literacy levels for some of the target residents in Hartlepool.

4.3 The ICB proposed model would have relied on a person carrying out their own blood pressure test, using the kiosk and it would be their responsibility to speak to a member of staff afterwards and to inform their GP. An alternative model was adopted in Hartlepool using a more robust brief intervention-based approach. The person comes into the Community Hub and asks for a blood pressure check. The staff then talk the person through the eligibility criteria, the process and most importantly the results, as well as collecting their information with consent which is then automatically sent to their GP practice.

4.4 The pilot was an opportunity to promote health literacy, by explaining to the person what the results of a blood pressure check mean and the recommended actions they need to take as a result.

4.5 The model has been reviewed and amended multiple times to ensure that it is accessible and easily understood. This included consideration of literacy levels throughout and ensuring that information was accessible.

4.6 The original NENC ICB model suggested that once a person had monitored their blood pressure at home using a loaned kit, that they would return the kit to the Community Hub and then take the diary of the readings to their GP. The Hartlepool model removed the additional step so that the person could return the diary and the kit together and the lead staff member sends the diary to the GP practice for recording and action if required. The Hartlepool model has sought to make the process as simple as possible for the user to encourage participation and engagement.

4.7 The BP Kiosks are situated in Community Hub Central and Community Hub South, where a Health Zone has been created in each Hub. The Health Zone is an area to promote health improvement, raise awareness of health issues and provide access to the Making Every Contact Count Gateway which is a regional digital directory of services to support multiple needs, display health improvement models and information. These zones are also places where people can get weighed in addition to having their blood pressure checked.

4.8 The BP Monitoring Community Pilot was launched in September 2024 during Know Your Numbers Week. Cllr Brenda Harrison, Leader of the Council and Chair of the Health and Wellbeing Board led by example having her blood pressure tested to support the launch of the project.

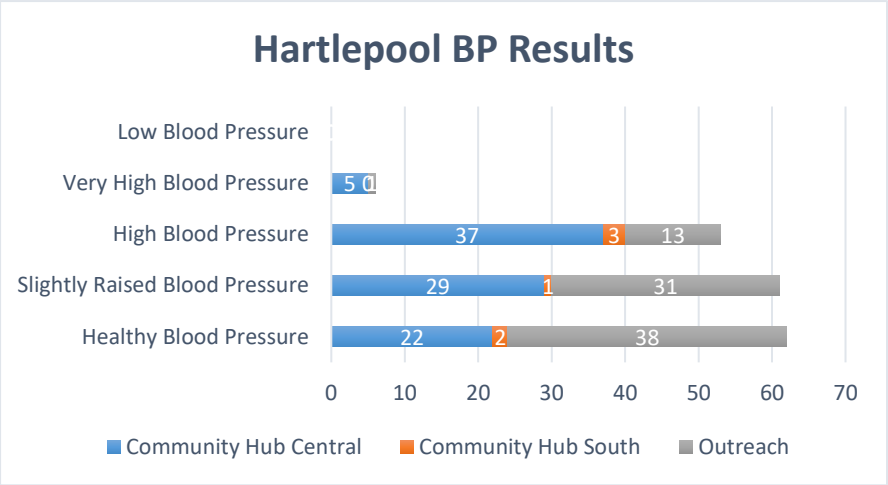
4.9 Monthly meetings are held with the CVD Lead from NENC ICB to monitor the pilot and to update on progress. Non-identifiable user data is shared with the ICB on a monthly basis.

4.10 The most successful element of the pilot is the member of staff who is leading on the pilot of our BP monitoring kiosks. The staff member goes above and beyond, following up anyone who has been advised to seek a GP review or immediate medical review due to very high blood pressure. The Hartlepool model is more labour intensive but closes the gap between testing and treatment which has led to some fantastic feedback from the NENC ICB.

5. PILOT PROJECT MID-POINT REVIEW

5.1 The data collected between September 2024 and February 2025 has been collated into a mid-term report from the ICB. A more detailed evaluation (quantitative and qualitative) is currently being conducted by researchers from Newcastle University.

5.2 <u>Total Checks for Hartlepool</u>
There have been 182 checks in total completed in Hartlepool, 93 in Community Hub Central, 6 in Community Hub South and 83 via Outreach.



5.3 There is an almost equal split between the amount of healthy, slightly raised, and high blood pressures identified. 53 high blood pressures and 5 very high blood pressures have been identified so far through the pilot.

5.4 Outcomes

Most individuals have been recommend to have a follow up check in 5 years. However, 28 have gone onto home monitoring which will lead to a review from their GP whilst 29 have been referred to their GP for review as they may not have wanted to use a home monitor. In addition, there have been 6 people who have referred for a same day review due to having a very high BP.

5.5 Demograhic Data

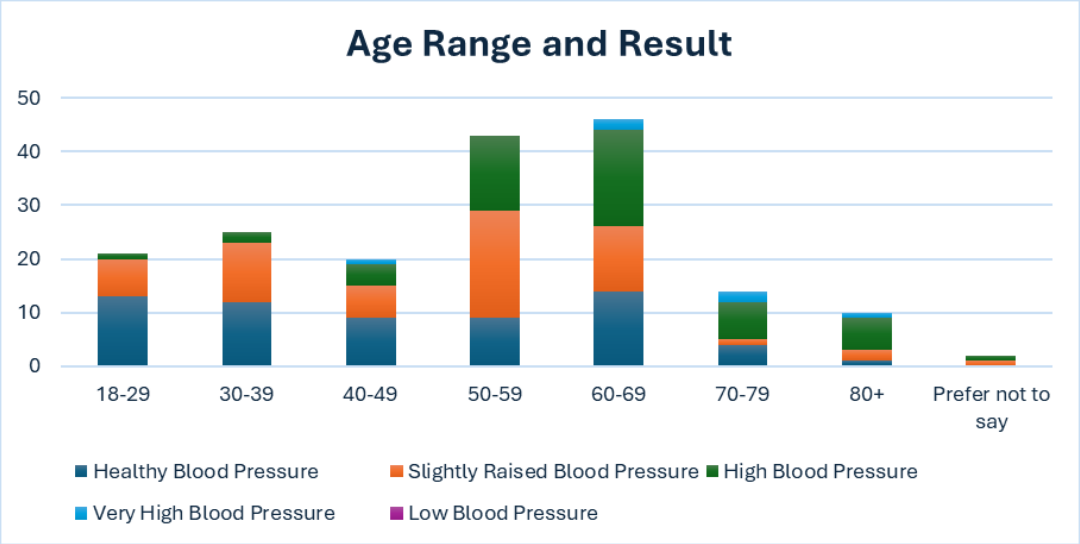
The evaliation considers a range of demographic data including:

- Deprivation - data shows that the project is successfully targeting people living in areas of high deprivation.

- Ethnicity - the checks completed so far have primairly been in white biritsh groups, which is Hartlepool's primary demographic. A key recommendation following the review is to increase the engagement from diverse populations and this is being actioned by the team within the Community Hubs.

- Gender - there have been more checks completed by females (58%). However, the difference in high blood pressures identified between genders is not signficant (24 high blood pressures in males and 28 in females).

- Age - there have been more blood pressure checks completed with older age groups, and the higher results generally corrolate with older age as shown below:



5.6 Evaluation Highlights

- Highest number of checks completed overall in the regional pilot.
- Highest number of high blood pressures identified.
- The checks are targeting more deprived populations quite significantly which is one of the projects aims.
- The successful promotion of further checks via outreach.

5.7 Hartlepool Areas of Focus:

- The aim is to increase the number of checks and screen as many people as possible.
- Continue to aim for outreach checks in areas of deprivation and within ethnic minority groups.

5.8 Feedback from people who have accessed the BP monitors has been very positive as evidenced by the following examples:

G's Story

G came to get his blood pressure checked at the kiosk in Central Hub and it was in the very high category. He was given a letter and advised to go straight to the GP. He was unable to get an appointment so rang 101 and was sent an ambulance. He was given an ECG and was told he was at risk of having a stroke. He was admitted to hospital under his blood pressure could be controlled. G and his wife were both very grateful for the support they received and sent a thank you card to the Community Hub.

A's Story

A is a Council employee who had a blood pressure check at the Council Depot. His result was in the very high category, he had a headache and did not feel well. He was advised to seek medical attention as soon as possible. He did so and was prescribed blood pressure medication. A week later he was feeling much better and was very grateful for the check and the follow up check.

6. RISK IMPLICATIONS

6.1 Information governance was the primary risk as the pilot is non-clinical, so the same clinical patient systems were not available to use and share information with the person's GP. The ICB and Public Health Team used their existing networks and meetings to discuss the pilot with GPs and agree a secure way to share information using the Council's Firmstep System.

7. FINANCIAL CONSIDERATIONS

7.1 The total amount of funding awarded was £17,000. This amount included £10,000 implementation funding and £7,000 funding for the Blood Pressure Kiosks and Blood Pressure Monitors.

7.2 The implementation funding was used to backfill the temporary capacity of a member of staff from the Community Hubs Team who is leading on the development of the pilot project and delivering blood pressure checks.

7.3 Total funded costs for the pilot project:

2 x BP Kiosks	£3,200
60 x BP home monitoring kits	£1,800
Equipment Maintenance Costs	£2,000
Backfill staffing costs	£10,000
Total	£17,000

7.4 In addition to the funding, there has been support from the Community Hubs Team as the pilot has been incorporated into the mainstream Health Improvement and Wellbeing offer.

7.5 A key consideration for the future of the BP Monitoring Kiosks within Community Hubs after the pilot is the requirement for additional funding to provide ongoing staffing resource to maximise the potential within the Community Hubs and to continue this best practice within Hartlepool.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 The project was designed to be universally inclusive and accessible to all residents. The only exclusions were the eligibility criteria set by the ICB. Users must be over the age of 18 and not currently under the care of the GP practice for high blood pressure or an irregular heartbeat.

8.2 A number of measures were introduced to make the service as accessible as possible including:

- purchasing a bariatric chair so that people of higher weight could sit in the appropriate position to have a check.
- purchasing additional larger cuffs for the home monitoring kits.
- linking with staff who work with ethnic minority learners on ESOL (English for Speakers of Other Languages) courses to deliver checks.

- having all information checked and approved by Health Literacy experts.
- conducting checks within venues or events that are utilised by users who might not attend community hubs such as within the Salaam Centre.

9. ASSET MANAGEMENT CONSIDERATIONS

9.1 The devices will be retained by the Council after the pilot with the expectation that BP monitoring is incorporated into business as usual by the pilot sites.

10. RECOMMENDATIONS

10.1 It is recommended that the Health & Wellbeing Board:

- notes the mid-point review and initial success of the Community Blood Pressure project within Hartlepool.
- notes that the project is funded until September 2025 with no resource secured to continue or expand the project beyond this point.

11. REASONS FOR RECOMMENDATIONS

11.1 The Health & Wellbeing Board is responsible for driving health improvement within Hartlepool and this is a successful pilot project which has resulted in six people with very high blood pressure being identified and referred for a same day review from the NHS.

12. CONTACT OFFICERS

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HEALTH AND WELLBEING BOARD

21 July 2025

Report of: Jill Harrison, Executive Director of Adult and Community Based Services

Subject: HOUSING HEALTH & CARE PROGRAMME

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1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people are enabled to live healthy, independent and prosperous lives.
- where those who are vulnerable will be safe and protected from harm.

2. PURPOSE OF REPORT

2.1 To update the Health and Wellbeing Board on the work of the Housing Health & Care Programme including the five year plan and Memorandum of Understanding.

3. BACKGROUND

3.1 The Housing Health & Care programme is led by the North East branch of the Association of Directors of Adult Social Services (ADASS), the NHS North East and North Cumbria Integrated Care Board, the Northern Housing Consortium and the TEC (Technology Enabled Care) Services Association, with support from many other partners.

3.2 It is well-documented that the impact of poor housing is wide and varied and can contribute to poor physical and mental health outcomes as well as reduced economic prospects for tenants. Factors impacting on health include living in damp and cold properties, living in environments leading to increased frequency of falls and delayed transfers of care due to appropriate housing not being available.

3.3 The programme aims to build on the collaborative efforts already underway across the region to improve housing, care, and support so people can stay healthy and live independently

3.4 The programme has worked in partnership with the Housing Learning and Improvement Network (LIN) to develop a baseline review of housing needs in the region. This, along with feedback from events, and discussions, and the community of practice has shaped plans for the next five years.

3.5 Further information about the Housing Health & Care Partnership can be found at: Housing, health and care programme.

4. PROPOSALS

4.1 The baseline needs assessment for the region that informed the roadmap identified that:

- The over 65 population will increase by 28% by 2039.
- 525 new homes are needed to divert 10% of older people from 24hr care.
- 350 new homes are needed every year for people who need complex care and support.
- 33,500 homes in the region are cold and damp.
- Housing conditions contribute to higher than average prevalence of COPD and childhood asthma.

4.2 The five year roadmap sets out challenges and ambitions in three priority areas:

- More warm and dry homes;
- Supporting older people to live independently; and
- Better homes with support for people with complex needs.

The roadmap is attached as **Appendix 1**.

4.3 A Memorandum of Understanding has been developed focused on how the Housing Health and Care Programme's vision and ambition can support and facilitate joined-up efforts to improve health outcomes for our communities. It covers:

- A framework for developing and improving housing, health and care commissioning and service offers to impact on the wider determinants of health.
- A shared commitment to joint working across organisations and to ensuring co-production is at the heart of what we do. As well as our understanding of the preventative role better housing can have on the health and wellbeing of our communities.
- A series of pledges on the above and across our three key goals for warm, dry and safe homes and better housing for people with complex needs and older people.

The MOU is attached as **Appendix 2**.

Local authorities, Combined Authorities, housing associations and wider partners are being asked to sign the Memorandum of Understanding which will be finalised and published with a list of all signatories.

5. OTHER CONSIDERATIONS/IMPLICATIONS

RISK IMPLICATIONS	None associated with this report. Significant risks to health and wellbeing are associated with poor housing conditions.
FINANCIAL CONSIDERATIONS	None associated with this report.
SUBSIDY CONTROL	Not applicable
LEGAL CONSIDERATIONS	None associated with this report.
CHILD AND FAMILY POVERTY	None associated with this report although there are significant interdependencies between poor housing and poverty.
EQUALITY AND DIVERSITY CONSIDERATIONS	None associated with this report.
STAFF CONSIDERATIONS	None.
ASSET MANAGEMENT CONSIDERATIONS	None.
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	None.
CONSULTATION	Consultation has taken place regionally regarding the Housing Health and Care Programme priorities and roadmap.

6. RECOMMENDATION

6.1 It is recommended that the Health and Wellbeing Board notes the work of the Housing Health & Care Programme and that partners consider signing the Memorandum of Understanding, collectively as Health & Wellbeing Board members or as individual organisations.

7. REASON FOR RECOMMENDATION

7.1 The Memorandum of Understanding is a commitment to work together to ensure better homes and healthier lives for our communities.

8. CONTACT OFFICER

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Executive Director of Adult & Community Based Services
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Housing, health and care programme

Better homes and healthier lives

Our roadmap 2024 – 2029

More warm and dry homes

Our challenge: To reduce the (approximately) 33,500+ homes which are damp and cold

Supporting older people to live independently

Our challenge: Ensure suitable homes for a growing and aging population living with multiple long term conditions

Better homes with support for people with complex needs

Our challenge: To provide more accessible, adaptable and affordable homes

We will:

- Share good practice
- Create new referral routes
- Make better use of data to target our work
- Attract investment to fund heating and insulation improvement

- Maximise access to home adaptations
- Agree design standards for 'care ready' homes
- Promote dementia friendly housing approaches
- Build more 'extra care' homes for older people

- Develop an integrated strategy for complex care
- Agree design standards for new homes
- Promote different housing options, including ownership
- Build more suitable homes for people with complex needs

In 5 years:

- Fewer homes that are cold and damp
- Fewer homes with other hazards
- Better use of resources
- More older people living at home
- Better quality homes that support people to age well
- 10% fewer older people in residential care or hospital
- 2,625 units of extra care
- More of the right type of housing
- Fewer people in hospital
- Better access to the right homes
- 1,750 extra suitable homes

Collaboration
Working together across health, local authorities, housing and VCSE sector

Technology
Making the best use of technology to support independence

Data
Using insights to target our work and develop data sharing

Framework and standards
Jointly developed across the region to achieve fewer category 1 homes

Resources
Joining up resources, working at scale across sectors and supporting our workforce

Be the best at getting better
Sharing and scaling-up best practice

Housing, health and care programme

Housing, Health and Care Memorandum of Understanding (2025–2029)

A commitment to improving lives through better homes, health, and care in the North East and North Cumbria.

Introduction

About the Housing, Health and Care Programme

In the North East and North Cumbria we have established a Housing, Health, and Care Programme to build on the collaborative work already underway across our region to tackle and mobilise on this important issue.

Our programme is the region's sector-led improvement initiative focused on delivering better, more integrated housing, care, and support so that people can be healthy, live well, and stay independent in their own home.

The programme has been co-created by the North East branch of the Association of Directors of Adult Social Services (ADASS), the NHS North East and North Cumbria Integrated Care Board, the Northern Housing Consortium, and the TEC Services Association (TSA); with many other partners involved too.

As part of our programme, we have developed a five-year roadmap which sets out priorities for better homes and healthier lives in our region. This has been developed following a baseline review of housing needs in the region alongside rich insights and feedback from events, roundtables and our community of practice.

The purpose of this Memorandum of Understanding (MOU) is to set out, for agreement, our collective commitment and pledges on our shared vision, priorities and ways of working in the North East and North Cumbria.

About this Memorandum of Understanding

This MOU sets out our collective understanding and commitment to work together to ensure better homes and healthier lives for our communities.

It covers:

- Our framework for developing and improving housing, health and care commissioning, and service offers to impact on the wider determinants of health.
- Our shared commitment to joint working across organisations and to ensure co-production is at the heart of what we do. As well as our understanding of the preventative role better housing can have on the health and wellbeing of our communities.
- A series of pledges on the above and across our three key goals for warm, dry and safe homes, and better housing for people with complex needs and older people.

This MOU focuses on how the Housing, Health and Care Programme's vision and ambition can support and facilitate joined-up efforts to improve health outcomes for our communities. It builds on the formula set out in the national housing MOU (Improving health and care through the home: A national Memorandum of Understanding).

This MOU is not intended as a standalone document but also looks to support the strategic goals and objectives of the two combined authorities in the region, the North East Housing Partnership (NEHP) prospectus, and those of many more partners.

Our pledge and commitment to improving lives through better homes, health, and care in the North East and North Cumbria.

We will work together to improve housing, health, and care for our communities. We recognise that safe, warm, and accessible homes are essential to good health and wellbeing. Through collaboration, we commit to making lasting changes that will benefit people now and in the future.

Our shared vision

"I am healthy, I can live the life I want to live and do the things that are important to me as independently as possible."

Our commitments

We pledge to take action in the following key areas:

1. Supporting people with complex needs

- ✓ Creating more high-quality homes with wraparound support for people with a learning disability, autistic people, and people with serious mental health conditions.
- ✓ Develop integrated support models to reduce reliance on institutional care.
- ✓ Improve pathways to ensure access to suitable housing.

2. Improving housing for older people

- ✓ Increase housing options and use technology to help older people live independently.
- ✓ Provide better choices and support for those with dementia, frailty, and long-term conditions.
- ✓ Establish regional standards for accessibility and home adaptations.

3. Ensuring warm, dry, and safe homes

- ✓ Identify and reduce the number of non-decent, cold, and damp homes in both social and private rented sectors.
- ✓ Create a simple referral process connecting health and housing services to tackle poor living conditions.
- ✓ Develop a toolkit for frontline workers to support people living in unhealthy housing.

4. Strengthening our workforce

- ✓ Support our workforce to confidently deliver joined-up solutions across housing, health, and care.
- ✓ Share best practices and provide training on innovative, person-centred approaches.

Our call to action to achieve our ambitions

To do this, we are committed to:

Involving people with lived experience in decision-making

By 2029, we will:

- Create principles to ensure meaningful inclusion of people with lived experience in decision making, valuing diverse perspectives.
- Embed co-production approaches at local, regional and national levels, integrating representatives in our networks, processes, and initiatives where possible.
- Develop an approach so that people with first-hand experience inform and develop actions and policies.

Supporting people with complex needs

By 2029, we will:

- Develop a regional complex care and housing strategy.
- Expand supported housing provision for people who need complex care and support.
- Develop innovative and person-centred commissioning support and housing solutions, including the use of technology, to support people to live independently.
- Develop design standards for homes intended for people who need complex care and support, integrating them into planning and housing policies/commissioning.
- Re-shape pathways to improve access to housing for people who need complex care and support. This includes mainstream and general needs housing, home ownership, and bespoke homes where needed.

Supporting older people to live independently

By 2029, we will:

- Ensure new housing follows age-friendly design standards.
- Improve access to technology-enabled care for older people.
- Implement and expand 'virtual home' initiative to help our workforce understand the impact of technology-enabled care.
- Co-produce and adopt an Independent Living Strategy for Older People (MPS) across all housing types.

Ensure warmer, dry and safer homes

By 2029, we will:

- Strengthen strategies and partnerships to reduce damp and mould in homes.
- Share data/intelligence about the nature and scale of the problem to target support and services.
- Share good practice and learn lessons around reducing the prevalence of cold and damp homes.
- Create a common and simpler referral route to improve connections between primary care and housing.
- Develop a toolkit for frontline teams to identify and reduce the incidence of people living in cold and damp home.

Our commitment to collaboration

This MOU will evolve as we progress but each organisation signing this pledge agrees to:

- ✓ Take ownership of actions within their capacity.
- ✓ Work together to achieve shared goals.
- ✓ Nominate a senior representative to meet with the Housing, Health and Care Programme Board twice a year.
- ✓ Review and renew our commitments annually.

Signatories

Name of representative:

Organisation:

Date:

HEALTH AND WELLBEING BOARD

21 July 2025

HARTLEPOOL BOROUGH COUNCIL

Report of: Craig Blundred, Director of Public Health

Subject: UPDATE ON THE YEAR ONE ACTIONS OF JOINT LOCAL HEALTH AND WELLBEING STRATEGY

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1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people live healthier, safe and independent lives. (People)

2. PURPOSE OF REPORT

2.1 The purpose of this report is to provide an update to the Board regarding the Year One Actions of the Joint Local Health and Wellbeing Strategy agreed at the March 2025 Health and Wellbeing Board meeting

3. BACKGROUND

3.1 On 2nd December 2024 the Joint Local Health and Wellbeing Strategy 2025-2030 was presented to the Health and Wellbeing Board. On 12th February 2025, Health and Wellbeing Board members took part in a session to begin development of a Year One Action Plan to address these priorities. Common themes were identified and key actions proposed. These Year One Actions were agreed at Health and Wellbeing Board on 17th March 2025.

3.2 Agreed Year One Priority Actions of Joint Local Health and Wellbeing Strategy were to:

1. Prevent/reduce obesity through prenatal, antenatal and early years support, upskilling staff/volunteers and maximising/promoting physical activity opportunities across the life course
2. Develop an accessible and integrated approach to Health Checks. Ensure these are linked up with work on cardiovascular disease (CVD), obesity, physical activity and smoking

3. Support childhood immunisations (e.g. access/information through trusted voices in the community)

It was agreed to present an action plan, with updates on initial implementation, at the July 2025 Health and Wellbeing Board.

4. PROGRESS

4.1 Activity since the last Health and Wellbeing Board is outlined below and includes:

- Identification of evidence-based high-impact ways of achieving the Year One Actions
- A mapping exercise of existing and planned work and stakeholders
- Development of a Year One Action Plan
- Planning for a September system-wide workshop regarding action to prevent 0-5 years obesity and potential evaluation measures
- Implementation of initial quick win actions

4.2 National guidance and research evidence were used to identify key areas progress could be made on each topic. For example, the risk of childhood obesity is significantly reduced by a healthy maternal weight pre-pregnancy and breastfeeding. New Nice Guidance also stresses the importance of addressing both healthy eating and physical activity together rather than addressing either alone.

4.3 The mapping exercise demonstrated a significant amount of work being undertaken by a variety of stakeholders and partnerships in Hartlepool that could be joined up or built on. For example, significant work on childhood vaccines is planned through Tees Valley Immunisation Group regarding co-production with communities with low vaccine uptake, potential catch-up vaccines in community venues and updated coordinated communication. This work could be supported through suggestions of key contacts to effectively reach communities, potential venues for vaccination and sharing communications (in coordination with local or national campaigns).

4.4 Health Check Steering Group is investigating options for accessible community/workplace health checks to be delivered alongside ICB and health partners. A proposal has been submitted to health inequalities fund to look at CVD/NHS health check opportunities alongside the current GP contract. If this is successful, identification of key venues for health checks will be important. While this work is ongoing, organisations could support health checks through organisational policy/practice that enables staff to access health checks and encouraging eligible staff, volunteers, clients or the public to have a health check via their GP. Health and Wellbeing Board Members and other stakeholders could also assist with identification of services or community-based activities that could be used by people to improve their health after a health check.

4.5 The Year One Action Plan (**Appendix A**) includes activity to amplify the impact of existing work, join-up actions of key stakeholders for greater effect and new evidence-based collective action. The Action Plan also includes updates on progress for each Priority Action (as of 19th June). Further opportunities for action are likely through ongoing work with key stakeholders.

4.6 The Action Plan also includes a system-wide workshop in September regarding prevention of obesity in children starting school. **Appendix B** outlines a plan-on-a-page for this workshop. Hartlepool has the highest percentage of children starting school with obesity in England, obesity significantly affects children's health and wellbeing, and national NICE Guidance recommends a joined-up system wide approach to obesity. The local mapping exercise also identified local partnerships and a large number of diverse stakeholders (covering pre-pregnancy to 5 years) that could be brought together for joined-up action. There were also many examples of good practice or existing activities that could be built on e.g. physical activities opportunities also offering healthy food, school-age interventions that could be extended to pre-school settings.

4.7 A September date is proposed to enable pre-workshop engagement with stakeholders to maximise the impact of the workshop and subsequent implementation. This work could be supported by feedback on the workshop plan-on-a page, suggestions of key contacts to involve and encouraging relevant staff/volunteers to attend.

4.8 Initial engagement with stakeholders has indicated interest in prioritising 0-5 years activity and identification of some quick win activities that the stakeholders have now taken. For example, a map of breastfeeding friendly venues[1] (with contact details) has been developed. Through this work, new links between Family Hubs Infant Feeding[2] and Hartlepool Food Partnership[3] websites have been established so the public can access information by either route. Organisations can register as a Breastfeeding Friendly Venue by contacting Family Hubs.[4]

4.9 Some challenges for the Year One Action Plan are that:

- For implementation to be effective it is important that activities are evidence-based, reflect the needs of local people and build on existing work. This can take time to do well.
- National communication campaigns or local opportunities may not align with timing of planned Health and Wellbeing Board meetings
- Some key outcomes cannot be measured immediately and can be influenced by multiple factors. However, proxy indicators can be used to measure progress.

4.10 These challenges have been factored into the Year One Action Plan and 0-5 years obesity workshop evaluation. They can also be considered when planning the Year Two Action Plan and in evaluation of the 5-year strategy. For example, the board may wish to continue action on some complex topics

into Year Two and/or agree topic-specific indicators that will be continuing to be monitored and evaluated in the 5-year strategy.

5. PROPOSALS

5.1 It is proposed that the Board consider offering any feedback on:

- The Year One Action Plan (Appendix A) including next steps
- The plan-on-a-page for a September system-wide workshop regarding action to prevent 0-5 years obesity (Appendix B)

5.2 It is also proposed that the Board and Board members:

- Consider for their organisations any key contacts, information or action that could support implementation of the Year One Action Plan

6. OTHER CONSIDERATIONS/IMPLICATIONS

RISK IMPLICATIONS	Not applicable
FINANCIAL CONSIDERATIONS	Not applicable
SUBSIDY CONTROL	Not applicable
LEGAL CONSIDERATIONS	Not applicable
CHILD AND FAMILY POVERTY	Not applicable
EQUALITY AND DIVERSITY CONSIDERATIONS	Not applicable
STAFF CONSIDERATIONS	Not applicable
ASSET MANAGEMENT CONSIDERATIONS	Not applicable
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	Not applicable

7. RECOMMENDATIONS

That the Board consider offering any feedback on:

- The Year One Action Plan (Appendix A) including next steps

- The plan-on-a-page for a September system-wide workshop regarding action to prevent 0-5 years obesity (Appendix B)

That the Board and Board members:

- Consider for their organisations any key contacts, information or action that could support implementation of the Year One Action Plan

8. REASONS FOR RECOMMENDATIONS

8.1 To facilitate implementation of the Joint Local Health and Wellbeing Strategy Year One Actions

9. BACKGROUND PAPERS

Appendix 1: Year One Action Plan for the Joint Local Health and Wellbeing Strategy
Appendix 2: 0-5 year obesity prevention workshop plan-on-a-page
Links referenced in this paper:
1. Breastfeeding Locations in Hartlepool – Hartlepool Food Partnership
2. Infant Feeding - Family Hubs in Hartlepool
3. Hartlepool Food Partnership
4. Breastfeeding welcome venues in Hartlepool! - Family Hubs in Hartlepool

10. CONTACT OFFICERS

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Director of Public Health
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Health and Wellbeing Year One Action Plan (updated 19 June 2025)

Priority 1: Preventing obesity in children's early years		
Desired outcome & brief rationale	Proposed Actions	Update and next steps
Joined up, whole system action for healthy weight, focussed on pre-pregnancy to starting school … Because Hartlepool's obesity statistics for children starting school are the highest in England and national guidance recommends a whole-system approach.	**April-Aug:** Identify partnerships and work relevant to healthy weight, establish communication and plan workshop, share an invite/save date by early July, pre-workshop work with key stakeholders to maximise potential impact. **Sept-Dec:** Whole-system workshop in Sept, focussed on healthy weight pre-pregnancy to starting school. Maximise impact through effective follow up to workshop	Whole-system 0-5 years workshop plan-on-a-page drafted (Appendix B) -All to add any key stakeholders/contacts - to involve all relevant key people/ partnerships in workshop planning, agree date and agenda content/timings,
Organisational policies, communication and action enabling: • **Healthy weight before pregnancy** • **Breastfeeding** • **Healthy eating and activity in early years** … Because these factors have the greatest impact on early years weight, there are opportunities to work with local staff/volunteers/organisations and Hartlepool statistics in these areas have significant scope for change. Recent national Guidance also notes healthy eating and physical activity interventions are more effective together.	**April-Sept:** Identify any staff/volunteer up-skilling needs and opportunities. Identify specific opportunities for action e.g. staff/organisations providing specific services to key groups. Identify opportunities to link physical activity opportunities with healthy eating. **July-March:** All to promote evidence-based tailored messages, use opportunistic individual/group contacts to support healthy weight, report back on actionable insights from the community and implement changes in organisational policies or practice that enable healthy weight. Particularly considering: • Catering and breastfeeding policies for staff/clients • Using Health in All Policies frameworks • Policy content, implementation & evaluation/feedback • Reporting back on changes/progress, sharing learning or good practice	Some learning resources identified - All to identify any specific skills gaps or learning needs Evidence-based messages identified. Some local activities/opportunities that enable healthier weight identified (e.g. healthy/ affordable food sources, leisure activities, Sports Clubs, Big Town Tidy Up) - All to add to for collation and sharing Some specific opportunities identified (e.g. Future pregnancy planning discussion with women accessing services is mentioned as good practice elsewhere) - All to add ideas for specific opportunities for action
Priority 2: Accessible, linked-up health checks to improve people's health		
Desired outcome & brief rationale	Proposed actions	Update and next steps
People aged 40-74 years are supported to get their health check e.g. • Accessible community/workplace checks • Promotion of health checks • Opportunistic individual or group contacts with staff/volunteers (e.g.	**April-March:** Support the Health Check Steering Group in development of community and workplace health check offer and linking with cardiovascular disease work. Support eligible people to have a health check through promotion and by direct contact opportunities, particularly focussing on people most likely to benefit. Implement any changes in organisational policies or	Health Check Steering Group is investigating options for accessible community/workplace health checks and funding options (funding not confirmed yet) to be delivered alongside ICB and health partners. A proposal has been submitted to health inequalities fund to look at

encouraging health checks, helping people to overcome barriers and feeding back actionable insights from the community) … Because health checks can prevent heart attacks or strokes (which are common causes of death/suffering in Hartlepool) but not everyone eligible has one (particularly people who are more at risk)	practice to allow staff/volunteers time to attend their health checks and encourage uptake.	CVD/NHS HC opportunities alongside the current GP contract – All to consider organisational policy/practice that could support people to access health checks Health check promotion is part of the Pharmacy Campaigns – All to promote and encourage health checks with eligible staff, volunteers, clients and/or the public and feedback any insights that could improve access
Support after a health check, for people to improve their health e.g. Link up health checks to other services and community-based activities that improve health … Because people may be particularly motivated to improve their health after a health check and supporting this could reduce preventable deaths in Hartlepool	**April-Aug:** Identify services/opportunities to support people to improve their health after a health check (e.g. physical activity, healthy weight, alcohol/substance use and stop smoking services). Ensure these services/opportunities are listed on MECC, Hartlepool Now and other platforms **Sept-March:** Support people to improve their health after a health check through advice, signposting to services/ opportunities, referral or other follow up processes	Some local physical activity opportunities and stop smoking services identified and already on MECC so can be used to improve health after a health check - All to identify other services or community-based activities that could be shared or added to MECC, Hartlepool Now and other platforms
Priority 3: Improving uptake of childhood vaccines		
Desired outcome & brief rationale	Proposed actions	Update and next steps
Coordinated approach to increase childhood vaccine uptake … Because childhood vaccine uptake has declined in Hartlepool and high uptake is vital to prevent outbreaks (particularly of measles), protect people's health and avoid preventable deaths	**May-Nov:** Utilise and support existing local, Tees Valley, regional and national partnerships, work and campaigns. Take into account new planned changes to the national childhood immunisation schedule (MMR vaccine at 18 months instead of 3 years and 4 months from Jan 2026). **July-March:** Support co-production work and vaccination catch-up through convenient community venues. Communicate evidence-based messages (coordinating with local, regional and national campaigns). Utilise contacts with families to encourage /facilitate vaccination and gather insight that could support vaccine uptake. Monitor and respond to vaccine uptake data.	The Tees Valley Immunisation Group is awaiting funding for co-production with communities that have lower vaccine uptake, looking at options for catch-up vaccination at various venues and updating leaflets (including with new regional videos). Each local area will focus on coproduction with particular group but the resulting outputs will be used across Tees Valley. Hartlepool will focus on co-production with families from deprived areas – All to share key contacts/venue/info that could assist this work and promote vaccine uptake with key messages as available

Draft 0-5 years healthy weight workshop plan on a page

Rationale

- Obesity has a significant impact on children's whole lives and Hartlepool's obesity statistics for children starting school are the highest in the country
- National guidance recommends a whole-system approach to obesity and local partnerships already exist that can be joined up to take effective action
- Pre-pregnancy weight, breastfeeding and early years healthy eating/activity are identified by evidence as high impact areas that could be addressed locally

Aim - Reduce obesity in children starting school by:

- Before workshop: Joining up existing work/partnerships, ask stakeholders re existing community insights/local health promoting opportunities and future ideas for action
- At workshop: Generating ideas for action together, particularly focussed on pre-pregnancy, breastfeeding and healthy eating/activity in early years and agreeing actions (by who and when)
- After workshop: Implementation of actions, monitoring and evaluating success, reflecting on learning and planning next steps, potential for follow up workshop

Actions covered

- Collective, system or Board level
- By specific people/organisations (due to expertise/skills/resources/authority/links/contact opportunities)
- For every person or organisation e.g.:
    - Communication (e.g. mass or targeted communication of key messages and opportunities to support healthy weight/eating)
    - Contacts with public/clients/colleagues/groups that support healthy weight/eating and gather insights into barriers or potential actions that we could take locally
    - Improving policies and practice (e.g. staff/client breastfeeding and catering policy content/implementation/evaluation and feedback from staff/clients on their experience)

Key life stages covered (high impact on 0-5 years healthy weight)

- Pre-pregnancy weight, healthy eating/activity in pregnancy, breastfeeding
- Baby/toddler/preschooler/family healthy eating/activity (incl. linking physical activity with healthy food)

Who

- Organisations and people with responsibility or interest in children or food/healthy weight/breastfeeding
- Organisations or services in contact with 0-5 years children/families or women before/during pregnancy (including children/families at risk of worse health or life outcomes).
- Key partnership members (e.g. HWB, Hartlepool Food Partnership (HFP), Healthy Weight and Physical Activity Steering Group, Place Partnership, regional Healthier Weight and Treating Obesity CYP Subgroup), Council, NHS, ICB, VCSE, Faith & businesses (e.g. childcare, family/children's activities, employers or food provision).

Where & when

- Belle Vue Community Centre Conference Room (previous suggestion for next HFP open forum and venue willing to provide healthy buffet and coffee).
- September on one of available dates: 8/9/10/11/12th, 15/16/17/18th, 22/23/26th. Between 10-2pm to allow for school run (could just be pre-lunch with option to combine with another topic relevant to stakeholders or divided by pregnancy/infant and toddler/nursery age so stakeholders can attend what is relevant to them)

How (to be refined with key stakeholders)

- **Introduction** - housekeeping, purpose/rationale & outline of day (brief introductions as a whole group?)
- **Brief showcases** of local good practice/plans, evidence of what works as intro to relevant group discussion topic
- **2-3 group discussion sessions on key topics** e.g. 45 min session of: 10 min intro (why, evidence, existing info & clarification), 15 min small group discussion, 5 min small group agreement on key actions to feedback, 15 min for groups to feedback to whole workshop and agree next steps together
- **Coffee** (15 min near midway between start and lunch) and **Lunch & networking** e.g. 30 mins near 12-12:30
- **Before end** - Agreed actions (by who/when), feedback on session and next steps

Evaluation

- Sept – workshop attendance, engagement/idea generation, actions agreed and feedback
- Oct onwards – action implementation monitoring, learning shared with others (meetings/workshops, email or partnership/Board meetings), reflection/learning on action implementation for 2026/27
- Within year – change in breastfeeding stats
- Within 1-6 years – Change in stats for Reception Year Obesity (full impact for children conceived after action on healthy pre-pregnancy weight seen after 6 years), fruit/veg intake, activity, weight in early pregnancy (experimental)

HEALTH AND WELLBEING BOARD

21st July 2025

Report of: Director of Public Health

Subject: PHARMACEUTICAL NEEDS ASSESSMENT MAINTENANCE UPDATE / APPROVAL OF PNA

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1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people are enabled to live healthy, independent and prosperous lives.
- where people will be safe and protected from harm.

2. PURPOSE OF REPORT

2.1 To update the Board in accordance with the process for statutory maintenance of the Pharmaceutical Needs Assessment 2022 - link to this document: https://www.hartlepool.gov.uk/info/20015/social_care_and_health/768/pharmaceutical_needs_assessment_2022/1.

2.2 To receive notification of applications, decisions or other notice of changes to pharmaceutical services in Hartlepool from the NENC ICB or Primary Care Support England (PCSE) since the date of the last Health and Wellbeing Board Maintenance Report (17th March 2025).

2.3 To determine approval for publication of any Supplementary Statement to the PNA 2022 required as a consequence of those reported changes to pharmaceutical services.

2.4 To report progress towards statutory publication of a new PNA (2025) by 30th September 2025.

3. BACKGROUND

3.1 The Health and Wellbeing Board (HWB) published its Pharmaceutical Needs Assessment on 30th September 2022. A link to the PNA is provided in Section 12.1.

3.2 The HWB are reminded of their statutory duties and responsibilities[1] for maintenance following publication of the PNA 2022 which are, in summary, they must:

a) Publish a revised statement of need (i.e. subsequent pharmaceutical needs assessments) on a three-yearly basis, which complies with the regulatory requirements;
b) Publish a subsequent pharmaceutical needs assessment sooner, when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
c) Produce supplementary statements as required, which on publication become part of the PNA 2022. Supplementary Statements explain changes to the availability of pharmaceutical services since publication of the PNA, in certain conditions.

3.3 The HWB also has duties related to other regulatory processes managed previously by NHS England, now by the NENC ICB, e.g., applications (from service providers) to provide new or amended pharmaceutical services or to consolidate two pharmacies. The current process maintains a scheme of delegation of authority to the Director of Public Health, in consultation with the Chair of the Health and Wellbeing Board and with specialist pharmaceutical advice, for use if it is not possible for any reason to obtain HWB approval in advance of the required response to meet statutory timelines.

3.4 A PNA Maintenance Report will be submitted to every Health and Wellbeing Board meeting to:

a) report any action taken under delegated authority and seek ratification where necessary.
b) seek approval for Supplementary Statements prior to publication, including any required update to PNA maps;
c) report on notification or decision-making for changes to pharmaceutical services which fall outside of the requirement to publish a Supplementary statement e.g., Changes of Ownership which do not impact on service provision, including any required update to PNA maps;
d) report for information, or for decision where necessary, on actions towards meeting the duty identified in 3.2 part a (publishing a revised statement by 1st October 2025) or 3.2 part b (identifying changes to the need for pharmaceutical services that might require earlier publication of a revised PNA).

4. NOTIFICATION OF ACTION, APPLICATIONS OR DECISIONS MADE SINCE THE LAST MEETING OF THE HEALTH AND WELLBEING BOARD

4.1 There are no notifications of action, applications or decisions made regarding maintenance of the PNA 2022 since the last meeting if the HWB in March 2025.

[1] To comply with NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

4.2 The HWB was notified of the statutory consultation on the draft PNAs for Stockton-on-Tees and Durham.

5. PROCESS LEADING TO PUBLICATION OF A NEW PHARMACEUTIAL NEEDS ASSESSMENT FOR 2025

5.1 In accordance with section 3.4d, in July 2024 the Board confirmed that the process of preparing a new PNA has commenced, towards publication before 29th September 2025.

5.2 Following the engagement processes undertaken in December 2024/ January 2025, a draft PNA for 2025 has been completed and released to statutory consultation via delegated authority commencing 4th July 2025. A link to the draft PNA on the consultation page of the local authority website is available here https://yoursay.hartlepool.gov.uk/pharmaceutical-needs-assessment-2025

5.3 The primary purpose of the PNA is a specific application. The North East and North Cumbria Integrated Commissioning Board (NENC ICB), under delegation from NHSE, must use it when responding to applications to either join the statutory 'Pharmaceutical List' or to amend conditions or characteristics of being included in it, such as location, opening hours or to merge premises under consolidation. The legislative framework that covers what must be included in the PNA as well as how NHSE will use it, directs the content and some of the language used, reflecting that used in the legislation and decision-making processes[2].

5.4 The Executive Summary provides an overview alongside conclusions of the Statement of Need, in Section 10. The assessment has considered the full range of pharmaceutical services available to the resident and visiting population of Hartlepool. As there are no 'dispensing doctors' in Hartlepool, these services are provided on the premises by community pharmacies located in Hartlepool or nearby, and by some providers outside of the area such as dispensing appliance contractors (DACs; who deal with dressings, catheters and other appliances but not medicines) and pharmacies providing services remotely or 'at a distance'.

5.5 For the PNA, the definition of pharmaceutical services included in the 2013 Regulations does not include any services commissioned from pharmacy contractors by local authorities, or sub-contracted by other lead organisations e.g., for substance misuse or sexual health services. Nevertheless, the HWB must have regard to 'other NHS services' and other local services when making its assessment of any gaps in provision of pharmaceutical services. A full description is in the PNA.

5.6 The latest ONS estimates (mid-year 2022) show that Hartlepool has a resident population of 93,861 and virtually unchanged from the mid-2020 estimate of 93,836 used in the PNA 2022.

[2] The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (Department of Health, 2013) sets out the legislative basis for developing and updating PNAs and can be found at: http://www.legislation.gov.uk/uksi/2013/349/contents/made. Throughout the PNA, this legislation is referred to as 'the 2013 Regulations' and implies reference to those Regulations as amended.

5.7 PNA localities identified for the 2022 PNA were re-considered and maintained for use in 2025. They are shown in Figure 1[3], which also shows the location of pharmaceutical services available from **21 NHS community pharmacies** in the Hartlepool. Two of these pharmacies opened on 1st June 2022[4] and in April 2024 respectively. These are both categorized as 'distance selling' (DSP) therefore cannot provide face-to-face essential services from the premises, but must do so remotely via phone, email or a website. People living in the Borough may access any of the more than 400 NHS distance-selling pharmacies contracted and registered in England, or in any UK location; such is the nature of that pharmacy business.

5.8 Two of the remaining **19** pharmacies in Hartlepool first opened under a 2005 exemption which then required them to open for 100 hours each week. More recent legislation changes have permitted these two pharmacies to reduce the days and times at which services are available, but they retain the '100 hour' condition which now requires them to provide pharmaceutical services for not less than 72 hours per week.

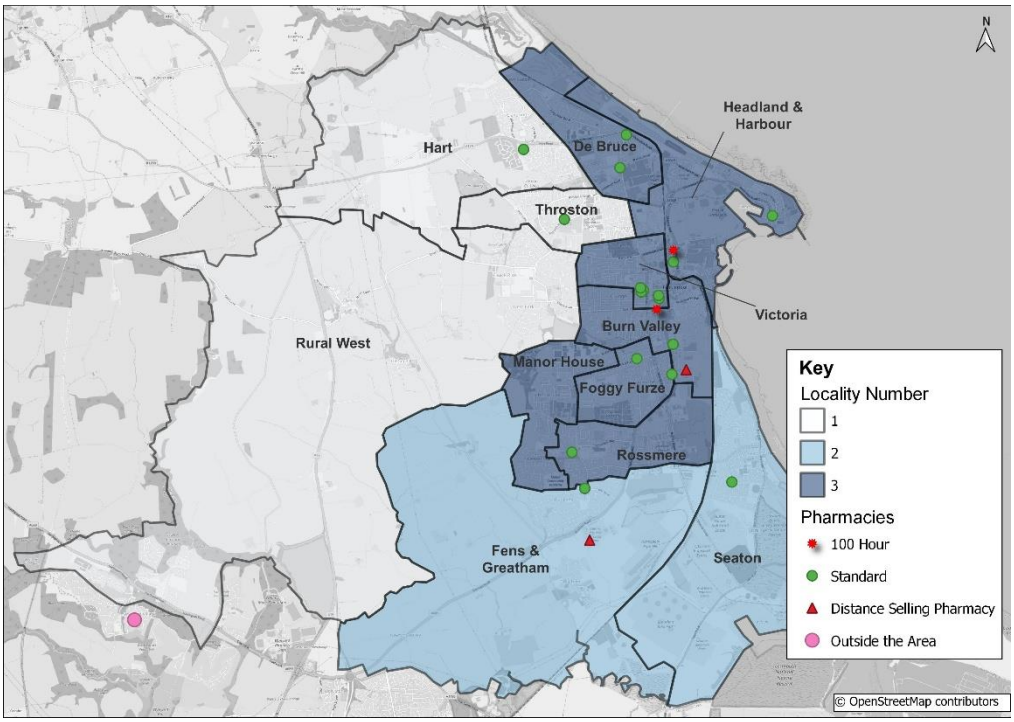

Figure 1. Map of Hartlepool showing location of 21 community pharmacies at 1st January 2025. Two are '100-hr' pharmacies[5] (denoted by a red circle). Two are 'distance-selling' pharmacies (denoted by a triangle). The pharmacy at Wynyard in Stockton Tees HWB area is also shown. Data Source: NENC ICB. Mapped in HBC.

5.9 Five pharmacies in Hartlepool changed ownership since 2022 but there have been no changes in location and no other new pharmacies or conversely closures of pharmacies, as has been the case across England.

5.10 The latest data from May 2025 shows that the rate of pharmacy closures in England accelerated from January to April with some 60 pharmacies closing in that time. The number of non-DSP ("bricks-and-mortar") community pharmacies in England has now fallen to its lowest level in 20 years at 9,984. In some parts of the country this is causing very real difficulties, forcing people to travel significant distances to access essential

[3] A map showing the location of all pharmacies within the Borough is a statutory part of the PNA
[4] NB. This was after the conclusion of both engagement and consultation processes for the PNA
[5] See explanation of these terms in the text

pharmaceutical services in person on the premises, even on weekdays in the in-hours period (from 9am to 6.30 pm).

5.11 This is an important context for the assessment of need for pharmaceutical services in any area, including Hartlepool. Since 2022, neighbouring Stockton-on-Tees has seen the closure or consolidation of four community pharmacies, including one DSP, reflecting the reality of the challenges experienced by the sector and the public as users of pharmaceutical services. All eight of the 100-hour pharmacies in Stockton on Tees have reduced their opening times. Hartlepool has also experienced a reduction in the availability of pharmaceutical services because of reduced opening times, but no permanent closure of any pharmacy.

5.12 Table 1 shows the distribution of pharmacies in Hartlepool in each locality with numbers for Stockton on Tees for comparison.

Table 1. Pharmacies in each locality of Hartlepool (March 2025) and the number opened under '100-hour' and 'distance-selling' exemption categories. Pharmacies in the Stockton-on-Tees HWB area shown for information.

Locality	**Pharmacy contractors providing in person, face-to-face essential services**	**Of these, number of '100-hour' contractors**	**Number of 'distance selling' pharmacies**	**Total number of pharmacy contractors**
Hartlepool West	2	0	0	2
Hartlepool South	2	0	1	3
Hartlepool Central & Coast	15	2	1	16
Hartlepool HWB	***19***	***2***	***2***	***21***
Stockton-on-Tees HWB	*35*	*8*	*0*	*35*

5.13 Appendix 5 of the draft PNA contains a copy of the full pharmaceutical list for the Hartlepool HWB area including all days and times at which pharmaceutical services are currently available. Eight pharmacies in Hartlepool have made changes to the days and times at which pharmaceutical services are available and changes such as these might be anticipated to continue.

5.14 NHS Pharmacies are not paid to open; they are reimbursed for the medicines they supply and renumerated for the pharmaceutical services they deliver under national NHS contractual arrangements known as the Community Pharmacy Contractual Framework (CPCF). The latest CPCF agreed in March 2025 saw the introduction of more new clinical services available from community pharmacy to complement those already offered in addition to dispensing of prescriptions, and to contribute to the integration with other parts of the healthcare system to provide better access for patients.

5.15 For simplicity, people may suggest pharmacies per head of population, or people per pharmacy as a useful indicator of the number of pharmacies that might be required. The number of residents per pharmacy is varied from 4541 to 5819 in the Tees Valley authorities of Middlesbrough, Darlington and Stockton-on Tees. With very different geography and population distribution, this simple ratio takes no account of population density, demographic character or deprivation affecting the need for pharmaceutical services. Nor does it take account of premises' size, facilities, opening times or numbers of staff in the pharmacies. Nevertheless, as an indicator, Hartlepool does compare favourably to nearby HWB areas (Table 2).

Table 2. Showing population rates per pharmacy and pharmacies per 100,000 people for Hartlepool and other local authorities in Tees Valley

Local authority in Tees Valley	Number of pharmacies	Residents	People per pharmacy	Pharmacies per 100,000 people
Hartlepool	21	95366	4541	22.0
Middlesbrough	30	152650	5088	19.7
Stockton-on-Tees	35	202415	5783	17.3
Darlington	19	110562	5819	17.2

5.16 Since the PNA went out to consultation, the new 10-year NHS plan has indicated further potential expansion to the clinical services to be provided by community pharmacies as part of a neighbourhood healthcare model[6]. At the same time, the pharmacy all-party parliamentary group (APPG) has very recently called for "immediate and coordinated action" following its findings that 84% of pharmacists encounter "daily" shortages of medicines. These "persistent disruptions" to supply chains are "directly impacting patients' health outcomes and placing an "unsustainable burden on community pharmacy teams"[7].

5.17 Responses to the public survey of people who use pharmaceutical services in Hartlepool contribute local evidence for this. Although most respondents stated that it was easy to visit a pharmacy, there were reports of issues with medicines being out of stock. It is challenging for people to understand that the significant national shortages of some medicines are beyond the ability of the local pharmacy staff to fix.

5.18 Also in the engagement survey, 78% of (n=273) respondents were happy with the current opening times of pharmacies in Hartlepool (slightly more than in 2021/22 when overall opening times were greater and ten percentage points more than in a nearby HWB area where the range of opening times is longer). 87% stated that they could *"usually find a pharmacy that is open when I need to"* which is only a slightly reduced proportion to previous surveys, but nevertheless a high agreement. In the public survey, 85% of all of those who responded to the survey had either not noticed or been unaffected by recent changes to opening times.

5.19 In making this assessment, the HWB had regard, in so far as it is practicable to do so, to the all the matters included in Part 2 Regulation 9 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, and has defined necessary and other relevant services in accordance with the 2013 Regulations and had regard to the demography, protected characteristics and health needs of the population as follows:

- the essential services delivered in person on the premises of those in the pharmaceutical lists, which includes, but is not limited to, the dispensing of drugs and appliances, are **necessary services** in all localities of Hartlepool

[6] NHS Long Term Plan
[7] Inquiry into Medicines Shortages in England - Report - July 2025 — All Party Pharmacy Group

- the essential services of dispensing appliance contractors are considered to offer **improvement or better access** to pharmaceutical services, including dispensing supply of appliances for people in all localities of Hartlepool
- the essential services of distance selling pharmacies whether located in the HWB area or out of the area, are considered to offer improvement or better access to necessary (essential) pharmaceutical services, including the delivery of drugs and appliances for people in all localities.
- all directed (advanced) services of the community pharmacy contractual framework for community pharmacy contractors in place at May 2025, and the national enhanced services are **other relevant services** according to the 2013 Regulations, offering improvement or better access to pharmaceutical services for the people of Hartlepool.
- all enhanced services currently specified in the CPCF that are currently commissioned by NHS England from community pharmacies in Hartlepool are defined as **other relevant services** for the Hartlepool HWB area according to the 2013 Regulations. A list of each national and local enhanced service specified in the CPCF is shown in section **Error! Reference source not found.**. The current availability of enhanced pharmaceutical services for the people of Hartlepool is described in section **Error! Reference source not found.**.

5.20 The HWB has adopted, as a guide, a travel time standard of 20 minutes by car, based on national access standards. However, travel times to access necessary pharmaceutical services particularly in working hours (defined as 9 am to 6pm), and outside of working hours, and at times or on days defined by the HWB are for most people very much shorter in Hartlepool localities, both by car and on foot; 67% of the population is within a 10-minute walk and 97% are within a 20-minute walk (or a 5-minute car journey) of their nearest pharmacy. There are differences between localities that reflect the nature of their populations and environment. The whole of the Borough can access at least one pharmacy within a 10- to15-minute drive.

5.21 The HWB has identified the current provision of pharmaceutical services in Hartlepool and considered whether current provision meets the needs of the population or whether there are any potential gaps in pharmaceutical service provision either now or within the near future including the likely lifetime of the PNA. Taking all into account, based on current needs, there is **no gap in pharmaceutical services provision** of necessary **services;** no pharmaceutical need that could not be addressed through the existing contractors.

5.22 The HWB had regard to the contribution of services from outside of the HWB and the impact of other NHS and other locally commissioned services on the needs for the pharmaceutical services it has defined. Providers of pharmaceutical services located **outside the HWB area** (including at Wynyard, DACs, DSPs) provide better access in terms of choice of services, but these are not necessary providers of these services i.e. there is no gap; no service that cannot be met from pharmacies located within the HWB area. Though dispensing is not the only consideration, the great majority (more than 96%) of all items prescribed in Hartlepool are dispensed by contractors located in Hartlepool.

5.23 Projected population changes and housing or other developments, including in healthcare estate or facilities, may impact on the type of services required and the number of people needing to access pharmaceutical services in the future within the Borough. Given the current population demographics, housing projections, the distribution of pharmacies across Hartlepool, and mapped reasonable travel times, it is anticipated that the current pharmaceutical services providers will continue to be able meet local needs for a time up to and including the statutory lifetime of this PNA, other than in specified future circumstances described in the statement of need.

5.24 The statutory minimum 60-day consultation period will end on 3rd September 2025. The draft PNA will be updated in response to the consultation before seeking approval of the HWB ahead of final publication before the statutory deadline of 29th September 2024.

5.25 The Hartlepool PNA 2025 will then be maintained in accordance with 3.2 a, b and c above as before i.e.

(a) to publish a new PNA within 3 years of the 2025 publication date
(b) to actively review any potential changes to need for pharmaceutical services which are of a significant extent, which would require the HWB to publish a subsequent pharmaceutical needs assessment sooner, unless to do so would be a disproportionate response to those changes and
(c) to prepare Supplementary Statements as required, which on publication become part of the PNA 2025. Supplementary Statements explain changes to the availability of pharmaceutical services since publication of the PNA. This will include publication of new maps if required (by updating Appendix 5 of the PNA) in accordance with the Regulations.

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6. OTHER CONSIDERATIONS

FINANCIAL CONSIDERATIONS	
LEGAL CONSIDERATIONS	To fulfil the requirements of Section 128A of the National Health Service Act 2006 (NHS Act 2006) for each Health and Wellbeing Board to publish a Pharmaceutical Needs Assessment (PNA)
EQUALITY AND DIVERSITY CONSIDERATIONS	**None**
STAFF CONSIDERATIONS	**None**
ASSET MANAGEMENT CONSIDERATIONS	**None**
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	**None**

7. RECOMMENDATIONS

7.1 Health and Wellbeing Board to note:

i) No supplementary statements to the Hartlepool PNA 2022 have been issued since the last report in December 2024.
ii) No changes to pharmaceutical services in Hartlepool have been notified.
iii) The draft PNA for 2022 be ratified for public consultation commencing 4th July 20025. The final PNA will be presented to the HWB for approval in September 2025.

8. REASONS FOR RECOMMENDATIONS

8.1 Included in the body of the report.

9. BACKGROUND PAPERS

9.1 Pharmaceutical Needs Assessment 2022 (link to PNA - https://www.hartlepool.gov.uk/info/20015/social_care_and_health/768/pharmaceutical_needs_assessment_2022/1)
9.2 Draft Pharmaceutical Needs Assessment 2025 (link to PNA consultation here https://yoursay.hartlepool.gov.uk/pharmaceutical-needs-assessment-2025)
9.3 National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349 as amended (the 2013 Regulations).
9.4 The NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023 (the 2023 regulations).

10. CONTACT OFFICERS

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HEALTH AND WELLBEING BOARD

21 July 2025

Report of: Director of Public Health

Subject: HEALTH AND WELLBEING BOARD TERMS OF REFERENCE - REFRESH

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1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people live healthier, safe and independent lives. (People)

2. PURPOSE OF REPORT

2.1 To seek approval for the refreshed Terms of Reference for the Health and Wellbeing Board, a copy of which is attached at **Appendix A**.

3. BACKGROUND

3.1 The last refresh of the Terms of Reference for the Health and Wellbeing Board was undertaken in 2021 and a further refresh has now been undertaken. The Board is asked to review the 'tracked' changes detailed in the updated Terms of Reference attached at Appendix A and discuss any additional changes that may be required.

4. OTHER CONSIDERATIONS

RISK IMPLICATIONS	None
FINANCIAL CONSIDERATIONS	None
SUBSIDY CONTROL	None
LEGAL CONSIDERATIONS	None
SINGLE IMPACT ASSESSMENT	None
STAFF CONSIDERATIONS	None

ASSET MANAGEMENT CONSIDERATIONS	None
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	None
CONSULTATION	None

5. RECOMMENDATIONS

5.1 That the updated Terms of Reference for the Health and Wellbeing Board be approved.

6. REASONS FOR RECOMMENDATIONS

6.1 To obtain formal approval for the Health and Wellbeing Board's refreshed Terms of Reference.

7. BACKGROUND PAPERS

None.

8. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

VERSION 3.2~~1~~

~~JUNE 2021~~JULY 2025

Contents

1.0 Purpose and functions of the Health and Wellbeing Board

The Health and Social Care Act 2012 sets out the statutory requirement for unitary authorities to establish Health and Wellbeing Boards from April 2013. The Board has the following responsibilities and functions as set out in the Constitution of Hartlepool Borough Council:

- Responsibility for the preparation and implementation of a Health and Wellbeing Strategy for the Borough.

- Responsibility for ensuring the development and use of a comprehensive evidence based Joint Strategic Needs Assessment (JSNA) for Hartlepool.

- Responsibility for ensuring consistency between the commissioning priorities of partners and the Health and Wellbeing Strategy and JSNA. Having strategic influence over commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

2.0 Roles and Responsibility of Board Members

The main role of all members of the Health and Wellbeing Board will be to take a Borough wide perspective and develop consensus in the best interests of the residents of Hartlepool. Members will bring their own perspectives and also represent their organisation, interest group or area. They will be recognised for their valuable contribution bringing ideas, knowledge and expertise to the process.

2.1 Standards of behaviour

As a member of the Health and Wellbeing Board, whether in meetings or working on behalf of the Board, the following guidelines outline what is expected of members:

Accountability: to work openly and honestly and to report back their work on the Board to their organisation or sector. Board Members will agree their recommendations and then do everything in their power to support delivery.

Commitment: to attend board meetings, participate in occasional task group meetings and one-off events. To be properly prepared for meetings by reading the paperwork beforehand. To be prepared to learn from others and from good practice elsewhere and to further develop the breadth of their knowledge of their sector's role within the borough.

High Quality Debate: to remain focussed and strategic and to contribute positively to discussions and work with other members to achieve consensus and take important decisions regarding the strategic development of the borough.

Honesty and Integrity: to act with honesty, objectivity and integrity in achieving consensus through debate. To respect the confidentiality of the information provided.

Objectivity: to consider what is in the best interests for the common good of Hartlepool and to weigh this along with the interests of their organisation, their sector and themselves when making decisions.

Representative: to effectively reflect the interests of their sector, to raise areas of concern and contribute their experience and expertise to discussions and decisions to achieve good workable solutions.

Respect for others: to respect and to take into account the views of other members regardless of their gender, race, age, ethnicity, disability, religion, sexual orientation or any other status.

3.0 Membership

The Health and Social Care Bill Act 2012 mandates a minimum membership for Health and Wellbeing Boards. These are known as prescribed members. In addition Boards are free to expand their membership to include a wide range of perspectives and expertise. These are known as other members. The membership of the Health and Wellbeing Board is set out over the page:

Prescribed Members
• Elected Members, Hartlepool Borough Council, including the Leader of the Council (4) • Representatives of NHS North East and North Cumbria Integrated Care Board ~~[NENC ICB]~~ (2) • Director of Public Health, Hartlepool Borough Council (1) • Director of Children's and Joint Commissioning Services, Hartlepool Borough Council (1) • Director of Adult and Community Based Services, Hartlepool Borough Council (1) • Representatives of Healthwatch (2)
Other Members
• Managing Director, Hartlepool Borough Council (1) • Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council (1) • Representative of NHS England (1) • Representative of Hartlepool Voluntary and Community Sector (2) • Representative of Tees Esk and Wear Valley NHS Trust (1) • Representative from Cleveland Police (1) • Representative of North Tees & Hartlepool NHS Foundation Trust (1) • Representative of GP Federation (1) • Schools' Representative (1) • Observer – Representative of the Audit and Governance Committee, Hartlepool Borough Council (1)

There is the potential for co-opting members onto the Board to undertake specific pieces of work or for specialist knowledge and skills as and when required. This may include the North East Ambulance NHS Trust, Fire Brigade, Probation and other providers etc.

3.1 Chairing of the Health and Wellbeing Board

The Chair will be the Leader of Hartlepool Borough Council or their substitute. The Vice-Chair will be a representative of the North East and North Cumbria Integrated Care Board ~~Clinical Commissioning Group~~.

4.0 Principles

All members of the Health and Wellbeing Board will strive to apply the following nine principles:

- Effective decision-making and communication
- Effective partnership working
- Efficient partnership working
- Acting with integrity
- Ensure widest possible involvement and inclusion
- Demonstrating leadership and influence
- Effective performance management
- Developing skills and knowledge
- Contributing to sustainable development

5.0 Performance Management

The Board is responsible for developing and managing the delivery of the Health and Wellbeing Strategy including the agreed health outcome measures. Each year the Board will agree an action plan setting out how the Strategy will be delivered. The action plan will also include a number of performance indicators which will be used to assess the progress being made. The Board will monitor progress through quarterly performance reports and seek to maximise resources and secure new resources into the Borough. In addition through the annual refresh the Board will pay due regard to delivery against the national outcome frameworks including the Public Health Outcome Framework, the Adult Social Care Outcome Framework and the NHS Outcome Framework incorporating additional areas into the action plan where performance is below what is expected.

Monitoring of the Health and Wellbeing Strategy will be through the relevant sub-groups, with issues escalated to the Health and Wellbeing Board, as and when necessary.

5.1 Information, advice and support

All information, advice and support will be fit for purpose and tailored to the functions of the Board. The Board will ensure that all information is directly relevant to the decisions being taken and is:

- relevant
- accurate
- timely
- objective
- clear and concise
- reliable

Where possible all partners will share and collate information from their individual organisations in order to help ensure that the Board can make informed decisions. The Board will call on professional advice and support when deemed necessary, particularly when the outcome of decision has a significant legal or financial implication.

Reports submitted to the Board will include impact assessments in relation to each of the sub-groups.

6.0 Developing capacity and capability

The Board is aware of the importance of ensuring members have the right skills, knowledge and experience to play an effective part in delivering the strategic aims of the Board. It aims to involve individuals who reflect the community they represent. It will balance the need for stability which comes from continuity of knowledge and relationships with the need for new ideas and new thinking. Through a Board development process all members will be given the opportunity to further develop their skills and update their knowledge throughout their period of membership. This will aim to maximise the skills, capacity and resources of all members.

7.0 Engaging with stakeholders

The Board has a statutory duty to involve local people in the preparation of the JSNA and the development of the Health and Wellbeing Strategy. The Board will therefore actively maximise the opportunities and mechanisms for involving local people in those processes and subsequent service provision.

The Board will seek to strengthen the involvement of elected members and patient representatives in commissioning decisions alongside commissioners from across health and social care.

The Board will take the lead in forming and maintaining relationships and representation with other partnerships and stakeholders on a local, regional and sub regional level which will directly affect and/or influence its success.

The Board will provide a forum for challenge, discussion and the involvement of local people. However, the local Healthwatch will have a role to play in consulting with patients and the public on service changes in health and social care in order to help inform the decision making process. Its work will feed into that of the Health and Wellbeing Board to inform their direction and priorities.

The Board will hold a Face the Public event once per year to:

i) Update the public on their work during the last year;
ii) Inform the public on their future plans including future challenges;
iii) Engage with residents and promote the key strategies and plans for the Borough;
iv) Receive questions from the public on their work, future plans and priorities.

~~The Board will strive to meet the codes of practice and terms of engagement as set out in the Community Engagement and Cohesion Strategy.~~ The Board's Communication and Engagement Strategy sets out how the work of the Board will be promoted and members of the public, key partners and the VCS will be able to engage with and contribute to the work of the Board.

8.0 Operation of the Health and Wellbeing Board

8.1 Attendance at meetings

Members will endeavour to attend all meetings; however, if they are unable to attend any meeting then they should submit their apologies in advance of the meeting.

As flexibility and continuity is essential to partnership working, each Member may identify a named substitute who may attend on their behalf when necessary. Substitutes should be suitable senior representatives who are able to speak on

behalf of their organisation. The quorum for the Board will be 5 prescribed members with at least one representative from each of the three prescribed member organisations.

8.2 Appointment of Substitutes

All Board members should appoint named substitutes to the Board and in the case of Policy Committee Chairs, the named substitute will be the Vice-Chair. The named substitute will be the only person to attend in the absence of the Board member.

8.3 Declaration of Interests

Each member of the Health and Wellbeing Board is required to declare any personal, prejudicial or disclosable pecuniary interest (direct or indirect) in any agenda items. Where an interest is prejudicial or is otherwise a disclosable pecuniary interest the member shall take no part in the discussion or decision-making about that item. All such declarations must be included in the minutes of the meeting. At the beginning of the municipal year each member will complete a Register of Interest Form which will be held by the Member Services Team. This register should be updated within 28 days of any change to reflect the changes in circumstances of Board members. This register is also displayed on the Council's website.

8.4 Meeting Procedures

The Board will meet on a quarterly basis. There will be an annual review meeting to reflect on the performance of the Board and proactively plan for the forthcoming year.

8.5 Decision-making and voting

Where practicable members should have the authority to take decisions and make commitments within the context of their organisations' governance structures and schemes of delegation. It is recognised that individual partners will remain responsible and accountable for decisions on their services and the use of their resources. The Board recognises that each partner has different mechanisms for their own decision-making and members will need to feed into their own governance structures as appropriate. In some cases decisions may be made 'in principle' by the

Board and then ratified by the bodies or organisations from which the members are drawn, this will be particularly important for the prescribed members of the Board.

8.6 Risk management

The Board will take a planned and systematic approach to identifying, evaluating and responding to risks. It will consider the full range of the Board's activities and responsibilities, and continuously check that various good management disciplines are in place, including:

- strategies and policies are put into practice where appropriate;
- high quality services are delivered efficiently and effectively;
- performance is regularly monitored and effective measures are put in place to tackle poor performance;
- laws and regulations are complied with;
- information used by the Board is relevant, accurate, up-to-date, timely and reliable;
- financial statements and other information published by the Board are accurate and reliable;
- financial and human resources are managed efficiently and effectively and are safeguarded.

8.7 Freedom of Information Act

The Freedom of Information Act provides a right to access information that is held by public authorities unless specified exemptions apply. Hartlepool Borough Council has a publication scheme detailing the types of information that could be available for public access and has developed guidance to help staff comply with the Act. The Health and Wellbeing Board will work within this framework when responding to requests from partners and the public.

8.8 Public access to the Health and Wellbeing Board

All meetings of the Council's committees, sub-groups and working groups are open to the public to attend except when the meetings are considering items classed as 'confidential' or 'exempt'. These meetings may consider issues that will be of interest to residents who may wish to ask questions or express their views on the matters being considered. On such occasions anyone wishing to speak at the Board meeting

should seek the permission of the Chair in advance of the meeting. This can be done directly with the Chair or via the Democratic Services Team (democratic.services@hartlepool.gov.uk or 01429 284307~~523013~~).

8.9 Secretarial Support arrangements

The Health and Wellbeing Board will receive secretarial support through Hartlepool Borough Council's Democratic Services Team.

8.10 Sub-Groups, Working Groups and Task and Finish Groups

The Health and Wellbeing Board has a responsibility to act as a forum for key leaders from the local health and care system to jointly work to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services. Key to achieving this is the Board's:

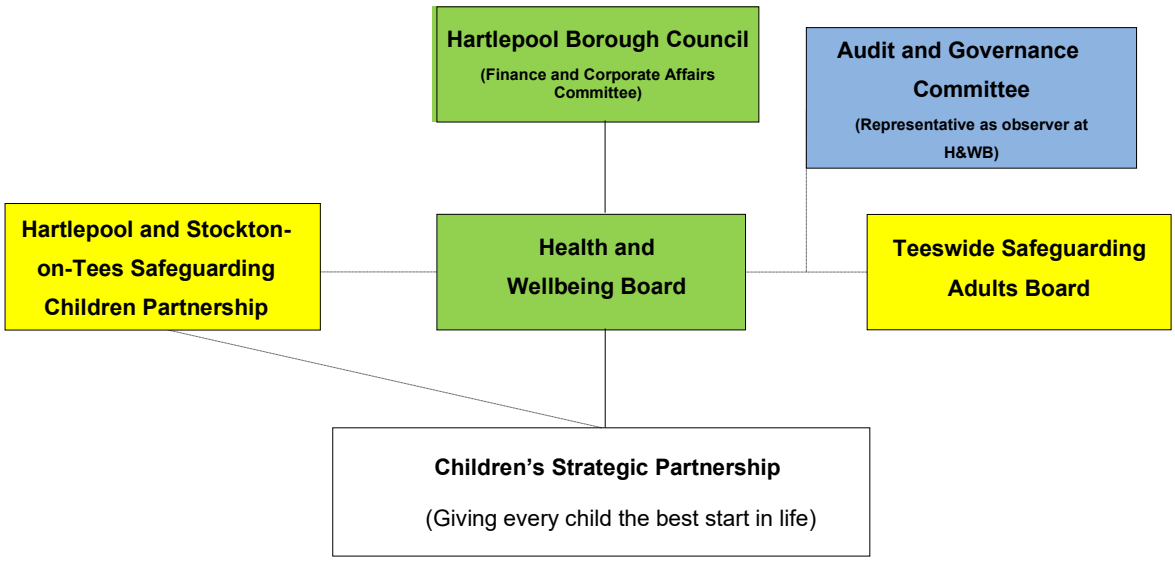
- Involvement in the preparation and implementation of the Hartlepool Health and Wellbeing Strategy and Joint Strategic Needs Assessment;

- Strategic role in influencing commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

Given the breadth of service areas and partners involved in achieving the Board's responsibilities, a number of sub-groups are in place to support and feed into the Board. The minutes of these sub-groups will be circulated to the Health and Wellbeing Board to reinforce the link between both bodies. All other groups will feed into the Health and Wellbeing Board through one of these sub-groups / working groups.

Occasionally a Task and Finish Group of the Health and Wellbeing Board, or one of its sub-groups, may need to be established to expedite a particular matter, which requires focussed activity or where a more specialist membership is required.

The membership of these task and finish groups would be decided by the Board, or sub- group. A Task and Finish Group would normally have a specific remit and period of operation to oversee or undertake a specific task, reporting directly to the Health and Wellbeing Board or sub-group (as appropriate).



8.11 Working with other theme groups

The Health and Wellbeing Board will work alongside the other theme groups to improve outcomes for Hartlepool residents. Joint meetings may be arranged on matters of shared interest for example on the issue of alcohol harm or drug rehabilitation with the Safer Hartlepool Partnership.

8.12 Updating the Terms of Reference

This Terms of Reference can be amended or updated by obtaining a two thirds majority agreement by the Board. At the time of the vote all the prescribed member organisations must be in attendance. The proposed change should be set out in a report as a published agenda item.

9.0 Engaging with other bodies

9.1 Statutory Scrutiny

The Audit and Governance Committee of Hartlepool Borough Council has delegated authority to exercise the statutory scrutiny powers given to the Local Authority under the Health and Social Care Act 2012. This includes the review and scrutiny of matters relating to the planning, provision and operation of health services in the area.

The Audit and Governance Committee will hold the Health and Wellbeing Board, and its partners, to account through scrutiny of:

- The Joint Strategic Needs Assessment;
- The Health and Wellbeing Strategy; and
- Commissioning Plans and Delivery Strategies.

9.2 Hartlepool and Stockton on Tees Safeguarding Children Partnership

The Hartlepool and Stockton on Tees Safeguarding Children Partnership is made up of the three statutory partners, local authorities, chief officers of police, and North East and North Cumbria Integrated Care Board ~~clinical commissioning groups~~ who must make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area.

The relationship between the Health and Wellbeing Board and the Hartlepool and Stockton on Tees Safeguarding Children Partnership (HSSCP) is one of mutual support, challenge and scrutiny. HSSCP should be instrumental in determining the safeguarding children requirements of the JSNA and should present its annual report to the Health and Wellbeing Board.

9.3 Teeswide Safeguarding Adults Board

The Teeswide Safeguarding Adults Board is a partnership of local agencies working together to ensure that adults living in Hartlepool are safeguarded and protected.

The relationship between the Health and Wellbeing Board and the Teeswide Safeguarding Adults Board (TSAB) is one of mutual support, challenge and scrutiny. TSAB should be instrumental in determining the requirements of the JSNA in terms of safeguarding adults and should present its annual report to the Health and Wellbeing Board.

9.4 ~~Local Outbreak Control Engagement Board~~ Health Protection Board

The health protection board is a sub group of the Health and Wellbeing board. It has been set up to facilitate processes that ensure the Director of Public Health is able to fulfil their statutory oversight and assurance role for Health Protection.

The board will provide a forum for the exchange of information, updating of plans and policies, review intelligence and share good practice.

Purpose

- Provide assurance to the DPH on the full range of health protection issues. Including the provision of intelligence, situational updates in the areas of:
  - Environmental issues
  - communicable disease/outbreaks
  - community resilience
  - immunisations
  - screening
- Put in place measures to identify and contain outbreaks including outbreak management plans for high risk areas.
- Develop and maintain system partnerships to ensure a resilient local health protection system.
- Provide a local governance and assurance process for local health protection issues.
- To provide technical and professional advice to others
- To liaise with UKHSA and other key partners to ensure an appropriate and robust response to local outbreaks is in place.
- To establish strategic linkages via receipt of minutes and/or updates from relevant committees/groups e.g.

a) Vaccination Board.

b) UKHSA: for surveillance data and outbreak control

c) NHS England: Local Screening Committees E.g. Environmental Health Liaison group, Seasonal flu planning, Sexual Health Programme Board

d) Any other groups whose work remits are linked to health protection.

Objectives

- Provide assurance to the DPH on health protection issues on:
  - Communicable diseases
  - Non-communicable diseases
  - Screening and Immunisations
  - Emergency planning, resilience and response
  - Infection Prevention and Control
- Oversee the development of the health protection plans as required.
- Ensure the development of monitoring systems to provide effective monitoring and governance of heath protection interventions.
- Data monitoring and intelligence gathering
- Ensure that health protection services and processes address health inequalities and contribute to their reduction.
- Learn from health protection incidents
- Review incidents, outbreaks and risks
- Identify best practice, areas of concern and mitigating factors for risks
- Input health protection advice into the JSNA

Governance

The board will be a working group that reports to the Health and Wellbeing Board, taking reports on a quarterly basis.

Frequency of Meetings

The HPB to meet on every two months with flexibility to call additional meetings as and when required to respond to emerging threats.

Chairing of the board

The board will be chaired by the Director of Public Health. A deputy will be nominated and will be available to chair the board in the Director's absence.

Membership

Director of Public Health (Chair)	Hartlepool Borough Council
Public Health Principal	Hartlepool Borough Council
Assistant Director Regulatory Services	Hartlepool Borough Council
Senior Emergency Planning Officer	Hartlepool Borough Council
Health, Safety and Risk Manager	Hartlepool Borough Council
Public Health Intelligence Specialist	Hartlepool Borough Council
Substance Misuse / Sexual Health Services	Hartlepool Borough Council
Communications Manager	Hartlepool Borough Council
Director of Place	North East and North Cumbria Integrated Care Board
Medical Director	North East and North Cumbria Integrated Care Board
Head of Service	TEWV Foundation Trust
Lead Nurse for Infection Prevention and Control	NT&H FT
Consultant in Health Protection	UKHSA
Statutory Scrutiny Manager	Hartlepool Borough Council

~~An integrated national and local nationwide Covid-19 test and trace programme is being implemented to control the virus and as part of this local Covid-19 outbreak control arrangements have been put place. A critical factor in the success of these arrangements is effective communication with the public and employers to gain their support for any actions that need to implement and the requirement to create a Local Outbreak Control Engagement Board. In Hartlepool this role will be undertaken by the Health and Wellbeing Board with the following responsibilities:-~~

~~Political ownership and public-facing engagement and communication for the outbreak response.~~
~~Provide partnership oversight of health protection regarding Covid-19 in Hartlepool.~~
~~Support local delivery of the primary objectives of the Government's strategy to control the Covid-19 reproduction number (R), reduce the spread of infection and save lives.~~
~~Bring together the response that will be delivered at different levels and by different organisations, at local authority area level to ensure a community focus and~~

~~appropriately tailored response.~~
~~Support the effective communication of the Outbreak Control Plan for Hartlepool.~~
~~Support and strengthen the communication plan that will need to underpin every decision as the local area move to the next stage of managing the pandemic, helping to make sure that all communities and sectors are communicated with effectively.~~
~~Help ensure that all key stakeholders have been identified and that the best routes to communicate with them are utilised.~~

~~Oversee the evaluation of the communication plan, measuring success through the successful adoption of the required behaviours by individuals and organisations across the city with no community or sector left behind.~~
~~Receive regular updates from the Outbreak Control Board via the Director of Public Health and public oversight of progress on the implementation of the Outbreak Control Plan.~~
~~Shape and oversee the health and wellbeing recovery strategy, identifying Joint Health and Wellbeing Strategy priorities for action as part of the post-emergency phase.~~

~~**Membership** - The membership of the Outbreak Control Engagement Board includes representatives from a range of key bodies with relevant Covid-19 expertise and experience, with the ability to co-opt additional participants based on the location and nature of any outbreak.~~

~~Over and above the core membership of the Health and Wellbeing Board when considering items under the remit of the Outbreak Control Engagement Board invitations will also be extended to include:~~

~~Hartlepool Borough Council's Mental Health and Children in Care Elected Member Champions~~
~~Communications and Marketing Manager, Hartlepool Borough Council~~
~~Representative of Faith Community~~

~~The co-option of addition participants with specialist knowledge and skills will, as has been indicated, be informed by the location and nature of any outbreak. Examples of~~

~~potential co-optees are as follows with the addition of others as and when required:~~

~~Ward Councillors~~

~~Parish Councillors~~

~~North East Ambulance NHS Trust~~

~~Fire Brigade~~

~~Probation~~

~~Schools~~

~~Care Home providers~~

~~Hospice providers~~

~~Housing providers~~

~~Representatives from specialist organisations~~

~~Representatives from business community~~

HEALTH AND WELLBEING BOARD

21 July 2025

HARTLEPOOL BOROUGH COUNCIL

Report of: Director of Public Health

Subject: BOARD FORWARD PLAN

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1. **COUNCIL PLAN PRIORITY**

Hartlepool will be a place:
- where people live healthier, safe and independent lives. (People)

2. PURPOSE OF REPORT

2.1 This report outlines a proposed work programme for the Health and Wellbeing board. This gives the board a forward plan of items that are coming to the board. This has two purposes – a forward plan to facilitate report writing and an opportunity for the board to consider if there are any specific items for discussion they would like to include in the reports.

3. BACKGROUND

3.1 The board generally receives updates on a number of issues throughout the year. These may be statutory (e.g. the PNA updates), regular (e.g. annual reports) or may vary through the year depending on issues that arise with partners. In order to potentially enhance the debate and feedback on these items, it is proposed to have a forward plan which gives advance notice to partners of when specific papers are due at the board. It also allows the board to request specific areas of detail they would like to explore further.

4. PROPOSALS

4.1 The paper attached lists the existing papers that will be coming to the board. The board is asked to consider what other reports should be brought to the board and add these to the forward plan. This will then be circulated to board members.

5. OTHER CONSIDERATIONS

RISK IMPLICATIONS	None
FINANCIAL CONSIDERATIONS	None
SUBSIDY CONTROL	None
LEGAL CONSIDERATIONS	None
SINGLE IMPACT ASSESSMENT	None
STAFF CONSIDERATIONS	None
ASSET MANAGEMENT CONSIDERATIONS	None
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	None
CONSULTATION	None

6. RECOMMENDATIONS

6.1 That the board agrees the proposals on the plan and agree any further additions.

7. REASONS FOR RECOMMENDATIONS

7.1 This will provide a clear programme of board activities for the year ahead and will enable the board to consider and request key points of discussion they would like in the papers.

8. BACKGROUND PAPERS

14.1 Forward Plan (**Appendix A**).

9. CONTACT OFFICERS

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Health and Wellbeing Board Work Plan 2025/2026

The Health and Wellbeing board work plan is a calendar of reports and updates that are due to be presented to the board for discussion / approval. This plan is for the purpose of forward planning and does not preclude items being added to the agenda at a later date.

Meeting Date	Reports
29 September 2025	**External** • Community Transformation of adult mental health services (VCS) • Long Term Health Coffee & Chat Session Report FINAL (Carl Jorgeson, Hartlepool Sport) **Partner** • Healthwatch Hartlepool Annual Report (TBC) • Healthwatch Work Programme (TBC) • Home Care Report 2025 (Healthwatch) • ICB Changes **HBC** • Better Care Fund (TBC) • Pharmaceutical Needs Assessment Maintenance Update • Approve PNA • HWB Communications and Engagement Strategy Review / Refresh • Board Forward Plan
8th December 2025	**External** • TSAB Annual report (TBC) • Hartlepool and Stockton Safeguarding Children Partnership (HSSCP) Annual Report (TBC) **Partner** • **HBC** • Better Care Fund (TBC) • Pharmaceutical Needs Assessment Maintenance Update • Health Protection Board Annual Update (TBC) • Board Forward Plan
16 February 2026	**External** • **Partner** • **HBC** • Better Care Fund (TBC) • Pharmaceutical Needs Assessment Maintenance Update • Health Protection Board – Review of Terms of Reference • Board Forward Plan