

HEALTH AND WELLBEING BOARD AGENDA



Monday 8 December 2025

At 10.00 am

**Council Chamber in the Civic Centre,
Victoria Road, Hartlepool**

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:

Elected Members, Hartlepool Borough Council - Councillors Allen, Darby, Little and Roy.

Representatives of NHS North East and North Cumbria Integrated Care Board (NENC ICB) Karen Hawkins (VC) and Levi Buckley

Interim Director of Public Health, Hartlepool Borough Council – Chris Woodcock

Executive Director of Children's Services, Hartlepool Borough Council – Alison Sutherland

Executive Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison

Representatives of Healthwatch - Margaret Wrenn and Christopher Akers-Belcher

Other Members:

Chief Executive, Hartlepool Borough Council – Denise McGuckin

Director of Development, Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Kieran Bostock

Assistant Director for Early Intervention, Performance and Commissioning - Rebecca Stephenson

Representative of Hartlepool Voluntary and Community Sector – Christine Fewster (Hartlepool Carers) and Kelly Brooks (PFC Trust)

Representative of Tees, Esk and Wear Valley NHS Trust – Jamie Todd

Representative of North Tees and Hartlepool NHS Trust – Neil Atkinson

Representative of Cleveland Police – Helen Wilson

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 confirm the minutes of the meeting held on 29 September 2025

4. ITEMS FOR CONSIDERATION

- 4.1 Health and Wellbeing Board – Terms of Reference - Refresh – *Interim Director of Public Health*
- 4.2 Pharmaceutical Needs Assessment (PNA) 2025 Maintenance Report – *Interim Director of Public Health*
- 4.3 Teeswide Safeguarding Adults Board Annual Report 2024/25 – *Executive Director of Adult Services and Public Health and Independent Chair of Teeswide Safeguarding Adults Board*
- 4.4 Hartlepool Food Partnership – Progress Update– *Julian Penton, Hartlepool Community Trust*
- 4.5 Dementia Strategy – Stephen Thomas, Healthwatch
- 4.6 Carers Strategy – Christine Fewster, *Hartlepool Carers*
- 4.7 Drug and Alcohol Strategy update – *Interim Director of Public Health*
- 4.8 Tobacco Control Strategy – *Interim Director of Public Health*
- 4.9 Director of Public Health Annual Report – *Executive Director of Adult Services and Public Health*

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting

Monday 16th February 2026 at 10am



HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

29th September 2025

The meeting commenced at 10.00am in the Civic Centre, Hartlepool

Present:

Representative of NHS North East and North Cumbria Integrated Care Board –
Karen Hawkins (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council - Councillors Darby and Little
Director of Public Health, Hartlepool Borough Council – Craig Blundred
Executive Director of Adult and Community Based Services, Hartlepool Borough
Council - Jill Harrison

Representatives of Healthwatch - Christopher Akers-Belcher, Stephen Thomas and
Margaret Wrenn

Other Members:

Chief Executive, Hartlepool Borough Council – Denise McGuckin
Representative of Hartlepool Voluntary and Community Sector – Kelly Brooks
Representative of Tees, Esk and Wear Valley NHS Trust – Jamie Todd
Representative of Cleveland Police – Helen Wilson
Representative of GP Federation - Fiona Adamson
Representative of Headteachers - Sonya Black
Observer – Statutory Scrutiny Representative, Hartlepool Borough Council –
Councillor Creevy

Also in attendance:-

Keith Bayley and Natalie Frankland – Let's Connect
Louise George and Carl Jorgeson – Hartlepool Sport
Neil Atkinson, Dr Elaine Gouk, Stuart Irvine and Stephanie Worn - North Tees
and Hartlepool NHS Foundation Trust
Nicola Haggan - Alice House Hospice
Philippa Walters, Pharmacy Lead

Officers: Joan Stevens, Democratic Services and Statutory Scrutiny
Manager
Jo Stubbs, Principal Democratic Services and Legal Support Officer

14. Apologies for Absence

Apologies were submitted by Councillors Brenda Harrison and Aaron Roy, Rebecca Stephenson (Assistant Director for Early Intervention, Performance and Commissioning), Christine Fewster (Hartlepool Voluntary and Community Sector) and Sonya Black (Headteachers)

15. Declarations of interest by Members

None

16. Minutes of the meetings held on 17 March 2025 and 21 July 2025

Minutes confirmed

17. Healthwatch Hartlepool Annual Report (*Healthwatch Hartlepool CIO*)

Representatives from Healthwatch Hartlepool presented to Board members their published annual report for 2024-25 providing an overview of the work for the year. The report provided Members with an overview of the projects they have been involved with including Women's health and the NHS 10-year plan. Other projects included review and refreshment of the ICB Involvement Strategy, access to dental care and North East Ambulance service clinical strategy engagement. Reference was also made to Enter and View whereby Healthwatch volunteers attend health and care settings and give their opinions on the service provided and what could be done better.

In the discussion following the Healthwatch CEO expressed his shock at the Government's announcement that Healthwatch would be abolished and its work transferred to local authorities and the ICB. The CEO stressed the importance and benefit of Healthwatch being an independent organisation and raised concerns this may be lost.

A member commented on the reference within the report to Women's Health Needs specifically around prescriptions to aid menopause symptoms and the importance of this being a key focus in future years. The Healthwatch CEO advised that as this was an overview and end of year report it did not include the detailed report that informed the feedback to support the development of the overall ICB Women's Health Strategy, which will be a key focus in future years.

The Chair noted the significant efforts made by Healthwatch Hartlepool during the previous year and concurred with the importance of independent local voices informing future priorities.

Decision

That the Healthwatch Hartlepool Annual Report 2024-25 be noted.

18. Maternity Services Update – Presentation – University Hospital of Hartlepool (*Chief Nurse, Director of Midwifery, Managing Director – University Hospital Tees*)

In May 2025 Council had been informed of a planned three month pause in the delivery of babies provided by the Continuity of Care Team (at the Rowan Unit) at the University Hospital of Hartlepool. Representatives of North Tees and Hartlepool NHS Foundation Trust advised members that this suspension had now been extended to January 2026. The Trust confirmed that all other services including antenatal and postnatal care remain in place and women could still choose a home birth. They also noted that this was a temporary closure and for further review.

Members indicated their dissatisfaction with this situation. A member suggested that parliament be lobbied regards a national shortage of trained midwives and queried how many babies had been born en route to North Tees Hospital as a result of this closure. The Chair asked that a further update on maternity services be brought to the February 2026 meeting of the Health and Wellbeing Board

A member also raised concerns regarding the changes to outpatient provision at Hartlepool Hospital. The Chair requested the member liaise with Trust colleagues outside of the meeting as not related to this item and as the attendees from the Trust were from Womens and Childrens services they would not be able to address directly in the meeting.

Decision

That the update be noted and a further update be presented to the Health and Wellbeing Board on the 16 February 2026.

19. Fit for the Future – the 10 Year Health Plan for England - Presentation (*Director of Delivery (Tees Valley), North East North Cumbria Integrated Care Board*)

Members received an update relating to the NHS 10 Year- Plan. The NHS Ten Year Health Plan sets out a bold, ambitious and necessary new course for the NHS. It seized the opportunities provided by new technology, medicines, and innovation to deliver better care for all patients - no matter where they lived or how much they earned - and better value for taxpayers. This would fundamentally reinvent the approach to healthcare, so that we can guarantee the NHS would be there for all who needed it for generations to come. The plan had been shaped by the experiences and expectations of members of the public, patients, health and care workforce and partners. •

Through the 'Change NHS' engagement exercise, the future of the NHS had provided details of the changes people wanted to see. The focus on the plan is on 3 shifts - Analogue to Digital, Sickness to Prevention & Hospital to community

The Chair also provided an update in relation to the required running cost reductions expected of ICBs and advised that although this will be challenging the ICB will continue to provide core functions

A query was raised by a member where the presentation outlined an expected transfer of functions and how and when this would be undertaken, the Chair advised this was currently paused and a future update would be provided to members.

Decision

That the presentation be noted.

20. Hartlepool Community Mental Health Transformation

(Let's Connect – CEO and Community Mental Health Transformation Coordinator)

Representatives of Let's Connect gave an update on recent work carried out as part of the Hartlepool Community Mental Health Transformation. In 2019 the NHS Long Term Plan set out a clear ambition to transform mental health care across England. It called for a radical redesign of core community mental health teams with the emphasis on integrated, person-centred and place-based care. To do this a national framework was developed to support local areas in redesigning their mental health systems. The VCSE is a key strategic partner in this. In 2025 Let's Connect was appointed as community mental health leads. A governance review was subsequently carried out. Details were given of the visioning plan for 2025-26 and the formation of a new Mental Health Provider Forum.

The Chair thanked the representatives of Let's Connect for their update, noting particularly the proposals on a single approach. The Healthwatch representative requested clarification on the status of the Mental Health Provider Forum.

Decision

That the update be noted

21. Long Term Health Coffee and Chat Session – Final Report *(Director, Hartlepool Sport)*

Representatives from Hartlepool Sport presented to Board members their annual report for 2024-25 providing information on the Coffee and Chat

initiative. Originally part of the Activities on Prescription project Coffee and Chat was a way to break down health literacy barriers by educating people on the role activity can have in managing long term health conditions and the feel good boost it can provide. These sessions take place monthly at the community hubs and other public spaces with subjects including pulmonary rehabilitation, COPD, cancer care, diabetes and dementia. Since January 2024 over 178 people had attended, anonymised case studies gave details of the positive impact these sessions had had on attendees. Hartlepool Sport had built strong partnerships across the statutory and voluntary sectors and in future it was suggested that guest speakers be invited to speak at the sessions, based on the conditions of regular attendees or feedback from them. Other clubs could also provide information on the benefits physical activity can have on physical and mental health.

Members praised the work of Hartlepool Sport and the wider voluntary sector in terms of the free activities they provide to the public. Reference was made in particular to the national 'Flippin Pain' initiative. A Hartlepool Sport representative advised that further events focused on this could be arranged. The Chair praised the Coffee and Chat sessions as a great example of partnership working through use of community assets.

Decision

That the update be noted.

22. Hartlepool Pharmaceutical Needs Assessment and Chat (PNA) 2025 Final Report (Director, Hartlepool Sport)

The report updated the Board in accordance with the process for statutory maintenance of the Pharmaceutical Needs Assessment 2022, to receive notification of applications, decisions or other notice of changes to pharmaceutical services in Hartlepool from the ICB NENC or Primary Care Support England (PCSE) since the date of the last Health and Wellbeing Board Maintenance Report (14 March 2025). In relation to the requirement to seek approval for publication of any Supplementary Statement to the PNA 2022 required as a consequence of those reported changes to pharmaceutical services, the Board was advised that no new Supplementary Statements had been issued under delegated authority since the last meeting of the Board in March 2025 and there had been no notifications of action, applications or decisions made.

Additionally the final draft of the Hartlepool Pharmaceutical Needs Assessment (PNA) 2025 was attached for approval prior to its publication before the statutory deadline of 29th September 2025. Two months of statutory consultation had taken place on this, full outcomes were detailed within the report.

Decision

That it be noted that there were no further notifications of action, applications or decisions made regarding maintenance of the PNA 2022

That the Hartlepool Pharmaceutical Needs Assessment 2025 be approved for publication.

23. Better Care Fund Update *(Executive Director of Adult and Community Based Services)*

The Better Care Fund Plan for 2025-26 was approved by the Health and Wellbeing Board in March 2025. Developed in line with the Better Care Fund Policy Framework it reflects the government's commitment to reform by shifting from sickness to prevention, supporting people to live independently and to shift from hospital to home. Details of performance in the first quarter of 2025/26 were not available for emergency admissions or discharge delays however data for April 2025 shows that Hartlepool is achieving 2025/26 discharge targets and compares positively with regional and national averages. The number of residential admissions in Quarter 1 is slightly above target due to a number of self-funding residents requiring support from the Local Authority after their funds fell below the self-funder threshold. However the year end target is still thought achievable

Decision

That the approval of the Hartlepool Better Care Fund Plan for 2025-26 and Quarter 1 performance against the national metrics be noted.

24. Health and Wellbeing Board – Face the Public Arrangements *(Director of Public Health)*

Hartlepool's constitution requires that the Health and Wellbeing Board hold one Face the Public event per year. Open to elected members and the public partners must provide updates on their work in the previous year, information on future plans and future challenges, consult on the development of key strategies and plans and respond to questions on their work, future plans and priorities. Face the Public events have taken place every year since 2013 (other than 2020 due to the Covid-19 pandemic). It was proposed that this year's event take place on 16th February in the Central Hub immediately following the completion of the scheduled Health and Wellbeing Board. An overarching topic would need to be agreed by the Board.

Decision

- I. That the proposed arrangements for the 2025/26 Face the Public event be approved
- II. That consideration be given to a topic/area of focus for the event

25.

Oral Health and Dental Strategy 2025-2027 *(Chief Executive, North East and North Cumbria Integrated Care Board)*

The Director of Public Health gave members information on the NHS North East and North Cumbria Oral Health and Dental Strategy 2025-27. The four priorities are:

- To improve access to routine dental care
- To Increase the number of urgent care appointments
- To tackle dental workforce recruitment and retention issues
- To focus on preventing poor oral health

Dental care is included in the NHS 10 Year Health Plan and the subject of a current consultation on NHS dental contract quality and payment reforms. The hope was expressed that urgent dental access would be more streamlined in future.

Decision

That the report be noted

26. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following items of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

27. Director of Public Health

Members were advised that this was the final meeting of the Director of Public Health. The Chair thanked him for his hard work and contribution to Health and Wellbeing Board.

Meeting concluded at 11:25am.

CHAIR

HEALTH AND WELLBEING BOARD

8 December 2025



Report of: Interim Director of Public Health

Subject: HEALTH AND WELLBEING BOARD TERMS OF REFERENCE - REFRESH

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 July 2025 and following a recent change in the Leader of Hartlepool Borough Council a further refresh has now been undertaken.
- 3.2 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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Interim Director of Public Health
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01429 284104

HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

**VERSION 3.3
DECEMBER 2025**

DRAFT

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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
<ul style="list-style-type: none"> • Elected Members, Hartlepool Borough Council, including the Leader of the Council (4) • Representatives of NHS North East and North Cumbria Integrated Care Board (2) • Director of Public Health, Hartlepool Borough Council (1) • Director of Children's and Joint Commissioning Services, Executive Director of Children's Services, Hartlepool Borough Council (1) • Director of Adult and Community Based Services Executive Director of Adult Services & Public Health, Hartlepool Borough Council (1) • Representatives of Healthwatch (2)
Other Members
<ul style="list-style-type: none"> • Managing Director Chief Executive, 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 **an elected Member representative of Hartlepool Borough Council** ~~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

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'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).

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

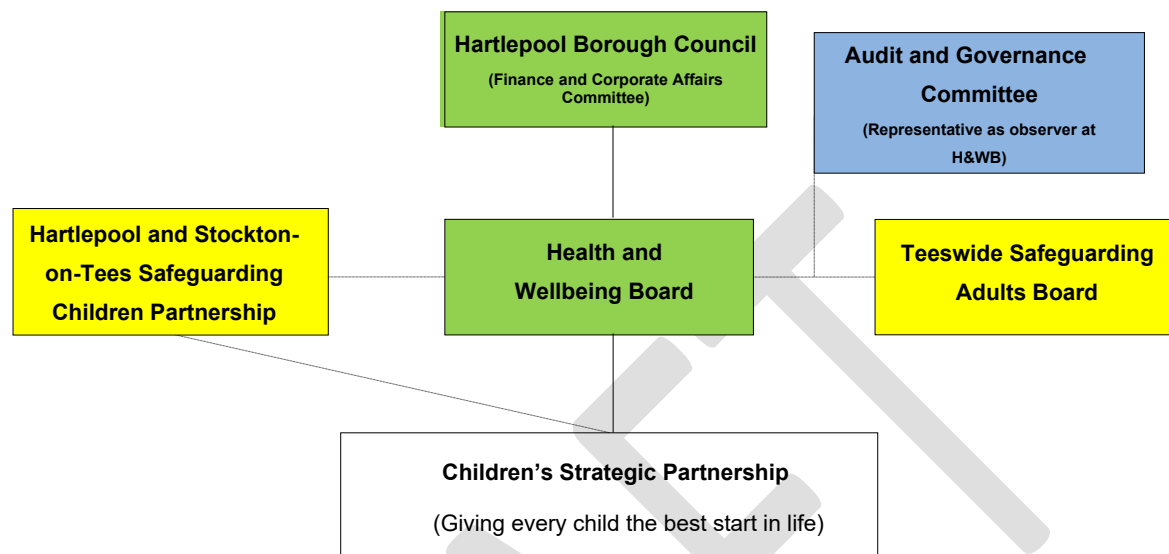
The Health and Wellbeing Board has a responsibility to act as a forum for key leaders from the local health and care system to jointly work to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services. Key to achieving this is the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

HEALTH AND WELLBEING BOARD

8th December 2025



Report of: Interim Director of Public Health

Subject: PHARMACEUTICAL NEEDS ASSESSMENT (PNA)
2025 MAINTENANCE REPORT

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 update the Board in accordance with the process for statutory maintenance of the Pharmaceutical Needs Assessment (PNA) 2025: [Pharmaceutical Needs Assessment | Hartlepool Borough Council](#).
- 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 last Health and Wellbeing Board Maintenance Report on 29 September 2025.
- 2.3 To acknowledge the Health & Wellbeing Board (HWB) response required as a consequence of those reported changes to pharmaceutical services included in section 2.2. To approve¹ for publication any Supplementary Statement to the PNA 2025 if and when required.
- 2.4 To inform the Board of changes to Regulations, pertinent to the maintenance of the PNA 2025.

3. BACKGROUND

- 3.1 The Health and Wellbeing Board published its latest Pharmaceutical Needs Assessment on 30 September 2025 (link provided in Section 2.1).
- 3.2 The HWB are reminded of their statutory duties and responsibilities² for maintenance following publication of the PNA 2025 which are, in summary, they must:

¹ or ratify any decision necessarily made under delegated authority

² to comply with NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

- 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 2025. Supplementary Statements explain changes to the availability of pharmaceutical services since publication of the PNA, in certain conditions.

The HWB also has duties related to other regulatory processes managed previously by NHS England, currently by the NENC ICB³, e.g., in relation to 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. This delegated authority will be used if it is not possible for any reason to obtain full HWB approval in advance of any required response, e.g., to the NENC ICB, in order to meet statutory timelines.

3.3 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 (by updating Appendix 6 of the PNA) in accordance with the Regulations.;
- d) report for information, or for decision where necessary, on actions towards meeting the duty identified in 3.2 part a (publishing a revised PNA by 1st October 2028) or 3.2 part b (identifying changes to the need for pharmaceutical services that might require earlier publication of a revised PNA).

3.4 Following publication of the PNA 2025, the HWB must be assured that processes are in place to actively review any changes to (provision of) pharmaceutical services and determine the need, or otherwise, for publication of a Supplementary Statement prior to presentation of items under 3.4 (b) and (c) above.

3.5 The HWB must similarly be assured that processes are in place to actively review any changes or potential changes to the need for pharmaceutical services which are of a significant extent, which would require the HWB to

³ Since 1 April 2023 NHS England has delegated the commissioning of pharmaceutical services to the ICBs. Therefore, while NHS England has a statutory duty to make arrangements for essential and advanced services with pharmacies and dispensing appliance contractors and may choose to commission enhanced services from pharmacies to meet the needs of the population, in reality market entry and the commissioning of pharmaceutical services is undertaken by the ICBs

publish a subsequent (revised) pharmaceutical needs assessment sooner than the usual statutory timeframe (3.2 part b).

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

Notification of Change to Supplementary Hours.

- 4.1 An undated notification was received from NENC ICB reporting changes to the opening hours of the pharmacy trading as Healthways Chemist located at 38a Middleton Grange Shopping Centre, Hartlepool, TS24 7RY. These were changes to Supplementary Hours. The pharmacy is permitted to 'apply' to make these changes, by simple notification of a date of change, giving 5 weeks minimum notice of the change; i.e., the change does not need to be approved by the ICB.
- 4.2 A summary of the change is shown in Table 1 which follows. The change is a reduction of 3 hours per week such that the pharmacy will no longer provide any supplementary hours and will no longer provide pharmaceutical services on a Saturday.
- 4.3 Consideration of the need for a Supplementary Statement to be published to PNA 2025 in response to the above change. Box 1 provides a summary from the DHSC guidance updated on 31st July 2025.). Appendix 2 of the guidance also sets out the decision-making process in the form of a flowchart. The first step is to identify if the change is relevant to the granting of an application for inclusion in the pharmaceutical list for the HWB area.

Box 1. Supplementary Statements

A supplementary statement is to be published to explain changes to the availability of pharmaceutical services where:

- the changes are relevant to the granting of an application or applications for inclusion in the PNA list for the area of the HWB's area
- the HWB is either:
 - satisfied that producing a new PNA would be a disproportionate response to those changes
 - already producing its next PNA but is satisfied that it needs to immediately modify the existing document in order to prevent significant detriment to the provision of pharmaceutical services

Supplementary statements are statements of fact regarding a change or changes to the availability of pharmaceutical services. They do not make any assessment of the impact the change may have on the need for pharmaceutical services. Instead, they identify new facts to be taken into account when assessing applications for new pharmacy premises or making decisions about new services, where not identifying those new facts would be of significant detriment to proper service provision.

- 4.4 Taken by itself, this reduction in opening hours is unlikely to be relevant to the granting of an application for a new pharmacy or dispensing appliance contractor premises, or changes to pharmaceutical services. There are

nine other pharmacies in PNA Locality H3: Hartlepool Central and Coast which remain open on Saturday mornings. Seven of those pharmacies are open most of the hours between 9 am and 12 noon as core hours, which are therefore likely to be secure. This withdrawal of services from a location in Middleton Grange Shopping Centre does mean that there will now be just one pharmacy open on a Saturday there. However, there are two additional pharmacies still opening Saturday morning nearby within half a mile or (4 to 8-minutes walk) at York Road and Park Road (One Life).

- 4.5 Consequently, a Supplementary Statement to PNA 2025 will not be issued. This change will be recorded and later incorporated into the next publication of the Hartlepool PNA, due by 1 October 2028.

Table 1. Summary of changes to the days and times at which Pharmaceutical Services are available from Healthways Chemist Hartlepool.

Healthways Chemist, Hartlepool			
Previous hours (as included in PNA 2025 at 30 September 2025)			
Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00- 17:00	09:00- 17:00	09:00- 17:00
Tuesday	09:00- 17:00	09:00- 17:00	09:00- 17:00
Wednesday	09:00- 17:00	09:00- 17:00	09:00- 17:00
Thursday	09:00- 17:00	09:00- 17:00	09:00- 17:00
Friday	09:00- 17:00	09:00- 17:00	09:00- 17:00
Saturday	None	09:00- 12:00	09:00- 12:00
Sunday	None	None	Closed
Total hours per week	40 hours	3 hours	43 hours
Revised hours with effect from 20 October 2025			
Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00- 17:00	None on any day	09:00- 17:00
Tuesday	09:00- 17:00		09:00- 17:00
Wednesday	09:00- 17:00		09:00- 17:00
Thursday	09:00- 17:00		09:00- 17:00
Friday	09:00- 17:00		09:00- 17:00
Saturday	None		09:00- 12:00
Sunday	None		Closed
Total hours per week	40	None	40

5. FOR INFORMATION: CHANGES TO REGULATIONS FROM 1 OCTOBER 2025

- 5.1 The Pharmaceutical Needs Assessment (PNA) is a crucial part of the market entry system, supporting commissioning decisions based on patient need. This includes the maintenance of the HWB PNA after publication and the potential to issue Supplementary Statements. Changes to the 2013 Regulations came into force on 1 October 2025 which updates the information which may be included in Supplementary Statements other

than those published following the outcome of a consolidation application (see section 3.2).

- 5.2 Box 2 shows an extract from the DHSC Guidance to the Regulations which explains this change. It means that (other than in the specific circumstance mentioned) a Supplementary Statement must only include a statement of fact in respect of changes to pharmaceutical services
- 5.3 This will be taken into account if and when the Hartlepool HWB need to publish a supplementary statement to the PNA 2025 in the future.

Box2. Change to the 2013 Regulations regarding Supplementary Statements.

The change ...to the 2013 Regulations on 1 October 2025 ...making it clear that, with one exception, a supplementary statement must not provide (and even if they do provide, they must not be read as providing) a new analysis of service provision. Instead, they identify new facts to be taken into account when assessing applications for new pharmacy premises or making decisions about new services, where not identifying those new facts would be of significant detriment to proper service provision. They are not to be used for updating what the PNA says about the need for pharmaceutical services, but the facts they identify may have consequences, in particular for unforeseen benefits applications but also for other decisions (see below). It is a subtle distinction but an important one. A new analysis of needs, suggesting gaps in provision, requires local engagement; a new statement of facts does not.

The one exception to this principle is where there has been a successful consolidation application, the supplementary statement needs to state the opinion that the outcome of that application does not create a gap in pharmaceutical services provision (see below).

Once published the supplementary statement becomes part of the PNA and will therefore be referred to by the ICB when it determines applications for inclusion in the relevant pharmaceutical list. It will also be referred to by NHS Resolution when it determines an appeal. Supplementary statements therefore must be published alongside the PNA.

The issuing of a supplementary statement indicates to the ICB that the HWB is of the opinion that the change in availability of pharmaceutical services is relevant to the granting of applications for inclusion in a pharmaceutical list. As indicated above, this will predominantly affect unforeseen benefits applications, unless the analysis of service provision in the PNA already identifies a current or future need for, or improvements or better access to, pharmaceutical services in the area that the change in availability has occurred. However, it could also be relevant to the ICB's consideration of whether it needs to direct a pharmacy to open at certain times or on certain days or invite a contractor to increase the total number of core opening hours of its pharmacy.

6. OTHER CONSIDERATIONS

FINANCIAL CONSIDERATIONS	None
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LEGAL CONSIDERATIONS	It is a requirement of Section 128A of the National Health Service Act 2006 (NHS Act 2006) for a Health and Wellbeing Board to publish (and maintain) a Pharmaceutical Needs Assessment.
EQUALITY AND DIVERSITY CONSIDERATIONS	None
STAFF CONSIDERATIONS	None
ASSET MANAGEMENT CONSIDERATIONS	None
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	None

7. RECOMMENDATIONS

7.1 It is recommended that the Health and Wellbeing Board note:

- i) The change to pharmaceutical services in Hartlepool on Saturday morning, notified by NENC ICB.
- ii) No supplementary statements to the Hartlepool PNA 2025 have been issued, nor are required since the last report to the Board in September 2025.
- iii) The Regulatory changes introduced on 1 October 2025 pertinent to maintenance for the Hartlepool PNA 2025.

8. REASONS FOR RECOMMENDATIONS

8.1 Included in the body of the report.

9. BACKGROUND PAPERS

- 9.1 National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349 as amended (the 2013 Regulations). [The NHS \(Pharmaceutical and Local Pharmaceutical Services\) \(Amendment\) Regulations 2023](#) (the 2023 regulations).
- 9.2 DHSC Guidance: Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards. Updated 31 July 2025 [Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards - GOV.UK](#)

10. CONTACT OFFICERS

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HEALTH AND WELLBEING BOARD

8 December 2025



Report of: Executive Director of Adult Services and Public Health
and Independent Chair of Teeswide Safeguarding
Adults Board

Subject: TEESWIDE SAFEGUARDING ADULTS BOARD
ANNUAL REPORT 2024/25

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:

- where people live healthier, safe and independent lives. (People)
- that is welcoming with an inclusive and growing economy providing opportunities for all. (Potential)

2. PURPOSE OF REPORT

- 2.1 To present to the Health & Wellbeing Board the Teeswide Safeguarding Adults Board Annual Report 2024/25 and Strategic Plan for 2025-2028.

3. BACKGROUND

- 3.1 The Teeswide Safeguarding Adults Board (TSAB) was established in order to meet the requirements of the Care Act 2014, which created a legal framework for adult safeguarding, requiring all Local Authorities to set up Safeguarding Adults Boards (SABs) for their areas.
- 3.2 The four Tees Local Authorities have worked together for a number of years along with strategic partners to promote cooperation and consistency in relation to safeguarding adults work, and this collaborative working continues, with the statutory responsibility now resting with the TSAB.
- 3.3. As part of the TSAB governance arrangements, the annual report is presented to both the Adult Services and Public Health Committee and the Health & Wellbeing Board.

4. PROPOSALS

- 4.1 It is a requirement of the Care Act 2014 that a SAB publishes an annual report that sets out:
- what it has done during that year to achieve its objective;
 - what it has done during that year to implement its strategy;
 - what each member has done during that year to implement the strategy;
 - the findings of any safeguarding adults reviews which have concluded in that year;
 - any reviews which are ongoing at the end of that year;
 - what it has done during that year to implement findings of reviews; and
 - where it decides during that year not to implement a finding of a review, the reasons for its decision.
- 4.2 The Teeswide Safeguarding Adults Board Annual Report for 2024/25 is attached as **Appendix 1**.
- 4.3 It is also required under the Care Act that a SAB publishes a strategic plan setting out its strategy for achieving its objective and what members will do implement the strategy.
- 4.4 The Teeswide Safeguarding Adults Board Strategic Business Plan for 2025 - 2028 is attached as **Appendix 2**.

5. RISK IMPLICATIONS

- 5.1 There are no risk implications in relation to this report.

6. FINANCIAL CONSIDERATIONS

- 6.1 Statutory partners (Local Authorities, the Integrated Care Board and Cleveland Police) make an annual contribution to the running costs of the TSAB and the associated Business Unit.
- 6.2 There are no financial considerations associated with this report.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations specifically associated with this report.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

- 8.1 There are no equality and diversity implications associated with this report.

9. STAFF CONSIDERATIONS

- 9.1 There are no staffing considerations associated with this report. The Teeswide Safeguarding Adults Board Business Unit staff are employed by Stockton Borough Council on behalf of the strategic partners.

10. ASSET MANAGEMENT CONSIDERATIONS

- 10.1 There are no asset management considerations associated with this report. The TSAB Business Unit staff are hosted by Stockton Borough Council on behalf of the strategic partners.

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 11.1 There are no considerations related to environment, sustainability and climate change.

12. RECOMMENDATIONS

- 12.1 It is recommended that the Health & Wellbeing Board notes and endorses the Teeswide Safeguarding Adults Board Annual Report 2024/25 and Strategic Plan for 2025-2028.

13. REASONS FOR RECOMMENDATIONS

- 13.1 Safeguarding adults is fundamental to the work of the Council and strategic partners. The Teeswide Safeguarding Adults Board Annual Report 2024/25 and Strategic Plan for 2025-2028 provide assurance regarding how statutory requirements are being delivered.

14. CONTACT OFFICER

Jill Harrison
Executive Director of Adult Services and Public Health
Email: jill.harrison@hartlepool.gov.uk

Annual Report

2024-25



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Introduction from Adrian Green, Independent Chair

Welcome to the Teeswide Safeguarding Adults Board's 2024/25 Annual Report. The Care Act 2014 requires all Safeguarding Adults Boards to produce an annual report providing the public with information on the progress made against the Board's priorities, the outcomes of safeguarding adult reviews and their recommendations and what the Board has done to improve practice that keeps adults in our communities safe from abuse and neglect.

Our committed partnership members ensure TSAB continues to be very well supported in the delivery of the Board and its Sub-Group's work.

Whilst it is disappointing that we narrowly missed one of our key performance indicators this year, TSAB will work with our partners to deliver an improvement in who is asked about their safeguarding desired outcomes. The Board strives to ensure that the public understands what abuse and neglect is and how to report it. There has been a 7% increase in concerns raised, and whilst not complacent, we hope that these increases are an outcome of the Board's continued engagement work.

The Board is committed to listening to people involved in or affected by safeguarding and I am proud of the work that has been achieved and the 30% increase in responses to our annual survey. This contributes directly to the activities reported within this report's 'You Said' We did' and our Safeguarding Week section. I also commend the partnership's continuing training offer, which last year supported 7,500 learners, helping to keep safeguarding practice up to date and the public safer.

When incidents of concern do occur, the Board has a duty to identify the learning opportunities to prevent reoccurrence, and this report provides a summary of the Safeguarding Adult Review notifications received and the actions undertaken on those that have been published.

As part of our planning cycle, the Board and its partners reviewed our vision and priorities for the next three years and these are presented for your information and will be reported upon from next year.

As ever, budgets are limited, our elderly population continues to increase in number and cases grow in complexity with increased needs. The NHS is in a period of significant restructure with the abolition of NHS England and significant change within the Integrated Care Board responsible for the commissioning of local health services. The TSAB will continue to work with and support our partners to ensure that we continue to prevent and support those at risk of being subject to abuse and neglect. As Chair, I would like to thank all the partners on the Board for their continued commitment and support, in particular the Business Unit team and the Sub-Group chairs.



Adrian Green.
Teeswide Safeguarding Adults Board Independent Chair.

What does the Board do?

The Teeswide Safeguarding Adults Board (TSAB) is a statutory body responsible for protecting adults' rights to live independent lives, free from abuse and neglect. The Board works collaboratively with partners to set the strategic direction for adult safeguarding in Tees and seeks assurance from partners that they have appropriate and robust safeguarding arrangements in place.

Board Member Organisations

6 Statutory Partners:

- Cleveland Police
- Hartlepool Borough Council
- Middlesbrough Council
- NHS North East and North Cumbria Integrated Care Board
- Redcar & Cleveland Borough Council
- Stockton-on-Tees Borough Council

24 Non-Statutory Partners:

- A Way Out
- Beyond Housing
- Care Quality Commission
- Catalyst Stockton-on-Tees (Voluntary Development Agency)
- Cleveland Fire Brigade
- Department for Work and Pensions
- Hartlepool & Stockton-on-Tees Safeguarding Children Partnership
- Hartlepool Community Trust
- Healthwatch Hartlepool
- Healthwatch South Tees
- Healthwatch Stockton-on-Tees
- HMP Holme House Prison
- Middlesbrough Voluntary Development Agency
- North East Ambulance Service
- North Tees & Hartlepool NHS Foundation Trust
- Office of the Police and Crime Commissioner for Cleveland
- People First
- National Probation Service
- Redcar & Cleveland Voluntary Development Agency
- South Tees Hospitals NHS Foundation Trust
- South Tees Safeguarding Children Partnership
- Tees Esk & Wear Valleys NHS Foundation Trust
- Teesside University
- Thirteen Housing

Board Structure

The Board has continued to engage with key strategic partnerships across Tees including the Local Safeguarding Children Partnerships, Community Safety Partnerships, Tees Harm Outside The Home (HOTH) and the Cleveland Anti-Slavery Network as well as regional and national Safeguarding Adults Networks.

Sub-Groups

The Board has a number of Sub-Groups leading on key pieces of work in order to achieve the aims and objectives set out in the Board's Strategic Business Plan 2024/25. The purpose of the Sub-Groups are summarised below.

Communication & Engagement (CE)

Leads the development, implementation and evaluation of a multi-agency strategy aimed at increasing awareness of safeguarding adults and promoting the involvement of adults at risk, carers and advocates in the Teeswide safeguarding adult's processes.

Learning Training & Development (LTD)

Leads the development, implementation and evaluation of a multi-agency learning, training and development strategy.

Operational Leads (OL)

To provide a forum to enable safeguarding adult's operational leads from TSAB partner agencies to share good practice, problem-solve, access peer support and engage in multi-agency audits. The Sub-Group also provides qualitative data to inform the development of person-centred policies, procedures and strategies.

Performance, Audit & Quality (PAQ)

Leads the development and implementation of a performance framework and provides an audit and quality assurance function on behalf of the TSAB.

Safeguarding Adult Review (SAR)

Leads on the development and implementation of the Teeswide SAR Policy and Procedures to ensure that learning from any reviews undertaken locally and nationally is disseminated appropriately. The Sub-Group also considers notifications for SARs and makes recommendations to the Independent Chair.

Task & Finish Groups

During 2024/25 there were a number of Task & Finish Groups to look at specific work streams:

- Adult Exploitation Strategy
- National Safeguarding Adults Week
- Policy, Procedures and Practice
- Annual Consultation Survey Review
- Collaborative Working and Information Sharing between Professionals to Protect Adults
- High Risk Adults Panel Review

Key achievements 2024-25

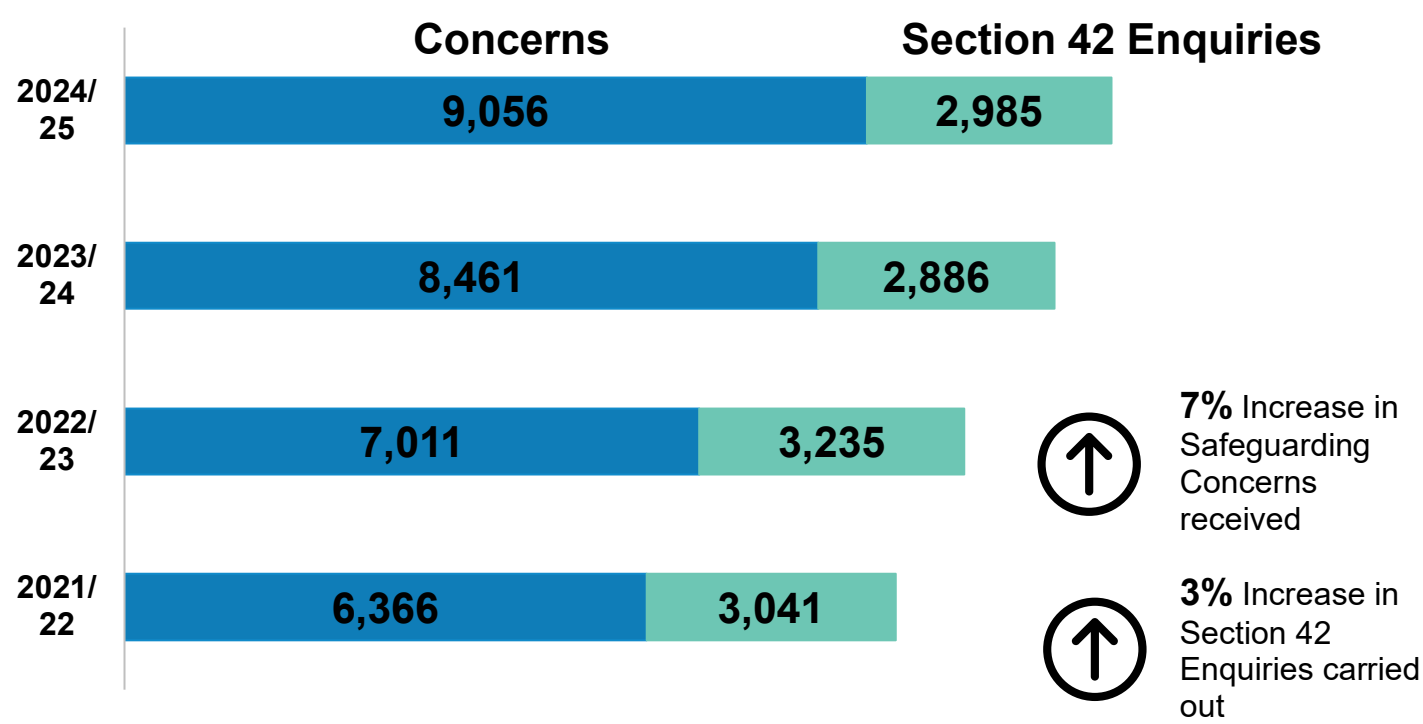


Safeguarding Data 2024-25

Concerns and Section 42 Enquiries¹

Safeguarding Concern - a report made to the lead agency for the safeguarding process to raise concerns of adult abuse/ neglect.

S42 Enquiries - The Care Act 2014 (Section 42) requires that each Local Authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse and/or neglect.



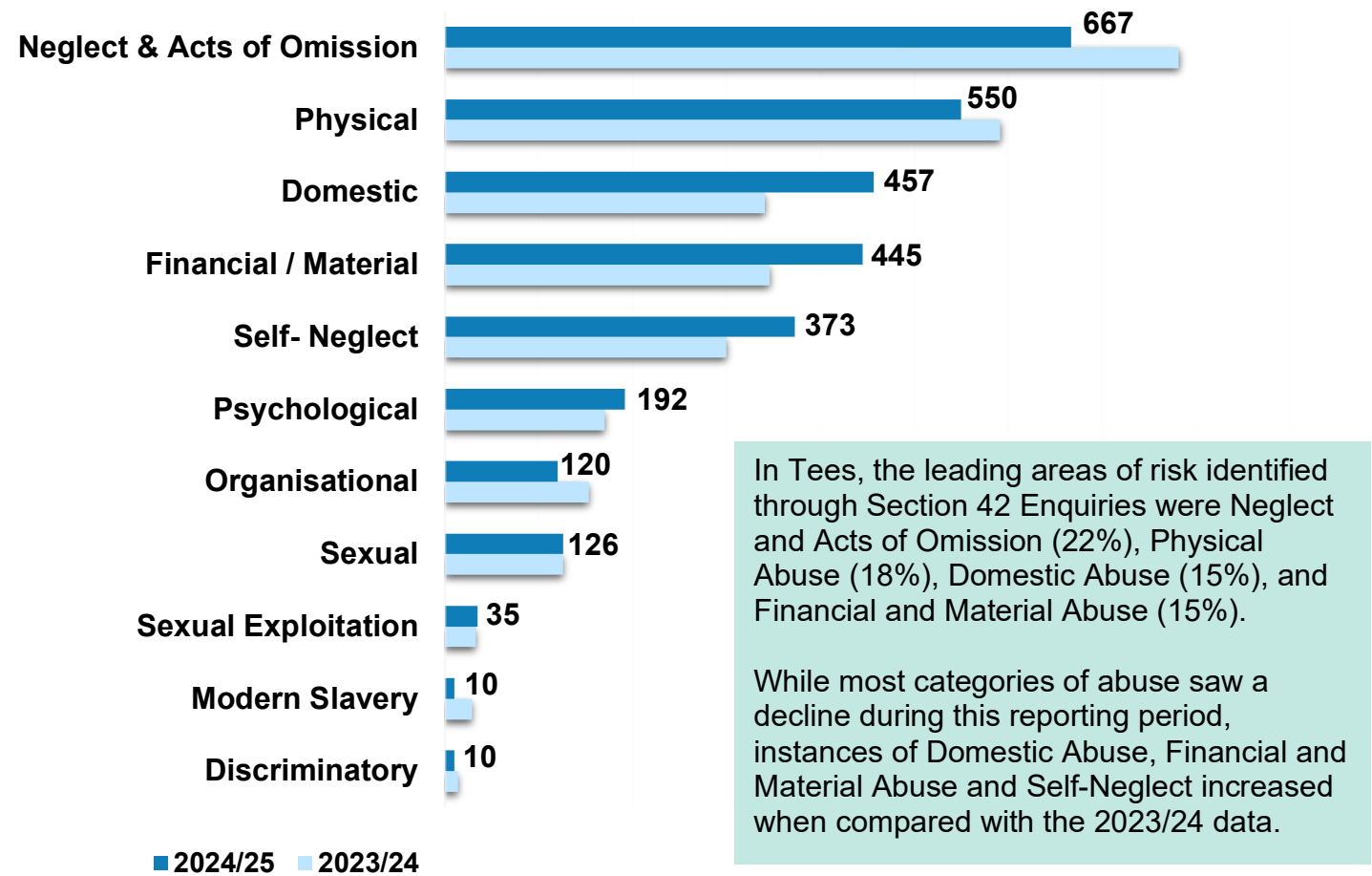
Location of Risk: Section 42 Enquiries



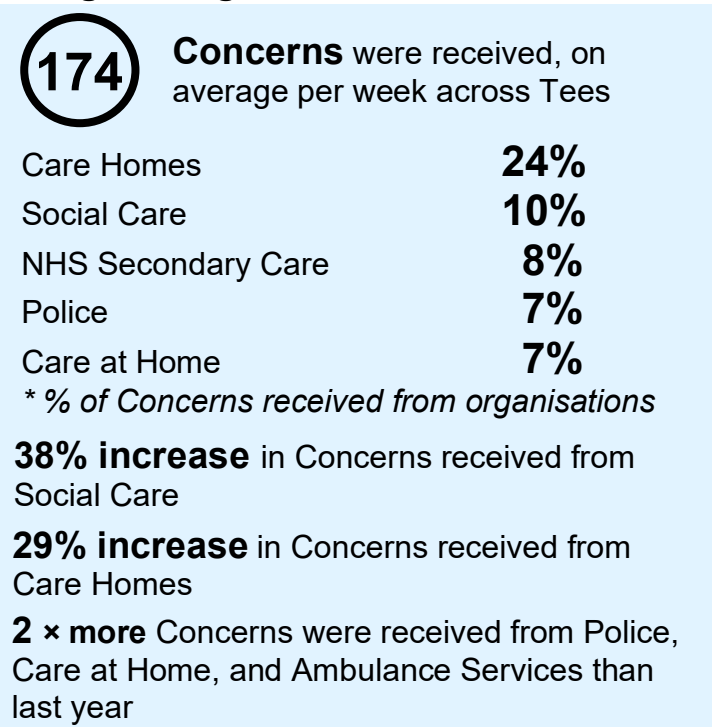
An individual's Own Home remains the most common setting for risk across Tees, reflecting trends observed in previously published national data.

¹ Data on this page relates to Section 42 Enquiries commenced

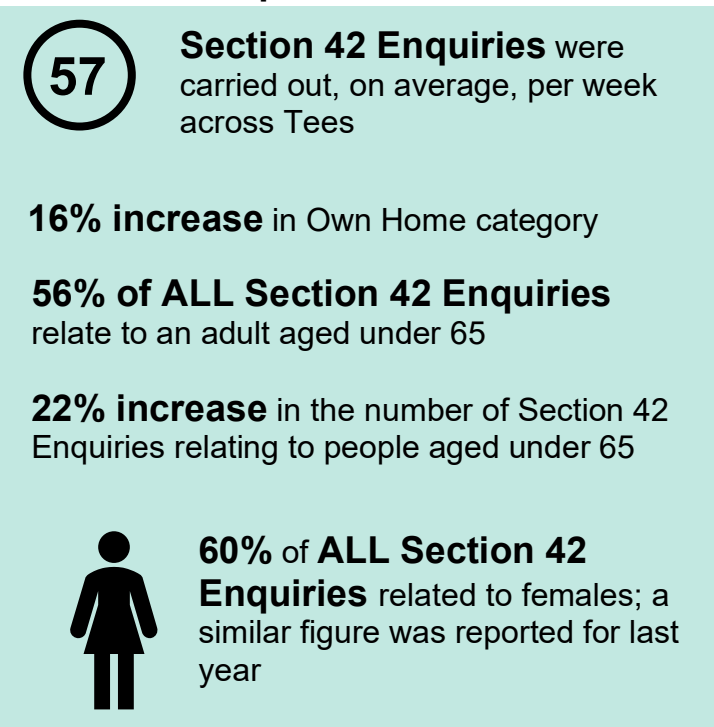
Types of Risk: Section 42 Enquiries

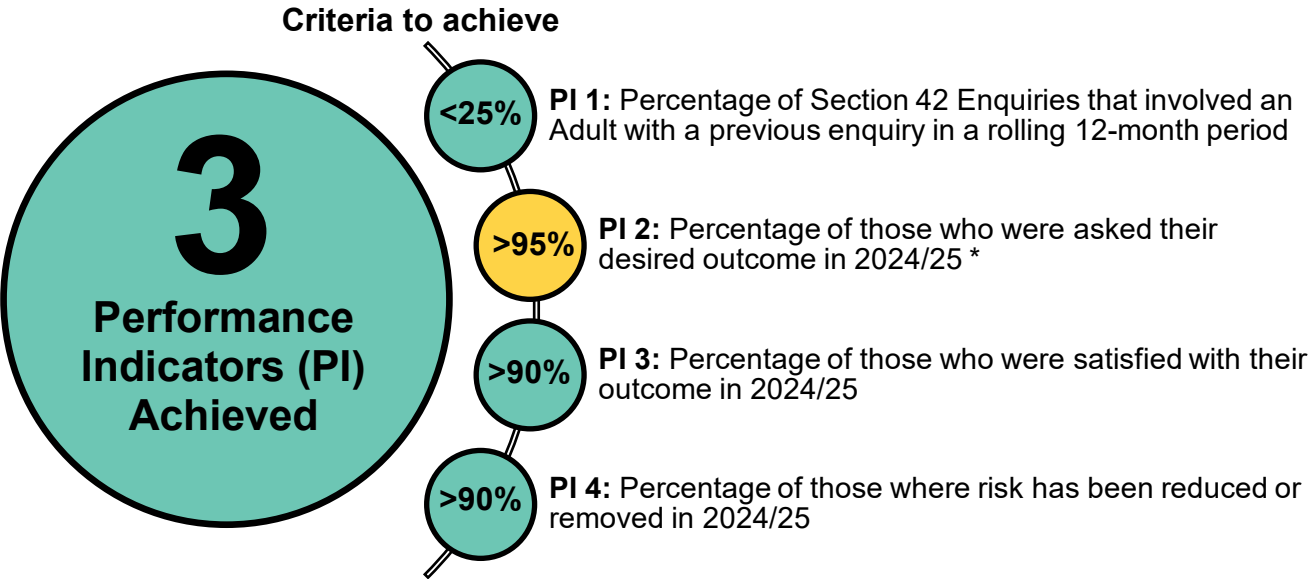


Safeguarding Concerns Received



Section 42 Enquiries Commenced

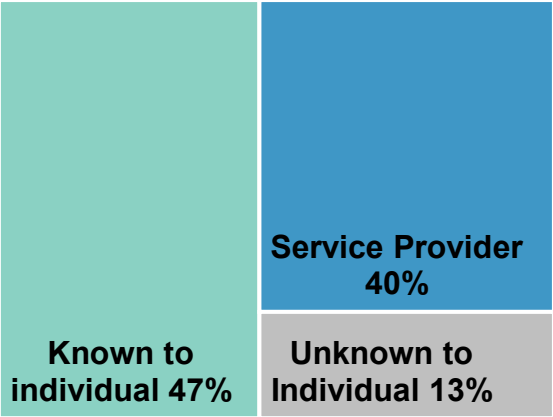




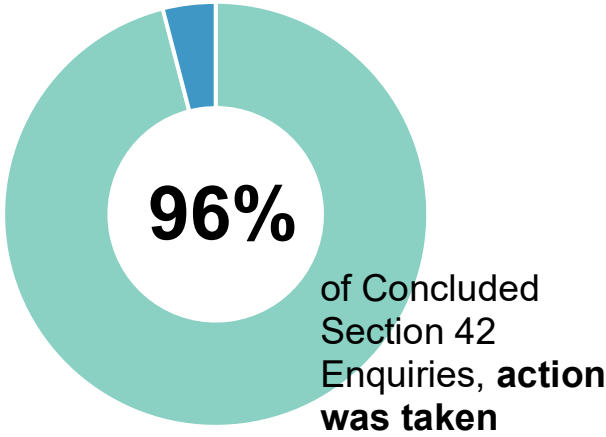
* PI 2 narrowly missed its annual target, with the result falling just short of the expected criteria.

Outcomes of Concluded Sections 42 Enquiries

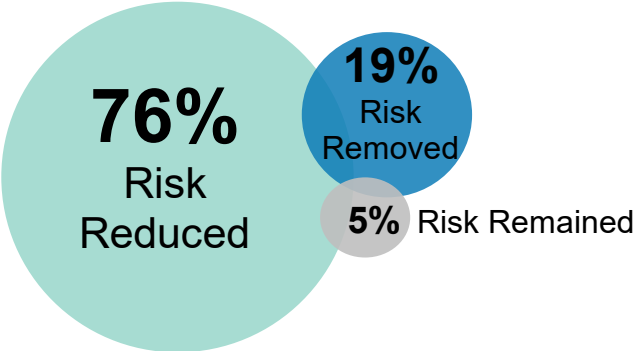
Source of risk to the adult



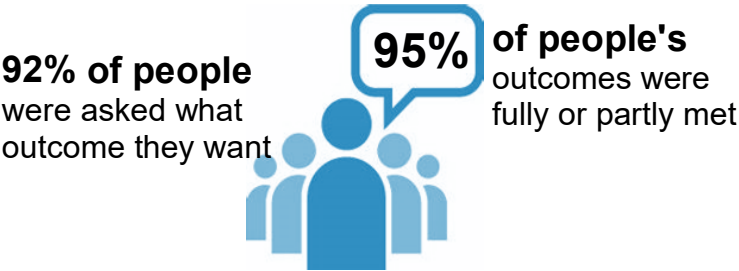
Safeguarding Action



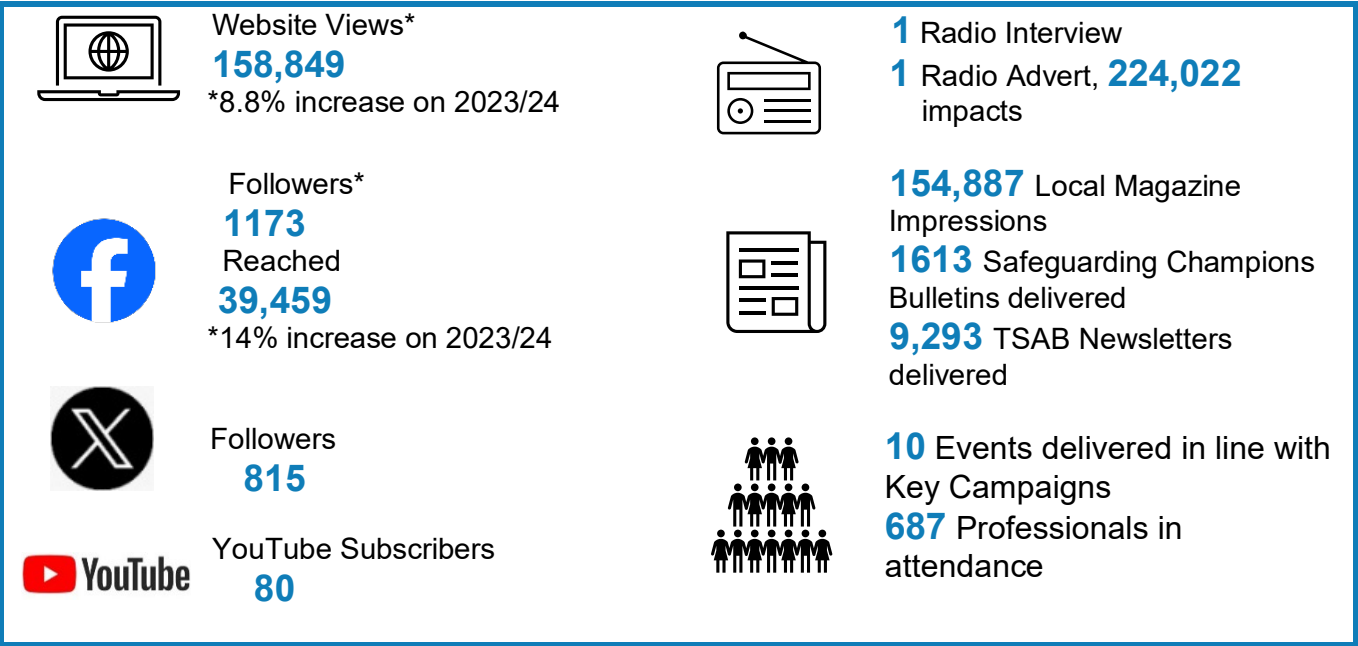
Safeguarding Outcome



Adults Voice



Communication and Engagement



Awareness Raising Campaigns

Throughout the year, the Board engaged collaboratively with partners on a wide range of awareness raising activities, utilising multiple communication and engagement methods with the aim of engaging professionals, members of the general public, harder to reach groups and digitally excluded individuals. The Board participated in a number of national campaigns including National Safeguarding Adults Week, as well as facilitating three local ‘Spotlight On’ Campaigns.

National Safeguarding Adults Week (NSAW) continues to be a key event for the Board, featuring a comprehensive communication and engagement plan of activity. This included a social media campaign, an advert on Hits Radio, and a radio podcast with the Board’s Independent Chair. Adverts featured in the Gazette and Hartlepool Life newspapers. A Safeguarding Poster was displayed by partners on digital screens and printed TSAB Safeguarding Literature was shared by partners, including Safeguarding Bookmarks via home library services in Stockton and Middlesbrough. 5 webinars were held for professionals covering Professional Curiosity, Autism and Suicidality, Financial Abuse and Scams, Exploitation and Cuckooing.

The Board’s ‘Spotlight On’ campaigns included, Carers Week and Elder Abuse Day, Transitional Safeguarding and Discriminatory Abuse.

Safeguarding Champions

The Safeguarding Champions Scheme continues to grow, with **499** professionals from a variety of organisations across Tees currently enrolled (this is a **37.4%** increase when compared to 2023/24). Champions receive a quarterly e-bulletin containing safeguarding information and training and resources to support them to communicate safeguarding messages throughout their networks and communities.

Safe Place Scheme

There are currently **96** [Safe Place](#) locations Teeswide.

The Steering Group, operating under the governance of the Board, continues to oversee the scheme throughout the year. The group monitors the number of venues joining the scheme and discusses additional work led by Safe Place Scheme leads, which further strengthens the scheme within each local authority. During 2024/25 additional work was also carried out to review the information pack for venues and to redevelop the training video for venues.



Involving individuals with lived experience

The Board continues to seek to provide opportunities for members of the general public and those with lived experience to directly influence the work and priorities of the Board. In 2024/25 the Board:

- Co-hosted the “Prioritising Child Sexual Abuse” Roadshow, in conjunction with the Centre of Expertise on child sexual abuse, Hartlepool & Stockton Safeguarding Children Partnership, South Tees Safeguarding Children Partnership and the Office of the Police and Crime Commissioner for Cleveland. The event included a very impactful presentation from an individual with lived experience.
- Facilitated a Safeguarding Workshop with carers at We Care You Care’s workshop. The feedback from carers prompted the development of two new posters, capturing messages from carers and promoting the service offer available across Tees for carers.
- Sought feedback from members of Stockton’s Lived Experience Forum to support with the review of the Annual Consultation Survey.
- Published and promoted the Annual Consultation Survey between October 2024 and January 2025, providing members of the public, individuals with lived experience and carers, the opportunity to influence the future direction of the Board’s priorities.
- Sought feedback from members of Recovery Connections on the “[Making Services Easier to Engage in Guidance](#)”
- Commissioned work with Signapse² to adapt the “What is Safeguarding?” and “What is Modern Slavery?” animations to include a British Sign Language Interpreter. Feedback was received, including from two deaf individuals, which resulted in positive amendments being made to the videos.
- Redeveloped the [Safe Place Scheme Video](#), involving members of Independent Voices and Larchfield Community. Members of Hartlepool Day Centre and Independent Voices were also involved in the auditing of Safe Place Venues and have provided feedback on the existing Safe Place Scheme Service User Leaflet to support its redevelopment.
- Held a weeklong campaign ‘A Spotlight on Transitional Safeguarding’ in conjunction with the Children’s Partnerships. The campaign featured an online event attended by 212 professionals.

The overwhelming majority of respondents noted the power and impact of hearing from a presenter with lived experience of child sexual abuse.

Prioritising child sexual abuse: Teesside Roadshow Evaluation



² A company using AI technology to create automatic sign language translation

You said, we did...

In 2023/24 367 professionals and 163 members of the public completed our annual survey. You can see below some examples of how these responses have helped to inform the work of the Board in 2024/25:

You said...

Professionals and members of the public felt less informed about Discriminatory Abuse.

We did...

In March 2025 the Board facilitated a week-long campaign 'A Spotlight on Discriminatory Abuse', featuring a webinar for professionals and social media campaign.

You said...

Members of the public felt less informed about psychological abuse.

We did...

In June 2024, as part of 'A Spotlight on Carers Week and Elder Abuse Day', the Board launched a new animation 'Hidden Harms' which explores older adults and domestic abuse, including psychological abuse.

You said...

Make sure individual's needs are listened to and information is shared appropriately and in a timely way with the organisations involved in protecting them.

We did...

Re-developed TSAB's annual survey, with the support of Stockton's Lived Experience Forum. The new survey was launched in October 2024.

Launched two BSL videos on Safeguarding and Modern Slavery, including reporting options for those who are deaf, hard of hearing or are speech impaired. Developed new guidance on information sharing between professionals to protect adults.

You said...

Strengthen links with organisations, children's partnerships and community safety partnerships at a strategic and local level to embed a 'think family' approach to safeguarding.

We did...

Co-hosted the Child Sexual Abuse Roadshow and 'A Spotlight on Transitional Safeguarding' Campaign with the Safeguarding Children's Partnerships across Tees.

You said...

Work more closely in engaging with local communities to report abuse and neglect.

We did...

Delivered a number of awareness raising presentations, including Healthwatch Hartlepool, Stockton Wellbeing Champions, Independent Voices' Staying Safe Workshop and the Deaf Empowering Network.

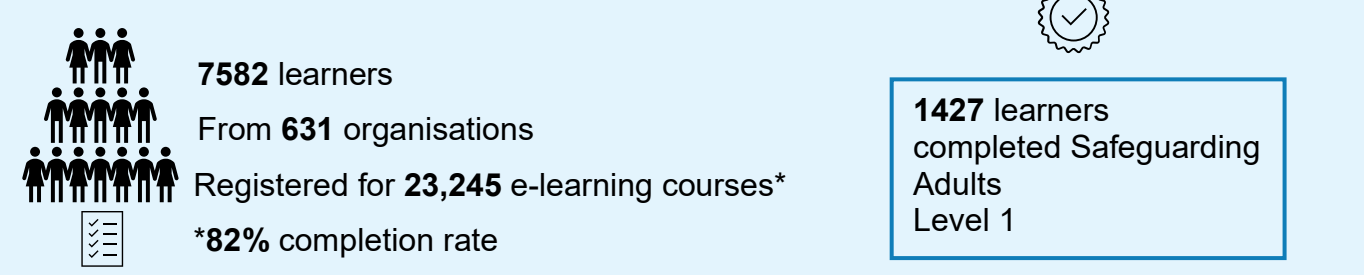
Training

The Board provides free multi-agency training, designed to supplement single agency training provision. The Board continued to deliver its existing training programme as well as commissioning additional courses.

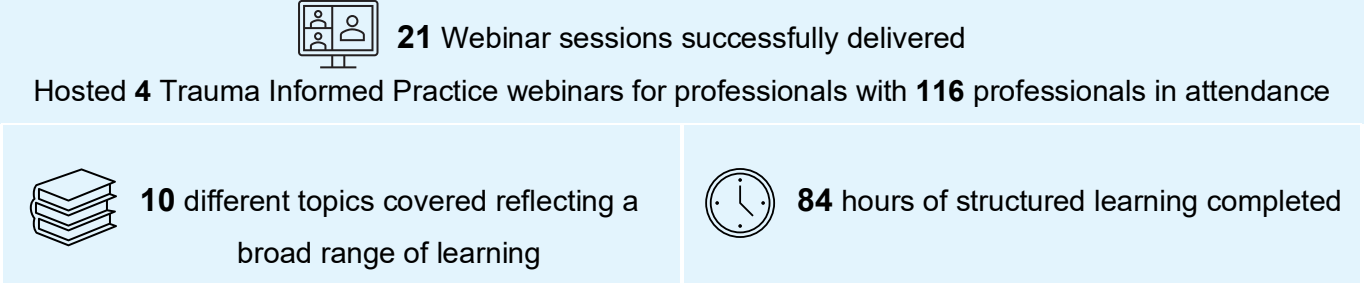
Me-Learning

The Board commissions the e-Learning platform (Me-Learning) in conjunction with the local Safeguarding Children Partnerships. There are often crossovers between children and adult safeguarding work and therefore it is recognised that people who work with children and/or adults greatly benefit from having access to a wide range of safeguarding courses available in one place.

The figures below are based on all learners across children and adults.



Webinars



Webinar Feedback in 2024/25

I have started to think and include clients in the decision when making a safeguarding referral, even more than I used to. I can see that trust between me and the client is being built up, helping the client to be more open and have more courage to ask for help. They are more open to ideas and solutions on how to sort out the problem at hand.

Learner feedback from the Making Safeguarding Personal Webinar

It will impact daily on how we approach, support our clients of domestic abuse and how we work with other professionals in being creative in our professional thinking collectively.

Learner feedback from the Complex Cases Webinar

Priority 1: Joint Working

Aim: We will develop a whole system approach to safeguarding adults which is responsive to individuals' needs, views and wishes.

What we said we would do:

1. Ensure Board partners work together in an effective manner to protect adults from all forms of abuse and neglect.
2. Consider and act upon the impact of new legislation and statutory guidance on safeguarding practice.
3. Engage and Collaborate with the Local Safeguarding Children Partnerships, Community Safety Partnerships, Domestic Abuse Steering Groups, Health and Well-being Boards, Tees Exploitation Group (TEG) and partners to deliver joint priorities and objectives.
4. Engage and collaborate with the multi-partnership and multi-agency development work regarding Missing Adults, Transitions, Contextual Safeguarding and Adult Sexual Exploitation.
5. Further embed trauma informed practice, strengths based and person-centred approaches to all safeguarding adults' work.
6. Explore different safeguarding operating models and joint protocols to enhance partnership working and information sharing.

What we did:

- Delivered a multi-agency audit schedule including Domestic Abuse, Transitions and Sexual Exploitation and The High-Risk Adults Panel (HRAP).
- Reviewed the Teeswide Inter-Agency Safeguarding Adults Procedure.
- Shared a draft version of the "Making Services Easier to Engage in" Guidance with members of Recovery Connections to review and provide feedback on. This resulted in changes to the guidance, including the title.
- The Adult Exploitation Strategy was developed, and an implementation group was convened. Progress on the implementation of the strategy will be reported on in 2025/26.
- Held a multi-agency in-person workshop, in collaboration with the Harm Outside the Home Chair and the Children's Partnerships, to begin the development of a Transitions process for children and young people transitioning to adulthood who are experiencing/ at risk of exploitation. Work in this area remains ongoing and will be reported on in 2025/26.
- A member of the TSAB Business Unit attended Stockton's Domestic Abuse Strategy Planning meeting in June 2024, promoting TSAB learning and resources.
- A Task and Finish Group was established to review the High-Risk Adults Panel arrangements across Tees.
- Developed new guidance on Collaborative Working and Information Sharing between Professionals to Protect Adults.
- In May 2024, a Ministerial Letter was sent to Directors of Housing, Adult Social Services, and SAB Chairs in England with recommendations on supporting individuals who are rough sleeping. TSAB held a meeting with partners and appointed a board member to lead a working group. These recommendations are now part of the TSAB Strategic Plan 2025–2028 and will be further detailed in the 2025–2026 annual report.



Collaborative efforts between Adult Social Care and Children's Services have led to significant developments in the transitions process. This work ensures a smooth and timely transfer of support for young people moving into adulthood who require ongoing assistance.

Stockton-on-Tees Borough Council



Priority 2: People

Aim: We will ensure the workforce is well trained, supported and equipped to safeguard the most vulnerable people within our communities.

What we said we would do:

1. Seek assurance from partners that staff understand the legislative framework and the principles of trauma informed practice to ensure the best outcomes for adults at risk.
2. Seek assurance from partners that staff are provided with single agency Safeguarding Adults training in accordance with the TSAB Training Strategy.
3. Seek assurance from partners that staff are provided with support and training, particularly in relation to the management of high risk/complex cases and with consideration of vicarious trauma.
4. Learn from the findings of local, regional, and national Safeguarding Adult Reviews (SAR), applicable Domestic Abuse Related Death Reviews (DARDR), Safeguarding Children Practice Reviews (SCPR) and any other relevant reviews and implement action plans.
5. Provide opportunities for partners to share learning and best practice in all aspects of safeguarding adults work which will promote staff and public confidence.

What we did:

- Introduced impact assessments for managers, to assess the effectiveness of the TSAB training being delivered.
- Included learning from the Molly and James SAR in the Trauma Informed Practice Training.
- Continued to undertake Quality Assurance Framework (QAF) evaluations with Statutory Partners to seek assurance on the training and support provided to staff.
- Following learning identified in the James SAR and [The Domestic Homicide Oversight](#)

Mechanism: Homicide Abuse Learning Together (HALT) Study Briefings, the Board hosted a weeklong campaign 'A Spotlight on Carers Week and Elder Abuse Day'. This included two workshops for professionals 'Identifying and Supporting Carers' and 'Spotting and Stopping Abuse of Older Adults' and the launch of a new animation '[Hidden Harms](#)'.

- In collaboration with the Children's Partnerships, delivered a presentation at 2 GP engagement sessions on the learning from SARs and SCPR's. A total of 101 GP's attended.
- Held a week-long campaign with the Children's Partnerships - "A Spotlight on Transitional Safeguarding", following learning identified in the Jack SAR. The campaign featured an online event, including a presentation on the Jack SAR and Diabetes and Transition.
- Good news stories were shared in the TSAB Newsletter including a significant increase in the number of professionals from the Voluntary, Community and Social Enterprise sector registered to access Me-Learning and Independent Voices winning 'Innovation Champion' at the National SAB Excellence Awards.



The ICB ensures that learning from statutory reviews is disseminated across health commissioned services where agencies are not directly represented, for example primary care. The learning is shared via quarterly engagement sessions with GP safeguarding leads and via the safeguarding professional forum whose members include safeguarding leads from across the private and charity sector.

NENC Integrated Care Board



Priority 3: Communication

Aim: We will provide accessible and clear information, advice and support that helps people to understand what abuse is, how to prevent abuse from happening, how to seek help and how to engage with the work of the Board.

What we said we would do:

1. Ensure mechanisms are in place that enable adults, their families, and their carers to better inform the future direction and priorities of Adult Safeguarding across Tees.
2. Ensure that all public-facing materials are accessible and understandable.
3. Ensure adults and/ or their representatives or advocates who use safeguarding services are asked what they want as outcomes from the safeguarding process and that their views actively inform what happens.
4. Provide tools and resources to facilitate engagement with adults in need of safeguarding support.
5. Ensure the Safeguarding Champions initiative continues to improve engagement with local communities, harder to reach groups, the seldom heard and creates stronger links with the Voluntary, Community and Social Enterprise sector.
6. Ensure robust information sharing across and between agencies and partnerships to ensure the best outcomes for adults using safeguarding services.

What we did:

- A Task and Finish Group was established to review the Annual Consultation Survey and feedback was sought from the Lived Experience Forum. Inclusion North was commissioned to produce an Easy Read version of the new survey. A total of 697 survey responses were received (579 professionals and 118 members of the public) to inform the future direction and priorities of the Board. The total number of surveys completed increased by 31.5% when compared to 2023/24.
- Inclusion North was commissioned to create an updated Easy Read version of the [Protecting Adults from Abuse and Neglect leaflet](#).
- The TSAB website provider was commissioned to support with the work required to ensure the website is accessible to all. Work in this area remains ongoing.
- The Board successfully delivered three Spotlight on Campaigns (Carers Week and Elder Abuse Day, Transitional Safeguarding and Discriminatory Abuse) and National Safeguarding Adults Week to raise the profile of adult safeguarding amongst professionals and the public.
- A gap analysis of Safeguarding Champions was undertaken to support targeted recruitment. Engagement opportunities with professionals via events continue to be utilised to increase the Safeguarding Champion cohort, including the GP engagement sessions which resulted in 26 GP's joining the scheme.
- A Safeguarding Presentation was delivered at Independent Voice's "Staying Safe" Workshop for adults with Learning Disabilities.
- To ensure the Board continues to be inclusive, diverse communication methods have continued to be utilised in 2024-2025 including radio interviews and adverts, resident newsletters, newspapers, leaflets and posters.



We actively promoted Safeguarding Adults Week, sharing key messages and raising awareness. The Council has also championed the recruitment of Safeguarding Champions internally and with partners.

Redcar & Cleveland Borough Council



Priority 4: Services

Aim: Services are commissioned and provided by our partners to meet the individual needs of adults who are most at risk of abuse or neglect

What we said we would do:

1. Ensure that adults at risk of neglect and/or abuse can access support services and schemes such as the Safe Place Scheme and Ask ANI.
2. Seek regular assurance from our partners on the safe commissioning and delivery of services.
3. Implement our new performance monitoring processes and systems to obtain accurate, current, and validated information.
4. Provide opportunities to share information about innovative services and solutions for working with people with complex needs.
5. Work with the Voluntary, Community and Social Enterprise sector to understand and share the range of services and support available to meet the needs of adults most at risk of abuse and neglect.

What we did:

- The Safe Place Scheme training video was redeveloped with support from adults with learning disabilities from Independent Voices and Larchfield Community. Further work to re-develop the service user leaflet with support from Independent Voices and Hartlepool Day Centre is ongoing and will be reported on in 2025/26.
- The “Find Support in your Area” webpage continued to be reviewed, updated and promoted during campaigns. Findings from the Bernadette SAR Practitioner Survey resulted in new services being added to the page including homelessness teams, drug and alcohol services and neighbourhood safety teams.
- The QAF self-audit tool was strengthened to include safe commissioning of out-of-area care and to support service contract arrangements.
- Work remains ongoing to continue developing the TSAB Data Dashboard in PowerBi to incorporate data from other partner agencies.
- Awareness presentations were delivered to number of organisations to raise awareness of adult safeguarding and the work of TSAB, including Stockton Wellbeing Champions, Deaf Empowering Network, Hartlepool Healthwatch and a Provider Forum. An information stall, including TSAB leaflets in different languages was included at the Healthwatch Health and Care Ambassador Event for asylum seekers.
- Members continued to monitor the TSAB performance indicators each quarter via the TSAB Data Dashboard.



Our Access Safeguarding Lead has led on a review of our Safe Places Scheme. This looked at how we support adults to feel safe in our town. Key to this was feedback from residents of Larchfield who provided an insight into how they would like to be supported. They also took part in the TSAB promotional video.

Middlesbrough Council



This year, we strengthened our safeguarding culture by delivering targeted training to new managers and care providers, sharing key learning from Safeguarding Adult Reviews (SARs), and promoting refreshed self-neglect guidance. Staff and partners were kept informed through forums, newsletters, bite-sized training, and accessible public information, ensuring safeguarding remains at the heart of our community.

Hartlepool Borough Council



Safeguarding Adult Reviews (SAR)

A SAR is undertaken when agencies who worked with an adult who has been subject to abuse or neglect, come together to find out if they could have done things differently and prevented serious harm or death from happening. A SAR does not blame an individual or organisation for their actions, its purpose is to learn from what happened and identify changes that could help prevent similar harm to others in the future.

Under the Care Act 2014, Safeguarding Adult Boards (SAB) are required to commission a Safeguarding Adult Review (SAR) when an adult dies or is seriously harmed as a result of suspected or known abuse or neglect and there is reasonable cause for concern about how, or if partners worked together to safeguard the adult.

In 2024/25 a total of 3 [SARs](#) were published: JJ, Jack and Susan

SAR Sub-Group Activity

The role of the Sub-Group is to consider new SAR notifications, to oversee any ongoing SARs or other reviews, ensure any learning from reviews (locally, regionally or nationally) is considered by TSAB partners and taken forward in their own organisations, and to oversee the implementation of action plans arising from review activity across Tees. Membership of the Sub-Group comprises of senior managers from our key partner organisations. The SAR Sub-Group met on a bi-monthly basis, with bi-monthly notification meetings in between to ensure we meet the timescale for the consideration of a new SAR Notification could be met.

SAR Data 2024/25

8 SAR Notifications Considered	2 progressed to a Mandatory SAR	2 progressed to a Discretionary SAR
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4 were No Further Action under Section 44 of the Care Act 2014, however 3 of those cases progressed as a single agency review and learning will be presented to the SAR Sub-Group in 2025/26.

SAR Sub-Group Achievements

- Monitored 14 open cases (as of 31st March 2025)
- No action plans were signed off as complete during 2024/25
- Considered the learning from 5 reports on Regional and National SARs
- 15 learning reports regarding Care Providers who have been subject to the [Responding to and Addressing Serious Concerns \(RASC\)](#) Protocol were considered

North East SAR Champions Network

- A Task & Finish Group was set up in February 2024 to develop Cross Boundary SAR Guidance for Business Units, an update will be reported on in 2025-26.
- Effectiveness of the SAR Escalation Protocol raised nationally.
- National Survey to Business Managers regarding key questions around SARs, such as how timescales are captured.
- Discussed National SAR Analysis, Interface between SARs/Coronial Process and Ministerial Letter re Rough Sleeping.
- Regional offer to practitioners for a number of webinars during National Safeguarding Adults Week 2024.
- Speakers invited from RISE (Safeguarding in Sport) and North East Procurement Framework for Independent Reviewers.

Published Safeguarding Adult Reviews 2024-25 (full reports are available [online](#))

• JJ SAR

JJ was a 23-year-old, White British transgender male. JJ was diagnosed with Childhood Autism, Complex Post Traumatic Stress Disorders and Emotionally Unstable Personality Disorder. JJ had a number of physical health conditions. JJ was known to use illicit substances and was at risk of death due to misadventure as a result of self-harm. Key findings from JJ's case related to multi-agency working, engagement, legal literacy, risk assessments, safety planning and escalation, protected characteristics, professional challenge, trauma informed care and vicarious trauma.

What we've done to implement recommendations:

- Learning from Regional and National SARs Report involving Discriminatory Abuse
- [Mental Capacity Act Resources Webpage](#) developed and published
- [Professional Challenge Procedure](#) and [Professional Challenge Briefing](#) reviewed
- [Professional Curiosity Briefing](#) reviewed
- Trauma Informed Practice training sessions continued during 2024/25
- Spotlight on Discriminatory Abuse Campaign
- Spotlight on Services article featured in TSAB Newsletter focusing on Hart Gables who support the LGBTQ+ community
- [Trauma Informed Practice Toolkit](#) developed
- Multidisciplinary Guidance Team (MDT) guidance reviewed and strengthened
- Sought assurance from partner agencies on how the learning from this case has been considered, implemented and embedded into practice, via Single Agency Analysis Reports

• Jack SAR

Jack was 20 when he died alone in a hotel room due to diabetic ketoacidosis (DKA). He had been placed in the hotel under the severe weather protocol having been no fixed abode. He was known to both Stockton and Middlesbrough Council's Safeguarding Teams. There were concerns regarding self-neglect due to mismanagement of his diabetes, substance use disorders and homelessness. Key findings from Jack's case related to self-neglect due to mismanagement of diabetes, substance misuse, homelessness/housing, transitional safeguarding, cross boundary working, engagement and mental capacity.

What we've done to implement recommendations:

- [Making Services Easier to Engage in Guidance](#) developed and published
- Learning from Regional and National SARs Report involving Transition
- Rough Sleeping Workshop convened
- Learning from Regional and National SARs Report involving Diabetes
- Multi-Agency Audit focusing on Transition
- Themed discussion on Transition at Operational Leads Sub-Group
- Spotlight on Transitional Safeguarding Campaign
- Transitional Safeguarding Webinar (included an overview of Jack's SAR and a speaker who talked about the risks associated with diabetes)
- Spotlight on Services article featured in TSAB Newsletter focusing on Matrix Neurological who support people with brain injuries
- Sought assurance from partner agencies on how the learning from this case has been considered, implemented and embedded into practice, via Single Agency Analysis Reports

• Susan SAR

Susan had a stroke when she was 37 leaving her with physical disabilities and communication difficulties. Susan was supported by her mother and other family members including her son. Susan's son had a diagnosed psychotic illness that was well managed when he took his medication. Susan's mother was also a huge support to Susan's son, ensuring that he took his medication and attended his appointments. Susan's son became mentally unwell following the death of his grandmother when he stopped taking his medication. Susan's son assaulted Susan. She died 18 days later at the age of 58 from unrelated physical health causes. Key findings from Susan's SAR were related to effective good practice, professional curiosity, triaging of assessments, flagging of previous Safeguarding Concerns.

What we've done to implement recommendations:

- [Professional Curiosity Briefing](#) reviewed
- [Professional Curiosity Webinars](#) held during Safeguarding Adults Week delivered by the Susan author
- Good practice discussion held on enabling a professionally curious workplace at the Operation Lead Sub-Group
- Learning from the SAR incorporated into the Complex Cases and Safeguarding Training for managers courses
- Sought assurance from partner agencies on how the learning from this case has been considered, implemented and embedded into practice, via Single Agency Analysis Reports

SAR Findings Not Implemented

Molly Recommendation: *The local Crown Prosecution Service should identify how the current national review (Operation Soteria) will be implemented locally and provide updates to TSAB.*

Attempts were made to raise the criminal justice issues in Molly's case, together with Newcastle SAB and their findings from Operation Sanctuary and Thematic Analysis of SARs involving ASE via the National SAR Escalation Protocol. Local discussions were paused until the national picture was known. No formal response was received in relation to the criminal justice issues raised. TSAB tried to pursue this locally by writing to local CPS contacts. No response was received, and the action was marked as 'incomplete' in September 2024.

Partner Activity

Hartlepool Borough Council (HBC) continues to support the work of the Teeswide Safeguarding Adults Board (TSAB), with representatives chairing both the Communication & Engagement and Safeguarding Adult Review Sub-Groups. These Sub-Groups promote multi-agency engagement, sharing best practice, embedding learning from reviews, and the development of local policy. We regularly promote the Board's work through articles in our adult staff newsletter and resident magazine Hartbeat and actively support Spotlight On campaigns and National Safeguarding Adults Week. The Council also engages with local safeguarding champions and providers to share learning from Safeguarding Adult Reviews (SARs). Our commitment to adult safeguarding was recognised with a 'Green' rating in the Quality Assurance Framework (QAF), which highlighted our work with elected members as good practice. This was reflected in a Care Quality Commission (CQC) rating, which identified strengths including a strong multi-agency safeguarding partnership and effective systems, processes and practices to safeguard people from abuse and neglect. In 2024/25, we invested in approaches that support Trauma-Informed Practice and Making Safeguarding Personal. The CQC recognised this, noting that safeguarding enquiries were carried out with the person's wishes and best interests at the centre, that the local authority was very person-focused and responsive to safeguarding concerns, and that people were supported to participate in the safeguarding process as much as they wanted and helped to understand safeguarding.



Middlesbrough Council (MBC) have championed and supported the development of the Adult Exploitation Strategy and look forward to progressing its vision through the Adult Exploitation Working Group. During National Safeguarding Adults Week in November 2024, we hosted events to raise staff awareness, including a presentation from Social Work England on fitness to practice and a session focused on understanding exploitation. Practitioners heard from guest speakers from Cleveland Police and took part in group activities covering Safe Places, the Modern Slavery, Human Trafficking and Exploitation Pathway, identification of Adult Exploitation, and use of the TSAB Exploitation Tool. The session concluded with a presentation from CC Inform highlighting learning resources for staff. To increase public awareness in Middlesbrough, we created simple posters and social media messages encouraging recognition of abuse and how to report or access support. In 2024, Middlesbrough developed a provider engagement event for Safeguarding Adults Week: Let's Start Talking – Taking the Lead on Safeguarding in Your Organisation. In November 2024, we held our second Professional and Organisational Learning Day, supporting agencies and commissioned providers to learn from partners including My Sisters Place, A Way Out, Halo, Arch, and DePaul, and to share work around Prevent, fraud awareness, and safeguarding outreach. During Social Work Week in March 2025, we shared learning from Domestic Homicide Reviews (DHRs) and Safeguarding Adults Reviews (SARs), highlighting the challenges faced by informal carers. Presentations were delivered alongside colleagues from the Dementia Hub, We Care You Care, and Teesside Hospice, and the event was opened to TSAB Sub-Group members



Redcar and Cleveland Borough Council (RCBC) has made a strong and proactive contribution to the Teeswide Safeguarding Adults Board (TSAB) Strategic Business Plan for 2024–2025. We have continued to support the Board in achieving the aims and objectives of the Strategic Plan, including chairing the Learning, Training & Development Sub-Group, the Adult Exploitation Strategy Working Group, and actively contributing to other TSAB Sub-Groups. The Council has strengthened its Making Safeguarding Personal processes to ensure the voice of the adult informs learning after safeguarding procedures conclude. Learning from Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs) has been widely shared and embedded within the service. A robust process has been developed to ensure safe admissions for individuals placed in bed-based provision outside the borough. Work continues with the intelligence team to improve data quality, and staff have actively engaged in TSAB training opportunities. We also completed the Quality Assurance Framework (QAF), achieving an overall Green rating. Our Care Home Out of Authority Provider Assurance Form was identified as an area of best practice and shared with members of the Operational Leads Sub-Group.



Stockton-on-Tees Borough Council (SBC) actively supported the Teeswide Safeguarding Adults Board's (TSAB) strategic priorities throughout 2024/25. Our initiatives and campaigns were guided by the message that safeguarding is everyone's business and the six key safeguarding principles, which are central to protecting our communities. We maintained a strong collaborative approach, working with partners including the Police, NHS, Probation, Housing, and the Voluntary Sector. This multi-agency work ensured the needs and voices of those requiring support were met and heard. A key initiative was the implementation of the Right Care, Right Person approach within Adult Social Care (ASC), with training provided to partners. SBC contributed to the development of the Teeswide Adult Exploitation Strategy 2024–2027, informed by learning from Molly's Safeguarding Adult Review (SAR). To continuously improve our practice, staff members across Adult Social Care (ASC) received regular updates on local, regional, and national SARs and Domestic Abuse Related Death Reviews (DARDRs). The Adult Safeguarding Team supported the development of Trauma-Informed Practice Guidance to embed this approach in frontline work which is essential when working with vulnerable adults. We actively engaged in and promoted access to the High Risk Adults Panel (HRAP), Peer Advocacy and a new idea has been developed jointly with our colleagues from SBC Housing of the Repeat Homeless and Rough Sleeper Team project as part of the Council's wide Powering Our Future initiative. We proudly supported National Safeguarding Adults Week (Nov 18–22, 2024), themed Working in Partnership, through events that engaged staff, partners, and the public in raising awareness of abuse, prevention, and reporting. The Make it Real Board continued to be recognised for its contributions, with experts by experience central to service delivery and co-production, especially in assessments and risk management. To assure TSAB of service quality, we completed several audits, including the Quality Assurance Framework (QAF), achieving a 'Green' rating across all domains demonstrating our commitment to providing safe and responsive services.



Cleveland Police have actively supported TSAB priorities through daily collaboration and subject matter expertise in review work. The force is a committed member of the SAR Governance arrangements, contributing to all SAR reviews and learning activities. An enhanced SAR tracker has been developed to monitor progress and ensure accountability in implementing recommendations. Cleveland Police completed its bi-annual TSAB self-audit, fully contributing to the Adult Safeguarding QAF assessment demonstrating operational alignment with TSAB standards achieving a Green Rating. This rating confirms consistent excellence in adult safeguarding practices, supported by evidence of good practice. The force continues to support and promote TSAB awareness campaigns, annual surveys, and newsletters via social media. Cleveland Police maintains strategic leadership in MARAC through the Detective Superintendent Adult Safeguarding Lead. Ongoing efforts are in place to strengthen and improve operational MARAC arrangements. Additionally, Cleveland is a pilot force for the Domestic Abuse Protection Order, reflecting innovation and leadership in safeguarding and its commitment to tackling violence against woman and girls and Domestic Abuse. Working with partners from within the local strategic sex work forum, Cleveland Police has devised guidance for all officers when dealing with sex workers, particularly within the engagement role. Sex Work Liaison officers have been trained on all districts within the force area, whose role now includes building relationships and engagement with sex workers. The aim of this is to increase confidence in Cleveland Police and encourage reporting. Work is ongoing with regards to our attendance at adult strategy meetings, to ensure attendance where required, and that the record keeping is consistent. This will ensure better outcomes for vulnerable adults. Cleveland Police continues to demonstrate strategic alignment, operational focus, and proactive engagement with TSAB priorities. The force's contributions reflect a strong commitment to safeguarding adults across Tees wide.



North-Tees, Hartlepool (NTHFT) & South Tees (STHFT) Hospitals NHS Foundation Trust continue to contribute to high-risk panels, audits, and multi-agency task groups on policy, procedures, and pathways, alongside this we revised and developed internal guidance to support staff in safeguarding adults at risk. This includes policies on patients with known mental illness absconding from ED, missing in-patients, rapid tranquillisation, and non-attendance of appointments. Weekly vulnerable adults' meetings continued to bring together specialist staff to address concerns requiring further intervention. While North Tees supports this work, some policies differ slightly however, alignment is underway. Weekly safety panels are in place across both Trusts to ensure timely responses. Training compliance improved, with strengthened links between adult and children's services, highlights include an April Transitions conference, protected supervision time for operational leads and the young people's diabetes team, and continued placements for student nurses and medical students. Learning from reviews was shared via training, communications, and governance structures. The Mental Health Steering Group oversees training gaps and strengths, with trauma-informed care remaining a priority. We supported national and Board campaigns including Mental Health Awareness Week, World Suicide Prevention Day, VAWG 16 Days of Action, Discriminatory Abuse, and National Safeguarding Adults Week. Safeguarding Champions received enhanced communication to promote resources and learning within clinical teams. A multi-agency approach to Right Care Right Person (RCRP) was undertaken, with communications to ED and Urgent Treatment teams clarifying responsibilities where police are not the appropriate first response. Progress continues toward electronic patient records and process alignment across sites. South Tees

completed the QAF, which was well received and highlighted good practice in transitional work and supervision with the young people's diabetes team. Both sites have completed their QAF action plans. As part of the Mental Health Strategy, a central staff site continues to offer up-to-date guidance and signposting for mental health support offering up-to-date information, guidance, and signposting to national, local and internal sources of mental health support for patients, relatives and colleagues.



North East & North Cumbria (NENC) Integrated Care Board (ICB) maintains a strong commitment to prevention and early intervention, recognising their importance in safeguarding children, families, and adults. The ICB continues to implement national guidance, lead in its convening role, and drive engagement and collaboration across multi-agency partnerships. It remains committed to learning from safeguarding reviews and incidents to improve outcomes, keeping the voice of the population central to its work. Designated leads attend NHS provider safeguarding committees to monitor performance, ensure compliance with safeguarding standards and contractual obligations, and assess the safety and effectiveness of safeguarding arrangements. As a statutory partner, the ICB contributes to each safeguarding partnership/board's annual report, outlining key achievements and priorities. Safeguarding and quality governance is maintained through local delivery teams and wider ICB structures, ensuring continued oversight and contribution to partnership work. The ICB supports Safeguarding Adult Reviews through Governance Group membership and by engaging primary care services where relevant. It actively participates in Sub-Groups, chairs the Performance, Audit and Quality (PAQ) Sub-Group, and contributes to focused priority work. In 2024, the ICB engaged in the Quality Assurance Framework (QAF), providing assurance of effective safeguarding processes. It also supported other partners in the QAF process, offering guidance on health-related aspects. The ICB promotes the TSAB training offer and shares new or updated guidance across primary care networks.



Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) successfully completed its Quality Assurance Framework submission, receiving positive feedback and an overall 'Green' rating. The Trust has strengthened safeguarding training by re-establishing its internal domestic abuse training package and developing a new MAPPA (Multi-Agency Public Protection Arrangements) training package. Topical safeguarding sessions were delivered to safeguarding link professionals, and National Safeguarding Week was actively promoted across hospital sites. In 2024/25, TEWV launched its Co-creation Framework, co-developed over several months to define core values and typologies of co-creation for use internally and with external partners. A co-produced video was also created to support the implementation of a Think Family approach, promoting holistic and inclusive care. The Organisational Learning Group continued to evolve, enhancing how safeguarding learning is shared across the Trust. Safeguarding learning is regularly disseminated, and new communication methods are being explored to improve access to learning resources. NICHE undertook a Phase 2 Assurance Review of Practice and Governance in 2024/25, focusing on patient safety incidents, complaints, and safeguarding events. The final report, published in December 2024, provided good assurance that governance of quality concerns and overall quality governance meet expected standards. The Trust reviewed its safeguarding supervision arrangements and developed a plan to extend all-age safeguarding supervision to a wider range of services in 2025/26, further strengthening support and oversight.



Healthwatch Stockton continues to actively support the Teeswide Safeguarding Adults Board (TSAB) through a range of communication and engagement activities. Between April 2024 and March 2025. We have promoted TSAB campaigns, surveys, newsletters, and training opportunities across our social media channels, with 18 dedicated posts on Facebook/X and 3 on LinkedIn, reaching hundreds of local residents. We have also featured TSAB content in our quarterly newsletters, including the Summer 2024 edition sent to over 440 subscribers and published multiple TSAB articles on our website, including updates on safeguarding initiatives, newsletters, and the annual survey. In addition to this, Healthwatch Stockton is exploring opportunities to further support safeguarding priorities through our Enter & View programme. This statutory function enables us to gather anonymous feedback from service users, families, and staff, helping to identify concerns and promote safer outcomes. As new models of care are rolled out across the region, we are also working to ensure that referral pathways are inclusive and responsive to the needs of diverse communities. We remain committed to amplifying public voice and supporting system-wide safeguarding efforts, and we look forward to continuing our partnership with TSAB.



Healthwatch Hartlepool over the past year, has continued to support and promote the strategic priorities of the Teeswide Safeguarding Adults Board (TSAB). We regularly share links to the TSAB newsletter and other safeguarding information across our social media platforms to help raise public awareness of adult safeguarding issues and processes. Staff and volunteers have accessed a range of safeguarding training modules via the TSAB website. Safeguarding training is a mandatory component of both our Volunteer Induction and Enter and View training programme, ensuring all team members are equipped to recognise and respond to safeguarding concerns.



Hartlepower Community Trust continues to support the work of the Teeswide Safeguarding Adults Board (TSAB), primarily through attendance at TSAB meetings and contributing to discussions from a voluntary sector perspective. We actively promote TSAB's work by sharing the TSAB newsletter with approximately 430 subscribers to our own newsletter. Through our support for both aspiring and established voluntary organisations, we champion TSAB values and priorities, emphasising the importance of adult safeguarding and how to apply sound safeguarding practice



Thirteen Group continues to support the Board in promoting awareness campaigns, the annual survey and the TSAB Newsletter on social media. Thirteen also promote TSAB material, including courses, surveys and campaigns in their own Newsletter which is uploaded to our intranet for our 1600 colleagues to read and be informed. Colleagues utilise the training opportunities available through TSAB to continue to develop their knowledge and skills around adult safeguarding. Thirteen is also a member of various groups that feed into the board i.e. Operational Safeguarding Leads and Multi Agency Audit groups. As part of our prevention work, we have delivered several Dementia Friends sessions, these have been in partnership with Dementia Action Teesside and to date we have over 450 Dementia Friends here at Thirteen.



The National Probation Service in Stockton, Hartlepool, Middlesbrough, and Redcar, have worked throughout the year to improve our response to Safeguarding Adults, guided by the most recent Self-Assessment (QAF) Audit supported by TSAB. We now have named Safeguarding Adults Champions and are enhancing our response to Domestic Abuse through joint work with the police. We are also focused on embedding trauma-informed practice across our services. Our aim is to improve engagement, identify when safeguarding is required, enable signposting to specialist agencies, and gain a deeper understanding of the reasons behind individuals' behaviors. To support this, every Probation Practitioner is completing learning on Trauma-Informed Practice, which includes lived experience presentations and specialist training for designated practitioners within the PDUs on the Trauma Recovery Model. These practitioners are currently sharing their learning within teams as part of mandatory continuous professional development events.



Our Priorities 2025-26

2025-26 will see the implementation of a new three-year [Strategic Plan](#), with new priorities, aims and objectives.

Priority: Information, Engagement and Involvement

Aim: We will provide accessible clear information, advice and support to engage and involve the workforce and local communities in helping to understand what abuse is, how to prevent abuse from happening, how to seek help, and how to engage with the work of the Board.

Priority: Confident, Competent Practice

Aim: We will ensure the workforce, across all sectors, is well trained, supported, competent and confident to safeguard adults within our communities.

Priority: Emerging Challenges and Enabling Solutions

Aim: We will be responsive to emerging trends and challenges and provide a solutions and outcomes focused co-ordinated response to safeguarding issues.

The **six safeguarding principles** set out in the Care Act 2014 will underpin the Board's strategic aims and objectives and all aspects of safeguarding adults work across Tees:

1. Empowerment
2. Proportionality
3. Partnership
4. Prevention
5. Protection
6. Accountability

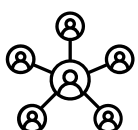
The Board's [Strategic Business Plan 2025-28](#) has been developed following feedback from the Annual Consultation Survey 2024/25 and feedback from the Board's Development Day. The top 3 priorities identified by professionals, service users and the general public included within the Strategic Plan are as follows:



1. Raise awareness of how professionals and organisations can better support those who have experienced trauma to access and engage with services.



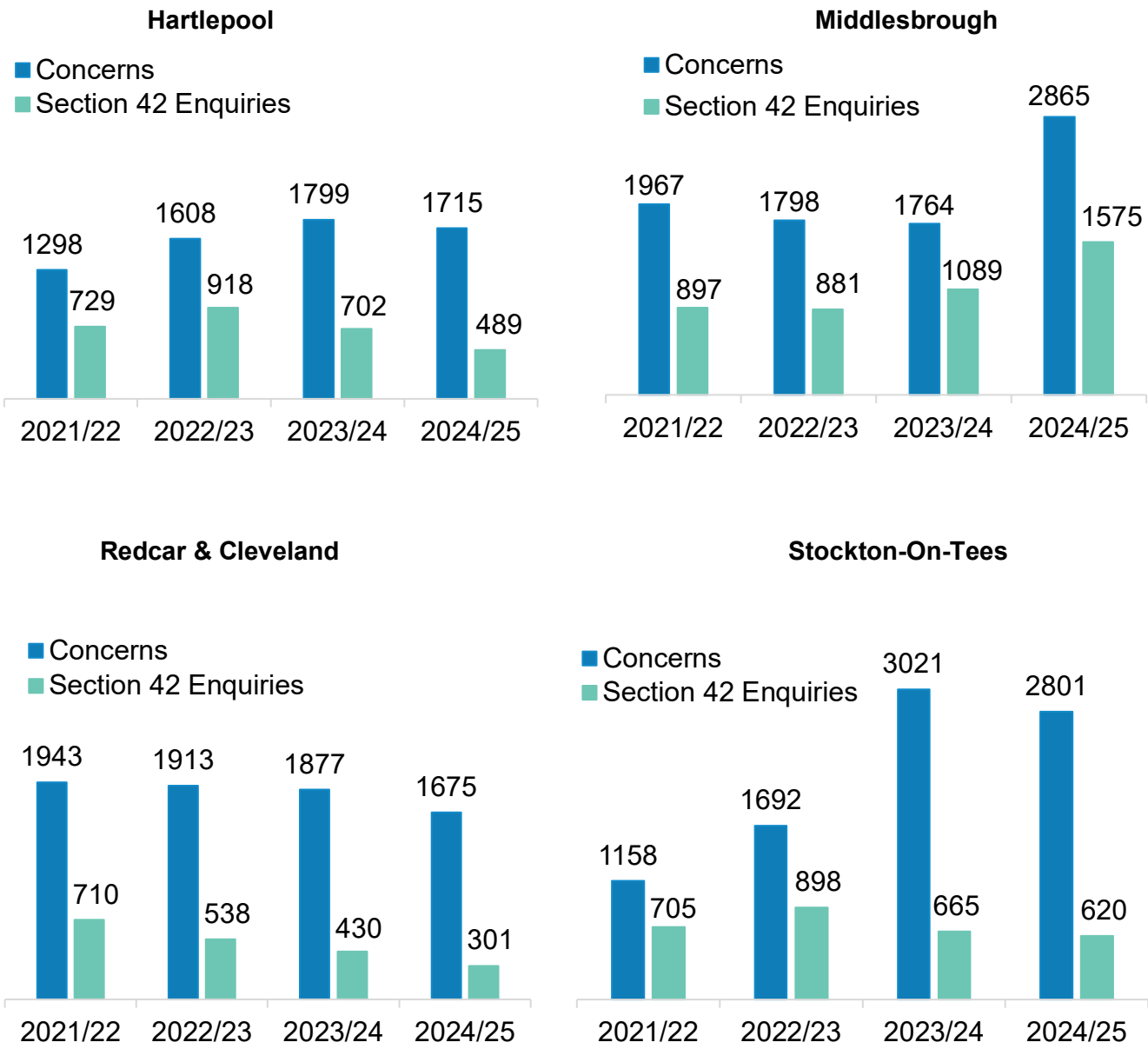
2. Work more closely in engaging with local communities and local services on how to report concerns of abuse and neglect.



3. Work more closely with organisations to improve the lives of people and families most at risk of abuse and neglect.

Appendix 1

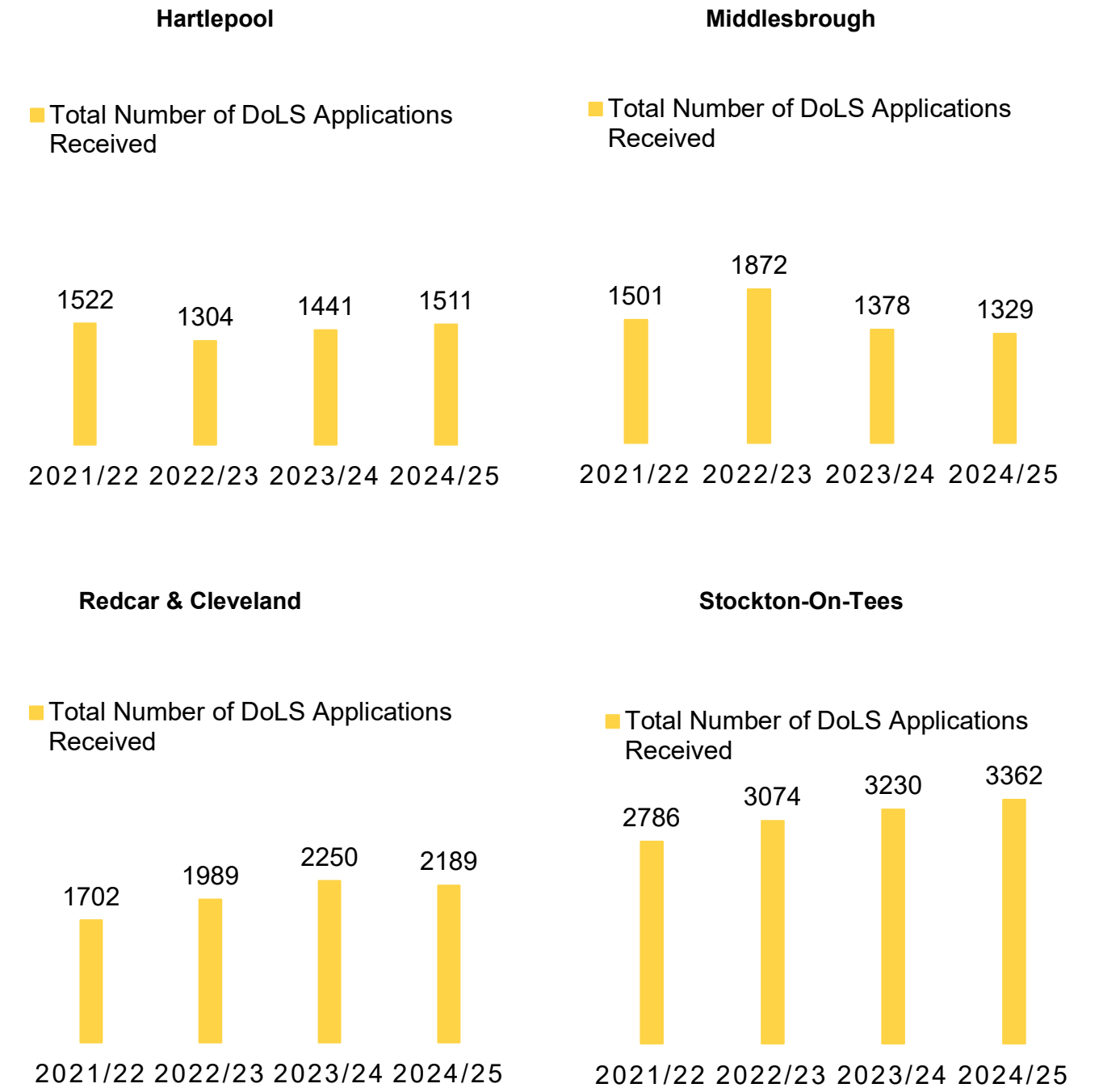
Concerns and Section 42 Enquiries by Local Authority in Tees:



Appendix 2

The Deprivation of Liberty Safeguards, under The Mental Capacity Act 2005, provide legal protection for those individuals who are 18 years old and above and who are, or may become deprived of their liberty in a hospital or care home.

Total Number of Deprivation of Liberty Safeguards (DoLS) Applications Received:



Glossary

Ask ANI - The Ask for ANI (Action Needed Immediately) codeword scheme was developed by the Home Office to allow victims of domestic abuse to access support from the safety of their local pharmacy during in the pandemic. The guidance was withdrawn in October 2024, with the scheme being no longer available in pharmacies from November 2024 due to pandemic measures being removed however, the Safe Spaces scheme continues to operate in pharmacies, banks, and building societies across the UK, providing a safe place for victims to seek help.

ASE (Adult Sexual Exploitation) - Sexual exploitation is the sexual abuse of an adult in exchange for attention, affection, food, drugs, shelter, protection, other basic necessities and/or money, and could be part of a seemingly consensual relationship. It involves someone taking advantage of an adult, sexually, for their own benefit through threats, bribes, and violence.

Domestic Abuse Related Death Reviews (DARDR) - Formerly known as Domestic Homicide Reviews (DHRs), DARDR is a multi-agency review which seeks to identify and implement lessons learnt from deaths which have, or appear to have, resulted from domestic abuse, either by homicide or suicide.

DoLS (Deprivation of Liberty Safeguards) - are part of the Mental Capacity Act (MCA) 2005. The Safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

HRAP (High Risk Adults Panel) - The purpose of the High Risk Adults Panel is to work in collaboration with a core group of multi-agency professionals and extended members to reduce/remove or manage the risk of 'our' most vulnerable individuals who are identified as being complex and at high risk of harm.

Making Safeguarding Personal (MSP) - is an initiative which aims to develop a person-centred and outcomes focus to safeguarding work in supporting people to improve or resolve their circumstances. MSP is applicable to all agencies working with adults in relation to safeguarding, including those at the initial stages of a Safeguarding Concern being identified.

MARAC (Multi-Agency Risk Assessment Conference) - information sharing and action planning meeting for victims of domestic abuse who are at risk of serious harm or death.

Power BI – Power BI is a data visualisation tool that pulls together information to produce high quality performance reports.

RASC (Responding to and Addressing Serious Concerns) - a TSAB policy and procedure which sets out the framework for dealing with serious concerns of care providers on a multi-agency basis.

Rough Sleeping - the most acute and extreme form of homelessness that is characterised by someone about to, or actually, bedding down in the open air (such as on the street, in tents, doorways, parks, bus shelters or encampments) or places not designed for habitation (including cardboard boxes, stairwells, cars and other makeshift and not fit for purpose places). Rough

sleeping does not include instances of those in hostels, shelters, recreational shelters such as campsites or spaces of protest, squatters, and travellers.

Safeguarding Adult Reviews - A Safeguarding Adults Review is a statutory requirement of the Care Act 2014 (Section 44). The purpose of a SAR is to:

- Determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death.
- Learn lessons from the case and apply the learning to future cases to prevent similar harm occurring again.
- Explore examples of good practice where this is likely to inform and improve inter-agency practice.

The Care Act 2014 sets out the criteria for carrying out a SAR and SABs **must** carry out a review if:

- There is reasonable cause for concern about how the Safeguarding Adult Board (SAB), its members or other persons involved worked together to safeguard the adult; **and**
- The adult has died, and it is known or suspected that the death resulted from abuse or neglect, including self-neglect; **or**
- The adult is alive, but it is known or suspected that they have experienced serious abuse or neglect, including self-neglect.

Safeguarding Champions - volunteers from a broad range of organisations that are far reaching and able to link directly with the community and clients they support.

Safe Place Scheme - Safe Place Scheme locations are venues in the community where people who need extra support can go if they need some help. This 'help' can range from a phone call to home or help with directions.

The idea is that vulnerable people can use these venues if they are feeling unsafe, whilst out in the community. Many who benefit from the scheme may never actually need to use it, but the existence of the 'Safe Place' venues allows people to feel safer and go out and about more (live more independently).

Service User – someone who uses health and/or social care services.

Vicarious Trauma – is sometimes referred to as 'secondary trauma'. Anyone who engages empathetically with survivors of traumatic incidents can be affected and experience trauma themselves through their connection with the person.



www.tsab.org.uk



Neighbourhood 1.1 - Adults and Health and Wellbeing, Dunedin
House Columbia Drive, Thornaby, Stockton-on-Tees, TS17 6BJ



01642 527263



@TeeswideSAB



@TeeswideSAB



See it, report it!

If you suspect a neighbour, friend or family member is being neglected or abused,
or you need help yourself.

Call **Cleveland Police** 101 or 999 in an emergency.
Call your local Adult Social Care Team:

Hartlepool:	01429 523 390	iSPA@hartlepool.gov.uk
Middlesbrough:	01642 065 070	adultaccessteam@middlesbrough.gov.uk
Redcar & Cleveland:	01642 771 500	AccessAdultsTeam@redcar-cleveland.gov.uk
Stockton-on-Tees:	01642 527 764	FirstContactAdults@stockton.gov.uk
Evenings and Weekends:	01642 524 552	



TSAB Strategic Business Plan 2025-28

April 2025 / V1

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Vision:

**Adults in the Tees area with care and support needs
can live safely, free from abuse and neglect.**

What we do

We seek assurance that organisations work in partnership to deliver joined up services that safeguard adults with care and support needs from abuse and neglect. The work of the SAB is underpinned by the Care Act.

The Care Act 2014 sets out the objectives and functions of Safeguarding Adults Boards (SABs) as:

- Ensure that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- Ensure that safeguarding practice is person-centred and outcome focused
- Work collaboratively to prevent abuse and neglect where possible
- Ensure agencies/individuals give timely and proportionate responses when abuse or neglect has occurred
- Ensure that safeguarding practice is continuously improving and enhancing the quality of life of adults in the area

We will do this by:

- Providing leadership, challenge and direction to ensure that partner agencies improve outcomes for adults at risk of abuse or neglect
- Promoting values of openness, trust, respect and learning
- Seeking assurance, listening to and empowering our communities by supporting the workforce to keep adults who may have care and support needs safe from abuse or neglect

Safeguarding Principles

The safeguarding principles set out in the Care Act 2014 will underpin all aspects of safeguarding adults work across Tees.

Empowerment:	Prevention:	Proportionality:
I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens	I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.	I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.
Protection:	Partnership:	Accountability:
I get help and support to report abuse and neglect. I get help so that I am able to take part	I know that staff treat any personal and sensitive information in confidence, only sharing what is	I understand the role of everyone involved in my life and so do they.

in the safeguarding process to the extent to which I want.	helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.	
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The Board’s Planning Cycle

The TSAB Strategic Plan for 2025-28 has been developed in consultation with our partners, key stakeholders, staff and communities across Tees. The TSAB works closely with other partnerships and organisations to achieve and support objectives that keep adults with care and support needs safe in Tees. The Strategic Business Plan identifies which actions the Board leads on, and which it contributes to and influences.

The plan will shape the direction of the Board for the next 3 years, the actions will be reviewed annually and adapted where required to respond to emerging issues and priorities. The strategy will be underpinned by an annual Business Plan and progress will be reported on at Board meetings across the year, in the form of Sub-Group updates. In addition, the Strategic Business Plan Progress Monitoring Framework will provide a mid and end of year update against all the Strategic Business Plan actions.

In line with the Care and Statutory Support Guidance, TSAB will produce an Annual Report at the end of each financial year to report on progress of the Strategic Plan and provide an overview of achievements from partners in relation to the Annual Business Plan.

The Business Plan will be delivered through the work of the five main Sub-Groups; Communication and Engagement, Learning, Training and Development, Operational Leads, Performance, Audit and Quality and Safeguarding Adult Reviews, and any other relevant Task & Finish Groups as required.

Measuring Success

Through quantitative and qualitative assurance methods each objective and corresponding action will be monitored and measured for progress made through 2025-28. Each Sub-Group has a workplan they own which they review and monitor at each Sub-Group meeting. The workplans provide detailed actions of how each Sub-Group will strive to assist in the achievement of the objectives outlined in the Strategic Plan. Progress updates on the workplans will be provided as part of the Sub-Group updates at each Board meeting.

Priorities and Aims

The overarching Priorities and Aims for 2025-28 are set out below:



Priority: Information, Engagement and Involvement

Aim: We will provide clear and accessible information and advice and work with local communities to raise awareness of what abuse is, how to prevent abuse from happening, how to seek help, and how to engage with the work of the Board.



Priority: Confident, Competent Practice

Aim: We will ensure the workforce, across all sectors, is well trained, supported, competent and confident to safeguard adults within our communities.



Priority: Emerging Challenges and Enabling Solutions

Aim: We will actively identify and respond to emerging trends and challenges, working together to provide a solutions and outcomes focused, co-ordinated response to safeguarding issues.

Board Priorities

The TSAB will seek assurance from statutory organisations and multi-agency partners that the following aims, objectives and actions are delivered.

Priority: Information, Engagement & Involvement

Aim: We will provide clear and accessible information and advice and work with local communities to raise awareness of what abuse is, how to prevent abuse from happening, how to seek help, and how to engage with the work of the Board.

Objectives: We will	2025-26 Actions: We will do this by	Assurance Methods	Lead
1. Listen to the voice of adults with care and support needs, their families and carers, and facilitate sharing user experience to inform our future direction and priorities	<ol style="list-style-type: none"> Further developing mechanisms which support gathering feedback from individuals with care and support needs who have used safeguarding services Using co-design and engagement, where possible, to ensure the voice of adults at risk, their carers, and families is heard in respect of safeguarding adults Using the information we gather as a feedback loop to improve practice and promote co-production / co-design with partners 	<ul style="list-style-type: none"> Annual Consultation Survey Annual Communication & Engagement Report Feedback from Focus/User Groups 	Communication & Engagement Sub-Group
2. Further develop the Safeguarding Champions initiative to improve engagement with local communities and services	<ol style="list-style-type: none"> Continuing to engage and involve local communities, including, harder to reach and seldom heard groups, with the work of the Board, considering equity and equality of access across all aspects of the Boards work. Providing Safeguarding Champions with the tools and resources they need to ensure they can carry out the role effectively and ensure there is representation from across all agencies including the VCSE sector 	<ul style="list-style-type: none"> Annual Communication & Engagement Report Annual Consultation Survey Results Feedback from individuals, families and carers & focus groups Newsletter and Bulletin subscribers Safeguarding Champions 	Communication & Engagement Sub-Group
3. Ensure that the TSAB website and all public facing materials are accessible and easy to understand, with clear information that signposts	<ol style="list-style-type: none"> Continuing to develop the TSAB website, along with the web hosts, to ensure that all resources and content complies with accessibility standards Ensuring that the TSAB website provides an up to date platform for signposting to specialist support services 	<ul style="list-style-type: none"> Website Accessibility Guidelines Measure 	Communication & Engagement Sub-Group

to support services			
4. Ensure adults and /or their representatives, who use safeguarding services are asked what they want from the safeguarding process and their views inform the outcome, following the principles of Making Safeguarding Personal	<ol style="list-style-type: none"> 1. Continuing to monitor and report on the TSAB Performance Indicator relating to outcomes and consider service improvements across partner agencies as required 2. Implementing a multi-agency audit programme considering how well Making Safeguarding Personal is embedded in practice 	<ul style="list-style-type: none"> • Key Performance Indicators • Quarterly PowerBi Dashboard Data • Multi-Agency Audits • Lessons Learned Reports 	<p>Performance, Audit and Quality Sub-Group</p> <p>Operational Leads Sub-Group</p>
5. Ensure adults who are at risk of abuse and neglect are aware of local sources of support and schemes such as the Safe Place Scheme	<ol style="list-style-type: none"> 1. Delivering a Communication and Engagement Plan including raising awareness of how professionals and organisations can report abuse and neglect, and better support those who have experienced trauma to access and engage with services 2. Review the 'Find Support in your area' webpage to ensure it reflects local service provision across Tees 	<ul style="list-style-type: none"> • Campaign and website analytics • Social media • Adult Exploitation Strategy Implementation Plan • National Safeguarding Adults Week Evaluation • Website analytics 	<p>Communication & Engagement Sub-Group</p> <p>Adult Exploitation Implementation Working Group</p>

Impact/ Outcomes – People will receive clear and concise information about what abuse is, how to recognise the signs and how to seek help, and will be provided with opportunities to engage in the work of the Board

Priority: Confident, Competent Practice

Aim: We will ensure the workforce, across all sectors, is well trained, supported, competent and confident to safeguard adults within our communities

Objectives: We will	2025-26 Actions: We will do this by	Assurance Methods	Lead
1. Seek assurance that staff are legally literate and understand the legislative framework and the principles of trauma informed practice to ensure the best outcomes for adults at risk	<ol style="list-style-type: none"> Promoting a culture of continuous learning and improvement where staff are enabled, encouraged and supported to be professionally curious Seeking assurance that there is a comprehensive understanding and appropriate application of the Mental Capacity Act. Routinely reviewing and updating policies and procedures to ensure that they reflect best practice and legislative changes Seek assurance from partners that staff are provided with single agency Safeguarding Adults training in accordance with the TSAB Training Strategy 	<ul style="list-style-type: none"> Delegate Feedback Impact Assessments Training Evaluations QAF/self-audit tool Reviewed Policies, Procedures & Guidance 	<p>Learning, Training & Development Sub-Group</p> <p>Performance, Audit & Quality Sub-Group</p> <p>Operational Leads Sub-Group</p>
2. Learn from, and embed into practice and policy, the findings of local, regional and national SARs, DARRs, SCPRs and other relevant reviews and implement the action plans	<ol style="list-style-type: none"> Developing and implementing action plans for all SARs and other applicable reviews Continuing to develop methods to share and review learning from reviews to ensure it is embedded in practice and policies Maintaining links with the National and Regional safeguarding networks to inform projects and workstreams Reviewing the SAR Policy and Procedures following the sector led improvements identified through the National Analysis of SARs 	<ul style="list-style-type: none"> SAR/other learning review action plans National SAR library Practitioners Surveys National SAB Business Manager meeting minutes Regional ADASS Leads Meeting minutes & workplan Sector led improvements action plan 	<p>Safeguarding Adult Review Sub-Group</p> <p>Learning, Training & Development Sub-Group</p> <p>Business Manager/Chair</p>
3. Provide the wider workforce with the opportunity to access a comprehensive multi-agency training offer in collaboration with the Safeguarding Children Partnerships	<ol style="list-style-type: none"> Developing and delivering the TSAB Training Plan to align with TSAB priorities, ensuring that the voice of people with lived experience of abuse and neglect and the learning from local reviews, is included in the training, resources and events Explore new and innovative approaches to training delivery considering different methods of learning 	<ul style="list-style-type: none"> Training Plan 2025-26 Training Strategy 2025-26 Training Course Directory QAF/self-audit tool 	<p>Learning, Training & Development Sub-Group</p> <p>Relevant Partnerships</p>

			Business Managers
4. Seek assurance from partners that staff are provided with support, training, capacity and supervisory oversight in relation to the management of high risk/complex cases	<ol style="list-style-type: none"> 1. Continuing to seek assurance from partners via the QAF on the training and support provided to staff, with the consideration of vicarious trauma 2. Provide opportunities for staff to share best practice and seek peer support, guidance and direction, where cases are open, in relation to managing complex/high risk cases collectively 	<ul style="list-style-type: none"> • QAF/self-audit tool • OL meeting minutes 	Performance, Audit and Quality Sub-Group Operational Leads Sub-Group

Impact/ Outcomes - Communities will have confidence that professionals are competent, confident and well trained in supporting and working in the best interests of adults at risk of abuse and neglect and will only be involved as far as is reasonable, proportionate, justifiable and necessary.

Priority: Emerging Challenges, Enabling Solutions

Aim: We will actively identify and respond to emerging trends and challenges, working together to provide a solutions and outcomes focused, co-ordinated response to safeguarding issues

Objectives: We will	2025-26 Actions: We will do this by	Assurance Methods	Lead
1. Seek assurance that Board partners are working together effectively to protect adults with care and support needs from all forms of abuse and neglect	<ol style="list-style-type: none"> Working with relevant partners, partnerships and user groups to develop a consistent robust approach for transitional safeguarding planning including young people at risk of exploitation Providing opportunities to share information about innovative services and solutions to improve the lives of people and families most at risk of abuse and neglect Utilising staff engagement forums to seek feedback in understanding the barriers, enablers and challenges faced by frontline practitioners 	<ul style="list-style-type: none"> Case Studies Good news stories Staff feedback & Practice Support Forms Transitions Protocol Newsletter/Bulletin 	<p>Operational Leads Sub-Group</p> <p>Communication & Engagement Sub-Group</p> <p>TSAB, HSSCP, STSCP Business Managers Meetings</p> <p>HoTH Transitions Working Group</p>
2. Receive assurance that safeguarding arrangements across Tees are robust and effective	<ol style="list-style-type: none"> Delivering the annual Quality Assurance programme, which includes the Quality Assurance Framework/ Self-audit tool Delivering a multi-agency case file audit schedule, which includes a repeat audit of the High Risk Adults Panel, to report on the effectiveness of the 12 month review Continue to develop the PowerBi dashboard to produce high quality performance reports which support the analysis and further development of multi-agency safeguarding practice 	<ul style="list-style-type: none"> Quality Assurance Framework – Self-audit tool Multi-agency Audit Schedule, Tool & Lessons Learned Reports HRAP risks/system barriers, non-attendance and non-completed actions are escalated to TSAB PowerBi Dashboard Data and supporting analysis 	<p>Performance, Audit and Quality Sub-Group</p> <p>Operational Leads Sub-Group</p>

3. Collaborate and align with Safeguarding Children Partnerships, Community Safety Partnerships, Health & Wellbeing Boards and other relevant partners to deliver on key joint priorities	<ol style="list-style-type: none"> 1. Working collaboratively with relevant partners, partnerships and user groups to oversee and monitor the implementation of the Adult Exploitation Strategy 2. Establish mechanisms to ensure there is collaboration in relation to cross cutting issues to encourage sharing of priorities and reduced duplication 3. Continuing to build upon the joint working protocol and workplan with the Safeguarding Children's Partnerships to deliver on joint objectives and actions, and extend out to other relevant Partnerships 	<ul style="list-style-type: none"> • Adult Exploitation Implementation Action Plan • Tees Adults and Children Joint Working Protocol & Action Plan 	Operational Leads Sub-Group Adult Exploitation Implementation Working Group Communication & Engagement Sub-Group Business Managers Relevant Partnerships
4. Work with partners to ensure there is a coordinated approach to protecting individuals with care and support needs who are most at risk of harm, with an appropriate offer of support and interventions, relevant to their needs	<ol style="list-style-type: none"> 1. Working with relevant agencies to protect and provide appropriate support for adults with care and support needs who are experiencing rough sleeping and/or are self-neglecting 2. Establishing a Working Group to strengthen the joined up local approach to protecting individuals with care and support needs, who are rough sleeping 3. Working to break down the barriers to accessing services across our communities and highlighting the importance of escalating concerns about more vulnerable individuals, including those self-neglecting 	<ul style="list-style-type: none"> • Annual Report 2024-25 • Working Group minutes/action plan • Communication Plan • Awareness Campaigns/Evaluation Reports 	Rough Sleeping Working Group Rough Sleeping Champion Communication & Engagement Sub-Group
5. Seek assurance that service provision commissioned by partners meets the individual needs of adults most at risk of abuse and neglect	<ol style="list-style-type: none"> 1. Continuing to engage and work in partnership with commissioned providers to ensure the needs of individuals most at risk of abuse and neglect are met 2. Maintaining and correlating accurate records of services subject to the 'Responding to and Addressing Serious Concerns Protocol', including mapping data within the PowerBi data dashboard 	<ul style="list-style-type: none"> • OL meeting minutes • PowerBi Data Dashboard • RASC Lessons Learned Reports 	Operational Leads Sub-Group Safeguarding Adults Review Sub-Group Performance, Audit & Quality Sub-Group

Impact/ Outcomes – Professionals will identify emerging challenges, and provide a collaborative response to adults with care and support needs who are most at risk of harm, providing solutions and outcomes led by the wishes of the adult

HEALTH AND WELLBEING BOARD

8 December 2025



Report of: Julian Penton, Hartlepool Community Trust

Subject: HARTLEPOOL FOOD PARTNERSHIP – PROGRESS UPDATE

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:

- where people live healthier, safe and independent lives.
- that is connected, sustainable, clean and green.

2. PURPOSE OF REPORT

- 2.1 To update Health & Wellbeing Board members on the progress made by the Hartlepool Food Partnership.

3. BACKGROUND

- 3.1 In 2022, Hartlepool Borough Council's Director of Public Health approached the community sector-led "Hartlepool Food Council" (a network of low/no cost surplus food providers) to lead the formation of a Food Partnership for Hartlepool, supported by HBC Public Health.
- 3.2 A Food Partnership brings together the local authority, food-related businesses, the voluntary & community sector, NHS and educational institutions to address multiple aspects of a locality's food system. There are around 100 Food Partnerships across the UK that are members of the Sustainable Food Places (SFP) network. Becoming a SFP network member requires the meeting of criteria demonstrating a whole system approach to the local food system based upon multi-sector collaboration.

- 3.3 The 6 areas of work a Food Partnership must evidence and for it to become a SFP member are:
- **Food governance and strategy:** Taking a strategic and collaborative approach to good food governance and action.
 - **Good food movement:** Building public awareness, active food citizenship and a local good food movement.
 - **Healthy food for all:** Tackling food poverty, diet-related ill-health and access to affordable, healthy food.
 - **Sustainable food economy:** Creating a vibrant, prosperous and diverse sustainable food economy.
 - **Catering and procurement:** Re-directing catering and procurement and revitalising local and sustainable food supply chains.
 - **Food for the planet:** Tackling the climate and nature challenges through sustainable food and farming and an end to food waste.
- 3.4 **Examples of food-related drivers of ill health within Hartlepool.** NB these drivers are national problems. They are highlighted here to suggest possible actions that can, in part, be addressed locally:
- **Food poverty** and the widespread use of foodbanks and low cost/surplus food providers – leading to the greater likelihood of less than optimal diets.
 - **Widespread consumption of processed foods and drinks**, in part from their lower cost and greater ease/speed of cooking compared with healthier options. These contain high levels of industrial additives, sugar and salt – all of which contribute to increasing levels of diabetes and obesity.
 - **“Food deserts”:** Neighbourhoods where people have limited access to healthy and affordable food, characterised by high concentrations of low income households and distance from healthy food options. People living in food deserts are more likely to use takeaway and convenience food products and may be at higher risk of diet-related conditions, such as obesity, diabetes, cardiovascular disease and micro-nutrient deficiencies.
- 3.5 **Food governance and strategy:** The Hartlepool’s Food Partnership is an informal partnership guided by the Hartlepool Food Plan and underpinned by terms of reference. Hartlepool Community Trust hosts the Hartlepool Food Partnership Coordinator, hosts the Hartlepool Food Partnership website and organises comms. The Partnership conducts and oversees its work through an **open, multi-sector steering group**.
- A **“benchmarking” assessment of the Council’s current contribution to addressing food-related issues** has recently been completed. The assessment has been conducted for the purpose of assessing the degree to which council activity (such as in respect of food procurement and

supporting the growth of local food-related businesses) is aligned with the larger scale ambition of developing a more local food economy. The benchmarking exercise showed that Hartlepool Borough Council's was one of the region's most effective.

3.6 Building a good food movement: Community food growing: Initial work to increase public awareness, promote active food citizenship and develop a local good food movement has included:

- **Supporting food growing in nurseries and primary schools:** Work on behalf of the Hartlepool Food Partnership has been/is being undertaken in St. Aidens, Stranton, Ward Jackson & West View primary schools – Play Out Hartlepool CIC is playing a key role in this work.
- **A Community Interest Company dedicated to supporting growing in schools and with communities** – Hartlepool: Growing for Life CIC – has recently been registered.
- **Seed libraries** continue being maintained in Hartlepool Borough Council's Central Hub, South Hub, Headland Hub, Seaton library and Waverley Outdoor Community Hub. Seed libraries are supplies of seeds – collected from donations and swapping – made freely available to anyone interested.
- **Hartlepool Borough Council's c.1,000 allotments** play an important and valuable role in providing opportunities for growing. The Council's Allotment Strategy contains proposals to promote more family and community growing. The Council's Allotments Officer is a member of the Food Partnership steering group. **Allotment surpluses** have always been distributed informally – and opportunities exist for using surpluses more systematically, possibly through social enterprises, including the potential for preserving food, such as through jamming, pickling and fermentation.
- Plans for a summer/autumn 2026 **event to celebrate growing food in Hartlepool** are underway and being led by HBC Public Health and Parks and Allotments leads.

3.7 Healthy food for all: Tackling food poverty

- Hartlepool's voluntary sector has a long history of providing **free surplus food** to people – the Trussell Trust foodbank has done this for over a decade. Organisations including the Wharton Trust, Big League CIC, St. Aidens Church and others have also worked for years providing free surplus food.
- **Low cost food providers** are a more recent phenomenon, most notable among which are Manchester-based charity "The Bread & Butter Thing", which serves hundreds of Hartlepool families weekly in locations across the town, and **Oxford Road Baptist Church**

Community Grocery (in partnership with The Message Trust) which has been open for almost two years. Collaboration between the Oxford Road Baptist Church Community Grocery and Hartlepool Food Partnership aims to **increase local awareness and use of the Grocery**.

- A review of the town's **Low and No Cost Food Leaflet** has just been completed prior to revised leaflets and posters being printed/distributed and available online.
- Work with **LilyAnne's Wellbeing** aims to offer **cooking lessons** at this wellbeing café's community kitchen, set to commence early in the new year. We have visited and collated further community kitchens available for potential lessons, this information being of use for potential courses run at various locations organised by either the Food Partnership or the Council.

3.8 **Use of locally sourced food in catering and procurement:** Good progress is being made. A list of local food producers (local being defined as based within a 100 or so mile radius from Hartlepool) has been compiled into an online compendium, consisting of c.450 businesses. Amongst the **categories of businesses** are bakers; cheese makers; farm shops & butchers; food preservers; fruit, vegetable, salad & herb growers; honey producers; curry makers; producers of oils & vinegars. For each business the information collected includes **distance from Hartlepool, contact details** and **unique selling points**.

3.9 **Comms and awareness raising:** The **Hartlepool Food Partnership website** has been expanded. New sections include the listing and mapping of all **"Breastfeeding Welcome"** locations in Hartlepool, the page being linked with the Family Hubs' website. There is a section containing recipe videos from the former Hartlepool Food Network, pages containing Coordinator updates and "Hartlepool Food Star" entries from the monthly Food Partnership newsletter. A **directory of local community kitchens** will soon be added – in part to identify locations suitable for cooking classes. The website's **Kids Corner** is now online, incorporating **printable activity sheets** and opportunities to receive achievement certificates.

The Hartlepool Food Partnership **monthly newsletter** includes a section where the Partnership's partners can add food-related updates. Relevant local/regional/national news articles are shared.

Children's activity sessions to raise healthy food awareness – for schools and nurseries – have been designed and piloted and a delivery programme being organised

4. PROPOSALS

- 4.1 **Good Food Local NE benchmarking exercise and inter-departmental working:** It is proposed the benchmarking of Hartlepool Borough Council's alignment with Food Partnership objectives continues to be used to inform further cross-departmental working within the council. This is important because many of the Hartlepool Food Partnership's goals intersect with the objectives of other parts of Hartlepool Borough Council priorities. These include encouraging greater physical activity, improving wellbeing, environmental sustainability and local business development.

5. RISK IMPLICATIONS None**6. FINANCIAL CONSIDERATIONS**

- 6.1 Funding for the Hartlepool Food Partnership was initially received from the **PFC Trust** (£43.35K over 2 years), **Hartlepool Borough Council** (£50K over 2 years – from the Public Health budget), the **Thirteen Group** (£10K over 12 months) and **LARCH** (an additional one day per week of the food procurement and supply chain officer for two years). This has enabled the employment of a Food Partnership Coordinator (now 3 days per week); marketing and comms (half day per week) – and a small development budget, e.g. for supporting local food growing.
- 6.2 The remaining funds will allow current staffing arrangements to continue until autumn 2026. **Discussion with Public Health will be sought** in the coming period to ascertain whether a similar level of grant funding will be made available for a further two years from autumn 2026. There will be parallel **discussions with the PFC Trust** regarding further funding matched to any Public Health grant to the Hartlepool Food Partnership.

7. LEGAL CONSIDERATIONS None**8. EQUALITY AND DIVERSITY CONSIDERATIONS (IMPACT ASSESSMENT FORM TO BE COMPLETED AS APPROPRIATE.)** None**9. STAFF CONSIDERATIONS** None**10. ASSET MANAGEMENT CONSIDERATIONS** None**11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS** None

12. RECOMMENDATIONS

- 12.1 **RECOMMENDATION 1:** That the proposals in Section 4. above are endorsed by the Health & Wellbeing Board.
- 12.2 **RECOMMENDATION 2:** That the financial considerations outlined in Section 6 above are noted.

13. REASONS FOR RECOMMENDATIONS

- 13.1 **RECOMMENDATION 1:** Because the joint approach to the Good Food Local North East – between the Council’s Public Health team and Hartlepool’s voluntary sector – demonstrates good practice.
- 13.2 **RECOMMENDATION 2:** Because the existence and achievements of the Hartlepool Food Partnership have been made possible only through an allocation of some of the Public Health grant received by the Council’s Public Health team. Secondly, providing this grant to a voluntary sector organisation has, in effect, doubled its value through the receipt of matched funding from the PFC Trust.

14. BACKGROUND PAPERS None

15. CONTACT OFFICERS

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HEALTH AND WELLBEING BOARD

8 December 2025



Report of: Stephen Thomas, Healthwatch

Subject: DEMENTIA STRATEGY

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:

- where people live healthier, safe and independent lives. (People)
- that is welcoming with an inclusive and growing economy providing opportunities for all. (Potential)

2. PURPOSE OF REPORT

- 2.1 To present the Dementia Strategy for Hartlepool and to seek nominations from organisations to create a Dementia Strategy Implementation Group with responsibility for developing an action plan to support implementation.

3. BACKGROUND

- 3.1 The draft dementia strategy was presented to the Health and Wellbeing Board in June 2025 when it was agreed that work should continue with representation from across agencies.

It was acknowledged that the development of a dementia strategy was 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, it was agreed that 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 has led on the development of a Joint Hartlepool Dementia Strategy with the Chair of the partnership chairing the strategy group.
- 4.2 The strategy has been developed in collaboration with people with lived experience, their carers and families, the Greatham Foundation, Adult Social Care representatives, public health, care providers, representatives from the North East & North Cumbria Integrated Care Board, Healthwatch volunteers, representatives from VCS organisations such as Citizens Advice Bureau and Hartlepool Carers.
- 4.3 The meetings have been interactive with a lot of discussion and sharing of information and experiences. The group has worked collaboratively to identify the vision and priorities for the Dementia Strategy which is attached as **Appendix 1**.

5. NEXT STEPS

- 5.1 Following the development and approval of the Dementia Strategy, the next priority is to work collaboratively with partners to produce a detailed action plan that translates the strategic objectives into clear, measurable actions.
- 5.2 This plan will set out responsibilities, timelines, and performance indicators to ensure effective delivery. Partners will play a key role in supporting implementation across all areas of the strategy. In addition, a monitoring framework will be established to track progress and address emerging challenges. An annual report will be presented to the Health and Wellbeing

Board to provide assurance on delivery, highlight achievements, and identify areas for improvement.

- 5.3 It is proposed that governance will be overseen through the existing Health and Wellbeing Board structures, with a dedicated Dementia Strategy Implementation Group established to coordinate activity, monitor progress, and report on outcomes. It is expected that this group will initially meet quarterly with potential to move to less frequent meetings as the work moves forward.
- 5.4 Each partner organisation will be accountable for delivering agreed actions within their remit, supported by regular performance reviews. In addition, a monitoring framework will be implemented to track delivery and address emerging challenges.
- 5.5 An annual report will be presented to the Board to provide assurance on progress, highlight achievements, and identify areas for improvement.

6. RISK IMPLICATIONS

- 6.1 Without the commitment from those organisations to actions that can influence and change practices around how people living with dementia are supported there is a risk that the strategy will become a document that sits on a shelf and makes no difference to people's lives.

7. FINANCIAL CONSIDERATIONS

- 7.1 There are no financial considerations associated with this report.

8. LEGAL CONSIDERATIONS

- 8.1 There are no legal considerations associated with this report.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity implications specifically associated with this report. The Dementia 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.

10. STAFF CONSIDERATIONS

- 10.1 There are no staff considerations associated with this report.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations associated with this report.

12. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 12.1 There are no environment, sustainability and climate change considerations associated with this report.

13. RECOMMENDATION

- 13.1 It is recommended that members of the Health and Wellbeing Board endorse the Hartlepool Dementia Strategy and nominate at least 1 representative from their organisation to be part of the Dementia Strategy Implementation Group who will participate in meetings, commit to actions that they can support delivery of, monitor actions and be engaged in promoting the implementation of the strategy.

14. REASON FOR RECOMMENDATION

- 14.1 Without commitment to the strategy and a dedicated implementation group, there is the potential that the strategy will be an aspirational document without measurable actions that are monitored. This will limit the ambition of the strategy group to transform the approach to supporting people living with dementia and their families and carers in the borough.

15. CONTACT OFFICER

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Hartlepool

Dementia Strategy

Draft 2026 - 2031

Forward by Michael Booth

Dementia is not a single condition but a group of progressive neurological disorders affecting memory, thinking, communication, and behaviour. While Alzheimer's and vascular dementia are more common, rarer types like Lewy body, frontotemporal dementia, and posterior cortical atrophy present distinct symptoms hallucinations, personality changes, or visual-spatial difficulties. Though ageing is a major risk factor, dementia is not a normal part of ageing and can affect people of all ages, including those with young onset dementia. Its impact extends beyond the individual, affecting families, carers, and communities.

Hartlepool needs a community dementia strategy that reflects its values: resilience, compassion, and solidarity. A clear, localised strategy ensures people aren't left to navigate alone. It enables early recognition, smooth service transitions, and timely, person-centred support. It also helps dismantle stigma and fosters understanding from care homes to corner shops.

Early symptom recognition is vital. These may include memory loss, confusion, language or decision-making difficulties, and mood or behaviour changes. In rarer types, symptoms may include hallucinations, loss of empathy, or visual processing issues. An early GP visit can make a real difference. If dementia is in the mild cognitive impairment (MCI) stage, some types may be delayed, and in rare cases, progression halted or reversed. With diagnosis, early support becomes available helping people and carers reflect on the past, plan for the future, and live in the present with dignity.

Diagnosis typically begins with a GP referral to a memory clinic. Assessments may include cognitive tests, blood work, scans, and family input. This process must be trauma-informed, inclusive of rare presentations, and sensitive to cultural, emotional, and neurodiverse needs. Diagnosis is not the end it's the beginning of a new way of living, met with clarity, compassion, and support.

Once diagnosed, people need immediate, tailored support. This includes emotional guidance, practical help, occupational therapy, peer groups, and home adaptations. Information on rights, benefits, and planning must be clear and accessible. Support should be proactive not reactive. We must not wait for crisis to act.

Training is transformative. Every staff member from receptionists to care workers must be equipped to respond with empathy. Training challenges stigma, bias, and myths, building a community where people are supported to live well. People can then care well, support well, and be cared for with dignity.

Living with dementia should not mean losing your voice. People deserve to choose their care home, shape their support, and be seen as whole individuals not just diagnoses. Ethical and legal rights, including advance planning and protection from discrimination, must be embedded in every stage of the strategy.

Carers are lifelines. Their wellbeing must be prioritised. Emotional support, respite, training, and peer connection are essential. Carer burnout is real we must act before crisis hits. Supporting carers is not a luxury it's a necessity.

This strategy is more than a document it's a promise. A promise that Hartlepool will stand beside every person affected by dementia with dignity, clarity, and care.

Introduction

Dementia is one of the UK's most urgent health and social care challenges.

A dementia strategy is needed because:

- **Rising numbers:** As populations age, more people are affected. A strategy helps plan and manage this increase.
- **Better diagnosis and care:** Clear guidelines improve how dementia is identified, treated, and supported.
- **Support for carers:** Carers face major challenges. A strategy ensures access to respite, training, and resources.
- **Awareness and stigma:** Education reduces stigma and builds a more inclusive, understanding society.
- **Reducing isolation:** A strategy connects people with dementia to community, social, and leisure opportunities.

Health and social care services alone can't meet the needs of people with Dementia, and most don't want to live solely within services. Dementia needs a community-wide response.

National Context

The number of people living with Dementia in the UK is expected to grow rapidly over the coming decades. Age is the biggest risk factor for dementia, the increase in life expectancy is thought to be driving the projected rise.

- There are an estimated 1,000,000 living with dementia in 2025, and 1.6 million by 2040.
- Currently there are just over 15,000 people under the age of 65 living with dementia in England.
- It is predicted that 1 in 3 people will develop dementia in their lifetime.
- 69% of people in care homes have a dementia or memory loss.

There continues to be evolving national dementia guidance, research, and best practice, much of which is co-produced with people affected by dementia.

In 2009, the then UK government introduced the National Dementia Strategy, titled Living Well with Dementia. This landmark initiative aimed to transform dementia care across England, focusing on three core objectives:

1. **Raising Awareness and Reducing Stigma:** Enhancing public and professional understanding of dementia to encourage early help-seeking and diminish associated stigma.
2. **Early Diagnosis and Intervention:** Ensuring timely and high-quality assessments, diagnoses, and treatments for individuals with dementia and their carers.
3. **Improving Quality of Care:** Developing services that adapt to the evolving needs of people with dementia, ensuring they receive appropriate support throughout their journey.

The strategy outlined 17 specific objectives, including enhancing community support, improving hospital and care home standards, and investing in research and workforce training. It emphasized a holistic approach, integrating health and social care services to provide comprehensive support for those affected by dementia.

Local Context

Hartlepool in 2025 has roughly 1300 residents living with Dementia, by 2040 this is predicted to increase to 1867 residents.

Local dementia care costs are expected to rise from 70million to 85million by 2030. This rise follows a pattern, with the 2019 estimated costs being 55m. The rise from 2019 to 2030 is 64.7%

Hartlepool has a Dementia diagnosis rate of 78.5 per 100 people ages 65+. This is the second highest in England, with the national average being 64.8. A high diagnosis rate reflects positively but also means that Hartlepool needs robust services, both clinically and community-based to meet demand.

Developing Our Strategy

This Dementia Strategy has been co-produced with health and care providers including Hartlepool Borough Council and North East and Cumbria NHS Integrated Care Board (ICB), Healthwatch Hartlepool, representatives from the Voluntary and Community Sector, and most importantly, people with lived experience of dementia, their families and carers.

Working together over a number of sessions, we developed our vision and priorities that we believe will put people living with dementia and their carers at the centre of everything we do.

This means recognising and valuing their voices, experiences, and choices in shaping the support they receive. Our strategy is built on the principle that care should not be something done *to* people, but *with* them — empowering individuals to lead decisions about their lives, ensuring services are responsive, respectful, and truly person-centred.

Values

Our approach will be shaped by the following values:

- **Compassion** – responding with warmth, patience and empathy to the unique experiences of people living with dementia and their carers.
- **Respect** – recognising the dignity, preferences and voices of individuals and families affected by dementia.
- **Dignity** – upholding the inherent worth of every person, ensuring care and support preserves identity, autonomy and self-respect.
- **Inclusion** – promoting belonging and participation, ensuring people with dementia and their carers are valued members of their communities.
- **Support** – offering timely, accessible and person-centred help that adapts to changing needs.
- **Partnership** – working collaboratively with people living with dementia, carers, families, communities, employers and services to create meaningful change.

What does the ‘NHS 10 Year Plan’ say about Dementia?

There has been national policy which has improved awareness of dementia and the ‘10 year health plan for England – fit for the future’ (Department of Health and Social Care, July 2025) covers a wide range of areas impacting on people living with dementia. Three key ambitions stand out:

1. Shifting healthcare out of hospitals and into communities by creating a Neighbourhood Health Service.

By bringing care into local communities, people affected by dementia could receive more consistent ongoing care.

2. Introducing a Modern Service Framework for dementia

The Government has committed to publishing a Modern Service Framework for frailty and dementia by Spring 2026. This will set standards for care and identify the best types of support that health professionals should provide. If delivered well, this could be an opportunity for real progress in dementia care, drawing on resources such as the Admiral Nurses and the Community Dementia Liaison Service.

3. Introducing a single patient record on the NHS app

Improving data sharing between services will make it easier for people with dementia and their carers to access health information and manage appointments.

OUR VISION

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 of Hartlepool to be able to say:

- I can live my best and happiest life (whatever that means to me)
- My voice is heard, listened to, and is considered in relation to my own health and wellbeing
- 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 carers 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
- I know that when the time comes, I can die with dignity in the place of my choice.

Developing the Priorities

The strategy was developed through a series of meetings and events which included health and care providers, Hartlepool Borough Council, representatives from the Community and Voluntary Sector and most importantly, people with lived experience of dementia and their families and carers.

Priority 1 – Living Better

People living with dementia, with the right support, can lead full and active lives. Supporting healthy lifestyles can reduce the risk of developing dementia and slow its progression. In Hartlepool, it's vital that individuals are supported to live well—on their own terms.

Our Aims

- To help people living with dementia maintain their identity, independence, and physical, emotional, and mental wellbeing.
- To enable each individual to live their best and happiest life, recognising that “living better” looks different for everyone.
- To strengthen and expand the current support offer medical, social, emotional, and financial by identifying gaps and improving awareness of available services.
- To work with businesses, leisure providers, and service sectors to raise awareness and ensure services are inclusive and accessible.
- To improve partnership working across health, care, and voluntary sectors, ensuring lived experience and co-production shape future services.
- To ensure individuals receive compassionate, personalised, and safe care in hospital settings, aligned with NHS England, NICE guidance, and John's Campaign.
- To support care homes and care providers in delivering high quality, person centred care, grounded in compassion, dignity, and national standards.
- To develop consistent, cross-sector training that equips staff with the skills and understanding needed to deliver personalised, high-quality dementia support.
- To encourage and support opportunities for inclusive participation in local sporting activities, contributing to a more dementia-friendly community.

We Will

- Establish a partnership approach involving stakeholder organisations and people affected by dementia to lead and implement this strategy.
- Review current services and support offers, including commissioned and non-commissioned activities, training, and information provision. This will help identify good practice, gaps, and opportunities to improve access to social, physical, and wellbeing support.
- Strengthen relationships with businesses, leisure, transport, and service sectors, including representative bodies like the Chamber of Commerce and Business Forum, to promote dementia-friendly practices and increase staff training uptake.
- Encourage NHS and local authority partners to develop dementia-friendly action plans, including prevention messaging and post-diagnosis support.
- Explore digital and AI solutions that can enhance social, emotional, and physical wellbeing for people affected by dementia.
- Support organisations across Hartlepool to take dementia friendly actions that make activities, premises, and services more inclusive and accessible.
- Work with Active Hartlepool, Hartlepool Sport and other partners to enable people living with dementia and their carers to access inclusive, supportive sporting opportunities, and promote dementia-friendly practices across local organisations

Priority 2 – Supporting Carers and Families

Carers and family members 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.

Our Aims

- To ensure all carers supporting a loved one with dementia have access to high-quality, responsive support, information, advice services, and being reminded of the option of an annual carer health check.
- To consistently offer carers assessments to all those caring for someone with dementia, ensuring their needs are recognised and supported.
- To include carers routinely in diagnosis and treatment pathway discussions, recognising their role and insight in the care journey.
- To investigate technology to support the person living with dementia and their care network.
- To work closely with carers so their lived experience informs the ongoing development of dementia services across statutory, voluntary, and independent sectors.
- To provide carers with clear information and support to help them understand the changes they may see as dementia progresses.
- To fully implement the Carers Charter, ensuring carers' wellbeing and support needs are met in all aspects of service delivery.
- To ensure appropriate local counselling support is available for carers of people affected by all types of dementia.
- To develop a short break/respite offer that gives carers time away from their caring role, supporting their health and wellbeing.

We Will

- Aim to ensure that delivery of Hartlepool's Carer Strategy incorporates and reflects the needs those caring for a person living with dementia.
- Ensure that statutory service providers are fully aware and promote the support offer for care providers which are available through Hartlepool Carers and other voluntary community sector organisations such as The Bridge.
- Work with commissioners to engage with care providers to support people with Dementia appropriately, through training, support and updated guidance.
- Work with commissioners and partners from across the health, social care and voluntary sectors to develop and promote carer annual health checks and emergency plans.
- Work with commissioners and partners from across the health, social care and voluntary sectors to ensure that accessible practical information and training is available for carers of people affected by dementia from diagnosis onwards.
- Work with commissioners, social care providers and carers to co-produce a short break/respite offer for carers of people living with dementia.

Priority 3 - 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 it also allows individuals, families, and carers to become more aware of what is happening, and to plan for the future.

Our Aims

- To ensure everyone with dementia receives a timely and compassionate diagnosis, supported by clear, accessible information in appropriate formats.
- To work with Hartlepool and Stockton Health and local GP practices to develop a consistent, inclusive diagnostic process that meets the ongoing needs and wellbeing of individuals
- To ensure that following diagnosis, a personalised health plan is co-developed by the individual, their family, carers, and healthcare providers, ensuring respectful and effective support throughout their journey.
- To ensure regular medication reviews are carried out by GP practices, keeping treatment safe, effective, and appropriate as dementia progresses.
- To maintain access to essential primary care services including dentistry, chiropody, sight, and hearing tests which support wellbeing and help reduce isolation.
- To ensure all care providers and organisations are skilled in recognising dementia symptoms, and understand the steps needed to support timely diagnosis.
- To strengthen referral pathways from both primary and hospital settings, ensuring they are robust, consistent, and timely.
- To ensure people diagnosed with dementia, along with their families and carers, are fully informed about available ongoing support, including opportunities for lived experience participation.
- To continue to utilise important local services, such as the Community Dementia Liaison Service to support those accessing support.

We Will

- Develop monitoring and reporting processes to track the time taken from referral to diagnosis.
- Set clear objectives around how diagnoses are delivered and what can be expected in terms of ongoing support and care planning and monitor accordingly.
- Through the effective use of care planning, ensure consistent person centred support tailored to individual needs, collaborative decision making advanced care planning in order to enable the individual to express their wishes while they have capacity to do so, in order to guide future decision making at later stages and end of life.
- Develop and deliver training programmes for health and social care workforce, to ensure skills in identifying dementia, knowledge of its impact on physical health as well as cognition and understanding of next steps following diagnosis. Training should be co-produced, taking on board and reflecting lived experience of people living with dementia, their families and carers.
- Support GP practices to ensure people with dementia are identified and recorded correctly to support other interventions and potential involvement with other agencies.
- Ensure that people with dementia and their carers are as far as possible fully involved in the planning and design of ongoing support.
- Ensure that everyone with a dementia diagnosis has a named health or social care professional to assist and support with care co-ordination.
- Ensure that people who have a dementia diagnosis and who live alone receive appropriate support, information and assistance to ensure they can continue to live safely at home and do not become isolated.

- Improve pre-diagnosis support, to reduce crisis from arising, and safeguard the most vulnerable.
- Ensure that diagnostic pathways and associated communication and information processes are clear, accessible and responsive to individual needs and culture.
- We will ensure that support is tailored to meet the needs of individuals, at each stage of their dementia journey.

Priority 4 - 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. This will undoubtedly differ from person to person and be dependent on many factors. However, in all cases, the individual, family and carers should be fully involved and engaged in future care planning.

Our Aims

- To ensure everyone with a dementia diagnosis has a health plan they or their carer/family understand, can contribute to, and that is reviewed as needed.
- To ensure individuals eligible for adult social care receive a person-centred Care Act assessment and support plan, reviewed annually or as circumstances change.
- To ensure people living with dementia have full access to health and care services, including home care, community health, residential care, and dentistry.
- To ensure people with dementia who also need mental health support continue to receive appropriate care.
- To ensure people with dementia receive high-quality end-of-life care and are supported to die with dignity in a place of their choosing.
- To support those who have other needs alongside dementia, in a person centred way.
- To ensure people living with dementia have access to social and community-based activities and services of their choosing.
- To ensure workforce training equips staff with the skills and understanding to deliver meaningful, personalised care and support.
- To improve understanding of service uptake and experiences among minority communities, including ethnic minorities, LGBTQ+ individuals, and people with learning disabilities.
- To ensure public buildings, spaces, and care facilities are, as far as practicably possible, dementia friendly in layout and design.
- To explore creative solutions that best support people with dementia in their communities.

We Will

- Work with Hartlepool and Stockton Health and GP practices in Hartlepool to develop a consistent process through which all individuals with a dementia diagnosis have a health plan which they have had the opportunity to input to, and which is reviewed annually.
- Work with primary and social care providers to gain greater understanding of current assessment and diagnostic rates in minority communities and consult with communities and organisations that support people from minority communities in order to develop more open and accessible processes.
- Co-produce training inputs which will provide staff with skills, awareness and understanding to provide meaningful, person centred care and support to people living with dementia.
- Constantly assess physical environments, particularly those in health and care settings to ensure they are “dementia compliant”.

- Continue to investigate the potential of assistive technology and artificial intelligence to contribute to health, wellbeing, safety and social inclusion of people living with a dementia.
- Work with GP's and other health and care providers to ensure a seamless transition from diagnosis to service and support provision.
- Examine the potential to support a person living with dementia to access Direct Payments to personalise their support.
- Work with acute care providers, GP's and families to ensure end-of-life care is appropriate and communication is dementia friendly.

Priority 5 – Young Onset Dementia

Young Onset Dementia (YOD) refers to individuals diagnosed under the age of 65. This diagnosis can have a profound impact on emotional wellbeing, family life, employment, and financial stability meaning that support needs to be tailored differently than for older adults. Support must be age appropriate and include ongoing access to information, guidance, and peer support that addresses the specific challenges faced by younger people. Lower awareness and diagnostic difficulties in those under 65 often mean that the true number of people affected is underrepresented.

Our Aims

- To better understand the support needs for people with Young Onset Dementia, including, diagnostic and post diagnostic support, access to health and care services, carer support and practical help with housing, employment and financial planning.
- To improve our data on Young Onset Dementia, to enable more appropriate planning and delivery of health and care services.
- To reduce the time taken for individuals to receive a diagnosis of Young Onset dementia.
- To improve family orientated support, including respite and sitting services, support for young carers and children affected by dementia and carers are supported to remain in employment.
- To raise awareness amongst health, care and other service providers in Hartlepool of Young Onset Dementia and of its impact on individuals and families.

We Will

- Encourage the Integrated Care Board, and health partners involved in the diagnosis of Young Onset Dementia to review current diagnostic processes with a view to improving patient experience and reducing time taken to arrive at a diagnosis.
- Review and improve our data (community information, health care systems and social care systems) in order to develop a clearer picture of people living with the condition in Hartlepool and of associated health, care and support requirements.
- Ensure commissioning pathways consider the housing and support service requirements, including mental health and age appropriate residential care for people with Young Onset Dementia.
- Ensure Young Onset Dementia is appropriately and adequately covered in future training provision, particularly with front line staff/services such as GP practices and care providers, and plans developed to raise awareness and understanding with local businesses and service providers.
- Develop a communication strategy to ensure latest research and developments in diagnosis, care and support of people living with Young Onset Dementia are widely shared.
- Work with commissioners, social care providers and carers to co-produce a short break/respite offer for carers of people living with Young Onset Dementia.

Develop an action plan coming from H&WB

Statement from the Chair of the H&WB

Monitoring period needs agreeing (Annual H&WB)

Summary of strands?

Implementation group?

HEALTH AND WELLBEING BOARD

8 December 2025



Report of: Christine Fewster, Hartlepool Carers

Subject: CARERS STRATEGY

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:

- where people live healthier, safe and independent lives. (People)
- that is welcoming with an inclusive and growing economy providing opportunities for all. (Potential)

2. PURPOSE OF REPORT

- 2.1 To present the Carers Strategy for Hartlepool and seek endorsement from the Health and Wellbeing Board. In addition, for the Board to agree the development and monitoring of an action plan to ensure the Carers Strategy is implemented.

3. BACKGROUND

- 3.1 A draft Carers Strategy was shared at the June Health and Wellbeing Board, and it was agreed that the final document would come back for approval to the December meeting.
- 3.2 It was acknowledged at the June meeting that carers make a significant contribution to society and yet many still feel invisible, face significant inequalities, and lack adequate support ([Carers Week Report 2025](#)).
- 3.3 It was agreed that a refreshed Carers Strategy for Hartlepool would ensure that carers living in the borough are recognised, valued and supported in their roles, which are often physically and emotionally demanding.

4. PROPOSALS

- 4.1 The Carers Strategy is attached as **Appendix 1** and has been developed by the Carers Strategy Group with membership from statutory organisations, the voluntary and community sector and representation from carers via Hartlepool Carers. The group is underpinned by focus groups facilitated by Hartlepool Carers with a group of carers, ex-carers and young carers.
- 4.2 The Carers Strategy has been shaped by the priorities and lived experiences of carers themselves. This approach ensures the strategy is both ambitious and meaningful, reflecting what matters most to those it is designed for.
- 4.3 The Carer Focus Groups will play a key role in monitoring delivery of the strategy. To enable this, partner organisations will need to define and agree their specific actions, for which they will be accountable. Organisations will also attend occasional focus group sessions to provide feedback to carers on progress made.
- 4.4 Health and Wellbeing Board member organisations are asked to nominate a representative to develop the actions they are accountable for and participate in these sessions. An annual progress report will then be presented to the Health and Wellbeing Board.
- 4.5 The nominated representative should have the authority and commitment to:
- Attend future Strategy Group meetings;
 - Contribute to the action planning phase; and
 - Act as the link for monitoring and reporting progress on agreed organisational actions.
- It is anticipated that meetings will be held quarterly but frequency will be reviewed as implementation progresses.
- 4.6 This approach ensures consistent engagement in Strategy Group meetings, supports co-production with carers during the action planning phase, and improves communication and continuity across partners. Representatives will act as the link between their organisation and the Carers Focus Groups and Health and Wellbeing Board, enabling accurate monitoring and reporting of progress.

5. RISK IMPLICATIONS

- 5.1 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. There is a risk that the strategy will not be delivered without commitment from all partners.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial considerations associated with this report.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations associated with this report.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

- 8.1 The 'Caring About Equality' report identifies that 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 the Carers Strategy for Hartlepool helps deliver on that vision.

9. STAFF CONSIDERATIONS

- 9.1 There are no staff considerations associated with this report.

10. ASSET MANAGEMENT CONSIDERATIONS

- 10.1 There are no asset management considerations associated with this report.

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 11.1 There are no environment, sustainability and climate change considerations associated with this report.

12. RECOMMENDATIONS

- 12.1 It is recommended that members of the Health and Wellbeing Board endorse the Carers Strategy and ensure appropriate governance by nominating a representative from their organisation to support implementation.

13. REASONS FOR RECOMMENDATIONS

- 13.1 Nominating a representative from each organisation strengthens governance and accountability by providing a clear point of responsibility for delivering agreed actions under the Carers Strategy.
- 13.2 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

14. CONTACT OFFICER

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Hartlepool Carers Strategy

2026 – 2031

Introduction from Chair of Health and Wellbeing Board

Introduction

Unpaid carers in Hartlepool play a vital role in supporting family members, friends, and neighbours who could not manage without their help. Carers provide care out of love and commitment, but this often comes at a personal cost to their own health, wellbeing, finances, and opportunities.

Hartlepool recognises the importance of supporting carers of all ages – young carers, parent carers, working-age carers, ex-carers and older carers – so they can continue to live full and meaningful lives alongside their caring responsibilities.

Whilst not downplaying the impact of caring on all ages, there is no doubt that there are some specific challenges for young carers and it is important that these are considered in the strategy.

Young carers have unique needs that must be recognised, supported, and addressed in a coordinated and sustainable way. Young carers often take on significant responsibilities at home, which can impact their education, social development, and emotional wellbeing. A clear strategy helps to raise awareness across services, improve access to tailored support, and promote early identification and intervention. It also empowers young carers by giving them a voice in shaping the services that affect them, fostering resilience and helping them thrive both now and in the future.

This strategy has been shaped by the voices of carers in Hartlepool. It sets out our shared vision, values, and priorities to ensure carers are recognised, valued, and supported. Our aim is to ensure carers are not left isolated, unsupported, or invisible. Instead, carers should feel recognised, connected, and able to balance caring with other aspects of their lives. This strategy applies to carers of all ages and backgrounds and will be delivered through partnership working across health, social care, education, voluntary organisations, and local communities.

Background

Carers play an essential role in Hartlepool — supporting family members, friends, and neighbours who could not manage without their help. Their contribution underpins the health, wellbeing, and independence of many local people. Recognising this, Hartlepool Borough Council and Hartlepool Carers has worked closely with carers to develop this Carers Strategy.

The strategy has been shaped by the experiences and priorities of carers themselves. Over recent months, a programme of engagement and co-production activities has been carried out to ensure that carers' voices are at the heart of local planning. This included:

- Carer surveys circulated through local networks, and community organisations to capture a wide range of views
- Focus groups and listening events where carers shared their day-to-day experiences, challenges, and ideas for change
- Targeted conversations with young carers, working carers, and carers from diverse backgrounds to ensure inclusion of seldom-heard voices.
- Community workshops involving professionals from health, education, and social care, enabling carers and practitioners to explore shared priorities and opportunities for joint working

Feedback from these activities highlighted several consistent messages. Carers told us they want:

- To be recognised and valued for the vital contribution they make
- Clear, accessible information and advice at the right time
- Support for their own wellbeing, including opportunities for respite and social connection
- Greater flexibility and understanding from employers, schools, and services; and:
- To be involved as equal partners in care planning and service development

This strategy reflects what carers in Hartlepool have told us matters most to them. It builds on the strengths of our local community and sets out a shared commitment to ensure that carers are supported, respected, and empowered in their caring roles.

How this Strategy was Developed

The Hartlepool Carers Strategy has been developed through a partnership approach led by Hartlepool Borough Council and Hartlepool Carers, with support from other local organisations. The process has been evidence-based, using local data, national policy guidance, and carers lived experiences to shape shared priorities.

A Carers Strategy Working Group brought together representatives from across health, social care, education, and the voluntary sector to review feedback and identify key themes. The result is a strategy that reflects both the unique needs of Hartlepool's carers and our collective ambition to make the borough a carer-friendly community.

Hartlepool's Carers – Local Context

According to data, there are approximately 10,000 people in Hartlepool providing unpaid care to a family member, friend, or neighbour. Around:

- 1 in 10 residents identifies as an unpaid carer
- Over 1,600 carers provide 50 or more hours of care per week; and
- A growing number of carers are also in employment, balancing work and caring responsibilities.

These figures highlight the scale and significance of caring within our community — and the need for coordinated support that recognises carers as equal partners in care. The Carers Strategy sets out how local organisations will work together to achieve this.

Vision

That carers in Hartlepool are recognised, respected, and supported to live well, stay healthy, and achieve their own goals, while continuing in their caring role if they choose.

Values

Our work will be guided by the following values:

- Recognition – valuing carers as experts by experience.
- Respect – listening to carers' voices and treating them with dignity.
- Inclusion – ensuring carers are part of their community and have equal opportunities.
- Support – providing timely, accessible and practical help.
- Partnership – working with carers, families, communities, employers and services.
- Compassion – responding with kindness and understanding.

This Carers Strategy has been co-produced with carers and organisations in Hartlepool. It sets out eight key priorities, each with underpinning ambitions that aim to achieve meaningful change.

Our aim is to ensure carers are not left isolated, unsupported, or invisible. Instead, carers should feel recognised, connected, and able to balance caring with other aspects of their lives. This strategy applies to carers of all ages and backgrounds and will be delivered through partnership working across health, social care, education, voluntary organisations, and local communities.

Priorities

Priority 1: Helping carers be recognised and supported early

We want carers to be seen, heard and supported as soon as possible. We will do this by:

- Raising awareness of what being a carer means.
- Delivering training in schools, communities, health settings and with emergency services so carers can be spotted and signposted to support.
- Encourage that every school to have a designated Young Carer Lead whose contact details are shared and who fully understands the support mechanisms available for young carers. This individual plays a key role and should be well-known within the school community.
- Including carers in care planning and support them throughout the caring journey, including at end-of-life.
- Supporting carers in employment through awareness of the Carers Leave Act.
- Partnering with charities and community groups to identify and support carers of all ages

Priority 2: Carers having a family life and being part of their community

We want carers to be able to look after their family, enjoy time with friends and family, be part of their local community and do the things they like doing. We will help carers do this by:

- Providing activities and support in community locations.
- Supporting young carers in maintaining a balanced life where they can care for their family while also enjoying friendships, participating in community activities, and pursuing their own interests and aspirations.
- Supporting carers to start their own groups.
- Improving access to transport so families can access activities.
- Promote “Carer Friendly Hartlepool.”
- Create more social opportunities for carers to connect.

Priority 3: Giving carers the right information, advice, and support

We want carers to be able to easily find information, advice and support at the time they need it in a format that is accessible for them. We will help carers do this by:

- Making sure that any organisations who come into contact with carers know where to direct carers to for information, advice and support.
- Ensuring young carers can easily access the right information, advice, and support when they need it, in ways that are clear, age-appropriate, and tailored to their individual circumstances.
- Providing information that is easy to access both online and in person, tailored to individual needs and preferences—including through social media and other adaptable formats.
- Sharing real-life experiences from carers.
- Offering in-person support to reduce isolation.
- Creating peer networks for learning and support.

Priority 4: Helping carers stay healthy and well

We want carers to live healthy lives and to reduce their levels of stress, anxiety and depression. We will help carers do this by:

- Working with health services and charities to promote self-care.
- Providing wellbeing support, therapies and workshops.
- Recognising the impact caring has on health
- Ensuring GPs know who their carers are.
- Supporting young carers in maintaining their physical and emotional wellbeing by reducing stress and promoting healthy lifestyles, ensuring they have access to the right support at the right time.

- Ensuring all health professionals are aware of who their young carers are and encourage professionals to make appropriate adjustments to meet their health and wellbeing needs, providing compassionate, accessible, and responsive care.
- Offering community health checks and wellbeing sessions

Priority 5: Helping carers have a life outside caring (work, education, volunteering)

We want carers to have a good life outside of their caring role. Carers should be recognised and supported. They should be able to work, study, or volunteer if they want to - without harming their own wellbeing or the care they give. We will help carers do this by:

- Ensuring employers understand their responsibilities under the Carers Leave Act.
- Encouraging flexible working and hybrid options.
- Creating varied volunteering opportunities.
- Encouraging schools and colleges to have Carer Leads.
- Training job coaches to understand carers' needs.
- Supporting young carers to pursue education, training, volunteering, and personal interests—ensuring their caring role does not limit their opportunities or wellbeing, and that they are recognised and supported to achieve their goals.

Priority 6: Supporting ex-carers after their caring role ends

We want to make sure that people who used to care for someone get the help they need when their caring role ends. We will help carers do this by:

- Providing local groups and peer support for ex-carers.
- Promoting services that support life after caring.
- Encouraging ex-carers to use their skills to support others.
- Working with community and faith groups to provide support.

- Ensuring young carers are supported when their caring role ends, helping them adjust, rebuild their confidence, and access opportunities for personal growth, education, and wellbeing.

Priority 7: Making sure carers' voices are heard in decisions

We want carers to be recognised as experts in their own lives and be involved in planning and decision making. We will help carers do this by:

- Encouraging carers to become Carer Champions and join focus groups.
- Seeking carers opinions by offering surveys and flexible feedback methods.
- Taking focus groups into local venues.
- Ensuring groups are supportive, friendly and inclusive.
- Ensuring young carers are recognised as experts in their own lives and are actively involved in shaping the support, services, and decisions that affect them.
- Providing clear information for carers leading groups.

Priority 8: Giving carers time away from caring responsibilities

We want to make sure that carers have can take time away from their caring responsibilities whilst knowing that their cared for is being well looked after. We will support carers to do this by:

- Helping carers maintain social networks, hobbies and interests.
- Coordinating services to give carers breaks.
- Providing peer groups, retreats and flexible respite opportunities.
- Offering subsidised activities to make breaks affordable.
- Providing activities in varied community settings.
- Ensuring young carers have regular opportunities to take time away from their caring responsibilities, knowing that the person they care for is safe and supported—so they can rest, recharge, and enjoy activities that matter to them.

How will we deliver our vision for Carers?

This strategy sets out our vision for carers living in Hartlepool. An action plan for the delivery of this strategy will be developed. A set of measures will be included in the plan to monitor progress and success, and these will be reported annually to the Health and Wellbeing Board. These measures will not just be numbers and outputs, they will also be measures of impact, so we know that we are making a difference and supporting carers, their families and cared for.

HEALTH AND WELLBEING BOARD

8 December 2025



Report of: Interim Director of Public Health

Subject: DRUG AND ALCOHOL STRATEGY UPDATE

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 on the implementation of the Drug and Alcohol Strategy.

3. BACKGROUND

- 3.1 Substance misuse is one of the most challenging health issues we face in Hartlepool. The personal, social and economic impacts of substance misuse are great, and it is a key driver of health inequalities in the borough. The Health Needs Assessment for substance misuse has outlined that Hartlepool is experiencing more significant issues and higher numbers of people using substances than the England average. It also demonstrates the increasing harms caused by substances with high numbers of drug and alcohol related deaths.

- 3.2 In 2023, the public health team undertook a needs assessment this led onto the refresh of the drug and alcohol strategy, and priorities outlined below.

The drug and alcohol strategy focuses on four priorities:

- Priority 1: Prevention and early intervention
- Priority 2: Reducing drug and alcohol related harms
- Priority 3: Supporting wider health needs
- Priority 4: Reducing drug and alcohol related crime and disorder

4. PROGRESS UPDATE

4.1 Progress against each of the four priorities is set out below:

4.1.1 Priority 1: Prevention and early intervention

- Drug testing in partnership with Teesside University is in place across Tees.
- A formal pathway has been developed between Start and the Trust for the referral of children and young people into the service.
- Hartlepool is now part of the DAPO (Domestic Abuse Protection Orders) pilot, The Drive Partnership, commissioned by the Home Office. This supports perpetrators of domestic abuse to access substance use and mental health support.
- Recruitment of a dedicated communications lead who can support with campaigns and social media regarding Start.
- Start workers are now co-located within Early Help, Harm Outside the Home (HOTH)/Edge of Care and the Child Protection Team.
- The commissioned service, Recovery Connections, now have their own premises, focusing on recovery in the community, which is open to everyone, not just those accessing Start. Recovery Connections is a Lived Experience Recovery Organisation, with the majority of staff having lived experience of addiction.
- Recovery Connections continue to deliver employment support for those using substances and have recently celebrated 100 job starts.
- A new drug and alcohol related death (DARD) coordinator is now in post following the post being vacant.
- Work is underway with Teesside University to evaluate local services with a focus on improving access and service provision.

4.1.2 Priority 2: Reducing drug and alcohol related harms

- Suspected drug and alcohol related deaths have reduced between Jan-June 2025 (9) compared to Jan-June 2024 (14).
- Start are now using SystmOne to improve the GP referral process and sharing of information
- Hartlepool Borough Council has worked with Stockton Borough Council to jointly commission substance misuse practitioners working alongside the alcohol care team in North Tees & Hartlepool NHS Foundation Trust.
- Drop-in sessions are taking place within Family Hubs to encourage women to access Start.
- The new Start building is currently in development, with the opening planned in the new year.
- Recovery Month saw a significant uplift in both engagement and reach, with strong public interest. The events held throughout National Recovery Month and the communication around recovery and addiction: resulted in 111,853 views (a 193.3% increase compared to August), 218 shares and 105 new followers.

4.1.3 Priority 3: Supporting wider health needs

- Tees Esk & Wear Valleys NHS Foundation Trust and Alliance continue to co-locate workers within Start.
- Start provides drug and alcohol awareness training including Naloxone training provided town wide and training on parental substance use.
- Alcohol Working Group with Primary Care Networks continues, with increased use of brief alcohol interventions and Audit C with patients. One of the main aims of this work is to increase referrals from GPs, to reduce unmet need associated with alcohol use across Hartlepool.
- Family worker working closely with Start and children's social care.
- CRUSE are commissioned to support those effected by drug and alcohol related deaths. A new pathway has been put in place with police, whereby someone from CRUSE will contact the person and they can choose to opt in or out.
- Weekly spirometry clinics are held at Start.

4.1.4 **Priority 4: Reducing drug and alcohol related crime and disorder**

- Intensive Supervision Courts are fully embedded into Start pathways.
- Monthly continuity of care meetings with North East HMPS continue.
- Ongoing work with the police re: drug testing and intelligence gathering.
- The Combatting Drugs Partnership across Tees is currently being reviewed.

5. **RISK IMPLICATIONS**

- 5.1 The current funding that supports the implementation of the strategy runs till March 2026. This grant is being reviewed nationally, and grant allocations are expected to be announced in January 2026.

6. **FINANCIAL CONSIDERATIONS**

- 6.1 Hartlepool Borough Council receives additional national grant funding which supports the implementation of the Drug and Alcohol Strategy and action plan this is currently being reviewed national.
- 6.2 The Public Health grant provides funding for the core Drug and Alcohol Service START.

7. **LEGAL CONSIDERATIONS**

- 7.1 No current legal considerations.

8. **EQUALITY AND DIVERSITY CONSIDERATIONS**

- 8.1 None.

9. STAFF CONSIDERATIONS

9.1 There are no staff considerations.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 Not applicable

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

11.1 Not applicable

12. RECOMMENDATION

12.1 It is recommended that the Health & Wellbeing Board notes progress in relation to implementation of the Drug & Alcohol Strategy.

13. REASON FOR RECOMMENDATION

13.1 Substance misuse is one of the most challenging health issues in Hartlepool which drives health inequalities and has wider social and economic impacts.

14. BACKGROUND PAPERS

None.

15. CONTACT OFFICERS

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HEALTH AND WELLBEING BOARD

8 December 2025



Report of: Interim Director of Public Health

Subject: TOBACCO CONTROL STRATEGY

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:

- where people live healthier, safe and independent lives. (People)
- that is welcoming with an inclusive and growing economy providing opportunities for all. (Potential)

2. PURPOSE OF REPORT

- 2.1 To provide an update on the delivery of the Tobacco Control Strategy Action Plan and the Specialist Smoking Service for Hartlepool.

3. BACKGROUND

- 3.1 Smoking is the leading cause of death and illness in the UK and remains a key contributor to avoidable health inequalities in Hartlepool. There are still 6 million adult smokers in England and every year around 74,600 people die from smoking, with many more living with debilitating smoking-related illnesses. Smoking increases the risk of developing more than 50 serious health conditions.
- 3.2 The costs of smoking to society are significant. The 'Towards a smoke-free generation: tobacco control plan for England' identified that smoking is estimated to cost our society in England around £21.8 billion, including a significant cost to the NHS and social care.
- 3.3 In Hartlepool, 13.5% of our adult population smoke and this is estimated to cost Hartlepool £93.4 million per annum.

- 3.4 The Tobacco Control Strategy and Action Plan were shared with the Health and Wellbeing Board in 2023, and it was agreed that six monthly updates would be provided.

4. PROGRESS UPDATE

- 4.1 The Action Plan has eight priority areas. A summary of progress against each of those priorities is set out below:

4.1.1 **Priority 1- Building infrastructure, skills and capacity for local tobacco control delivery.**

Action: Deliver the priorities of the Tobacco Strategy and Action Plan through the Tobacco Alliance for Hartlepool with a focus on: reducing health inequalities caused by smoking, supporting vulnerable groups to be smoke-free, protecting children and young people from tobacco and encouraging smoke-free pregnancies.

Progress

- Tobacco Alliance meetings are held quarterly.
- Partners working with target groups are referring to Community Navigators to provide the Swap to Stop offer and there are National Centre for Smoking Cessation Training (NCSCT) trained staff within housing and START Drug and Alcohol service who also provide the offer.
- Partners also refer people into the specialist smoking service if they require more tailored support.

Action: Utilise the support of Fresh partnership website www.fresh-balance.co.uk in the development of the Alliance to ensure we have access to the latest tools and resources

Progress

- Information has been presented throughout the year to the Tobacco Alliance on the progress of the Tobacco and Vapes Bill.
- There are plans to grow the Tobacco Alliance and increase attendance from all key partners

Action: Share national, regional and local updates and develop opportunities to share knowledge and practice across systems in Hartlepool

Progress

- Tobacco Control Lead presented at the Association of Directors of Public Health Tobacco Commissioners (ADPHNE) meeting to showcase how the smoking offer has been implemented within the Drug and Alcohol service in Hartlepool. A toolkit has also been developed to share practice in further detail.
- A mapping activity was completed across the region by FRESH, which can be used to develop further opportunities within Hartlepool's smoking offer.

Action: Audit smoking pathways, documentation and data across stakeholders, Alliance partners and communities

Progress

- Key Performance Indicators continue to be monitored quarterly for the smoking offer. Data currently shows targets are being met.

Indicator	Q4 24/25	25/26 Q1
Total number of smokers accessing the service (who set a quit date)	119	174
Number of service users quitted at 4-week	59	76
The % of smokers successfully quit at 4-week	49.58%	43.68%

Action: Develop a follow up pathway post pregnancy of benefits of maintained quits and those wanting to quit

Progress

- Staff in the 0-19 now complete Carbon Monoxide testing during mandated visits, alongside being trained in National Centre for Smoking Cessation Training (NC SCT) and Ve Behavioural Advice VBA+, which supports further referrals into the specialist smoking service and/or Swap to Stop Scheme. This follows on from the North East & North Cumbria Tobacco Dependency in Pregnancy Pathway & supports the Postnatal Period Pathway.

Action: Work with partners to enable them to complete CLeaR assessment tools a deep dive' self-assessment tools to improve tobacco control work relevant to key service areas, to include maternity, illicit tobacco and mental health services to identify improvements for service delivery

Progress

- A CleaR assessment has been completed on the smoking cessation offer across Hartlepool. Scores had improved in comparison to the 2023 assessment. The assessment also highlighting areas of tobacco control which require further focus including:
 - Further CLeaR assessments are planned to be completed in partnership with mental health services and Trading Standards.
 - Monitoring data from the new implemented service to ensure targeting of clinics
 - Working with maternity services and pathways to strengthen the support for pregnant smokers and their wider family
 - Work with trading standards colleagues to complete a self-assessment tool

Action: Identify and develop 'champions' within organisations to increase the profile of the tobacco control agenda

Progress

- Front of house staff member in Thirteen Housing store has completed National Centre for Smoking Cessation Training (NCSCT) training to be able to signpost and support housing clients to stop smoking.
- Staff member at Thirteen Housing is also now trained to deliver the Swap to Stop offer, alongside Social Prescribing Staff within a Primary Care Network.
- Work is ongoing with the Work Well Programme to support a smoking offer as part of the programme and identify champions within partner organisations.

4.1.2 **Priority 2- Advocacy for evidence-based policies and legislation to achieve a Smokefree 2030 and to minimise influence of the tobacco industry**

Action: Ensure there is continued vigilance around the tobacco industry and frontline groups and that we adhere to Article 5.3 as set out within the Framework Convention on Tobacco Control.

Progress

- Hartlepool Borough Council is part of the Smokefree Action Coalition and partners have also been encouraged to sign up.
- Focused session on illicit tobacco and Article 5.3 delivered to the Alliance by FRESH in October 2025.

Action: Identify and share local case studies on action on tobacco and encourage the sharing of “real people” stories to bring to life the human side of tobacco control.

Progress

- Further case studies have been identified by the specialist smoking service which can be developed into communications

Action: Support of the Tobacco and Vapes Bill/ Endorsement of the NE declaration and advocacy for a smoke free future

Progress

- Local support for the Tobacco and Vapes Bill on behalf of Hartlepool.
- North Tees & Hartlepool NHS Trust (commissioned provider) is signed up to the NHS Smokefree pledge.

4.1.3 **Priority 3- Reducing exposure to tobacco smoke and normalising smokefree environments**

Action: Develop a locality strategic approach to reducing exposure to tobacco smoke and normalising smoke free environments using briefings and support from Fresh.

Progress

- Meeting with all headteachers attended by Tobacco Control Lead to discuss smoke free environments in schools and illicit tobacco/vapes

Action: Share training resources and campaign materials on the dangers of second-hand smoke with Hartlepool Tobacco Alliance for use by frontline staff to deliver standardised messages.

Progress

- Smoking in the home report by ASH circulated to the Alliance & also shared with Thirteen Housing to highlight the need for smoking cessation support across partners.
- Family Hubs staff now have National Centre for Smoking Cessation Training (NCSCT) and VBA+ (Very Brief Advice on Smoking) & Very Brief Advice on Smoking for Pregnant Women within their mandatory training.
- Promoting awareness around legislation with the 0-19 service (particularly in cars and home).
- FRESH have developed contemporary resources in aid of reducing second-hand smoke which will be distributed to partners to use and will allow communications to develop localised messages.

Action: Work with partners to ensure workplace policies on smoking are up to date and they recognise Vaping as a means to help smokers quit.

Progress

- Smoking Policy Writing guidance from FRESH will be shared with Better Health at Work Award (BHAWA) partners and Alliance partners.
- HBC smoking policy has been updated and shared internally and is now being taken to Trade Unions.

4.1.4 **Priority 4 - Year round, media communications and education**

Action: Include communications as a key part of the Alliance utilising support from FRESH to inform the development of a coordinated local communication plan.

Progress

- A Tobacco Control Communications Plan (mirroring national media campaigns) has been developed to push out regular communications and share with the Alliance, alongside the FRESH communications plan.
- The Director of Public Health report for 2025 focuses on Tobacco Control which highlights the importance of work ongoing in Hartlepool to partners and the public.

Action: Organise themed discussions for locality partners, with support from FRESH to map and develop communication channels which will amplify regional campaigns by ensuring that toolkits are shared with partners and local messaging mirrors that of mass media campaigns

Progress

- FRESH delivered a session to the Alliance on the dangers of second-hand smoke and raising price and legislation.
- Stoptober Toolkit shared with partners alongside locally adapted content.

Action: Provide clear guidance to professionals and public on the use of e-cigarettes/vapes

Progress

- Illicit tobacco session, alongside vaping and smoke free environment presentation delivered at Headteachers Meeting.
- Association of Directors of Public Health North East ADPHNE Position Statement on Vaping and ADPHNE Vaping Communications guide shared with the Alliance.

Action: Provide topic specific training sessions for professionals and circulate National Centre for Smoking Cessation Training (NCSCT) training sessions (including core competencies to support a quit attempt)

Progress

- Providers meeting attended to deliver a session on the smoking offer across Hartlepool, in aim to also recruit further smoking champions amongst carers

4.1.5 **Priority 5 - Supporting smokers to stop and stay stopped and also to reduce harm**

Action: Develop services that target those most at risk and focus our support on priority groups not already supported by existing NHS pathways.

Progress

- Current Swap to Stop Pathfinder is ongoing and will run until March 2026
- Swap to Stop offer has also branched out to Social Prescribers within a Primary Care Network and to Thirteen Housing Group
- The commissioned specialist smoking service (North Tees and Hartlepool NHS Foundation Trust) is offering a tailored 12-week support programme including nicotine replacement therapies, pharmacotherapy and/or an e-cigarette.
- The service is running clinics 4 times a week across community venues within the town, and the offer also includes telephone consultations, home visits for those who are housebound and workplace clinics.
- Commissioning of the Smokefree App will allow Hartlepool residents who may not want to access the specialist smoking service to access free licenses online, and access to the Swap to Stop scheme via this offer.
- A regional Patient Group Direction (PGD) has been developed for Varenicline which HBC have adopted, further work is ongoing with FRESH and Pharmacy Advisors to develop a further PGD for Cytisine, which will widen the offer and make pharmacotherapy more accessible for service users.

- Wider health partners not attending the Alliance meetings such as opticians and dentists have been contacted and made aware of services and how to refer into services via the online referral form.

4.1.6 **Priority 6 - Raise price and reduce illicit trade**

Action: Provide support to Trading Standards colleagues in partnership with Fresh to inform their approaches to addressing illicit trade.

Progress

- During 2024/25 TS have secured closure orders against premises that sold illicit tobacco and worked with Cleveland Police on numerous seizures and investigations.
- Fresh facilitate regional response to consultations on illicit and access to tobacco products including vapes.

4.1.7 **Priority 7- Tobacco and nicotine regulation including reducing tobacco promotion**

Action: Process developed and agreed by Tobacco Control Alliance members for alerting involvement of tobacco companies.

Progress

- Updates provided at Alliance meetings by Trading Standards representative.
- FRESH Keep it Out reporting procedure discussed and sent as a reminder to Alliance throughout the year.
- Trading Standards continue to ensure retailers are following legislation in terms of the ban of single use vapes which came into place in June 2025. This aims to reduce environmental waste but also to reduce the appeal and availability of vapes to children, whilst ensuring they remain available to help adult smokers quit.

4.1.8 **Priority 8 - Data research and public opinion**

Action: Use clearly defined data to ensure we are using targeted approaches to address health inequalities

Progress

- Clinics are held in areas where target groups are already utilising services such as Family and Community Hubs, with the opportunity for clinics to run from workplaces and START.
- Key Performance Indicators are discussed at quarterly meetings to ensure clinics are held in accessible areas and to address if any further provision needs to be implemented.

Action: Use qualitative insight work led by Fresh on attitudes towards tobacco, with a particular focus on exploring motivations for behaviour change, to inform local campaign development. This will also include

understanding the needs of people who smoke and routes and barriers to quitting.

Progress

- Regional work has allowed a Smokefree app to be commissioned, and insights work has been completed by Bluegrass to understand the requirements of an app and the barriers to those using an app or accessing a specialist smoking service.
- Insights work will then allow a targeted communications campaign to be developed for January 2026.

Action: Work with education and youth service colleagues to better understand the numbers of young people who smoke/vape to inform approaches and interventions using evidenced based approaches and resources.

Progress

- Commissioning of a Health-Related Behaviour Questionnaire pilot will provide data on the number of young people smoking and vaping and this can then be expanded to other education settings across Hartlepool. The data will inform future need for specific interventions.

Action: Work collaboratively with North Tees & Hartlepool NHS Foundation Trust to ensure the data monitoring process used is robust.

Progress

- Quit Manager has been implemented for those partners delivering the Swap to Stop offer within HBC, which enables a robust central data management system.

5. RISK IMPLICATIONS

- 5.1 No risk implications identified.

6. FINANCIAL CONSIDERATIONS

- 6.1 Additional funding was allocated to Public Health as part of the National agenda to create a 'smokefree generation' and to enhance the provision of stop smoking support. This funding for 2024/25 to 2028/29 has been used to commission North Tees and Hartlepool NHS Foundation Trust to deliver a specialist smoking service. Funding is based on quit dates set and Year 1 targets were met. Current data shows that targets will also be met for Year 2.
- 6.2 The FRESH contract has been signed for a further 2 years, funded through the Public Health ring fenced grant

7. LEGAL CONSIDERATIONS

7.1 No legal considerations identified.

8. SINGLE IMPACT ASSESSMENT

8.1 No equality and diversity issues have been identified. Stop smoking support aims to reduce inequalities and address those at most risk.

9. STAFF CONSIDERATIONS

9.1 The Council's smoking policy has been reviewed and updated.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 No considerations identified.

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

11.1 Not applicable.

12. RECOMMENDATION

12.1 It is recommended that the Health and Wellbeing Board note progress against the Tobacco Control Action Plan and continue to receive regular progress updates.

13. REASON FOR RECOMMENDATION

13.1 Smoking is a key contributor to avoidable health inequalities in Hartlepool. Regular updates ensure that board members are aware of the work that is being undertaken to address smoking related harms.

14. CONTACT OFFICERS

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HEALTH AND WELLBEING BOARD

8 December 2025



Report of: Executive Director of Adult Services and Public Health

Subject: DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

1. COUNCIL PLAN PRIORITY

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

- where people live healthier, safe and independent lives. (People)

2. PURPOSE OF REPORT

- 2.1 To share the Director of Public Health (DPH) Annual Report 2025.

3. BACKGROUND

- 3.1 The DPH Annual Report is an important vehicle for providing advice and recommendations on population health to both professionals and the public - providing added value over and above intelligence and information routinely available.
- 3.2 The requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, is specified in the Health and Social Care Act 2012.

4. PROPOSALS

- 4.1 The 2025 report focuses on the challenges we face from smoking, which is still a significant cause of ill health in our communities and a major driver of ill health and health inequalities in Hartlepool. Around 1 in 7 adults still smoke in Hartlepool today and too many people are dying from preventable smoking related diseases. The report outlines work that has already been undertaken to address this issue and how we are working in partnership with a range of stakeholders to continue to reduce smoking in Hartlepool.

- 4.2 The report takes a similar format to the previous two reports that have focused on work, skills and health (2023) and giving children the best start in life (2024) and includes a range of videos, data and intelligence.
- 4.3 The report is attached as **Appendix 1**. This will be published following approval by Full Council.

5. RISK IMPLICATIONS

- 5.1 There are no risks associated with this report.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial considerations.

7. LEGAL CONSIDERATIONS

- 7.1 The council is required to publish the DPH report annually as set out in 3.2.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

- 8.1 None.

9. STAFF CONSIDERATIONS

- 9.1 None.

10. ASSET MANAGEMENT CONSIDERATIONS

- 10.1 None.

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 11.1 None.

12. RECOMMENDATION

- 12.1 It is recommended that the Health & Wellbeing Board note the contents of the DPH Annual Report 2025 and the continued work that is taking place to reduce smoking in Hartlepool.

13. REASON FOR RECOMMENDATIONS

- 13.1 To ensure compliance with the statutory duties under the Health and Social Care Act 2012 for the Director of Public Health to produce a report and the Local Authority to publish it.

14. BACKGROUND PAPERS

- 14.1 None.

15. CONTACT OFFICERS

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Hartlepool
Borough Council

Hartlepool Director of Public Health Annual Report 2025

HARTLEPOOL.GOV.UK





Introduction by Craig Blundred

Director of Public Health for Hartlepool



For my annual report this year I am focusing on the challenges we face from what is still a significant cause of ill health in our communities. Smoking is still a major driver of ill health and health inequalities in Hartlepool. We have made significant progress in the last few decades, but we still have further to go. Many of us still remember what public spaces were like when smoking was allowed and we now have clean air in our pubs, restaurants and on public transport. But this doesn't mean that smoking and the effects of smoking have gone away.

Around 1 in 7 adults still smoke in Hartlepool today and that is too many. Ill health resulting from smoking not only impacts on the person themselves but their families as well. People are still dying from preventable smoking related diseases. There are also huge costs, still, to our health and social care services as well.

So we still have a long way to go – but I am optimistic. As you will see in this report, we have increased the stop smoking support available to Hartlepool residents and we are also cracking down on illicit tobacco which has a damaging effect in terms of encouraging young people to smoke. The report also outlines how we are working in partnership with a range of stakeholders to continue to reduce smoking in Hartlepool.





Reducing exposure to
tobacco smoke



Supporting smokers to stop



Raise the price and reduce
illicit trade





Reducing exposure to tobacco smoke

Second hand smoke (SHS) continues to pose a significant global health risk. It is estimated that 33% of male non-smokers, 35% of female non-smokers, and 40% of children worldwide are regularly exposed to SHS. The immediate health effects of exposure include eye irritation, headaches, coughing, sore throat, dizziness and nausea. Over the long term, SHS is associated with an increased risk of serious conditions such as heart disease, various forms of cancer, stroke, and dementia.

The 2022 independent Khan Review recommended key actions to make smoking obsolete in England. Its main proposal was to gradually raise the legal age for buying tobacco. Other suggestions included expanding smoke-free areas to protect young people and de-normalise smoking, as well as introducing a licensing system for tobacco retailers. While England has already ruled out smoking bans in hospitality settings, future expansions of smoke free environments under the Tobacco and Vapes Bill are expected to include public parks, school grounds, and hospital premises. These measures also aim to reduce second-hand smoke exposure and related health risks.

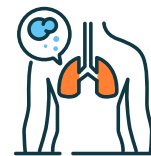
Children are particularly vulnerable to the harmful effects of SHS due to their developing lungs and faster breathing, which increases their intake of harmful substances. Around 85% of second-hand smoke is invisible and odourless, meaning it can linger and remain dangerous even after the smoke disappears.

Each cigarette releases over 5,000 harmful chemicals and exposure during childhood has been linked to a heightened risk of sudden infant death syndrome (SIDS), glue ear, asthma, and other chronic respiratory illnesses, including emphysema in later life. This highlights the need to protect young people from exposure in all settings, including homes, cars and public places.

Evidence shows that children living in households where parents or siblings smoke are up to three times more likely to become smokers themselves. Furthermore, a study conducted by Imperial College London found that children whose caregivers smoke are four times more likely to become regular smokers compared to those whose caregivers are non-smokers.

Hartlepool is committed to reducing tobacco smoke exposure in homes and public spaces as reducing SHS exposure is essential for safeguarding the health of current and future generations. A comprehensive approach including public education, smoke-free environments, and support for cessation remains critical in addressing this preventable risk.

The infographic below shows the health impacts of second hand smoke (babies and children)



20-50% lower
respiratory tract
infections increase



30-70% increased
risk of incidents of
wheeze and **21-85%**
increased risk of
asthma in children



60% increase
of middle ear
infections



x3 fold increased
risk of bacterial
meningitis



x3 fold increased
sudden infant
death





The picture in Hartlepool

According to the latest Annual Population Survey (APS, 2023)

- Approximately 1 in 7 adults in Hartlepool are current smokers, this compares with roughly 1 in 11 for England and the North East.
- The proportion of adult smokers in Hartlepool has reached its lowest level in 13 years, indicating progress in reducing smoking rates.
- Nearly 1 in 3 adults in Hartlepool are now classified as ex-smokers and just over 1 in 5 workers in routine and manual occupations in Hartlepool, continue to smoke.

Local Smoking in Pregnancy Data (2023/24)

- Around 15% of pregnant women in Hartlepool were smokers in the early stages of their pregnancy in 2023/2024, but this fell to around 10% at time of delivery, which is worse than the national average of 7.4%, however lower than the North East average of 10.2%.

This indicates a continued need for focused smoking cessation support for pregnant women and families with young children across Hartlepool.

- 🔗 For further data click here - [Living Well | Joint Strategic Needs Assessment | Hartlepool Borough Council](#).
- 🔗 Link – [Smoking Needs Assessment 2023 | Hartlepool Borough Council](#)





What are we doing?



Commissioned by Hartlepool Borough Council, FRESH delivers a comprehensive eight-strand programme designed to reduce smoking prevalence by implementing the most effective, evidence-based tobacco control interventions. A key part of the programme is national advocacy, making sure the North East stays strongly and consistently involved in discussions and policies about tobacco issues. This involves making sure the regions needs and experiences are considered when national tobacco policies are discussed.

FRESH leads high-quality public health campaigns and maintains ongoing media engagement throughout the year. These efforts aim to encourage smoking cessation support and keep the issue of tobacco harm prominently on the public and political agenda. One of the Smoking Survivors Campaigns in 2025 featured a Hartlepool family, which highlighted the issues locally for our community.

The programme is underpinned by the latest research and evidence, which informs all activities. FRESH focuses on increasing public awareness of health risks associated with smoking and the benefits of quitting, working closely with the North East population to support behaviour change and promote a smoke free future.

 **Smoking Survivors | Fresh Quit**





Hartlepool
Borough Council

**Reducing exposure
to tobacco smoke**

**Supporting smokers
to stop**

**Raise the price and
reduce illicit trade**



0-19 Service – Tobacco Control and Infant Health

Hartlepool Borough Council's 0-19 team comprises a range of qualified and experienced professionals, including Health Visitors, School Nurses, Specialist Public Health Nurses, Staff Nurses, Nursery Nurses, Family Support Workers, Family Hubs Staff and Parenting Support Workers.

The multidisciplinary team works closely with local families to deliver key mandated health and development reviews, including antenatal visits, new birth assessments, and child development reviews at 9-12 months and 2-2.5

years. As part of these contacts, carbon monoxide (CO) screening is routinely carried out. This non-invasive test helps identify active smoking or exposure to harmful levels of CO, such as from faulty gas appliances, supporting early intervention.

Team members provide evidence-based advice on the risks of second-hand smoke and offer practical guidance on reducing children's exposure in the home and other environments. Where appropriate, families are supported with referrals to local stop smoking services.



 **Family Hubs in Hartlepool**





Supporting smokers to stop and stay stopped and also to reduce harm

Smoking remains the leading cause of early death and preventable illness in the UK. Approximately 50% of smokers will die prematurely as a direct result of smoking-related conditions, with life expectancy reduced by an average of 10 years compared to non-smokers. For every individual who dies due to smoking, it is estimated that around 30 others are living with smoking-related illnesses.

In England during 2019-2020, smoking was associated with approximately 506,100 hospital admissions among adults aged 35 and over. These admissions represented around 4% of all hospital admissions in this age group. The financial cost to the NHS in England is substantial, with smoking related care estimated to cost £1.9 billion per year.

Data from the Global Burden of Disease Study (2021), highlights the scale of smoking's impact, attributing 10.7% of all deaths in the UK to smoking – more than any other preventable cause. By comparison, other major preventable risk factors contributed to a significantly lower proportion of deaths:

- High body mass index: 5.8%
- Alcohol use: 2.9%
- Drug use: 1.0%

The majority of smoking-related deaths are attributed to three primary conditions:

- Lung Cancer
- Chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis
- Coronary heart disease (CHD)

These findings underline the need to continue investment in tobacco control, prevention, and cessation services to reduce the health impacts and financial costs of smoking.





The picture in Hartlepool

Smoking is a major contributor to avoidable health inequalities in Hartlepool. The Government has set a target for a Smokefree England by 2030, defined as reducing adult smoking prevalence to 5% or below.

- An estimated 46% of the Hartlepool population, including both current and ex smokers, are at a greater risk of smoking related harms, compared with 37% for England and 38% for the North East region.
- Smoking attributable mortality in Hartlepool continues to fall, down 16% over a five year period
- Smoking attributable deaths from cancer in Hartlepool also continue to fall, down 19% over the same five year period
- Despite these improvements, both smoking attributable mortality and cancer death rates remain significantly higher than the national average
- Latest 24/25 figures show that 41% of people that engaged with Hartlepool's stop smoking service, successfully quit.
- Based on the current trends, Hartlepool is not projected to meet the 5% smokefree target

While there have been notable improvements in smoking related mortality and cessation support, smoking continues to place a significant burden on health in Hartlepool. Sustained efforts will be essential to close the gap and accelerate progress toward the national Smokefree by 2030 target.

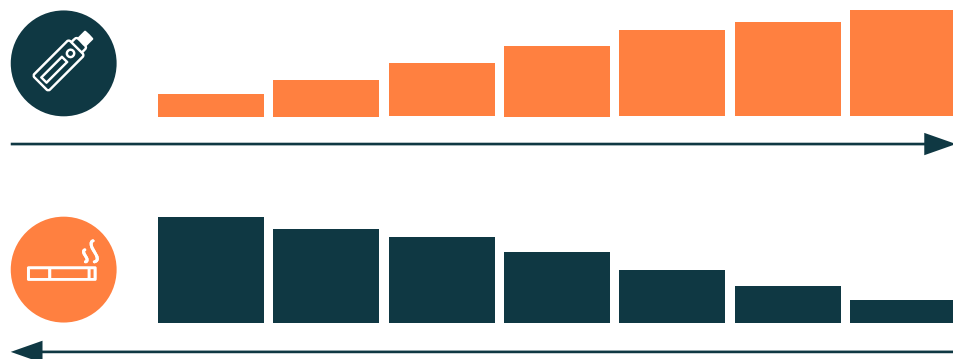




Vaping trends

Due to the absence of local-level data on vaping in Hartlepool, national survey findings are used to provide estimates. Nationally, approximately 5.9% of people aged 16 and over report daily e-cigarette use. Based on this, it is estimated that around 4,500 adults in Hartlepool may be daily users of e-cigarettes. In addition, around 3.9% of adults (approximately 27,000 people nationally) use e-cigarettes occasionally. For Hartlepool this proportion would be around 3,000 people using e-cigarettes occasionally.

Evidence continues to show that while smoking rates are declining, e-cigarette use is increasing, particularly among certain groups. However, disposable vape use peaked in 2023 and is now in decline. Current smokers and ex-smokers are the most likely to vape, although usage is also rising among those who have never smoked, currently estimated at 2.8% of the adult population. Extrapolated to local populations, this would suggest that a proportion of Hartlepool residents who have never smoked, may now be using e-cigarettes.



Youth Vaping

The 2025 ASH Smokefree Youth Survey provides an updated overview of vaping and smoking behaviours among 11-17 year olds in Great Britain. Key findings include:

- 20% of 11-17 year olds have tried vaping (an estimated 1.1 million young people), consistent with 2023 levels
- 7% currently vape (approximately 400,000), with 40% of current users vaping daily
- Ever smoking among young people has increased significantly, rising from 14% in 2023 to 21% in 2025
- 63% of young people believe vaping is as harmful or more harmful than smoking, indicating an increase in perceived risk

While vaping is substantially less harmful than smoking, it still exposes users to toxins that can affect lung health. This is particularly concerning for young people, whose lungs are still developing. Furthermore, nicotine – the addictive substance found in most vapes – can negatively impact brain development, concentration and learning in school-aged children.

Although there is currently no strong evidence that vaping leads directly to smoking, the likelihood of trying vapes increases with age and is higher among young people who already smoke. In the UK, vapes containing nicotine are regulated, and it is illegal to sell them to anyone under the age of 18 or for adults to purchase them on behalf of minors.

For further data click here - Living Well | Joint Strategic Needs Assessment | Hartlepool Borough Council.

Smoking Needs Assessment 2023 | Hartlepool Borough Council





What are we doing?

Local Support in Hartlepool: Swap to Stop Initiative

In Hartlepool, residents can access support to stop smoking through the Swap to Stop initiative, delivered by the Community Navigators, Start, Housing, Thirteen Group and a Primary Care Network (PCN), in partnership with the specialist smoking service.

The Swap to Stop programme offers:

- 12 weeks of tailored behavioural support, provided by trained staff within the community.
- A free 12-week vape bundle, designed to support a switch from tobacco to e-cigarettes as a harm reduction approach.
- Flexible support options including face to face, telephone, or blended appointments, depending on individual needs.

The programme is delivered in collaboration with key partners and staff within these organisations have been trained to deliver the offer, helping to broaden access to smoking cessation support across different community settings.





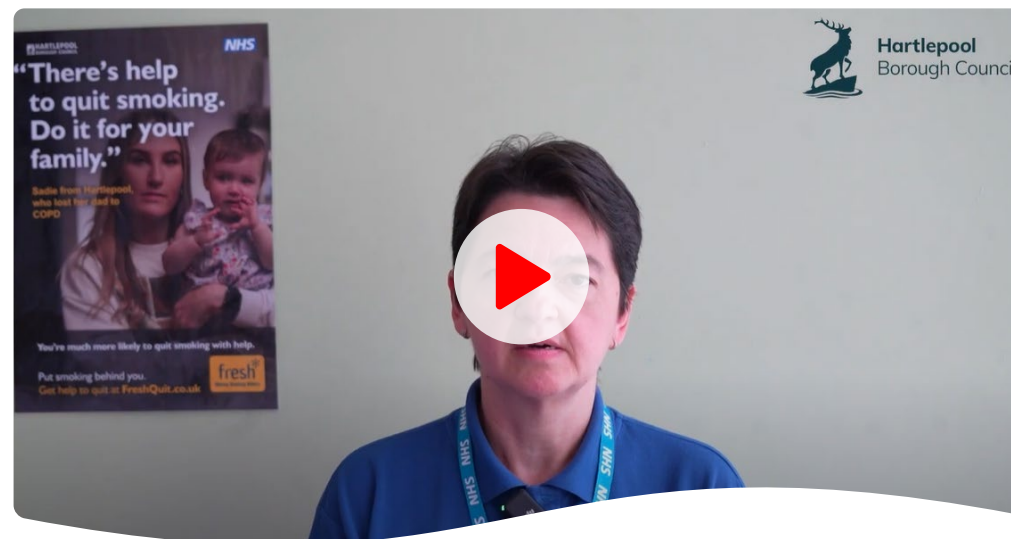
Specialist Stop Smoking Service

The National Institute for Health and Care Excellence (NICE) highlights the significant health benefits associated with quitting smoking at any age. Evidence shows that cessation leads to substantial reductions in the risk of premature death and smoking related disease, particularly when individuals quit earlier in life. Individuals who access stop smoking services in England are three times more likely to quit than those who attempt to stop unaided.

Local data has been used to identify several priority groups who would benefit most from targeted smoking cessation support. These include:

- Routine and manual workers
- Individuals with a diagnosed mental health condition
- Pregnant women and new mothers
- People with a diagnosed long-term health conditions
- Individuals who use drugs and/or alcohol
- People with a planned hospital admission
- Those identified through NHS Health Checks
- Individuals accessing housing or homelessness support services

These groups are at increased risk of tobacco-related harm and often face additional barriers to quitting. Tailored, accessible interventions are essential to reducing smoking prevalence and associated health inequalities within these populations.





Hartlepool
Borough Council

**Reducing exposure
to tobacco smoke**

**Supporting smokers
to stop**

**Raise the price and
reduce illicit trade**

Hartlepool's Specialist Stop Smoking Service provides a comprehensive and flexible 12-week programme to support individuals in their quit attempts. The offer includes:

- Access to nicotine replacement therapies (NRT), pharmacotherapy, and/or e-cigarettes
- Face to face clinics held at various community locations
- Telephone-based consultations for convenience and accessibility
- Home visits for housebound individuals
- Workplace clinics to engage working populations

Both the specialist service and the wider community-based offer encourage individuals to return for additional quit attempts, recognising that successful cessation often requires multiple efforts.

This approach ensures that support is inclusive, evidence-based, and responsive to the needs of Hartlepool's diverse population.



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Local Support and Prevention Services

In Hartlepool, the School Nursing Team works in partnership with the Young Persons Team within Start (Substance Misuse Service) to provide comprehensive support for young people in relation to smoking and vaping.

Their work includes:

- Preventative education delivered in school settings, focused on discouraging the uptake of smoking and vaping
- Tailored one to one interventions, offering evidence-based advice on the health risks associated with tobacco and vape use
- Cessation support, assisting young people who wish to quit smoking or vaping through structured, youth-appropriate interventions

These services aim to reduce harm, raise awareness, and build resilience among young people to prevent nicotine dependence and long-term health consequences.





Raise price and reduce illicit trade

Illegal tobacco refers to tobacco products that are smuggled into the UK without duty being paid, sold under the guise of duty-free, or counterfeit. While illegal tobacco remains prevalent in communities across the North of England, public sentiment is strongly against its presence – 79% of the public support tougher enforcement and crackdowns on its sale and distribution.

The availability and use of illicit tobacco present serious threats to public health and community safety. As the price of legal tobacco products continues to rise through taxation, the black market becomes increasingly attractive to smokers seeking cheaper alternatives. This demand sustains and fuels the illegal tobacco trade.



Harms of illicit tobacco

Illicit tobacco has wide-ranging negative impacts on individuals, communities, and public services:

- Undermines legitimate businesses by offering tobacco at significantly reduced prices.
- Supports wider criminal activity, including the sale of drugs and counterfeit goods.
- Facilitates youth smoking initiation, with unregulated products often more accessible to underage individuals.
- Discourages cessation efforts, making quitting tobacco use less likely.
- Increases the risk of house fires, as illegal cigarettes do not meet UK fire safety standards.
- Places a financial burden on the NHS, which spends billions annually treating smoking-related illnesses.
- Funds organised crime, contributing to broader issues of lawlessness and violence in local areas.





The Picture in Hartlepool

Since 2013 there have been 17 complaints for underage cigarette sales. In the same period there have been 28 complaints for underage vape sales, these complaints have resulted in 4 closure orders.

Tobacco and Vapes Bill

The Tobacco and Vapes Bill is a proposed piece of legislation in the UK aimed at supporting the path to a smokefree generation. It includes the following proposals:

- **Phased ban on tobacco sales to future generations:** The sale of tobacco products would be prohibited to individuals born on or after 1 January 2009, effectively phasing out tobacco use over time.
- **Comprehensive regulatory powers:** Authorities would be granted enhanced powers to regulate all tobacco and nicotine-containing products, including vapes and nicotine pouches, ensuring consistent standards across all forms of nicotine delivery
- **Ban on vape advertising and vending machines:** To reduce youth appeal and accessibility, a complete ban on advertising for vapes and the use of vending machines for vape products would be introduced
- **Retail licensing powers:** New powers would allow for the introduction of a tobacco and vape retail licensing system, providing greater oversight and control over where and how nicotine products are sold
- **Fixed penalty notices:** The legislation would include new fixed penalties for breaches of tobacco and nicotine regulations, enabling swift enforcement action
- **Extension of smokefree legislation:** Additional powers would allow for the extension of existing smokefree laws to further protect the public from exposure to second hand smoke in a wider range of settings

These proposed measures form part of a broader strategy to reduce tobacco-related harm, prevent youth uptake, and protect future generations from the health risks of nicotine addiction.

For further data click here - [Living Well | Joint Strategic Needs Assessment | Hartlepool Borough Council](#).

Link – [Smoking Needs Assessment 2023 | Hartlepool Borough Council](#)





What are we doing?

Hartlepool Borough Council and partners continue to drive forward efforts to reduce smoking prevalence and address the emerging challenges associated with vaping through the implementation of the Hartlepool Tobacco Control Strategy and Action Plan. This work is coordinated by the Hartlepool Smoking Alliance, which brings together local stakeholders to take a whole-system approach to tobacco harm reduction.

Key areas of focus:

- Training frontline staff: local organisations are being supported to train staff to have effective health conversations, including evidence-based techniques to support smoking cessation
- Promotion of vaping as a quit aid: Public Health will continue to run media campaigns promoting switching from smoking to vaping as a harm reduction strategy
- Youth-focused Engagement: Public Health will work with education settings to promote responsible messaging on smoking and vaping. This includes developing insight-led interventions to respond to rising vaping use amongst never-smokers
- Illicit Tobacco and Vapes and retailer engagement: Trading Standards and Public Health will continue enforcement against illegal vape sales, raise awareness of associated risks
- Development of a digital offer: Public Health will look to provide a digital smoking cessation offer to support those who do not want to access a smoking cessation service

Enforcement and reporting

Trading Standards actively investigate reports relating to the manufacture, importation, distribution, or sale of illegal tobacco products. Legal action, including prosecution, will be pursued against individuals and businesses found to be operating unlawfully.

Members of the public can report suspicions or information anonymously via:

- Illegal Tobacco Helpline: 0300 999 0000
- Online: **Illegal Tobacco: Keep it out website.**

Ongoing community vigilance and partnership working are essential in tackling the illegal tobacco trade and protecting public health.





Hartlepool
Borough Council

Reducing exposure
to tobacco smoke

Supporting smokers
to stop

Raise the price and
reduce illicit trade

Conclusion



My report has outlined how we are working to reduce the harm caused by tobacco in Hartlepool. We are committed to working towards the goal of a smoke free generation and to make smoking history in Hartlepool and we all have a role to play in making Hartlepool smoke free. This is my final annual report for Hartlepool and I would like to thank all of the Public Health team, council staff, partners and stakeholders for working together over the last few years to tackle the health related challenges Hartlepool has faced.





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