HEALTH AND WELLBEING BOARD AGENDA

19th September 2016
at 10.00 a.m.
in Committee Room 'B'
Civic Centre, Hartlepool.

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors C Akers-Belcher, Buchan, Clark and Thomas
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Timlin and Alison Wilson
Director of Public Health, Hartlepool Borough Council (1); - Louise Wallace
Director of Child and Adult Services, Hartlepool Borough Council (1) – Sally Robinson
Representatives of Healthwatch (2). Margaret Wrenn and Ruby Marshall

Other Members:
Chief Executive, Hartlepool Borough Council (1**)** – Gill Alexander
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council (1) – Denise Ogden
Representative of the NHS England (1) – Dr Tim Butler
Representative of Hartlepool Voluntary and Community Sector (1) – Tracy Woodhall
Representative of Tees, Esk and Wear Valley NHS Trust (1) – Colin Martin
Representative of Cleveland Police, Temporary Assistant Chief Constable Ciaron Irvine

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council, Councillor Tennant

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 13 June 2016

3.2 To receive the minutes of the meeting of the Children's Strategic Partnership held on 23 February 2016

4. **ITEMS FOR CONSIDERATION**

4.1 Director of Public Health Annual Report 2015/16 (*Director of Public Health)*
4.2 Update on Healthy Weight Strategy (*Director of Public Health)*
4.3 CAMHS Transformation Locality Plan – Update (*Director of Child and Adult Services)*
4.4 Presentation - North of Tees Dementia Collaborative: End of Year Three Report – *Director, Child and Adult Services*/*Tees, Esk and Wear Valleys NHS Foundation Trust.*

5. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

Date of next meeting – 17 October 2016 at 10.00 a.m. at the Civic Centre, Hartlepool.

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

13 June 2016

The meeting commenced at 2.00 pm in the Civic Centre, Hartlepool

Present:

Councillor C Akers-Belcher, Leader of Council (In the Chair)

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Bob Buchan, Alan Clark and Stephen Thomas.
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Alison Wilson
Director of Public Health, Hartlepool Borough Council - Louise Wallace
Director of Child and Adult Services, Hartlepool Borough Council – Sally Robinson
Representatives of Healthwatch – Ruby Marshall

Other Members:
Representative of the NHS England – Dr Tim Butler
Representative of Cleveland Police – Temporary Assistant Chief Constable Ciaron Irvine.

Also in attendance:-

Maureen Lockwood, Healthwatch
Dr Paul Williams, Stockton and Hartlepool GP Federation

Officers: Joan Stevens, Scrutiny Manager
David Cosgrove, Democratic Services Team

1. Apologies for Absence

Dr Timlin, Hartlepool and Stockton-on-Tees Clinical Commissioning Group.
Margaret Wrenn, Healthwatch.

2. Declarations of interest by Members

Councillors Christopher Akers-Belcher and Thomas declared interests as employees of Hartlepool Healthwatch.
Councillor Thomas declared a personal interest as a patient of Hartfields GP Surgery.

3. Introduction to new GP Federation - Presentation

Dr Paul Williams informed the Board of the establishment of a new Federation of General Practitioners in Hartlepool and Stockton. All the GP surgical practices in Hartlepool (fifteen) and Stockton (twenty-three) had joined the federation. Many GPs had realised that in order to be stronger and more able to meet the needs of their patients, there was a need to work together. GP surgeries were finding themselves being required to provide an increasing number of services and manage a growing number of contracts.

The move of services from the traditional hospital setting out into the community was an issue for a number of GP surgeries and the federation would provide a greater level of resilience. Many areas across the country were adopting the federation model as it allowed GPs to retain their independence but also allowed collaboration and sharing of resources behind the scenes to assist in providing the best services to patients. There would also be the potential of the federation competing to deliver contracted services in the future.

The federation was based on the same geographical area as represented by the Clinical Commissioning Group which was similar to that of the Foundation Trust as this made sense in terms of commissioned services. All practices in both Hartlepool and Stockton had joined the federation which was called the Hartlepool and Stockton Health. All the partner GP surgeries held nominal shares in the company based on the number of patients they had registered with them. The federation was not, however, intended to be a money making operation.

There had been some initial collective work around Christmas opening hours with some practices opening during the holiday period but offering services to patients of neighbouring surgeries that were closed. There had also been some work on undertaking coordinated care home visits, particularly at weekends and introducing Care Coordinators into Practices. The federation was also looking at the potential of being involved in bidding for the forthcoming tendering process for the provision of Urgent Care Services.

Dr Williams considered that the federation would provide a structure that allowed GP Surgeries to be more resilient to the demands placed upon them. It was essential with the move towards greater access to services that GPs were as well organised and resourced as their partners in the Foundation Trust.

The Healthwatch represented indicated that there was concern among patients regarding the three Hartlepool GP Practices that were subject to possible closure. Dr Williams indicated that all three surgeries were partners in the federation, though that didn't necessarily transfer into any assumption that they would remain open. To date the three surgeries hadn't asked the federation for any specific support.

The Chief Officer of Stockton-on-Tees and Hartlepool CCG commented that

the federation in itself could not stop changes in surgery provision. The CCG now had full responsibility for primary care commissioning from NHS England and there was some ongoing consultation in relating to three surgeries. It had to be noted that the three surgeries were commissioned on a different basis to the other surgeries in the town which effectively had a contract for life. If the three were re-procured, the federation could provide those surgeries. Having a federation of GPs across the area did allow GPs to think about how they wanted to provide commissioned services and would be able to respond to the CCG's requirements or ways of providing better services.

The Scrutiny Manager reported that the consultation on the three GP surgeries would be reported to the Audit and Governance Committee. Ward Members had been informed of the consultation process and the Scrutiny Manager encouraged as many of those directly involved to respond to the consultation process.

A Member commented that he was encouraged by the news that GP surgeries were starting to work in a coordinated manner in relation to care home visits as this linked strongly with the Better Care Fund. There was some concern that, as had happened in other areas, a GP Federation led to the amalgamation of surgeries and the creation of 'super surgeries'. Patients often reported problems in gaining suitable appointments at such surgeries and there were already some particular issues in Hartlepool with patients getting appointments with their GP. Any future re-arrangement or commissioning of surgeries had to include patient accessibility as a core element of any new arrangement.

Dr Williams indicated that he fully understood and shared the views in relation to GP accessibility and there was no desire among Hartlepool GPs for the creation of super surgeries but there may be a need to develop more interdependency between surgeries to meet future demands. It was hoped that the support of the Federation and relationships between surgeries may make for more interesting recruitment opportunities for new doctors coming into the area.

A Councillor sought confirmation that patients would be able to access appointments at surgeries other than that they were registered at and would there be problems with the sharing of medical records. Dr Williams indicated that this would increase in time but would be outside the normal practice hours, so would be for urgent appointment at weekends or holidays. Not all surgeries would want to open during holiday periods for example. In relation to medical records Dr Williams indicated that, as now, an individual's medical records could only be shared with their consent. There were also issues around computerised medical records and there was some work underway on this within the federation. The federation provided an incentive to move this forward and once there was GP's sharing records, the next step would be social care. For example, the Foundation Trust has a palliative care register and the GPs had a palliative care register but the two were not shared or consistent.

The CCG Chief Officer indicated that from a commissioning services perspective the development of the GP Federation was very welcome. No one wanted to lose the benefit of local GPs operating closely with their patients and community but there were opportunities to address some issues around fair access and sharing of support services. Some of these issues were very difficult to address for some smaller practices and the federation could provide support for those that wanted it. The need to attract new doctors to the area was also key and having the federation could assist with that. The CCG Chief Officer added that extended GP hours would be something that would be commissioned in the future.

The Chair welcomed the development of the GP Federation for Hartlepool and Stockton. Urgent care provision was due to go out to a procurement process imminently which raised the question of how that would be provided in the future; hospital based or local walk-in centres. There was a model for integrated health and social care and the Council was developing its Community Hubs approach; would the federation approach and Care Coordinators be something that could link in to these approaches. There also needed to be consistency in accessing services for those with learning difficulties across all GP surgeries.

Dr Williams indicated that the inconsistent approach to health checks for those with learning difficulties was a source of frustration and contact had been made with surgeries to assess if there was capacity for some to provide this for other surgeries. Care Coordinators was a new initiative that was being commissioned and work was ongoing with the design of these and their links to others services. In terms of the wider health and social care agenda, the Federation would welcome the chance to join the Health and Wellbeing Board if that was considered valuable.

As for the provision of the walk-in centres, Dr Williams indicated that currently GP services were only commissioned 8.00 am to 6.30 pm Monday to Friday, though everyone expected that they would be asked to provide more hours. The new Urgent Care contract was due to commence on 1 April 2017 and there had been some discussions around the potential submission of a joint bid with the Acute Services Trust. The Acute Services Trust may choose a different partner but the Federation did believe that having local GPs and the Trust working together would make sense.

Decision

1. That Dr Williams be thanked for his informative presentation and responses to questions and that the development of the GP Federation ‘Hartlepool and Stockton Health’ be welcomed.

2. That the potential for a representative of the GP Federation ‘Hartlepool and Stockton Health’ becoming a member of the Health and Wellbeing Board be examined further at the September meeting.

4. Minutes

(i) The minutes of the meeting held on 29 April 2016 were confirmed.
(ii) The minutes of the meeting of the Children's Strategic Partnership held on 25 January 2016 were received.

5. Review of Terms of Reference (*Director of Public Health*)

The Director of Public Health presented a report which provided an opportunity for the Board, to review their Terms of Reference for the Board, at the first meeting in the new municipal year.

The following areas had been identified for further discussion:

- Confirm the Board still commits to hosting one Face the Public Event a year as per the local authority constitution.
- Confirm that Board members can send substitutes to the Board, but this substitute should be named as the substitute. This person should be the only person to attend in the absence of the Board member.
- Confirm that the Board will hold an annual review meeting and reflect on the performance of the Board and proactively plan for the forthcoming year.
- Confirm that as the Health and Wellbeing Strategy is the responsibility of the Board to produce, that an action plan is agreed to implement the Strategy. It should be noted that previously the Terms of Reference required the Board to monitor progress through quarterly performance reporting. Is this still the intention of the Board to receive quarterly reports?
- The Terms of Reference described a supporting sub structure for the work of the Board. It is proposed that this sub structure is received, including the role and function of the Joint Commissioning Executive.
- Confirm that the minutes of the Children's Strategic Partnership are circulated to the Health and Wellbeing Board to ensure a link between both bodies.
- Note the removal of North Tees and Hartlepool NHS Foundation Trust from the Board as non voting members in the revised Terms of Reference.
- Note the Director of Regeneration and Neighbourhoods or named substitute will remain as a non-voting member on the Board, but attendance will be determined by the requirements of the agenda.

In terms of the sub structure of the Board it was proposed that a report would be submitted to the September meeting reviewing the sub structure and its membership. A report on the Board's membership would also be submitted to that meeting. The CCG Chief Officer questioned the membership of the Board in relation to service providers, following the removal of the North Tees and Hartlepool NHS Foundation Trust (NTHFT) and the situation with statutory and non-statutory members.

The Chair commented that Council had 'sovereignty' over decision making but the Board did have the ability to look for an alternative provider to add to their discussions. The Board meetings were also open public meetings for anyone to attend. It was essential that the Board membership was open to listening and constructively engaging as without that it was extremely difficult to move forward. The Chair shared the view that it may be valuable to have the GP Federation as a non-statutory member.

Members questioned if the Chief Officer of the CCG had any other groups/bodies in mind. The Chief Officer stated that NTHFT were the main provider and while there were other providers, it was about which would bring the most value to the Board; it was about value rather than influencing change. There were always issues around conflict but any real critical decisions were made elsewhere. The providers did bring real value as they had a different perspective. It was ultimately a Council decision but the CCG Chief Officer did feel that it needed to be fed back that there was now a gap in the membership.

The Chair did comment that South Tees NHS Foundation Trust had previously been contacted but chose not to take up a place on the Board; they could be contacted again. The GP Federation could also be invited as a local provider of services.

The Police representative commented that it was difficult in such bodies when service providers were involved and the issue of contract procurement was discussed; to what extent did that provide them with a competitive advantage? The NHS England representative stated that separating procurement out of Health and Wellbeing Board discussions was always difficult but the wider discussions had value.

In relation to the sub-structure, the Chair did believe that it was timely to have a review to ensure what was needed to be covered was actually covered by the groups but that the while doing so the structure was as slim as possible.

In terms of the Health and Wellbeing Strategy and the monitoring of progress through quarterly performance reporting it was considered that a reduction to receiving the monitoring information only on an annual basis may leave the potential for shortfalls only to be brought to the Board's attention at that point. An alternative would be to have the groups that formed the sub-structure monitor their own sections of the strategy and report to the Board if there were any in-year causes for concern. The Chair commented that may be prudent in light of the workload of the Board.

The Director of Public Health commented that it may be valuable to explore these matters further during a development day in September. The Chair supported the proposal and suggested that if possible the Youth Parliament could be included.

Decision

1. That the Board still commits to hosting one Face the Public Event a year as per the local authority constitution.

2. That all Board members should appoint named substitutes to the Board, and that the named substitute is the only person to attend in the absence of the Board member. In the case of Policy Committee Chairs, the named substitute will be the Vice-Chair.

3. That that the Board will hold an annual review meeting to be combined with a development day to reflect on the performance of the Board and proactively plan for the forthcoming year. This event to include involvement from the Hartlepool Youth Council / Youth Parliament.

4. That a Health and Wellbeing Strategy Action Plan is agreed to implement the Strategy and that progress is monitored quarterly with the intention that following the review of the Board sub-structure, monitoring would be through the sub-structure groups with an annual report being submitted to the Board and any ad hoc areas of concern being referred to the Board from the relevant sub group.

5. That the Terms of Reference outlining the supporting sub structure for the work of the Board be agreed and that the structure include the role and function of the Joint Commissioning Executive.

6. That the minutes of the Children's Strategic Partnership are referred to the Health and Wellbeing Board to ensure a link between both bodies.

7. That the removal of North Tees and Hartlepool NHS Foundation Trust from the Board as non voting members be noted in the revised Terms of Reference.

8. That the Board notes that the Director of Regeneration and Neighbourhoods or named substitute will remain as a non-voting member on the Board, but attendance will be determined by the requirements of the agenda.

9. The Board agreed to receive a report(s) reviewing the sub structure supporting the Board and the non-statutory membership by September 2016.

6. Sustainability and Transformation Plan (*Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

The Chief Officer of Hartlepool and Stockton Clinical Commissioning Group gave a presentation to the Board on Delivering the Forward View: NHS Planning Guidance 2106/17 – 2020/21.

The presentation covered the following key aspects, with discussion points –

The guidance set out a clear list of national priorities for 2016/17;

- Sustainability and Transformation Plans
- Financial balance
- General Practice
- A&E and Ambulance waits
- Referral to Treatment
- Cancer waiting times
- Mental health
- Learning disabilities
- Improving quality and avoidable mortality

For the first time, the Mandate is not solely for the commissioning system, but sets objectives for the NHS as a whole.

This had to be accomplish three interdependent and essential tasks:

- Implement the Five Year Forward View
- Restore and maintain financial balance
- Deliver core access and quality standards for patients through a five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View, and a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

The principle STP challenges were –

- How to close the health and wellbeing gap: diabetes, obesity, self care, person centred, personal budgets, workforce.
- How to drive transformation to close the care and quality gap: 20 key questions on new care model development, improving against clinical priorities, and rollout of digital healthcare.
- How to close the finance and efficiency gap: efficiency, growth, variation, cost reduction including workforce, capital, estate.

In terms of the Better Health Care Programme, of the 700 Standards, only 66% were met, there were still significant workforce challenges and a unsustainable financial position.

The Chief Officer commented that there were key issues around urgent care and the outcomes for cancer treatment. In the longer term it was unlikely 'we' will be able to keep the services we have now so the 'services footprint' would have to increase. The sharing of information was something that many think we already do across the board but there were still significant issues. There were also inconsistencies within localities on the care some conditions received.

The Chair was concerned that the Health and Wellbeing Board had not been included in the preparation of the STP and it did appear to be being imposed. The Chief Officer stated that the lead for the STP across the Tees Valley area, Alan Foster, had met with the local authority Chief Executives.

The Chief Officer indicated that for the future, there needed to be –

- A system wide plan to sustain the future
- Greater prevention of ill health – staying healthy for longer
- Focus on patient self management and low level support
- Mental Health parity including more community based care and early intervention
- Continued transformation of Learning Disabilities services
- Better management of chronic conditions
- Sustainable acute services and primary care – high quality services with the right workforce
- Reduction in Length of hospital Stay (LoS) – leading to less reliance on hospital based care

The final STP submission had not yet been made, the expected deadline was September.

The Chair did feel the STP was being imposed and it was difficult to have confidence in a plan that was being headed up by an individual that had been removed from this Board. The STP appeared to take things in the wrong direction and issues such as the mortality rates were not included.

The Chief Officer indicated that the STP was trying to look at services from both ends. Only 10% of all health needs were met by hospitals and the balance of funding and planning needed to be addressed. People needed to have the right access to prevention services, local diagnostics etc. However for some of those you needed highly specialised skills and equipment that you couldn't have in every town so there were issues around travel and transport that needed to be addressed.

We all use Acute Services far more than we need to but that was because the local preventative and early intervention services weren't to the level needed.

The Chair commented that most people would accept the need to travel for specialised services like major trauma and child cancer services but the frequency with which people from Hartlepool had to travel was disproportionate; yes we need to travel for some things, but not everything. The Chair considered that the Board needed to write to NHS England indicating the Board's views indicating that this was being imposed upon us and that there were grave concerns with the leadership board.

The Chair was also concerned, however, that taking an active part may then tie the authority to the outcome of the STP. The dilemma was that whether Hartlepool was involved or not, it could still end up with an outcome it was unhappy with. Members indicated the scepticism with a plan being lead by someone that holds Hartlepool in contempt.

The NHS England representative stated that the main driver behind the STP process was the cash deficit in the NHS; essentially as a country we were

investing in illness, not in health. A lot of money was invested in the end of people's lives. With the size of the service footprint and the patient flows around that planning had to be at a level much higher than individual Health and Wellbeing Boards. There was still an opportunity though for this Board's voice to be heard.

The CCG Chief Officer stated that the Hartlepool plan would be carried forward into the STP. Money allocated to this area would not be diverted elsewhere. What was needed was access to the best services and sometimes that would be in different areas.

Members did feel that the approach seemed to be very top down driven and Members simply wanted our residents to have a say in the development of the plan. The approach seemed to be based around initiatives and often with social care being a junior partner. The proposals presented seemed to be putting a greater pressure on the resources the local authority had for social care. There were some excellent services currently available in Hartlepool for social care but without the extra resources they could not cope with any additional patient numbers.

The CCG Chief Officer stated that there was the potential to jointly decide on something different as long as it delivered. Much depended on working together to deliver the outcomes particularly in relation to preventative services. There was a level of anxiety in delivering the level of efficiency required over the next four years. A tipping point would be reached eventually. The development of some of the sectors, domiciliary care for example, needed to happen quite quickly.

The Chair questioned if the final STP would be 'signed off' by the Board. The CCG Chief Officer stated that not at present though this may change by September. It was important to note that this is just a plan but given the impact of the implementation of the plan locally it would still need to reflect our needs.

The Chair concluded the debate indicating that a letter should be sent to NHS England setting out the concerns the Board had with the apparent imposition of the STP and with the individual leading on its development locally. Assurances needed to be given that the local Hartlepool Health and Wellbeing Strategy would be 'written in' to the STP.

Decision

That the Board write formally to NHS England articulating concerns in relation to :

- Absence of the Health and Wellbeing Board's involvement or opportunity to influence, at any level, the development of the STP.
- The gaps in the STP in relation to the Five Year Forward View.
- The lack of trust / faith perceived that the provision of services in Hartlepool for its residents would be fairly considered as part of the

STP. The background for this being Hartlepool's historic experiences with the NTHFT, whose Chief Executive is the lead of the STP covering Hartlepool. The actions of the NTHFT (under his leadership), had led to the incremental removal of services from University Hospital of Hartlepool whilst demonstrating a lack of strategic planning in terms of the long term future and sustainability of services in Hartlepool, to the benefit of University Hospital of North Tees.

- Hartlepool being tied to an outcome that could be detrimental to provision of health services in Hartlepool, whist not having had an opportunity to contribute / influence the STP.
- That the Board would consider that Hartlepool's contribution to the STP would be the locally developed and agreed Local Health and Social Care Plan.

7. Better Health Programme - Presentation

The Chief Officer of Hartlepool and Stockton Clinical Commissioning Group gave a presentation to the Board on the Better Health Programme.

The vision for the programme was;
"Meeting patient needs now and future proofing for the coming generation with consistently better health and social care delivered in the best place and within available resources"

There simply wasn't the same workforce out there as there was before so delivery had had to change over time. Services such as trauma and stroke care had made massive improvements in outcomes by specialising in centralised units. In the future there was a need to deliver planned care in venues that didn't deliver emergency care to avoid service pressures and cancelations.

The Chief Officer indicated that there was a very informative short video included in the presentation which would be shared with Board members after the meeting. The video set out in clear context the vision for the programme.

The main principles for the future would be based around –

- Care delivered through a network of hospitals and community services;
- More seamless care close to or in the patient's home where safe and effective, access to urgent and community care 24/7;
- Patients only admitted to hospital where it is no longer safe or effective for them to be cared for in the community;
- Access to specialist opinion 24/7 where this improves outcome, e.g. heart attack, stroke, trauma, or internal bleeding;
- Planned care organised so there is no unnecessary waiting, no cancellations and patients not exposed to risk of infections.

Public consultation on the programme would be held later in the year. In terms of the decision making part of the process, the Commissioning

Organisations would approve the outcome of public consultation early in 2017.

Members supported the focus on preventative measures particularly the focus on services that would avoid the need for hospital stays. Officers acknowledged that the programme may at first seem confusing but that the 'golden thread' through the programme was the delivery of community based local services.

Decision

That the presentation and comments be noted.

8. Assisted Reproductive Unit at the University of Hartlepool Hospital - Update (*Director of Public Health*)

The Board received an update on the public consultation in relation to the future location of assisted reproduction services. Board Members were advised that the decision taken by the North Tees and Hartlepool Foundation Trust to close the Assisted Reproduction Unit (ARU) at the University Hospital of Hartlepool, with effect from the 31 March 2016, had resulted in the initiation of legal action by Hartlepool Borough Council.

This had resulted in a Consent Order, agreed by the High Court on the 5 April 2016. The requirements of the Consent Order were set out in the report. In taking the issue forward within the prescribed timescale, the CCG had requested the establishment of an independent Clinical Review Team through the Northern Clinical Senate. This team, in consultation with the CCG and taking into consideration the factors outlined in the report, had developed a number of service options for the future delivery of ARU services.

A formal consultation on the identified options had commenced on the 31 May 2016 and would continue until the 15 July 2016, with local people being invited to provide their views, experiences and ideas about assisted reproduction services in Hartlepool. All of the feedback gathered during the consultation process would be collated by an independent data analyst using the information, and views, to decide how best to proceed with the future structure of assisted reproduction services in Hartlepool. This would be considered within the clinical evidence base, health policy, staffing and financial resources. A timeline of the "next steps" was included in the report.

Members thanked all involved in the process to this stage. In terms of the online consultation questionnaire, a Member commented that 'you' were asked to prioritise three options, whether you wanted to choose all three or not. The Chief Officer of the CCG commented that the consultation had to include all the options that were available, though it was acknowledged that some of the issues were still emerging through the Clinical Senate. The consultation did include a space for any additional comments and the Chief Officer suggested that comment be made there in relation to the service

options. Advice had been taken from the Consultation Institute to assure the process but the comments would be noted for when the results were analysed.

Decision

The report was noted.

9. Better Care Fund 2015/16 Quarter 4 Return *(Director of Child and Adult Services)*

Further to minute 59 of the meeting held on 14 March 2016, a report presented by the Director of Child and Adult Services provided the Board with an update on implementation of the Better Care Fund Plan. The 2015/16 Quarter 4 return which was appended to the report had been submitted on 27 May 2016.

Decision

The report was noted.

Meeting concluded at 4.30 p.m.

CHAIR

CHILDREN'S STRATEGIC PARTNERSHIP

MINUTES AND DECISION RECORD

23 FEBRUARY 2016

The meeting commenced at 4.15 pm in the Civic Centre, Hartlepool

Present:

Councillor Chris Simmons (In the Chair)

Sally Robinson, Director of Child and Adult Services
Danielle Swainston, Assistant Director, Children's Services
Louise Wallace, Director of Public Health
Chief Superintendent Gordon Lang, Cleveland Police
Jo Heaney, Commissioning and Delivery Manager, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group
Dave Wise, WVARC, (Voluntary and Community Sector Representative)
John Hardy, Head Teacher Representative, Primary Schools
Alan Chapman, Head Teacher Representative, Special Schools
Claire Naylor, Hartlepool Partnership and Social Justice Manager, Job Centre Plus
Helen White, Participation Manager

Young People's Representatives: Lauren Howells, Daniel Measor, Jack Palmer, Callum Reed and Abbey Wallace.

Also Present: Martin Todd, Changing Futures North East

Officers: Jacqui Braithwaite, Principal Educational Psychologist
Louise Allen, Head of Service (SEND)
David Cosgrove, Democratic Services Team

20. Apologies for Absence

Ali Wilson, Chief Officer, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group
Lindsey Robertson, Professional Lead Nurse, Out of Hospital Care, Hartlepool and North Tees NHS Foundation Trust

21. Declarations of Interest

None.

22. Minutes of the meeting held on 25 January, 2016

Confirmed.

23. SEND (Children with Special Education needs and Disabilities) Strategy (*Director of Child and Adult Services*)

The Assistant Director, Children's Services reported that over the last few years there had been significant reforms to legislation and policy in relation to children with special educational needs and disabilities. In September 2011 Hartlepool was asked to be a pathfinder to trial and pilot the reforms before the changes became legislation for the reforms. Hartlepool initially worked with Darlington to pilot new ways of working and more recently have rolled out the changes as required by Children and families Act 2014 and subsequently the New Special Education Needs and Disability Code of Practice: 0-25 years.

The Assistant Director indicated that the LDD/SEN group was previously a multi agency group set up to oversee the development of an action plan which was a multi agency group. However the group did not report to any governance structures and it was proposed, therefore, that in order to ensure that all partners have oversight of the progress of this strategy and plan that the group reports to the Children's Strategic Partnership bi-annually. It is also proposed for the group to be renamed SEND group to ensure that all partners understand the role and aim of the group. Terms of reference had been drafted for the SEND group and were submitted as an appendix to the report. The terms of reference had been compiled by all the partners attending the meeting.

The Assistant Director indicated that the SEND group had recently developed a strategy to ensure that all partners were meeting the requirements of the new reforms. The draft strategy together with a one year action plan was also submitted with the report. The Assistant Director also informed the Partnership

The Assistant Director also reported that Ofsted and CQC would undertake joint inspections of local areas assessing their ability to implement the reforms. The inspection would be area based and cover the local authority, health commissioners and providers, together with all of the area's early year's settings, schools and post 16 further education sector. These inspections were expected to begin in May 2016. Local areas would be expected to provide a self evaluation on how effectively it meets its responsibilities for SEND.

The Chair sought the Partnership's approval to the re-constituted SEND Group and particularly its membership. This was approved by the group. In relation to the operation of the new SEND the Chair commented that the governance arrangements through this Partnership were an improvement that gave the SEND group a formal footing. The Chair welcomed the

strategy document and action plan and congratulated the officers involved in its development. The Director of Child and Adult Services stated that this was a challenging agenda and as part of the drive towards integrating services with partners the Director recommended referral of the Strategy and Action Plan to the Health and Wellbeing Board. The Chair supported the proposal and commented that as the Partnership was a 'sub-group' of Health and Wellbeing Board it was essential it was aware of the work being undertaken in this area.

Decision

1. That the terms of reference for the SEND Group and the revised governance processes be approved.

2. That the SEND Strategy and Action Plan be approved and referred to the Health and Wellbeing Board.

3. That the information on the forthcoming SEND Inspections be noted.

24. Delivering Differently (*Director of Child and Adult Services*)

The Assistant Director, Children's Services reported that in September 2015 there had been an opportunity to bid for some funding within the government's Delivering Differently programme. This programme is available to local authorities and partners to rethink the way they provide services for young people and to support their positive outcomes. In discussions with the chair of the Children's Strategic Partnership and the children and young people's entitlement group it was agreed to submit a bid to the programme.

Hartlepool were successful in gaining this funding and the children and young people's entitlement group have been developing a service specification over the last month to set out the requirements of the programme. This service specification will be advertised this month with the expectation that an organisation is appointed by the end of March to undertake a full options appraisal. It is expected that this piece of work would be completed by June 2016 to inform future service planning.

In addition to the funding available through the programme the Cabinet Office has recently delivered a "Theory of Change" workshop for the children and young people's entitlement group. The purpose of the workshop was to help local partners understand the process of developing a Theory of Change model and know how it can support service re-design and to then be able to apply this to our local context. The information collated within this workshop has been used to inform the service specification.

Decision

That the work being undertaken by the Children and Young People's entitlement group through Delivering Differently be noted.

25. Hartlepool Transformation Plan 2015-2020 For Children and Young People's Mental Health and Wellbeing (*Director of Child and Adult Services*)

The Principal Educational Psychologist and the Commissioning and Delivery Manager, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group, jointly presented to the Partnership the Tees CAMHS Transformation Strategy.

The Tees CAMHS Transformation Group had been established in 2012/13, and involved representatives from each local authority area, the Clinical Commissioning Group, TEWV and the voluntary and community sector.

The key focus of the group was to develop a Tees CAMHS Transformation Strategy in response to the national 'No Health Without Mental Health' strategy. Over the last 12 months, each area in the Tees Valley has been working on the joint strategy and local plans to develop provision and support to improve the emotional wellbeing and mental health for children and young people in the area.

Last year, a report was published by the Children and Young People's Mental Health Taskforce entitled 'Future in Mind', a copy of which was submitted as an appendix to the report. The report identified a number of proposals the government wishes to see in place by 2020 and established a clear direction with key principles about how to make it easier for children and young people to access high quality mental health care when they need it. The key drive was to establish a whole system approach focusing on prevention of mental ill health, early intervention and recovery.

At Children's Services Committee on 6 October 2015 the plan was approved and it was agreed that the strategic governance for the implementation of the plan would sit with the Children's Strategic Partnership and the Joint Commissioning Executive reporting to the Health and Wellbeing Board. Periodic updates would also be brought to the Health and Wellbeing Board in line with the Health and Wellbeing Strategy. The plan was also subsequently approved by NHS England in December 2015.

The plan has been developed to ensure full co-ordination with the Better Childhood Programme, Healthy Relationships Project and the Education Commission's recommendations. Where additional and new investment is required, this has been highlighted and costed as part of the submission.

A Multi Agency Implementation Group (MAIG) had been established to take

forward the delivery of the programme, with the first meeting scheduled for 11 January 2016. The group included partners from CCG, local authority, Tees and Esk Wear Valley (TEWV) mental health trust, schools, voluntary and community sector. A further update will be provided to the Children's Strategic Partnership in six months as agreed by Children's Services Committee.

The Commissioning and Delivery Manager commented that the actions within the plan cut across the whole of the CCG area. In response to young people's feedback, there would be an emphasis on accessing services much quicker for those with eating disorders. The initiation of self referral would also bring a significant change for young people as would the integration of more digital technology not just for information but also in treatment programmes.

One of the young people's representatives commented that following a useful meeting with staff in the Educational Psychology team, young people were looking to develop a handout outlining the services available and aimed at children and young people at Key Stages 2, 3 and 4. The Principal Educational Psychologist commented that effort had been made not to duplicate the work already undertaken by the young people but to develop on it and there was funding available to assist in the development of links with the young people through the plan.

The Vice-Chair commented on the links between mental health issues and poverty and queried the work being undertaken. In the Stranton Ward 60% of all the children were classed as living in a family in poverty; across the town as a whole it was a third of all children in this situation. The Principal Educational Psychologist indicated that much of the work with families was around building resilience not specifically with mental health issues. It was a difficult area to address in many ways when much of the data available was ten years old. The information that was coming direct from the young people was much different to the statistical models which didn't, for example, include the anxiety being experienced by primary school children.

The Assistant Director, Children's Services indicated that the Transformation Plan was a fundamental part of a much wider collective approach to addressing the causes of family problems. Much of the work so far had drawn out the need to address issues of emotional wellbeing. Families tended not to have one issue but many and much of the future work of partners need to be centred on collectively addressing these multiple issues.

The Chair stated that national statistics indicated that one in four people would have some sort of mental health issue in their life; that meant one in four children as well. While some were easily identifiable, there were many that were not, such as those living in homes with domestic violence. It was indicated that there had been over a thousand reports through Operation Encompass back into schools of family issues of domestic violence. Hartlepool also had one of the highest incidents of domestic violence in the

country.

The Chair added that the world for children and young people was much different now with significant new pressures through social media that had pushed bullying behind closed doors with the consequent effects on mental health. A School Headteacher representative commented that some of the mental health issues affecting children and young people were now preventing some from accessing full learning opportunities. The Head Teacher commented that his school had recently adopted the 'Thrive' approach through training of teachers to assist these pupils. The Principal Educational Psychologist commented that there were several different 'models' around this area which did cause some confusion for schools and some of these were expensive to implement.

The Chair commented that schools should be focussed on teaching. He had great sympathy with those running schools who seemed often to be blamed for all the ills in society and then expected to address them as well. Some issues schools were well placed to address and teachers appropriately trained; but this was not always the case. There needed to be a multi-agency approach to tackling the mental health issues of children and young people and the Transformation Plan encapsulated that clearly. One of the most important findings from the Education Commission was that good communication between agencies was essential and this was a key element of the Transformation Plan. The regular update reports to the Health and Wellbeing Board would be a key element in maintaining that communication.

Decision

That the Hartlepool Transformation Plan 2015-2020 for Children and Young People's Mental Health and Wellbeing, the governance structure for implementation and the update on current progress be noted.

26. Any Other Items which the Chairman Considers are Urgent

None.

26. Chair of Children's Strategic Partnership

The Chair addressed the Partnership indicating that this was his last meeting as he was standing down from the Council in May. The Chair thanked the Members of the Partnership and all the officers that had supported its work during his chairmanship for the valuable input and assistance in undertaken the important work of the Partnership.

The Vice-Chair proposed a vote of thanks to Councillor Simmons for his hard work and dedication during his chairmanship and wished him on behalf of all the Members of the Partnership a long and well earned retirement from civic duty.

The meeting concluded at 5.05 pm

CHAIR

HEALTH & WELLBEING BOARD

Monday 19th September 2016

Report of: Director of Public Health

Subject: DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2015/16

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non key decision.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to present for information to the Board the Director of Public Health Annual Report for 2015/16. This report has been presented to full Council in September 2016.

3. BACKGROUND

3.1 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.

3.2 Director of Public Health Annual Reports are not a new requirement, as prior to 2012, Directors of Public Health in the National Health Service (NHS) were expected to produce annual reports.

3.3 Historically, the equivalent of the Director of Public Health Annual Report was produced by the Local Authority Chief Medical Officer.

4. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

4.1 Understanding need is the theme of my third Director of Public Health Annual Report for 2015-2016. The previous two reports have focused on how public health priorities have changed over the past 40 years (2013/14 report) and the importance of how work and employment influence health and well being (2014/15).

4.2 This report for 2015-2016 considers need and illustrates how needs are 'measured' using quantitative methods, but also the importance of

understanding need from a qualitative perspective to shape action and identify priorities.

4.3 Public health is concerned with trying to understand patterns and analysing data to assist in understanding and addressing complex public health challenges. There is a statutory responsibility on the Local Authority and the Clinical Commissioning Group to assess the needs of the local population and produce a Joint Strategic Needs Assessment (JSNA). There is a statutory duty on the Hartlepool Health and Well Being Board to ensure this assessment is undertaken and also kept up to date. The JSNA is then used to develop the Health and Well Being Strategy that identifies key health and well being priorities that must be addressed, to improve and protect the health of the people of Hartlepool.

4.4 The Hartlepool JSNA is web based, but can be made available in hard copy if required. Given the complexity of assessing the needs of the whole population, the JSNA presents issues under 4 key themes:

Vulnerable groups
Wider determinants of health
Behaviour and lifestyle
Illness and death

Some of the key data contained in the full JSNA is presented in this report under the themed headings supported by short pieces of narrative. The intention of each section in this report is to provide the reader with an illustration of what is known about the population groups in each theme. The narrative is intended to highlight where there are successes in addressing needs or outstanding issues requiring collective action.

4.5 Hartlepool is able to demonstrate really positive examples of innovation and commitment to addressing significant public health challenges. The case studies section of this report attempts to provide a snap shot of evidence of new approaches being taken to address some of the needs identified through the joint strategic needs assessment process.

5. RECOMMENDATIONS

5.1 Members receive this report for information.

6. REASONS FOR RECOMMENDATIONS

6.1 Ensures 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.

7. CONTACT OFFICER

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This document is also available in other languages, Braille, large print and audio format upon request.

Bengali

এই ডকুমেন্ট অন্য ভাষায়, বড় প্রিন্ট আকারে এবং অডিও টেপ আকারেও অনুরোধে পাওয়া যায়।

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

Kurdish

ئەم بەلگەیە هەروەها بە زمانەکانی کە، بە چاپی درشت و بە شریتی تەسجیل دەس دەکەویت

Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formacie audio.

Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

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HARTLEPOOL BOROUGH COUNCIL

HARTLEPOOL BOROUGH COUNCIL

Director of Public Health Annual Report 2015/16

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Hartlepool JSNA

Vulnerable Groups

Wider Determinants

Behaviour & Lifestyle

Illness & Death

www.teesjsna.org.uk/hartlepool

Foreword

Understanding need is the theme of my third Director of Public Health Annual Report for 2015-2016.

The previous two reports have focused on how public health priorities have changed over the past 40 years (2013/14 report) and the importance of how work and employment influence health and wellbeing (2014/15).

This report for 2015-2016 considers need and illustrates how we 'measure' need using quantitative methods, but also the importance of understanding need from a qualitative perspective to shape action and identify priorities.

Public health is concerned with trying to understand patterns and analysing data to assist in understanding and addressing complex public health challenges. There is a statutory responsibility on the Local Authority and the Clinical Commissioning Group to assess the needs of the local population and produce a Joint Strategic Needs Assessment (JSNA). There is a statutory duty on the Hartlepool Health and Wellbeing Board to ensure this assessment is undertaken and also kept up to date. The JSNA is then used to develop the Health and Wellbeing Strategy that identifies key health and wellbeing priorities that must be addressed, to improve and protect the health of the people of Hartlepool.

The Hartlepool JSNA is web based, but can be made available in hard copy if required. Given the complexity of assessing the needs of the whole population, the JSNA presents issues under 4 key themes:

- Vulnerable Groups
- Wider determinants of health
- Behaviour and Lifestyle
- Illness and Death

Some of the key data contained in the full JSNA is presented in this report under the themed headings supported by short pieces of narrative, which highlight some of the key challenges and progress around each topic or issue. The intention of each section in this report is to provide the reader with an illustration of what is known about the population groups in each theme. The statistics in **green** represent relative successes, where Hartlepool has improved on previous years or is performing in line with or better than the regional or national average. The statistics in **blue** are our perceived areas for improvement, where further work is required to reverse the trend or bridge the gap to the regional or national average. The narrative is intended to highlight where there are successes in addressing needs or outstanding issues requiring collective action.

Hartlepool is able to demonstrate really positive examples of innovation and commitment to addressing significant public health challenges. The case studies section of this report attempts to provide a snapshot of evidence of new approaches being taken to address some of the needs identified through the Joint Strategic Needs Assessment process.

I hope you enjoy reading this report as during 2017/18, the JSNA will be used to refresh the Health and Wellbeing Strategy due to be published in 2018.

Louise Wallace
Director of Public Health Hartlepool Borough Council.

LEARNING DISABILITIES

84%

of supported adults with a learning disability living in settled accommodation.

43%

of eligible adults with a learning disability had a NHS health check.

AUTISM

140

people in Hartlepool with autism are in receipt of support services.

PHYSICAL DISABILITIES

41%

with severe physical disability (age 18-64) or with a limiting long-term illness (age 65+) receive services.

59%

with physical disabilities living in Hartlepool currently don't receive services.

SENSORY DISABILITIES

55%

of people with a hearing loss are referred by their GP for a hearing test.

SEXUAL VIOLENCE VICTIMS

41%

increase in the number of sexual violence offences reported to the Police in Hartlepool.

DOMESTIC ABUSE VICTIMS

48%

of domestic abuse incidents reported to the Police in Hartlepool involve a repeat victim.

CARERS

56%

overall satisfaction of carers with social services in Hartlepool.

84%

the proportion of carers who report that they have been included or consulted in discussions about the person they care for.

80%

the proportion of people who use carer services and find it easy to find information about services.

END OF LIFE CARE

1382

patients In May 2016 were on the GP Palliative Care Register.

0.4%

of the total practice population (Hartlepool and Stockton CCG area).

40%

of the expected practice population are on the HAST GP practice Palliative Care register.

EX - FORCES PERSONNEL

25%

of service leavers reported that they found the return to civilian life was not as they expected or harder.

MIGRANTS

10

families from Syrian being welcomed into Hartlepool via the Syrian resettlement programme.

TRAVELLERS

10%

of Gypsy & Traveller children obtain five GCSEs A*-C grades including English & Maths.

OFFENDERS

37%

reduction in the re-offending rate of our most prolific and priority offenders in Hartlepool.

34%

re-offended with in this twelve month period.

CHILD SEXUAL EXPLOITATION

50

cases were discussed in the Hartlepool monthly VEMT practitioners group meetings in 2014/2015.

Green text = **Success** | Blue text = **Requires Improvement**

Vulnerable Groups Issues and Solutions

Autism

It is estimated that approximately 1 in 100 people have Autism; for Hartlepool this could be as many as 920 people based on local estimates. As many as 760 people could be living in Hartlepool with an autistic spectrum disorder without any support.

Sensory disabilities

Hartlepool is one of the first LAs in the country to have a "deaf and hard of hearing" strategy.

Domestic Abuse victims

Launched in April 2015, Operation Encompass has improved information sharing between the Police and Schools, enhancing the identification of children and young people who are exposed to domestic abuse in Hartlepool. Since its launch, more than 400 incidents of domestic abuse have been identified where children or young people have been present, accounting for 16.1% of all domestic abuse incidents recorded by the police.

Carers

Carers that are known to Hartlepool LA are generally happy with the support they receive, however the number of carers known to the local authority is far less than the number of people who identified themselves as carers in the 2011 census.

End of life care

It is expected that 1% of practice population should be on Palliative care register, currently it is 0.4% of the population in Hartlepool & Stockton-on-Tees. The CCG and partners are working to increase identification and management.

Migrants

Migrants often work below their qualification levels due to lack of language skills and the lack of recognition of UK rules and regulations. Health issues remain undetected due to lack of GP & Dental registration and non attendance to screening and immunisations leading to longer term health implications.

Travellers

Those transient Gypsies and Travellers (GT) are more likely to have health issues but unlikely to seek medical advice, therefore some conditions can remain undetected.

Educational attainment is poor in the GT population with the average age for dropping out of education aged between 11 and 13 years old.

Offenders

There is clearly a high level of need amongst offenders in respect of mental health.

Child sexual exploitation

Aimed at local business, the 'Say Something If You See Something' campaign is supported by a resource pack that includes posters advising staff that sexual exploitation is a crime, leaflets on what to look out for and most importantly, which agencies to contact if a business believes their premises may be being used in sexual exploitation (children and young people under the age of 18 who are encouraged / forced into a sexual relationship or situation by an adult. It often involves being offered something in return for performing sexual acts, for example alcohol, cigarettes, mobile phones, gifts, money, drugs or affection). The campaign is geared at informing business owners, managers and key front line employees and requests that businesses:

1 enforce a zero tolerance policy to the exploitation of children and young people within their business environment;

2 raise awareness of sexual exploitation across their workforce;

3 use the materials provided to improve knowledge and vigilance; and

4 notify Crimestoppers or other agency service if they have a concern.

CRIME

550

victims of crime and anti-social behaviour supported in Hartlepool.

88 per 1,000

the crime rate in Hartlepool is higher than the national average of 61.4 per 1,000.

EDUCATION

57%

children with free school meal status achieving a good level of development at the end of reception.

53%

pupils in Hartlepool achieved GCSE grades 5 A*-C including English & Maths. This is lower than the national average of 57%

EMPLOYMENT

16%

adults with learning disabilities who have gained employment in Hartlepool.

13

people in long-term unemployment per 1,000 working-age population above national average of 4.6.

ENVIRONMENT

6 per 10,000

population per year is the rate of complaints about noise.

HOUSING

1 per 10,000

statutory homelessness in Hartlepool.

POVERTY

29%

children in poverty under 16. This is still well above national average of 18.6%.

TRANSPORT

28 per 100,000

killed and seriously injured on roads in Hartlepool.

25 per 100,000

children killed or seriously injured in road traffic accidents. This is still above national average of 17.9.

Green text = **Success** | Blue text = **Requires Improvement**

Wider determinants of Health Issues and Solutions

Crime

Our victim service has provided direct emotional, practical, crime prevention and advocacy support to over 550 victims of crime and anti-social behaviour in Hartlepool, resulting in:

- 88% of victims feeling safer due to the provision of security advice & measures.
- 90% of victims feeling able to remain in their own home.
- 75% of victims reporting an improvement in their quality of life.

Crime Rate - The crime rate in Hartlepool (87.8 per 1,000) population is higher than the national average of 61.4 per 1,000 and is the second highest in the Cleveland area with more than three quarters of recorded crime affecting our most disadvantaged communities. (April 2015 - March 2016).

Education

By the end of their early years schooling (by the time children enter Year 1), the proportion of children attaining a Good Level of Development (GLD) increased again in Hartlepool last year to 68% (national 66%). This increase was more than the national increase in this measure. In Hartlepool we closed the gaps in the key areas of Personal, Social and Emotional Development, Expressive Arts, and Mathematics. At the end of Year 1, there are national tests in children's phonic abilities - the letters of the alphabet and the sounds that they make. If children's phonic skills are poor then they will find reading and writing difficult, and this will hinder their progress in school. In 2015, 81% of Hartlepool's 5 and 6 year-olds passed the Phonics test. The national figure was 77%. This is the third successive year that Hartlepool's figure has improved; it has always been above the national average.

Employment

The Hartlepool Youth Unemployment Rate has fallen by over 75% from a high of 17.8% in October 2012 to its current level of 3.7% in March 2016, which is the largest reduction of any Local Authority in Great Britain over the same time period.

However, the Hartlepool Youth Employment Rate has also decreased from 49% in September 2014 to 45.2% in December 2015, which does not correlate with the North East and Great Britain Rates which have all increased over the same time period.

The key priority over the next year will be to increase this rate through the delivery of the European Commission Youth Employment Initiative (YEI). Hartlepool Borough Council, through a consortium of 29 Delivery Partners, has been awarded £19.29m to deliver the YEI Project to over 6,500 young people aged 15 to 29 years old across the Tees Valley who are unemployed or economically inactive.

Poverty

Hartlepool Financial Inclusion Partnership (HFIP) has been re-launched and focuses on working with advice and guidance agencies that have face to face contact with residents including families.

HFIP has led a training programme which has seen workshops and seminars on destitution; crisis funding; discretionary housing payments; welfare reform; welfare and benefit advice. These have been very well attended by the private, voluntary and independent sector.

First Contact and Support Hub continues to provide welfare and benefit advice to families with dependent children and is able to support with crisis funding where appropriate. In addition, FCSH has been offering Personal Budgeting advice to Universal Credit claimants who may be more susceptible to financial hardship than those claiming other out of work benefits.

Transport

In June 2015, the Council appointed a Technical Support Officer to co-ordinate its Bikeability training. As a result, over 2015/16 the programme has worked with 13 Hartlepool schools. Training has been given to 265 pupils in Levels 1 and 2 of the Bikeability package. Whilst a lot of work has been directed to schools, Bikeability can benefit people of any age. Adult Bikeability training has also been offered as part of the Hartlepool Active Travel hub. This included a special 'home to work' service offering one to one training and confidence building to those who want to cycle to work from their home.

ALCOHOL MISUSE

36 per 100,000
under 18s admitted to hospital for alcohol specific conditions.

62 per 100,000
alcohol-related mortality amongst Hartlepool residents.

ILLICIT DRUG USE

89%
the percentage of eligible new presentations (Non Opiate Users) accessing drug treatment that accept the offer of Hepatitis B treatment.

31%
successful completion of drug treatment - non-opiate users Hartlepool.

SMOKING

3,489 per 100,000
successful quitters at 4 weeks in Hartlepool.

23%
smoking prevalence in Hartlepool is higher than the England average (18%).

18%
smoking in pregnancy in Hartlepool.

OBESITY

642
referrals to the Hartlepool Exercise for Life Programme.

590
referrals to the Council's Health Trainer Service for weight management and healthy lifestyle support.

33%
of adults in Hartlepool are obese. This is higher than the national average of 24%.

25%
of 4-5 year olds in Hartlepool are overweight or obese.

42%
of 10-11 year olds in Hartlepool are overweight or obese.

SEXUAL HEALTH

50%
reduction in the number of under 18 conceptions since 2010.

9 per 100,000
of under 16 conceptions in Hartlepool which is higher than the England average of 4.4 per 100,000.

DIET AND NUTRITION

50%
breastfeeding initiation (up from 44%).

44%
of Hartlepool residents eat 5 portions or more of fruit and veg per day which is lower than the national average of 52%.

PHYSICAL INACTIVITY

27%
of the adult population of Hartlepool participated in 3 x 30 mins moderate exercise per week in 2016.

51%
is the proporation of adults in Hartlepool who are physically active.

Green text = **Success** | Blue text = **Requires Improvement**

Behaviour and Lifestyle Issues and Solutions

Alcohol misuse

Alcohol specific mortality has reduced significantly since 2006-08 (21.1 to 14.1).

Alcohol related mortality was similar to England up until 2013, but in 2014 it was significantly worse than England.

The latest data available for Alcohol-related hospital admissions (Narrow) shows that Hartlepool has seen an 8% reduction in ARHA between Q1 - Q3 of 15/16. This was the largest reduction in all of the North East Local Authorities.

Illicit drug use

The increase in take up of Hepatitis B treatment is a marked improvement on previous years and one of the main targets highlighted to improve on.

Young people aged 17 years old within the service, who are assessed as requiring further treatment beyond their 18th birthday, are supported to successfully transfer to adult services. The target of 100% has been achieved and this is a vast improvement from 20% in August 2015 due to closer partnership working with Youth Offending Services and integration to their buildings.

Smoking

Hartlepool Borough Council commissions a highly effective, evidence-based Stop Smoking Service to support local people who want to quit smoking. There are 9 community-based drop in facilities situated around the town providing support 6 days a week at a variety of times including a Saturday morning. In addition, there are 5 pharmacies providing this One Stop Shop facility. If people choose to buy e-cigarettes as a means of quitting smoking tobacco the service will support this too.

An enhanced stop smoking service called babyClear© has been introduced across the North East region during 2012 – 2015. It aims to reduce smoking in pregnancy, especially targeting those women who continue to smoke after the first trimester.

Diet and nutrition

Breastfeeding initiation rates are still very low compared to the national average.

In 2015/16, Hartlepool successfully moved the Health Trainer Service into the Public Health department of the Local Authority which has enabled closer integration and partnership working with a range of services. The service has recently aligned itself alongside the Hartlepool Exercise for Life Programme which will make the referral process into supported exercise and healthy lifestyle support even easier for GPs, health professionals and the public.

Obesity

Hartlepool remains one of the highest rates in the country for adult and childhood obesity, which is a significant concern. Childhood obesity was highlighted as the main priority for the Hartlepool Health and Wellbeing Board in 2015/16 and this has resulted in the development of a 10-year Healthy Weight Strategy for Hartlepool which aims to further improve service integration and delivery by taking a whole systems approach to tackling the issue involving a wide range of partners and services that all have a role to play in the agenda.

Sexual health

Teenage conception rates were statistically significantly worse than England, but are now similar to England rate.

Physical inactivity

In 2005, Hartlepool was 2nd worst of all North East authorities for adults participating in at least 30 minutes of moderate activity three or more times per week, at 18.9%. In 2016, we have increased to 26.7% and are the top performing North East Authority.

In 2005, Hartlepool was the worst performing Authority in the region for adults participating in 30 minutes of activity per week at 30.4%. In 2016 we have increased this to 39.6% and are the 2nd best performing Authority.

Regionally, the figure is 33.9% and nationally, 36.1%.

CANCER

300

Hartlepool residents engaged with the Tees Health Awareness Roadshow In 2015/16.

Almost 300

people in Hartlepool die each year due to cancer.

CARDIOVASCULAR DISEASE

19% (4,256)

of eligible people aged 40-74 who received an NHS Health check in 2013-15.

210

people in Hartlepool aged under 75 die each year due to cardiovascular disease.

TYPE 2 DIABETES MELLITUS

6.3%

diabetes prevalence in Hartlepool.

1,700

Hartlepool people are estimated to be living with diabetes, but remain undiagnosed.

INJURIES

351

injuries due to falls in people aged 65 and over.

137 per 100,000

hospital admissions caused by injuries in children (0-14 years) which is higher than the national average of 109.6 per 100,000.

MENTAL AND BEHAVIOURAL DISORDERS

1200

people in Hartlepool diagnosed with dementia.

ORAL HEALTH

20%

children with one or more decayed, missing or filled teeth.

RESPIRATORY DISEASE

1,900

successful lung health check assessments completed on Hartlepool residents.

1,250

people in Hartlepool are estimated to be living with chronic obstructive pulmonary disease (COPD) without knowing it. (This figure is reducing due to the Tees Lung Health Check Programme).

SELF HARM AND SUICIDE

24

suicides in Hartlepool between 2012-14.

226 per 100,000

hospital stays for self-harm in Hartlepool.

Green text = **Success** | Blue text = **Requires Improvement**

Illness and death Issues and Solutions

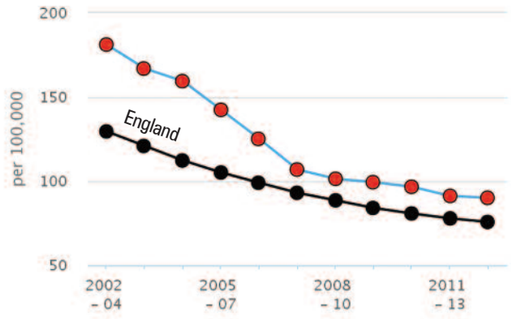
Cardiovascular disease

The NHS Health Check programme is a national risk assessment programme for CVD. It aims to prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia through early detection, lifestyle advice and referral for further management of risk factors and conditions which can lead to the development of CVD. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited once every five years to assess their risk of developing CVD.

The mortality rate for all CVD in Hartlepool is above the regional and national average.

Although, between 2001 and 2012 early mortality (<75) from CVD has decreased steeply. The gap between Hartlepool and England has narrowed considerably.

Under 75 mortality rate: cardiovascular - Hartlepool



Cancer

About 1,600 people in Hartlepool are currently living with cancer and the number continues to rise because of improvements in early diagnosis and treatments. However, on average nearly 300 die due to cancer each year, equivalent to about one-third of all deaths in Hartlepool.

In addition, the proportion of people attending NHS cancer screening programmes which can help detect cancer early is below the England average and continues to fall. For example, about 2,000 women, nearly one quarter of those eligible, do not attend breast screening in Hartlepool.

Over the past year, the Tees Health Awareness Roadshow has engaged with over 300 Hartlepool residents in their local community; whether that be local library, church or community venue. People were provided with information regarding early signs and symptoms of cancer, NHS cancer screening programmes and lifestyle factors that increase cancer risk. Of those people, almost 1/3 were signposted to another service (GP or Hartlepool lifestyle service).

Type 2 Diabetes mellitus

In Hartlepool, the estimated prevalence of diabetes is 6.3%, but only 5.3% of the population has been diagnosed with diabetes. It is likely that about 1,700 people with diabetes remain undiagnosed.

The NHS health check includes checking for diabetes in people aged 40-74 years.

Injuries

1 in 3 over the age of 65 are at risk of falling, increasing to 1 in 2 for those over the age of 80. The visually impaired, hearing impaired, those with physical disabilities, mental health and other health related problems and those with learning disabilities are all more significantly at risk of falling, with both genders at risk.

Mental and behavioural disorders

Of the 1,200 people currently diagnosed with dementia, only a few hundred are accessing the support available.

A new dementia service was launched in Hartlepool in 2015 in a bid to help the 1,200 people in the town who suffer with the disease. The Hospital of God charity at Greatham realised there was a lack of services available to dementia sufferers and their families and opened The Bridge, based at the Gemini Centre, in Villiers Street, in Hartlepool town centre. From The Bridge, people can access day care, memory cafes, advice about dementia, community pastimes, and home from hospital rehabilitation support.

The Sport and Recreaction Team in Public health provide a variety of physical activity opportunities to encourage people with dementia and their carers to become more active to improve their physical and emotional health and provide social interaction.

Respiratory disease

1 in 6 people who are current smokers and at risk of developing chronic obstructive pulmonary disease (COPD) are being diagnosed early with the disease through the Tees Lung Health Check programme.

This means that the programme, a breathing test, is targeting people who are living with COPD without knowing it.

Early diagnosis means that the effects of the condition can be greatly reduced with treatment and lifestyle changes, reducing the risk of severe difficulties with breathing in the future.

The programme is also making it possible for more people from the 17,000 (23% of adults aged 18 and over) who smoke in Hartlepool to be given advice and support on how to stop smoking.

Case studies

Takeaways Project

A small number of takeaway premises were identified for participation, each specialising in a different type of cuisine. The project involves detailed analysis of the composition of a range of dishes, identifying possible changes which could improve how healthy they are whilst also providing benefits to the business concerned.

Initial visits to these premises went well and detailed work has been carried out in a Chinese takeaway, where improvements were identified and incentives for business take-up discussed. As a result a 'Top Tips for Chinese Takeaways' poster has been produced and a laminated copy will be given to the business owners during food hygiene inspections in future. This approach will allow the inspector to discuss the Tips in detail and encourage the business owners to 'buy into' the project.

The same approach is to be taken in different types of premises going forward, with a phased approach designed to cover all major food types over the coming months.

Save our Skins

First part of the initiative included working with sun bed salons to check compliance with BS EN 60355-2-27 which requires that the sun bed radiates UVR that is equivalent to the mid day sun in the Mediterranean (BS EN 60355-2-27) and the legislation is the General Product Safety Regulations 2005. Trading Standards led on this project and environmental health officers and technical officers checked compliance under the Health & Safety etc. at Work Act 1974 and the Sun bed (Regulations) Act 2010.

55 sun beds were tested and there was a 35% failure rate. Any business who failed were provided with advice and were retested – by the end of the initiative all sunbeds were compliant.

Hartlepool Exercise for Life Programme

673 referrals received in a 12 month period from a range of referral agencies and self-referrals. Almost 40% of referrals completed their 10 week supported programme. Of those completing their 10 week programme, 78% of them have been retained in activity based on 3, 6 and 12 month follow-ups. This shows a change in lifestyle behaviour to remain engaged with physical activity. This is significant as all referrals are experiencing health inequalities or chronic illness, therefore continued engagement in activity is improving health and in some instances a reduction in visits to medical professionals and prescribed medication and improved quality of life.

Hepatitis C Service

Up until 2012, Hepatitis C treatment in Teesside was only available at the Centre for Clinical Infection at James Cook Hospital in Middlesbrough. This disadvantaged our clients as they could not afford, in many cases, to travel to Middlesbrough to access treatment. Meetings with the NHS Trust took place to try and get a satellite clinic delivered from our Hartlepool premises in Whitby Street, as some clients had always refused treatment for Hepatitis C because of the travelling and/or fear of the treatment itself. In 2014, following the appointment of a new manager of the Hepatitis C service and with the support of the Lead Nurse at James Cook, a pilot scheme was established.

Following in-depth consultations in Hartlepool with the Hepatitis nursing team and the reassurance of continued support throughout the process, more clients are now accepting the treatment and some are now Hepatitis free. We now have regular fortnightly clinics with eight appointments for review and/or treatment. This service is accessible for all Hartlepool residents, not just those with Substance Misuse issues, and ensures that if someone tests positive they can access treatment options and support without delay.

Health Trainers

Health Trainers work with clients on a 1:1 basis and with groups. Within a 12 month period, they have had contact with over 500 clients for 1:1 weight management support. Of those who have completed their 12 week programme, 68% of clients have demonstrated weight loss. The service continues to receive significant support from service users who have commonly reported that; "It has changed my life, I have tried every weight management programme and nothing has worked until now and I couldn't have done it without the Health Trainer." Example outcomes are identified from Mr W, who identified before engaging with the Health Trainer that he had difficulty tying his shoes laces and couldn't catch his breath during exercise. 10 weeks into his 1:1 programme he reports; "My progress has been more than I could have expected. I am more energised at the gym, my clothes fit better and my wife says I look better". Mr W has reduced his weight from 15 stone to 13 and a half stone in 10 weeks. This has also resulted in a loss of 11cm from his waist circumference.

Escape Diabetes, Act Now

66 referrals received from health professionals based on them being identified as at risk of Type 2 Diabetes. 58% of referrals have completed the 12 week programme and are still retained within services/exit routes. Based on the 58%, all clients have reduced the risk factors associated with Type 2 Diabetes. The intervention includes physical activity and nutritional support for all clients. Example outcomes are identified from Mr A, who has significantly reduced his risk and it is identified by the comparable data collected – Starting data: weight 101kg, BMI 31.9, Blood pressure 138/80, HbA1c 56mmol/mol (Blood test). Current data: weight 88kg, BMI 28.09, Blood pressure 121/70, HbA1c 38mmol/mol (Blood test). This client is still actively engaged with the service.

Key achievements and next steps

2015/16 has seen some significant achievements made across the Authority, and the following initiatives highlight some of the key next steps required to build on this success in 2016/17:

Cycle route development

In efforts to get more people cycling in Hartlepool it has been recognised that improvements to the cycle infrastructure will be vital. Whilst there are cycle routes in the Borough recent surveys and feedback from the public have shown that a lot more needs to be done. Nationally there is broad support as expressed in the recent Department of Transport 'Cycling and Walking Investment Strategy'. At a local level it is hoped that work on the recently drafted 'Hartlepool Cycling Development Strategy' and the proposed 'Local Cycling and Walking Infrastructure Plan' will provide a strategic background from which actual developments will be implemented using funding support from such as the Local Transport Plan and Local Growth Fund programmes.

Better Childhood Programme

A programme of transformation has been developed over the last year that aims to ensure children in Hartlepool get the best start in life and experience positive outcomes throughout their childhood. The programme has so far supported the development of a Multi-Agency Children's Hub (MACH) involving health, police and social services working together. The programme has paved the way for the creation of early help teams in four localities integrating health and social care staff.

Proportion of Hartlepool schools judged Good or Outstanding by Ofsted

Our stated ambition is to be one of the few local authorities in the country where all of the authority's schools are judged to be at least Good by Ofsted. This will mean that parents and carers can choose any school in Hartlepool for their children and young people knowing that they will receive a great education. Our key priority in this area is to improve the number of our secondary schools rated at least Good. Our Pupil Referral Unit is now rated as Good. The secondary schools inspected this year have been graded as Good, and we are confident that the three remaining secondary schools will be rated at least Good at the time of their next inspection (during the coming year or so).

Dementia

The Dementia Friendly Hartlepool project aims to develop Hartlepool as a nationally- recognised dementia friendly community to ensure that people living with dementia are able to remain active and involved in their communities. The local community will be aware of and understand more about dementia. People living with dementia and their carers will be encouraged to seek help and support from projects such as The Bridge. By the end of 2015 there were 1785 people signed up as Friends – 50 active champions and 5 schools involved.

Falls Prevention

Since April 2016 the Falls Prevention Service has been delivered in house – being situated within the existing structures of the Adult Social Care teams that sit alongside health colleagues in the Single Point of Access (SPA).

To be consistent with the National Institute for Health and Clinical Excellence's (NICE) Guidance for Falls in Older People (CG161) the in house service will focus on:

- Home Hazard Assessment and Intervention
- Exercise programmes in extended care settings such as residential care homes
- Encouraging the participation of older people in falls prevention programmes
- Delivery of education and information giving

Tackling alcohol-related hospital admissions

The broad measure (where alcohol is present in one or both the Primary & Secondary Diagnosis Code) admissions rate across the North East continues to decline whist the national rate has continued to increase. As a result the North East rate is now at an historic low but still stands 20% higher than the England average.

Sexual Violence Support Services

Raising awareness of sexual violence support services with professionals and members of the public, ensuring those who experience abuse know where and how to access help and support they need to recover.

Strengthen Links with GPs

Local analysis of Domestic Abuse Support Services data, shows that half of community outreach clients had visited their GP, on average 5.3 times in the year before they accessed help. Highlighting the need to improve links with GPs, raising awareness of domestic abuse issues and referral pathways into support services.

Summary of indicators

The table below shows the data used to create all of the infographics in this report. The Hartlepool and England rates and numbers have been included where possible. The source for all of the indicators in the report is the Hartlepool Joint Strategic Needs Assessment: http://www.teesjsna.org.uk/hartlepool/

Vulnerable Groups

Topic	Indicator	Hpool%/rate	Hpool no.	England %/rate
Learning disabilities	Proportion of supported adults with a learning disability living in settled accommodation	83.6%	255	72.9%
	Proportion (%) of eligible adults with a learning disability having a GP health check	43%	221	44%
Autism	People with autism are in receipt of support services	-	140	-
Physical disabilities	Those with severe physical disability (age 18-64) or with a limiting long-term illness (age 65+) receiving services	41%	-	29%
Sensory disabilities	People with a hearing loss are referred by their GP for a hearing test	55%	-	-
Sexual violence victims	Increase in sexual violence offences reported to the Police	41%	-	-
Domestic abuse victims	Domestic abuse incidents reported to the Police in Hartlepool involve a repeat victim	48.2%	-	-
Carers	Overall satisfaction of carers with social services	56.4%	-	-
	Carers who report that they have been included or consulted in discussions about the person they care for	84%	-	-
	Carers (and people who use services) who find it easy to find information about services	80.1%	-	-
End of life care	Practice population on the palliative care register	0.4%	-	1%
Ex-forces personnel	Service leavers reporting that they found the return to civilian life was not as they expected or harder	-	-	25%
Migrants	Families involved in Syrian resettlement programme	-	10	-
Travellers	Gypsy & Traveller children who obtain five GCSEs A*-C grades (inc English & Maths)	10%	-	-
Offenders	Reduction in the re-offending rate of the most prolific and priority offenders	36.7%	-	-
	Offenders who re-offend within a 12 month period	33.7%	-	-
Child sexual exploitation	Cases discussed by the VEMT practitioners group.	-	50	-

Wider determinants

Crime	Support for Victims of Crime and Anti-social Behaviour	-	550	-
	Crime rate per 1,000 population	87.8	-	61.4
Education	Children with free school meal status achieving a good level of development at the end of reception	68.4%	-	66.3%
	GCSE achieved 5A*-C including English & Maths	53.1%	-	57.3%
Employment	Adults with learning disabilities in employment	15.9%	65	6.7%
	People in long-term unemployment (rate per 1,000 working-age population)	12.8	1,137	4.6
Environment	Complaints about noise (rate per 1,000 population)	5.6	521	7.4
Housing	Statutory homelessness	1.3%	74	2.4%
Poverty	Reduction of children in poverty (under 16s) since 2010	3.6%	-	-
	Children in poverty (under 16s)	29.1%	-	18.6%
Transport	Killed and seriously injured on roads (rate per 100,000 population)	27.8	116	39.3
	Children killed or seriously injured in road traffic accidents	24.5	13	17.9

Behaviour and lifestyle

Alcohol misuse	Under 18s admitted to hospital for alcohol specific conditions	36.4	22	36.6
	Alcohol-related mortality	61.8	55	45.5
Illicit drug use	Eligible new presentations (Non Opiate Users) accessing drug treatment that accept the offer of Hepatitis B treatment	89%	-	-
	Successful completion of drug treatment - non-opiate users	30.9%	58	39.2%
Smoking	Successful quitters at 4 weeks (rate per 100,000 population)	3,489	627	2,892
	Smoking Prevalence	23.4%	-	18.0%
	Smoking in pregnancy	18.1%	-	11.4%
Diet and nutrition	Increase in breastfeeding initiation rates	13%	-	-
	Consuming 5 portions or more of fruit and veg per day	43.8%	-	52.4%
Obesity	Referrals to Exercise for life programme or to health trainers	-	1,232	-
	Obese adults	32.7%	-	24.0%
Sexual health	Reduction in under 18 conceptions	50%	-	-
	Under 16 conceptions	8.6	-	4.4
Physical inactivity	Increase in adult participation in 3 x 30 mins moderate exercise per week since 2005	41.3%	-	-
	Physically active adults	51.2%	-	57%

Illness and death

Cancer	Engaged with the Tees Health Awareness roadshow	-	300	-
	Die each year due to cancer	-	300	-
Cardiovascular disease	Eligible population aged 40-74 who received an NHS Health check	18.6%	4,256	18.6%
	Under 75 mortality rate from all cardiovascular diseases (rate per 100,000 population)	90.1	210	75.7
Diabetes mellitus	Diabetes prevalence	6.3%	-	6.4%
	Estimated people with undiagnosed diabetes	-	1,700	-
Injuries	Injuries due to falls in people aged 65 and over (rate per 100,000 population)	1,975	351	2,125
	Hospital admissions caused by injuries in children 0-14 years (rate per 100,000 population)	137.4	227	109.6
Mental & behavioural disorders	Diagnosed with dementia	-	1,200	-
Oral health	Children with one or more decayed, missing or filled teeth	19.6%	-	27.9%
Respiratory disease	Lung Health Check assessments	-	1,900	-
	The number estimated to be living with chronic obstructive pulmonary disease (COPD) without knowing it	-	1,250	-
Self - harm and suicide	Suicide rate (per 100,000 population)	225.9	-	191.4

Conclusion

The people of Hartlepool do experience, in many respects, poorer health than the average person in England. We know this, because we have national and local measures and methodologies to assess need.

The Joint Strategic Needs Assessment summarises the efforts of many people in pulling together into one place, what is known both quantitatively and qualitatively about the health and wellbeing of the people of Hartlepool. This intelligence informs the work of many people across the town to work in partnership and take collective action to address needs. It informs plans and strategies based on a rich resource of intelligence, backed up by a technical compilation of statistics, data and analysis.

Key strategies and plans include Sustainability and Transformation Plans (STPs), Integrated Health and Social Care plans and Public Health plans to name but a few.

No one agency or individual on their own can address the complex needs expressed through the JSNA process. However, in partnership and with sustained, systematic and concerted action, social and health inequality can be addressed. The refresh of the Health and Wellbeing Strategy when it is published in 2018, will lay out the challenges based on needs assessment to improve and protect the health of the population. It is important that the solutions to problems identified are based on evidence. The Marmot Review (2010)* provides an evidence base for action so that not only will every child have the best start in life in Hartlepool, but also the best childhood, adulthood and support through illness if needed.

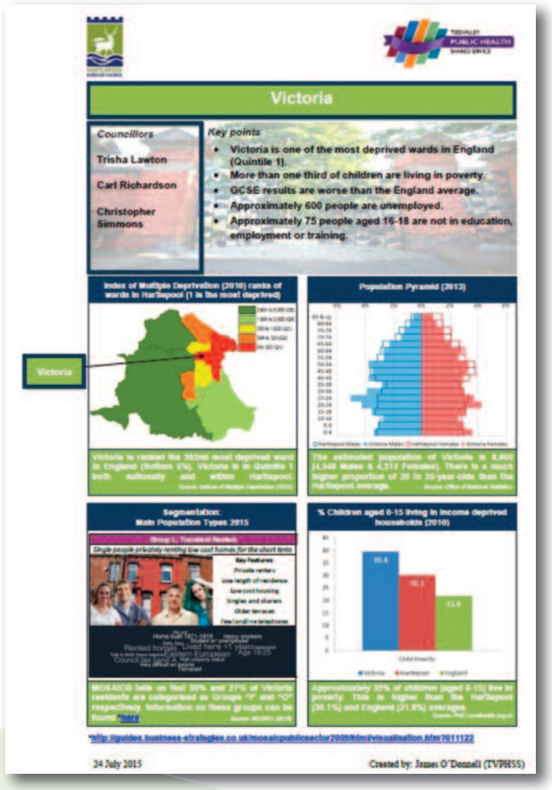
To complement the report we will also be publishing updated versions of the ward profiles for 2015/16, which summarise at a glance the key public health statistics and indicators for each ward within the Borough. The profiles aim to support elected members, staff and the general public in identifying key issues, challenges and priorities for future action within their local area and Hartlepool as a whole.

Thank you for reading this report and I look forward to producing my 2016/17 Director of Public Health Annual Report.

Louise Wallace

Director of Public Health, Hartlepool Borough Council

Professor Sir Michael Marmot *Marmot M, Allen J, Goldblatt P et al (2010) Fair society, healthy lives: strategic review of health inequalities in England post 2010. London: Marmot Review Team.



HEALTH AND WELLBEING BOARD

Monday 19 September 2016

Report of: Director of Public Health

Subject: UPDATE ON HEALTHY WEIGHT STRATEGY

1. PURPOSE OF REPORT

1.1 To provide the board with an annual update on the progress of implementing the 10-year Healthy Weight Strategy for Hartlepool, that was approved and launched following the Health & Wellbeing Board meeting on 11 September 2015.

2. BACKGROUND

2.1 The Healthy Weight Strategy was launched in September 2015, in response to members of the Health & Wellbeing Board selecting childhood obesity as a key priority for action in Hartlepool. Currently, 25.3% of reception age children (3rd highest regionally) and 41.6% of year 6 children (highest regionally) are overweight or obese.

2.2 A large stakeholder conference and engagement event on childhood obesity was held in February 2015 to inform the development of the new strategy, which succeeded and built upon the previous 'Healthy Weight, Healthy Lives' obesity action plan for Hartlepool, which had been in place since 2013.

2.3 The Healthy Weight, Healthy Lives steering group continues to meet bi-monthly to review progress with the Healthy Weight Strategy. This report presents a summary of the progress made over the last 12 months and highlights some key actions and next steps over the next 12-36 months.

3. KEY PROGRESS

3.1 The strategy and action plan was approved by the Hartlepool and Stockton Clinical Commissioning Group (HAST CCG) Health & Wellbeing Workstream following a presentation to its members on 7th April 2016, however no further comments or changes to the action plan were received from the group.

3.2 When the strategy was launched, there was feedback from the Board regarding linking with plans to support the health & wellbeing of refugees and asylum seekers – the Health Improvement Team have a dedicated officer involved with this project and it is hoped that additional actions around nutrition and obesity for this client group can be incorporated into the strategy in due course.

3.3 Cleveland Police have been invited to be involved in the Healthy Weight Healthy Lives group leading on implementation of the strategy, however there have been no officers in attendance at any meetings to date.

3.4 It was also recommended that Cleveland Police and other partner organisations consider committing to the North East Better Health at Work Award in order to support this agenda among their staff. Hartlepool Borough Council, Cleveland Fire Brigade and HAST CCG are signed up to the award, however Cleveland Police and Thirteen Group have not yet signed up. Harbour Outreach and DISC/Lifeline will be taking part in 2017.

3.5 **Key progress with Healthy Weight Strategy action plan (appendix 1):**

Strategic Theme 1: Universal – To transform the environment so that it supports healthy lifestyles (Primary Prevention)

Action 1(a) – Planning and retail: Trading Standards continue to work with Take Away food providers to support healthier cooking practices such as healthier frying techniques, low salt dispensers and reduced fat/sugar/salt through sharing of recipes and good practice using food analysis of common dishes between different outlets. A specific fact sheet for Chinese restaurant owners has been developed and circulated to encourage healthier and more sustainable cooking practices.

Public Health continue to be consulted on all A5 hot food take away planning applications in relation to the possible health impact and have contributed to relevant sustainability appraisals for the new Local Plan including a new A5 Hot Food Take Away policy.

Currently pursuing the possibility of influencing the 2017 tender for bus shelter advertising in Tees to prevent high fat/salt/sugar food, drinks and alcohol being advertised in certain locations.

Action 1(b) – Physical Activity: 'Move a Mile' campaign ongoing in schools and workplaces, new Workplace Health & Exercise Activator appointed in May 2016 to help increase physical activity in workplaces, successful Triathlon events and free swims campaigns delivered again in 2016. Several community route audits completed by Living Streets as part of 'Walk To' project – funding extended until March 2017.

HBC Corporate Gym membership scheme launched with 20 staff currently signed up equating to £5.5K additional income per annum. Active Business Taster Day taking place in September 2016.

Action 1(c) – Travel & Infrastructure: New Hartlepool Cycle Development Plan currently out to consultation. Two cycleway improvement projects approved at Queen's Meadow and Oaksway Enterprise zones to be completed by March 2017.

Local Motion Personalised Travel Planning team – proposed programme for 30th August to 17th October:

- Revisit households expressing an interest from 2015 survey
- Rail station leaflet household survey
- College Fresher's Week events including a student travel survey
- Support to Love to Ride September campaign
- Attendance at events
- Job centres – travel planning sessions for staff and jobseekers
- Large retailers – car share scheme

Sustrans – proposed programme:

- Cycling propensity study for Hartlepool Station
- Cycle volunteer development – guided ride leaders
- Support to Hartlepool Cycle Clinic
- Hartlepool cycle route leaflets/route maps
- Development of Cycle hubs in Hartlepool – Hartlepool Interchange / Middleton Grange Shopping Centre.

Active travel development:

- Hartlepool Access and Cycling Map reprint
- Travel plan maps for Civic Centre and Queens Meadow
- Sustainable Modes of Travel strategy update
- Pool bike scheme development
- 'Get back on your Bike' campaign
- Bikeability training

We have seen a general increase in numbers of people cycling in Hartlepool since 2011 as measured by 7 cycle counters in Hartlepool:

Year period	**Total count**	**Average daily flow over the year**
April 2011 to March 2012	86,390	35.19
April 2012 to March 2013	92,884	40.44
April 2013 to March 2014	123,268	48.18
April 2014 to March 2015	127,111	50.40
April 2015 to March 2016	115,549	48.92

Strategic Theme 2: Preventative – Making Healthier Choices Easier by providing information and practical support (Secondary Prevention)

Action 2(a) – Social Marketing & Comms: POWeR online weight management programme and smartphone app, developed by the University of Southampton and piloted in Hartlepool in 2014, will be provided free to Hartlepool residents in late-2016 / early-2017.

Action 2(b) – Early Intervention: HBC Health Trainers and Sport & Recreation staff attended Childhood Obesity training in March 2016 to support the FiiT Hart family weight management programme. In 2015/16, there were 642 referrals to Exercise on Referral & 590 to the Health Trainer Service.

Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)

Action 3(a) – Hartlepool Obesity infographic has been developed and circulated to clinical settings and key staff including GPs, pharmacies, leisure services etc. Impact has been evaluated by Teesside University via funding from the Institute of Local Governance (report available on request).

Work is underway with HAST CCG to develop a new, simplified obesity pathway for Hartlepool for local GPs and health professionals.

Action 3(c) – Business case for 'Community Hubs' project in development, which will propose obesity services integrating with other health and wellbeing and social care services.

'Holiday Hunger' pilot project launched in July 2016, comprising a £25k ringfenced community grant scheme for CVS groups to provide healthy food and snacks alongside their summer holiday activity and play schemes, plus £13k to enhance the existing foodbank offer by providing weekly food parcels to families from three local community drop in centres. To date, over 500 food parcels have been provided to needy families over the school summer holidays and 18 community groups received funding to through the ringfenced community grant scheme. An evaluation of the project as well as an in-depth community consultation into food poverty more generally, will commence from September 2016, supported by the Joseph Rowntree Foundation.

4. FUTURE STRATEGIC DIRECTION

4.1 On 18 August 2016, the government published 'Childhood Obesity: A Plan for Action', which aims to reduce England's rate of childhood obesity within the next 10 years by encouraging:

- industry to cut the amount of sugar in food and drinks;
- primary school children to eat more healthily and stay active.

4.2 Within the plan, the government sets out a range of national measures and initiatives to tackle the obesity epidemic:

1. Introducing a soft drinks industry levy
2. Taking out 20% of sugar in products
3. Supporting innovation to help businesses to make their products healthier
4. Developing a new framework by updating the nutrient profile model
5. Making healthy options available in the public sector
6. Continuing to provide support with the cost of healthy food for those who need it most
7. Helping all children to enjoy an hour of physical activity every day
8. Improving the co-ordination of quality sport and physical activity programmes for schools
9. Creating a new healthy rating scheme for primary schools
10. Making school food healthier

11. Clearer food labelling
12. Supporting early years settings
13. Harnessing the best new technology
14. Enabling health professionals to support families.

4.3 It is reassuring to note that the Hartlepool Healthy Weight Strategy has actions and objectives that align closely with each of these national objectives, and it is hoped that in the coming years there will be increased support and a national focus around each of these topics that will enable Hartlepool to address the issues more effectively at a local level. It is disappointing however, that there is little-to-no national focus or support around restrictions on fast food advertising or greater sanctions on manufacturers and retailers of these products, as this is the one of the key issues that we have little influence over locally and need a strong government stance to make an impact.

5. RISK IMPLICATIONS

5.1 There is a risk that without a clear and robust strategy for tacking obesity in Hartlepool, rates may continue to rise in both children and adults, leading to a greater strain on health and social care systems within the Local Authority and the NHS.

6. FINANCIAL CONSIDERATIONS

6.1 An update of the Medium Term Financial Strategy (MTFS) 2017/18 to 2019/20 was considered by the Finance and Policy Committee on 20th June 2016. This report highlighted the key issues impacting on the development of the budget for 2017/18 and future years, which reflects the following key issues:

- The scale of the Government grant cuts implemented over the over the last 6 years which have had a disproportionate impact on Authorities, including Hartlepool, with the greatest dependency on Government Grant, with the least ability to raise resources locally from Council Tax or Business Rates and higher levels of need and deprivation;

- The announcement by the Government that Local Authorities will continue to face further significant funding cuts over the next three years (2017/18 and 2019/20). For Hartlepool, this means a further cut in Government funding of **£9.8m** by 2019/20;

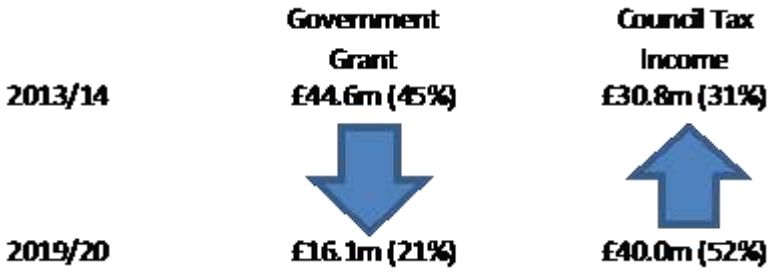
- The financial impact of Government's National Minimum Wage, which it is anticipated will increase the Council's costs by £2m per year from 2019/20 and will not be covered by the Government providing 'new burdens' funding;

- In recognition of financial pressures on Local Authorities, arising from Government grant cuts and the National Living Wage, the

Government has implemented the 2% Social Care precept. This is a significant change in the Government's Council Tax policy and enables Authorities with Social Care responsibility to increase Council Tax by 3.9%, without needing a Council Tax referendum. The Chancellor's March 2016 budget forecasts assume individual Authorities will implement annual Council Tax increases of 3.9% until 2019/20.

The MTFS report highlighted the significant shift in the balance of Council funding from Government Grant (reflecting further cuts up to 2019/20) to Council Tax (reflecting the change in Government Council Tax policy) between 2013/14 and 2019/20, as follows:

Changes in Funding 2013/14 to 2019/20 (figures in brackets show income as percentage of total Council Resources



The MTFS report advised Members that a range of corporate savings have been identified which reduces the forecast deficit for the next three years from £17.240m to £12.690m. The revised forecast deficit still equates to a 15% reduction on the 2016/17 budget. After reflecting the recommended use of one-off resources from the forecast 2016/17 managed outturn the Council will need to make the following annual budget reductions:

- 2017/18 - £4.634m
- 2018/19 - £3.784m
- 2019/20 - £4.272m

6.2 In order to fulfil the actions and objectives within the strategy, there will be a need to identify funding sources or access existing budgets for specific projects and initiatives. Where possible, this will be sourced from existing budgets and funding streams, and achieved by more efficient and collaborative working arrangements between partners.

7. EQUALITY AND DIVERSITY CONSIDERATIONS

7.1 There are no equality and diversity considerations arising from this report – the strategy ensures there is support in place for all residents of the Hartlepool borough.

8. STAFF CONSIDERATIONS

8.1 Aspects of the Hartlepool Healthy Weight Strategy require support from the Council workforce and its partners. All staff have a role to play in supporting the obesity agenda and considering the impact of their roles and choices on their personal health and wellbeing as well as that of the wider community.

9. RECOMMENDATIONS

9.1 The Health and Wellbeing Board note the progress date of implementing the strategy and future strategic direction.

10. REASONS FOR RECOMMENDATIONS

10.1 Obesity continues to be a significant Public Health issue in Hartlepool.

11. BACKGROUND PAPERS

Childhood Obesity: A Plan for Action. Department for Health, HM Government (2016) https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action

12. CONTACT OFFICER

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Appendix 1 – Healthy Weight Strategy action plan 2015-2025

Strategic Theme 1: Universal – To transform the environment so that it supports healthy lifestyles (Primary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead officers**	**Timescales**	**Progress**
(a) Planning and retail: Work with partners to improve access to healthy food options and remove barriers to adopting a healthy diet	Restrictions on advertising of high fat, sugar and salt foods to children	Develop a policy for organisations to follow Restrict food adverts on bus shelters locally and any advertising space within statutory authority control	Reduced exposure to advertising reducing demand from parents Healthier vending options in Council leisure facilities	PHE HBC procurement team Leisure Facilities	Ongoing April 2017	Regional sugar reduction project targeting early years – actions identified Exploring bus shelter advertising opportunities across Tees
	Develop Healthy Catering Guidelines linked with Breastfeeding and Better Health at Work Award	Work with businesses to alter the menus offered to become healthier options, actively support breastfeeding and create a healthier staff working environment Ensure the Healthier Catering guidelines are promoted and followed Guidelines on warming baby and toddler food	Increased breastfeeding at 6-8 weeks Catering premises will have low fat, sugar fat and salt content menu items across a minimum of 30% of their menus Corporate catering will comply with the guidelines 90% of occasions	Employers Environmental Health	Ongoing Ongoing May 2016 Sept 2016	Better Health at Work Award criteria – healthier catering Use of Government Buying Standards Work with A5 hot food takeaway businesses around healthier cooking practices – factsheet developed for Chinese takeaway owners Environmental Health officers to support assessment process for BHAW award
	Develop licensing conditions to reduce the number of fast food catering establishments in areas of high density, including near	Audit through food mapping Approved licence conditions Development of hot food takeaway policy as part of Local Plan	Prevent an increase in the number of fast food outlets in the town	Helen Williams (Planning)	October 2016 – publication stage	Hot food takeaway policy in development as part of HBC Local Plan

Strategic Theme 1: Universal – To transform the environment so that it supports healthy lifestyles (Primary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead officers**	**Timescales**	**Progress**
	schools					
(b) Physical activity: improve access to green spaces for health and exercise reasons	Increase the capacity of buildings to support physical activity	Cycle parking / storage Showers & lockers Drying areas Stairs and lifts policy	All new buildings and alterations are compliant with NICE guidance	Employers HBC Planning Developers Road Safety Team	Ongoing August 2016	Active travel and physical activity criteria within Better Health at Work Award for workplaces Hartlepool Cycle Development Plan out to consultation
	Increase the availability of green space across Hartlepool for play and recreational use	Identify existing green space Identify existing plans to improve Community involvement in where, what, when and how Add outdoor/green gyms to existing spaces	Increased green space Improvements to existing green spaces	HBC Planning Developers Parks and Countryside team HBC Sport & Recreation		HBC Playing Pitch Strategy Policies around green spaces within HBC Local Plan
	Support charities and projects which improve aspects of the obesogenic environment such as Living Streets and Sustrans	Community Street Audits Development of Cycle Strategy – link to National Cycling and Walking Strategy Also links with Dementia Friendly Communities	Improvements to built environment resulting from street audits – improved access to waking and physical activity opportunities	Planning and regeneration Road safety team Developers Living Streets Sustrans	Funding secured to March 2017 with potential for further funding via DfT	Living Streets Walk To project has conducted several community street audits across Hartlepool Improvements to school crossings etc

Strategic Theme 1: Universal – To transform the environment so that it supports healthy lifestyles (Primary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead officers**	**Timescales**	**Progress**
(c) Travel and infrastructure: create a more supportive environment for cycling and walking to improve rates of active travel in schools, workplaces and communities	Reducing the proportion of Hartlepool adults and children who are sedentary	Work with businesses through the Better Health at Work Award Offer sedentary workers physical activity options Cycle Repair and training (Bikeability) Scheme	Increased use of green space Increased participation in sport and active recreation	Employers HBC Sport & Recreation	March 2016 January 2016 Ongoing	Corporate discount scheme for Council leisure facilities launched Move a mile project launched for schools and workplaces Cycle repair hub established at Summerhill outdoor activity centre
	Utilise LSTF funds to improve cycle route infrastructure and encourage active travel in workplaces and schools	Target business enterprise zones Develop travel plans for workplaces and schools	Improved cycle provision and links across town Reduced car use	Road safety team Employers Schools Living Streets Sustrans	August 2016 Ongoing to March 2017	To be addressed via Hartlepool Cycle Development Plan Links to Living Street's Walk To project
	Develop no parking zones around schools in favour of park and stride sites	Extend parking exclusion zones around schools Extend 20mph zones	Improved road safety Increased walking levels in children and parents	Road safety team Living Streets Sustrans	Longer term objective	

Strategic Theme 2: Preventative – Making Healthier Choices Easier by providing information and practical support (Secondary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead officers**	**Timescales**	**Progress**
(a) Develop a	Develop a public	Work with media to create	Public will support the	HBC Public	Ongoing	Links to PHE One You and

Strategic Theme 2: Preventative – Making Healthier Choices Easier by providing information and practical support (Secondary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead officers**	**Timescales**	**Progress**
social marketing and communications plan for Hartlepool to promote and facilitate a healthy weight and lifestyle	opinion which supports the key actions of strategy	a public opinion shift Work through social media to create a new normal of behaviours	actions predominantly rather than oppose them	Relations PHE HBC workforce	 April 2017 October 2016	Change 4 Life campaigns Development of social media channels (Facebook, Twitter) Develop key public health messages following Your Say, Our Future consultation events
	Undertake further insight work with young people on fast food and sugar sweetened beverages	Work with Youth Parliament and Young People's Participation Team to produce relevant insight	Insight to enable appropriate alternative marketing	Helen White, Youth Participation Manager	Timescales TBC	Initial consultation undertaken with young people as part of Hartlepool obesity conference
	Using the Change 4 Life and Health Trainers to engage and mobilise citizens to make healthier choices	Develop an agreement to ensure any public body led campaigns and incentives to take part in them, would be compliant with all principles of healthier choices within the Change4Life campaign. Embed agreement across all directorates and other organisations	Consistent messages promoting healthier choices across all media from all directorates within the Council and all organisations in Hartlepool	Health Trainer team PHE HBC Public Relations	Ongoing May 2016	Links to PHE One You and Change 4 Life campaigns Merging of Health Trainer and GP referral promo materials and referral system
	Embrace new technologies to engage and support individuals with health & wellbeing activities and services	Explore potential of health-related mobile apps and online activity tracking programs for leisure facilities and healthy weight services Explore use of text messaging and social media to communicate key	Improved monitoring of adult and young people's physical activity Increased motivation for service users	Tier 2 Weight Management services Leisure facilities	April 2017	Extension of 'POWeR' online weight management website and app – free to access for Hartlepool residents Link to work of Dr William Bird?

Strategic Theme 2: Preventative – Making Healthier Choices Easier by providing information and practical support (Secondary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead officers**	**Timescales**	**Progress**
		public health messages				
(b) Ensure obesity is tackled by early intervention through improved training and awareness for front line staff and in communities	Promote healthy lifestyles within the Hartlepool workforce	Train and support council staff and partners to provide healthy lifestyle information to customers Better Health at Work Award promotion and workplace campaigns	Increased awareness of healthy weight services among staff and service users	Steven Carter Gavin Painter Employers	April 2016 Ongoing	Health & Exercise Activator recruited to support physical activity provision for workplaces Better Health at Work Award criteria
	Support individual behaviour change around diet, physical activity and breastfeeding	Individual behaviour change will be supported by Health Trainers and Advocates Front line practitioners and volunteers will be trained in MECC (commissioned?)	Individuals will receive support to change health behaviours in conjunction with higher tier services	Health Trainer team Specialist Weight Management Service (SWMS) Employers	April 2016	Health Trainer assessment criteria revised to link with SWMS pathway
	Fiit Hart will continue to provide education to children and families on healthy eating and physical activity	All children and their families who are identified as overweight or very overweight will be offered support from the FiiT Hart team	Childhood Obesity prevalence will reduce	Paula Edwards, Sport & Recreation	Ongoing	FiiT Hart family weight management programme established including healthy lifestyle advice, physical activity and cooking skills (pilot) elements
	Training of front line staff on Healthy Weight Management	Key staff trained in weight management and brief intervention skills (include motivational interviewing?)	Staff knowledge & confidence on WM improves	Health Trainer team HBC Sport & Recreation Thirteen Group? Cleveland Fire Service?		Need to identify which staff to target initially Health Trainer Service could support (train the trainer?)

Strategic Theme 2: Preventative – Making Healthier Choices Easier by providing information and practical support (Secondary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Lead officers**	**Timescales**	**Progress**
				Cleveland Police?	March 2016	2-day childhood obesity training provided to health trainers and sport & recreation staff
	Tackle post-natal baby weight	Support Well Baby clinic attendees	Reduction in obesity rates Improvements to breastfeeding rates	Health Trainer Service, Mums on the Move programme	Longer term objective	
(c) Ensure that tackling obesity is a key priority as part of the planning and implementation process for the Hartlepool Vision	Implement the Public Health Responsibility Deal with respect to labelling of nutritional information on menu's	70% of all menu's to be compliant with nutritional information as outlined in the PH Responsibility deal	Healthy options will be obvious and priced accordingly	HBC Trading Standards Catering businesses	Longer term objective	Clarification on the future of the PH Responsibility Deal required from Dept of Health
	Strengthen the role of health impact assessments in planning applications to ensure the physical environment supports physical activity	Potential health impacts to be assessed on all new developments and projects	New developments / projects to consider impact on obesity and physical activity	HBC Planning Steven Carter	Longer term objective	PHE have provided HIA training regionally and further sessions planned for planning / environmental health officers

Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)

Key Objective	Areas of action	Desired Outputs	Expected Outcomes	Leads officers	Timescales	Progress
(a) Create an integrated pathway of support to improve accessibility into healthy weight services (driven by GPs and Primary Care)	Ensure the care pathways adequately meet the needs of those carrying excess weight	Ensure there is a smooth transition and good links between all obesity service pathways	Service provision will be appropriate to meet the needs of the client group	Steven Carter CCG Tier 2/3 service leads	June 2016	Obesity infographic developed to highlight tier 2 services – evaluation report produced by Teesside Uni
	Monitor the efficacy of Family Healthy Weight Programmes for children and adults	Successful programme will be recorded Future of service will be secured	Service provision will be appropriate to meet the needs of the client group	Paula Edwards, HBC	April 2017	Pursue opportunities for DCRS or existing systems to monitor family/children's weight management services
	Ensure appropriate Early Years interventions for those with excess weight are in place	Evaluate the needs of this age group Ensure services are in place	Funding and services will be in place as required Care pathways will be complete and adequate	Mel Calvert, HBC Children's Centres	Longer term objective	
	Secure long term funding for a Tier 3 Weight Management Service	Support the commissioning process to ensure strong links with tier 2 community weight management services	Clear and robust obesity pathway for the client group	Will Smith CCG Specialist Weight Management Service provider	April 2017	Action to be revisited based on future commissioning arrangements and CCG plans – new obesity pathway in development
	Produce guidance for primary care regarding National Child Measurement (NCMP) and adult obesity pathways	Ensure G.P's and primary care staff are aware of the NCMP & adult obesity pathways and referral process Identify and train advocates in GP practices to firm up referral processes	Increase in referrals from Primary care into children's and adult weight management services	Health trainer service FiiT Hart team CCG	May 2016 April 2017	Referral forms and promotions materials for health trainer and GP referral services have been merged for simplicity New obesity pathway in development with CCG

Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Leads officers**	**Timescales**	**Progress**
(b) Support schools and children's centres to develop a 'Curriculum for Life' which promotes a healthy weight and lifestyle from an early age	Promote Healthier Weaning	Continuation of weaning programme for Children's Centres and early year's providers	Reduce the proportion of 12 – 18 month olds who exceed the Estimated Average Requirement for Energy intake	Mel Calvert, HBC Children's Centres teams	Ongoing	
	Increase rates of Breast Feeding	Increase proportion of excess weight mothers who breastfeed Establish closer links with midwifes and health visitors	Increased rates of breastfeeding Reductions in low birth weight babies	Midwifery Health Visiting Children's Centres teams	Longer term objective	Breastfeeding workshops All about baby programme Latch on programme 'Big Latch On' breastfeeding event
	All families with children under 5, who are most at risk of becoming overweight or obese, are identified through key contacts with professionals working with this age group and are referred to appropriate services	Engage family support workers, health visitors and housing staff working with the most at risk families	Increase numbers of the most at risk families and young people who are identified and supported	Health Visiting Children's Centres Early help Social care	Longer term objective	
	Jacqui Braithwaite to include action around emotional wellbeing in schools					
	Offer support to	Further development of the		Midwifery	Longer term	

Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Leads officers**	**Timescales**	**Progress**
	mothers who are excess weight to improve post-partum weight management	'Mums on the Move' programme		Health Visiting Paula Edwards, Sport & Recreation	objective	
(c) Ensure healthy weight services are part of the vision for the provision of a Hartlepool 'Health and Social Care Plan'	Develop an integrated model of 'community wellness hubs', bringing together a public health offer alongside health and social care services with a whole-family approach	Develop public health 'offer' Identify community hub sites	More integrated and accessible services Improve take-up of community and workplace health checks Improved signposting and referrals Improved care and support to those in need	Louise Wallace, DPH HBC Public Health	April 2017 Ongoing	Steering group established to develop 'community hub' offer – business case in development Steering group established to coordinate and improve access to NHS Health Checks in the community and better signposting to follow-up support
	Address the issue of 'holiday hunger' for the most at risk families over school holiday periods	Assess need Develop cost-effective model and pilot project	Reduced levels of young people suffering under nourishment in school holidays	Steven Carter Penny Thompson	August 2016 July-Sept 2016	Child and Family Poverty Strategy under consultation Holiday Hunger food parcel scheme piloted July-Sept 2016 – evaluation to commence in Sept 2016
	Embed healthy weight in the Better Childhood Programme delivery model	Healthy weight will be considered as part of the Better Childhood Programme	Children's workforce enabled to raise the issue of healthy weight Children's workforce enabled to provide families with advice,		Longer term objective	

Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)						
Key Objective	**Areas of action**	**Desired Outputs**	**Expected Outcomes**	**Leads officers**	**Timescales**	**Progress**
			information and support to maintain a healthy weight			

HEALTH AND WELLBEING BOARD

19th September 2016

Report of: Director of Child and Adult Services

Subject: CAMHS TRANSFORMATION LOCALITY PLAN - UPDATE

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1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Key Decision (test (ii)) Forward Plan Reference CAS057/16.

2. PURPOSE OF REPORT

2.1 To note the update to the Hartlepool CAMHS Transformation Locality Plan.

3. BACKGROUND

3.1 On 5th October 2015, a report was presented to Health and Wellbeing Board outlining the national drive to improve the mental health and emotional wellbeing of children and young people through the implementation of the recommendations detailed in 'Future in Mind'. As part of this process, the Hartlepool CAMHS Transformation Locality Plan was developed and approved by Children's Services Committee and noted by the Health and Wellbeing Board and Children's Strategic Partnership.

3.2 The plan was subsequently submitted to NHS England to go through the formal quality assurance process. Ratification for the plan was received at the end of 2015, and funding was released to the Hartlepool and Stockton on Tees (HAST) Clinical Commissioning Group in early 2016.

3.3 A Multi Agency Implementation Group (MAIG) has been established to regularly monitor and review progress made against the actions identified in the plan. Quarterly reports are submitted by the MAIG to the CCG as part of the ongoing quality assurance processes.

3.3 An updated plan is required by October 2016 by NHS England to secure further funding. The current plan can be accessed via the following link: HAST CAMHS Transformation Locality Plan

The refreshed plan will be uploaded once it has been finalised.

4. PROGRESS TO DATE

4.1 There are four Local Priorities identified in the plan specifically for Hartlepool, see page 43 of the plan. These priorities are outlined below with detail of work that has been undertaken to date;

4.2 H1 – Coordination of the emotional wellbeing offer to children and young people and their families/carers

Update

- Wide scale consultation with schools, academies and colleges, and initial analysis of findings to date;
- Ongoing consultation with children and young people;
- Planned consultation October 2016 with the voluntary community sector (VCS);
- Update to the Joint Strategic Needs Assessment (Emotional Wellbeing) in progress with partner agencies.

Next steps

- Complete the consultation process with children, young people and VCS;
- Carry out an analysis of the data;
- Undertake a more detailed review of emotional wellbeing services commissioned by schools and colleges with a view to more efficient and cost effective commissioning;
- Work with children and young people to design accessible information to signpost emotional wellbeing services;
- Enhance the Local Offer website to make clear to parents/carers the services available to support emotional wellbeing and mental health;
- JSNA completed and joint commissioning of services according to locally identified need.

4.3 H2 – Improvement of prevention programmes which impact positively on children and young people's emotional health and wellbeing

Update

- Developed a model to promote emotional wellbeing that involves resilience building and preventative approaches as well as strategies for early intervention and early identification with close links to the Better Childhood Programme (BCP);
- a selection of schools identified to pilot the model;
- Training programme developed to build capacity around emotional wellbeing in the children's workforce.

Next steps
- Model piloted and evaluated with the identified schools;
- Training programme rolled out across the children's workforce aligned with the BCP training schedule.

4.4 H3 – Improve early intervention programmes which impact on children and young people's emotional health and wellbeing

Update
- Mindfulness in schools training programme delivered, 25 teachers from 13 schools and colleges volunteered to take part and have received the training;
- Video Interaction Guidance (VIG) training ongoing and case work being undertaken by Educational Psychologists. Social workers informed of the intervention to facilitate appropriate referrals for this service. Pilot work well received and valued by social care colleagues and parents.

Next steps
- The roll out of Mindulfness stress management techniques to children and young people in the pilot schools and colleges;
- Funding sought for further training to enable more schools to participate;
- Educational Psychology Team to further develop VIG services to support early intervention.

4.5 H4 – Improve the mental health of the following priority groups of children and young people; Looked after children, children and young people with a learning disability, young offenders

Update
- Needs of priority groups identified through the consultation process;
- Educational Psychology involvement in the support services for Syrian refugees.

Next steps
- Develop accessible support services for vulnerable groups in coordination with the BCP;
- Explore 'Thrive model' to remove tiers of intervention and make the right support available at the right time.

The refreshed plan will include refugees and asylum seekers as part of the priority groups.

5. RISK IMPLICATIONS

5.1 It is essential that all key stakeholders and partners are involved in the further development and delivery of the action plan to ensure that the key projects and actions are fully adopted and achieved. The future success of

improving the emotional wellbeing and mental health for Hartlepool children and young people relies on a co-ordinated and partnership approach.

6. FINANCIAL CONSIDERATIONS

6.1 The assurance process that must be undertaken by NHS England to approve the refreshed locality plans is a rigorous and robust procedure. Every effort has been taken to ensure that the Hartlepool plan meets all the requirements set out in the guidance and assurance checklist.

6.2 In the unlikely event that the updated plan fails to meet the key conditions as set out in the guidance, further funding will not be released until the plan is deemed satisfactory. This will require a further review and revision of the plan to ensure all obligations are achieved.

7. LEGAL CONSIDERATIONS

7.1 There are no implications.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

8.1 There are no implications.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 The updated locality plan relates to every child and young person in Hartlepool regardless of background, faith or ethnicity. The focus is to ensure that the plan and associated actions improves the emotional wellbeing and mental health of any Hartlepool child or young person who is identified as requiring support and intervention.

9.2 The future development and delivery of the plan will take into consideration the views of parents/carers, children and young people to ensure that provision is meeting the needs of the individual child, young person and/or family.

10. STAFF CONSIDERATIONS

10.1 All staff in Child and Adult Services and identified teams from other departments and agencies will be involved in ensuring that the delivery of the action plan and the adoption of the recommendations pervades all work streams and planning for future work with children and young people.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 There are no implications.

12. RECOMMENDATIONS

12.1 It is recommended that Health and Wellbeing Board:

- note the updated Hartlepool CAMHS Transformation Locality Plan and governance structure for implementation.

13. BACKGROUND PAPERS

- Hartlepool and Stockton-on-Tees Transformation Plan 2015-2020
- Future in Mind – NHS England

15. CONTACT OFFICER

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