

# **CHILDREN'S STRATEGIC PARTNERSHIP AGENDA**



**Wednesday 31 January 2018**

**at 2.00 pm**

**at Centre for Excellence, Teaching and Learning  
Brierton Lane, Hartlepool**

**MEMBERS: CHILDREN'S STRATEGIC PARTNERSHIP**

Councillor Alan Clark, Chair of Children's Services Committee and Lead Member for Children's Services (Chair);  
Councillor Brenda Harrison, Vice Chair of Children's Services Committee;  
Sally Robinson, Director of Children's and Joint Commissioning Services, Hartlepool Borough Council;  
Danielle Swainston, Assistant Director, Children's and Families' Services, Hartlepool Borough Council;  
Mark Patton, Assistant Director, Education, Hartlepool Borough Council;  
Paul Edmondson-Jones, Interim Director of Public Health, Hartlepool Borough Council;  
Alastair Simpson, Assistant Chief Superintendent, Cleveland Police;  
John Graham, Durham Tees Valley Community Rehabilitation Company;  
John Bagley, National Probation Service;  
Dave Pickard, Chair of Local Children's Safeguarding Board;  
Ali Wilson/Andrea Jones, 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;  
Chris Davies, Head of Service, CAMHS, Tees, Esk and Wear Valleys NHS Trust;  
Dave Wise, West View Project, Voluntary and Community Sector;  
Kay Glew, Housing Hartlepool, Thirteen Group;  
John Hardy, Head Teacher St John Vianney Primary School, Hartlepool Primary Schools;  
Head Teacher, Hartlepool Secondary Schools;  
Alan Chapman, Head Teacher, Hartlepool Special Schools;  
Darren Hankey, Principal Hartlepool College of Further Education, Hartlepool Post 16 Colleges;  
Claire Naylor, Hartlepool Partnership and Social Justice Manager, Job Centre Plus;  
Christine Fewster, Hartlepool Carers;  
Graham Alton, Martin Todd and Jayne Moules, Changing Futures North East;  
Housing Representative, HBC;  
Chief Executive Officer, Young People's Foundation;  
Children and Young People Representatives;  
Parent Representatives.



1. **APOLOGIES FOR ABSENCE**
2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
3. **TO CONFIRM THE MINUTES OF THE MEETING HELD ON 22 NOVEMBER 2017**
4. **ITEMS FOR CONSIDERATION**
  - 4.1 Health and Wellbeing Strategy (2018-2025) – *Interim Director of Public Health*
  - 4.2 Children's and Young People's Plan Consultation – *Assistant Director, Children's and Families' Services*
5. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

#### **ITEMS FOR INFORMATION**

**Date of next meeting – Wednesday 21 March 2018 at 10.00am at Centre for Independent Living, Havelock Street, Hartlepool**



# **CHILDREN'S STRATEGIC PARTNERSHIP**

## **MINUTES AND DECISION RECORD**

22 NOVEMBER 2017

The meeting commenced at 10.00 am in the Centre for Excellence in Education, Hartlepool.

**Present:**

Councillor Alan Clark (In the Chair) Chair of Children's Services Committee and Lead Member for Children's Services

Councillor Brenda Harrison, Vice Chair of Children's Services Committee;  
Danielle Swainston, Assistant Director, Children's and Families' Services, Hartlepool Borough Council;  
Mark Patton, Assistant Director, Education, Hartlepool Borough Council;  
Chris Davies, Head of Service, CAMHS, Tees, Esk and Wear Valleys NHS Trust;  
Dave Wise, West View Project, Voluntary and Community Sector;  
Christine Fewster, Hartlepool Carers;  
Martin Todd, Changing Futures North East;  
Phillip Bithell, Young People's Foundation;

Also present:

Chief Inspector Nigel Burnell, Cleveland Police (as substitute for Chief Superintendent Alastair Simpson);  
Esther Mireku, Public Health Registrar, Hartlepool Borough Council (as substitute for Dr Paul Edmondson-Jones);  
Ian Armstrong, Durham Tees Valley Community Rehabilitation Company (as substitute for John Graham);  
Beth Major and Sacha Bedding, Young People's Foundation  
Lindsay Hildreth, 8-19 Activities Contract Manager, Hartlepool Borough Council;

David Cosgrove, Democratic Services Team

### **45. Apologies for Absence**

Sally Robinson, Director of Children's and Joint Commissioning Services, Hartlepool Borough Council;  
Paul Edmondson-Jones, Interim Director of Public Health, Hartlepool Borough Council;  
Alastair Simpson, Assistant Chief Superintendent, Cleveland Police;  
John Graham, Durham Tees Valley Community Rehabilitation Company;  
Ali Wilson/Andrea Jones, Chief Officer, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group;

John Hardy, Head Teacher St John Vianney Primary School, Hartlepool Primary Schools;  
 Alan Chapman, Head Teacher, Hartlepool Special Schools;  
 Darren Hankey, Principal Hartlepool College of Further Education, Hartlepool Post 16 Colleges;  
 Graham Alton and Jayne Moules, Changing Futures North East.

#### **46. Declarations of Interest**

None.

#### **47. Minutes of the meeting held on 26 September, 2017**

Confirmed.

#### **48. Presentation – Young People's Foundation** *(Assistant Director, Children's and Families Services)*

Beth Major and Sacha Bedding from the Young People's Foundation gave a presentation to the Partnership outlining the development of the Foundation to date and its registration as a charity – Community Interest Organisation. The presentation outlined the Foundation's role in terms of sector support, advocacy and coordination and funding. In terms of funding, the Foundation had successfully gained funding from the Paul Hamlyn Foundation to fund a development lead for the Foundation and Phillip Bithell had recently been appointed to that role.

It was highlighted during the presentation that the Foundation would not be a deliverer of services but would harness what others were doing and provide some coordination and highlight accessible services to children and young people. Simple functions like providing a 'venue bank' would help a lot of smaller groups find appropriate and cost effective venues for their activities. Most groups did not necessarily need additional funding but the professional support for promotion and training would bring wider benefits.

The Partnership welcomed the work of the Foundation and particularly the developments around providing collective and consistent training. It was stated in the presentation that the greatest commissioning of services for young people was that done by parents, and the Assistant Director, Education, commented that this group should not be overlooked. It was suggested that one of the principle aims of the Foundation in terms of coordinating consistent training could have a wide ranging impact across many of the groups that many parents did pay for their children to attend. The example of dance groups was cited, of which there was quite a number across the town, if each dance teacher had a Level 1 Youth Work qualification, it would enhance their offer to children and young people.

It was estimated that there were over one hundred groups in Hartlepool offering some kind of services to young people. Around 40 different groups

had already engaged with the Foundation through the stakeholder sessions and with Phillip Bithell now engaged it was hoped to widen the contacts with groups in the town. The Foundation had, though, drawn a line in relation to those groups that were strictly profit making concerns.

In concluding the debate it was agreed that the Foundation should remain as an agenda item on future Partnership meetings to reinforce the accountability link between the Partnership and the Foundation.

#### **Decision**

1. That the officers be thanked for their informative presentation on the development and activities of the Hartlepool Young People's Foundation.
2. That the Hartlepool Young People's Foundation be carried forward as an agenda item for future Partnership meetings to allow for updates and progress reports.

### **49. Presentation – Looked After Children Strategy**

*(Assistant Director, Children's and Families Services)*

The Assistant Director, Children and Families Services introduced a group discussion on the Looked After Children (LAC) Strategy. After the discussions it was commented by one group that there was some concern around outcomes and measures around public health and LAC and what was actually being measured and was too much emphasis being placed on what could be measured when issues such as relationship strength and longevity were very difficult to measure. The Assistant Director indicated that she would collate the notes from the discussions for a future consideration.

#### **Decision**

That the discussions be noted and reported to a future meeting.

### **50. Presentation – Early Help Service Transformation**

**Maturity Model** *(Assistant Director, Children's and Families Services)*

It was agreed that this item be deferred to the next meeting of the Partnership.

### **51. Healthy Relationships Partnership Update**

*(Assistant Director, Children's and Families Services)*

Martin Todd, Changing Futures North East (CFNE), gave a presentation to the meeting updating the partnership on the work of the Healthy

Relationships Partnership. The partnership had recently taken a 'step back' to review where it was with its staff and assessing what they were all trying to achieve, which was a difficult but essential task for the partnership to understand what it had achieved and what was still to be done.

The impact of parental relationships had a great effect on how they parented and in the long run how their children parented. The presentation outlined how the partnership had been delivering parental relationships through intervention; Couples Therapy and Parents as Partners Group Work. Details of how demand was being met through a range of interventions, the 'Through Their Eyes' campaign highlighting the impact of parental relationship problems on children and the forthcoming Relationships Matter Conference in February. Details of the findings of the early evaluation were reported together with feedback from users of the services.

How families were identified for services was questioned; did they volunteer or were they 'targeted'. It was indicated that the Healthy Relationships Partnership didn't deliver directly but facilitated access to the various programmes available but the families were those that would be known to the local authority in particular. A member questioned how schools would link into services; could they refer directly into CFNE. The Partnership could pass on references from schools, they were aware of the range of services available. The Partnership was looking towards schools looking at some of the issues in a slightly different way and this would be one of the aims of the conference. There were a lot of services out there but little coordination.

### **Decision**

That the discussions and presentation be noted.

## **52. Any Other Items which the Chairman Considers are Urgent**

Members questioned how the Partnership's branding was progressing. The Assistant Director, Education commented that it was being moved forward and would come to a future meeting.

The Assistant Director, Children's and Families Services indicated that the next meeting would include the Children's and Young Peoples Strategic Plan.

The meeting concluded at 11.50 am.

CHAIR

# CHILDREN'S STRATEGIC PARTNERSHIP

31 January 2018



**Report of:** Interim Director of Public Health

**Subject:** HEALTH AND WELLBEING STRATEGY (2018 - 2025)

## 1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to present to the Children's Strategic Partnership (CSP) the final draft of the joint Hartlepool Health and Wellbeing Strategy (2018-2025) (JHWS) for comment.

## 2. BACKGROUND

- 2.1 The Health and Social Care Act 2012 requires the Local Authority, with partner agencies including the NHS, develop a JHWS based on the Joint Strategic Needs Assessment (JSNA). Hartlepool's JHWS (2013-2018) was developed in 2012-2013 and the deadline for its refresh is March 2018.
- 2.2 In complying with the requirements of the Act, and in order to ensure that the Strategy is fit for purpose / effectively reflects local priorities, the Health and Wellbeing Board (HWB) in June 2017 approved:-
- i) The refresh of the JHWS and creation of a detailed Project Plan / Timetable to enable its completion by the required deadline; and
  - ii) Priority areas to be used as the focus for the strategy, and consultation to inform its development:
    - Starting Well - maternal health, children and young people;
    - Working Well - workplace health, getting into work, poverty;
    - Ageing Well - isolation, dementia, long term conditions, older people;
    - Living Well - lifestyle issues, mental health, prevention; and
    - Dying Well (added following consultations).
- 2.3 The HWB, at its meeting in September 2017, received a breakdown of findings from the extensive consultations subsequently undertaken and the

results were incorporated in to the final draft of the JHWS, approved by the HWB for final consultation (October - December 2017).

- 2.4 As one of the strategies included in the Council's Budget and Policy Framework, the JHWS requires approval by the Finance and Policy Committee and Full Council prior to publication. The Finance and Policy Committee was made aware of the findings of the initial consultation process and, together with the HWB, highlighted the importance of ensuring effective engagement with Hartlepool's children / young people, minority communities and voluntary and community section. In response to this, individual sessions were held, the results of which were included in the draft Strategy.
- 2.5 The draft Strategy (attached at **Appendix 1**) was approved by the HWB on the 4 December 2017 for referral to Full Council and the Hartlepool and Stockton Clinical Commissioning Group (CCG) Governing Body (15 March 2018 and 27 March 2018 respectively) for formal approval. The HWB delegated authority to the Chair of the HWB, in conjunction with the Interim Director of Public Health, to make any final additions / changes to the Strategy, prior to its formal approval.
- 2.6 As part of the final stage of the process for the review of the JHWS, it is noted that the CSP has been identified as the lead body in the delivery of a number of actions contained within the Strategy's Implementation Plan. In recognition of this, the CSP is asked to consider the JHWS and associated Implementation Plan (attached at Appendix A to the Strategy), to feed in any views / comments prior to its formal approval by the CCG Governing Body and Full Council.

### **3. RECOMMENDATIONS**

- 3.1 That the CSP consider the JHWS, and associated Implementation Plan, to feed in any views / comments prior to its formal approval by the CCG Governing Body and Full Council.

### **4. REASONS FOR RECOMMENDATIONS**

- 4.1 This draft strategy is a key requirement as part of the changes to NHS in the light of the Health and Social Care Act 2012.

### **5. BACKGROUND PAPERS**

Report and minutes of the:

- Health and Social Care Act 2012
- Health and Wellbeing Board (13 March 2017, 26 June 2017, 4 Sept 2017 and 4 December 2017)
- Finance and Policy Committee (18 Sept 2017 and 8 January 2018)



- Audit & Governance Committee (20 Sept 2017 and 6 Dec 2017)
- Children's Strategic Partnership (26 Sept 2017)
- Hartlepool and Stockton CCG (26 Sept 2017 and 30 January 2018)

## **6. CONTACT OFFICER**

Dr Paul Edmondson-Jones MBE  
Interim Director of Public Health  
Hartlepool Borough Council  
Email: paul.edmondson-jones@hartlepool.gov.uk

# **Hartlepool Joint Health and Wellbeing Strategy 2018 - 2025**

## Our Vision and Ambition

**Our vision** is that Hartlepool will develop a culture and environment that promotes and supports health and wellbeing for all.

**Our ambition** is to improve health and wellbeing outcomes and reduce inequalities for our population.

## Our Purpose

### Why do we need a strategy?

The Health and Social Care Act (2012) establishes Health and Wellbeing Boards as statutory bodies responsible for encouraging integrated working and developing a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) for their area. Hartlepool Health and Wellbeing Board (HWB) is a committee of the Council with the mandate to address the health and wellbeing needs of Hartlepool and help reduce health inequalities. The JHWS is a strategic document outlining how Hartlepool Borough Council (HBC), NHS Hartlepool and Stockton Clinical Commissioning Group (HAST CCG) and other partners, through the HWB, will fulfil this mandate. The strategy is underpinned by the JSNA and views of our communities and will provide a foundation for strategic, evidence-based, outcomes-focused commissioning and planning for Hartlepool.

## About Hartlepool

### Background and Context

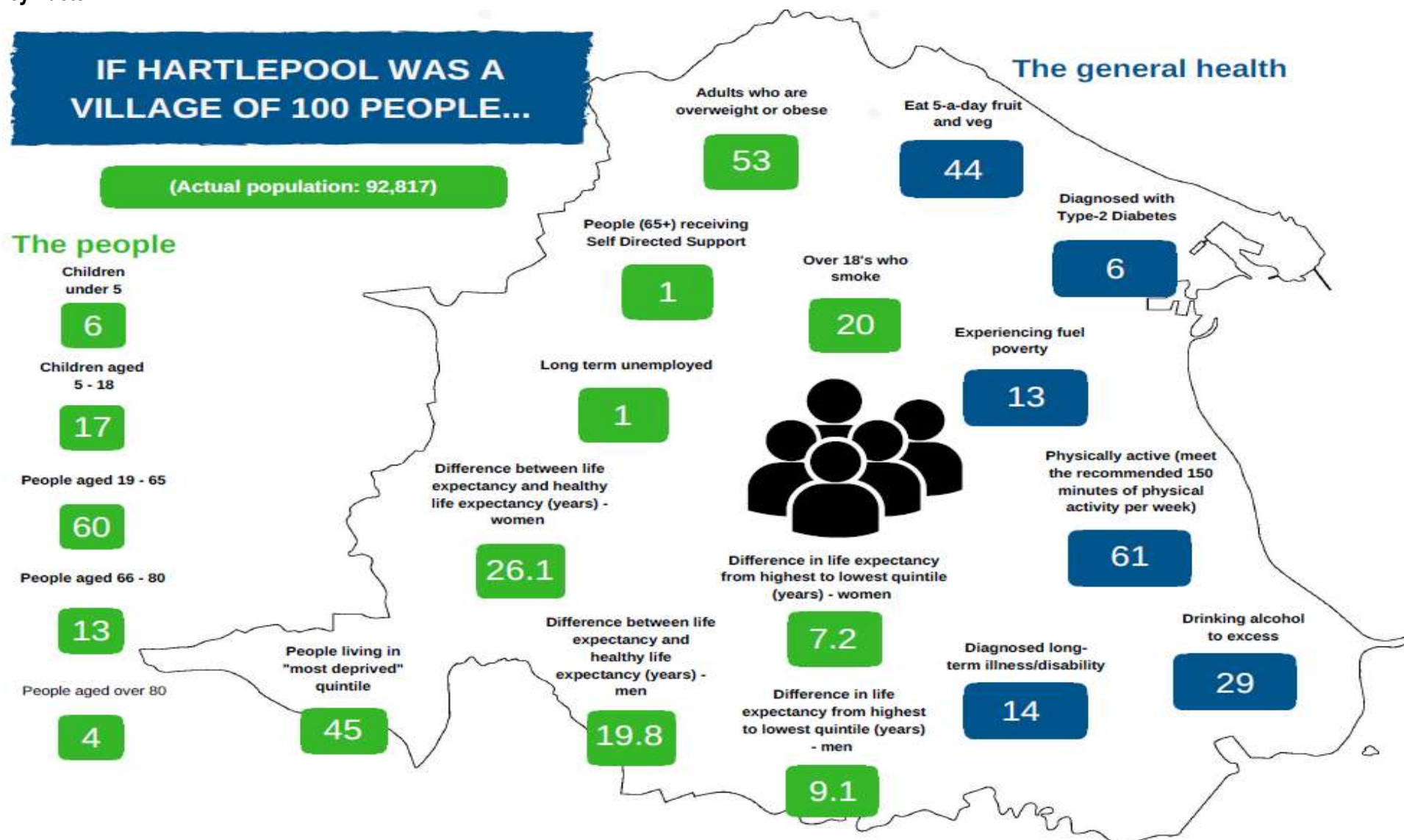
Hartlepool is one of the most deprived areas in Britain, ranked 24<sup>th</sup> out of 354 local authority areas and with 7 of the 17 wards in Hartlepool amongst the 10% most deprived in the country.

Hartlepool HWB is committed to working together with the people of Hartlepool to improve health and wellbeing of residents. At a time of increasing demand on services and pressures on funding, it is even more important to make sure we are a healthy Borough by supporting people to take responsibility for their health, and that services are delivered efficiently, targeting them towards those who need the most help. In Hartlepool, the areas where the most vulnerable members of our population live reflect the areas with the highest deprivation.

The HWB has previously had a JHWS that was jointly implemented by the partners and runs to an end in March 2018. The previous strategy was based upon the principles of the Marmot Review (2010) and focused on protecting and improving the health of the population through a range of evidence based interventions. In order to ensure that the strategy is fit for purpose and effectively reflects local priorities, the Board took the decision to revise the strategy. The Board intends to focus on a few key priorities that will make a difference to the lives of the people who live and work in the Borough, over the next seven years, in order to get it right for our population.

Hartlepool also has other key ongoing programmes such as 'Hartlepool Matters' and the 'Sustainability and Transformation Partnership (STP)' that are concurrently shaping the future of health and wellbeing in our Borough. The implementation of this revised strategy, together with these ongoing programmes and other projects that are led by the Voluntary and Community Sector (VCS) will contribute to achieve the priorities outlined in this strategy. However, we are mindful that our residents are our greatest assets and we will work in collaboration with our communities to make maximum use of our community assets and to help shape our local policies and planning levers to achieve improved health outcomes in the Borough.

## Key Facts



## Our residents

### What do they say?

In developing this strategy, steps were taken to ensure that the strategy focuses on the issues that residents consider to be of importance to them. Findings from an online survey together with face to face workshops held in community venues and with bespoke groups were used to determine the actions that will be delivered through the strategy. We were keen to include the voice of marginal groups in our population. Separate workshops were therefore held with Asylum seekers, VCS organisations and members of the youth council to seek their views. In addition consideration was given to findings from various other pieces of work across the local authority and its partners. Examples of this work include:

- The Young Future's Project, undertaken by the Youth Parliament and Hartlepool Healthwatch in partnership with York University, that engaged with young people around their experiences of health and social care and to understand their experiences and expectations for ongoing development of services. The project focused on mental health and emotional wellbeing;
- Healthwatch Hartlepool survey (2017) on access to services for people with impaired hearing;
- A Consultation Workshop on 'Future in Mind', led by the Children's Strategic Partnership. The aim of the workshop was to develop an integrated mental health offer for children and young people that incorporate the five ways to wellbeing; and
- Asylum seeker and refugee consultation undertaken by Healthwatch Hartlepool (2015).

There was an acknowledgement by residents of the need to ensure that longer term and sustained prevention programmes are put in place and that collective action by residents, voluntary and community, private and public sector organisations should be promoted to implement the strategy. They also highlighted the importance to identify and target vulnerable and at risk groups in order to reduce inequalities and to use our current community assets for health, care and wellbeing to facilitate implementation.



**Get involved - help shape health and wellbeing in Hartlepool!**



**People who live and/or work in Hartlepool are invited to air their views to help shape the health and wellbeing of the town.**

**The strategy (2018-2025) will set priorities to inform 'what' and 'how' our health and wellbeing could be improved to best meet Hartlepool's needs.**



## Our Priorities

### What we want to achieve and why?

The HWB considered our achievements from the previous strategy, findings from the JSNA and local intelligence from partners and agreed four main priority areas to focus on during the lifetime of this strategy – **Starting, Working, Ageing and Living Well**. After our consultation with the general public we have added an additional priority – **Dying Well**.

#### **Starting Well – All Children and young people living in Hartlepool have the best start in life.**

Children who grow up in loving and supportive families are most likely to be happy, healthy and safe. Life experiences involve critical transitions - emotional and physical changes in early childhood; moving from primary to secondary and tertiary education; starting work; leaving home and starting a family; and retirement. Each transition stage can affect health and wellbeing by pushing people into more or less disadvantaged paths. Children and young people who have been disadvantaged in the past are at the greatest risk and their children are more likely to be also disadvantaged. We want to ensure access to high quality universal services such as health care and education; early intervention when needed, and targeted support for those who are in difficulties. We want to prevent children and young people from developing emotional problems; having to live in poverty, or are affected by abuse, violence or misuse of substances, so that we prevent problems being passed from generation to generation.

#### **Working Well - Workplaces in Hartlepool Borough promote and support healthy living.**

Access to fulfilling work has an impact on people's wellbeing. Economically, fulfilling work provides a secure income and can offer a sense of purpose and social connection. People who are economically less well-off have substantially shorter life expectancy and more illnesses than those in meaningful employment. In addition, supporting those who work to be healthy and well means they are able to better support and care for their dependents (children and/or the elderly). We want workplaces in Hartlepool to be healthy places with supportive practices and environments that enable employees to sustain healthy lifestyle choices. Hartlepool has a higher than average number of

people with learning disabilities in employment. We want to sustain this achievement and we also want to work with our communities to support young people and people with limiting ill-health into fulfilling employment for positive health and wellbeing gains.

#### **Ageing Well – Older People in Hartlepool live active and independent lives and are supported to manage their own health and wellbeing.**

Similar to most areas in England, the proportion of older people in Hartlepool is increasing. For instance, the number of people who were aged 85 years or more in 2005 was 1,400; this increased to 2,100 by 2015 and will continue to increase to 3,330 by 2025 and to 4,700 by 2035. Although most people are living longer, the majority of their latter years (approximately 20 years for males; and 26 years for females) are lived with poor health and wellbeing. We want to support people to develop and maintain health and independence as long as possible. When people start to develop a long-term health problem, we want to focus on preventing them from developing further health and social problems. We want to see local services focused on those who have the greatest need, to reduce health inequality and to enable a greater focus on prevention of ill health.

#### **Living Well –Hartlepool is a safe and healthy place to live with strong communities.**

Enabling those who live in Hartlepool to be healthy and well for a lifetime involves much more than good health and social care services. Many different things impact on health and wellbeing – housing, jobs, leisure, sport & access to open spaces, education, health services and transport. We want Hartlepool to be a healthy place with supportive neighbourhoods and communities which are strong and resourceful, making best use of their community assets. We want to support people in Hartlepool to take steps to avoid premature deaths.

#### **Dying Well – People in Hartlepool are supported for a good death.**

Despite the fact that all of us will die one day, some of us will experience death suddenly or prematurely; others will die after a period of illness or frailty, which can sometimes be protracted over time. We want to engage our communities so that people from Hartlepool are supported to die with dignity, compassion and that relevant support is available to carers to deal with dying and death.

## OUR STORY: WHAT DO WE NEED TO BE MINDFUL OF?

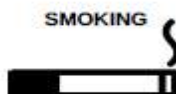
Green = progress | Blue = requires improvement

### Living well



1 out of every 2 mothers initiate breastfeeding - up 6%

44 out of every 100 people eat five portions of fruit and veg a day - lower than the national average



1,922 per 100,000 successful quitters at 4 weeks in Hartlepool

1 out of every 5 adults over 18 smoke - higher than the national average



30 per 100,000 children killed or seriously injured in road traffic accidents



In 2015/16, 61 out of every 100 adults completed 150+ minutes of exercise per week

27 out of every 100 adults is physically inactive



6 out of every 100 adults in Hartlepool has diabetes

1,700 Hartlepool people estimated to be living with diabetes, but remain undiagnosed

CARDIOVASCULAR DISEASE



8,411 eligible people aged 40 - 74 received an NHS Health Check in 2013-16

An average of 221 people in Hartlepool aged under 75 die each year due to cardiovascular disease



Just 1 person per 1,000 homeless



1,900 successful lung health checks completed

1,250 people estimated to be living with COPD without knowing



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

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



## Starting well

### SCHOOL READINESS



7 out of every 10 children achieve a good level of development by the end of reception

97 out of 200 pupils achieve 5 A\* - C at GCSE - lower than the national average

### SEXUAL HEALTH



The number of teenage conceptions has reduced significantly since 2010

The rate of under 16 conceptions in Hartlepool is 5.9 per 100,000 - above the national average

## Ageing well

### VACCINATIONS



7 out of 10 adults over 65 receive the flu vaccination annually

6 out of 10 eligible people receive the pneumonia vaccination annually

### INJURIES



321 emergency hospital admissions due to falls in people aged 65 and over - below the national average

## Working well

### EMPLOYMENT



32 out of every 200 adults with learning disabilities are in employment

5 out of every 100 of Hartlepool's 16-18 year olds not in education, employment or training - above the national average

### INCOME



8,700 households do not have a working adult

24 out of every 100 adults in Hartlepool experiencing income deprivation

## Dying well

### DEATHS



Excess winter deaths index = 25.9 compared to 24.6 in England

4 out of 10 deaths occur at home - lower than the national average

### DEATHS FROM CANCER



1345 per 100,000 rate of deaths from cancer aged 65+

784 per 100,000 rate of deaths from respiratory disease aged 65+



## Our plan for delivery – Current and ongoing

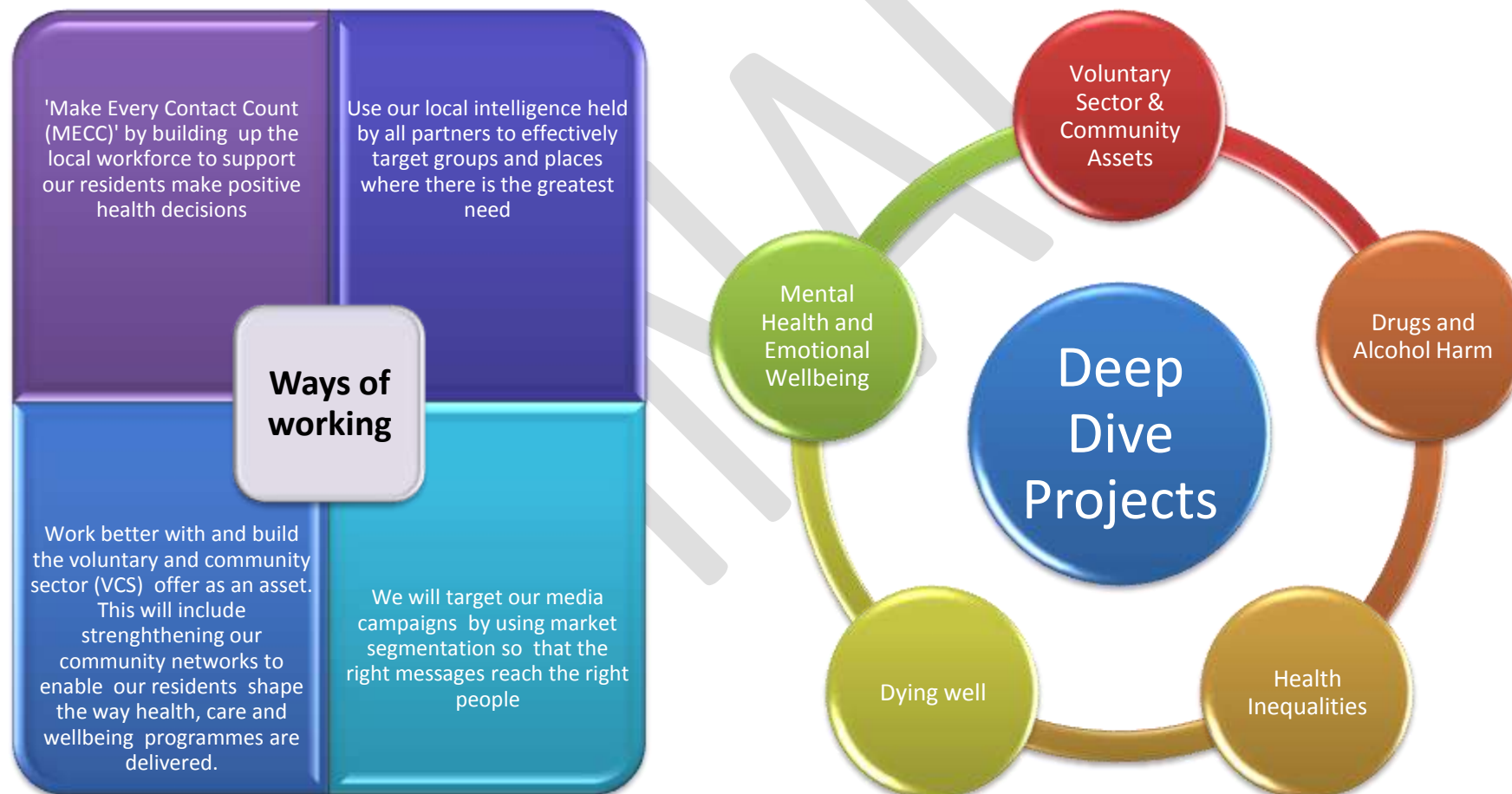
Majority of the priority actions identified by our residents are already being worked on by partners and is inter-dependent on the delivery of a number of town wide/Tees/regional strategies, policies and plans. We will continue to align our business with implementation of these strategies, policies and action plans.

Priority Outcomes	Actions already in Progress		
	Improving Health and Care Services	Improving Health & Wellbeing	Protecting Health
<b>Starting Well</b>	*Improve access for emotional wellbeing and Child and Adolescent Mental Health Services (CAMHS)	*Implement programmes that promote emotional wellbeing and resilience *Improve school readiness, educational attainment and aspirations for children and young people *Implement parenting programmes	*Promote healthy relationships through education, early help and support *Promote uptake of childhood immunisations in deprived wards
<b>Working Well</b>	*Implement workplace based screening programmes to improve health and wellbeing and improve access to health services *Implement workplace wellbeing accreditation and charter schemes for businesses and organisations	*Improve training and employment for people with disability/mental health/long-term conditions *Provide training and employment for young people *Implement programmes to reduce poverty	*Promote uptake of vaccinations for at risk professional groups e.g. health and social care *Promote uptake of vaccinations for people with long-term conditions
<b>Ageing Well</b>	*Provide integrated health, care and wellbeing packages *Improve access to health, care, mental health and wellbeing services	*Implement networking initiatives to reduce social isolation and loneliness *Implement and strengthen programmes that provide support for carers	*Promote safer neighbourhoods and reduce crime and anti-social behaviour
<b>Living Well</b>	*Provide integrated care packages and to include prevention *Deliver the right care, at the right time, in the right place by working as locally as possible and shifting the balance of care out of hospital to community providers including Housing and VCS organisations	*Implement programmes to reduce drugs and alcohol harm *Implement programmes to reduce tobacco harm *Implement programmes to promote physical activity, improve diets and reduce excess weight *Implement programmes to improve emotional wellbeing and mental health	*Implement programmes to reduce impact of drugs and alcohol misuse on children and young people *Implement programmes to reduce tobacco harm in children and young people
<b>Dying Well</b>	*Implement evidence based end of life care packages in appropriate settings	*Implement bereavement and counselling services	*Promote uptake of 65+ flu vaccinations *Promote screening and early identification for preventable ill-health



## Our plan for delivery – Looking ahead

In addition, we want to do some things very differently from the way we have previously operated. This means that we will invest in the health and wellbeing assets in our communities to enable our residents to facilitate the desired cultural changes that will improve the health and wellbeing of our local area. The Board will also focus on a few deep dive projects across the life course and ensure that together with our wider community partners, we collectively deliver over the lifespan of this strategy to get it right for our population.



*The detailed implementation plan for the deep dive projects is attached as appendix 1 of this strategy.*

## Our principles and values



The Health and Wellbeing Board operates within a set of principles and values. The Joint Health and Wellbeing Strategy implementation provides the opportunity to maximise partnerships and evidence base, generating new ways of tackling health and wellbeing challenges. This includes recognising and mobilising the talents, skills and assets of local communities to maximise health and wellbeing outcomes.

## Our governance arrangements

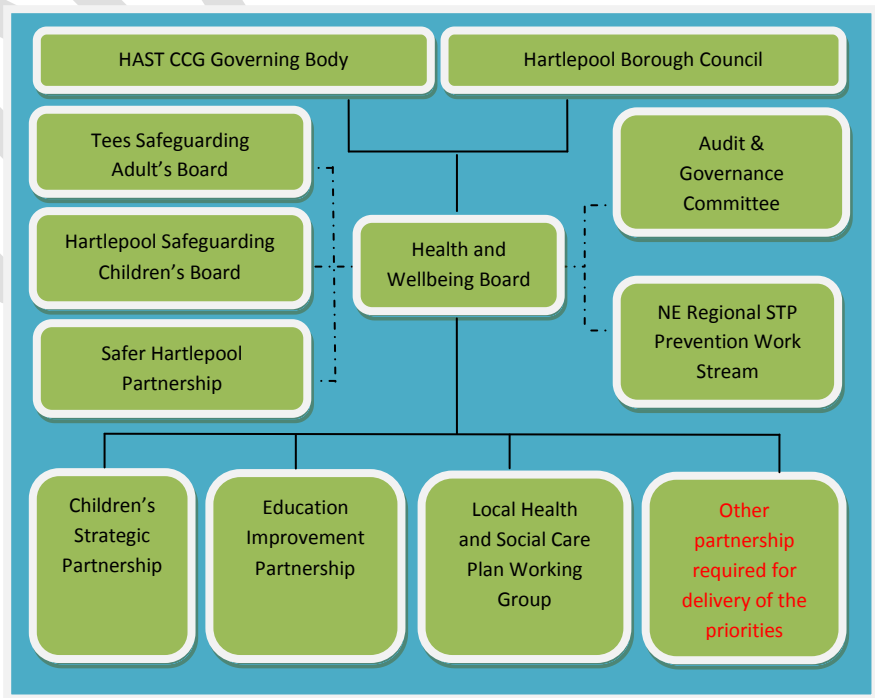
### Who will hold us accountable?

This Strategy is owned by the Health and Wellbeing Board and will be reviewed by the Board every 3 years to ensure that it remains relevant and continues to reflect local priorities.

Each year the Board will agree an action plan setting out how the Strategy will be delivered. The action plan will set out agreed timescales for delivery and clear ownership for the actions. The action plan will also include a number of performance indicators which will be used to assess the progress being made.

The key risks for implementing the Strategy will also be identified.

The Audit and Governance Committee of the Council will hold the Board accountable for implementing the Strategy. In addition there will be other Council/Borough-wide/regional partnerships whose work will help to deliver the Strategy.



## Monitoring and evaluation

### How will we know we have been successful?

In order to measure success, the Board will monitor progress through quarterly performance reports and seek to maximise resources and secure external resources into the Borough. We will embed a culture of evaluation by working better with the academic institutions to utilise an action research approach that will help test new models of delivery and embed a continuous improvement ethos. Below are the outline indicators that will be monitored for each priority theme.

Priority	Measures	
	What we hope to achieve (outcome of interest)	How we will know we are on the right path (process/output indicators)
<b>Overarching</b>	VCS is driving prevention programmes in communities.	<ul style="list-style-type: none"> <li>✓ MECC training offer that includes brief intervention skills is produced with library service and delivered to staff of local agencies</li> <li>✓ Comprehensive local directory of community assets and services is produced</li> <li>✓ Hartlepool multi-agency health, care and wellbeing prevention model is developed and implemented</li> </ul>
<b>Starting Well</b>	Number of children affected by inter-generational cycle of vulnerability e.g. poverty, domestic abuse, drugs and alcohol is decreasing.	<ul style="list-style-type: none"> <li>✓ Reducing trend in LAC/child protection cases that result from domestic abuse/substance misuse is observed</li> <li>✓ Increasing proportion of children on FSM achieving 5+ GCSEs (including Maths and English) is observed</li> <li>✓ Increasing proportion of 11-16 year olds are offered opportunities for work experience or apprenticeship</li> </ul>
<b>Working Well</b>	Number of people from Hartlepool with a disability/long-term illness in employment is increasing. Number of young people from Hartlepool in employment is increasing.	<ul style="list-style-type: none"> <li>✓ Increasing trend in % of people aged 16-64 in employment is observed</li> <li>✓ Health-led employment initiative is piloted, evaluated and fully implemented</li> <li>✓ Reducing trend in gap in employment rate between those with a long-term health condition/learning disability/mental health and the overall employment rate is observed</li> </ul>
<b>Ageing Well</b>	Majority of older people in Hartlepool are independent and not socially isolated.	<ul style="list-style-type: none"> <li>✓ Community peer support and networking model is developed and implemented</li> <li>✓ Increasing trend in the % of adult carers who have as much social contact as they would like is observed</li> <li>✓ Increasing trend in the % of adult social care users who have as much social contact as they would like is observed</li> </ul>
<b>Living Well</b>	Hartlepool Borough provides an enabling environment that supports residents to take up and sustain a healthy lifestyle.	<ul style="list-style-type: none"> <li>✓ Healthy Borough status is achieved</li> <li>✓ Social value charter is developed and adopted for the Borough</li> <li>✓ Increasing trend in % of people utilising outdoor space for exercise/health reasons is observed</li> </ul>
<b>Dying Well</b>	Residents of Hartlepool and their carers/families are provided with appropriate support to deal with dying and death.	<ul style="list-style-type: none"> <li>✓ Compassionate Borough status is achieved</li> <li>✓ Dying Well community charter is developed and adopted by the Borough</li> <li>✓ Integrated multi-agency support pathway for dying well is developed and implemented</li> </ul>

## Appendix 1: Joint Health and Wellbeing Implementation plan (2018 -2025)

Joint Health and Wellbeing Strategy (2018 - 2025) Delivery plan												
What	Lead	Timescale							Outcome/Output measures	RAG	Risks/Barriers to delivery	
		Year										
		1	2	3	4	5	6	7				
1. Voluntary Sector & Community Assets												
<b>VCS sector improvement</b> <ul style="list-style-type: none"><li>Develop virtual network of local VCS organisations with appropriate coordination to avoid duplication and coordinate provision</li><li>Utilise VCS organisations to facilitate targeted consultations/strategy and service development to relevant groups – place and person; and to secure insight into community specific issues</li><li>Work in partnership to secure inward investment through external bids. Communicate information on grants through newsletter /support to smaller organisations on bid writing.</li></ul>	Safer Hartlepool Partnership (SHP) - Community engagement lead, HBC	√	√	√						<ul style="list-style-type: none"><li>Virtual network of VCS organisations developed</li><li>VCS leading community development and engagement activities</li></ul>		
<b>Community development and Directory of community activities</b> <ul style="list-style-type: none"><li>Maximise opportunities for people to access information and support and participate within their local communities through promoting and continuing to further develop resources such as ‘Hartlepool Now’ and ‘Family Services Directory’ – provide group specific segments e.g. CYP, Family, free activities, place specific</li><li>Provide information and support to elected members to advocate for and champion bespoke health improvement initiatives in their wards</li></ul>	Hartlepool Matters working group	√	√	√						<ul style="list-style-type: none"><li>Directory of multi-agency services in the community refreshed, marketed and kept up to date</li><li>Annual ward profiles produced for elected members</li><li>Elected members leading on ward specific health improvement initiatives</li></ul>		
	Public health lead	√	√	√	√	√	√	√				

<b>2. Improve Mental Health &amp; Emotional Wellbeing</b>											
<b>Access to mental health services</b> <ul style="list-style-type: none"> <li>Redesign care pathways to improve access to interventions for those people who fall below the specialist services threshold but require interventions other than universal programmes</li> </ul>	Hartlepool Matters working group	√	√	√	√	√	√	√	√	<ul style="list-style-type: none"> <li>Improved public perception on accessibility of mental health services</li> </ul>	
<b>Children and Young People's health</b> <ul style="list-style-type: none"> <li>Develop local CYP workforce (to help make every contact count) to identify emotional health issues and intervene early</li> <li>Continue to develop and implement a multi-agency intervention model that incorporates the five ways to wellbeing and aligned with CAMHS and Future in Mind</li> <li>Continue to develop intervention to address the needs of young carers with a focus on social isolation</li> </ul>	Children's Strategic Partnership (CSP)	√	√	√	√	√	√	√	√	<ul style="list-style-type: none"> <li>CYP workforce development plan</li> <li>Five ways to wellbeing model developed and implemented</li> </ul>	
<b>Employee health</b> <ul style="list-style-type: none"> <li>Utilise the North East Better Health at Work Award to facilitate improved employer support for emotional wellbeing of employees</li> </ul>	Public Health lead	√	√	√	√	√	√	√	√	<ul style="list-style-type: none"> <li>Checklist for promoting EWB in the workplace is adopted and shared with local employers</li> <li>Mental health and wellbeing is addressed at each stage of the regional award scheme</li> </ul>	
<b>Older people's health</b> <ul style="list-style-type: none"> <li>Continue to strengthen ongoing multi-agency work (e.g. Befriending Network, Project 65 etc) to tackle social isolation for older people. To include peer networks to facilitate improved access to community based activities.</li> </ul>	Adult services committee	√	√	√	√	√				<ul style="list-style-type: none"> <li>Reported improvement in social isolation by residents</li> </ul>	
<b>Promoting emotional wellbeing</b> <ul style="list-style-type: none"> <li>Implement community cohesion programmes to facilitate mutual acceptance and tolerance of people from different backgrounds</li> <li>Improve access to ESOL classes to help reduce</li> </ul>	(SHP) – Safer neighbourhoods group Adult	√	√	√						<ul style="list-style-type: none"> <li>Community cohesion strategy fully implemented</li> <li>Observed increasing trend in number of people who use outdoor space for physical activity</li> </ul>	

<p>communication barriers and therefore help with better networking and engagement by asylum seekers</p> <ul style="list-style-type: none"> <li>Raise awareness of and implement multiple interventions to improve access and facilitate increased uptake of physical activity to improve emotional wellbeing</li> <li>Design and implement a social marketing campaign to help improve awareness and reduce stigma on mental health</li> </ul>	<p>learning and skills lead</p> <p>Healthy weight</p> <p>healthy lives</p> <p>strategy</p> <p>group</p> <p>Public Health/Com</p> <p>ms lead (s)</p>	✓	✓	✓							<ul style="list-style-type: none"> <li>EWB social marketing campaign launched</li> </ul>		
<b>3. Reduce Drug and Alcohol harm</b>													
<p><b>Understanding needs and demand</b></p> <ul style="list-style-type: none"> <li>Utilise multi-agency data, information and demographics across Hartlepool to provide a better overview of need to help redirect action through the JSNA.</li> <li>Map current activity to help re-direct action to areas of most need through the development and implementation of a multi-agency Drug &amp; Alcohol Harm Reduction delivery framework and to improve access to interventions – to include a focus on CYP misuse and parental impact.</li> </ul>	<p>SHP- Drugs &amp; Alcohol Harm Reduction group</p>	✓									<ul style="list-style-type: none"> <li>Multi-agency Drugs and Alcohol Harm Reduction delivery framework developed and implemented</li> </ul>		
<p><b>Targeted awareness and social marketing</b></p> <ul style="list-style-type: none"> <li>Design and launch a 'Hartlepool big conversation' programme that will support multi-agency and town wide social marketing on drugs and alcohol harm (to include medicines waste) – use sport as an engagement tool for prevention and recovery</li> </ul>	<p>SHP- Substance misuse group</p>	✓	✓	✓	✓	✓	✓	✓			<ul style="list-style-type: none"> <li>Drugs and alcohol marketing campaign launched</li> </ul>		
<p><b>Promoting behaviour change</b></p> <ul style="list-style-type: none"> <li>Pilot a behaviour insight project to help understand behavioural barriers to assessing interventions and implement appropriate ethnographic interventions in response in order to improve uptake of services</li> </ul>	<p>SHP- Substance misuse group</p>	✓	✓	✓	✓	✓	✓	✓			<ul style="list-style-type: none"> <li>Increasing trend in uptake of support by community based services</li> </ul>		
<p><b>Children and Young People's health</b></p> <ul style="list-style-type: none"> <li>Develop local CYP workforce (to help make every</li> </ul>	<p>Children's Strategic</p>										<ul style="list-style-type: none"> <li>CYP workforce development plan</li> <li>Hidden harm identification</li> </ul>		



<p>contact count) to provide parental and CYP education and to identify Drug and Alcohol misuse issues and intervene early; and to support schools and colleges to play a lead role.</p> <ul style="list-style-type: none"> <li>Design and implement a multi-agency model that will support early identification of 'hidden harm' and intervention in order to minimise the impact of drugs and alcohol on children and young people</li> <li>Build and provide multi-agency integrated early help services for 'hidden harm'.</li> </ul>	<p>Partnership (CSP)</p> <p>Hartlepool Safeguarding Children's Board (HSCB)</p>	✓	✓	✓	✓	✓	✓	✓	<p>framework developed and implemented</p> <ul style="list-style-type: none"> <li>Integrated early help services support pathway for 'hidden harm' commissioned</li> </ul>		
<b>4. Reduce Health Inequalities</b>											
<p><b>Asylum seeker incl BME communities' health</b></p> <ul style="list-style-type: none"> <li>Implement peer educator training for asylum seekers to raise awareness of education/information on health care systems/services/childhood communicable diseases and other community health and care services and how to access them</li> <li>Provide health and care leaflets with different translations in order to reduce language barrier</li> <li>Provide presentations on health, care and wellbeing initiatives to bespoke BME groups e.g. Chinese association in order to improve awareness.</li> </ul>	<p>SHP - Public Health lead/CCG lead/ HBC Community engagement lead</p>	✓	✓	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> <li>Peer educator programme for asylum seekers implemented</li> </ul>		
<p><b>Interpreter service</b></p> <ul style="list-style-type: none"> <li>Implement the recommendations from the Health watch (2017) survey in order to help reduce barriers to accessing health and care services for vulnerable groups e.g. deaf, asylum seekers</li> </ul>	<p>GP Federation/ TEWV/NTHF T</p>	✓	✓						<ul style="list-style-type: none"> <li>Improved access to healthcare for those who require interpreter services</li> </ul>		
<p><b>Children and Young People's health</b></p> <ul style="list-style-type: none"> <li>Provide awareness sessions to young people on their rights to access health care services independently e.g. contraception, alcohol etc; and interventions available in the Borough</li> <li>Design and implement a multi-agency support model to improve the achievement of children</li> </ul>	<p>Children's Strategic Partnership (CSP)</p>	✓	✓	✓					<ul style="list-style-type: none"> <li>Improved awareness among young people on their rights to access services independently</li> <li>Tobacco harm social marking campaign in schools launched</li> <li>Reducing trend in number of CYP who are excluded from school</li> </ul>		



<ul style="list-style-type: none"> <li>and young people in school</li> <li>Design and facilitate an awareness and social marketing approach on tobacco harm to be implemented by schools and colleges</li> </ul>			✓	✓	✓	✓	✓	✓			
<b>Health of the Armed Forces Community</b> <ul style="list-style-type: none"> <li>Continue to implement actions to address the health and care needs of service and ex-service personnel as outlined in the Armed Forces Community Covenant</li> </ul>	Hartlepool Armed Forces liaison group	✓	✓	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> <li>Health and Care needs of the Armed Forces community is considered in service design and implementation</li> </ul>		
<b>Financial improvement</b> <ul style="list-style-type: none"> <li>Build on the work of the financial inclusion partnership and the Hartlepool action lab to improve income for disadvantaged groups</li> <li>Pilot a health-led employment initiative for people with LTCs/disability</li> </ul>	Financial inclusion partnership/ Hartlepool action lab  NTHFT lead	✓	✓	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> <li>Increasing trend in rate of people with LTC/disability and Young People who are in employment</li> </ul>		
<b>Using policy and intelligence to drive change</b> <ul style="list-style-type: none"> <li>Develop and adopt a multi-agency charter for Health in all policies (HiAP)</li> <li>Utilise multi-agency data and intelligence to help redirect action through the JSNA to areas of most need by development and implementation of a tobacco harm reduction framework</li> </ul>	Public Health lead/CCG lead	✓	✓	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> <li>Hartlepool charter for HiAP developed and signed up by all partners of the HWB</li> <li>Multi-agency tobacco harm reduction framework developed and implemented</li> </ul>		
<b>Domestic Abuse</b> <ul style="list-style-type: none"> <li>Develop and implement a programme of action to achieve a White Ribbon Town status in Hartlepool</li> <li>Continue to implement social marketing campaigns to help reduce incidence of Domestic Abuse</li> </ul>	SHP – Domestic violence and abuse group	✓	✓	✓					<ul style="list-style-type: none"> <li>White Ribbon Accreditation achieved</li> </ul>		
<b>Make every contact count</b> <ul style="list-style-type: none"> <li>Develop local workforce to identify health, care and wellbeing issues and intervene early</li> </ul>	STP regional prevention group – PH lead	✓	✓	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> <li>MECC model implemented in Hartlepool</li> </ul>		

<b>Access to local health and care services</b> <ul style="list-style-type: none"> <li>Continue to implement current actions to ensure appropriate health and care services are provided closer to home</li> <li>Continue to implement the Better Care Fund Plan</li> </ul>	Hartlepool Matters working group	√	√	√	√	√	√	√	√	<ul style="list-style-type: none"> <li>Better Care Fund Plan fully implemented</li> </ul>		
<b>Autism and Learning Disabilities</b> <ul style="list-style-type: none"> <li>Continue to further develop and implement local strategies and programmes to address access to health and care services for people with Autism and Learning Disabilities</li> </ul>	CCG lead/CSP									<ul style="list-style-type: none"> <li>Local strategy to improve access for people with Autism and Learning Disabilities implemented.</li> </ul>		
<b>Ex-Offender Health</b> <ul style="list-style-type: none"> <li>Provide leaflets and education on local health and care services to ex-offenders to help improve access to services and integration</li> </ul>	SHP - Public Health lead/CCG lead/ HBC Community engagement lead/Probation service lead	√	√	√	√	√	√	√	√	<ul style="list-style-type: none"> <li>Community health and care services introductory pack for ex-offenders developed</li> <li>Local pathway for community re-integration for ex-offenders agreed and implemented</li> </ul>		
<b>5. Dying well</b>												
<b>Bereavement/palliative care support</b> <ul style="list-style-type: none"> <li>Map current access to bereavement/palliative care support in Hartlepool and implement interventions to ensure easy access for those who require them</li> <li>Develop and implement a model for advanced care planning for end of life that addresses preferred place of death– to include implications for carers and a focus on vulnerable groups e.g young carers, people with learning disabilities</li> <li>Adapt local policies to help achieve a compassionate Borough status</li> </ul>	Health watch/CCG lead/NTHFT lead	√	√	√	√					<ul style="list-style-type: none"> <li>Directory of bereavement/ palliative care support produced and marketed</li> <li>Multi-agency advanced care planning toolkit developed and implemented</li> <li>Compassionate Borough status achieved</li> </ul>		
Key (RAG rating): <b>Red</b> = Not started; <b>Amber</b> = In progress; <b>Green</b> = Completed												

