



# **SAFER HARTLEPOOL PARTNERSHIP AGENDA**



**Friday 9 February 2018**

**at 10.00 am**

**in Committee Room B,  
Civic Centre, Hartlepool**

**MEMBERS: SAFER HARTLEPOOL PARTNERSHIP**

Councillor Christopher Akers-Belcher, Elected Member, Hartlepool Borough Council  
Councillor Steve Thomas, Elected Member, Hartlepool Borough Council  
Gill Alexander, Chief Executive, Hartlepool Borough Council  
Denise Ogden, Director of Regeneration and Neighbourhoods, Hartlepool Borough Council  
Clare Clark, Head of Community Safety and Engagement, Hartlepool Borough Council  
Paul Edmondson-Jones, Interim Director of Public Health, Hartlepool Borough Council  
Chief Superintendent Alastair Simpson, Neighbourhood Partnership and Policing Command, Cleveland Police  
Barry Coppinger, Office of Police and Crime Commissioner for Cleveland  
Chief Inspector Nigel Burnell, Chair of Youth Offending Board  
Julie Allan, Head of Area, Cleveland National Probation Service  
John Graham, Director of Operations, Durham Tees Valley Community Rehabilitation Company  
Steve Johnson, District Manager, Cleveland Fire Authority  
John Bentley, Voluntary and Community Sector Representative, Chief Executive, Safe in Tees Valley  
Chris Joynes, Director of Customer Support, Thirteen Group  
Jean Golightly, Representative of Hartlepool and Stockton on Tees Clinical Commissioning Group  
Sally Robinson, Director of Children's and Joint Commissioning Services, Hartlepool Borough Council  
Hartlepool Magistrates Court, Chair of Bench (vacant)

- 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 8 December 2017**



**4. ITEMS FOR CONSIDERATION**

- 4.1 Drugs and Alcohol Harm Reduction Update – *Interim Director of Public Health*
- 4.2 Health and Wellbeing Strategy 2018-2025 – *Interim Director of Public Health*
- 4.3 Integrated Working – Task and Finish Group Update – *Director of Regeneration and Neighbourhoods*
- 4.4 Prevent Update - *Director of Regeneration and Neighbourhoods*
- 4.5 Safer Hartlepool Partnership Performance – *Director of Regeneration and Neighbourhoods*

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

**FOR INFORMATION**

Date of next meeting – Friday 13 April 2018 at 10.00 am in Committee Room B, Civic Centre



## **SAFER HARTLEPOOL PARTNERSHIP MINUTES AND DECISION RECORD**

8 December 2017

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

### **Present:**

Councillor: Christopher Akers-Belcher (In the Chair)  
Councillor Steve Thomas  
Clare Clark, Head of Community Safety and Engagement  
Chief Superintendent Alastair Simpson, Cleveland Police  
John Bentley, Safe in Tees Valley  
Steve Johnson, Cleveland Fire Authority  
Chris Joynes, Thirteen Group

Mal Suggitt was in attendance as substitute for Chief Inspector Nigel Burnell, Esther Mireku as substitute for Paul Edmondson-Jones, Trina Holcroft as substitute for Jean Golightly, John Bagley as substitute for Julie Allan, Ian Armstrong as substitute for John Graham and Danielle Swainston as substitute for Sally Robinson

Also present: Lisa Oldroyd, Commissioner's Officer for Crime Offending and Justice

Officers: Rachel Parker, Community Safety Team Leader  
Denise Wimpenny, Principal Democratic Services Officer

### **37. Apologies for Absence**

Apologies for absence were submitted on behalf of Denise Ogden, Director of Regeneration and Neighbourhoods, Hartlepool Borough Council, Paul Edmondson-Jones, Interim Director of Public Health, Hartlepool Borough Council, Chief Inspector Nigel Burnell, Cleveland Police, Julie Allan, National Probation Service, John Graham, Durham Tees Valley Community Rehabilitation Company and Sally Robinson, Director of Children's and Joint Commissioning Services, Hartlepool Borough Council.

### **38. Declarations of Interest**

None.

**39. Minutes of the meeting held on 20 October 2017**

Confirmed.

**40. Reducing Re-Offending Group Update** *(Commissioner's Officer for Crime, Offending and Justice)***Issue(s) for consideration**

A representative from the Police and Crime Commissioner's Office in Cleveland, who was in attendance at the meeting, provided the Partnership with an update on the work of the Reducing Re-offending Group. The update included a presentation which focussed on the following issues:-

- Local Criminal Justice Partnership Vision
- Local Criminal Justice Board developing a draft plan to be presented to the Partnership in the New Year
- Cleveland and Durham Reducing Re-Offending Plan
- Vision, remit and membership of the Group
- Details of the latest re-offending statistics for Cleveland from the Ministry of Justice
- Details of the latest re-offending data for Hartlepool showed re-offending rates of 39.3%
- Current and future key areas of work:-
  - Early intervention to divert people away from the Criminal Justice System
  - Mapping the Offender Journey
  - Integrated Offender Management
  - Links between employment, offending and re-offending
  - Measures in place to support individuals back into employment
  - Pathways out of offending including developments to strengthen family ties, access to stable accommodation, restorative justice, full rollout of Universal Credit, Homelessness Reduction Act 2017 and Introduction of New Inspection Framework – Probation and Youth Offending Service

A query was raised as to whether a breakdown was available of re-offending rates of both the Community Rehabilitation Company and National Probation Service as a comparator. Members were advised that whilst it was not possible to breakdown such data at the present time, this was something that could be explored and linked into the integrated offender management system. The Chair commented that local data

demonstrated that the statistics presented for 2015 were not reflective of the current picture and was pleased to note the positive results arising from the integrated offender management approach. The Chair acknowledged the significant level of work that had been undertaken to date and emphasised the need to widen that scope to ensure a continued reduction in re-offending rates.

The representative responded to further queries raised in relation to the presentation. Clarification was provided regarding the arrangements in place to reduce the number of first time entrants to the youth justice system and it was noted that more work was needed to understand the longer term impact of this issue, the outcome of which could be reported to a future meeting of the Partnership.

The Chair thanked the representative for an informative presentation.

### **Decision**

That the contents of the presentation and comments of Members be noted.

## **41. Operation Endurance** *(Chief Inspector Nigel Burnell, Hartlepool Neighbourhoods Policing Team)*

### **Issue(s) for consideration**

The Partnership received a comprehensive presentation by a representative from Hartlepool's Neighbourhoods Policing Team. Partnership Members were advised of the background to the roll out of Operation Endurance across Cleveland and Durham to combat anti-social behaviour around motor vehicles and quad bikes. The presentation included details of the programme in terms of the following:-

- Various methods of tackling this issue
- Main findings of the programme
- Importance of intelligence information
- Section 59 of Road Traffic Act provides powers to cease bikes if used in an anti-social behaviour manner
- Close working with petrol stations in relation to raising awareness and to be mindful of who they sell petrol to
- Utilising social media to encourage people not to do it
- Figures are positive for Hartlepool compared to neighbouring authorities

- Future work includes building upon community intelligence to reduce the amount of anti-social behaviour attached to this issue

The Chief Superintendent reiterated that the purpose of Operation Endurance was to reduce off road vehicle related nuisance and anti-social behaviour and develop a consistent approach across all forces in relation to this issue. A communications programme would be developed in 2018 to build upon intelligence information. Members were advised of the limited resources available to tackle issues of this type and that providing additional police road bikes to pursue offenders was not the answer.

The potential problems associated with this issue were debated at length. Concerns were expressed in relation to observations that had been witnessed in wards and nearby beaches of young people in charge of potentially dangerous machines and the impact on local communities as a result. In response to a query raised regarding the age profile of individuals committing these type of offences, the Chief Superintendent agreed to explore this issue and provide feedback to the Partnership following the meeting.

Partnership Members placed emphasis upon the need for an effective communications campaign with the public to raise awareness of the legalities around this issue and the zero tolerance approach by the police. It was suggested that the communications campaign should include messages to parents not to waste their money on machines that potentially could be ceased. The importance of encouraging honest and open dialogue with the public to enable the police to utilise their powers effectively was also highlighted.

### **Decision**

- (i) That the contents of the presentation and comments of Members be noted.
- (ii) That the Chief Superintendent explore the age profile of individuals committing these type of offences and provide feedback to the Partnership following the meeting.

## **42. Anti-Social Behaviour Awareness Day** *(Director of Regeneration and Neighbourhoods)*

### **Purpose of report**

1. To provide feedback to the Safer Hartlepool Partnership on the Anti-Social Behaviour Awareness Day (ASBAD)
2. To consider the forthcoming ASBAD event in March 2018 and potential support from SHP Partners.

**Issue(s) for consideration**

The Community Safety Team Leader presented the report which provided the background to the Anti-Social Behaviour Awareness Day which was undertaken on behalf of the Safer Hartlepool Partnership. Details of previous events were included in the report including the young people targeted for involvement, the aims of the event and the range of organisations who participated in delivering interactive sessions. Feedback on previous events had been received with 100% of teachers involved in the event enjoying it and praising the organisation and delivery of the event and it was noted that the Life Choices and Youth Court scenes had been the favourite event of the majority of teachers.

An analysis of student feedback had shown that 97% of students had enjoyed the event and had also identified the Life Choices and Youth Court scenes as their favourite. In comparison to teachers, fewer students (68%) had considered anti-social behaviour to be a problem in their local area. In terms of event outcomes, more than 95% of the young people at the event stated they had a greater understanding of anti-social behaviour and its impact as a result of attending the event.

It was proposed that given the continued success of ASBAD, a further event would be delivered in 2018 between the 19<sup>th</sup> and 23<sup>rd</sup> March. Details of the sessions that would be delivered during this event were provided, as set out in the report.

In relation to the 1,065 Year 8 pupils from across the secondary schools in Hartlepool who had attended the ASBAD event in 2017, the Chair questioned whether the target audience should include younger students given that youth offending/anti-social behaviour activities appeared to be prevalent from an earlier age. The Head of Community Safety and Engagement indicated that the Youth Offending Board were collating data on anti-social behaviour in young people which could be utilised to establish the target audience for the event.

**Decision**

- (i) That the contents of the report and comments of Members be noted and be utilised to inform the development of the event.
- (ii) The Partnership supported the delivery of the event in March 2018 and suggested that the data collated by the Youth Offending Board, in relation to anti-social behaviour in young people, be utilised to establish the target audience for the event.

### **43. Case Study: Neighbourhood Safety and Partnership Working** (*Chief Inspector of Neighbourhoods*)

#### **Purpose of report**

To update the Partnership on a recent case study to demonstrate how community safety partners work together to problem solve neighbourhood safety issues.

#### **Issue(s) for consideration**

A representative from Cleveland Police, who was in attendance at the meeting, presented the report which provided the background to the Partnership's request to review the level of partnership working to address concerns regarding the issue of youth anti-social behaviour in the north of Hartlepool.

A case study covering the period 1 September 2017 to 31 October 2017 had been undertaken in a defined area of Hartlepool, feedback from which was provided, as detailed in the report. It was noted that there had been no further incidents reported by the victims referred to in the case study since 7 September, and the young people involved had not been identified as being responsible for any further anti-social behaviour in the wider area.

In conclusion, it was reported that whilst the case study demonstrated that partnership working was embedded in Hartlepool and was key to the prevention of crime and disorder, substance misuse, offending and re-offending, it was acknowledged that further improvements could be made in terms of feedback to the wider community and addressing overlap in resources.

In the discussion that followed Members welcomed the report and emphasised the need for feedback to Elected Members as well as the wider community. It was suggested that future case studies should also feed into local community groups and should be rotated in different areas of the town.

#### **Decision**

- (i) That the contents of the report and comments of Members be noted.
- (ii) That future case studies be rotated in different areas of the town.
- (iii) That feedback from future case studies be provided to Elected Members and local community groups.



#### **44. White Ribbon Campaign** *(Interim Director of Public Health)*

##### **Purpose of report**

To provide the Partnership with an overview of the White Ribbon Campaign and the requirements for organisational accreditation.

##### **Issue(s) for consideration**

It was reported that one of the key actions identified in the Domestic Abuse Action Plan was to investigate what would be required for Hartlepool to become a White Ribbon Town. There were several different strands to the campaign and to achieve the “White Ribbon Council” award local authorities must complete a number of specific actions, as set out in the action plan, attached at Appendix A.

One key element of the White Ribbon Campaign was the use of male Ambassadors to act as positive role models and take a stand against all male violence towards women and girls. Members were referred to the key actions for Ambassadors, as set out in the report. An initial draft action plan had been developed, a copy of which was appended to the report. There was a registration fee of £500 for the two year accreditation period and it was anticipated that this would be met from existing Council budgets.

In response to a query raised, Members were advised that the award criteria required the Council to nominate at least 4 male Ambassadors to take the actions of the campaign forward and it was recommended that they be recruited from a range of service areas and staff levels. The following nominations were received:-

Councillor Steve Thomas – Hartlepool Borough Council  
Chief Inspector Nigel Burnell – Cleveland Police

Given the number of substitute Members present, the Chair suggested that a letter be sent to all partner organisations to seek Ambassador nominations from each partner.

##### **Decision**

- (i) That the contents of the report be noted.
- (ii) The following Ambassador appointments were agreed:-

Councillor Steve Thomas - Hartlepool Borough Council  
Chief Inspector Nigel Burnell - Cleveland Police

- (ii) That a letter be distributed to all partner organisations seeking

nominations from each partner organisation for an Ambassador to take the actions of the campaign forward.

#### **45. Safer Hartlepool Partnership Performance** *(Director of Regeneration and Neighbourhoods)*

##### **Purpose of report**

To provide an overview of Safer Hartlepool Partnership performance for Quarter 2 – July 2017 to September 2017 (inclusive).

##### **Issue(s) for consideration**

The report provided an overview of the Partnership's performance during Quarter 2, as set out in an appendix to the report. Information as a comparator with performance in the previous year was also provided. In presenting the report, the Community Safety Team Leader highlighted salient positive and negative data and responded to queries in relation to crime figures by type.

Partnership Members discussed issues arising from the report. The potential reasons why crime figures had increased in the last year were debated. In relation to the increase in sexual offences in Hartlepool, a Member commented that this was potentially as a result of individuals being encouraged to report crimes as well as the increase in the number of people reporting historical crime.

In response to a query regarding the accuracy of the figures relating to the reduction in the number of young people found in possession of alcohol, the Partnership was advised that the information set out in the report was an accurate reflection of the data available and clarification was provided as to how the figures were recorded. It was highlighted that whilst the figures suggested a reduction in under-age drinking in the streets, it was acknowledged that under-age drinking was still a problem nationally as well as locally.

##### **Decision**

That the Quarter 2 performance figures be noted.

#### **46. Chair's Concluding Remarks**

The Chair took the opportunity to thank Partnership Members for their attendance and contributions and to wish everyone a Merry Christmas and best wishes for the New Year.

## **47. Date and Time of Next Meeting**

The Chair reported that the next meeting would be held on Friday 9 February 2018 at 10.00 am.

The meeting concluded at 11.30 am.

CHAIR



# SAFER HARTLEPOOL PARTNERSHIP

9<sup>th</sup> February 2018



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

**Subject:** Drugs and Alcohol Harm Reduction Update

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## 1. PURPOSE OF REPORT

1.1 To provide the Safer Hartlepool Partnership (SHP) with:-

- Activity of the substance misuse subgroup in 2017;
- Suggest that the SHP agree to a change in name of the subgroup to 'Drug and Alcohol Harm Reduction Partnership'; and
- Request that the SHP agree to and support the implementation of the Drugs and Alcohol Harm Reduction delivery framework (2018 – 2025).

## 2. BACKGROUND

2.1 The substance misuse subgroup leads on the SHP's strategic objective to reduce the harm caused by drug and alcohol misuse.

2.2 To this effect the group has been working to implement the Hartlepool substance misuse strategy and plan (2016-2019) and the local requirements of the national drug strategy 2010.

2.3 The key focus for the year was to :

- focus better on prevention and early intervention;
- provide treatment and support to individuals and families affected by substance misuse;
- reduce illicit drug use;
- increase the rate of individuals recovering from dependence; and
- Support Addaction to develop a health and wellbeing recovery project for substance misuse based in Hartlepool.

2.4 In July 2017, a new national drug strategy was published by the Government. The strategy set out a series of actions required in order to respond effectively to the new challenges relating to harm caused by drug and alcohol misuse. This called for:

- taking a smarter, coordinated partnership action with stronger governance for delivery;
- reducing demand through universal approach across the life-course and targeted approach for high priority groups/evolving and emerging threats;

- restricting supply;
- reducing illicit and other harmful drug use;
- improving treatment and recovery;
- developing a new set of measures to better capture the multi-agency ownership required to drive action across local authorities, health, employment, housing and criminal justice partners; and
- global action.

2.5 The Hartlepool Health and Wellbeing Board (HWB) also undertook a revision of the Joint Health and Wellbeing Strategy (JHWS). The revised strategy (JHWS 2018-2025) identified reducing drugs and alcohol harm as a deep dive project for the Board.

2.6 In addition, the Hartlepool Safeguarding Children's Board (HSCB) and the Children's Strategic Partnership (CSP), as part of their assurance process, requested for stronger emphasis to minimise the impact of harm caused by drugs and alcohol misuse to children and young people in the current substance misuse strategy.

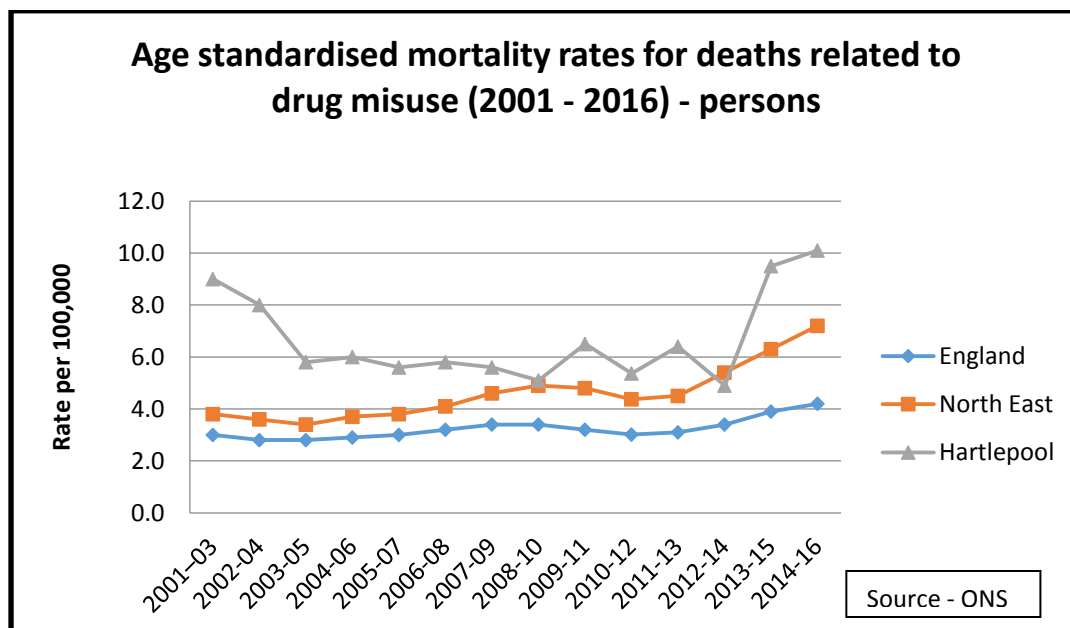
### 3. **PROGRESS UPDATE**

- 3.1 A summary of actions undertaken to implement our current strategy are:
- Continued to provide training to licence holders and staff to encourage responsible trading and reduce underage sales;
  - Continued action to reduce illicit sales and enforcement;
  - Undertook a series of community prevention programmes and training with schools and colleges;
  - Continued work with Balance North East at both national and regional levels on advocacy, social marketing and also as part of the regional STP prevention work;
  - Commissioned a community based holistic drug and alcohol treatment and recovery service from April 2017. This provides services for children and young people and for adults. This includes support through the criminal justice system and employability. Hartlepool has one of the best treatment and recovery outcomes for those who access services compared to other areas in England; and
  - Continued to commission supported housing to prevent homelessness
- 3.2 Using capital grant funds that was received from Public Health England (PHE) through a successful bid, Gladstone house was acquired by the Council and leased to Addaction - a specialist drug, alcohol and mental health charity – to provide 'stepping stones' project for people in recovery. The project implementation is on course and it is anticipated that the new substance misuse recovery centre will open on 1 April 2018. This is being aligned to the existing community based NBPS service that is provided by the Council and the commissioned treatment service that is already provided by Addaction.
- 3.3 In response to the new national strategy, JHWS (2018-2025) and the requirements of HSCB and CSP, the subgroup also undertook a multi-agency improvement workshop and gap analysis to revise the current

plan. The group has subsequently produced a Drug and Alcohol Harm Reduction delivery framework (2018 – 2025) to reflect the actions that are required to be implemented in order to address the emerging challenges. A copy of the delivery framework is attached to this report as appendix 1.

## 4 CHALLENGES

- 4.1 Drug misuse deaths are increasing in England. The North East region has the highest drug misuse related mortality rate in England and Hartlepool has the highest rate in the region. The gap between the Hartlepool and the regional and national averages has by widening from 2012 onwards.



Hartlepool also has the highest rate of alcohol specific mortality and hospital admissions in the region.

- 4.2 Availability of illicit tobacco and drugs and underage sale of alcohol is a big challenge for our Borough.
- 4.3 An increasing number of children and young people are identified with need to access specialist services for drug or alcohol misuse. Approximately 3 out of every 4 children and young people accessing services is below 16years. The youngest service user is 12 years old.
- 4.4 Across all ages, just about 1 out of every 2 of those assessed and offered support by services take up the offer. Of those who accept the offer of support 5 out of 100 fail to attend for the support

## 5 NEXT STEPS

- 5.1 In order to improve uptake and retention for local services, the group submitted a bid and have successfully secured a grant from the Local Government Association (LGA) to recruit an embedded researcher who

will work with the service provider to undertake an ethnographic study with service redesign and randomised controlled trial in 2018.

- 5.2 The subgroup has reviewed the governance arrangements to help respond effectively to the needs of SHP, HWB and other interested parties. The subgroup also suggested that the group be re-named 'Drug and Alcohol Harm Reduction Partnership' to help re-focus members and encapsulate the wider remit of the group e.g medicines optimisation.
- 5.3 A task and finish group will be revising the Joint Strategic Needs Assessment (JSNA) to help drive intelligence-led action. A health equity audit will also be undertaken in 2018 to provide evidence to partners for appropriate resource allocation and utilisation to help reduce inequalities in access to services.
- 5.4 The group will continue actions to reduce supply and underage sales through training, education and enforcement actions..
- 5.5 There will be intensified action on prevention and early identification and in particular work with schools and children's services (early help) aimed to minimise impact on CYP and to reduce numbers of CYP drug and alcohol misuse.
- 5.6 We will also continue with pathways redesign for service delivery to streamline support to people with complex multiple diagnosis and to improve access to services.
- 5.7 In addition we will continue to work with Balance North East, NHS England (NHSE) and Public Health England (PHE) on the national and regional agenda particularly on new and emerging threats from internet sales and new psychoactive and prescription drugs.

## **6 FINANCIAL CONSIDERATIONS**

- 6.1 Financial costs to the implementation of the delivery framework will be met from existing budgets by each partner agency.
- 6.2 Additional funding required to implement the behaviour insight project has been secured through external grant (£25k) provided by the LGA.

## **7 STAFF CONSIDERATIONS**

- 7.1 It is anticipated that the requirements of the delivery framework will be met within the existing staffing resource of each partner agency.

## **8 SECTION 17 CONSIDERATIONS**

- 8.1 It is anticipated that by implementing the delivery framework that this will contribute towards the reduction of crime and disorder and domestic abuse in Hartlepool and in particular will address the Safer Hartlepool Priority of reducing the harm caused to individuals, their family and community by

drug and alcohol misuse and related crime.

## **9 LEGAL CONSIDERATIONS**

- 9.1 Under the Crime and Disorder Act 1998, Community Safety Partnerships have a statutory responsibility to develop and implement strategies to reduce crime and disorder, substance misuse and re-offending in their local area.

## **10 EQUALITY AND DIVERSITY CONSIDERATIONS**

- 10.1 As the impact of drugs and alcohol misuse harm disproportionately affects children and young people, implementation of the delivery plan would contribute towards evidence that the Local Authority is carrying out its Public Equality Duty for employees and service users under the Equality Act 2010.

## **11 CHILD POVERTY CONSIDERATIONS**

- 11.1 Included in the actions through the delivery plan is support for training and skills development to enable people who previously abused drugs or alcohol to get back into employment and also to support those already in employment to remain in work. This would have a positive impact on child poverty.

## **12 RECOMMENDATION**

- 12.1 That the Safer Hartlepool Partnership notes the content of the report.
- 12.2 That the Safer Hartlepool Partnership agree to the change of name for the subgroup from 'substance misuse subgroup' to 'Drug and Alcohol Harm Reduction Partnership'.
- 12.3 That members of the Safer Hartlepool Partnership agree to and give their support to the implementation of the Drugs and Alcohol Harm Reduction Delivery Plan (2018 - 2025).

## **13 REASON FOR RECOMMENDATION**

- 13.1 Drugs and Alcohol misuse and the harmful impact continue to be a challenge for the Borough. This is a priority for the SHP, HWB, HSCB and CSP. In July 2017, the Home Office published its refreshed cross-government strategy for tackling Drugs misuse. This set out a couple of new actions required to be taken by local authorities and therefore makes it essential that a revised delivery framework is developed and implemented.
- 13.2 In order to address the new challenges and emerging threats, it is important for members of the subgroup to acknowledge its full remit for delivery including the medicines optimisation agenda.

## **14 BACKGROUND DOCUMENTS**

4.1 18.02.09 Drugs and Alcohol Harm Reduction updates

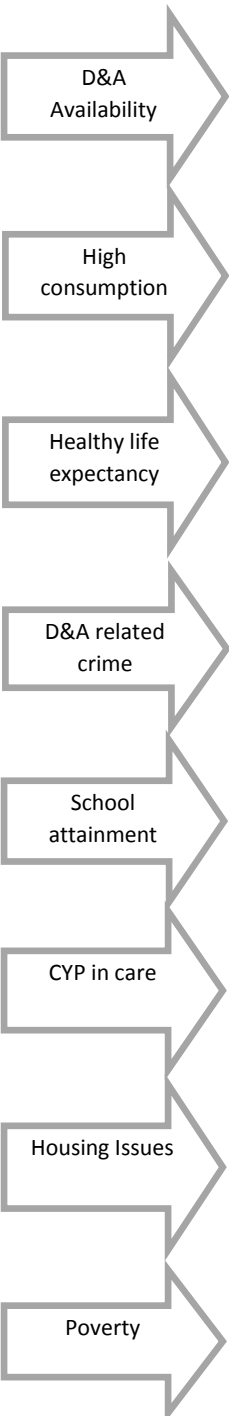


- 14.1 Safer Hartlepool Partnership – Substance Misuse Strategy 2016-2019
- 14.2 Safer Hartlepool Partnership – Substance Misuse Plan 2016-2019
- 14.3 National Drug Strategy 2017

**15 CONTACT OFFICER**

Esther Mireku  
Acting Consultant in Public Health

## Appendix 1: Hartlepool Drug and Alcohol Harm Reduction Delivery Framework (2018 -2025)

Drivers for change	Our Ambition	Our Aims	Our Objectives	Actions required	Expected outputs
	By 2025, Hartlepool will be a safer and healthier place to live, work or visit with minimised impact from harm caused by Drugs and Alcohol misuse	<p><b>1. Reduce Drugs and Alcohol related health and wellbeing harm to individuals, families and communities</b></p> <p><b>2. Minimise the negative impact of Drugs and Alcohol misuse on CYP and communities</b></p>	<p>Facilitate improved knowledge; positive attitudes; and behavioural change to Drugs and Alcohol misuse</p> <p>Improve early identification of risk and intervene to reduce progression of vulnerability to self /others</p> <p>Provide seamless Drugs and Alcohol treatment pathway for services users</p> <p>Develop streamlined pathways of care with other services for people with multiple needs e.g. Mental health, Domestic Abuse</p> <p>Provide a safer, environment with minimised harm from Drug and Alcohol for children and empower Young People to make informed decisions</p> <p>Reduce drugs and Alcohol related homelessness, anti-social behaviour and crime.</p>	<ul style="list-style-type: none"> <li>Continue to work with Balance North East to support national, regional and local campaigns and advocacy incl medicines optimisation and minimum unit price</li> <li>Utilise community action initiatives to drive prevention in vulnerable communities</li> <li>Develop and implement a framework to support prevention in work places and community settings</li> </ul> <ul style="list-style-type: none"> <li>Utilise multi-agency intelligence to develop the JSNA and target appropriate risk groups</li> <li>Provide training to all partners to implement effective screening and IBA</li> <li>Build and provide early help services for 'hidden harm'</li> <li>Raise awareness of local services and clarify referral processes for all partners</li> <li>Continue to implement the BBV screening and immunisation scheme (incl needle exchange)</li> <li>Align service pathways with the care navigator programme.</li> <li>Implement a behaviour insight programme to improve uptake of support by services</li> <li>Develop a health equity audit for Drugs and Alcohol</li> </ul> <ul style="list-style-type: none"> <li>Ensure referral process for community services is communicated to all partners</li> <li>Establish multi-agency approach to treatment and recovery based on clients' need</li> <li>Establish multi-agency arrangement for transition between services e.g. NBPS, homelessness service and supported housing</li> <li>Produce detailed directory of aftercare support services with access criteria, available in the community and share with all providers</li> <li>Align with hospital based treatment pathways</li> </ul> <ul style="list-style-type: none"> <li>Implement cross organisational information gathering and sharing protocol for all providers</li> <li>Continue to embed the dual diagnosis pathway into practice</li> <li>Implement regular MDT review for complex patients (to include housing and employment leads)</li> </ul> <ul style="list-style-type: none"> <li>Provide regular training and marketing in conjunction with schools and colleges to increase awareness of the harmful impacts of Drugs and Alcohol to parents and CYP</li> <li>Provide and promote diversionary activities for CYP</li> <li>Work with communities and businesses to reduce availability/ illegal sale to CYP</li> <li>Align prevention programmes with other ongoing programmes e.g. crucial crew to raise awareness in schools and embed in curriculum</li> </ul> <ul style="list-style-type: none"> <li>Tackle supply and related crime/anti-social behaviour – Alcohol, Legal highs, NPS, controlled drugs etc</li> <li>Utilise universal programmes and services to enable re-integration and recovery</li> <li>Continue to commission assisted housing support and align to the homelessness pathway</li> <li>Utilise legal and enforcement powers to reduce crime and anti-social behaviour</li> <li>Continue to implement the challenge 25 scheme with businesses</li> <li>Utilise the BHAWA to provide employer-led schemes</li> </ul>	<ul style="list-style-type: none"> <li>'Hartlepool Big Conversation' launched</li> <li>Multi-agency social marketing programme designed and implemented</li> <li>Community champion/peer educator/network programme implemented</li> </ul> <ul style="list-style-type: none"> <li>JSNA refreshed</li> <li>Training framework produce with annual log of institutions trained</li> <li>Early help service offer clearly outlined and documented</li> <li>Directory of local services with referral criteria available to all partners</li> <li>Health equity audit completed and used to direct resource utilisation based on need</li> </ul> <ul style="list-style-type: none"> <li>Clear multi-agency pathways agreed and implemented</li> <li>Directory of local services with referral criteria available to all partners</li> </ul> <ul style="list-style-type: none"> <li>Multi-agency information sharing protocol agreed and implemented</li> <li>MDT review process established</li> </ul> <ul style="list-style-type: none"> <li>Annual CYP training and marketing programme agreed with schools and colleges and implemented</li> <li>Business model for reducing illegal sale to CYP established with regular monitoring</li> </ul> <ul style="list-style-type: none"> <li>Increased uptake of universal programmes</li> <li>Improved progression of clients from assisted housing to longer term tenancy</li> <li>Reducing trend in drug and alcohol related crime and anti-social behaviour</li> <li>Increase in number of businesses signed up to the challenge 25 scheme</li> </ul>
<b>Reduced Drug and Excess Alcohol Consumption</b>					
<b>Cultural change of attitudes to Drugs and Alcohol</b>					



# SAFER HARTLEPOOL PARTNERSHIP

9 February 2018



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

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

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## 1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to present to the Safer Hartlepool Partnership (SHP) 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 SHP 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 SHP 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. PROPOSALS**

- 3.1 All of the information obtained throughout the consultation process, has been utilised in the development of the draft Joint Health and Wellbeing Strategy (2018-2025).
- 3.2 No options are submitted for considered other than the recommendations.

### **4. RISK IMPLICATIONS**

- 4.1 Failure to meet the timetable necessary for the production of a refreshed Joint Health and Wellbeing Strategy, by March 2018, as required by statute.

### **5. FINANCIAL CONSIDERATIONS**

- 5.1 There are no financial considerations – all activity will be undertaken within existing resources.

## 6. LEGAL CONSIDERATIONS

- 6.1 The Health and Social Care Act 2012 requires the Local Authority, along with partner agencies including the NHS, to develop a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment (JSNA).

## 7. CHILD AND FAMILY POVERTY CONSIDERATIONS (IMPACT ASSESSMENT FORM TO BE COMPLETED AS APPROPRIATE.)

- 7.1 The joint Health and Wellbeing Strategy aims to deliver: improved training and employment for people with disability/mental health/long-term conditions, training and employment for young people and programmes to reduce Poverty. The Child and Family Poverty Impact Assessment is included as **Appendix 2**.

## 8. EQUALITY AND DIVERSITY CONSIDERATIONS (IMPACT ASSESSMENT FORM TO BE COMPLETED AS APPROPRIATE.)

- 8.1 The joint Health and Wellbeing Strategy aims to have a positive impact on the whole population of Hartlepool. In relation to the protected groups identified in the Equality Act, there are key deliverables focusing on improving outcomes for young people, older people and those with disabilities. Targeted projects contained within the strategy focus on mental health / emotional wellbeing, drugs and alcohol harm, health inequalities (inc. domestic abuse and poverty) and dying well, delivering ways of working that:

- Make every contact count;
- Use local intelligence to effectively target groups and places where there is the greatest need;
- Work better with, and build, the voluntary and community sector (VCS) offer as an asset; and
- Target our media campaigns so that the right messages reach the right people.

- 8.2 The Equality Impact Assessment is included as **Appendix 3**.

## 9. STAFF CONSIDERATIONS

- 9.1 There are no staffing considerations.

## 10. ASSET MANAGEMENT CONSIDERATIONS

- 10.0 There are no asset management considerations.

## **11. RECOMMENDATIONS**

- 11.1 That the SHP 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.

## **12. REASONS FOR RECOMMENDATIONS**

- 12.1 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.

## **13. 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)

## **14. 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.

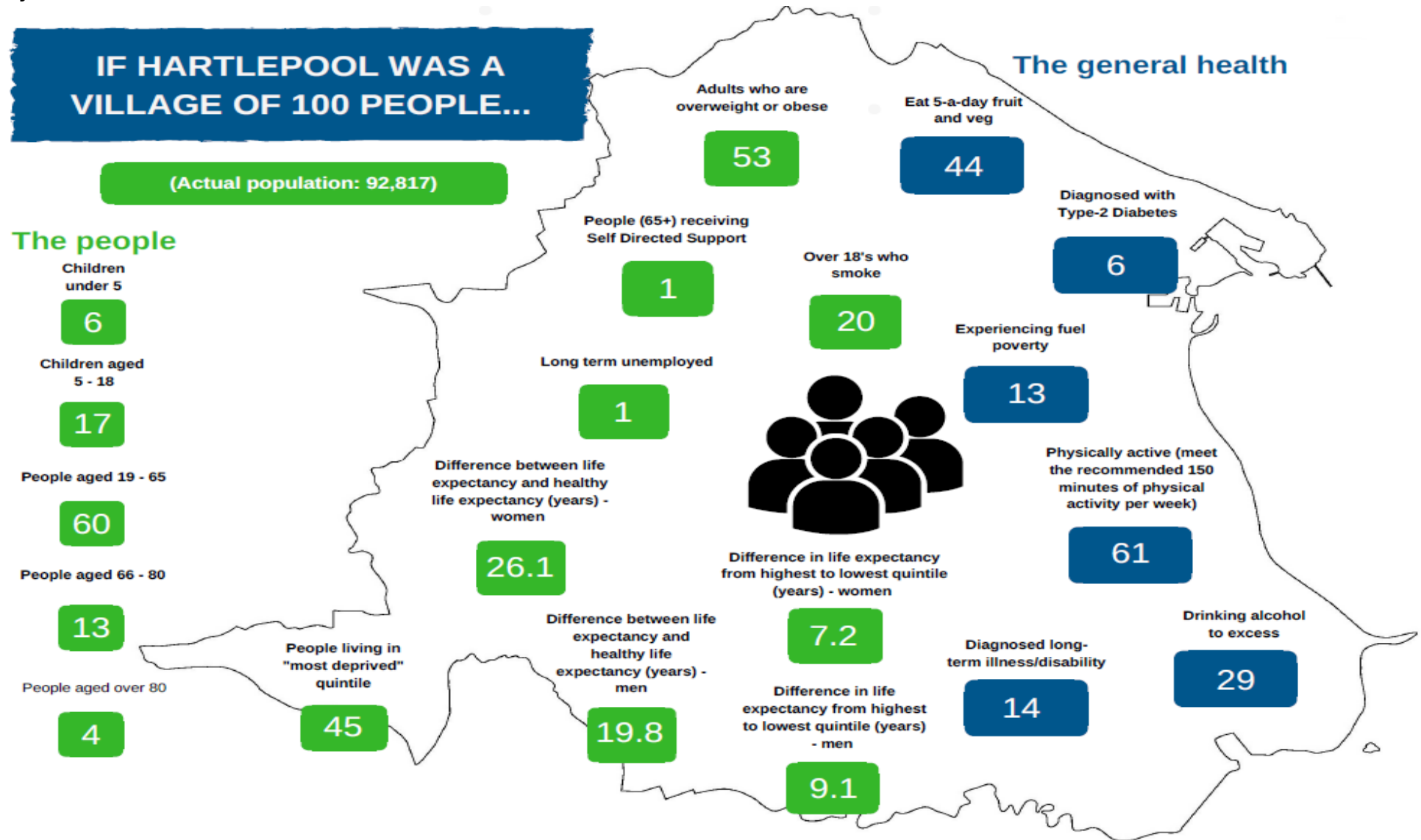
Hartlepool HWB is committed to working together with the people of Hartlepool to improve health and wellbeing of residents. At a time of increasing demand on services and pressures on funding, it is even more important to make sure we are a healthy Borough by supporting people to take responsibility 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?

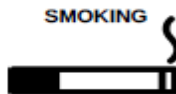
Green = progress | Blue = requires improvement

### 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

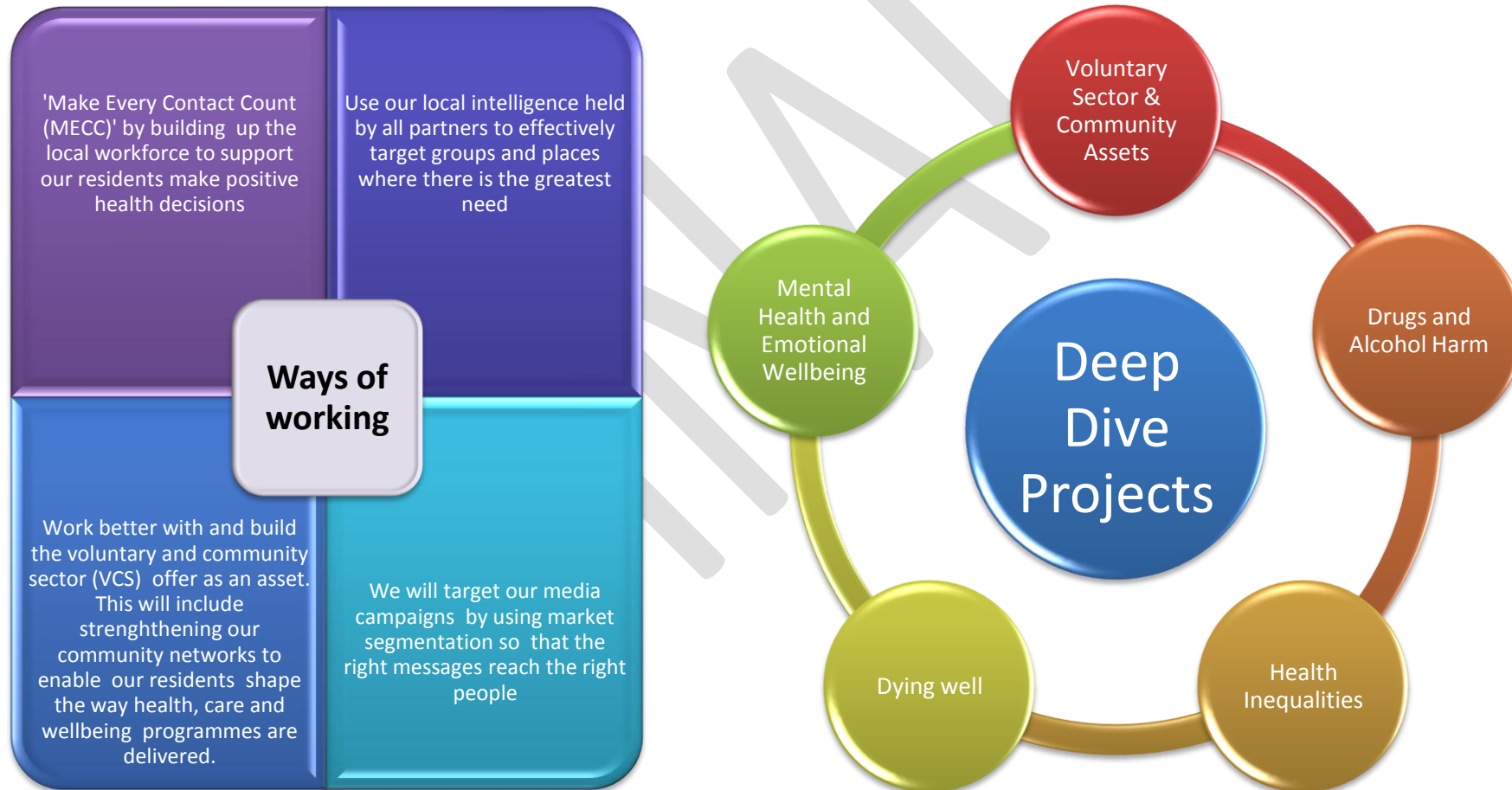
Majority of the priority actions identified by our residents are already being worked on by partners and is inter-dependent on the delivery of a number of town wide/Tees/regional strategies, policies and plans. We will continue to align our business with implementation of these strategies, policies and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



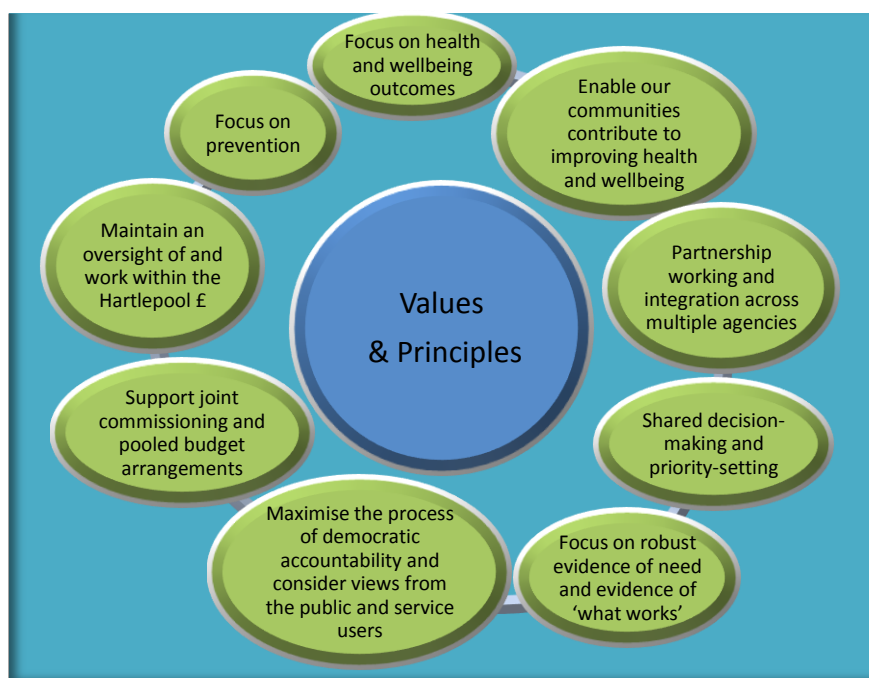
### Our plan for delivery – Looking ahead

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

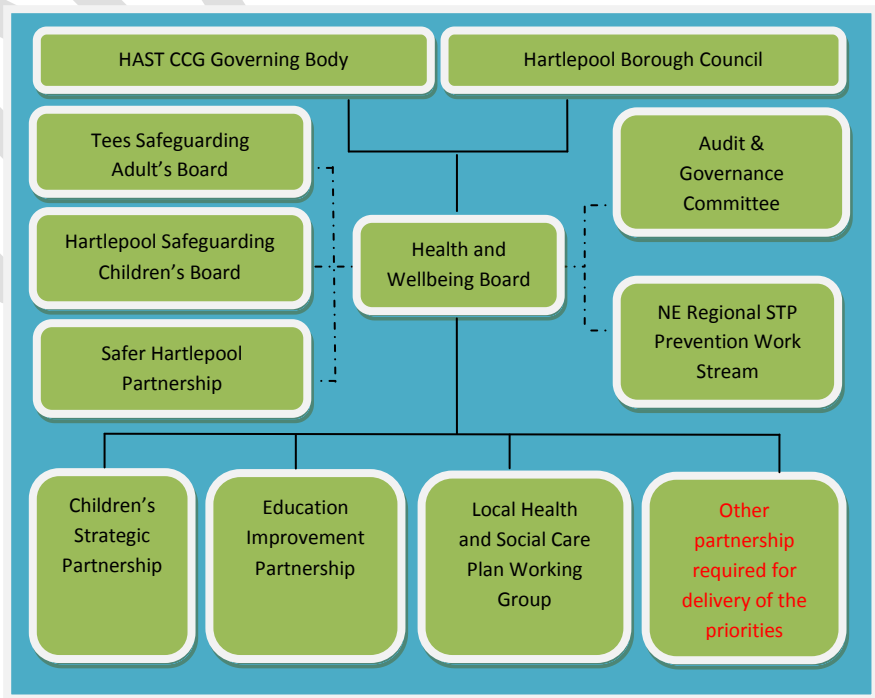
### Who will hold us accountable?

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.





## 4.2 Appendix 1

### 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>

## 4.2 Appendix 1

### 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  Public health lead	√	√	√					<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>			

## 4.2 Appendix 1

<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>	

## 4.2 Appendix 1

<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>		

## 4.2 Appendix 1

<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>		

## 4.2 Appendix 1

<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>		

## 4.2 Appendix 1

<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>		
<b>Key (RAG rating): Red = Not started; Amber = In progress; Green = Completed</b>												





## POVERTY IMPACT ASSESSMENT FORM

1. Is this decision a Budget & Policy Framework or Key Decision? YES

If YES please answer question 2 below

2. Will there be an impact of the decision requested in respect of Child and Family Poverty?

YES

If YES please complete the matrix below

GROUP	POSITIVE IMPACT	NEGATIVE IMPACT	NO IMPACT	REASON & EVIDENCE
Young working people aged 18 - 21	✓			<p>Targeted projects contained within the strategy focus on mental health / emotional wellbeing, drugs and alcohol harm, health inequalities (inc. domestic abuse and poverty) and dying well.</p> <p>The Strategy aims to:</p> <ul style="list-style-type: none"> <li>- Implement opportunistic economic assessment models e.g. maternity/primary care/ mental health settings/housing providers, etc;</li> <li>- Develop and implement a HBC model for 'pathways to a successful career' for 11-16 year olds;</li> <li>- Adapt local policies to help achieve a 'Healthy Borough' status;</li> <li>- Build on the community hubs model, implementing the 'Five Ways to Wellbeing' programme in settings;</li> <li>- Build resilience for adults, older people and communities by developing programme that embeds asset based approaches together with the Five Ways to Wellbeing; and</li> <li>- Implement a community peer development model, building on the work of the 'Hartlepool Action Lab' delivered by Joseph Rowntree Foundation.</li> <li>- There is a focus on a pilot of the Health-led employment initiative for people with LTCs/disability.</li> </ul> <p>Please also apply this text to the sections below**</p>
Those who are disabled or suffer from illness / mental illness	✓			<p>Targeted projects contained within the strategy focus on mental health / emotional wellbeing, drugs and alcohol harm, health inequalities (inc. domestic abuse and poverty) and dying well.</p> <p>**</p>
Those with low educational attainment			✓	<p><i>Whilst not specifically targeted, there will be an impact across all strands of the community in helping deliver improved health and wellbeing outcomes.**</i></p>

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<b>Those who are unemployed</b>	✓			<p><i>There will be an impact across all strands of the community in helping deliver improved health and wellbeing outcomes. There is a specific focus on:</i></p> <ul style="list-style-type: none"> <li>- A pilot of the Health-led employment initiative for people with LTCs/disability.</li> <li>- Develop and implement a HBC model for 'pathways to a successful career' for 11-16 year olds **</li> </ul>
<b>Those who are underemployed</b>	✓			<p><i>Whilst not specifically targeted, there will be an impact across all strands of the community in helping deliver improved health and wellbeing outcomes. There is a specific focus on a pilot of the Health-led employment initiative for people with LTCs/disability. **</i></p>
<b>Children born into families in poverty</b>	✓			<p><i>Whilst not specifically targeted, there will be an impact across all strands of the community in helping deliver improved health and wellbeing outcomes. **</i></p>
<b>Those who find difficulty in managing their finances</b>			✓	<p><i>Whilst not specifically targeted, there will be an impact across all strands of the community in helping deliver improved health and wellbeing outcomes.**</i></p>
<b>Lone parents</b>			✓	<p><i>Whilst not specifically targeted, there will be an impact across all strands of the community in helping deliver improved health and wellbeing outcomes.**</i></p>
<b>Those from minority ethnic backgrounds</b>	✓			<p><i>Whilst not specifically targeted, there will be an impact across all strands of the community in helping deliver improved health and wellbeing outcomes.**</i></p>

**Poverty is measured in different ways. Will the policy / decision have an impact on child and family poverty and in what way?**

<b>Poverty Measure (examples of poverty measures appended overleaf)</b>	<b>POSITIVE IMPACT</b>	<b>NEGATIVE IMPACT</b>	<b>NO IMPACT</b>	<b>REASON &amp; EVIDENCE</b>
Children in Low Income Families (%)			✓	There is focus on improving health and wellbeing outcomes across the whole population of Hartlepool. In relation to the protected groups identified in the Equality Act, there are key deliverables focusing on improving outcomes for young people, older people and those with disabilities.
Children in Working Households (%)			✓	There is focus on improving health and wellbeing outcomes across the whole population of Hartlepool. In relation to the protected groups identified in the Equality Act, there are key deliverables focusing on

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				improving outcomes for young people, older people and those with disabilities.
Overall employment rate (%)			✓	There is focus on improving health and wellbeing outcomes across the whole population of Hartlepool. In relation to the protected groups identified in the Equality Act, there are key deliverables focusing on improving outcomes for young people, older people and those with disabilities.
Proportion of young people who are NEET			✓	There is focus on improving health and wellbeing outcomes across the whole population of Hartlepool. In relation to the protected groups identified in the Equality Act, there are key deliverables focusing on improving outcomes for young people, older people and those with disabilities.
Adults with Learning difficulties in employment	✓			There is focus on improving health and wellbeing outcomes across the whole population of Hartlepool. In relation to the protected groups identified in the Equality Act, there are key deliverables focusing on improving outcomes for young people, older people and those with disabilities.
Free School meals attainment gap (key stage 2 and key stage 4)			✓	There is focus on improving health and wellbeing outcomes across the whole population of Hartlepool. In relation to the protected groups identified in the Equality Act, there are key deliverables focusing on improving outcomes for young people, older people and those with disabilities.
Gap in progression to higher education FSM / Non FSM			✓	There is focus on improving health and wellbeing outcomes across the whole population of Hartlepool. In relation to the protected groups identified in the Equality Act, there are key deliverables focusing on improving outcomes for young people, older people and those with disabilities.
Achievement gap between disadvantaged pupils and all pupils (key stage 2 and key stage 4)			✓	There is focus on improving health and wellbeing outcomes across the whole population of Hartlepool. In relation to the protected groups identified in the Equality Act, there are key deliverables focusing on improving outcomes for young people, older people and those

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				with disabilities.
Number of affordable homes built			✓	There is focus on improving health and wellbeing outcomes across the whole population of Hartlepool. In relation to the protected groups identified in the Equality Act, there are key deliverables focusing on improving outcomes for young people, older people and those with disabilities.
Prevalence of obese children in reception year	✓			There is focus on improving health and wellbeing outcomes across the whole population of Hartlepool. In relation to the protected groups identified in the Equality Act, there are key deliverables focusing on improving outcomes for young people, older people and those with disabilities.
Prevalence of obese children in reception year 6	✓			There is focus on improving health and wellbeing outcomes across the whole population of Hartlepool. In relation to the protected groups identified in the Equality Act, there are key deliverables focusing on improving outcomes for young people, older people and those with disabilities.
Life expectancy	✓			There is focus on improving health and wellbeing outcomes across the whole population of Hartlepool. In relation to the protected groups identified in the Equality Act, there are key deliverables focusing on improving outcomes for young people, older people and those with disabilities.
<b>Overall impact of Policy / Decision</b>				
<b>NO IMPACT / NO CHANGE – the impact will be positive.</b>	✓	<b>ADJUST / CHANGE POLICY / SERVICE</b>		
<b>ADVERSE IMPACT BUT CONTINUE</b>		<b>STOP / REMOVE POLICY / SERVICE</b>		

## Impact Assessment Form

Department	Division	Section	Owner/Officer
Child and Adult Services	Public Health	Public Health	Paul Edmondson-Jones
Service, policy, practice being reviewed/changed or planned	<b>Hartlepool Joint Health and Wellbeing Strategy 2018-25</b>		
Why are you making the change?	The NHS reform requires the Local Authority with partner agencies to develop a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment (JSNA). The final draft of the strategy must be completed by April 2018. The strategy should focus on not only protecting the health of the population but improving it through a range of evidence based interventions.		
<b>How might this impact (positively/negatively) on people who share protected characteristics?</b>			
		<i>Please tick</i>	
		<b>POSITIVELY</b>	<b>NEGATIVELY</b>
<b>Age</b>		<input checked="" type="checkbox"/>	
<p>There is focus in the Health and Wellbeing Strategy on improving health and wellbeing outcomes across the whole population of Hartlepool. In relation to the protected groups identified in the Equality Act, as detailed below, there are key deliverables focusing on improving outcomes for young people, older people and those with disabilities.</p> <p>Targeted projects contained within the strategy focus on mental health / emotional wellbeing, drugs and alcohol harm, health inequalities (inc. domestic abuse and poverty) and dying well, delivering ways of working that:</p> <ul style="list-style-type: none"> <li>- Make every contact count;</li> <li>- Use local intelligence to effectively target groups and places where there is the greatest need;</li> <li>- Work better with, and build, the voluntary and community sector (VCS) offer as an asset; and</li> <li>- Target our media campaigns so that the right messages reach the right people.</li> </ul> <p>The Strategy aims to:</p> <ul style="list-style-type: none"> <li>- Implement opportunistic economic assessment models e.g. maternity/primary care/ mental health settings/housing providers, etc;</li> <li>- Develop and implement a HBC model for 'pathways to a successful career' for 11-16 year olds;</li> <li>- Adapt local policies to help achieve a 'Healthy Borough' status;</li> <li>- Build on the community hubs model, implementing the 'Five Ways to Wellbeing' programme in settings;</li> <li>- Build resilience for adults, older people and communities by developing programme that embeds asset based approaches together with the Five Ways to Wellbeing; and</li> <li>- Implement a community peer development model, building on the work of the 'Hartlepool Action Lab' delivered by Joseph Rowntree Foundation.</li> </ul> <p>Please also apply this text to the sections below**</p>			
<b>Disability</b>		<input checked="" type="checkbox"/>	
<i>Improved health and wellbeing outcomes as an integral part of the community across Hartlepool, with specific involvement in the consultation process for the development of the Strategy. **</i>			
<b>Gender Re-assignment</b>			
Not directly			
<b>Race</b>		<input checked="" type="checkbox"/>	

<i>Improved health and wellbeing outcomes as an integral part of the community across Hartlepool, with specific involvement in the consultation process for the development of the Strategy. **</i>		
Religion	✓	
Not directly		
Gender	✓	
Not directly		
Sexual Orientation		
Not directly		
Marriage & Civil Partnership		
Not directly		
Pregnancy & Maternity	✓	
**		
Has there been consultation /is consultation planned with people who will be affected by this policy? How has this affected your decision making?	As demonstrated, we have undertaken a considerable consultation exercise and we are able to analyse the data collected from the different locations where the consultation took place. The strategy is underpinned by the JSNA and as part of this consultations have been / are being undertaken with specific user groups. In addition to this, HWS consultations have encouraged involvement through the Youth Council, schools, existing adult forums (e.g. the Learning Disability partnership Board and the Mental Health Forum) and community groups (inc. minority groups). The priorities identified in the proposed Council Plan have been informed by the Council's Your Say, Our Future exercise that took place over summer 2016.	
As a result of your decision how can you mitigate negative/maximise positive outcomes and foster good relationships?	<p><b>Maximising positive outcomes / fostering good relationships</b> - The Health and Wellbeing Board is a partnership body responsible for 'ensuring consistency between the commissioning priorities of partners and the Health and Wellbeing Strategy and JSNA. Having strategic influence over commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people'.</p> <p>The involvement of all partners on the Board in the development, and approval, of the strategy ensures 'buy in' to the actions necessary for its implementation - maximising the potential for positive outcomes / improvements.</p> <p>Should any changes be required to individual services, in order to implement the Strategy individual Equality Impact Assessments will be carried out (as and if required).</p>	
Describe how you will address and monitor the impact	<p><b>1. No Impact- No Major Change</b></p> <p><b>Addressing Impact</b> - There is no potential for discrimination or adverse impact on the above Protected Characteristics as part of the implementation of the strategy. The aims / activities of the health and Wellbeing Board in implementing the strategy will ensure integration and joint commissioning, particularly for those services being</p>	

		commissioned and provided to the most vulnerable people.	
		All opportunities to promote equality have been taken and no further analysis or action is required.	
		<b>Monitoring Impact</b> - Implementation of the strategy is to be undertaken through the Health and Wellbeing Board biannually, commencing in June 2018.	
		<b>2. Adjust/Change Policy</b>	
		<b>3. Adverse Impact but Continue</b>	
		<b>4. Stop/Remove Policy/Proposal</b>	
Initial Assessment	18/09/2017	Reviewed	00/00/00
Completed	18/09/2017	Published	00/00/00



# SAFER HARTLEPOOL PARTNERSHIP

9<sup>th</sup> February 2018



**Report of:** Director of Regeneration and Neighbourhoods

**Subject:** INTEGRATED WORKING – TASK AND FINISH GROUP UPDATE

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## 1. PURPOSE OF REPORT

- 1.1 To inform the Safer Hartlepool Partnership of current progress in relation to integrated working in Hartlepool between Community Safety Services and how these services will work together in the future.

## 2. BACKGROUND

- 3.1 In line with the Community Safety Plan a significant amount of work has been undertaken over the last 6 months to develop a 'place based integrated service delivery model' between community safety partners in Hartlepool. At the Safer Hartlepool Partnership Development Day in May 2017 it was envisaged that this model would in the first instance bring together Council Community Safety and Enforcement Services with the local Neighbourhood Policing Service, and would be underpinned by a community engagement approach that would contribute to delivering the following outcomes:

- Improved safety in relation to the local environment
- Improved public confidence and cohesion

- 3.2 Following agreement of the Council in July 2017 and the Police and Crime Commissioner further work on developing the integrated model took place over the summer months. This included a desk top exercise, discussions with other local authorities; and a series of discussions with staff from across the teams. The development work considered:

- The priorities of each organisation involved in the integrated model, how their existing resources are currently being deployed, and their current operational practices
- The identification of gaps and opportunities with a view to ensuring the development of a sustainable model capable of meeting future challenges
- How the model could be adapted to assist in addressing root causes and achieving best outcomes for partnerships and communities



- The key enablers required to support any future service re-modelling (IT; workforce development; customer services).

3.3 This report outlines the detail of the integrated model and its core offer and how the integrated team will work with services in Hartlepool to improve safety and public confidence

#### **4. HARTLEPOOL COMMUNITY SAFETY TEAM – CORE OFFER**

4.1 As a result of the development work undertaken during the summer months and discussions with partners, general agreement has now been reached with Cleveland Police, Cleveland Fire Service, and the Police and Crime Commissioner for Cleveland in relation to the model and core offer of the integrated community safety team. Working to improve safety in the local environment and improve public confidence this team will take a targeted approach focusing on vulnerable areas and individuals. In addition to neighbourhood policing the core offer of the team will be as follows:

- Crime and anti-social behaviour prevention
- Victim Services and Crime Prevention (including personal security and targeting hardening service)
- Community Resolution and Mediation
- Car Parking Enforcement
- Environmental Crime
- Community Cohesion, Hate, and Prevent
- Community Monitoring (CCTV)
- Building Community Resilience / Volunteering Opportunities
- Fire Service Advocacy (vulnerable adults)
- Fire Service Interventions (children)
- Community Liaison (fire safety)

4.2 To improve information sharing and ensure a joined up approach for the communities of Hartlepool, the 'Hartlepool Community Safety Team' will be co-located at Avenue Road Police Station Hartlepool it being anticipated that co-location will take place in February 2018.

4.3 Supported by a risk based analysis and use of analytical products and performance data to deploy resources, the integrated team will focus on preventing the escalation of problems on behalf of the community or victim, and aim to address the underlying causes of problems for the victim or perpetrator such as alcohol or substance misuse; poor mental health; or tensions between neighbours, working with partner agencies to address root cause.

4.4 The ability to do this will be enhanced by Police Community Support Officers working within Childrens Services Early Help Teams based in localities. Following the success of the Troubled Families Police initiative, and early success of the Team Around the Individual Initiative, the 'Hartlepool

Community Safety Team' will have a specialist team of Officers who are able to intervene where problems in relation to individuals, and families or communities has escalated and are presenting a concerning level of risk. These officers will include Council Anti-social Behaviour and Victim Support Officers working alongside Police and Fire Service Officers who will provide a multi-agency case management function with co-ordinated interventions to ensure need is effectively addressed, including strategies to reduce the impact of negative behaviour on communities.

- 4.5 To ensure that our communities are part of the solution and community relations are reinforced, the operational model will build on local community assets. As such the team will develop and take forward a programme of activities linked to the Councils Community Hubs to facilitate stronger relationships and partnerships with the local community, to enable those relationships to grow, support communities to take social action, and ensure links with a wider range of stakeholders working from the hubs.
- 4.6 Initial discussions with Community Hub Managers have identified Members of the Hartlepool Community Safety Team will be present at each of the Community Hubs at least one day a week where drop-ins, crime prevention days, and other activities such as pop-up shops will take place. Outside of this arrangement Community Hub Managers have agreed that a room will also be made available in each of the Hubs where meetings with members of the Hartlepool Community Safety Team and public can take place on an appointment basis. This will provide an additional way for the public to engage with Hartlepool Community Safety Team living in vulnerable localities in a non threatening environment.
- 4.7 The need to create a greater resilience in relation to Council front line enforcement services to support the delivery of the new model will be achieved by increasing capacity within the Councils Enforcement Service through the creation of 2 posts. Changes to shift patterns to include Sundays so that enforcement officer hours are more closely aligned to Neighbourhood Policing Team working hours and potential new powers to tackle low level crime and anti-social behaviour are being explored through the 'Community Safety Accreditation Scheme'. Under the Accreditation scheme the Chief Constable can delegate a number of powers to uniformed Officers if appropriately trained eg the ability to issue penalty notices for cycling on pavements and powers to confiscate alcohol in a public place.
- 4.8 The Hartlepool Community Safety Team operational delivery model is outlined at **Appendix 1**. The Neighbourhood Police Team Chief Inspector will be the single coordinator and point of contact for the Hartlepool Community Safety Team, with key supporting officers from each of the organisations involved providing staff supervisory arrangements. From a strategic governance perspective the Chief Inspector will be accountable to the Safer Hartlepool Partnership via the Director of Regeneration and Neighbourhoods and will represent the Safer Hartlepool Partnership at the Hartlepool Safeguarding Childrens Board.
- 4.9 Given the date for an initial launch of the Hartlepool Community Safety Team

is February 2018 current focus of work is on:

- The development of operational practices and the implementation of any changes to staffing structures across the teams
- The development of standard operating procedures, communications and branding; and the development of calendars for the 'Hartlepool Community Safety Team' linked to Community Hubs and other community engagement activity
- Information governance arrangements, systems and processes (including the development of ECINS and a triage solution to ensure referrals are prioritised in terms of risk threat and harm)
- Workforce development (including a workforce skills gap analysis and the development and implementation of training plans for staff across both organisations).

## 5 BENEFITS OF THE PROPOSED MODEL PHASE 1

- 5.1 The model that has been developed as outlined in section 4 of this report will have a number of benefits for communities; the organisations involved; and the officers and staff who will be responsible for delivering the model. These include:

### Communities

- There will be an increased visible uniformed presence in communities who work to understand local needs, and prevent problems resulting in a more customer focused service.
- There will be improved communications and improved access to community safety services including Neighbourhood Policing through Community Hubs and Childrens Locality Hubs.
- A single Hartlepool Community Safety Team will ensure that the public receive a joined up approach to community safety issues and are not passed from one organisation to another in order to get their issues resolved.
- Through an improved community intelligence based approach Officers will be in the right place at the right time when they are needed with a greater level of resource to target hotspots in the community linked to particular themes.

### Organisations

- Organisations will benefit from improved links on a both a strategic and operational level in relation to local community safety and safeguarding priorities.
- There will be a renewed focus on prevention and problem solving
- There will be a sustainable model of delivery with increased capacity and capability going forward.

### Officers and staff

- Officers and staff will benefit from increased opportunities to exchange intelligence and address key areas of concern through sharing a joint base; joint briefings; and joint operations.
- Avoidance of duplication will mean that officers have time to do the job, and will be able to focus on what matters.
- The team will benefit from the maximisation of supporting resources from their parent organisations to support the operational activity of the 'Hartlepool Community Safety Team'.

## **6. CONCLUSION**

6.1 The model developed has some clear benefits for the local community, and will contribute to objectives and outcomes within the Community Safety Plan as follows:

- Reducing crime and repeat victimisation
- Reducing the harm caused by drugs and alcohol
- Creating confident, cohesive and safe communities
- Reducing offending and re-offending

## **7. RISK IMPLICATIONS**

- 7.1 A number of risks have been identified that could delay implementation or reduce the effectiveness of the integrated team in the future. Section 4.9 of this report highlights the measures via additional workstreams that are being progressed to ensure the smooth transition of the service and ultimately ensure an effective and efficient community safety service for the Hartlepool community.
- 7.2 Given the importance of this new service in supporting the objectives in the Community Safety Plan membership of the project steering group has recently been extended to include representation from other departments across the Council. A risk register has also been created and is being monitored by the Councils Corporate Management Team during the implementation stage.

## **8. FINANCIAL CONSIDERATIONS**

8.1 There are no financial considerations associated with this report.

## **9. LEGAL CONSIDERATIONS**

9.1 There are no legal considerations associated with this report.

## **10. CONSULTATION AND COMMUNICATION**

- 10.1 This model has been developed following consultation with a broad range of stakeholders. Initial public consultation on the current community safety plan raised concerns from the local community in relation to lack of visible policing; the need for more enforcement activity, and the need to see the Police and Council working together on issues that matter to the local community.
- 10.2 Cleveland Police Senior Management Board; the Police and Crime Commissioner; Cleveland Fire Service and the Safer Hartlepool Partnership have been consulted and are fully supportive of the model identified.
- 10.3 Discussions with staff representatives from across the organisations involved has assisted in shaping the integrated service delivery model.
- 10.4 Consultation with communities will continue through daily operational activity, and on a strategic level through the Safer Hartlepool Partnership. A communications plan has been developed to raise awareness of the new model and how the local community can engage with the service. This includes social media activity such as facebook and twitter. An official launch of the project will take place on 26 February 2018 as part of the Your Say our Future -Safer Hartlepool Partnership Face the Public Event.

## **11. CHILD AND FAMILY POVERTY**

- 11.1 Although the new delivery model will not have a direct impact on levels of poverty in Hartlepool it adopts a risk based approach which looks holistically at the individual, family and locality to provide targeted responses that will assist some of our most vulnerable individuals and section of the community. This should have a positive impact on those living in poverty and at threat of poverty in the future.

## **12. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 12.1 The future delivery model promotes equality, diversity and social inclusion providing a risk based response to individual and community needs (see **Appendix 2**).

## **13. SECTION 17 OF THE CRIME AND DISORDER ACT 1998 CONSIDERATIONS**

- 13.1 The risk based approach; joint deployment of resources; and improved community intelligence and information sharing will ensure that the new team is able to proactively deploy resources to tackle vulnerability, prevent crime and anti-social behavior, and minimise the escalation of crime and disorder across the neighbourhoods of Hartlepool. Implementation of the new integrated team will therefore assist the Council and partners to discharge their section 17 obligations under the Crime and Disorder Act 1998

#### **14. STAFF CONSIDERATIONS**

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

#### **15. ASSET MANAGEMENT CONSIDERATIONS**

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

#### **16. RECOMMENDATIONS**

- 16.1 Members of the Safer Hartlepool Partnership are asked to note and discuss the contents of the report.
- 16.2 It is recommended that an update on implementation of the model is provided to the Safer Hartlepool Partnership in the autumn of 2018.

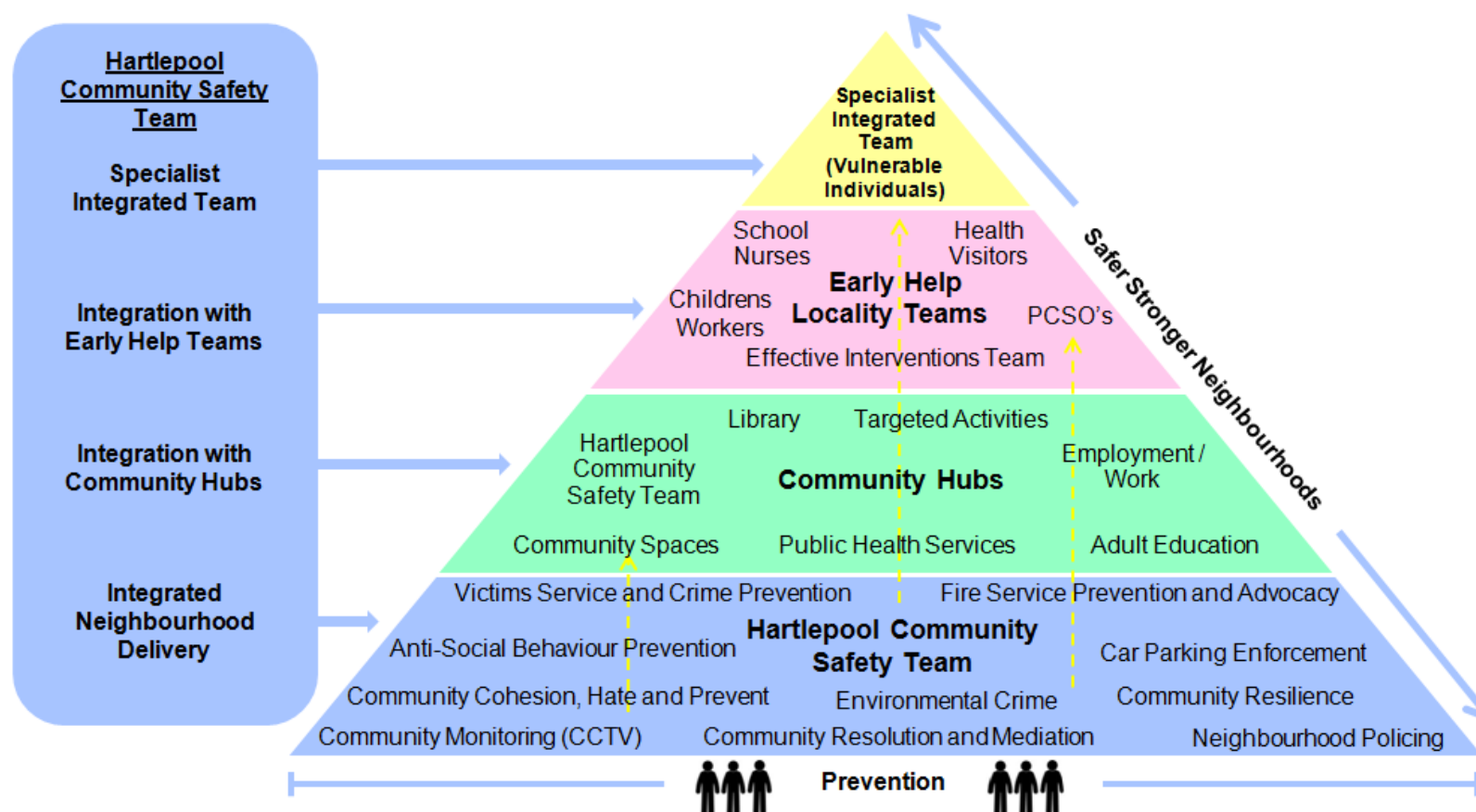
#### **17. REASONS FOR RECOMMENDATIONS**

- 17.1 The Community Safety Plan identifies as a key deliverable the launch of a 'place based integrated community safety delivery model' by February 2018.

#### **18. CONTACT OFFICER**

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## Hartlepool Community Safety Team Operational Delivery Model



## EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Department	Division	Section	Owner/Officer
R&N	Neighbourhoods	Community Safety	Clare Clark
Service, policy, practice being reviewed/changed or planned	Community Safety		
Why are you making the change?	Bringing together partner resources to better coordinate responses to community safety issues focusing on prevention, early intervention, and vulnerable individuals and localities.		
How might this impact (positively/negatively) on people who share protected characteristics?			
		Please tick	
		POSITIVELY	NEGATIVELY
Age	Yes		
The risk based approach adopted by the new model of delivery aims to ensure that vulnerable young people and the elderly are safeguarded from harm and exploitation through improved community intelligence flow and a specialist team of officers who will provide a multi-agency case management function. This team will co-ordinate interventions to ensure need is effectively addressed.			
Disability	Yes		
The integration of council, police, and fire services will ensure that there is a joined up approach to promoting cohesion across the neighbourhoods of Hartlepool, monitoring any community tensions and preventing hate. There will be increased resilience on the front line to tackle issues and where incidents of hate do occur responses will be timely and co-ordinated with supporting services will be maximised.			
Gender Re-assignment	Yes		
The integration of council, police, and fire services will ensure that there is a joined up approach to promoting cohesion across the neighbourhoods of Hartlepool, monitoring any community tensions and preventing hate. There will be increased resilience on the front line to tackle issues and where incidents of hate do occur responses will be timely and co-ordinated with supporting services being maximised.			
Race	Yes		
The integration of council, police, and fire services will ensure that there is a joined up approach to promoting cohesion across the neighbourhoods of Hartlepool, monitoring any community tensions and preventing hate. There will be increased resilience on the front line to tackle issues and where incidents of hate do occur responses will be timely and co-ordinated with supporting services being maximised.			
Religion	Yes		
The integration of council, police, and fire services will ensure that there is a joined up approach to promoting cohesion across the neighbourhoods of Hartlepool, monitoring any community tensions and preventing hate. There will be increased resilience on the front line to tackle issues and where incidents of hate do occur responses will be timely and co-ordinated with supporting services being maximised.			
Gender	Yes		
The integration of council, police, and fire services will ensure that there is a joined up approach to promoting cohesion across the neighbourhoods of Hartlepool, monitoring any community tensions and preventing hate. There will be increased resilience on the front line to tackle issues and where incidents of hate do occur responses will be timely and co-ordinated			



**EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

<i>with supporting services being maximised.</i>		
<b>Sexual Orientation</b>	<b>Yes</b>	
<i>The integration of council, police, and fire services will ensure that there is a joined up approach to promoting cohesion across the neighbourhoods of Hartlepool, monitoring any community tensions and preventing hate. There will be increased resilience on the front line to tackle issues and where incidents of hate do occur responses will be timely and co-ordinated with supporting services being maximised.</i>		



# SAFER HARTLEPOOL PARTNERSHIP

9<sup>th</sup> February 2018



**Report of:** Director of Regeneration and Neighbourhoods

**Subject:** PREVENT - UPDATE

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## 1 PURPOSE OF REPORT

- 1.1 To give an overview of the Home Office pilot – Operation Dovetail - and how the Channel Process is likely to be managed post 2018.

## 2 BACKGROUND

- 2.1 Section 29 of the Counter Terrorism and Security Act places a statutory duty on specified authorities to have *due regard in the exercise of its functions to the need to prevent terrorism*. The specified authorities include Local Government; Criminal Justice Agencies; the Police; Health and Social Care; and Educational institutions and providers. At a minimum all those listed under Schedule 6 of the Act are expected to:
- Have mechanisms in place to understand the local risk and develop a plan where a known risk exists
  - Build the capabilities of staff to understand and respond to risk
  - Co-operate with local Prevent co-ordinators and local multi-agency forums sharing information where appropriate
- 2.2 Local Councils are responsible for embedding and co-ordinating Prevent activity in the their local area and on a tactical level this is undertaken through the Tees Silver Group with an action plan produced on the basis of risk identified through the Counter Terrorism Local Profile. An Operational Prevent Group has also been established locally to ensure compliance and discharge of the Prevent duty.
- 2.3 In September 2016 the Office for Security and Counter Terrorism (OSCT) launched a pilot known as Operation Dovetail to assess the feasibility of transferring responsibility and resources for Channel programme case management from the Police to Local Authorities. Channel is part of the Prevent Strategy and is a multi-agency approach to identify and provide support to an early stage to individuals who are at risk of being drawn into terrorism.

### 3. HOME OFFICE PILOT – OPERATION DOVETAIL

- 3.1 The OSCT identified nine pilot areas and funding was provided for 12 months for Local Authority Channel Coordinators (LACC) to lead on managing the Channel process (assessing referrals, managing cases and the administration of the programme). The pilot was evaluated in late 2017 and the roll out of Operation Dovetail is likely to reach the North East region late 2018/early 2019.
- 3.2 The main points are as follows:
- (a) The Local Authority will take the lead on information gathering (in the pilot this has assisted in building better relations with other partners such as health, education, and other Local Authority led functions such as Social Services).
  - (b) There will be a 5 working day deadline to complete information gathering and Panels will be expected to take place within 20 working days from referral.
  - (c) On consent more consideration will be given to the most appropriate partner to approach an individual rather than the default position of this being a Police role. A number of pilot sites developed practical guidance on gaining consent which will be reviewed and, potentially, incorporated into national guidance.
  - (d) The Police will transfer appropriate referrals to the Local Authority in a timely manner and the Local Authority will recommend whether to progress a referral to Channel
  - (e) Training will be arranged by the Home Office to ensure that Local Authorities are confident in assessing referrals and developing a deeper understanding of the drivers of radicalisation. In the pilot Local Authorities were heavily reliant on the Police, especially around understanding the radicalisation risk and ensuring that the Vulnerability Assessment Framework was completed accurately to determine next steps.
  - (f) The Home Office will ensure that all regions have access to CMIS through existing networks before any region goes live. This is the database holding information on individuals enabling the sharing of all referrals between the Local Authority and the Police.
- 3.3 As in the pilot the assessment and administration of referrals including support to the Channel Panel will be the responsibility of the LACC. The Home Office intends to fund a number of LACCs nationally, but the Local Authority will continue to chair Panels and have oversight of Channel cases drawing on LACCs who will work with a number of different Panels as determined by demand.
- 3.4 The location of the resource within each region has yet to be confirmed but will reflect referral and case activity. From a regional perspective Hartlepool and the Cleveland Force area form part of the North East region which also

encompasses Yorkshire and Northumbria. Early indications from the Home Office suggests that due to low demand there will be one LACC based in Newcastle who will service Cleveland, Durham and Northumbria Force areas.

## **4 CHANNEL REFERRALS**

- 4.1 For the first time in November 2017 the Home Office published data in relation to the Prevent Channel process. Whilst this data related to 2015/16, the figures demonstrate that Prevent has diverted hundreds of individuals away from violent extremism. However when compared to other forms of safeguarding this number remains very small. Nationally a total of 7,631 individuals were referred to the Channel process during 2015/16 with 36% of those referrals requiring no further action. Where referrals did result in a Channel Panel taking place, less than 5% of individuals (53) needed to receive Channel support. Full details of the data can be found at the [Home Office](#).
- 4.2 Nationally a rise in Channel referrals was experienced between April and July 2017 following the spate of terrorist incidents that began with the Westminster attack on 22<sup>nd</sup> March, followed by those in Manchester, London Bridge and Finsbury Park. During the same period there were 81 referrals to the Channel process in Cleveland. Of the 5 referrals in Hartlepool 4 were not linked to any particular ideology or theme, with the fifth linked to extreme right wing ideology. None of the Hartlepool referrals required a Channel Panel to be convened having being dealt with through other processes.

## **5. CONCLUSION**

- 5.1 The number of referrals locally into the Channel process remains very low when compared to other areas nationally.
- 5.2 Whilst the roll-out of Operation Dovetail will transfer responsibility for Channel case management from the Police to Local Authorities, there will be a resource in the form of a LACC for the local area.
- 5.3 Whilst this resource is unlikely to be dedicated solely to Hartlepool due to the low number of referrals and therefore low demand, the introduction of LAACs to assist the Chanel Panel Chair in the case management process is to be welcomed.

## **6 RISK IMPLICATIONS**

- 6.1 The delivery of a co-ordinated approach to Prevent activity in the local area is aimed at reducing the risk of violent and non-violent extremism in the local area.

## **7 ASSET MANAGEMENT CONSIDERATIONS**

- 7.1 There are no asset management implications associated with this report.

## **8 FINANCIAL CONSIDERATIONS**

- 8.1 There are no financial implications associated with this report.

## **9 LEGAL CONSIDERATIONS**

- 9.1 There are no legal implications associated with this report other than those identified in the Counter Terrorism and Security Act 2015 and the Crime and Disorder Act 1998.

## **10 STAFF CONSIDERATIONS**

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

## **11. CHILD AND FAMILY POVERTY**

- 11.1 There are no child and family poverty implications associated with this report

## **12 EQUALITY AND DIVERSITY CONSIDERATIONS**

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

## **13 SECTION 17 CONSIDERATIONS OF THE CRIME AND DISORDER ACT 1998**

- 13.1 The PREVENT Action Plan strengthens local partnership working to prevent extremism and the threat of terrorism in Hartlepool.

## **14 RECOMMENDATION**

- 14.1 That the Safer Hartlepool Partnership notes the proposed roll out of Operational Dovetail by early 2019.
- 14.2 That the Safer Hartlepool Partnership is provided with a further update once the resources in the form of the LACC have been determined.

**15. REASONS FOR RECOMMENDATION**

- 15.1 The Safer Hartlepool Partnership is responsible for ensuring Prevent activity is co-ordinated locally.

**16. CONTACT DETAILS**

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# SAFER HARTLEPOOL PARTNERSHIP

9<sup>th</sup> February 2018



**Report of:** Director of Regeneration and Neighbourhoods

**Subject:** SAFER HARTLEPOOL PARTNERSHIP  
PERFORMANCE

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## 1. PURPOSE OF REPORT

- 1.1 To provide an overview of Safer Hartlepool Partnership performance for Quarter 3 – October 2017 – December 2017 (inclusive).

## 2. BACKGROUND

- 2.1 The draft Community Safety Plan 2017-20 outlines the Safer Hartlepool Partnership strategic objectives, annual priorities and key performance indicators 2017/18.

## 3. PERFORMANCE REPORT

- 3.1 The report attached (**Appendix A**) provides an overview of Safer Hartlepool Partnership performance during Quarter 3, comparing current performance to the same time period in the previous year, where appropriate.
- 3.2 In line with reporting categories defined by the Office for National Statistics (ONS), recorded crime information is presented as:

**Victim-based crime** – All police-recorded crimes where there is a direct victim. This victim could be an individual, an organisation or corporate body. This category includes violent crimes directed at a particular individual or individuals, sexual offences, robbery, theft offences (including burglary and vehicle offences), criminal damage and arson.

**Other crimes against society** - All police-recorded crimes where there are no direct individual victims. This includes public disorder, drug offences, possession of weapons and other items, handling stolen goods and other miscellaneous offences committed against the state. The rates for some crime

types within this category could be increased by proactive police activity, for example searching people and finding them in possession of drugs or weapons.

- 3.3 **Historical offences** – the reporting of historical offences (i.e. 12 months or more after the offence occurred) impacts on the total number of crimes recorded. Analysis indicates that historical reporting is linked to sexual offences and is not apparent for other crime types. Comparable to the previous year, the number of historical sexual offences recorded in Quarter 3, October to December 2017 equated to more than one quarter of all sexual offences recorded during the period:

- In Q3 2016, from a total of 54 sexual offences, 17 were historic (29.8%)
- In Q3 2017, from a total of 59 sexual offences, 17 were historic (28.8%)

#### 4. **EQUALITY AND DIVERSITY CONSIDERATIONS**

- 4.1 There are no equality of diversity implications.

#### 5. **SECTION 17**

- 5.1 There are no Section 17 implications.

#### 6. **RECOMMENDATIONS**

- 6.1 The Safer Hartlepool Partnership note and comment on performance in Quarter 3.

#### 7. **REASONS FOR RECOMMENDATIONS**

- 7.1 The Safer Hartlepool Partnership is responsible for overseeing the successful delivery of the Community Safety Plan 2017-20.

#### 8. **BACKGROUND PAPERS**

- 8.1 The following background papers were used in the preparation of this report:-

Safer Hartlepool Partnership – Draft Community Safety Plan 2017-20



## 9. CONTACT OFFICER

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### Safer Hartlepool Performance Indicators Quarter 3 October - December 2017

#### Strategic Objective: Reduce Crime & Repeat Victimisation

Indicator Name	Baseline 2016/17	Local Directional Target 2017/18	Oct – Dec 2016	Current Position Oct – Dec 17	Actual Diff	% Diff
All Recorded Crime	9008	Reduce	2224	2734	510	23%
Domestic Burglary	330	Reduce	142	286	144	101%
Vehicle Crime	857	Reduce	190	381	191	101%
Shoplifting	1256	Reduce	298	353	55	18%
Local Violence	2147	Reduce	555	572	17	3%
Repeat Cases of Domestic Violence – MARAC	29%	Reduce	21%	50%	9	150%

#### Strategic Objective: Reduce the harm caused by Drugs and Alcohol

Indicator Name	Baseline 2016/17	Local Directional Target 2017/18	Oct – Dec 2016	Current Position Oct – Dec 17	Actual Diff	% Diff
Number of substance misusers going into effective treatment – Opiate	653	3% increase	644	633	-11	-2%
Proportion of substance misusers that successfully complete treatment - Opiate	4.1%	12%	5.9%	6.2%	0.3%	5%
Proportion of substance misusers who successfully complete treatment and represent back into treatment within 6 months of leaving treatment	25%	10%	33.3%	33%	-0.3%	0%
Reduction in the rate of alcohol related harm hospital admissions	148	Reduce	Data unavailable	Data unavailable		
Number of young people found in possession of alcohol	2	Reduce	2	0	-2	-100%

### Strategic Objective: Create Confident, Cohesive and Safe Communities

Indicator Name	Baseline 2016/17	Local Directional Target 2017/18	Oct – Dec 2016	Current Position Oct – Dec 17	Actual Diff	% Diff
Anti-social Behaviour Incidents reported to the Police	7171	Reduce	1665	1662	-3	0%
Deliberate Fires	444	Reduce	135	99	-36	-27%
Criminal Damage to Dwellings	630	Reduce	156	168	12	8%
Hate Incidents	155	Increase	31	25	-6	-19%

### Strategic Objective: Reduce Offending & Re-Offending

Indicator Name	Baseline 2016/17	Local Directional Target 2017/18	Oct – Dec 2016	Current Position Oct – Dec 17	Actual Diff	% Diff
Re-offending rate of young offenders*	Data not published yet	Reduce	Data not available	Data not available		
First-Time Entrants to the Criminal Justice System	40	Reduce	13	4	-9	-69%
Offences committed by Prolific & Priority Offenders	286	Reduce	54	33	-21	-39%
Number of Troubled Families engaged with	530	769	420	662	242	58%
Number of Troubled Families where results have been claimed	210	368	112	330	218	195%

\* Re-offending figure is based on Cohort tracking – new cohort starts every quarter and this cohort (i.e. of Young Persons) is then tracked for a period of 12 months. Example: Jul 2015 to Jun 2016 and tracked until end of Jun2017

### Recorded Crime in Hartlepool October – December 2017

The Office for National Statistics (ONS) has developed a new approach to presenting crime statistics to help ensure a clearer, more consistent picture on recorded crime for the public.

Previously, national organisations (i.e. ONS, HMIC, and the Home Office through the police.uk website) have taken slightly different approaches to the way that they categorise groups of crime types and to the labels they use to describe those categories.

Following a public consultation, a new crime “tree” (the crime types organised into a logic tree format, see link below) has been devised and this will now be used on the crime and policing comparator to present recorded crime and solved crime information.

**Victim-based crime**

All police-recorded crimes where there is a direct victim. This victim could be an individual, an organisation or corporate body. This category includes violent crimes directed at a particular individual or individuals, sexual offences, robbery, theft offences (including burglary and vehicle offences), criminal damage and arson.

<b>Publicly Reported Crime (Victim Based Crime)</b>				
<b>Crime Category/Type</b>	<b>Oct 16 - Dec 16</b>	<b>Oct 17 – Dec 17</b>	<b>Change</b>	<b>% Change</b>
<b>Violence against the person</b>	<b>555</b>	<b>572</b>	<b>17</b>	<b>3%</b>
Homicide	1	0	-1	-100%
Violence with injury	229	226	-3	-1%
Violence without injury	325	346	21	6%
<b>Sexual Offences</b>	<b>58</b>	<b>57</b>	<b>-1</b>	<b>-2%</b>
Rape	21	19	-2	-10%
Other Sexual Offences	37	38	1	3%
<b>Robbery</b>	<b>15</b>	<b>24</b>	<b>9</b>	<b>60%</b>
Business Robbery	2	4	2	100%
Personal Robbery	13	20	7	54%
<b>Acquisitive Crime</b>	<b>991</b>	<b>1502</b>	<b>511</b>	<b>52%</b>
Domestic Burglary	142	286	144	101%
Other Burglary	63	123	60	95%
Bicycle Theft	42	46	4	10%
Theft from the Person	18	16	-2	-11%
Vehicle Crime (Inc Inter.)	190	381	191	101%
Shoplifting	298	353	55	18%
Other Theft	238	297	59	25%
<b>Criminal Damage &amp; Arson</b>	<b>406</b>	<b>391</b>	<b>-15</b>	<b>-4%</b>
<b>Total</b>	<b>2025</b>	<b>2546</b>	<b>521</b>	<b>26%</b>

**Other crimes against society**

All police-recorded crimes where there are no direct individual victims. This includes public disorder, drug offences, possession of weapons and other items, handling stolen goods and other miscellaneous offences committed against the state.

The rates for some crime types within this category could be increased by proactive police activity, for example searching people and finding them in possession of drugs or weapons.

## 4.5 APPENDIX A

Police Generated Offences				
Crime Category/Type	Oct 16 - Dec 16	Oct 17 – Dec 17	Change	% Change
Public Disorder	83	87	4	5%
Drug Offences	74	48	-26	-35%
Trafficking of drugs	29	13	-16	-55%
Possession/Use of drugs	45	35	-10	-22%
Possession of Weapons	12	19	7	58%
Misc. Crimes Against Society	30	34	4	13%
Total Police Generated Crime	199	188	-11	-6%
TOTAL RECORDED CRIME IN HARTLEPOOL	2224	2734	510	23%

## 4.5 APPENDIX A

### Recorded Crime in Cleveland October – December 2017

Publicly Reported Crime Oct 17 - Dec 17										
Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop
<b>Violence against the person</b>	<b>572</b>	<b>6.3</b>	<b>600</b>	<b>4.5</b>	<b>1220</b>	<b>9.0</b>	<b>1004</b>	<b>5.3</b>	<b>3396</b>	<b>6.2</b>
Homicide	0	0.0	1	0.0	1	0.0	0	0.0	2	0.0
Violence with injury	226	2.5	262	2.0	451	3.3	382	2.0	1321	2.4
Violence without injury	346	3.8	337	2.5	768	5.6	622	3.3	2073	3.8
<b>Sexual Offences</b>	<b>57</b>	<b>0.6</b>	<b>78</b>	<b>0.6</b>	<b>131</b>	<b>1.0</b>	<b>133</b>	<b>0.7</b>	<b>399</b>	<b>0.7</b>
Rape	19	0.2	41	0.3	62	0.5	41	0.2	163	0.3
Other Sexual Offences	38	0.4	37	0.3	69	0.5	92	0.5	236	0.4
<b>Theft</b>	<b>1526</b>	<b>16.8</b>	<b>1326</b>	<b>9.9</b>	<b>2281</b>	<b>16.8</b>	<b>1806</b>	<b>9.6</b>	<b>6939</b>	<b>12.6</b>
Domestic Burglary	286	7.1	252	4.2	453	7.9	257	3.2	1248	5.3
Other Burglary	123	1.4	94	0.7	134	1.0	107	0.6	458	0.8
Bicycle Theft	46	0.5	37	0.3	93	0.7	59	0.3	235	0.4
Theft from the Person	16	0.2	16	0.1	61	0.4	34	0.2	127	0.2
Robbery – Personal	4	0.0	17	0.1	39	0.3	23	0.1	99	0.2
Robbery - Business	20	0.2	4	0.0	7	0.1	8	0.0	23	0.0
Vehicle Crime (Inc Inter.)	381	4.2	183	1.4	358	2.6	221	1.2	1143	2.1
Shoplifting	353	3.9	348	2.6	668	4.9	691	3.7	2060	3.8
Other Theft	297	3.3	375	2.8	468	3.4	406	2.2	1546	2.8
<b>Criminal Damage &amp; Arson</b>	<b>391</b>	<b>4.3</b>	<b>579</b>	<b>4.3</b>	<b>899</b>	<b>6.6</b>	<b>729</b>	<b>3.9</b>	<b>2598</b>	<b>4.7</b>
<b>Total</b>	<b>2546</b>	<b>28.0</b>	<b>2583</b>	<b>19.3</b>	<b>4531</b>	<b>33.3</b>	<b>3672</b>	<b>19.5</b>	<b>13332</b>	<b>24.3</b>

## 4.5 APPENDIX A

Police Generated Offences Oct 17- Dec 17										
Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop
Public Disorder	87	1.0	53	0.4	238	1.7	157	0.8	535	1.0
Drug Offences	48	0.5	45	0.3	133	1.0	73	0.4	299	0.5
Trafficking of drugs	13	0.1	12	0.1	26	0.2	16	0.1	67	0.1
Possession/Use of drugs	35	0.4	33	0.2	107	0.8	57	0.3	232	0.4
Possession of Weapons	19	0.2	11	0.1	27	0.2	23	0.1	80	0.1
Misc. Crimes Against Society	34	0.4	26	0.2	69	0.5	74	0.4	203	0.4
Total Police Generated Crime	188	2.1	135	1.0	467	3.4	327	1.7	1117	2.0
TOTAL RECORDED CRIME	2734	30.0	2718	20.3	4998	36.7	3999	21.3	14449	26.3

**Anti-social Behaviour in Hartlepool October – December 2017**

Incident Category	Oct 16 - Dec 16	Oct 17 - Dec 17	Change	% Change
AS21 - Personal	574	508	-66	-11%
AS22 - Nuisance	1063	1117	54	5
AS23 - Environmental	28	37	9	32
<b>Total</b>	<b>1665</b>	<b>1662</b>	<b>3</b>	<b>0%</b>

Anti-social Behaviour in Hartlepool Oct 17 - Dec 17										
Incident Category	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop
AS21 - Personal	508	5.6	709	5.3	968	7.1	878	4.7	3084	5.6
AS22 - Nuisance	1117	12.3	1652	12.3	2409	17.6	2119	11.3	7328	13.3
AS23 - Environmental	37	0.4	32	0.2	59	0.4	28	0.1	157	0.3
<b>Total</b>	<b>1662</b>	<b>18.2</b>	<b>2393</b>	<b>17.9</b>	<b>3436</b>	<b>25.1</b>	<b>3025</b>	<b>16.1</b>	<b>10569</b>	<b>19.2</b>
<b>Quarterly Year on Year Comparison</b>	<b>No change</b>		<b>Increased by 6%</b>		<b>Increased by 5%</b>		<b>Reduced by 8%</b>		<b>Increased by 1%</b>	