

# **AUDIT AND GOVERNANCE COMMITTEE**

## **AGENDA**



**Thursday 12 January 2023**

**at 10.00 am**

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

### **MEMBERS OF AUDIT AND GOVERNANCE COMMITTEE:**

Councillors Allen, Cook, Cowie, Creevy, Falconer, Feeney, Hall, Loynes, D Nicholson and Smith.

Standards Co-opted Independent Members: - Mr Martin Slimings and Ms Tracy Squires.

Standards Co-opted Parish Council Representatives: Parish Councillor John Littlefair (Hart) and Parish Councillor Alan O'Brien (Greatham).

Local Police Representative.

### **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 15 December 2022 (*to follow*)

### **4. AUDIT ITEMS**

No items.

### **5. OTHER ITEMS FOR DECISION**

5.1 Regulation of Investigatory Powers Act 2000 (RIPA) – Quarterly Update – Chief Solicitor

### **CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE**

In the event of a fire alarm or a bomb alarm, please leave by the nearest emergency exit as directed by Council Officers. A Fire Alarm is a continuous ringing. A Bomb Alarm is a continuous tone.

The Assembly Point for everyone is Victory Square by the Cenotaph. If the meeting has to be evacuated, please proceed to the Assembly Point so that you can be safely accounted for.

6. **STANDARDS ITEMS**

No items.

7. **STATUTORY SCRUTINY ITEMS**

**Crime and Disorder Scrutiny**

No items.

**Health Scrutiny**

7.1 Director of Public Health Annual Report – *Director of Public Health*

7.2 Review of the Reconfigured Substance Misuse Service and Needs Assessment Data – *Director of Public Health*

7.3 Accessibility of Council Services for those with Disabilities and Lifelong Conditions – Final Report – *Statutory Scrutiny Manager (to follow)*

7.4 Scrutiny Investigation – Recommendation Update – *Statutory Scrutiny Manager (to follow)*

8. **MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD**

No items.

9. **MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH**

No items.

10. **MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

No items.

11. **MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

No items.

12. **REGIONAL HEALTH SCRUTINY UPDATE**

No items.

**13. DURHAM, DARLINGTON AND TEESSIDE, HAMBLETON, RICHMONDSHIRE AND WHITBY STP JOINT HEALTH SCRUTINY COMMITTEE**

No items.

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

For information: -

Forthcoming Meetings: -

Thursday 9 February, 2023 at 10.00 am

Thursday 16 March, 2023 at 2.00 pm

All meetings will take place at the Civic Centre, Hartlepool.

# **AUDIT AND GOVERNANCE COMMITTEE**

## **MINUTES AND DECISION RECORD**

### **15 DECEMBER 2022**

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

**Present:**

Councillor: Rob Cook (In the Chair)

Councillors: Allen, Cowie, Creevy, Falconer, Feeney, Hall, Loynes and D  
Nicholson

Co-opted Members:

Martin Slimings – Independent Member

Also Present:

Karen Hawkins and Sue Greaves and Jackie Lancaster, North East and  
North Cumbria Integrated Care Board (ICB)  
Dr Timlin, McKenzie Group Practice  
Ann Heppenstall, Business Manager, McKenzie Group Practice  
Steve Thomas, Healthwatch  
Ray Martin-Wells, North Tees and Hartlepool Foundation Trust

Officers: James Magog, Assistant Director, Finance  
Noel Adamson, Head of Audit and Governance  
Gemma Jones, Scrutiny and Legal Support Officer  
Denise Wimpenny, Principal Democratic Services Officer

### **53. Apologies for Absence**

An apology for absence was submitted on behalf of Councillor Smith

### **54. Declarations of Interest**

Councillor Falconer declared a personal interest in Minute 58 as a patient of Hartfields.

## **55. Minutes of the meeting held on 24 November 2022**

The minutes of 24 November 2022, a copy of which had been tabled at the meeting, were confirmed.

## **56. Matters Arising from the Minutes**

In relation to Minute 47, a Member highlighted that a breakdown of poverty levels, referred to at the last meeting, had not yet been received.

## **57. Internal Audit Plan 2022/23 Update** *(Head of Audit and Governance)*

The Head of Audit and Governance reported on progress made to date completing the Internal Audit Plan for 2022/22. Members were referred to the audits of Iclipse/Enterprise IT system and Health and Safety audits which had been assessed as limited assurance and the recommendations which had been made. Progress to date in terms of resolving these issues were provided. The report set out a summary of the assurances placed on completed audits with more detail regarding each audit, the risks identified and action plans agreed provided by way of an appendix. Information was also provided in relation to the current work of the team including ongoing audits.

In the discussion that followed the Assistant Director of Finance and Head of Audit and Governance responded to queries raised arising from the report. Clarification was provided in relation to the anticipated timescales for implementing improvements to the new software system. In response to a query raised as to how any overspends in personal budgets or direct payments would be recovered, the Head of Audit and Governance agreed to provide clarification following the meeting.

In relation to the health and safety audit, the Chair requested that the Assistant Director of Regulatory Services attend a future meeting of this Committee to provide an update.

### **Recommended**

- (i) The report was noted.
- (ii) That clarification be provided following the meeting in relation to how any overspends in personal budgets or direct payments would be recovered.
- (iii) That the Assistant Director of Regulatory Services be invited to attend a future meeting of this Committee to provide an update in relation to the recent health and safety audit.

**58. Outcome of Hartfields Phase 2 Engagement – Covering Report /Report and Presentation – McKenzie Group Practice/NHS North East and North Cumbria Integrated Care Board (ICB)/Verbal /Written Input** *(Statutory Scrutiny Manager/McKenzie Group Practice/ICB)*

The Scrutiny and Legal Support Officer introduced the report and advised that representatives from McKenzie Group Practice had been invited to the meeting to provide feedback from the extended engagement process in relation to the McKenzie Group's proposed application for closure of Hartfields' Medical Practice.

The report included background information and a process update in relation to the proposals, the process for service change in terms of engagement and consultation, patient list information, GP numbers for each practice, distance and travel times from Hartfields as well as details of the Committee's response to the engagement process. Members were referred to the Engagement Findings report, appended to the report, which provided an overview of the engagement undertaken during an eight week period from 9 May to 3 July to explore possible scenarios regarding the provision of services from Hartfields Medical Centre.

In support of the report, representatives from the McKenzie Group, provided a detailed and comprehensive presentation which included the results and key findings of their evaluation of Phase 2 of the engagement process.

The presentation focussed on the following issues:-

- Background and key actions to the proposals
- Phase 2 Engagement approach which looked more closely at the impact of possible permanent closures whilst exploring alternatives
- Methods of consultation - paper, online and easy read surveys, posters, flyers, banners, press releases, media articles, facebook, stakeholder briefings and engagement events
- Responses to the engagement
- Response to survey – points to note
- Outcome of engagement
- Key findings from public events
- Additional responses
- Next steps

Input was also received from Healthwatch and clarification provided by NHS North East and North Cumbria Integrated Care Board (ICB) in relation to the governance and process for consideration of the potential closure application.

Following conclusion of the presentation, the representatives provided clarification in response to issues arising from the report and presentation. Clarification was provided in terms of the key issues arising from the engagement which included concerns around appointment availability and accessibility in terms of the travel implications that moving to an alternative GP practice would bring.

The Committee expressed a number of views/suggestions/queries which included the following:-

- (i) Reference was made to previous suggestions around the need to explore redeveloping the Hartfields premises and the option to secure extra rooms given the impact of the planned housing developments in the area and a query was raised as to whether this option had been progressed. The Committee was advised that whilst this issue had been explored, this option could not be fully considered in any detail until the outcome of the engagement process was finalised and the future proposals of the practice were confirmed.
- (ii) Concerns were reiterated regarding the impact of the closure on individuals with specific medical needs particularly those choosing to live in Hartfields for convenience around access to on-site surgery and the lengthy telephone delays in terms of contacting GP practices and accessing appointments, examples of which were shared with the Committee. The McKenzie Group representative indicated that whilst such delays in response times at GP practices was a challenge that needed to be addressed this was a national issue, due to a lack of GP's nationally, and not unique to the McKenzie Group.
- (iii) Members welcomed the second phase of the engagement process, the benefits of which were outlined and were pleased to note that this had been a much more robust approach.
- (iv) The Committee were of the view that the high level of response showed the depth of feeling in relation to the proposed closure.
- (v) In response to a number of queries raised regarding the potential next steps should Hartfields close and the impact as a result, the ICB representative provided assurances that it was not a decision of any independent GP practice to determine whether a practice should move or close, this was a matter for Commissioners.
- (vi) In response to clarification sought, Members were advised of the potential implications and measures in place to ensure the impact of forthcoming strike action of nurses and ambulance staff was managed.
- (vii) The ICB representative provided clarification in response to further issues raised in relation to the next steps in terms of governance and process following the conclusion of the engagement process. It was

highlighted that the practice would remain open and would continue to remain open pending the conclusion of the engagement process and no decision had been made regarding the future of the practice. Meetings would be held in early January 2023 to finalise the business case in preparation for submission to the ICB.

A representative from Healthwatch was also in attendance and reiterated concerns expressed at previous meetings in terms of patient need, given the vulnerability of patients and the number of individuals living in Hartfields with extensive health needs, this being a significant factor in any decisions taken. Emphasis was placed upon the factors identified in the engagement which included the importance of access to health care as well as continuity of care. The level of response to the engagement exercise had also demonstrated the strength of feeling of residents for the practice to remain open. Reference was made to a recent piece of work conducted by Healthwatch which concluded that a number of patients were accessing urgent care services due to problems accessing GP appointments. The potential implications of closure for residents in Hartfields were further debated and the potential for individuals needing to access secondary care more frequently were highlighted.

Further discussion ensued in relation to the evidence presented during which representatives from the McKenzie Practice and ICB responded to issues raised. Clarification was provided in relation to the powers of this Committee, the decision making and engagement process and the importance of providing a formal response to the engagement process from this Committee.

In concluding the debate, the Chair encouraged Members to provide feedback/input in terms of recommendations to the Scrutiny Team following the meeting to enable a formal response to the engagement process to be submitted as soon as possible, a copy of which would be circulated to all Members of the Committee.

The representative from the North Tees and Hartlepool NHS Foundation Trust sought approval to attend the next meeting of this Committee to provide a short presentation in relation to achievements of the Foundation Trust to date and to update Members on issues around transferring elective care services to Hartlepool Hospital.

The Healthwatch representative referred to a report of Healthwatch in relation to access to GP services and enter and view visits, an update of which would be submitted to a future meeting.

Prior to closing the meeting, the Chair took the opportunity to wish everyone best wishes for Christmas and the New Year.

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**Recommended**

That the contents of the update and comments of Members be noted and be utilised to formulate a formal response to the engagement process.

**59. Date and Time of Next Meeting**

It was reported that the meeting would be held on Thursday 12 January 2023 at 10.00 am.

The meeting concluded at 11.45 am.

CHAIR

# AUDIT AND GOVERNANCE COMMITTEE

12 January 2023



**Report of:** Chief Solicitor

**Subject:** REGULATION OF INVESTIGATORY POWERS ACT  
2000 (RIPA) - QUARTERLY UPDATE

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## 1. PURPOSE OF REPORT

- 1.1 To provide members with a quarterly update on activities relating to surveillance by the Council and policies under the Regulation of Investigatory Powers Act 2011.

## 2. BACKGROUND

- 2.1 Hartlepool Borough Council has powers under the Regulation of Investigatory Powers Act 2000 (RIPA) to conduct authorised covert surveillance.
- 2.2 This report is submitted to members as a result of the requirement to report to members under paragraph 4.47 of the Covert Surveillance and Property Interference Revised Code of Practice (August 2018) which states that:

*Elected members of a local authority should review the authority's use of the 1997 Act and the 2000 Act and set the policy at least once a year. They should also consider internal reports on use of the 1997 Act and the 2000 Act on a regular basis to ensure that it is being used consistently with the local authority's policy and that the policy remains fit for purpose.*

- 2.3 As from 1 November 2012 Local Authorities may only use their powers under the Regulation of Investigatory Powers Act 2000 to prevent or detect criminal offences punishable by a minimum term of 6 months in prison (or if related to underage sale of alcohol and tobacco – not relevant to this Council). The amendment to the 2000 Act came into force on 1 November 2012.
- 2.4 Examples of where authorisations could be sought are serious criminal damage, dangerous waste dumping and serious or serial benefit fraud. The surveillance must also be necessary and proportionate. The 2012 changes mean that authorisations cannot be granted for directed surveillance for e.g. littering, dog control, fly posting.

- 2.5 As from 1 November 2012 any RIPA surveillance which the Council wishes to authorise must be approved by an authorising officer at the council and also be approved by a Magistrate; where a Local Authority wishes to seek to carry out a directed surveillance or make use of a human intelligence source the Council must apply to a single Justice of the Peace.

### 3. RIPA AUTHORISATIONS

- 3.1 In the quarter to the date of this meeting:

Communications Data	Nil
CHIS	Nil
Directed Surveillance	Nil

### 4. RECOMMENDATION

- 4.1 That the quarterly report be noted.

### 5. REASONS FOR RECOMMENDATIONS

- 5.1 To enable the Council to monitor the RIPA system effectively and as required by law and guidance.

### 6. CONTACT OFFICERS

- 6.1 Hayley Martin  
Chief Solicitor and Senior Responsible Officer for RIPA  
[Hayley.Martin@hartlepool.gov.uk](mailto:Hayley.Martin@hartlepool.gov.uk)  
01429 523003

Amanda Whitaker  
Legal and Democratic Services Team Manager  
[Amanda.whitaker@hartlepool.gov.uk](mailto:Amanda.whitaker@hartlepool.gov.uk)  
01429 523013

# **AUDIT AND GOVERNANCE COMMITTEE**

**12 January 2023**



**Report of:** Director of Public Health

**Subject:** DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

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## **1. PURPOSE OF REPORT**

- 1.1 To present the Director of Public Health's Annual Report for 2022.

## **2. BACKGROUND**

- 2.1 The requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, is specified in the Health and Social Care Act 2012.
- 2.2 Director of Public Health Annual Reports have over the last five years covered a range of themes from how public health priorities have changed over the past 40 years, the importance of how work and employment influence health and wellbeing, aging well and starting well, obesity and physical activity and Covid-19.

## **3. PROPOSALS/ISSUES FOR CONSIDERATION**

- 3.1 To publish the 2022 Director of Public Health Annual Report for Hartlepool.
- 3.2 The 2022 Annual Report looks at the whole picture of health in Hartlepool, exploring data, and first hand views from a number of local residents, in relation to three key stages of life: "the best start in life", "living well" and "living well in later life". The report discusses health inequalities, which cause some of the biggest challenges we face, and uses an "average" Hartlepool street of one hundred people to help explain health data. The report ends with what we can do together to help people in Hartlepool live happier, healthier and longer lives.
- 3.3 Following the success of utilising an electronic format and videos in recent years, we are again presenting the report in this format.

**4. RISK IMPLICATIONS**

- 4.1 There are no risk implications arising from this report

**5. FINANCIAL CONSIDERATIONS**

- 5.1 There are no financial considerations arising from this report.

**6. LEGAL CONSIDERATIONS**

- 6.1 The requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, is specified in the Health and Social Care Act 2012. There are no other legal considerations arising from this report.

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

- 7.1 The Director of Public Health Annual Report briefly describes the scale of child and family poverty in Hartlepool, since poverty is known to have significant impact on health, particularly for children. There are no other poverty considerations arising from this report.

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

- 8.1 There are no equality and diversity issues arising from this report.

**9. STAFF CONSIDERATIONS**

- 9.1 There are no staff considerations arising from this report.

**10. ASSET MANAGEMENT CONSIDERATIONS**

- 10.1 There are no asset management considerations arising from this report.

**11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS**

- 11.1 There are no environment, sustainability and climate change considerations arising from this report

## **12. RECOMMENDATIONS**

- 12.1 The Audit and Governance Committee is asked to note the report and its conclusions.
- 12.2 Publication of the 2022 Director of Public Health Annual Report for Hartlepool.

## **13. REASONS FOR RECOMMENDATIONS**

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

## **14. BACKGROUND PAPERS**

- 14.1 Director of Public Health's Annual Report for 2022 (**Appendix A**) and Additional Baseline Public Health Data (**Appendix B**) which is also available via a weblink in the main report.

## **15. CONTACT OFFICERS**

Craig Blundred  
Director of Public Health  
[Craig.blundred@hartlepool.gov.uk](mailto:Craig.blundred@hartlepool.gov.uk)  
01429 284104



# **HARTLEPOOL DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2022**

**START**



## Introduction by Craig Blundred Director of Public Health for Hartlepool

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Hartlepool has many strengths, with many people and organisations keen to work together to improve the wellbeing of the town.

However, people in Hartlepool continue to live shorter lives, and have worse health outcomes, than the average person in England.

By acting on the reasons for this, we can reduce the causes of ill-health and early death (and the causes of the causes) so people can live longer, healthy lives.

The report explores data, and first hand views from a number of local residents, in relation to three key stages of life: “the best start in life”, “living well” and “living well in later life”.

Where possible, the report uses an “average” Hartlepool street of one hundred people to help explain health data.

The biggest challenges we face in Hartlepool are caused by health inequalities. Health inequalities are the avoidable differences in health outcomes Hartlepool residents experience compared with their neighbours, or with other parts of the country. Therefore this report compares health data in Hartlepool with data from the North East and England.

The report ends with **what we can do together** to help people in Hartlepool live happier, healthier and longer lives. This includes acting on the building blocks of health (good housing, food, community, education, work, money and transport), **local information** on **support available to take healthy action** and **support to help with the cost of living**.



Video introduction by Craig Blundred





# Living well throughout your life

Welcome to our Hartlepool street – Click on each heading to find out more.



# THE BEST START IN LIFE

## What the best start in life means

Giving children the best start in life is vital, since experiences during pregnancy and in childhood can significantly affect wellbeing and opportunities over the whole of a person's life and even in the next generation.

Giving children the best start in life involves helping a child grow up healthy and reach their potential. It can include supporting healthy pregnancy, breast-feeding, play, learning, healthy food, good relationships with parents/carers and protecting children from harms (e.g. smoke, alcohol, drugs, serious illnesses and poverty).



Introduction by Nikki Clark, Public Health Practitioner for  
Hartlepool Borough Council

## The situation in Hartlepool

Detailed data is [available here](#) but some key challenges and positives are noted below:

- Hartlepool has one of the highest rates of child poverty in England. In an average street of one hundred children, 39 are living in poverty. This has increased in the last six years.
- In Hartlepool, more mothers smoking when their baby is born (14 in every one hundred mothers) and lower levels of breastfeeding (25 in every one hundred children at 6-8 weeks) than in the rest of England.
- In an average class of thirty children starting school in Hartlepool, 9 are already overweight or obese. This is higher than in the North East and England. By year six of school, 12 children in an average class of thirty are overweight or obese. A quarter of the class are obese.
- These issues can affect wellbeing in childhood and throughout a person's life. However, we know it is possible to make a difference to the health of children in Hartlepool because there is good news in some measures of child wellbeing. For example, around 95% of children under two years in Hartlepool have been vaccinated against key diseases, fewer people are starting smoking in Hartlepool and fewer under 18 year olds are becoming pregnant.

Every family deserves support to help them make sure their baby grows up healthy and reaches their potential. Examples of support available and what we can all do to give children the best start in life are outlined in the [What we can do together](#) section of the report.



What giving children the best start in life means to Hartlepool mums Meg and Ellie



Another perspective from James Sinclair, Children's Centre Lead for Hartlepool

# LIVING WELL

## What living well means

Living Well has different meanings for different people. It's about having the opportunities to enjoy life and this is affected by our health.

Our health depends on the building blocks of health such as good housing, food, community, education, work, money and transport. These issues can affect our ability to live well, live healthily and even how long we live.



Introduction by Claire Robinson, Public Health Principal with  
Hartlepool Borough Council





## The situation in Hartlepool

Detailed data is [available here](#) but some key challenges and positives are noted below:

- In an average Hartlepool street with one hundred adults, 16 people smoke, 45 are physically inactive, 73 are overweight or obese. These figures are worse than an average street in England and increase the risk of heart disease or other health problems.
- In Hartlepool people are more likely to die from heart disease at a young age than people in England. Between 2018 and 2020, 325 people died of heart disease in Hartlepool, including 70 people under 65 years old.
- People in Hartlepool are also more likely to die due to alcohol or drug use than people in England.
- Many of the deaths due to heart disease and other causes are preventable. Action to prevent deaths can include improving the building blocks of health, such as ensuring people can afford and access healthy food. Green spaces in the community can also allow people to be more physical active.
- One positive regarding breast screening in Hartlepool was that more than two thirds of eligible women were still screened even in 2021 (when screening was affected by the Covid pandemic). This means that, in the latest data, Hartlepool is performing better than the England average.

More information on screening, other support available and ideas for what we can all do to live healthier, longer lives is outlined in the [What we can do together](#) section of the report.



What living well means to Hartlepool resident Michael



What living well means to Hartlepool resident David



Another perspective from Donna Stone of Hartlepool Community Hubs

# LIVING WELL IN LATER LIFE

## What living well in later life (ageing well) means

When people retire there is often more opportunity to spend quality time doing activities they enjoy (such as seeing friends and family and doing hobbies). Many older people make a vital contribution to communities as paid workers, volunteers and carers. Our health can have a significant impact on our ability to do these activities.



Introduction by Catherine Guy from the Public Health team at Hartlepool Borough Council



## The situation in Hartlepool

Detailed data is [available here](#) but some key challenges and positives include:

- As people in Hartlepool age, they experience more ill health and die around two years earlier than people in the rest of England.
- Heart disease, stroke and cancer are some of the leading causes of death. In an average Hartlepool street with one hundred people, 4 people are living with heart disease. This is more than in an average street in England. Preventable early (under 75 years) deaths from heart disease and stroke are higher, and rising, in Hartlepool compared with the North East and England.
- People in Hartlepool have also been more likely to catch Covid and die from it than people in England. People living in the poorest areas of Hartlepool were twice as likely to die from Covid as people living in richer areas of Hartlepool.
- Screening for cancer saves lives but not everyone is screened. For bowel cancer screening, 65 in every 100 eligible people are screened in Hartlepool. This has been improving over time and is now similar to the England average.
- Another positive is that both carers over 65 years, and people who receive social care, in Hartlepool felt less lonely than in other parts of England. This may be related to community spirit and the active voluntary sector in the town. Interestingly, older people in Hartlepool are also less likely to be admitted to hospital due to a fall.

A healthy retirement depends on our life experiences throughout our lives but changes at any time can make a difference. Support already available in Hartlepool and ideas for what we can all do to live healthier, longer lives is outlined in the “What we can do together” section of the report.



Friends Pauline and Doreen tell us what living well in later life in Hartlepool means to them



What does living well in later life in Hartlepool mean to Mary?

# WHAT WE CAN DO TOGETHER

This report provides a summary of health in Hartlepool and looks at possible reasons why people in Hartlepool have shorter lives and poorer health. However, we also want to focus on what we can all do to improve the health of the town. As a whole town, we can work together to improve the health of our families, friends and community

For example, we can act together to ensure people:

- Live in good housing and can access green spaces nearby in the community
- Have access to good food (e.g. healthy food they can afford in shops they can reach)
- Feel connected with the community and know about opportunities for support (and ways they can contribute)
- Have opportunities for education and work that fit their needs and can increase the prosperity of the town
- Have enough money to live a happy and healthy life
- Can move around the town to access services (including active transport such as walking and cycling safely)

In the short term, we also recognise many people are currently struggling with the cost of living. A list of [support to help with the rising cost of living](#) is available on the main page of the Council website.

It is impossible to list all the opportunities and support available that can help people live well in Hartlepool in this document. However, [Hartlepool Now](#)

also contains a comprehensive, up-to-date, searchable list of local events, information and support (including Community Navigators, Community Hubs and children's centres). Businesses, charities and other organisations can look at the [Better Health at Work Award](#), become "[breastfeeding friendly](#)" and look at other opportunities to improve the health of staff and people they support (e.g. Making Every Contact Count). There is also more information available online about giving children the best start in life, living well and ageing well and new Public Health webpages being developed within the Hartlepool Borough Council website.

Going forward, it is important that we work together with local communities and build on our strengths (such as community spirit and a vibrant voluntary sector) and what we have already achieved to really drive improvements in people's lives.

By working together to make an effective difference to the building blocks of health (such as good housing, food, community, education, work, money and transport) we can help people in Hartlepool live happier, healthier and longer lives.



Conclusion by Craig Blundred, Director of Public Health for Hartlepool



# Hartlepool Public Health Baseline Data 2022

## Introduction`

People in Hartlepool live shorter lives and have more ill health than people in the North East and England. There are many possible reasons for this starting from before birth and throughout our lives. We can act on causes or ill-health and early death (and the causes of the causes) so people can live longer healthy lives in Hartlepool.

Additional data in this document provides a baseline summary of health in Hartlepool. Where possible, an “average” Hartlepool street of one hundred people is used to help explain health data throughout the life course.

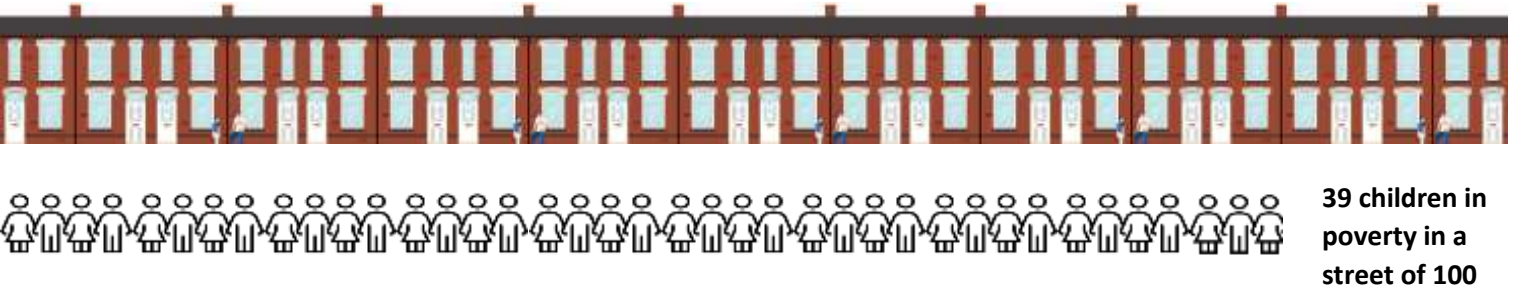
## Best start in life

Giving children the best start in life is vital, since experiences during pregnancy and in childhood can significantly affect wellbeing and opportunities over the whole of a person’s life and even in the next generation.

To live healthy, happy, long lives it is important for a family to have the building blocks of health (good housing, food, community, education, work, money and transport) from the start. However, many children are born into families without these resources.

In an “average” Hartlepool street of one hundred children, 39 are in poverty<sup>1</sup>. This has increased from 27 in every 100 children in 2014/15.

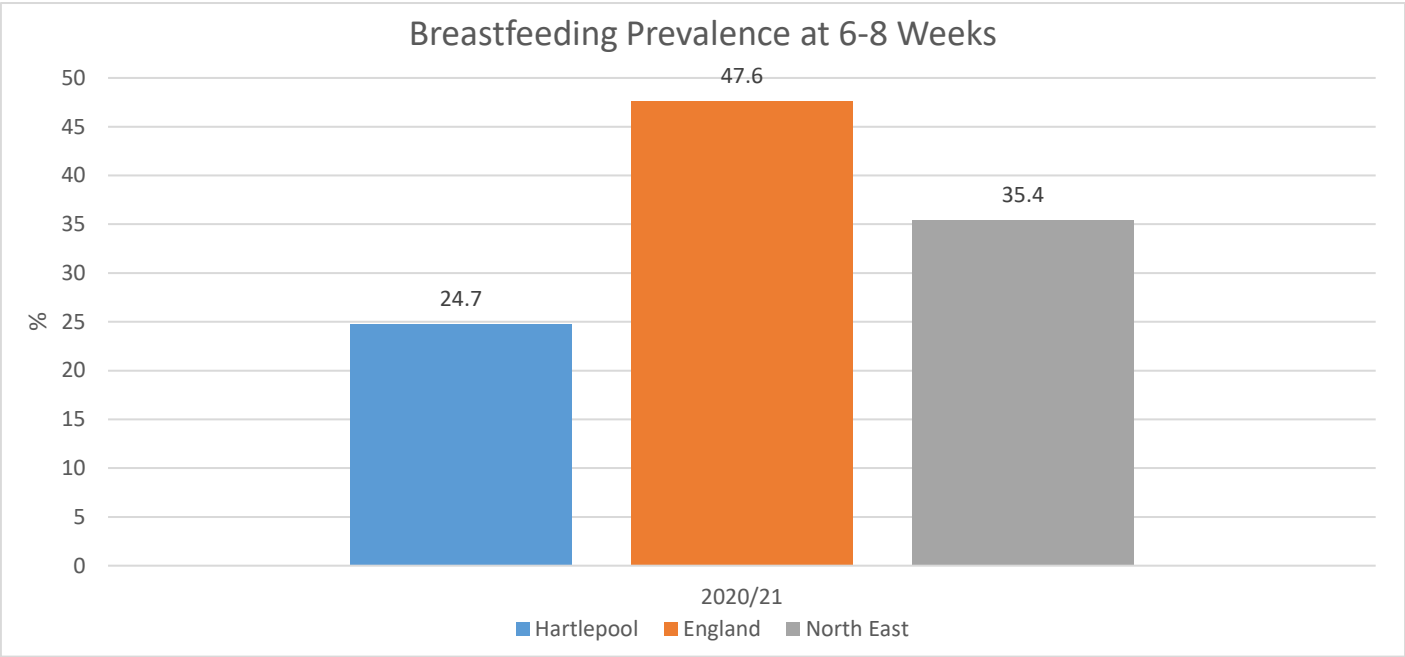
### Number of children in poverty on an “average” Hartlepool street of one hundred children



Smoking in pregnancy and in the home can have significant effects on children’s health. In Hartlepool, 14 in every one hundred mothers are smoking when their baby is born. This is higher than in the North East or England (10 in 100)

Breastfeeding has significant benefits to the health of babies and mothers. However, in Hartlepool, only 25 in every one hundred children are breastfed at 6-8 weeks (compared with 48 in 100 children in England).

<sup>1</sup> The national definition of poverty is less than 60% of median income. Poverty means lack of resources to have adequate diet/living conditions and participate in society

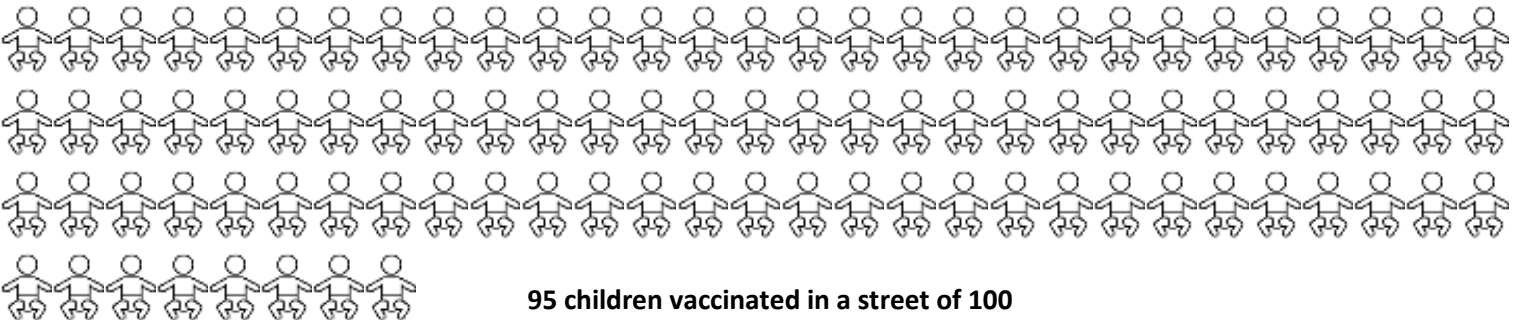


Immunisations

Vaccines are important to protect against key serious diseases. Vaccines protect the person receiving the vaccine but also, if enough people are vaccinated, reduce the spread of disease and protect people who are too young to have the vaccine or for whom the vaccine is not suitable/effective. The national target for infant vaccines is 95% and Hartlepool is around this figure.

Out of one hundred children under 2 years, 95 have had each of the routine infant vaccines.

Number of children under 2 years in vaccinated on an “average” Hartlepool street of one hundred children



The Spine chart below shows vaccine trends (arrow), coverage and comparison to England (dot for Hartlepool coloured according to whether 95% threshold is met compared to red line for England). Infant vaccines include combined diphtheria, tetanus and pertussis/whooping cough (Dtap), Inactivated Polio vaccine (IPV), Haemophilus influenzae type b (Hib),

Meningococcal B (Men B), Rotavirus, Meningococcal C (Men C), Pneumococcal conjugate vaccine (PCV) and Measles, mumps and rubella (MMR).

Vaccines given after two years old tend to have lower coverage:

- 53 out of 100 children aged 2-3 years have had their flu vaccine
- 87 out of 100 children aged 5 years have had their preschool vaccines (dTaP/IPV and MMR)
- 58 out of 100 primary school age children have had their flu vaccine (17 children in an average class of thirty)
- 66 out of 100 children aged 14-15 years have had their Meningococcal ACWY vaccine
- 38 out of 100 boys, and 45 out of 100 girls aged 12-13 years old, have had their Human papilloma virus (HPV) vaccine

Spine chart showing childhood vaccinations

Indicator	Period	Hartlepool		Region England			England		Best
		Recent Trend	Value	Value	Value	Worst	Range		
Children in care immunisations	2021	—	94.0%	89.0%	86.0%	22.0%		100%	
Population vaccination coverage - Dtap / IPV / Hib (1 year old)	2020/21	↑	95.7%	95.5%	92.0%	67.8%		98.5%	
Population vaccination coverage - PCV	2019/20	→	96.4%	96.4%	93.2%	74.8%		98.7%	
Population vaccination coverage - Hib / MenC booster (2 years old)	2020/21	↑	94.6%	95.3%	89.8%	68.0%		98.1%	
Population vaccination coverage - PCV booster	2020/21	↑	94.7%	95.3%	90.1%	70.5%		98.4%	
Population vaccination coverage - MMR for one dose (2 years old)	2020/21	↑	95.0%	95.3%	90.3%	70.7%		97.9%	
Population vaccination coverage - MMR for one dose (5 years old)	2020/21	→	95.9%	97.0%	94.3%	82.7%		98.4%	
Population vaccination coverage - MMR for two doses (5 years old)	2020/21	→	87.8%	92.5%	86.6%	59.8%		96.4%	
Population vaccination coverage - Hib / Men C booster (5 years old)	2017/18	→	94.5%	95.1%	92.4%	79.5%		100%	
Population vaccination coverage - Flu (2-3 years old)	2020/21	↑	52.8%	60.1%*	56.7%*	32.9%		73.7%	
Population vaccination coverage - MenB booster (2 years)	2020/21	—	93.7%	94.5%	89.0%	66.0%		98.1%	
Population vaccination coverage - MenB (1 year)	2020/21	—	95.8%	95.7%	92.1%	68.5%		98.5%	
Population vaccination coverage - DTaP/IPV booster (5 years)	2020/21	↓	87.0%	91.6%	85.3%	55.8%		96.0%	
Population vaccination coverage - Rotavirus (Rota) (1 year)	2020/21	→	94.0%	94.2%	90.2%	63.9%		96.5%	
Population vaccination coverage - Flu (primary school aged children)	2020	—	57.8%	66.1%*	62.5%*	36.1%		81.5%	

Source: COVER 2022

## Spine chart showing teenage vaccination

Indicator	Period	Hartlepool	Region England				England		Best
		Recent Trend	Value	Value	Value	Worst	Range		
Population vaccination coverage - HPV vaccination coverage for one dose (12-13 year old) (Male)	2020/21	—	37.7%	62.9%	71.0%	28.6%		96.3%	
Population vaccination coverage - HPV vaccination coverage for one dose (12-13 year old) (Female)	2020/21	↓	44.6%	69.1%	76.7%	25.0%		98.3%	
Population vaccination coverage - HPV vaccination coverage for two doses (13-14 years old) (Female)	2020/21	→	60.6%	72.9%	60.6%	0.0%		95.8%	
Population vaccination coverage - Meningococcal ACWY conjugate vaccine (MenACWY) (14-15 years)	2020/21	→	65.6%	83.2%	80.9%	44.6%		98.7%	

Source: COVER 2022

### Childhood accidents

For the majority of hospital admissions for childhood accidents, Hartlepool's rate is statistically similar to England average, however rates for emergency admission for exposure to animate mechanical forces for children aged 0-4 in Hartlepool is the highest in England. Injuries from animate mechanical forces includes accidental injuries caused by another person, as well as contact (bites, stings and impacts) from animals and plants.

Indicator	Period	Hartlepool		Region England			England	
		Recent Trend	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	2020/21	→	106.9	143.8	108.7	284.2		35.9
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2020/21	→	76.9	100.4	75.7	144.0		26.5
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2020/21	↓	87.5	151.7	112.4	264.7		45.8
Emergency admissions for falls in children aged 0-4	2018/19 - 20/21	—	510.4	561.7	428.6	1,093.7		184.5
Emergency admissions for exposure to animate mechanical forces in children aged 0-4	2018/19 - 20/21	—	95.7	71.8	39.3	95.7		12.7
Emergency admissions for exposure to inanimate mechanical forces in children aged 0-4	2018/19 - 20/21	—	191.4	352.1	208.6	487.6		90.3
Emergency admissions for exposure to heat and hot substances in children aged 0-4	2018/19 - 20/21	—	63.8	91.9	76.1	341.3		19.3
Emergency admissions for accidental poisoning in children aged 0-4	2018/19 - 20/21	—	159.5	204.9	114.1	344.8		31.0
Emergency hospital admissions due to falls from furniture (aged 0-4 years)	2016/17 - 20/21	—	113.0	142.5	123.1	449.8		48.1
Emergency hospital admissions due to burns from food and hot fluids (aged 0-4 years)	2016/17 - 20/21	—	37.7	50.8	44.4	196.0		12.7
Emergency hospital admissions due to poisoning from medicines (aged 0-4 years)	2016/17 - 20/21	—	75.3	114.0	78.7	184.1		18.4
Children killed and seriously injured (KSI) on England's roads	2018 - 20	—	13.0	20.9	15.9	55.0		2.6
Children aged 5 and under killed or seriously injured in road traffic accidents	2018 - 20	—	5.3	9.9	7.0	28.9		0.0
Children aged 6-10 killed or seriously injured in road traffic accidents	2018 - 20	—	16.7	15.1	12.2	55.9		0.0
Children aged 11-15 killed or seriously injured in road traffic accidents	2018 - 20	—	17.7	39.9	30.8	91.7		0.0

Source: NHS Digital/HES/OHID, 2022

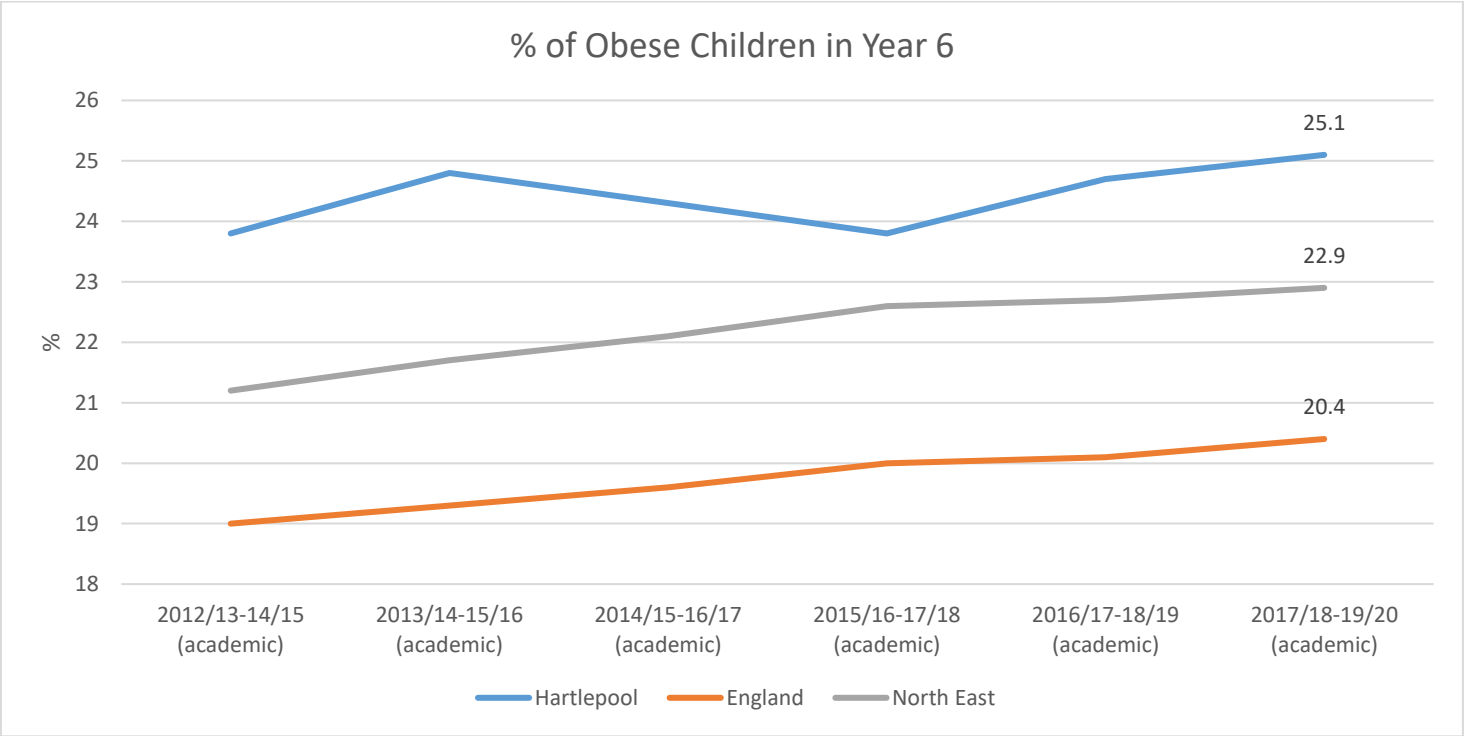
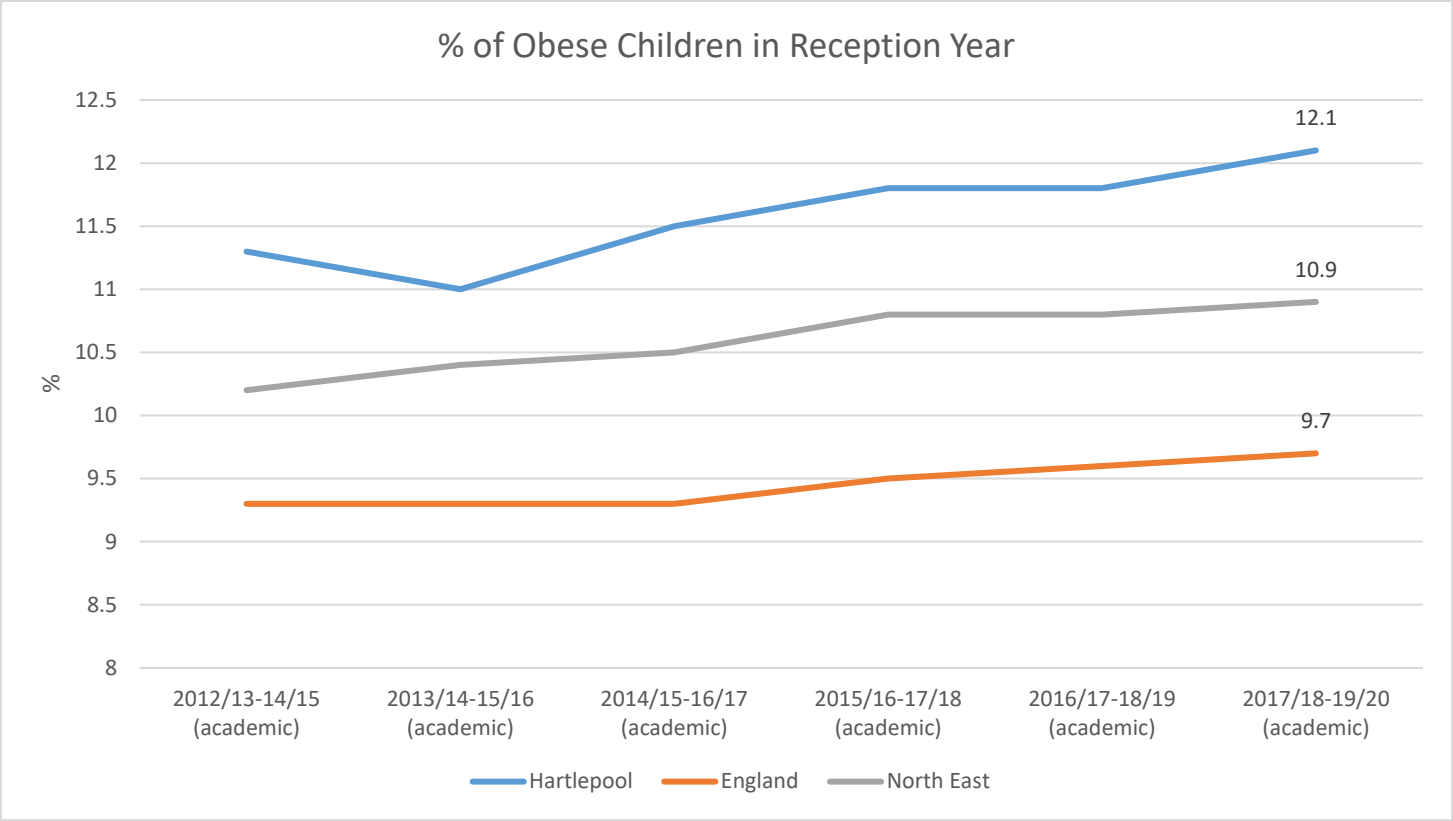
### Children who are overweight or obese

In an average class of thirty children starting school in Hartlepool, 9 are already overweight or obese (30 in 100). This is higher than an average class in the North East and England (7 in a class of thirty)

By year six of school, 12 children out of an average class of thirty are overweight or obese in Hartlepool (40 in 100).

The number of children who are obese has been increasing over the last six years in Hartlepool, the North East and England. In a class of 30 children starting school, around 4 are already obese (12 in 100)

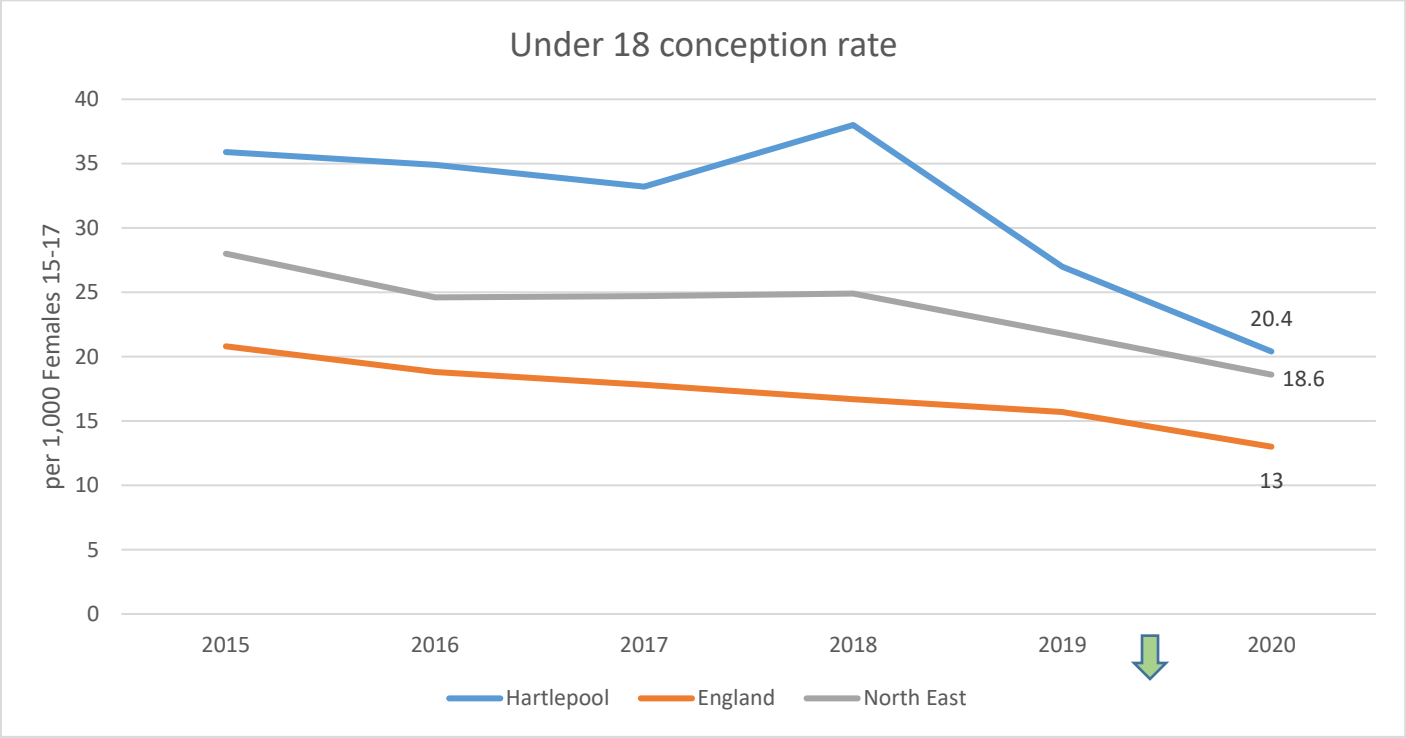
By year 6, more than 7 children in a class of thirty in Hartlepool are obese. Another way to visualise this is that a quarter (1 in 4) year 6 children are obese in Hartlepool.



Teenage pregnancy

Fewer people aged under 18 are becoming pregnant (around 2 in 100 people aged 15-17 years became pregnant in 2020, compared to around 4 in 100 in 2018).

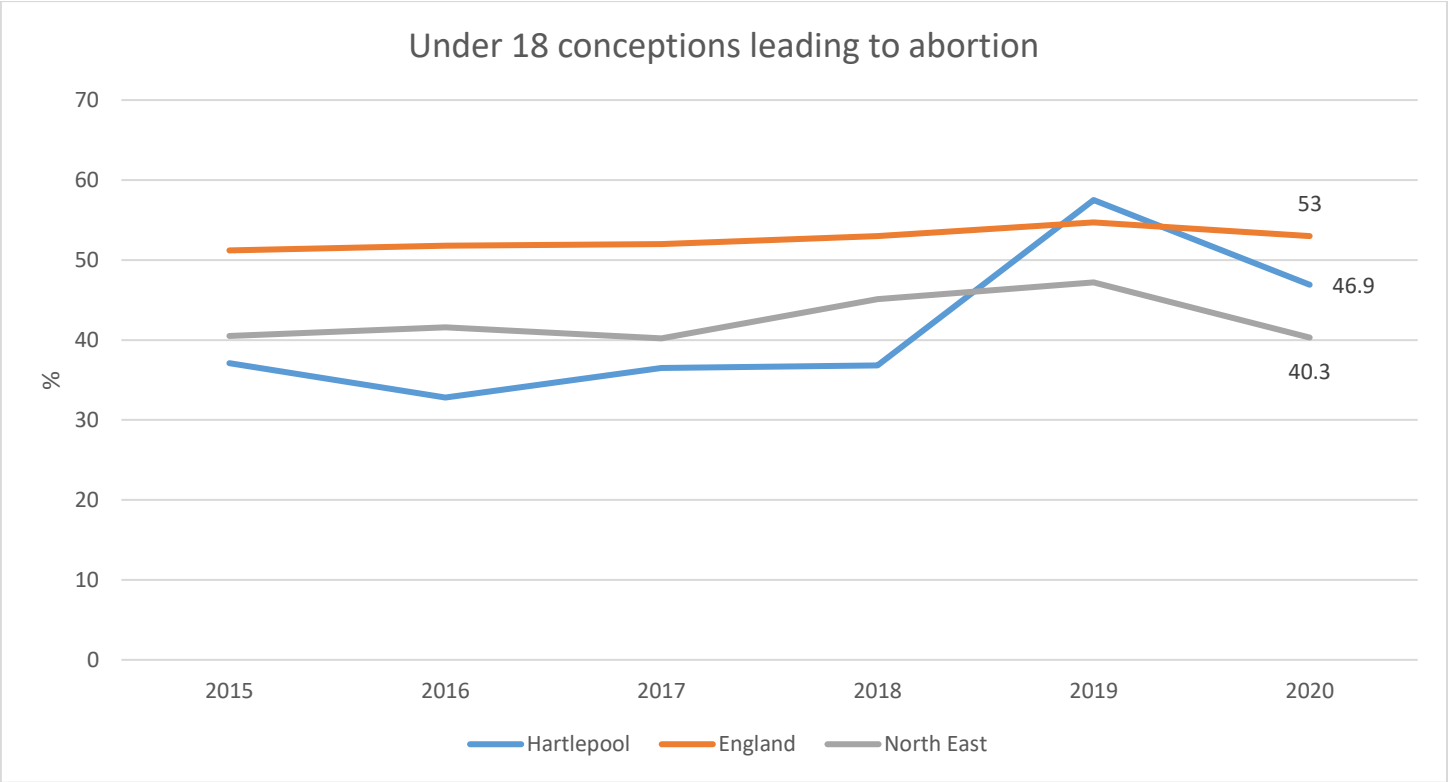
These figures are now similar to the north east regional average, though still higher than the England average.



Source: ONS 2022

Trend

Around half of teenage pregnancies end in abortion in England. In Hartlepool, between 2015 and 2020, the proportion of teenage pregnancies ending in abortions varied between 33 and 58 in a hundred teenage pregnancies.





Living well (working age)

Smoking

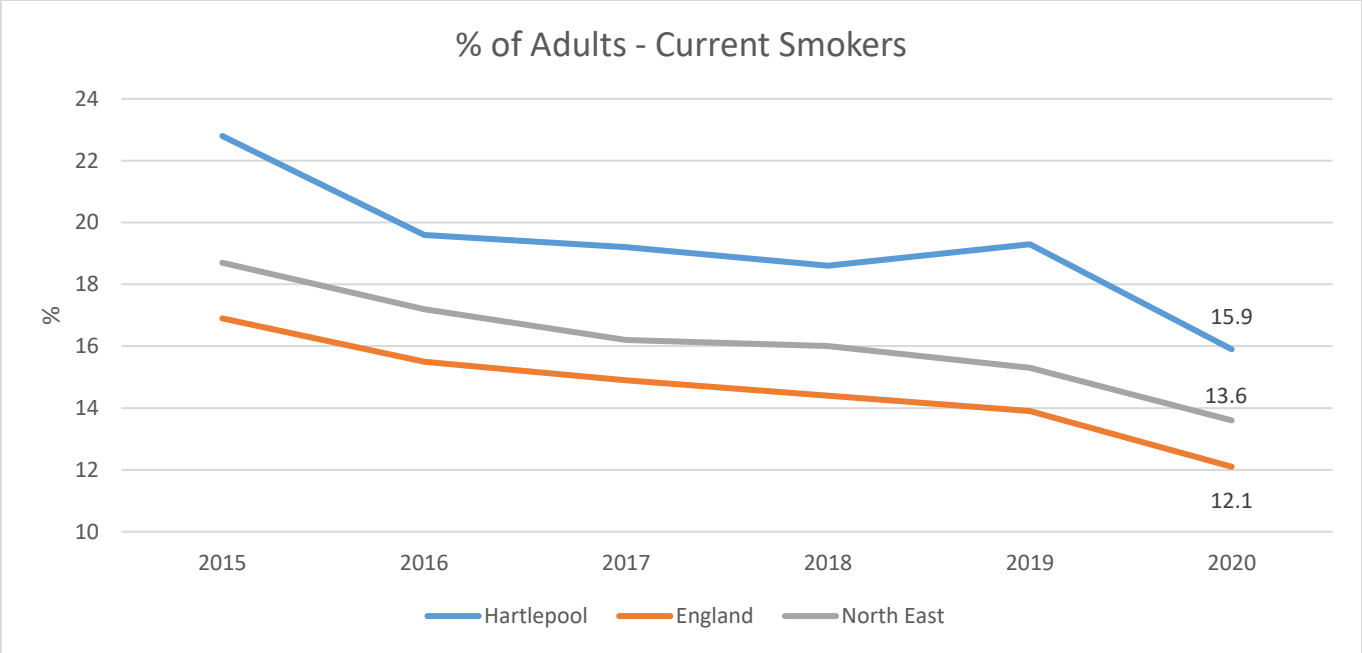
In an “average” Hartlepool street of one hundred adults, 16 people smoke.

Number of people smoking on an “average” Hartlepool street of one hundred adults

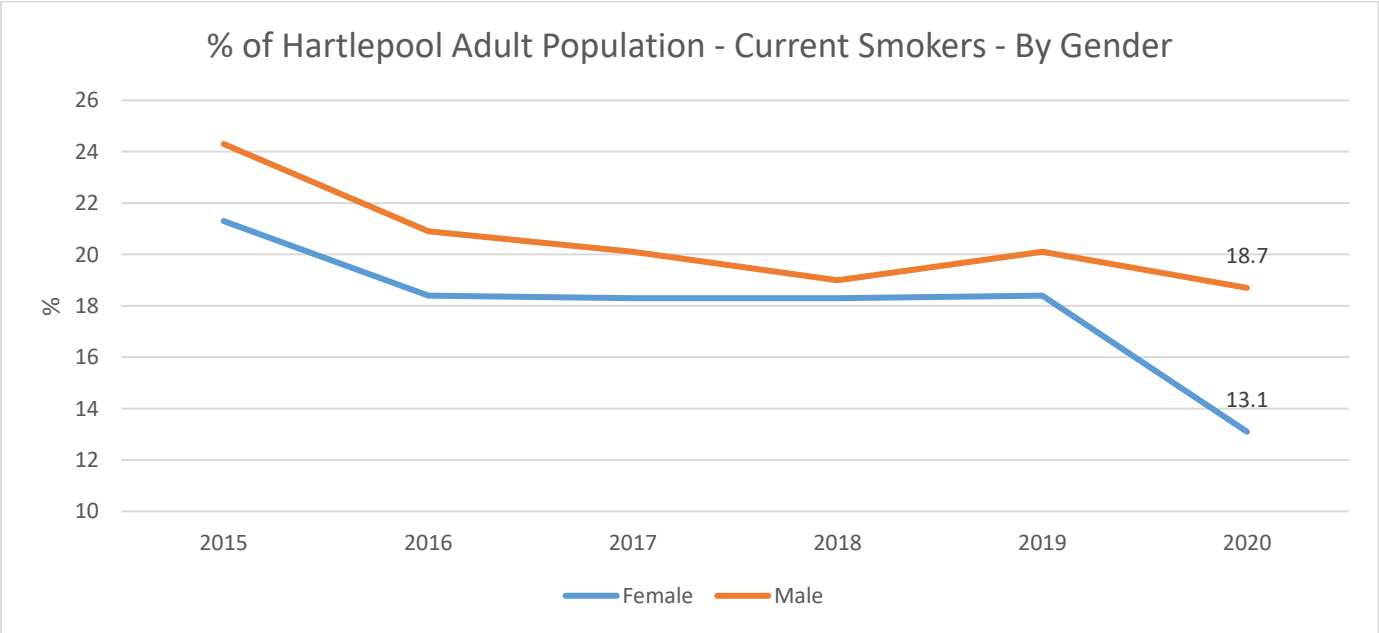


16 adults smoking on a street of 100

This is higher than an average street in the North East (14 in 100) and England (12 in 100) but is falling (from 20 in 100 in 2015).



There are fewer women smoking in Hartlepool than men.





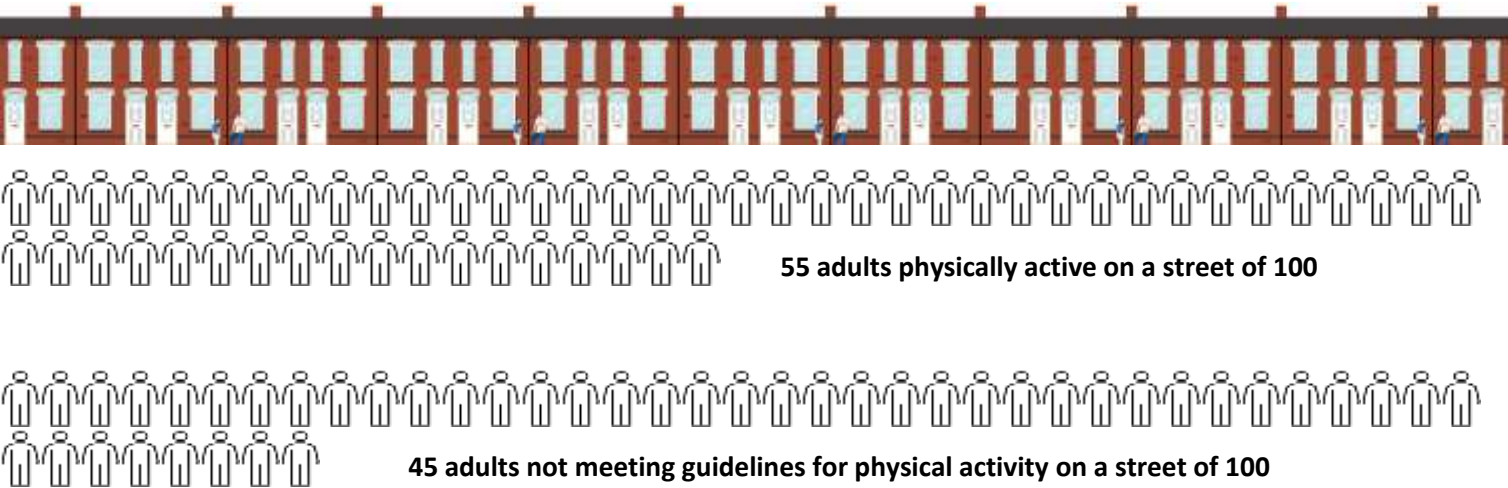
Illicit tobacco in Hartlepool continues to be an issue, with 6 premises reported for illegal tobacco sales in 20/21, with 2.45kg of rolling tobacco and 18,400 illicit cigarettes being seized by Hartlepool Trading Standards in 20/21.

Physical activity

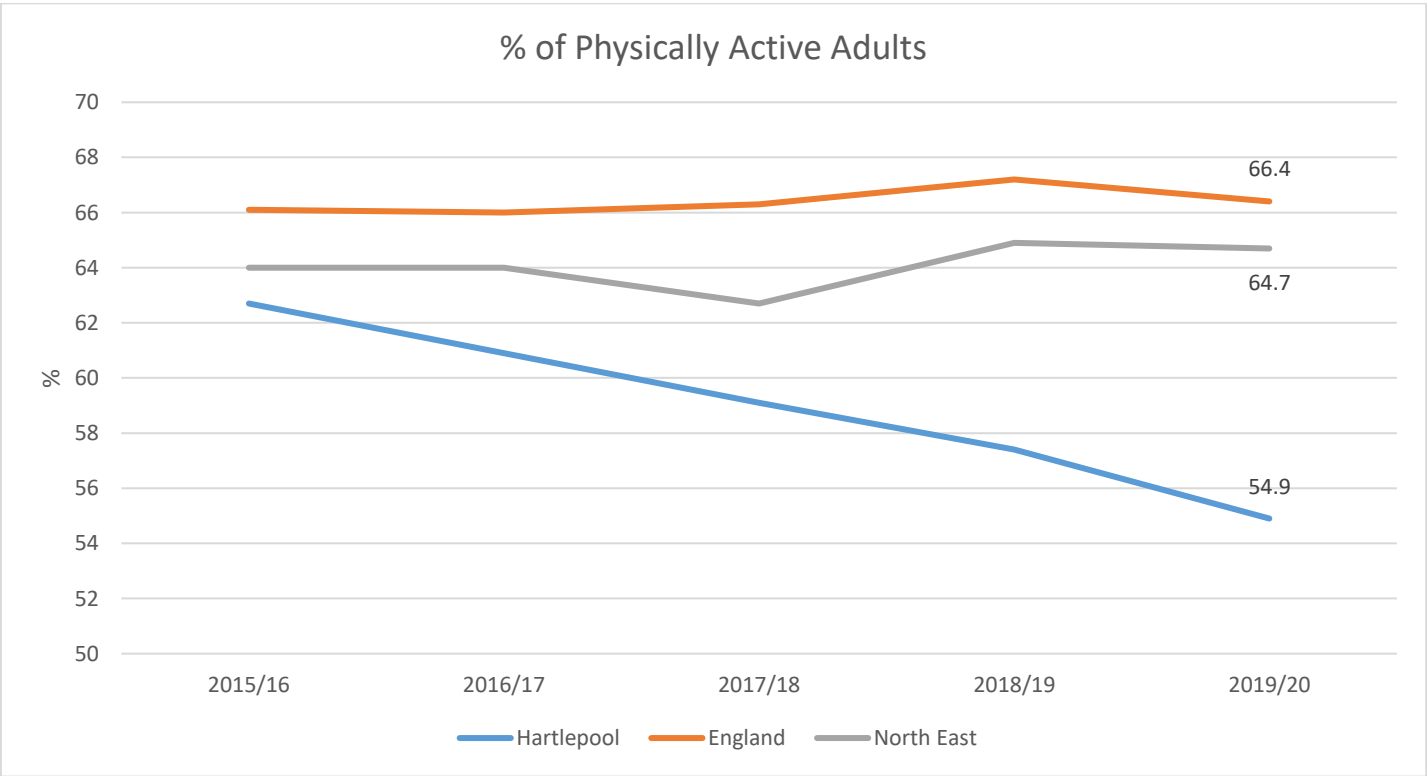
Physical activity reduces the risk of many diseases and helps maintain a healthy weight. Over time adults in Hartlepool have become less active. This is in contrast to the values for the England and north east averages which have remained stable.

In an “average” Hartlepool street of one hundred adults, 55 meet the guidance for being physically active (150 minutes of moderate activity, or 75 minutes vigorous activity per week).

Number of people physically active on an “average” Hartlepool street of one hundred adults



The graph below shows the steady decline in people meeting the guidelines for physical activity from 2015/16 to 2019/20.

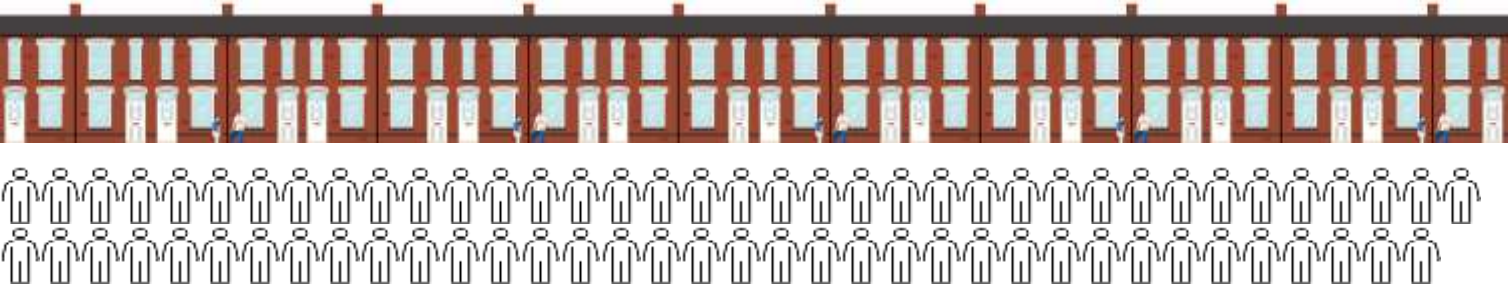


Adults who are overweight or obese

Over time, more adults in Hartlepool have become overweight or obese.

In an “average” Hartlepool street of one hundred adults, 73 adults are overweight or obese. This means almost three quarters of adults in Hartlepool are overweight or obese.

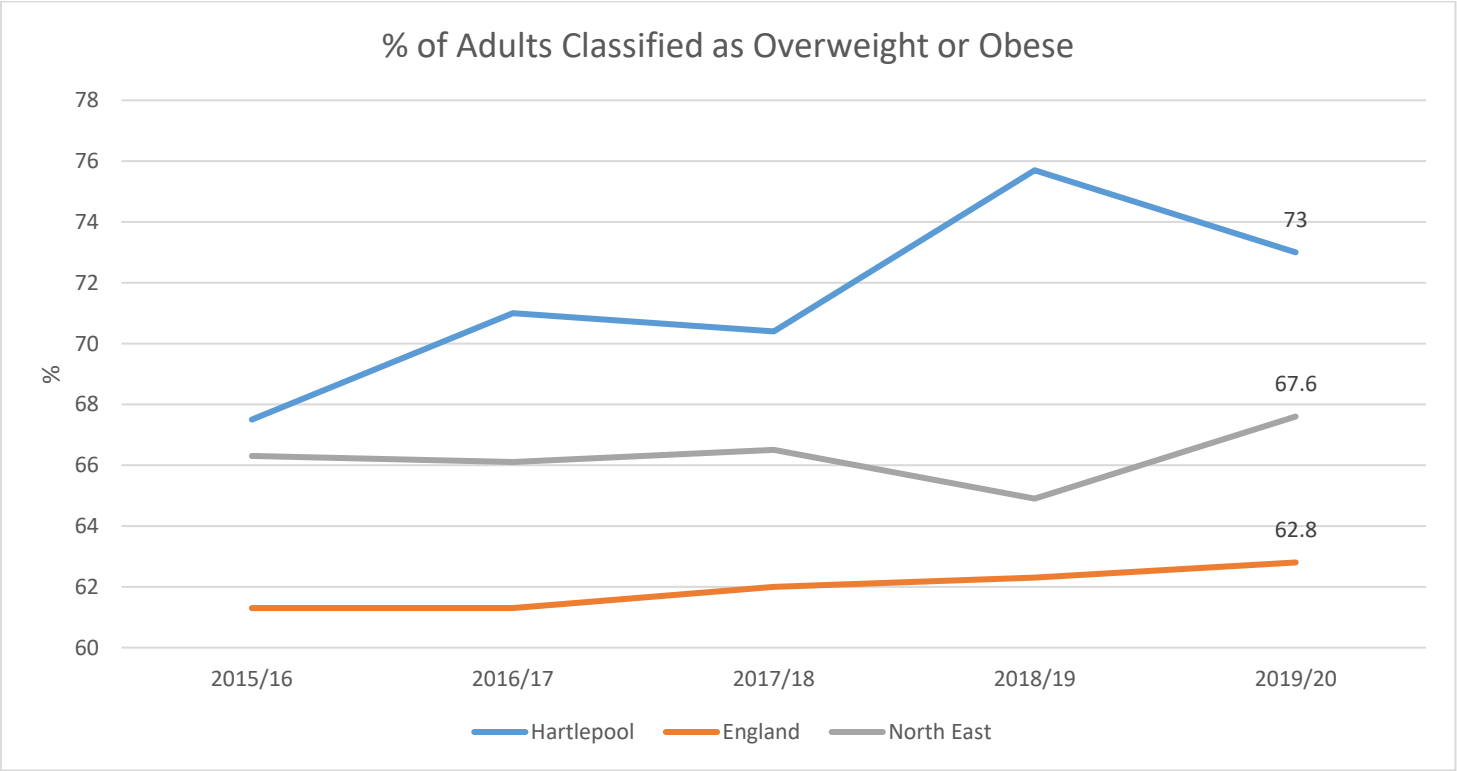
Number of overweight or obese people on an “average” Hartlepool street of one hundred adults



73 overweight or obese adults on a street of 100

This is higher than an average street in the North East or England (68 in 100 in North East 63 in 100 in England)

The graph below shows the rise in adults who are overweight or obese from 2015/16 to 2019/20.



Source: Active Lives 2022

Sexual health

New diagnoses for sexual transmitted infections (STI) in Hartlepool are at a nine year low and are significantly lower than the England average. However, this may be due to significantly reduced testing in Hartlepool compared to England.

Spine chart showing STI indicators

Indicator	Period	Hartlepool		Region England			England	
		Recent Trend	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
New STI diagnoses (exc chlamydia aged <25) / 100,000	2020	↓	430	449	619	3,547		247
STI testing rate (exc chlamydia aged <25) / 100,000	2020	↓	1,608.6	2707.1	4549.3	940.6		19,881.8
STI testing positivity (exc chlamydia aged <25) %	2020	↑	12.3%	7.3%	7.3%	0.0%		19.0%

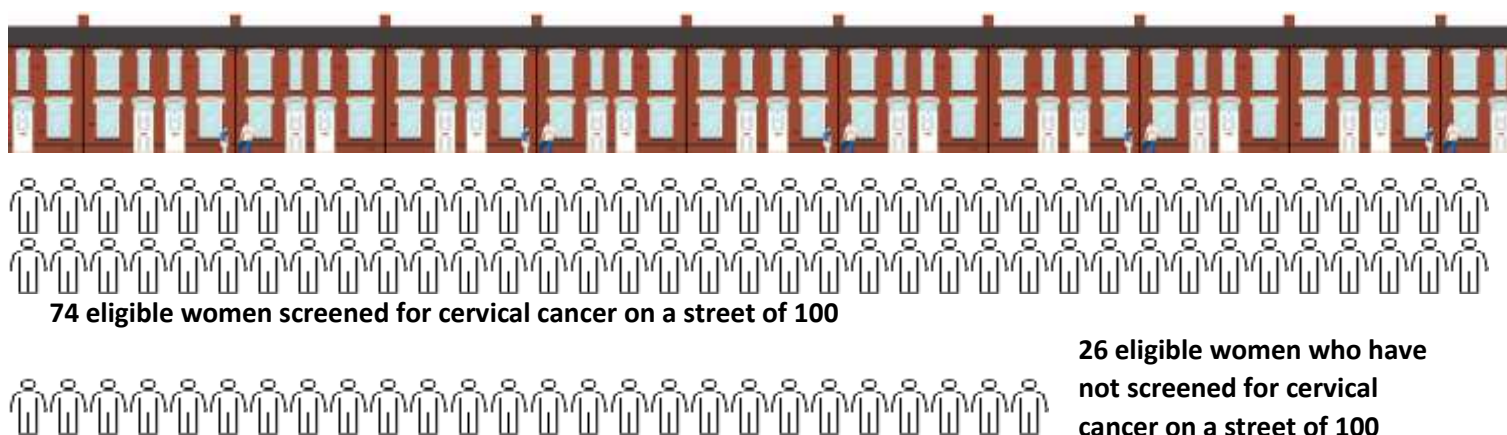
Source: OHID 2022

### Cervical screening

Cervical screening is offered to all women and people with a cervix aged 25 to 64 to check the health of cells in the cervix. It is offered every three years for those aged 25 to 49, and every five years from the ages of 50 to 64.

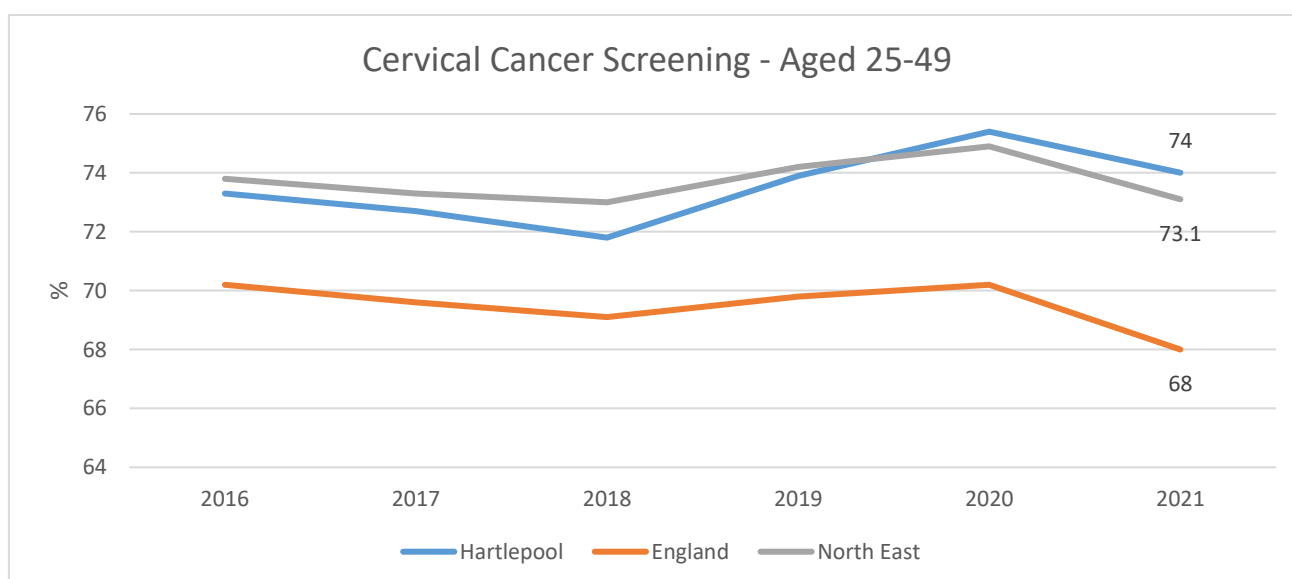
In an “average” Hartlepool street of one hundred women aged 25-49, 74 have been screened.

#### Number of women screened for cervical cancer on an “average” Hartlepool street of one hundred eligible women

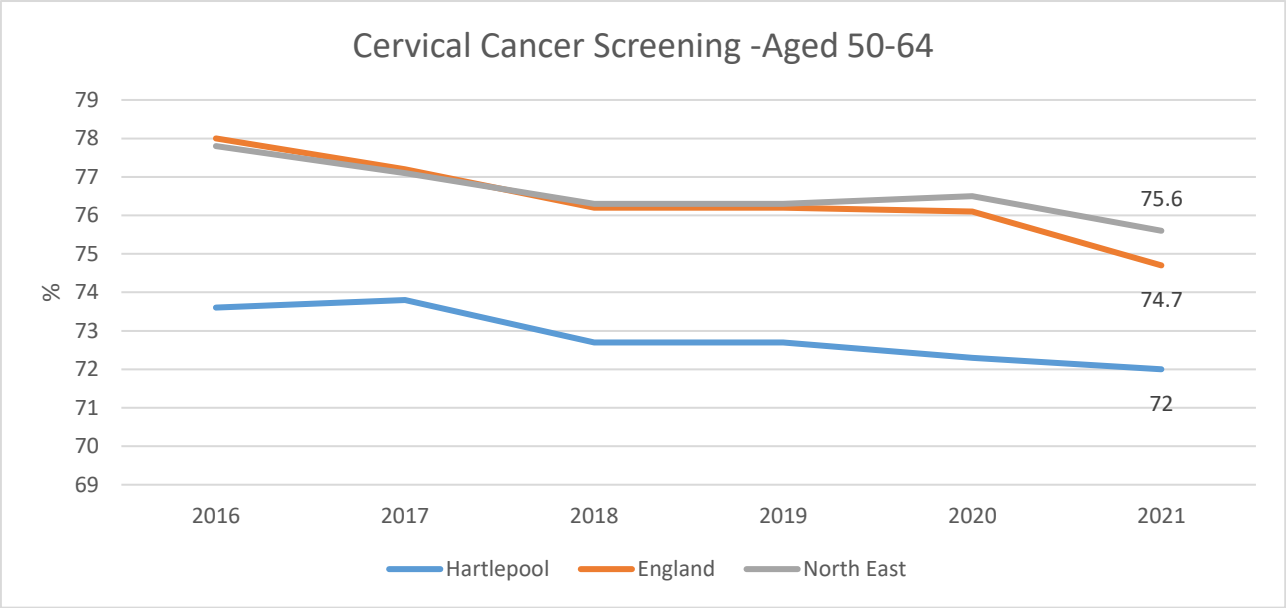


This is better than an average street in England where only 68 in 100 women have been screened.

In an “average” Hartlepool street of one hundred women aged 50-64, 72 have been screened.



Source: NHS Digital/OHID 2022



Breast screening

Breast screening is offered to women aged 50 to 70 to detect early signs of breast cancer.

The proportion of people aged 53-70 who have been screened for breast cancer in the last 3 years fell sharply in 2021 in England, the North East and Hartlepool.

In an “average” Hartlepool street of one hundred women aged 53-70 years, 74 would normally be screened. In 2021 this dropped to 67 in 100. However, this figure is better than an average street in England (64 in 100).

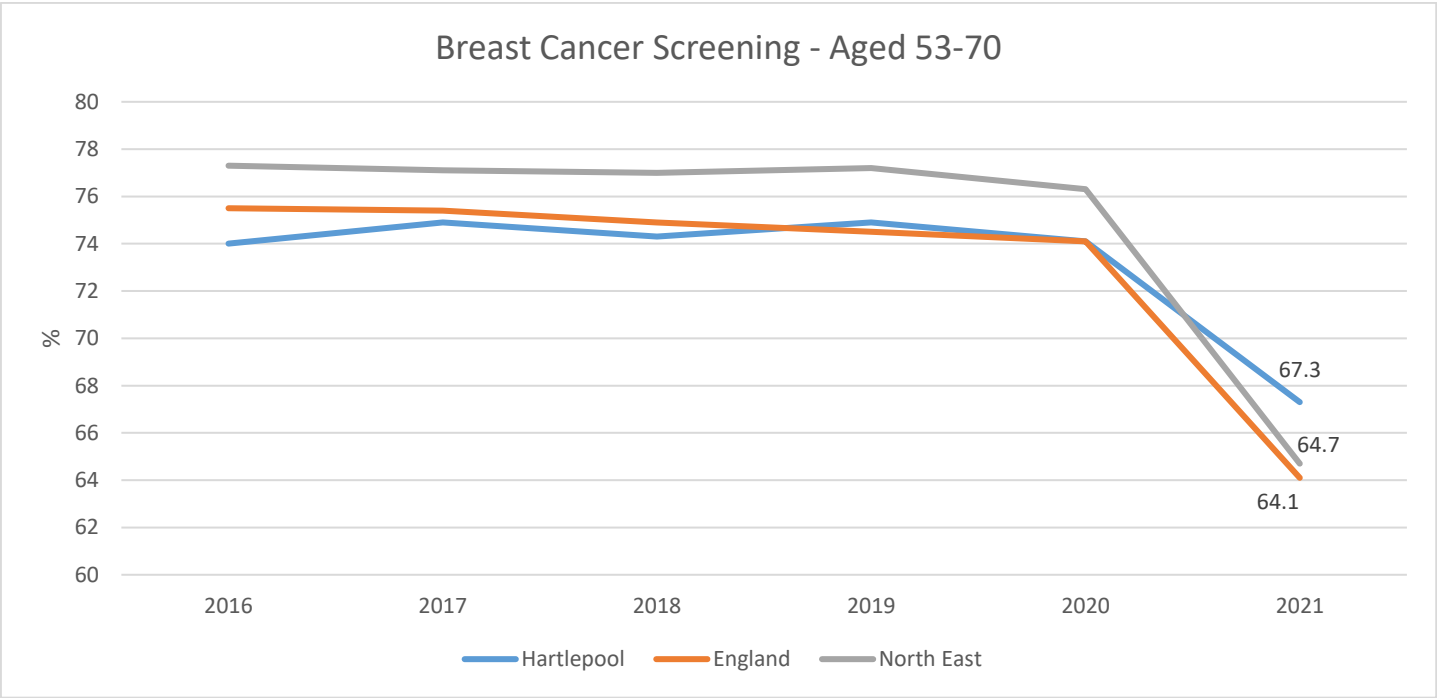
Number of women screened for breast cancer on an “average” Hartlepool street of one hundred eligible women



74 eligible women screened for breast cancer on a street of 100



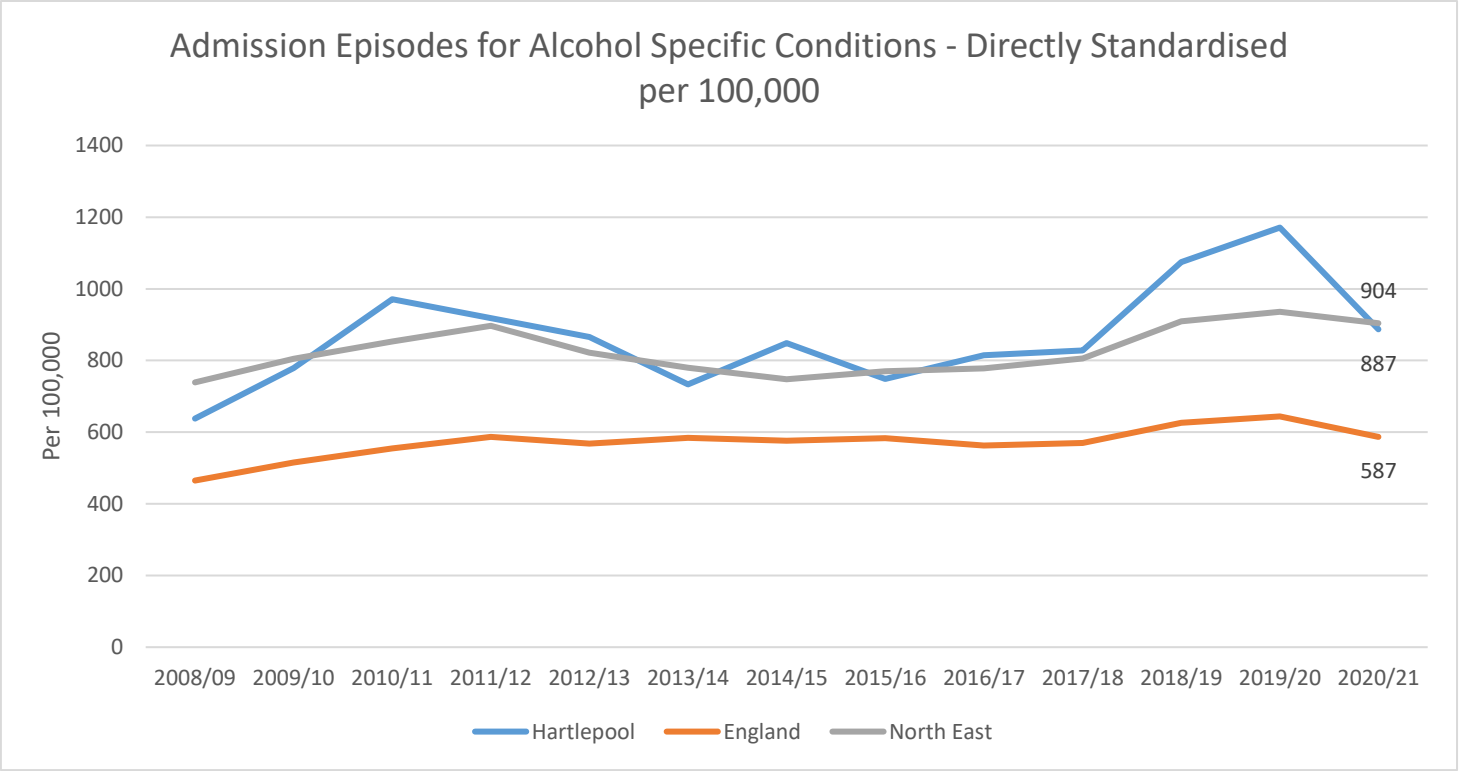
26 eligible women who have not screened for breast cancer on a street of 100



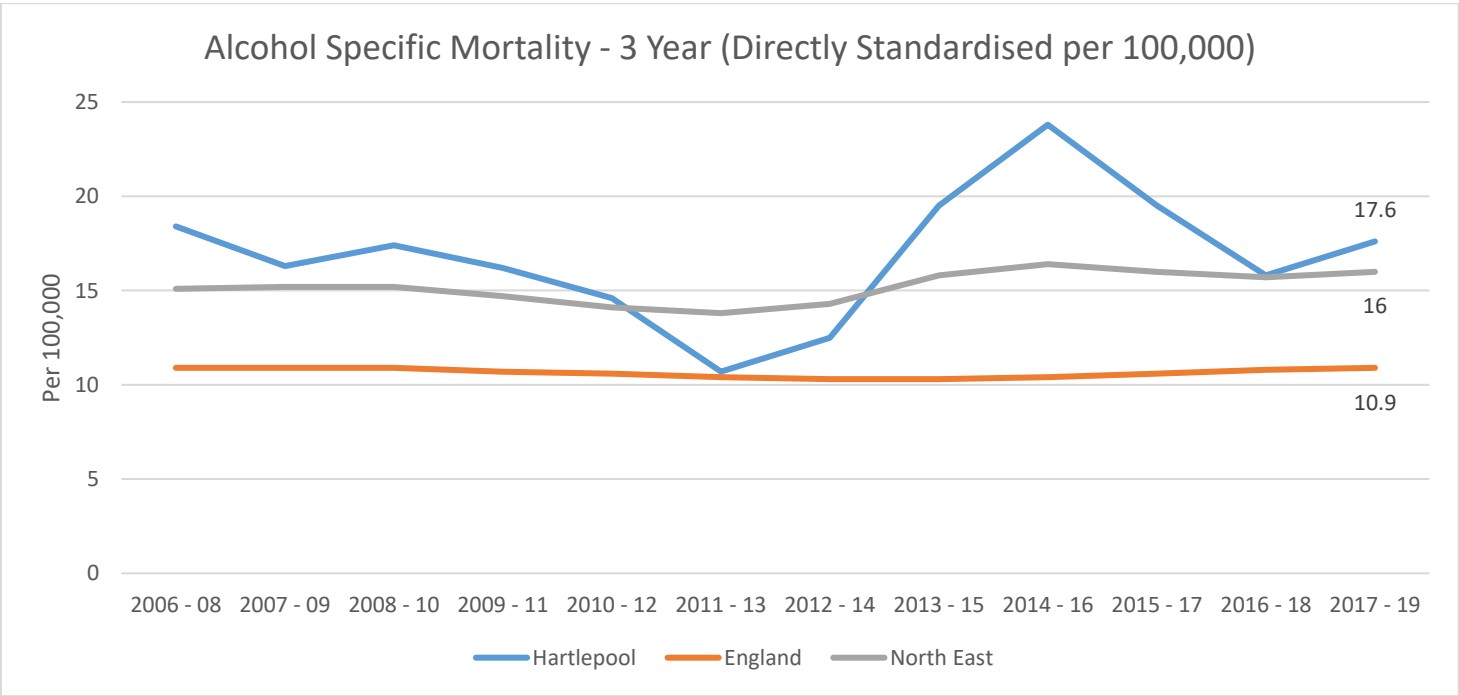
Hospital admissions and deaths due to alcohol

Hospital admissions and deaths due to alcohol are higher in Hartlepool than England, even when accounting for age of population through direct standardisation.

There were 904 admissions specifically due to alcohol for every 100,000 people in Hartlepool, compared with less than 600 admissions per 100,000 people in England.

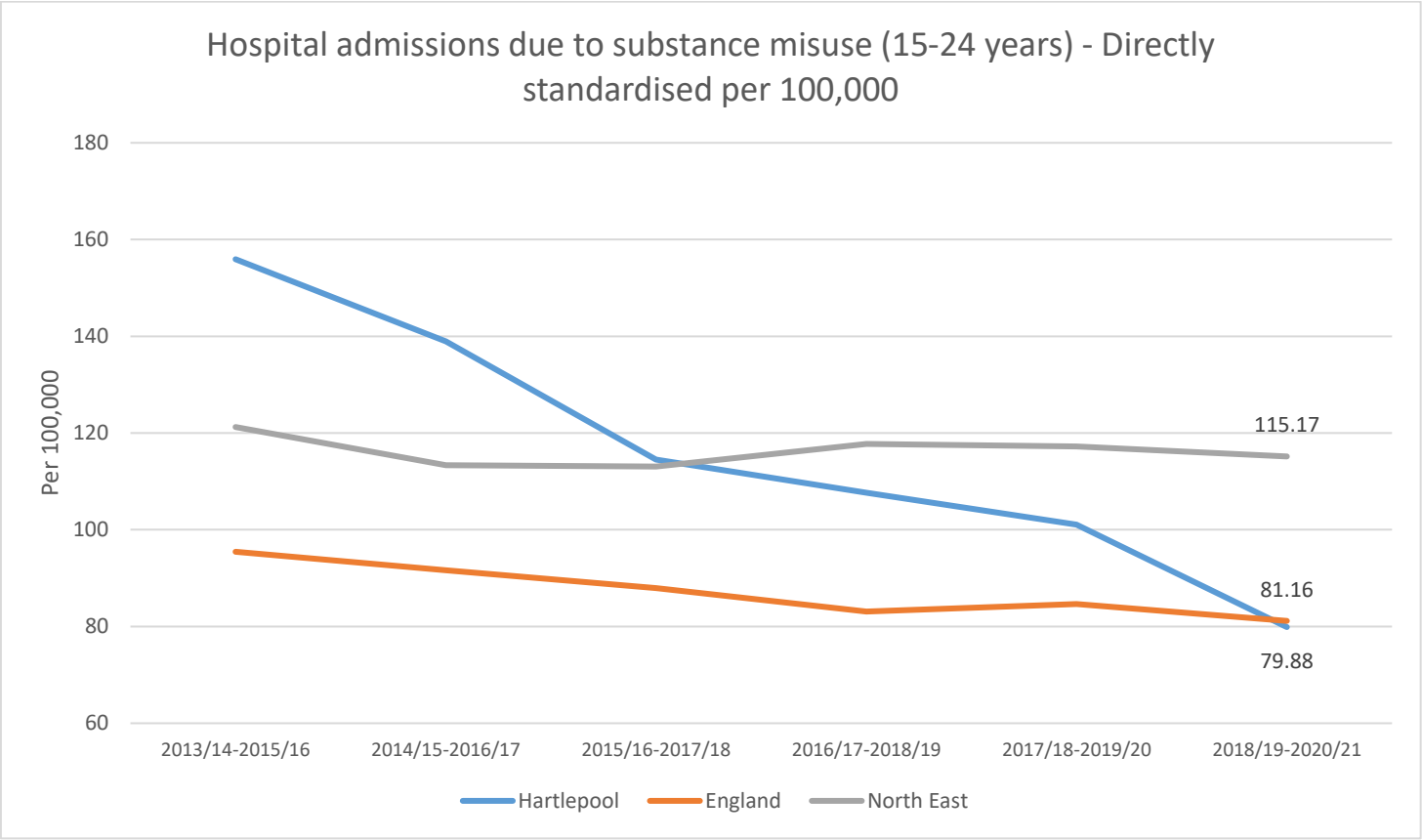


Between 2017 and 2019, there were more deaths specifically due to alcohol in Hartlepool compared with England (around 18 deaths specifically due to alcohol for every 100,000 in people Hartlepool compared with 11 deaths per 100,000 in England).

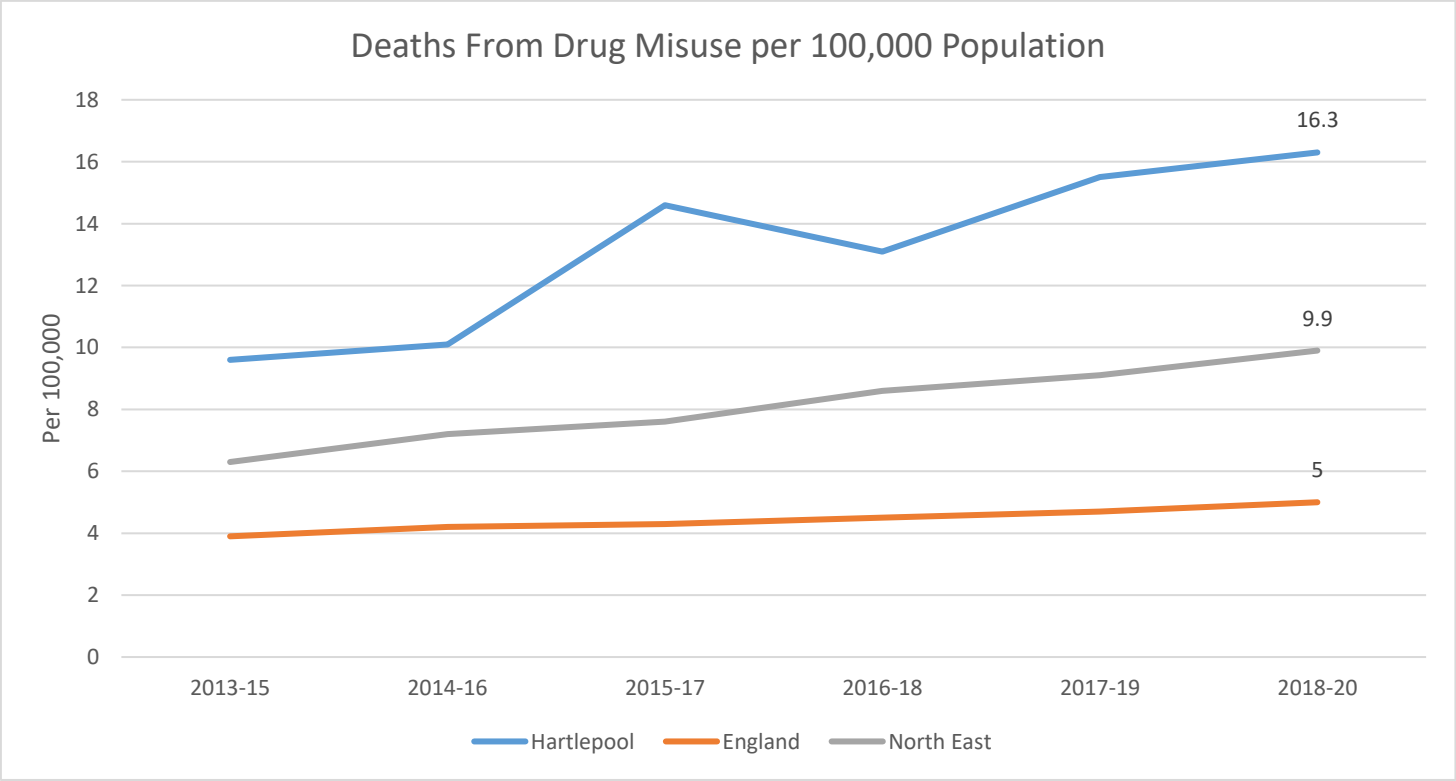


Hospital admissions and deaths due to illegal drugs (substance misuse)

In Hartlepool, drug-related hospital admissions have fallen over time but drug related deaths have increased.



There were 16 deaths specifically due to drugs for every 100,000 people in Hartlepool compared with 11 deaths per 100,000 in England and the gap in death rates has worsened over time.



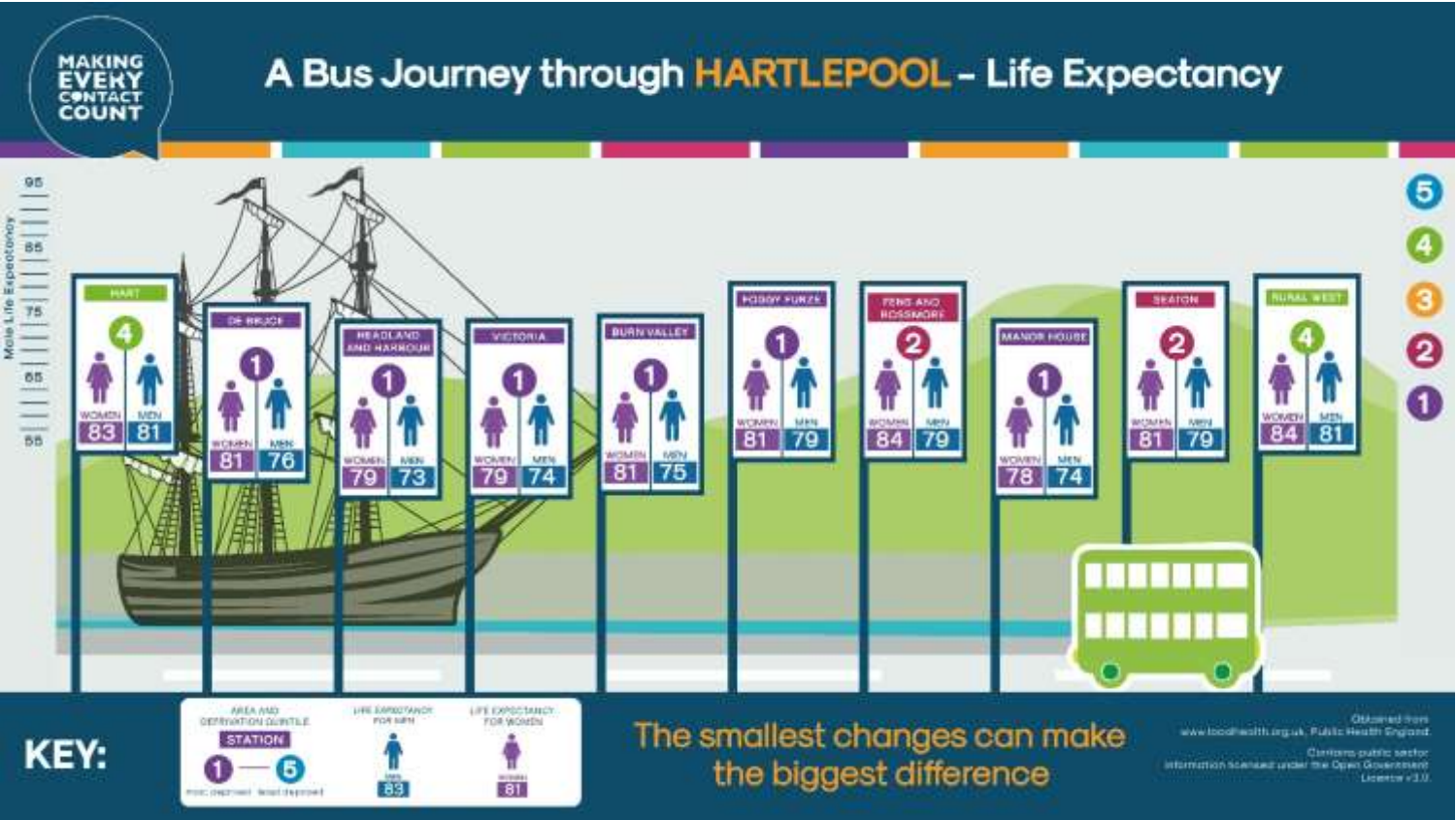
Source: ONS, 2022

Living well in later life

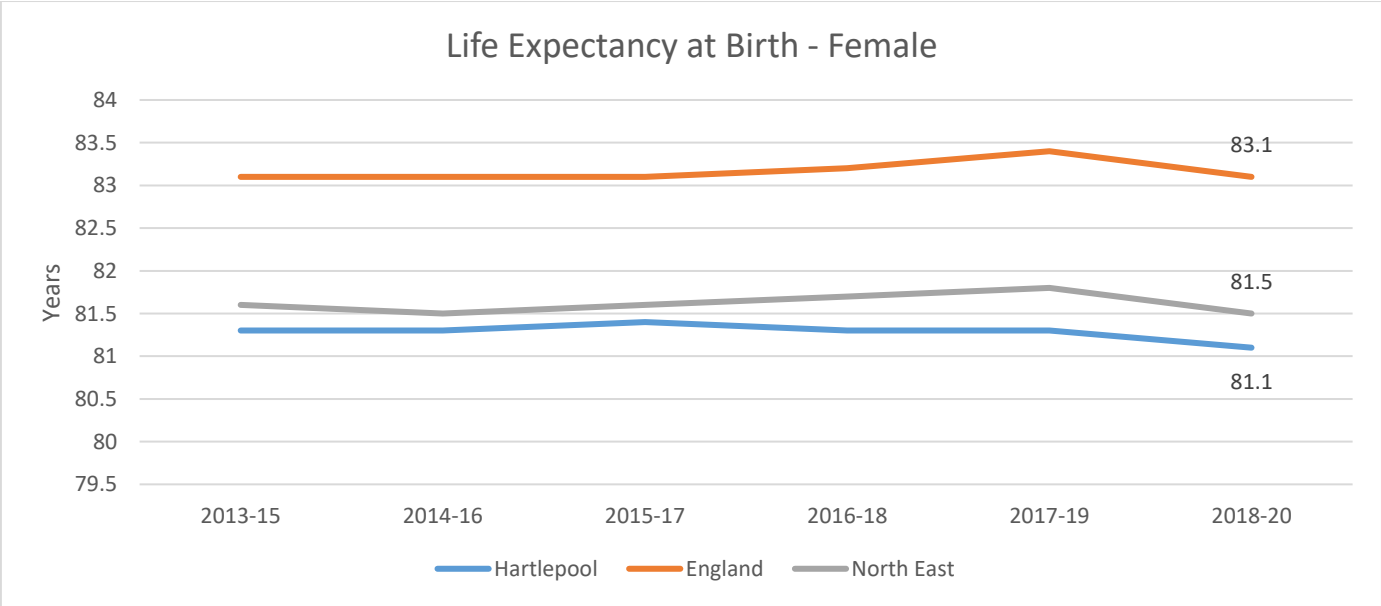
Length of life (Life Expectancy)

People in Hartlepool live shorter lives than people in the North East and England. In an average street in Hartlepool a women can expect to live to around 81 years old and a man can expect to live around 77 years old. In an average street in England, people can expect to live around 2 years longer (women can expect to live to around 83 and men can expect to live around 79 years old).

Life expectancy does vary across different areas of Hartlepool. For example in Manor House people can expect to live around 6 years less than people in Rural West. This is illustrated in the picture below showing life expectancy in different areas.

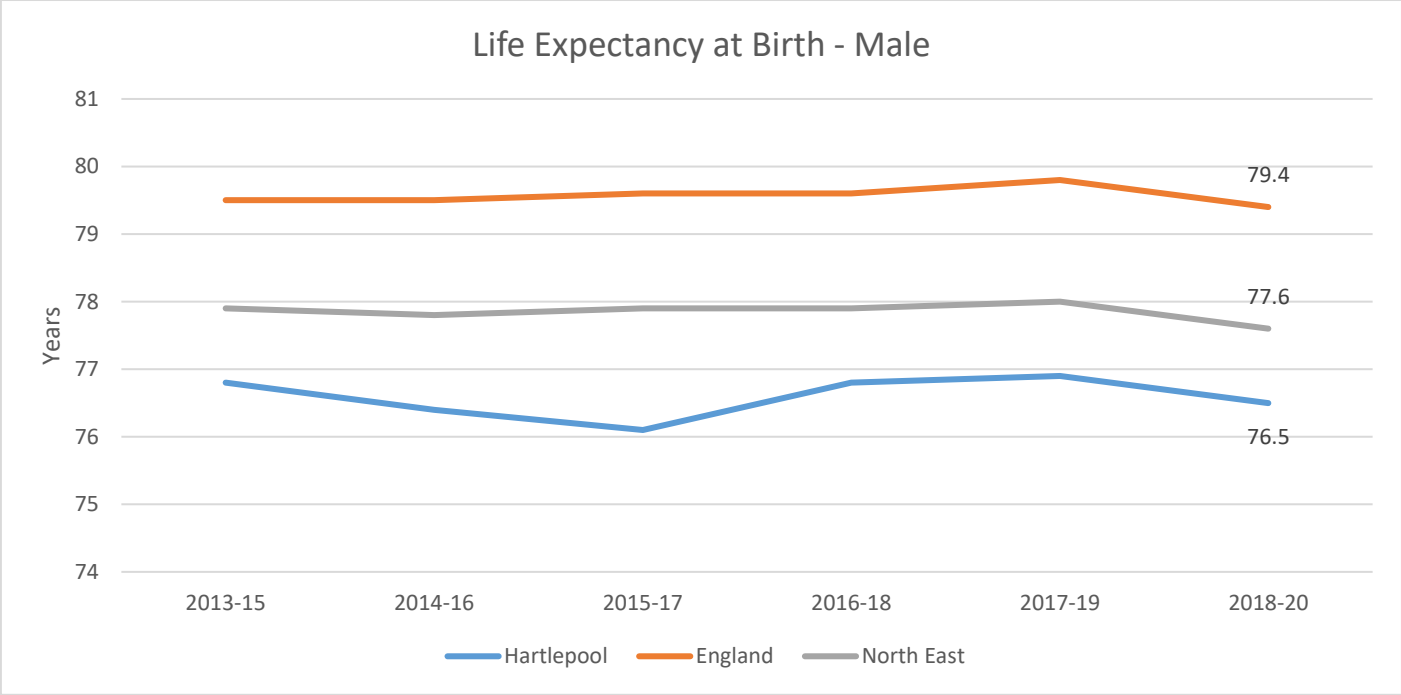


Hartlepool has experienced a downward trend in life expectancy in the latest figures for both males and females, however this is mirrored in the both the England and north east figures.





Source: ONS 2022

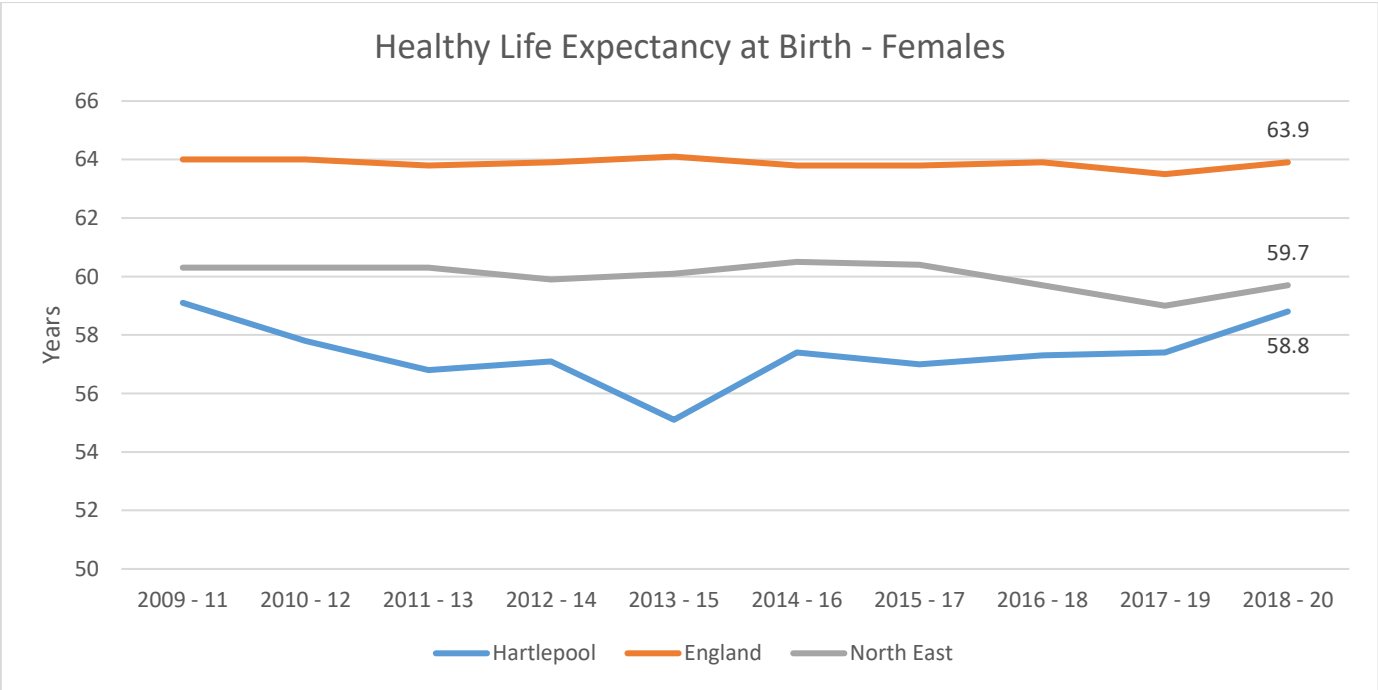


Source: ONS 2022

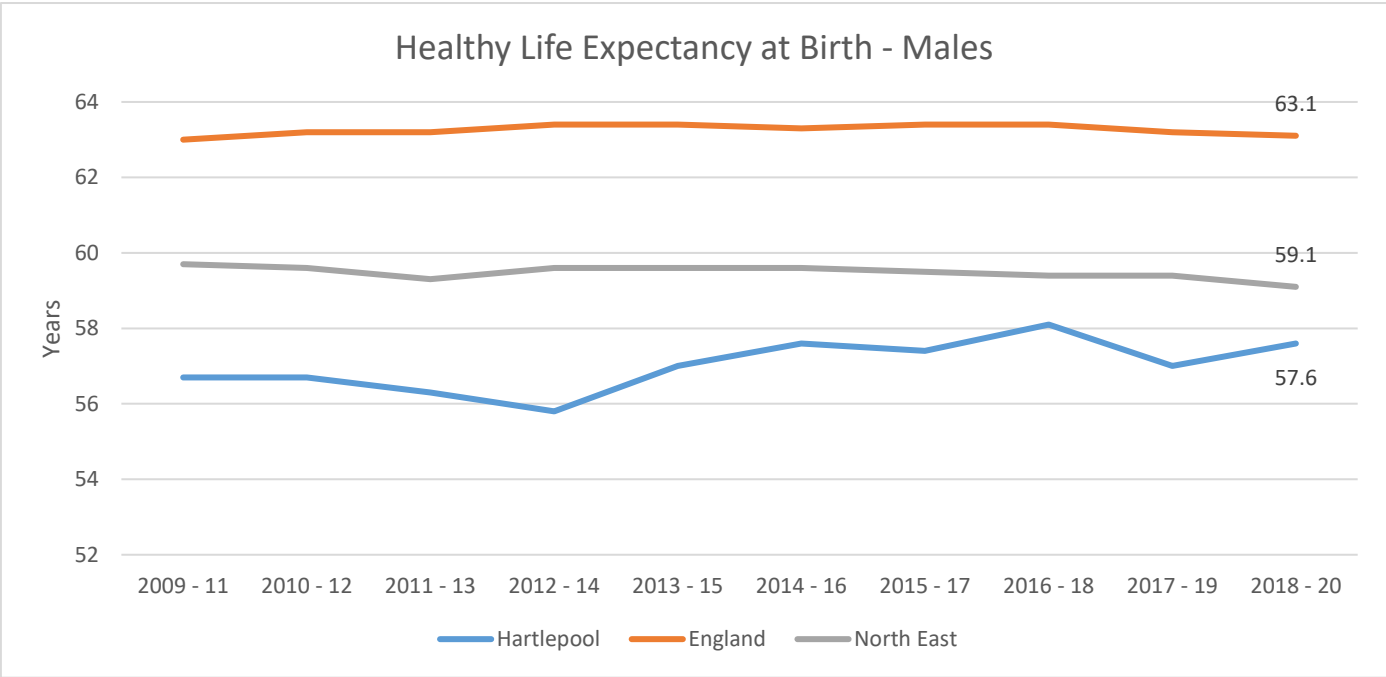
Healthy Life expectancy

Although length of life is important, quality of life of any extra years is arguably more essential. Healthy Life Expectancy (HLE) is number of years a person would expect to live in good health. It is based on death rates and the proportion of people reporting their health as “good” in surveys.

For healthy life expectancy, the Hartlepool figures are below both the national and regional averages.



Source: ONS 2022



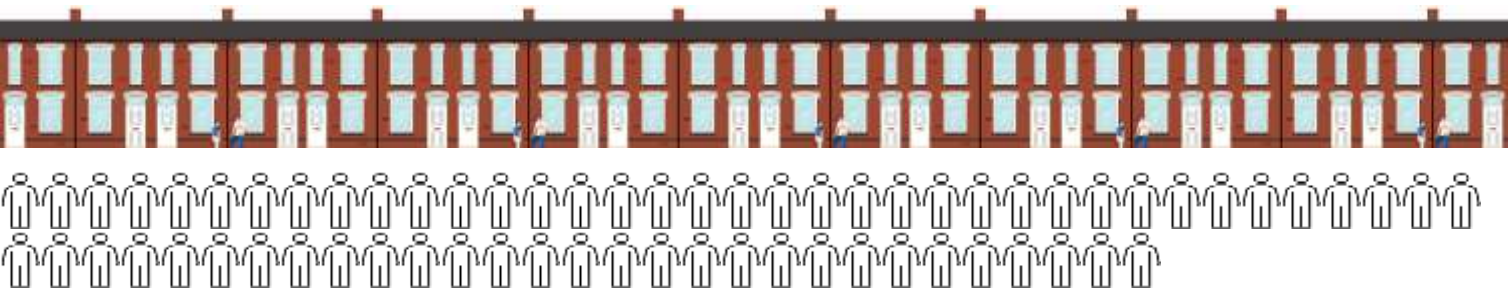
Source: ONS 2022

Both male and female healthy life expectancy at birth dipped in a way that was not mirrored by either the north east or England rates. For Hartlepool males the dip was in 2012-14 and for females in 2013-15. However both Hartlepool rates have increased since these points. Both male and female rates in Hartlepool have increased in the latest figures, with the female rate closer to the north east average than at any other point in the reporting period.

Bowel cancer screening

In an “average” Hartlepool street of one hundred people aged 60-74 years old, 65 have been screened for bowel cancer. This is similar to the number of people screened in an average street in England.

Number of people screened for bowel cancer on an “average” Hartlepool street of one hundred eligible people

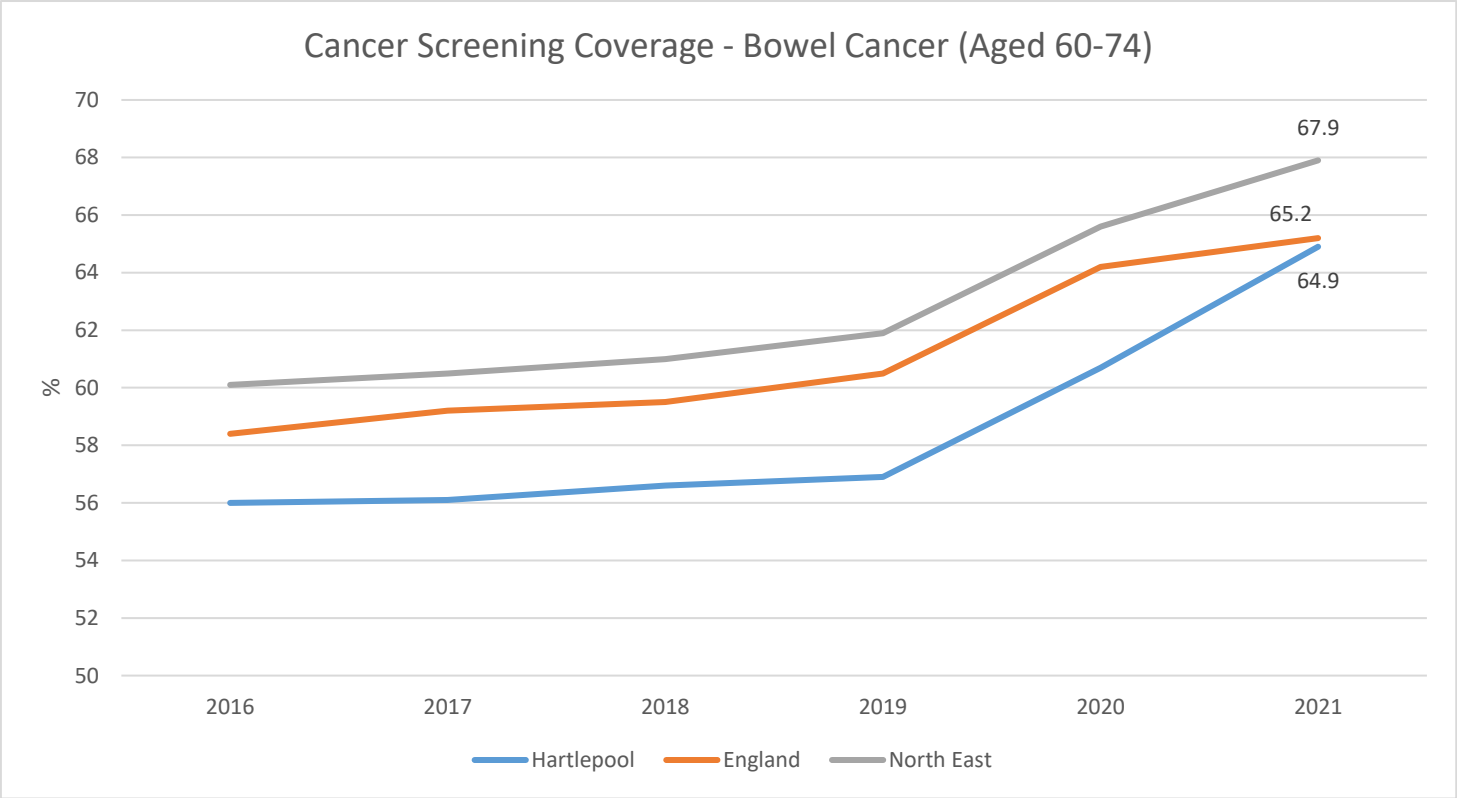


65 eligible people screened for bowel cancer on a street of 100



35 eligible people who have not screened for bowel cancer on a street of 100

The graph below shows more people in Hartlepool are getting screened for bowel cancer than previously (57% in 2019 to 65% in 2021).



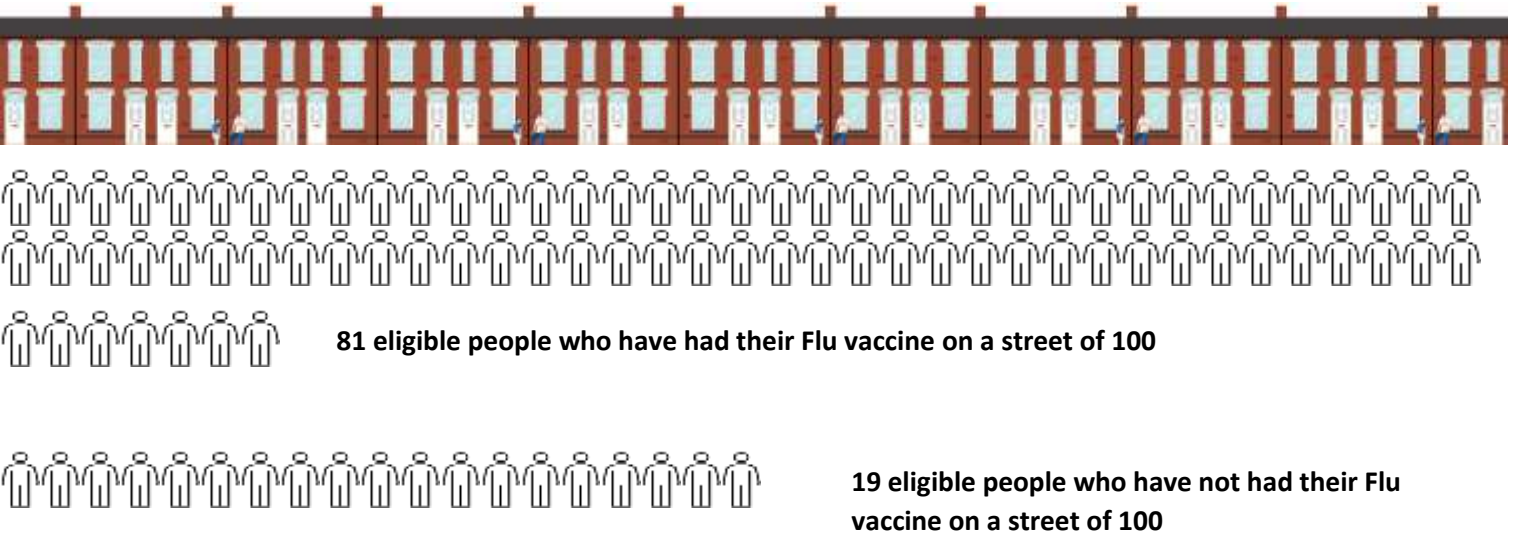
Immunisations

Adults are offered a single dose of Pneumococcal vaccine (PPV) at 65 years old and the Shingles vaccine between 70-79.

Adults 65 years and older (any younger people with particular health problems) are offered the Flu vaccine each year.

In an “average” Hartlepool street of one hundred eligible people, 81 have had their Flu vaccine, 62 have had their Pneumococcal vaccine, and 43 have had their shingles vaccine.

Number of women screened for breast cancer on an “average” Hartlepool street of one hundred eligible women



Of the adult vaccinations in Hartlepool, only Flu for people aged 65 years and older has hit the required target threshold, in this case 75%. This vaccination is also the only one showing a positive upward trend.

Spine chart showing adult vaccinations

Indicator	Period	Hartlepool		Region England			England	
		Recent Trend	Value	Value	Value	Worst	Range	Best
Population vaccination coverage - PPV <65% 65% to 75% ≥75%	2020/21	→	62.0%	73.7%	70.6%	49.9%		81.0%
Population vaccination coverage - Flu (aged 65+) <75% ≥75%	2020/21	↑	80.9%	83.7%*	80.9%*	63.5%		85.8%
Population vaccination coverage - Flu (at risk individuals) <55% ≥55%	2020/21	→	52.5%	56.6%*	53.0%*	33.8%		64.3%
Population vaccination coverage – Shingles vaccination coverage (71 years) <50% 50% to 60% ≥60%	2019/20	–	43.1%	50.8%	48.2%	25.8%		68.7%

Source: COVER 2022

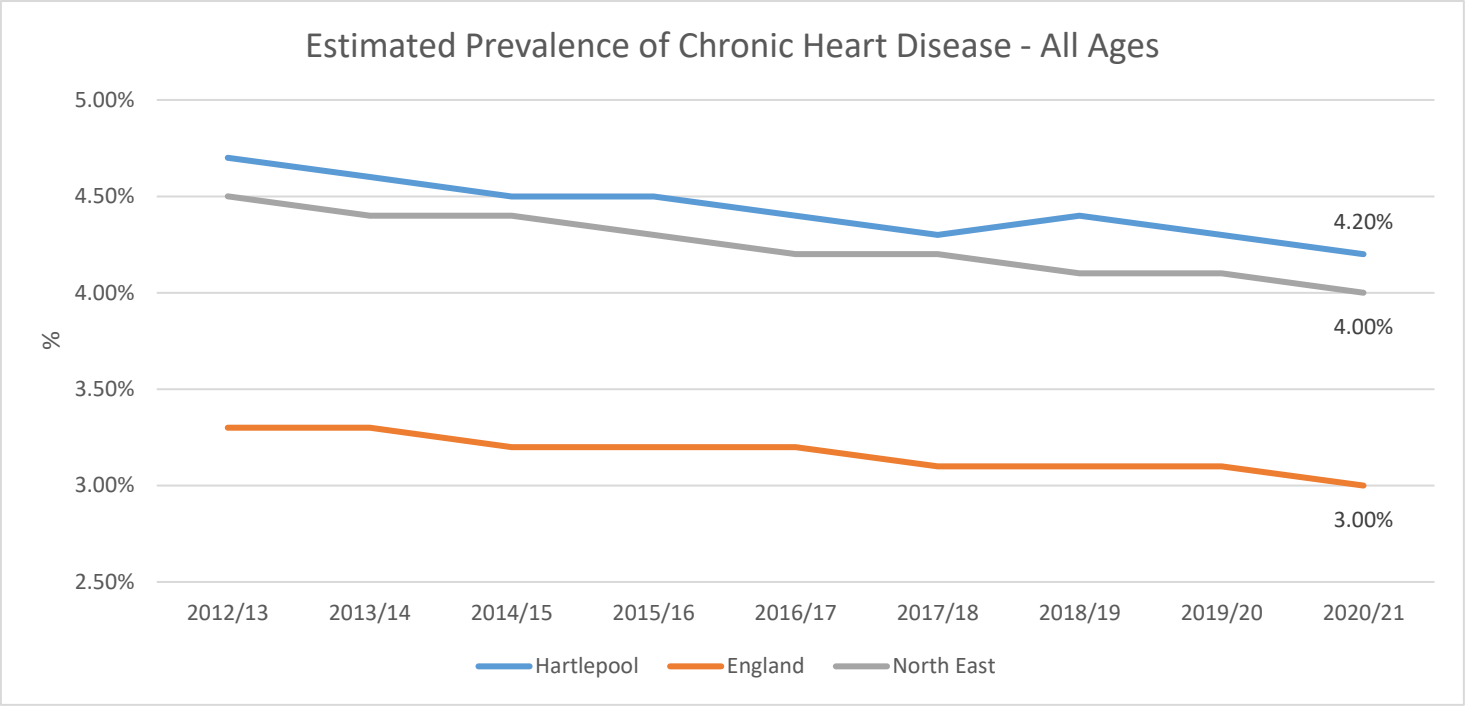
People living with chronic heart disease

In an “average” Hartlepool street of one hundred people, 4 are living with heart disease. In an average street in England 3 are living with heart disease.

Number of people living with heart disease on an “average” Hartlepool street of one hundred people



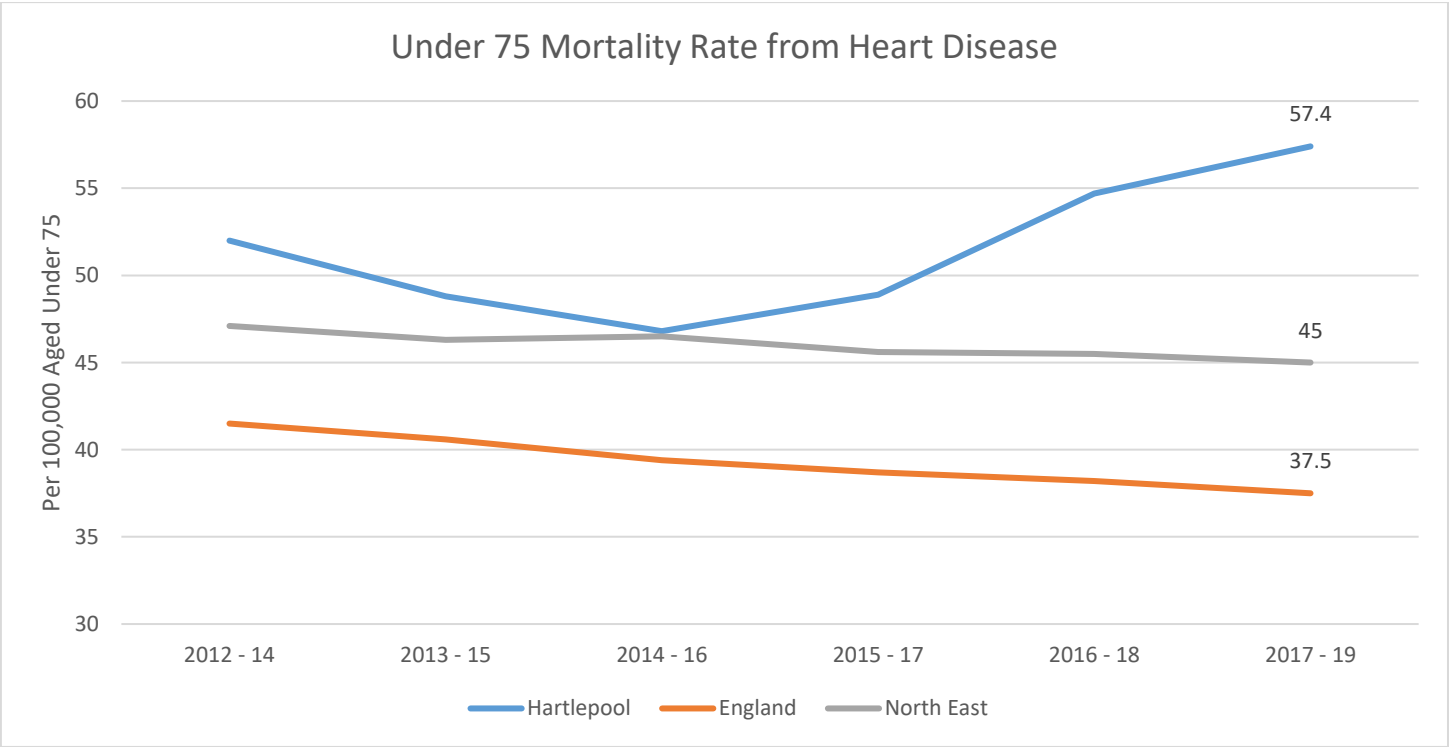
These figures are generally decreasing over time.



Early deaths from heart disease

Heart disease and stroke are common causes of death in old age. It is important to act on early deaths (deaths under 75 years) or preventable deaths due to heart disease or stroke. This can help people can live longer healthier lives.

The graph below shows early deaths due to heart disease in people in Hartlepool increased from 48.6 per 100,000 in 2014/16 to 57.4 per 100,000 in 2017/19. During these years deaths due to heart disease have been falling in the North East and England so the gap between Hartlepool and the rest of the country is worsening.



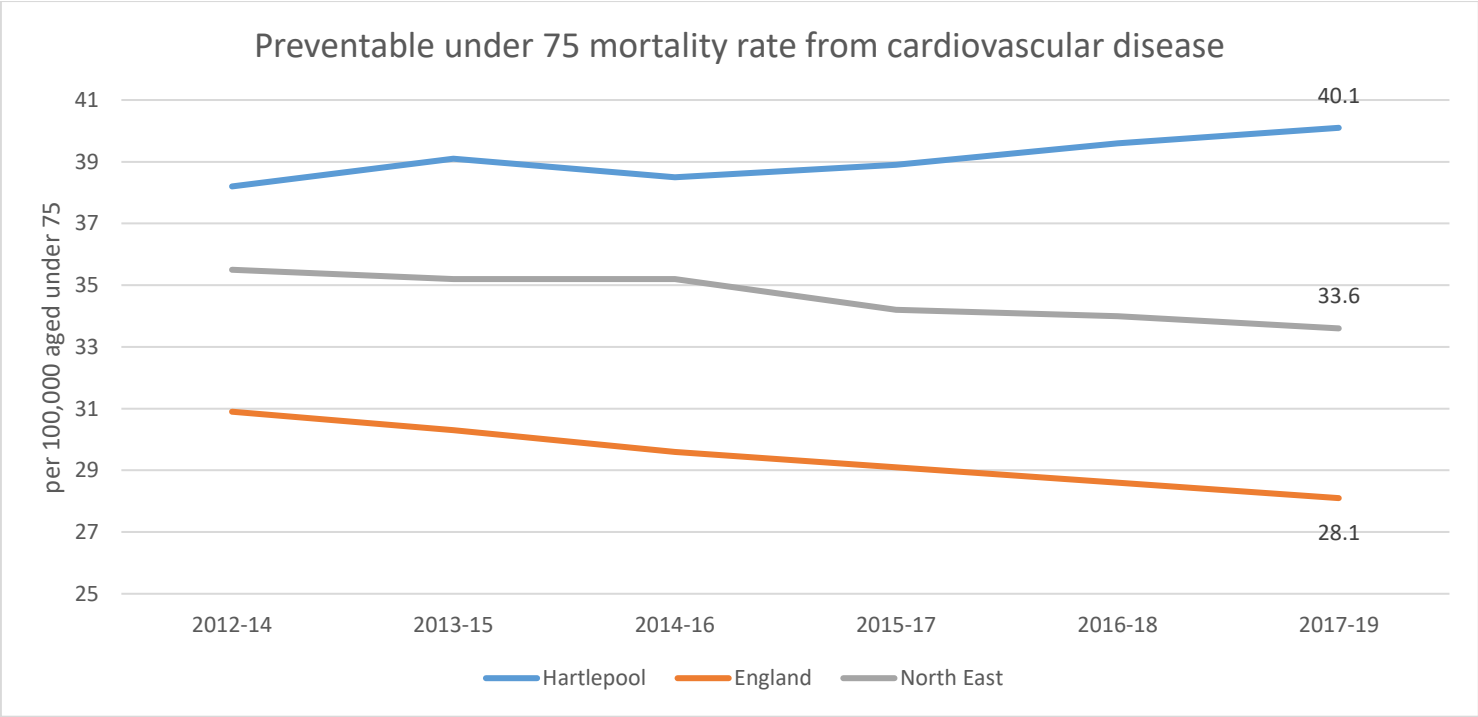
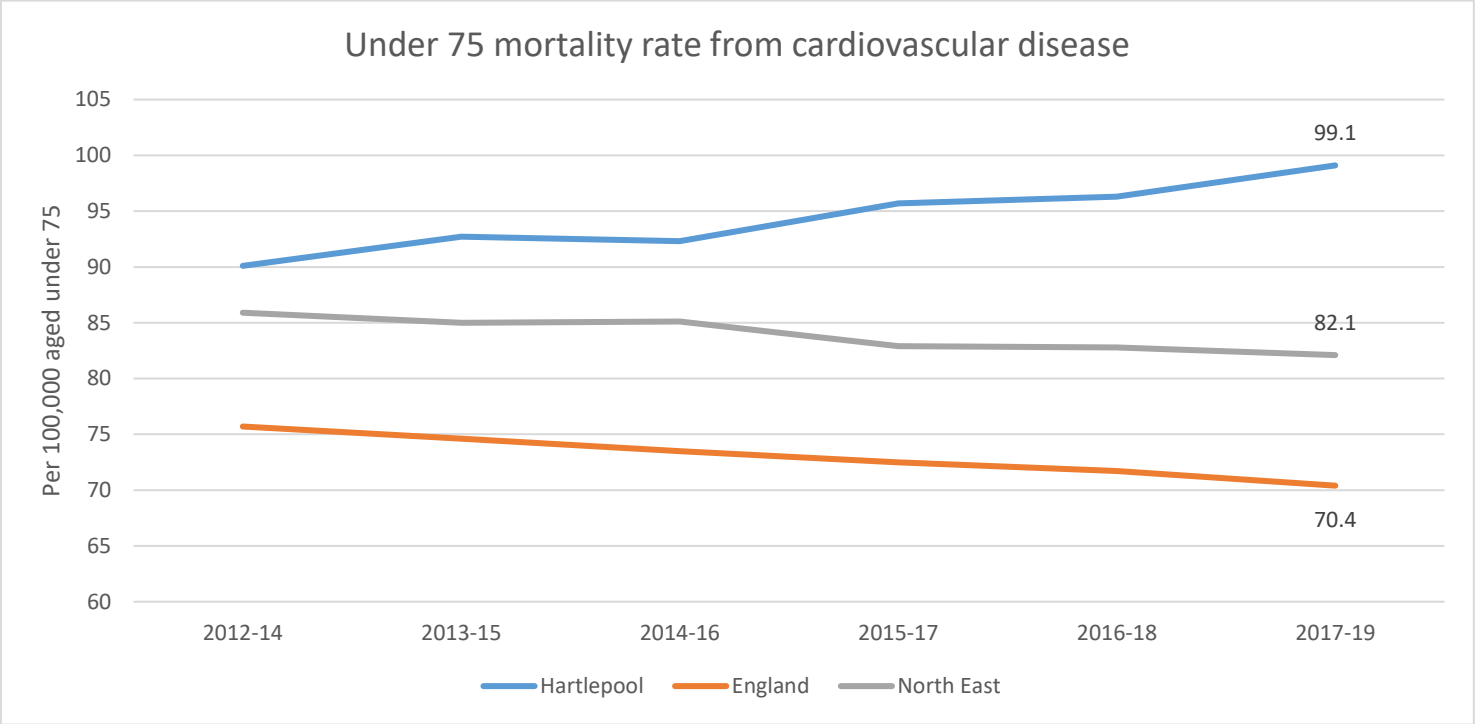
Source: ONS/OHID 2022

Early deaths from either heart disease or stroke

Deaths due to heart disease or stroke are often examined together (under cardiovascular disease) since they share many of the same risk factors.

People aged under 75 years old in Hartlepool are more likely to die from either heart disease or stroke than England. These figures are getting worse in Hartlepool over time (despite improving in the North East and England).

Around 99 people died of heart disease or stroke for every 100,000 people aged under 75 in Hartlepool in 2017-19. This is higher than in 2012-14, when there were 90 deaths for every 100,000 people. In contrast, the death rates in the North East and England are lower (82 in 100,000 and 70 in 100,000) and falling over time. This means the gap between Hartlepool and the rest of the country is worsening. A similar pattern is visible in the rates for preventable deaths.




Hospital admissions for falls

People aged 65 and over in Hartlepool, are less likely to be admitted to hospital because they have fallen than people in the North East or England and this has got better over time (1419 hospital admissions for falls per 1000 people aged 65 and over in Hartlepool vs around 2023 admissions per 1000 people in England).

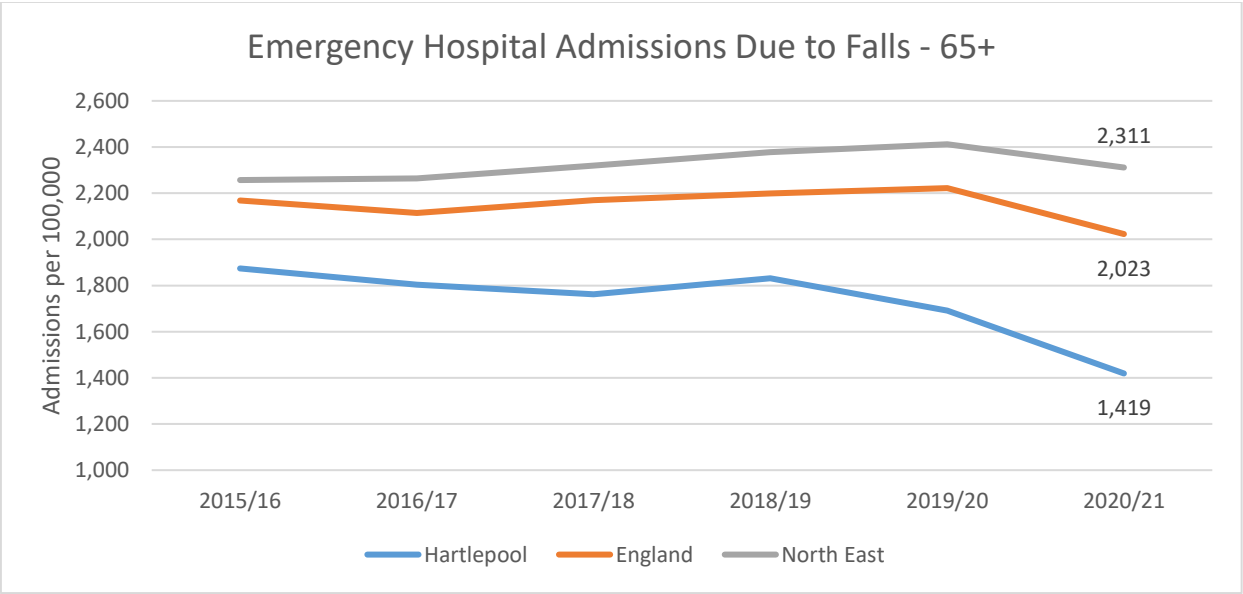
Another way to look at this is, in an “average” Hartlepool street of one hundred people aged 65 and over, around 1 person might be admitted to hospital each year. In an average street of one hundred people aged 65 and over in England, around 2 people might be admitted to hospital each year.

Number of people admitted to hospital due to a fall on an “average” Hartlepool street of one hundred people each year

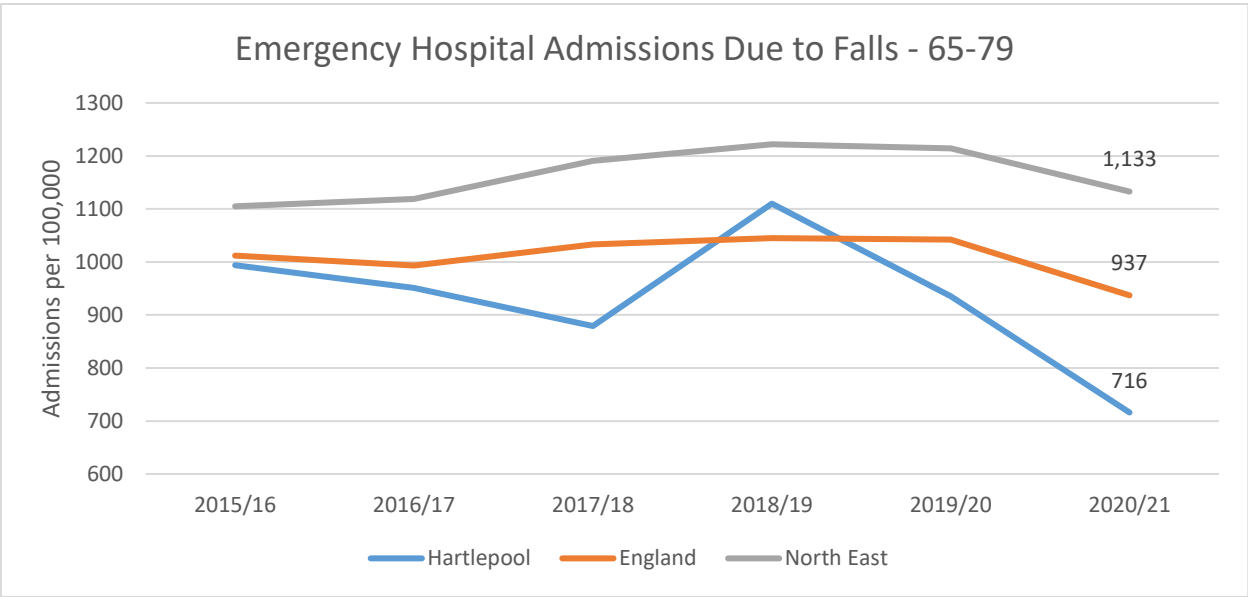


 1 person admitted to hospital due to a fall on a street of 100 each year

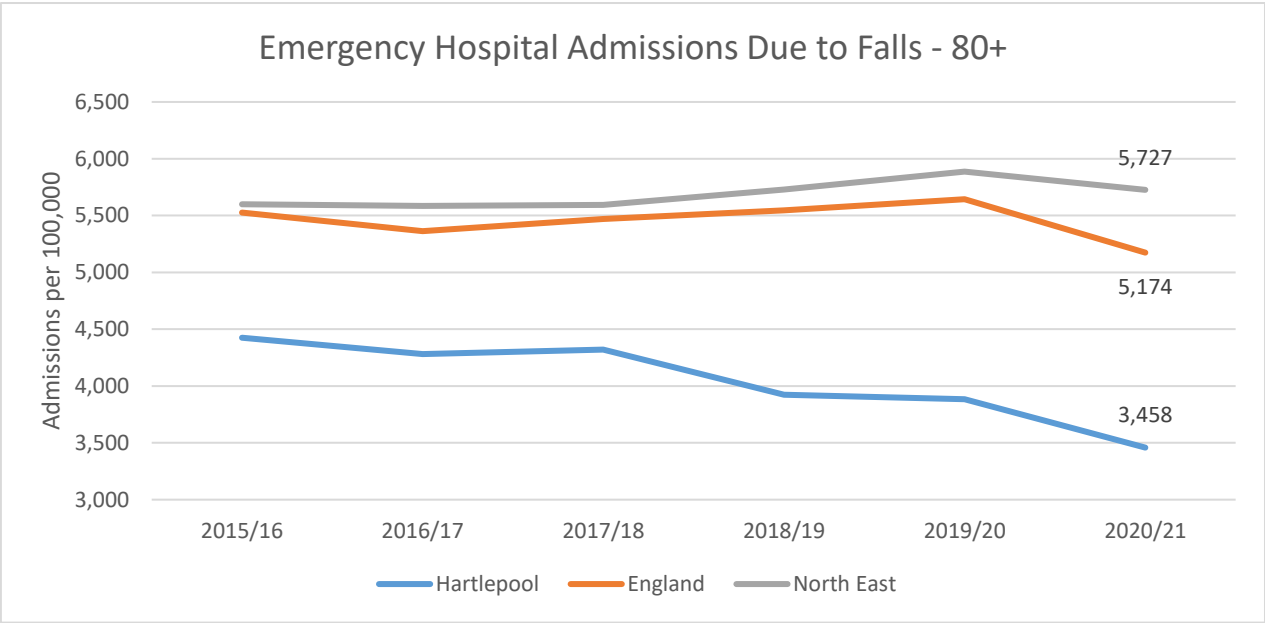
The graphs show Hartlepool has a declining trend in hospital admissions for falls in all of the elderly age brackets, 65+, 65-79 and 80+.



Source: HES/ONS/OHID 2022

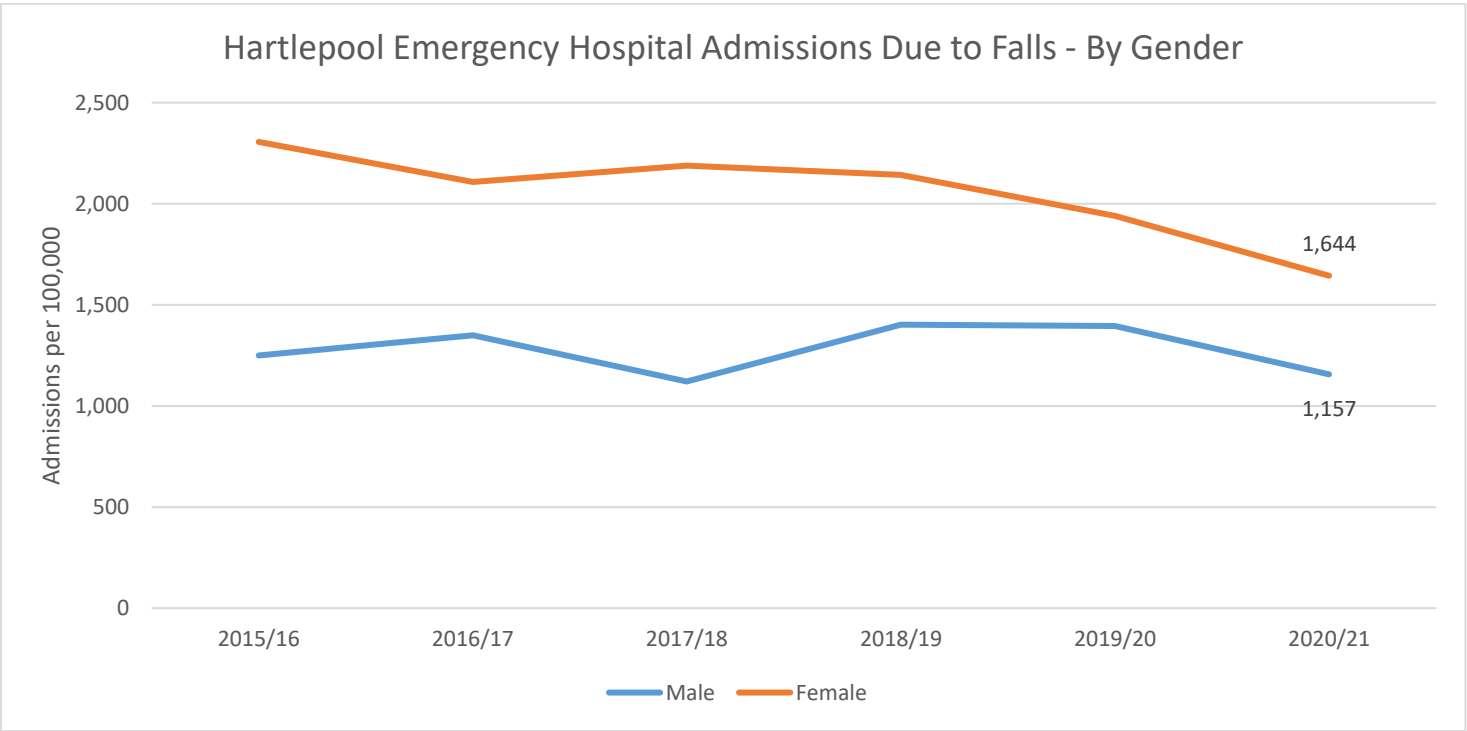


Source: HES/ONS/OHID 2022



Source: Source: HES/ONS/OHID 2022

Within Hartlepool, the hospital admission rate is higher for females, but the gap between the genders is closing. Both male and female admissions show a declining trend.

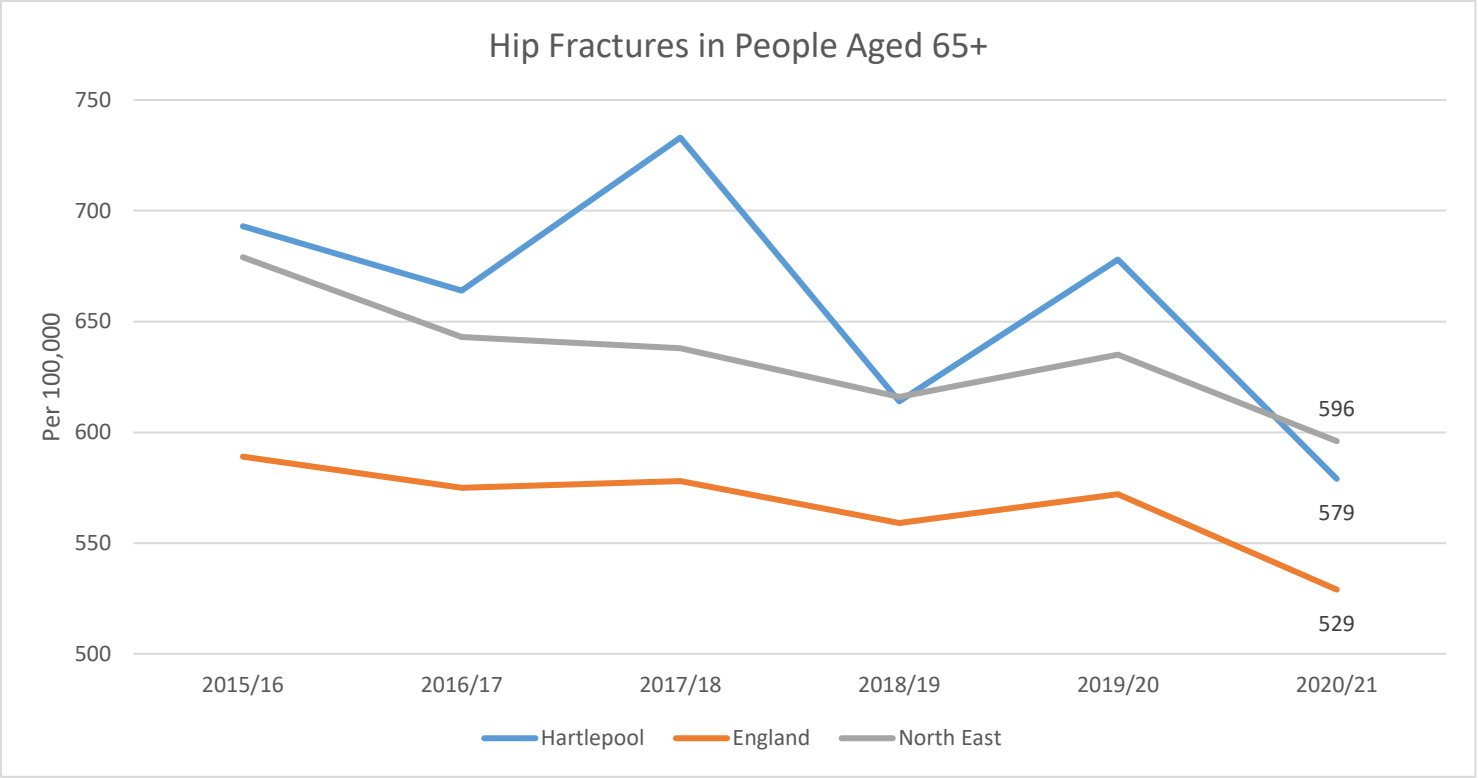


Source: Source: HES/ONS/OHID 2022

Lower figures for hospital admissions for falls could reflect fewer falls or people being less likely to be admitted to hospital after a fall.

Hartlepool’s rate of hip fractures in those aged 65 and above, whilst on a declining trend, has had a series of peaks and troughs throughout the reporting period. Hartlepool’s latest rate is similar to the north east average, though both are above the England average.





Source: Source: HES/ONS/OHID 2022

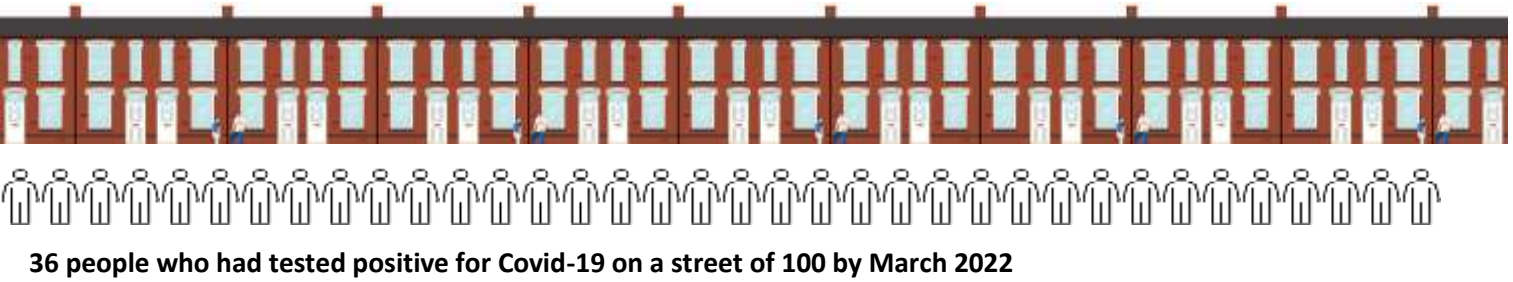
Covid-19

Covid-19 has affected all ages but older people have been at greatest risk of death throughout the pandemic.

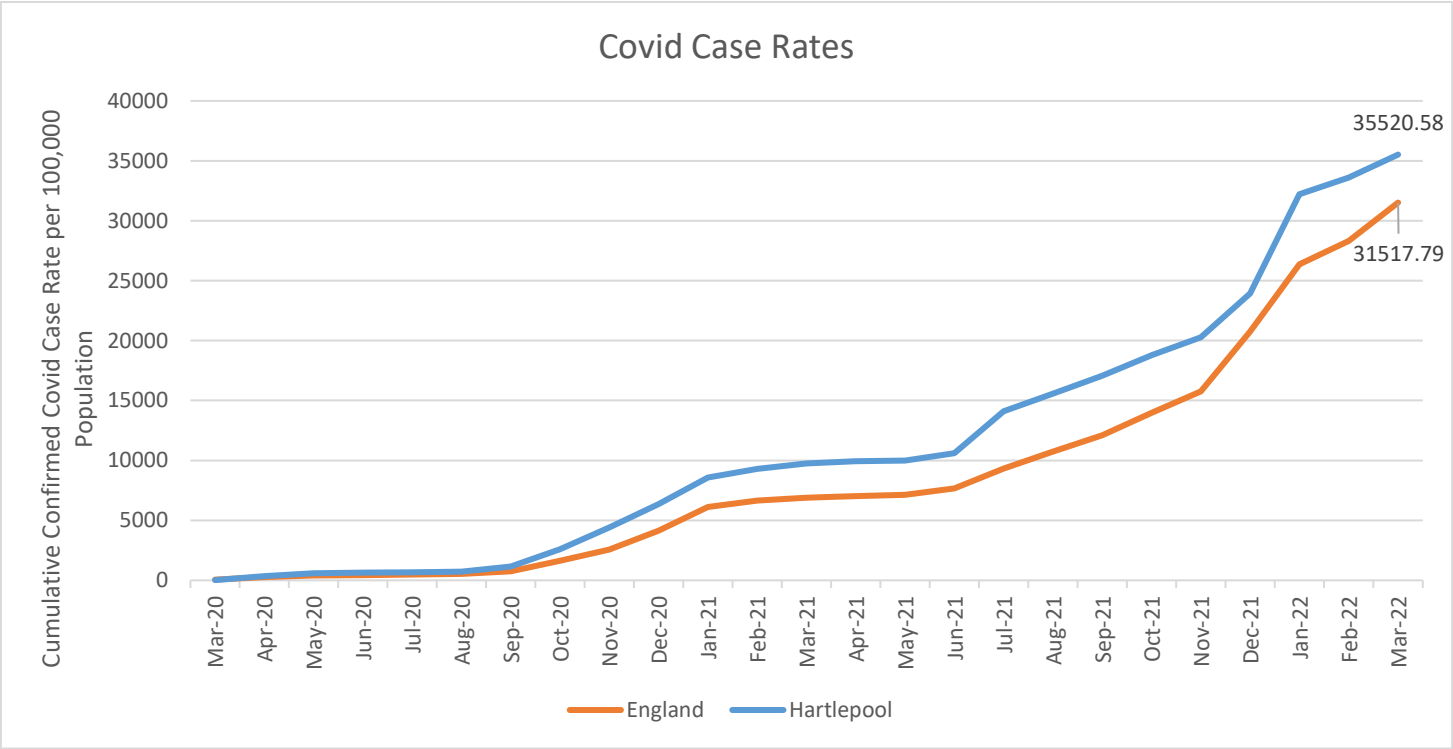
People in Hartlepool have been more likely to catch Covid-19 and die from it than people in England.

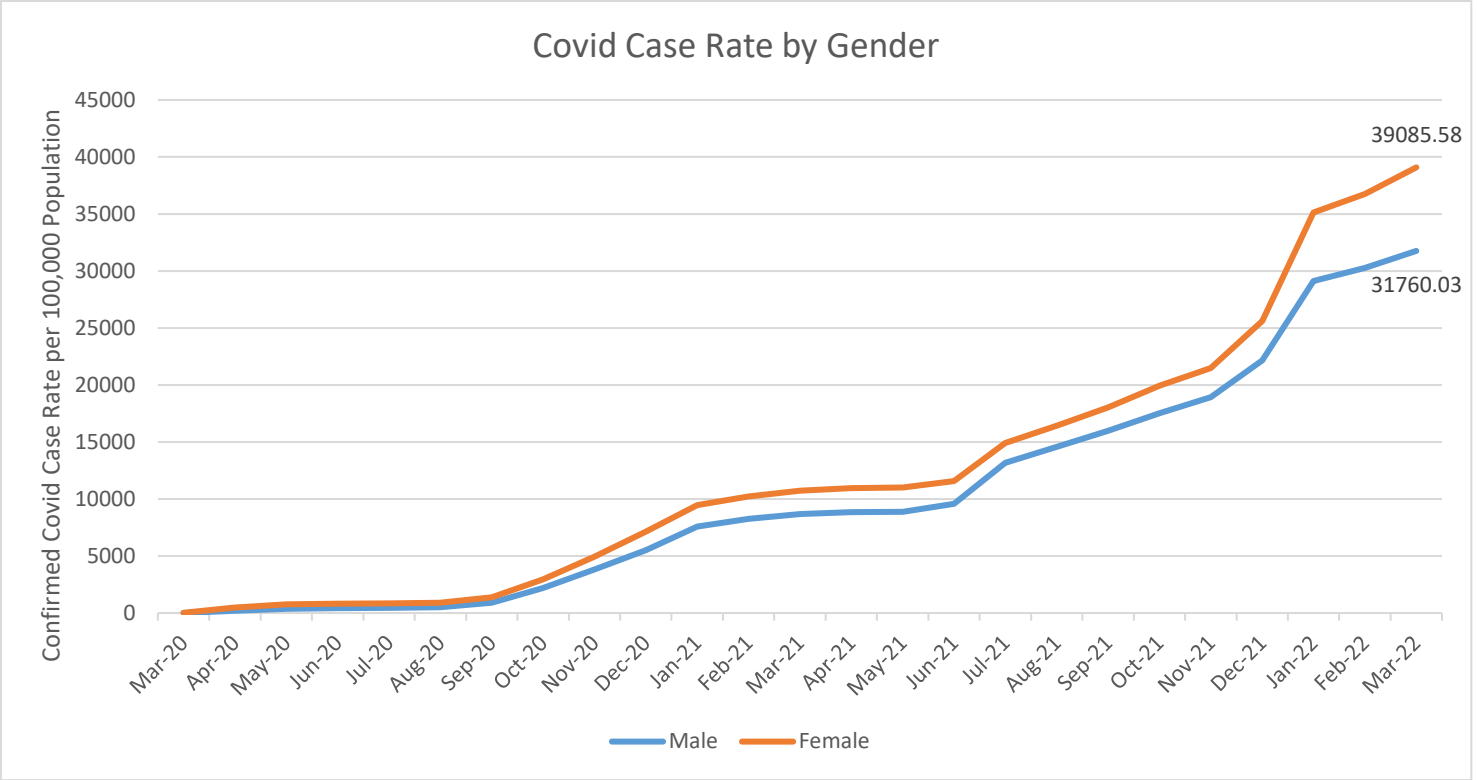
In an average Hartlepool street of 100 people, 36 people had tested positive for Covid-19 by March 2022 (when most free Covid-19 testing ended).

Number of people who had tested positive for Covid-19 on an “average” Hartlepool street of one hundred people by March 2022

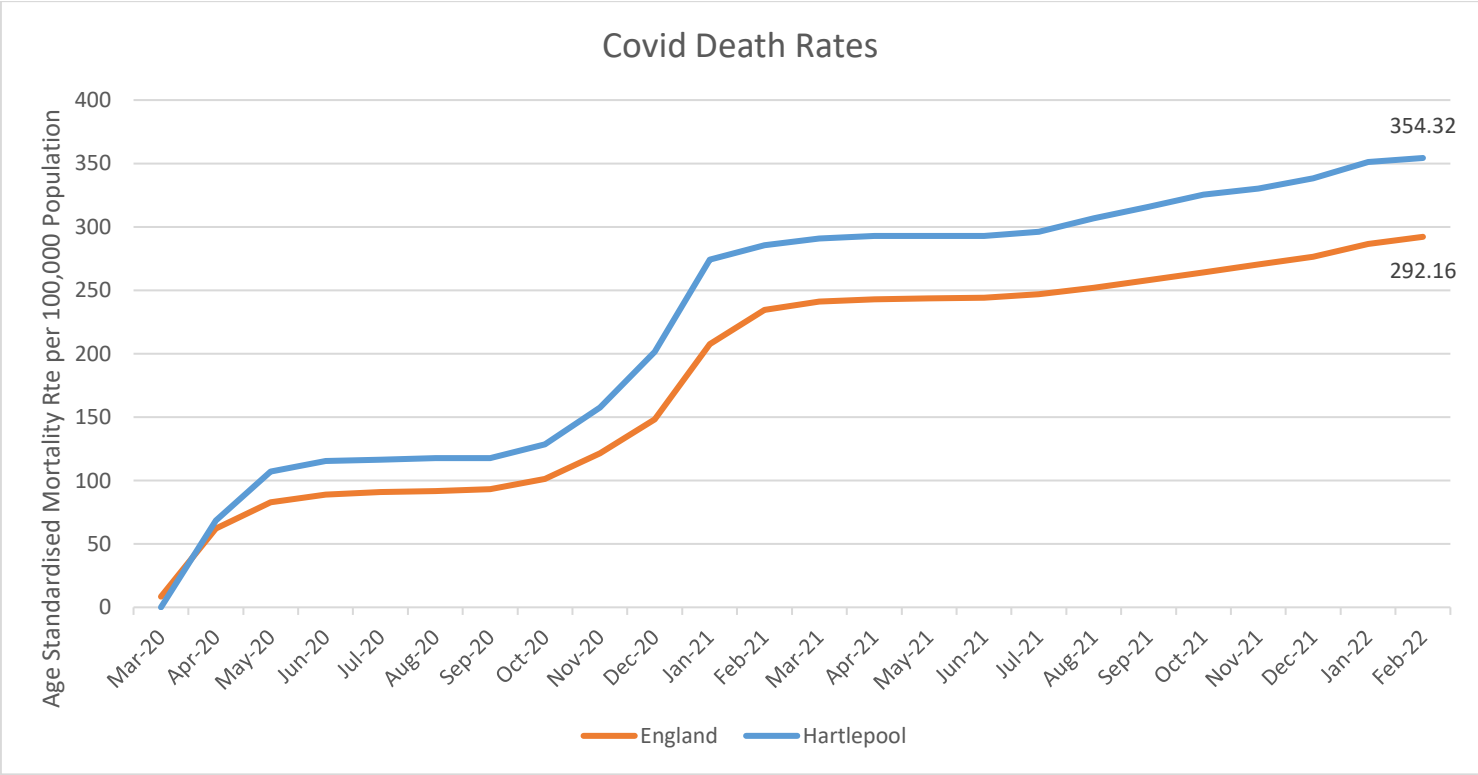


In an average English street of 100 people, 32 people had tested positive. Women were more likely to catch Covid than men.



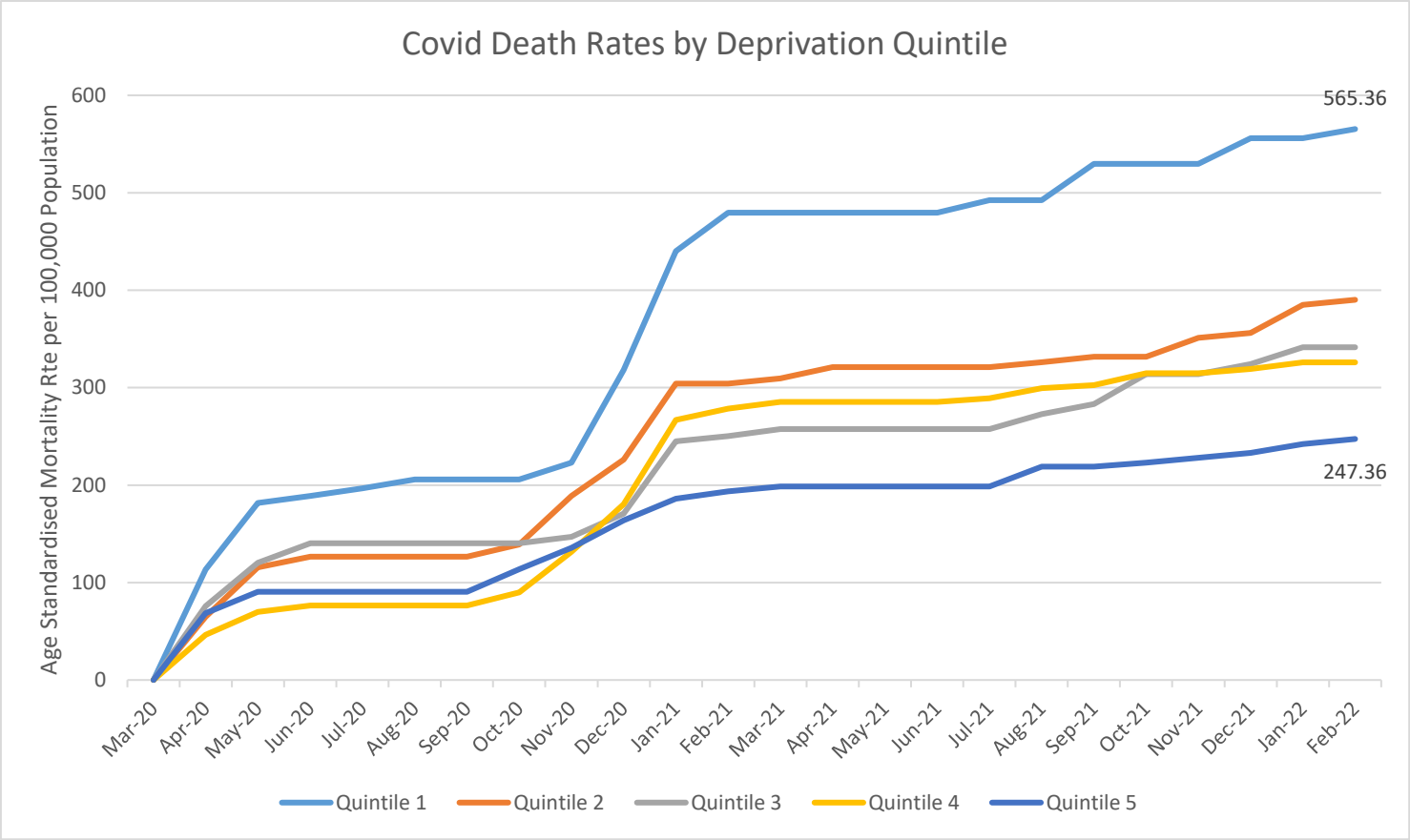


By February 2022 there were 350 Covid-19 deaths per 100,000 people in Hartlepool compared to 290 deaths per 100,000 people in England.



Source: CHIME 2022

Within Hartlepool, people living in poorer (more deprived) areas were more likely to die of Covid-19 than those in richer areas. The graph divides Hartlepool into five groups (quintiles) depending on how rich or poor an area is and compares the death rates. The death rate in the most deprived population (Quintile 1), was more than twice that of the least deprived population (Quintile 5).



Source: CHIME 2022

Conclusion

This document outlines some additional data to provide a baseline summary of Hartlepool. It describes some of the challenges, and inequalities, in Hartlepool as well as some good news. There is always more data that can be analysed and new updates to data. The [Fingertips](#) tool from the Office for Health Improvement & Disparities offers up-to-date data on a range of Public Health measures.

As well as analysing data, it is important to act together to make a difference. The final section of the Director of Public Health Report discusses ways in which we can all work together to improve health and wellbeing in Hartlepool.

# AUDIT AND GOVERNANCE COMMITTEE

12 January 2023



**Report of:** Director of Public Health

**Subject:** REVIEW OF THE RECONFIGURED SUBSTANCE  
MISUSE SERVICE AND NEEDS ASSESSMENT  
DATA

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## 1. PURPOSE OF REPORT

- 1.1 To update the Audit and Governance Committee on the progress and process taken to reconfigure substance misuse services across Hartlepool including increased investment from the National Drug Strategy. The report will also present findings of the recent draft Substance Misuse Needs Assessment 2022 and future work to develop a Hartlepool Substance Misuse Strategy with partners.

## 2. BACKGROUND

The Audit and Governance Committee, at its meeting on the 7<sup>th</sup> July 2022, discussed a range of potential topics for inclusion in its Work Programme for 2022-23. Members considered each topic in detail and expressed particular interest in an exploration of the level / impact of substance misuse in Hartlepool and the provision of Local Authority response services. It was subsequently agreed that the Committee would explore substance misuse services (drug and alcohol) in Hartlepool as the primary investigation of its 2022/23 Work Programme.

The misuse of drug and alcohol is one of the highest risk factors for ill-health across the UK with an estimate of 1 in 11 adults aged 16-59 to have taken a drug in the last year, with 1.1 million adults to have taken a class A drug. In the same year, it is estimated 358,000 hospital admissions were attributed to alcohol use, 6% higher than the previous year. Drug and alcohol use can lead to a number of physical and psychological conditions, such as liver disease, cardiovascular complications, high blood pressure, depression and anxiety.

The costs of alcohol and drug misuse to society are significant. Estimates show that the social and economic costs of alcohol-related harm amount to £21.5billion, while harm from illicit drug use costs £10.7billion. However, it is said £4 social return is made for every £1 spent on treatment and support services.

Whilst we may not yet have seen the long term impacts of the COVID-19 pandemic, we can see that the sales of spirits saw an increase of £317 million (+8%) and wine £299 million (+7%). Individuals who reported higher levels of alcohol use before the pandemic, reported further increases of alcohol consumption during the pandemic, putting individuals at further risk of alcohol related harms. Research has suggested that people using illicit substances were at greater risk of overdose and blood-borne infections throughout COVID-19, potentially having longer-term health implications.

The reasons why an individual may increase their alcohol use, or take illicit drugs can vary. However, research has shown that adverse childhood experiences (ACE) are prevalent amongst those who take substances. Drugs and/or alcohol may also be used to help manage with emotional distress or traumatic experiences. Therefore, it is important that safe and effective treatment is available for those who need it.

## 2.1 Hartlepool Substance Misuse Needs Assessment findings

The Public Health team and partners have worked together to complete a substance misuse needs assessment. The needs assessment aims to analyse the current need and identify any gaps in treatment and support services in Hartlepool by exploring previous and current data relating to drug and alcohol related harms.

Key themes:

- Alcohol specific mortality for females
- How we support children living with an alcohol dependant parent
- A rapid increase in drug related deaths
- Opiates and alcohol remain the two most common substances used

The findings from the needs assessment and recommendations will inform a local substance misuse strategy.

## 2.2 Rational for reconfiguration of substance misuse services

Historically treatment provision in Hartlepool had been commissioned through several providers. Provision has been delivered by a dedicated clinical provider and separate provider for psychosocial, family and carer support, young peoples' substance misuse service, offender service and a needle exchange. In 2014 this was consolidated into 2 contracts; one for a clinical service and the other for a psychosocial service for both adults and young people, which brought together all other aspects of previously

commissioned services. In addition it is also noteworthy that the LA has a strategic core substance misuse delivery team based at Whitby Street.

In 2016 a proposal was submitted and agreed to an In-House Provision of Recovery Support and external provider for specialist clinical provision for Hartlepool.

### 2.3 The New model

The START model is delivered by an integrated team between Hartlepool Borough Council and Foundations. It is a model which facilitates individuals to progress through different levels of support, recognising achievements throughout a treatment and recovery journey. Interventions are evidence based, appropriate to need and delivered in a way that reduces risk and are non-restrictive.

The model was developed using an evidence based approach, with reference to NICE guidelines, Drug Strategy 2017, Medications in Recovery and Routes to Recovery publications.

Following a comprehensive assessment of need, a care plan is collaboratively agreed, considering physical health, mental health, social circumstances, goal setting and recovery planning. People are supported through various pathways in service, according to need, consisting of both clinical and non-clinical services. Including but not limited to, prescribing services, stabilisation, reduction and detoxification plans, as well as harm reduction services including needle syringe programmes and Blood Borne Virus (BBV) testing and treatment pathways.

START Hartlepool is one of the most accessible community drug and alcohol treatment services in the North East, with same day assessment and prescribing being made available, compared to waiting lists of up to six weeks in neighbouring areas.

START works with multiple key partners, including Children's Social Care Services, mental health services, primary and secondary care health services and criminal justice services to manage risk and safeguard vulnerable adults/children and young people.

### 2.4 National Drug Strategy and funding

#### **Review of drugs: phase two report - The second part of Dame Carol Black's independent review of drugs focuses on prevention, treatment and recovery**

Dame Carol Black was commissioned by the Home Office and the Department of Health and Social Care to undertake a 2-part independent review of drugs, to inform the government's strategy on tackling the harms associated with drugs and alcohol. Part one was published on 27 February 2020 and provides analysis on the challenges posed by drug supply and

demand. Part two was published on the 8 July 2021 and focused on drug treatment, recovery and prevention. The report focused on 32 recommendations to enable vulnerable people with substance misuse issues to access support and recover.

The key areas include:

- Centralised reform of leadership, funding and commissioning
- Rebuilding services
- Increased focus on primary prevention and early interventions
- Improvements to research and how science informs policy, commissioning and practice

### **From harm to hope: A 10-year drugs plan to cut crime and save lives**

Following Dame Carol Black's two tier review of drugs policy and subsequent report published in 2021, the Government have launched their ambitious plan to tackle the misery and harm caused by illegal drugs. From harm to hope was launched in December 2021 and sets out the government's three priorities to:

- Break drug supply chains
- Deliver world-class treatment and recovery services
- Achieve a shift in the demand for recreational drugs

The strategy is underpinned by the investment of over £3 billion in the next three years, Hartlepool will receive an additional investment as outlined above £2,702,747 within this period.

## **3. PROPOSALS/ISSUES FOR CONSIDERATION**

### **3.1 Service**

Consideration should be given to the lack of specialist services for inpatient detoxification and residential rehabilitation. There are no specialist facilities serving the region of the North East.

Limited funding was made available to all local authorities (LAs) via an additional grant in 2021/22, to specifically commission inpatient, medically managed drug detoxification resources in the North East. Grants were awarded to regional or sub-regional consortia proposals.

In scoping opportunities and proposal options it became evident there were no specialist facilities readily available to commission the inpatient drug detoxification bed.

The Tees Valley consortia currently commission North Tees and Hartlepool NHS Foundation Trust to deliver an NHS inpatient detoxification unit (IPU). The IPU consists of one full time bed serving the whole Tees Valley (TV) area.



This service provides safe withdrawal from alcohol (only) dependence for TV residents who have been referred by specialist community drug and alcohol recovery services as part of their recovery plan.

Funding for this service is expected to continue through 2022/23, 2023/24 and 2024/25.

Hartlepool and the TV area, continue to have no access to a specialist service for inpatient drug detoxification.

Consideration should also be given to the overall poor health of the drug using and alcohol dependent community. The NHS is poor at engaging with the wider health needs of drug users and medical co-morbidities (for example hepatitis C, HIV, heart and lung disease) requiring very high need for health services. Community substance misuse services should support healthcare systems to find ways to reach these vulnerable patients, we should consider specialist clinics within substance misuse services and assertive outreach for repeat attenders at emergency departments. We need to work with local physical healthcare services to improve access to physical healthcare for this vulnerable, high risk of death, cohort.

### 3.2 Substance Misuse Strategy

The strategy must include partners across all agencies including voluntary and community sector and represent service user voices. The strategy should also take a whole system approach looking not only at treatment services but focus on education and prevention and working with police and licensing colleagues to address crime and disorder in the night time economy.

## 4. RECOMMENDATIONS

- 4.1 Agree proposed format of reporting to Audit and Governance Committee
- Session one 12<sup>th</sup> January 2023 - Overview of the current journey to date review implemented treatment model and presentation of the draft Substance Misuse Needs Assessment for Hartlepool.
  - Session two 9<sup>th</sup> February 2023 - The new model and treatment offer including partner and service user feedback on new model
  - Session three 16<sup>th</sup> March - Consolidation, vision and timescale for the substance misuse strategy and next steps
- 4.2 It is recommended the Audit and Governance Committee note the progress taken to refresh the Substance Misuse Needs Assessment and the highlighted proposals and issues for consideration.
- 4.3 Note the restructure of treatment services in Hartlepool and the additional national investment to enhance treatment quality.

- 4.4 To accept this document will inform the development of a Substance Misuse Strategy and action plan and annual reports will be submitted to the committee to show progress against priorities.

## 5. REASONS FOR RECOMMENDATIONS

- 5.1 Public Health have a responsibility to work with partners to develop a substance misuse strategy which is based on data identifying need and is evidence based in order to inform service delivery and:
- Look at opportunities for partnership working across the system to improve preventative support and information and access to support services.
  - Aim to develop evidence based, intervention programmes and outreach services ensures a full range of evidence-based services are available to our local treatment population.
  - Evidence based programmes offer variety for interventions as well as creating capacity for staff managing large caseloads and space for quality improvement.
  - Caseload segmentation can increase the quality of specialist care, staff navigating fewer treatment pathways and providing dedicated interventions to specific substances having an impact on effectiveness of treatment
- 5.2 To aide service development and enhancing treatment quality, in line with the 2021 drug strategy *From Harm to Hope* and Dame Carol Black recommendations, I recommend consideration be given to the implementation of evidence-based psychosocial intervention programmes, caseload segmentation and increase capacity for outreach services – which has proved promising for people with alcohol problems.

## 6. BACKGROUND PAPERS

- 6.1 None.

## 7. CONTACT OFFICER

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## AUDIT AND GOVERNANCE COMMITTEE

[12<sup>th</sup> January 2023]



**Report of:** Scrutiny & Legal Support Officer

**Subject:** SCRUTINY INVESTIGATION - RECOMMENDATION  
UPDATE

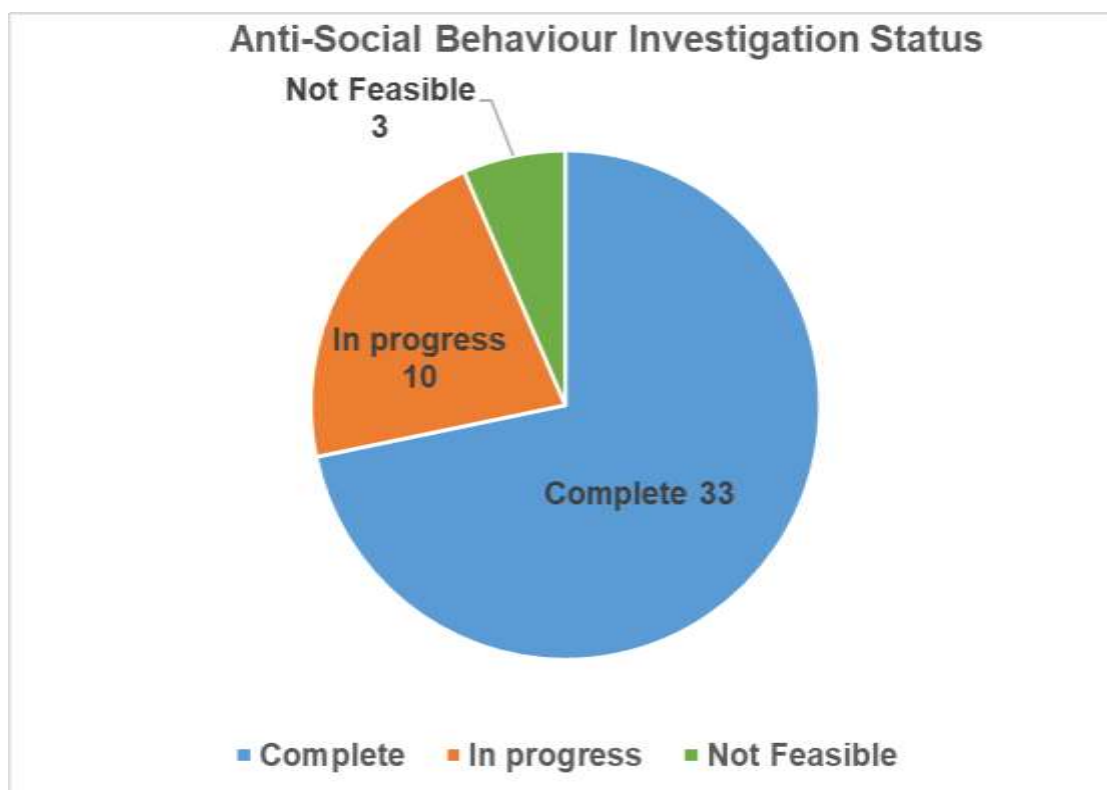
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### 1. PURPOSE OF REPORT

- 1.1 To provide Members with the progress made on the delivery of the agreed scrutiny recommendations of the Audit and Governance Committee.

### 2. BACKGROUND INFORMATION

- 2.1 In accordance with the agreed procedure, this report provides Members of the Audit and Governance Committee with details of progress made against investigations undertaken. **Chart1** overleaf is the overall progress made in the implementation of the scrutiny recommendations for the Anti-Social Behaviour investigation, the first completed investigation since the Covid-19 pandemic. **Appendix A** provides a detailed explanation of progress made against each scrutiny recommendation agreed by the Audit and Governance Committee since the last report presented prior to the Covid-19 pandemic.

**Chart1: Progress made regarding the Anti-Social Behaviour Investigation recommendations**

### 3. RECOMMENDATIONS

#### 3.1 That Members:-

- (a) Note progress against the agreed recommendations of the Audit and Governance, since 2021/2022 Municipal Year, and explore further where appropriate; and
- (b) Retain **Appendix A** for future reference.

**Contact Officer:-** **Gemma Jones** – Scrutiny & Legal Support Officer  
 Chief Executive's Department - Corporate Strategy  
 Hartlepool Borough Council  
 Tel: 01429 284171  
 Email: Gemma.Jones@hartlepool.gov.uk

### BACKGROUND PAPERS

The Anti-Social Behaviour investigation report and associated action plan, available via [Audit and Governance Committee Final Report - Anti-Social Behaviour in Hartlepool | Hartlepool Borough Council](#).

## 7.4 Appendix A - ANTI-SOCIAL BEHAVIOUR ACTION PLAN

RECOMMENDATION	RESPONSE / PROPOSED ACTION <sup>+</sup>	FINANCIAL / OTHER IMPLICATIONS	LEAD OFFICER	COMPLETION DATE*
<b>a) Perception of Anti-Social Behaviour</b>				
<p>i) That in response to concerns regarding under reporting of ASB in Hartlepool:</p> <p>- Work be undertaken with Nottingham Trent University and partner organisations (including Police, Fire Brigade and RSL) to explore the overlaying of data, including Office for National Statistics, risk factors and identified characteristics, to highlight areas of unreported ASB and plan the future focus of resources; and</p>	<p>An approach has been made to Nottingham Trent University to establish how we can work together. Following discussions, the University indicated they were willing to consider working with Hartlepool on the project, their final decision is awaited.</p>		Sylvia Pinkney	<p><b>NOT FEASIBLE</b></p> <p>Dec 2020 - Discussions with Nottingham Trent university commenced.</p> <p>Dec 2022 - Due to lack of response from University we are unable to progress this item.</p>
Based on the area identified following the overlay of data, a focused exercise be undertaken to	To be carried out as part of the work with Nottingham Trent University.		Sylvia Pinkney	<p><b>NOT FEASIBLE</b></p> <p>Dec 2022 -</p>

promote reporting.				Due to lack of response from University we are unable to progress this item.
ii) That as part of the overlaying of data referenced in (i) above, the Audit and Governance Committee receive, as part of its 2020/21 Work Programme, a further report on the correlation between areas with significant levels of rented accommodation and ASB.	To be carried out as part of the work with Nottingham Trent University.		Sylvia Pinkney	<b>NOT FEASIBLE</b> Dec 2022 - Due to lack of response from University we are unable to progress this item.
iii) That options for the involvement of young people in Hartlepool (potentially through the Youth Council and Children in Care Council) in the development of the below be explored:  - A promotional campaign to redress the perception that young people are the primary source of ASB.  - A young person focused approach to preventing and responding to ASB.  - Improved communication with young people about the impact of ASB and the diversionary activities that are available.'	The Youth Council/Children in Care Council/Youth Service can be asked if they would like to be involved in this piece of work.  • Increased the number diversionary activities over the summer holidays (27 additional 4 hour sessions to our usual offer to young people). One day per week over the holidays entered into local parks to offer diversionary activities for young people, high numbers of young people engaged and many have gone on to engage in youth activities offered by the service.  • As part of Bright Lights Project ran over the summer		Zoe McKenna  Zoe McKenna/ Young People  Zoe McKenna/ Young People  Zoe McKenna/ Young People	<b>COMPLETE.</b>  <b>COMPLETE.</b>  <b>COMPLETE.</b>  <b>COMPLETE.</b>

	<p>holidays, young people decided that ASB and the effects on the environment would be their first chosen topic.</p> <ul style="list-style-type: none"> <li>• Young people and staff met with staff from Summerhill and given a guided tour of the site and a discussion of the effects of ASB took place.</li> <li>• Met with the local MP to discuss issues pertinent to young people.</li> <li>• Following this meeting, young people have created a script, recorded their voices and alongside the images they took on the visit a short film is currently been put together. This will be shared on social media by HBC Youth Services and Summerhill.</li> <li>• A booklet is also currently been created, this will also show the emotive words of the young people, showcase the posters they created and the images they took. This will be distributed accordingly.</li> <li>• Youth Workers continue to undertake outreach work with young people on a weekly basis on the Summerhill site.</li> <li>• Young people also chose sexual harassment as all of the members had</li> </ul>			
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	<p>experienced or knew someone who had experienced public sexual harassment from males, they explored the #crimenotcompliment campaign which calls for public sexual harassment to be made a crime. Young people created an information board in one of the youth centres. Options will be considered to explore this further with young people.</p> <ul style="list-style-type: none"> <li>• Undertaken 6 sessions with young people exploring ASB, statistics in terms of who commits ASB, the effects on self and communities and how we can re-dress the balance that young people are the sole undertakers of ASB. Many excellent ideas were forwarded by young people. This is to be explored further.</li> <li>• Created and distributed an updated information leaflet showcasing the opportunities available for young people.</li> <li>• Established an Instagram account to better communicate with young people.</li> <li>• Currently updating information that is on sites so young people and their</li> </ul>			
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	<p>parents/carers</p> <ul style="list-style-type: none"> <li>• Worked in partnership with PFC Trust, Hartlepower, West View Project and Hartlepool and Stockton Health (HASH) to put together a bid to create a link worker social prescriber post/s to link young people up with their communities. The bid has been successful. The person/s will be employed by the PFC Trust but based within the youth service.</li> <li>• Submitted a bid to continue to have musical based activities in 2022 and 2023.</li> </ul>			
<b>b) Partnership Working</b>				
<p>i) That in terms of the Integrated Community Safety Team:</p> <p>- The Team be commended on their success in bringing agencies together in a ground-breaking partnership arrangement to deliver enforcement and education activity within the resources available; and</p> <p>- Existing levels of staffing be maintained to ensure the sustainability of current activities and that a review of the current enforcement responsibilities be undertaken to ensure that the Team's enforcement responsibilities are balanced and have no negative</p>	<p>Email was sent to the Team from the Chair – 15.01.21.</p> <p>The structure is kept under review to ensure it is appropriate to best meet demands on the service.</p>		<p>Chair A&amp;G</p> <p>Sylvia Pinkney</p>	<p><b>COMPLETE.</b></p> <p><b>COMPLETE.</b></p>

impact on its ability to respond to ASB as a priority.				
ii) That the Cleveland Fire Brigade be commended on the value of their inter-agency working, in terms of ongoing home visits as a useful tool for the identification of vulnerable individuals.	Email sent to CFB 15.1.21 from the Chair.		Chair A&G	<b>COMPLETE.</b>
iii) That the Audit and Governance Committee receive, as part of its 2020/21 Work Programme, a further report on the development of relationships between both primary and secondary schools and older people/residential homes.	In the current climate, this work cannot be delivered due to the vulnerability of older people/people in residential care. Schools in Hartlepool link up with care homes within their community to build cross generational links and relationships. This is undertaken by individual schools and there is no one programme delivered across Hartlepool.		Amanda Whitehead	<b>COMPLETE.</b>
iv) That in terms of the Safer Hartlepool Partnership partners, that:  - The partners commit and sign a pledge to prioritise anti-social behaviour as a significant crime and record / respond to it accordingly;  - An anti-social behaviour update be included as an annual item on SHP agenda to raise the profile of anti-social behaviour and enable all partners to feedback any issues and/or areas of good practice in dealing with anti-social behaviour;	ASB has been identified as one of the three high priority areas for the Safer Hartlepool Partnership for 2020/21.  An ASB group is to be established to lead on the delivery of this priority through 2021.		SHP  SHP	<b>COMPLETE.</b>  <b>COMPLETE.</b>

<p>- That enforcement action be expanded and the resulting issues of displacement of ASB be monitored and reported to the SHP; and</p> <p>- A Member Champion for anti-social behaviour be appointed and appointed to sit on the Safer Hartlepool Partnership to demonstrate the Council's commitment to dealing with ASB.</p>	<p>Performance against agreed PI's for ASB is reported back to the Safer Hartlepool Partnership on a quarterly basis. Enforcement action is always taken where appropriate. Any emerging issues are monitored and reported as appropriate.</p> <p>To be discussed with Safer Hartlepool Partnership Chair.</p>		<p>Sylvia Pinkney</p> <p>SHP</p>	<p><b>COMPLETE.</b></p> <p><b>COMPLETE.</b></p>
<p>v) That links between the Police, the Targeted Outreach Team and Youth Offending Team be strengthened along with improved communication between Council departments, schools, voluntary and community sector to provide a more effective and holistic approach to anti-social behaviour.</p>	<p>This will be investigated as part of the work of the new Safer Hartlepool Partnership Anti-Social Behaviour Group.</p> <p>Links already exist between the Police, Targeted Outreach Team and the Youth Offending Team as well as with other Council departments and partners and schools.</p> <p>In response to this recommendation the following is an outline of existing activities, joint working and information sharing currently in place:</p>		<p>Sylvia Pinkney</p>	<p><b>COMPLETE.</b></p>

	<p><b>Anti-Social Behaviour Awareness Day (ASBAD)</b></p> <p>As part of its broader responsibilities around reducing crime and disorder, since 2005 Hartlepool's Community Safety Team has organised and co-ordinated an Anti-social Behaviour Awareness Day on behalf of the Safer Hartlepool Partnership. This is a weeklong event aimed at Year 8 students consisting of interactive scenes covering different aspects of anti-social behaviour that reflect real life issues encountered by young people, agencies and residents in Hartlepool.</p> <p>By targeting Year 8 pupils, the event aims to influence young people at a crucial developmental stage as attitudes and perceptions begin to change. It aims to provide young people with knowledge and understanding of the roles of various support and Community Safety focused agencies working in Hartlepool; the help, advice and support that is available to them; the impact that anti-social behaviour can have on the lives of individuals; and the</p>			
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	<p>repercussions and consequences of engaging in anti-social or criminal behaviour.</p> <p><b>Crucial Crew</b>  Since the mid-1990's, Crucial Crew is the annual multi-agency initiative that teaches children in Hartlepool how to stay safe. The event is held at EDF Energy's Hartlepool Power Station and over 1,300 Year 6 pupils from 32 local primary schools attend over the course of the two-week event.</p> <p>Crucial Crew uses a series of practical workshops to re-create dangerous situations that children might encounter in their everyday lives, with the issues being covered including fire safety, road safety, home safety and water safety.</p> <p>Organisations involved in the delivery of Crucial Crew include Hartlepool Borough Council, Northern Powergrid, Cleveland Fire Brigade, EDF Energy, Beamish Open Air Museum, the RNLI, and Cleveland Police.</p> <p><b>Police Led Sessions in Primary Schools</b></p>			
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	<p>Hartlepool Neighbourhood Policing Teams regularly visit and deliver focussed sessions in local primary schools to engage with pupils around issues including ASB, knife crime and County Lines.</p> <p>Initially approached by a local primary school due to their concern regarding these issues, a number of primary schools have since requested this input which has been delivered by PC Geoff Coggin.</p> <p><b>Police School Liaison</b></p> <p>Funded by the PCC, a dedicated PCSO resource links in with schools to deliver educational sessions to primary school pupils on topics such as internet safety, hate crime.</p> <p><b>Fire Brigade Education Officer</b></p> <p>Cleveland Fire Brigade employ education officers who work in schools to deliver educational sessions in relation to the dangers of deliberate fires and fire safety.</p>			
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	<p><b>Police Early Intervention Coordinator</b></p> <p>The Early Intervention Coordinator sits within the integrated Hartlepool Community Safety Team. The coordinator works with young people in schools who have been identified as being involved / at risk of becoming involved in ASB or hate crime.</p> <p>The coordinator receives referrals directly from schools, the Youth Offending Team and the Council's Anti-social Behaviour Officers and other Council departments.</p> <p>It is now standard practice that a condition of any Acceptable Behaviour Agreement is for the young person to work with the early intervention coordinator over a number of sessions.</p> <p><b>Police Youth Offending Officer</b></p> <p>A dedicated police officer works in the Youth Offending Team – this has been standard practice for a number of years.</p> <p><b>Targeted Youth Outreach</b></p>			
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	<p><b>Service</b></p> <p>Funded by the PCC, Hartlepool Community Safety Team commissions a targeted youth assertive outreach service. This service is provided by a VCS organisation, Belle Vue Centre.</p> <p>The targeted youth outreach plan is circulated weekly to HBC Youth Service, Youth Offending Service and the Neighbourhood Policing teams.</p> <p>Where partners/ departments identify emerging issues, this outreach plan is adjusted accordingly to include locations that would benefit from the team's presence.</p> <p>When engaging with young people, the team will divert them to positive activities delivered by a range of VCS providers as available / appropriate.</p> <p><b>Operation Staysafe</b></p> <p>Staysafe is a multi-agency initiative to tackle disorder and protect young people from harm, including drink and drugs.</p> <p>In summary Operation Staysafe:</p>			
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	<ul style="list-style-type: none"> <li>• Is based on partnership between the Police and the Local Authority,</li> <li>• Uses police intelligence to sweep ASB 'hotspot' areas late at night,</li> <li>• Removes children and young people from the streets if they are at risk of significant harm,</li> <li>• Takes them to a designated 'safe place' where a multi-agency team assesses risks,</li> <li>• Returns children and young people to care of parents or guardians when possible,</li> <li>• Offers and pursues multi-agency support when necessary.</li> </ul> <p><b>Information Sharing</b></p> <ul style="list-style-type: none"> <li>• Intelligence sharing between services as needed.</li> <li>• Multi-agency meetings / action plans / days of action arranged as needed. For example problems in parks last year.</li> <li>• Children's Services/YOT case officers invited to Acceptable Behaviour Agreement interviews where appropriate.</li> <li>• Fortnightly AS13 report</li> </ul>			
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	<p>circulated to HBC Children's Service, Youth Offending Service, Special Education Team, Early Interventions Team, and Cleveland Police regarding young people stopped and warned by the police due to their ASB.</p> <ul style="list-style-type: none"> <li>• Monthly report circulated to Youth Offending Service regarding young people who have signed Acceptable Behaviour Agreements with the ASBU.</li> </ul> <p><b>Neighbourhood Police Team</b></p> <p>Visits have taken place at primary and secondary schools to deliver sessions on ASB, hate crime, online safety, snapchat, Instagram, bullying, knife crime, Covid implications and laws, sexual consent and laws. Joint visits with VCAS for County Lines as a priority to identify victims of hate crimes. Further sessions will take place at Youth Centres in the future.</p> <p>Sessions delivered to hard to reach students at various schools and live streamed to over 2000 students when the students were studying from home. Catcote School live streamed Whodunit</p>			
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	<p>(forensic day) was streamed to 21 schools in the Tees Valley area.</p> <p><b>Next Steps / Going Forward:</b></p> <p><b>Under 18 ASB/Community Safety Issues</b></p> <p>Representatives from the Youth Justice Service, HBC Youth Service and Hartlepool Community Safety Team will meet bi-monthly to discuss emerging and ongoing issues relating to young people involved in ASB and other Community Safety matters. Outcomes / actions from these meetings will then be shared in other forums as appropriate, e.g. VEMT.</p> <p><b>Cross-border working</b></p> <p>Work is underway to develop a multi-agency Joint Working Agreement across Cleveland to ensure information and intelligence in relation to young people involved / at risk of being involved in ASB is shared effectively and appropriately across Local Authority boundaries</p>			
vi) That the PCC be lobbied to identify continued funding for the	Funding for the Targeted Youth Outreach service has been		Chair A&G	<b>COMPLETE.</b>

Target Outreach Team.	extended for a year to cover 2021/22. In line with the Council's commissioning rules, work is ongoing to undertake a commissioning exercise to decide which VCSE provider will undertake the service. Community Safety are leading on this. Email sent to PCC 15.01.21 from the Chair.			Jan 2023 - A subsequent follow up email sent to determine levels of funding for 2022/23.
vii) That approaches to communication and intelligence sharing between Council departments, schools, VCS and outside organisations (especially retailers across the town) be reviewed to improve help promote confidence and awareness.	This will be investigated as part of the work of the new Safer Hartlepool Partnership Anti-Social Behaviour Group. Strong intelligence sharing is in place within the Integrated Community Safety Team. A series of ASB sub-groups have been set up involving various partners including community groups and information is shared within these groups.		Sylvia Pinkney	<b>COMPLETE.</b>
viii) That in relation to Cleveland Police activities:  - Concerns regarding the loss of Police satellite units and the subsequent wasted police time attending court be raised with Cleveland Police and the OPCC; and  - The Audit and Governance Committee receive, as part of its	Email sent to Insp Reeves 15.01.21 – response awaited.  Update – the Neighbourhoods Teams have 12 constables and		Chair A&G  Cleveland Police	<b>COMPLETE.</b>  <b>COMPLETE.</b>

2020/21 Work Programme, a further report on the implementation of promised increases in Neighbourhood Police and PCSO numbers in Hartlepool.	<p>15 PCSO's and awaiting the arrival of two further officers. Additionally the teams are supported by a Community Safety Team who work with diverse and hard to reach communities. Each morning the demand on the Neighbourhoods Teams is reviewed and a monthly activity report is produced. In addition to the above, each ward now has a PCSO.</p> <p>There is now a T/Sgt and two further Police Officers who have joined NPTs along with a new PCSO.</p>			
<b>c) Reporting and Satisfaction</b>				
i) That the outcome of the Thirteen's pilot scheme to increase the reporting of ASB, and online app, be evaluated and its potential roll out to non-Thirteen customers explored.	The development of the app will be discussed at the Community Safety Team at its next meeting and a representative from Thirteen will present the outcome to the Committee on 9 September 2021.		Angela Corner – Thirteen	<b>IN PROGRESS.</b> Presentation carried out Sept 21. Pursued update Dec 22 – no update available.
ii) That the development of further options for the reporting of anti-social behaviour be explored alongside more traditional reporting mechanisms, including:	This will be investigated as part of the work of the new Safer Hartlepool Partnership Anti-Social Behaviour Group, specifically an examination of the Council's website and how the issue of ASB can be found by one 'click'. Improvements are ongoing to the ASB web page to		Sylvia Pinkney	Discussions have commenced. Development of online platform is dependent on capacity of multiple agencies/

<ul style="list-style-type: none"> <li>- Online and use of electronic apps (including the Fix-My-Street scheme);</li> <li>- More innovative ways for older people to report anti-social behaviour; and</li> <li>- A potential single point of contact.</li> </ul>	<p>provide all information and links on one page to assist with information, advice and reporting.</p>			<p>Departments</p> <p><b>COMPLETE.</b> Dec 2022 Cleveland Police have recently launched a reporting APP.</p> <p><b>IN PROGRESS.</b> Dec 22 update – ongoing piece of work</p> <p><b>IN PROGRESS.</b> Dec 22 - Discussions taking place re SPOC</p>
<p>iii) That issues relating to the need for multiple reports / contacts before action is taken by partners be explored to ascertain if there is a demonstrable issue and identify ways of addressing potential problems.</p>	<p>This will be investigated as part of the work of the new Safer Hartlepool Anti-Social Behaviour Group.</p>		<p>Sylvia Pinkney</p>	<p><b>COMPLETE.</b> Procedures have been reviewed. In certain instances such as off road bikes it, is necessary to gather intelligence through multiple reports to</p>

				enable enforcement action to be taken.
iv) That a review be undertaken to identify ways to improve:  - Satisfaction levels with anti-social behaviour interventions; and  - Keep victims (including individual residents, groups of residents and shop owners) informed of progress throughout the process for dealing with any reported incidents.	This will be investigated as part of the work of the new Safer Hartlepool Anti-Social Behaviour Group.  Work is ongoing to review procedures to ensure that individuals are regularly informed with the progress of their enquiry/complaint.		Sylvia Pinkney	<b>IN PROGRESS.</b> Work commenced January 2021
<b>d) Support and Promotion</b>				
i) That a town wide campaign be undertaken advertising prevention / enforcement activities, successes and outcomes, with the aim of promoting and encouraging reporting and improved communication with victims of ASB.	This will be investigated as part of the work of the new Safer Hartlepool Partnership Anti-Social Behaviour Group.  A fly-tipping media strategy has been developed and has begun its implementation. This will include social media articles, printed media, social media and radio.		Sylvia Pinkney	<b>COMPLETE.</b> Off Road Bikes Campaign carried out. Deliberate Fires campaign carried out.
ii) That the Council number for reporting ASB be promoted more widely within local communities to help reinvigorate Neighbourhood Policing, leading to enhanced problem solving activity within localities to tackle ASB and other community issues.	This will be investigated as part of the work of the new Safer Hartlepool Partnership Anti-Social Behaviour Group.  This will be part of work on the publicity campaign and improvements to the web page.		Sylvia Pinkney	<b>COMPLETE.</b> Dec 2022 - Shared via various campaigns - see above.



iii) That in 6 months' time the Audit and Governance Committee receive, as part of its 2020/21 Work Programme, a further report on the continuation/replacement of the Think Family Programme (Troubled Families) and its activities in relation to ASB.	An update on the progress of the Troubled Families Programme was reported to Committee in February 2021.		Jane Young	<b>COMPLETE.</b>
iv) That in light of issues with awareness and take up of support services for victims of ASB, the package of services be evaluated to ascertain if it is fit for purpose and whether alternative support mechanisms need to be identified which better fits the needs of victims.	Ongoing		Sylvia Pinkney	<b>IN PROGRESS.</b> Dec 2022 update – on going piece of work.
v) In relation to the Community Trigger:  - Whilst it is referenced on Hartlepool Borough Council's web site, further promotion be undertaken, including the need for it to be referenced on the new Police single point of contact reporting system;  - The potential implications of increased promotion of the Community Trigger on the workload of the Integrated Community Safety Team be evaluated and responded	Work will be undertaken to improve ASB reporting on the Council's website, including reference to external partners and how complaints can be made (such as the Community Trigger).  Ongoing.		Sylvia Pinkney	<b>COMPLETE.</b> Dec 2022 - PCC also carried out  <b>COMPLETE.</b> Dec 2022 - Slight increase in cases. Currently within

<p>to accordingly; and</p> <ul style="list-style-type: none"> <li>- The outcome of discussions between the Police and Crime Commissioner's Office and the Victims and Witness Group on the implementation of the Community Trigger be reported to a future meeting of the Committee.</li> </ul>	<p>Discussions have taken place in relation to Community Trigger at the PCC Working Together Meeting – there has been concerns from Local Authority colleagues in relation to capacity to deliver Community Trigger. In addition to the above in August 2020 the Victims Commissioner wrote an open letter to the Home Secretary in relation to Community Trigger. Following the publishing of the ASB help report – the PCC now publishes information in relation to community trigger on their <a href="https://www.cleveland.pcc.police.uk/how-can-we-help/problems/anti-social-behaviour-and-neighbour-disputes/">https://www.cleveland.pcc.police.uk/how-can-we-help/problems/anti-social-behaviour-and-neighbour-disputes/</a></p>		OPCC	<p>the capacity of the team.</p> <p><b>COMPLETE.</b></p>
<p>vi) That Elected Members are not being utilised to their full capacity in terms of the value that could add to the work of the Integrated Team and the ASB prevention / intervention process. To facilitate this:</p> <ul style="list-style-type: none"> <li>- A full training programme to be provided covering the sources of advice and support available, formal routes of reporting through the</li> </ul>	<p>Member training provided July 2021 re ASB and complaints including the Community Trigger.</p> <p>Members Training was provided in July 2021.</p>		<p>Sylvia Pinkney</p> <p>Sylvia Pinkney Lorraine Bennison</p>	<p><b>COMPLETE.</b></p> <p><b>COMPLETE.</b></p>

<p>Contact Centre and criteria / potential use of the Community Trigger;</p> <ul style="list-style-type: none"> <li>- A publicity campaign need to be undertaken to promote the role of Members as part of the mechanism for reporting of ASB and supporting residents; and</li> <li>- Regular briefings/communications be provided for Ward Councillors on ASB issues in their own Ward.</li> </ul>	<p>Consideration is being given to how this can be achieved.</p> <p>The Neighbourhood Policing Team have produced Information for Members and HBC Team will contribute to this moving forward.</p>		<p>Comms/ Lorraine Bennison</p> <p>Sylvia Pinkney/ Lorraine Bennison</p>	<p><b>IN PROGRESS.</b> Dec 2022 update – with comms for consideration.</p> <p><b>COMPLETE.</b></p>
<b>e) Solutions</b>				
<p>i) Mirroring arrangement with schools, the potential to have a named PCSO contact for all residential/care homes be explored.</p>	<p>Police update – each ward now has a PCSO and any issues surrounding a care home would be resolved in partnership with the Community Safety Team.</p> <p>There is a dedicated Officer, PC Jo Lester, who deals with most care homes and issues, however, the ward PCSO will be the named contact and this will be reflected in the ward newsletters that are circulated bi-monthly.</p>		Cleveland Police	<b>COMPLETE.</b>
<p>ii) That ways of addressing ASB be found by working ‘with’ communities across all age groups, rather than</p>	<p>This will be investigated as part of the work of the new Safer Hartlepool Partnership Anti-</p>		Sylvia Pinkney/ Comms	<b>COMPLETE.</b> Deliberate fire group and off road

doing it 'to' them, including the development of a campaign to 'Take Back Neighbourhoods' and promote pride in local community through social responsibility and collaborative working.	<p>Social Behaviour Group.</p> <ul style="list-style-type: none"> <li>- A Fly Tipping Working Group has been established that includes Hartlepool Big Town Tidy Up and Plastic Free Hartlepool.</li> </ul>			vehicle groups also meeting. This has also been covered in various communications messages.
iii) In recognition of the value of organised play activities/facilities in communities across Hartlepool, as an alternative to ASB, a review of activities/facilities be undertaken and their location publicised.			Gemma Ptak	<b>IN PROGRESS.</b> Dec 2022 Requested update – no update available.
<b>f) Education and Engagement</b>				
<p>(i) That in terms of the excellent work being undertaken as part of the ASBAD and Crucial Crew programmes:</p> <ul style="list-style-type: none"> <li>- All schools across the town be encouraged (via Head Teachers, Chairs of Governors and PHSE Lead Officers to participate in the ASBAD / Crucial Crew Education Programme; and</li> <li>- The future funding of ASBAD/Crucial Crew Education Programmes be reviewed to assist</li> </ul>	<p>There is a high uptake of Crucial Crew from schools and this is promoted and encouraged, the Programme is Public Health funded.</p> <p>The funding arrangements are to be reviewed to ascertain if this can be secured within base</p>		<p>Craig Blundred/ Joanne Andrews/ Sylvia Pinkney</p> <p>Craig Blundred/ Joanne Andrews/ Sylvia Pinkney</p>	<p><b>COMPLETE.</b> Joanne Andrews confirmed the next crucial crew event will be June 2023 and October 2023. However, this may be the last due to current venue no longer available in 2024.</p> <p><b>IN PROGRESS.</b> Crucial crew</p>

in their sustainability going forward.	budget.			budget in place but no suitable venue to hold event going forward.
ii) That anti-social behaviour prevention / intervention be promoted as part of existing local authority, and partner provided, engagement and activity programmes (e.g. free swims and holiday hunger).			Gemma Ptak	<b>IN PROGRESS.</b> Dec 2022 Requested update – no update available.
iii) That the identification of role models (such as local celebrities) to take part in ASB education and prevention activities be explored.	Hartlepool Big Town Tidy Up has agreed to take part in the Fly Tipping media strategy to help educate and prevent fly tipping in the town.		Sylvia Pinkney/ Comms	<b>COMPLETE.</b> Using organisations and individuals to contribute to the various messages being sent out.
iv) That as part of a wider ASB programme of engagement, all primary and secondary schools across Hartlepool be encouraged to commit to an agreed schedule of activities involving the Police, Fire, NEAS and local authority.	PSCHE curriculum – recently been reviewed as new responsibilities came in in September 2020. LA can only agree to encourage a schedule of activities and will require the provision of information to schools from organisations on their offer.		Amanda Whitehead	<b>COMPLETE.</b>
v) That a campaign be undertaken to dispel the myth that young people are the primary instigators of ASB.	Covered in a(iii) above. This will also be investigated as part of the work of the new Safer Hartlepool Partnership Anti-Social Behaviour Group.		Sylvia Pinkney/Zoe McKenna/ Young People	<b>IN PROGRESS.</b> Dec 2022 – requested update, no update available.