HEALTH AND WELLBEING BOARD

AGENDA

Monday 20 March 2023

at 10.00 a.m.

in the Civic Centre,
Victoria Road, Hartlepool

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:
Elected Members, Hartlepool Borough Council - Councillors Allen, Buchan, Cook and Moore
Representatives of North East and North Cumbria Integrated Care Board- David Gallagher and Karen Hawkins
Director of Public Health, Hartlepool Borough Council – Craig Blundred
Director of Children's and Joint Commissioning Services, Hartlepool Borough Council - Sally Robinson
Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison
Representatives of Healthwatch – Christopher Akers-Belcher and Margaret Wrenn

Other Members:
Managing Director, Hartlepool Borough Council – Denise McGuckin
Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Tony Hanson
Assistant Director of Joint Commissioning, Hartlepool Borough Council - Danielle Swainston
Representative of the NHS England - Vacancy
Representative of Hartlepool Voluntary and Community Sector – Carl Jorgeson and Christine Fewster
Representative of Tees, Esk and Wear Valley NHS Trust – Brent Kilmurray
Representative of North Tees and Hartlepool NHS Trust - Deepak Dwarakanath / Julie Gillon
Representative of Cleveland Police – Superintendent Marc Anderson
Representative of GP Federation - Fiona Adamson
Representative of Headteachers – Sonya Black

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

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 28 November 2023.

3.2 To receive the minutes of the meeting of the Children's Strategic Partnership held on 13 October 2022

4. ITEMS FOR CONSIDERATION

4.1 HSSCP Annual Report (2021-22) – *Director of Children and Joint Commissioning Services*

4.2 Air Quality Strategy – *Assistant Director, Regulatory Services*

4.3 Substance Misuse Needs Assessment and Strategy Development – *Director of Public Health*

4.4 NHS Health Checks – *Director of Public Health*

4.5 Health Protection Board – Terms of Reference – *Director of Public Health*

4.6 Pharmaceutical Needs Assessment (PNA) 2022 - Supplementary Statements – *Director of Public Health*

4.7 Health and Wellbeing Strategy Refresh – *Director of Public Health*

4.8 Health Inequalities Funding Allocation across the North East and Cumbria – *Director of Public Health*

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

28 November 2022

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

Present:

Councillor Moore, Leader of Council (In the Chair)

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Allen and Buchan
Representative of North East and North Cumbria Integrated Care Board -
– David Gallagher
Director of Public Health, Hartlepool Borough Council – Craig Blundred
Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – Sally Robinson
Director of Adult and Community Based Services, Hartlepool Borough Council, Jill Harrison
Representative of Healthwatch – Christopher Akers-Belcher

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin
Assistant Director of Joint Commissioning, Hartlepool Borough Council – Danielle Swainston
Representative of the NHS England – Dr Tim Butler
Representative of Cleveland Police – Chief Inspector Peter Littlewood (as substitute for Superintendent Marc Anderson)
Representative of Tees, Esk and Wear Valley NHS Trust – Dominic Gardner (as substitute for Brent Kilmurray)
Representative of North Tees and Hartlepool NHS Trust –Dr Richard Thomas (as substitute for Deepak Dwarakanath)
Representatives of Hartlepool Voluntary and Community Sector – Carl Jorgeson and Iain Caldwell (as substitute for Christine Fewster)
Representative of GP Federation – Fiona Adamson
Representative of Headteachers – Sonya Black

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

Also in attendance:-
Darren Best, Chair, Adult Safeguarding Board
Peter Rooney, North East and North Cumbria Integrated Care Board

Officers: Dr Catherine Guy, Public Health Registrar
Claire Robinson, Public Health Principal
Joan Stevens, Statutory Scrutiny Manager
Amanda Whitaker, Democratic Services Team

20. Apologies for Absence

Elected Member, Hartlepool Borough Council – Councillor Cook
Representatives of North East and North Cumbria Integrated Care Board – Karen Hawkins
Representative of Tees, Esk and Wear Valley NHS Trust – Brent Kilmurray
Representative of North Tees and Hartlepool NHS Trust –Deepak Dwarakanath
Representative of Healthwatch – Margaret Wrenn

21. Declarations of interest by Members

Councillor Allen – employee of Tees, Esk and Wear Valley NHS Trust

22. Minutes

The minutes of the meeting held on 5 September were confirmed.

The minutes of the meeting of the Children's Strategic Partnership held on 20 July 2022 were received

23. ICB Strategy (*North East and North Cumbria Integrated Care Board [NENC ICB)*

The Board received a presentation by Peter Rooney, Director of Strategy and Planning**,** North East and North Cumbria Integrated Care Board, The presentation outlined the background to the Integrated Care Partnership (ICP) Strategy and detailed the structure of the draft Strategy document. Board Members were advised of details of engagement and proposals for delivering the Strategy.

Clarification was sought in terms of the role of the Health and Wellbeing Board in the operation and decision making process of the ICB. Emphasis was placed upon the importance of the Board in the development and delivery of services from a 'place' perspective and the need for this to be clearly referenced within the Strategy.

Decision

The presentation was noted.

24. Teeswide Safeguarding Adults Board Annual Report 2021/22 (*Director of Adult and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board)*

The Teeswide Safeguarding Adults Board (SAB) Annual Report for 2021-22 was appended to the report. It was noted that it was also required under the Care Act 2014 that each SAB publishes an annual strategic plan setting out its strategy for achieving its objective and what members will do implement the strategy. The Strategic Business Plan for 2022-2025 was appended to the report.

The Independent Chair highlighted the salient issues included in the report and paid tribute to the contribution of the Council's Director of Adult and Community Services and Officers in her Department. The achievements and the progress that had been made in the local areas were detailed as well as highlighting the range of safeguarding issues and challenges that remained.

The Board Chair expressed appreciation to the Independent Chair and all those involved in the Safeguarding Board. Discussion followed on a range of issues including representation on the Safeguarding Board and the complexities of safeguarding in a high risk environment.

Decision

The Board noted and endorsed the Teeswide Safeguarding Adults Board Annual Report 2021-22 and Strategic Business Plan 2022-2025

25. Hartlepool and Stockton-On-Tees Safeguarding Children Partnership Annual Report 2021-22

Due to an administrative error, the Annual report had not been circulated with the agenda documentation.

Decision

The Board agreed that the item be deferred for consideration at the next scheduled meeting of the Board.

26. Better Care Fund Plan 2022/23 (*Director of Adult and Community Based Services)*

The report sought retrospective approval from the Board for the Hartlepool Better Care Fund Plan 2022/23. The return for 2021/22 had been reported to the Health and Wellbeing Board in July 2022 and confirmed that all national conditions continue to be achieved, as well as confirming that BCF contributions were in line with national guidance. The Government had published the Better Care Fund Policy Framework and Planning Guidance for 2021/22 in July 2022 with a requirement for local areas to submit plans by 26 September. The Board was advised that Plans go through a process of scrutiny and assurance prior to approval, with local areas expected to receive feedback by 30 November 2022. The Hartlepool BCF Plan for 2022/23 was appended to the report. The allocations for Hartlepool 2022/23 were set out in the report.

Decision

The Board retrospectively approved the Hartlepool Better Care Fund Plan for 2022-23 which had been submitted in line with the 26 September 2022 deadline.

27. Pharmaceutical Needs Assessment – Supplementary Statements (*Director of Public Health)*

With reference to minute 7 of the meeting of the Board held on 4 July 2022, the Director of Public Health reported that a review of the process in relation to Supplementary Statements had been undertaken. One of the outcomes of the review had been that it had been agreed that a report be presented to the Board on a quarterly basis.

With regard to the previous quarter, it was reported that there had been one Supplementary Statement issued relating to change to opening hours of the pharmacy located in Boots UK Ltd in Middleton Grange Shopping Centre, details of which were set out in an appendix to the report.

Decision

i) The Board considered the Statement, in relation to the factors identified in the report, in terms of the potential impact of proposed changes on the provision of pharmacy services in Hartlepool (as detailed in the PNA);

ii) The Board was of the view that there would be no detrimental impact on pharmacy provision as a result of the service changes and approved the Statement for publication.

28. Director of Public Health Annual Report

The Board was referred to 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, as specified in the Health and Social Care Act 2012. The 2022 Annual Report looked at the whole picture of health in Hartlepool, exploring data, and first hand views from a number of local residents, in relation to the three stages of life. The report concluded with what could be done together to help people in Hartlepool live happier, healthier and longer lives. Following the success of utilising an electronic format last year, the report was again accessed via a link included in the report with a copy of the Director's report also appended to the Board report.

Board Members commended the report and discussed issues arising from the report including the difference in life expectancy and need for targeted intervention. In response, Board members were referred to the Health and Wellbeing Strategy which was to be considered later in the agenda.

Decision

The Board noted the report and its conclusions and publication of the 2022 Director of Public Health Annual Report for Hartlepool.

29. Review of the Joint Health and Wellbeing Strategy – Presentation (*Public Health Principal)*

The Board received a presentation by the Public Health Principal which provided an update on work to date since the decision by the Board on 5 September to refresh the Hartlepool Joint Health and Wellbeing Strategy 2018-2025 within 6 months. A small working group had been established to consider the scope of the refresh, the timescales of the refresh and the associated implications. It was recommended as follows:-

- The Working Group will review and refocus the Health and Wellbeing Strategy priorities for the next 6-12 months
- The revised priorities will be brought back to the Board on 20 March 2023 for consideration
- The Working Group will commence work to revise the 2018-2025 Joint Health and Wellbeing Strategy and will provide regular updates to the Board on progress

Decision

The Board agreed the recommendations.

30. Prevention Concordat for Better Mental Health (Director of *Public Health)*

To seek agreement from the Board for the proposed submission, governance and delivery of the Prevention Concordat for Better Mental Health for Hartlepool. The Concordat (Mental Health Concordat) had been originally launched in 2017 and had been reviewed and relaunched following COVID 19. In 2020 Hartlepool received Better Mental Health funding of £269,341 to fund local projects across Hartlepool to address mental health difficulties arising from the COVID-19 pandemic. In total 13 projects had been funded and an internal evaluation is ongoing. A condition of the funding was a commitment to the development of a 12 month prevention and promotion of the appended action plan and signing the Prevention Concordat consensus statement, which sets out a shared commitment for signatories to work together through local and national action to prevent mental health problems and promote good mental health.

The action plan highlighted a five-domain framework for local action alongside OHID guidance as to what can be included as evidence under each of the domains as set out in the report. Also set out in the report were details of the steps required for submission. The Public Health department are in the process of completing step one of the draft application and will include regular discussion with partners and input from the regional OHID Public Mental Health Lead, whilst other Local Authority area submissions have been reviewed to inform development locally. To comply with step 2 of the application process it is recommended that the Mental Health Concordat is shared with and signed off by the Chief Executive for the Local Authority.

Decision

The Board agreed the following proposals for submission, governance and delivery of the Prevention Concordat for Better Mental Health for Hartlepool:-

- Public Health complete the action plan with consultation with partners and get senior leader sign off.

- Governance and Oversight following submission to be provided by the Tees Mental Health and Wellbeing Alliance and updates presented to the Health and Wellbeing Board.

- That Public Health work with partners and in particular the Hartlepool Health and Wellbeing Alliance and the Hartlepool Mental Health Forum as a mechanism for delivery of the action plan. This work to be integrated into work already happening to prevent duplication.

31. Cost of Living – Presentation

The Board received a presentation by the Council's Assistant Director, Joint Commissioning which highlighted issues arising from poverty and the cost of

living crisis. The presentation addressed the context, the poverty drivers and those who are most at risk. Board Members were advised of the wide range of support measures in place directly through Government funding and the help that is available via the Local Authority and the Voluntary and Community Sector. The presentation included a number of recommendations to be noted to ensure Board members had an understanding of the support measures in place. A commitment to assist was also sought from members of the Board.

Decision

The presentation was noted.

Meeting concluded at 11.20 a.m.

CHAIR

CHILDREN'S STRATEGIC PARTNERSHIP

MINUTES AND DECISION RECORD

13 October 2022

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

Present:

Jim Lindridge, HBC (In the Chair)
Martin Todd, Changing Futures North East
John Hardy, Headteacher, St John Vianney Primary School
Sally Robinson, HBC Director of Children's and Joint Commissioning Services
Jo Heaney, Integrated Care Board Tees Valley
Danielle Swainston, HBC Assistant Director (Joint Commissioning)
Jane Young, HBC Assistant Director (Children's and Families)
James Graham, Tees Esk and Wear Valleys NHS Trust

Officers: Jacqui Braithwaite, Manager of Integrated Services for Learning
Denise Wimpenny, Principal Democratic Services Officer

20. Apologies for Absence

Apologies for absence were submitted on behalf of Amanda Whitehead, HBC, Craig Blundred HBC, Christine Fewster, Hartlepool Carers and Marc Anderson, Cleveland Police.

21. Declarations of Interest

None

22. Minutes of the meeting held on 20 July 2022

Confirmed.

23. Establishing Emotional Health and Wellbeing – Verbal Update (*Assistant Director, Joint Commissioning)*

The Assistant Director sought the Partnership's views in relation to a draft governance structure, a copy of which was tabled at the meeting, which set out how the Emotional Health and Wellbeing Group would feed into the Partnership. Background information was provided in relation to the work that had previously been undertaken by the Emotional Health and Wellbeing Group in schools (Future In Mind) prior to the removal of FIM

funding. An update was provided on the work that had been carried out to date in terms of emotional health and wellbeing which included implementation of mental health support teams in a number of schools and the wider support provided to children and young people in Hartlepool by Changing Futures North East and Alliance Psychology. Work had also commenced on mapping what support was currently available to identify any gaps in provision.

In the discussion that followed, officers responded to issues arising from the update. Clarification was provided in relation to the potential membership which would include school representatives and voluntary sector organisations. Emphasis was placed upon the importance of joined up/partnership working to avoid duplication and ensuring support was equitable across the town.

In response to the Chair's comments in relation to the importance of regular progress reports, it was agreed that six monthly update reports be provided to future meetings of the Partnership.

Decision

(i) That the contents of the update and comments of Members be noted and actioned as appropriate.

(ii) That six monthly update reports be submitted to future meetings of the Partnership.

24. Family Hubs/Supporting Families Presentation

(*Assistant Director, Joint Commissioning)*

The Assistant Director (Joint Commissioning) referred to discussions at the last meeting of the Partnership and provided a detailed and comprehensive presentation which updated Members in relation to Family Hubs/Supporting Families/Best Start in Life Programme. The presentation focussed on the following:-

- Purpose: The Best Start for Life: builds on delivery of the Healthy Child Programme 0-19 public health services
- 75 local authorities including Hartlepool selected to receive funding to implement family hubs
- Aim – seamless integrated offer of support via family hub model tailored to those who need it most
- Key Principles – joined up local partners, strong local leadership, skilled workforce, continuity of care between professionals, seamless

offer of support (only tell story once), consultation with families, safeguarding, high quality and evidence based support.

- Areas of focus – parenting support, parent - infant relationships, infant feeding, home learning environment, parent carer panels, put needs of babies and families at centre of service design/delivery.

- Next steps/timescales – sign up to programme to receive funding by end of October 2022, delivery plans submitted and approved by December 2022, start for life offer published by April 2023, establish parent carer panels by April 2023, family hubs opening first half of 2023, recruitment of transformation manager, establish working group with partners.

In the lengthy discussion that followed Members debated issues arising from the presentation and the Assistant Director responded to issues raised which included the challenges and opportunities the programme entailed. Clarification was provided regarding the impact the proposals would place on staff, work undertaken to date in relation to promoting breast feeding and proposed plans to recruit specialist health visitors to continue that work as well as the implications of the delivery timescales.

Concerns were expressed that the funding criteria was age specific and not targeted at 2 year old provision. Views were expressed around the importance of prevention and support in the early years and that funding should be directed towards local need. The strong rational for home learning support for 2 year olds was highlighted. It was suggested that Hartlepool's delivery plan should include evidence based information in relation to the benefits and positive outcomes of including targeted provision towards this age range.

Emphasis was placed upon the importance of integrated working in terms of better access to services, that individuals only tell the story once, the importance of input and consultation with parents/families and the need to utilise Partnership Members to link into established groups such as midwifery and anti-natal services.

Members discussed issues that required further consideration and it was noted that an internal meeting would be held to further consider the delivery plan given the tight timescales. It was agreed that this issue would be a standard agenda item at future meetings.

In concluding the debate, the Chair requested that an update report in relation to the Early Years Strategy be provided to the next meeting of the Partnership.

Decision

(i) That the information given be noted and comments of Members be noted and actioned as appropriate.

(ii) That Family Hubs/Supporting Families be a standard agenda item at future meetings of the Partnership.

(iii) That an update report in relation to the Early Years Strategy be provided to the next meeting of the Partnership.

25. Date and Time of Next Meeting

It was reported that the next meeting would be held on 7 December 2022 at 10.00 am.

The meeting concluded at 11.00 am.

CHAIR

HEALTH AND WELLBEING BOARD

20th March 2023

Report of: Director of Children and Joint Commissioning Services

Subject: HSSCP ANNUAL REPORT (2021-22)

---

1. PURPOSE OF REPORT

1.1 The purpose of this report is to update Health and Wellbeing Board on the work undertaken by the Hartlepool and Stockton-On-Tees Safeguarding Children Partnership during the year 2021-22.

2. BACKGROUND

2.1 The Safeguarding Children Partnership (HSSCP), during 2021-22 was in its third year of being operational; having been established in April 2019 and replacing the previous two Local Safeguarding Children Boards.

2.2 2021-22 continued to present challenges for the partnership, with the need to adapt to virtual ways of working in light of the ongoing Covid-19 pandemic.

2.3 HSSCP continued to meet virtually throughout 2021-22 to ensure continued co-ordination of safeguarding services across Hartlepool and Stockton-On-Tees, to carry out challenge and assurance activity and to enable learning to be identified and shared across partner agencies.

2.4 In addition, HSSCP carried out project planning and development work throughout 2021-22 and continued to provide multi-agency professionals with safeguarding training and development opportunities; via online learning platforms.

2.5 The Annual Report provides an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children, set against an analysis of the local area safeguarding context. It should recognise the achievements and the progress that has been made in the local areas as well as providing a realistic assessment of the challenges that still remain.

2.6 The report summarises the key successes and achievements of the Safeguarding Children Partnership throughout 2021-22. It updates on

qualitative and quantitative data and information for the reporting period and outlines the specific areas being taken forward in the coming year.

3. OTHER CONSIDERATIONS

RISK IMPLICATIONS	No specific considerations
FINANCIAL CONSIDERATIONS	Statutory partners (Local Authorities, ICB and Cleveland Police) make an annual contribution to the running costs of the partnership.
LEGAL CONSIDERATIONS	Working Together 2018 requires statutory partners to establish multi agency safeguarding arrangements through children safeguarding partnerships.
EQUALITY AND DIVERSITY CONSIDERATIONS (IMPACT ASSESSMENT FORM TO BE COMPLETED AS APPROPRIATE.)	No specific considerations
STAFF CONSIDERATIONS	No specific considerations
ASSET MANAGEMENT CONSIDERATIONS	No specific considerations
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	No specific considerations

4. RECOMMENDATIONS

4.1 For members of Health and Wellbeing Board to note the contents of the HSSCP Annual Report

5. REASONS FOR RECOMMENDATIONS

5.1 To ensure that the council and its partners are meeting statutory safeguarding duties in relation to children and to promote children's safety and wellbeing.

6. BACKGROUND PAPERS

None.

7. CONTACT OFFICER

Leanne Stockton, HSSCP Business Manager
Tel: (01429) 523780 Email:leanne.stockton@hartlepool.gov.uk

Hartlepool and Stockton-on-Tees Safeguarding Children Partnership Annual Report 2021-22

Executive Summary

As the newly appointed, Independent Chair and Scrutineer for the Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSSCP), I am pleased to introduce this annual report for 2021 - 2022.
The HSSCP is led by the Executive Group and Statutory Partners from both Hartlepool and Stockton-On-Tees Borough Councils, Cleveland Police, Tees Valley Clinical Commissioning Group, in partnership with key and relevant agencies across the two local areas.

Much work has been done by the HSSCP, building upon a strong and well-established partnership, to further develop and deepen effective multi-agency working throughout a whole system, to safeguard children and young people.
This includes the establishment of my post, strengthening effective governance arrangements, to provide independent scrutiny and assurance; the commissioning of a whole system review into domestic abuse across Cleveland and, establishing a Multi-Agency Child Exploitation Hub (MACE).

The report reflects upon the progress and impact against last year's priorities:

Partnership Effectiveness, Governance and Engagement;
Domestic Abuse;
Contextual Safeguarding;
Learning from Reviews and Best Practice.

As we look back, it is a testament to leaders, partners and practitioners across the HSSCP that so much has been achieved, against the unprecedented challenges over the last two years, not least due to the global pandemic.

The annual report also shares the system wide learning from Local Child Safeguarding Practice Reviews that were undertaken for Child O and Child Q and crucially, how this learning has been taken forward and most importantly, what has been done to improve practice by the partnership.

The multi-agency thematic case audits, build upon our active learning approach and the partnerships commitment and aspiration, to achieve the shared vision and objectives for every child and young person in Hartlepool and Stockton-On-Tees: to feel safe, secure and protected from harm, enabling them to reach their full potential.

As well as remaining sighted on continued and new emerging needs, our over-arching priority for 2022 - 2023 is Neglect. Central to our focus is to understand the child's world and daily life, their lived experience, so that as a partnership we can better understand, identify, prevent and respond to children living in neglectful circumstances.

Mel John-Ross
HSSCP Independent Chair
and Scrutineer

Contents

About The Partnership 4-8

HSSCP Membership..... 5
HSSCP Governance Structure..... 6
Vision, Aims and Objectives..... 7
Financial Arrangements..... 8

About Hartlepool 9-11

Hartlepool Demographics..... 10
Hartlepool Safeguarding Snapshot..... 11

About Stockton-On-Tees 12-14

Stockton Demographics..... 13
Stockton Safeguarding Snapshot..... 14

Key Successes and Achievements 15-24

Business Priority:
Partnership Effectiveness, Governance and Engagement.... 16
Thematic Priorities:
Domestic Abuse..... 17
Contextual Safeguarding..... 17
Practice Priority:
Learning from Reviews and Best Practice..... 18
Case Reviews: LCSPR 's..... 19 - 20
Case Reviews: Multi-Agency Audit..... 21 - 22
Training and Development..... 23
Communication and Engagement..... 24

Next Steps 25 -26

Next steps 26

Hartlepool & Stockton-on-Tees SAFEGUARDING CHILDREN PARTNERSHIP

About The Partnership

HSSCP MEMBERSHIP

HSSCP Safeguarding Partners

HSSCP covers the two local authority areas of Hartlepool and Stockton-On-Tees Borough Councils, with a co-terminus Clinical Commissioning Group and Police force. The four statutory safeguarding partners of the Hartlepool and Stockton-On-Tees Safeguarding Children Partnership, in accordance with Working Together 2018 (and Children and Social Work Act 2017), therefore include:

- Hartlepool Borough Council
- Stockton-On-Tees Borough Council
- Tees Valley Clinical Commissioning Group
- Chief Officer of Cleveland Police

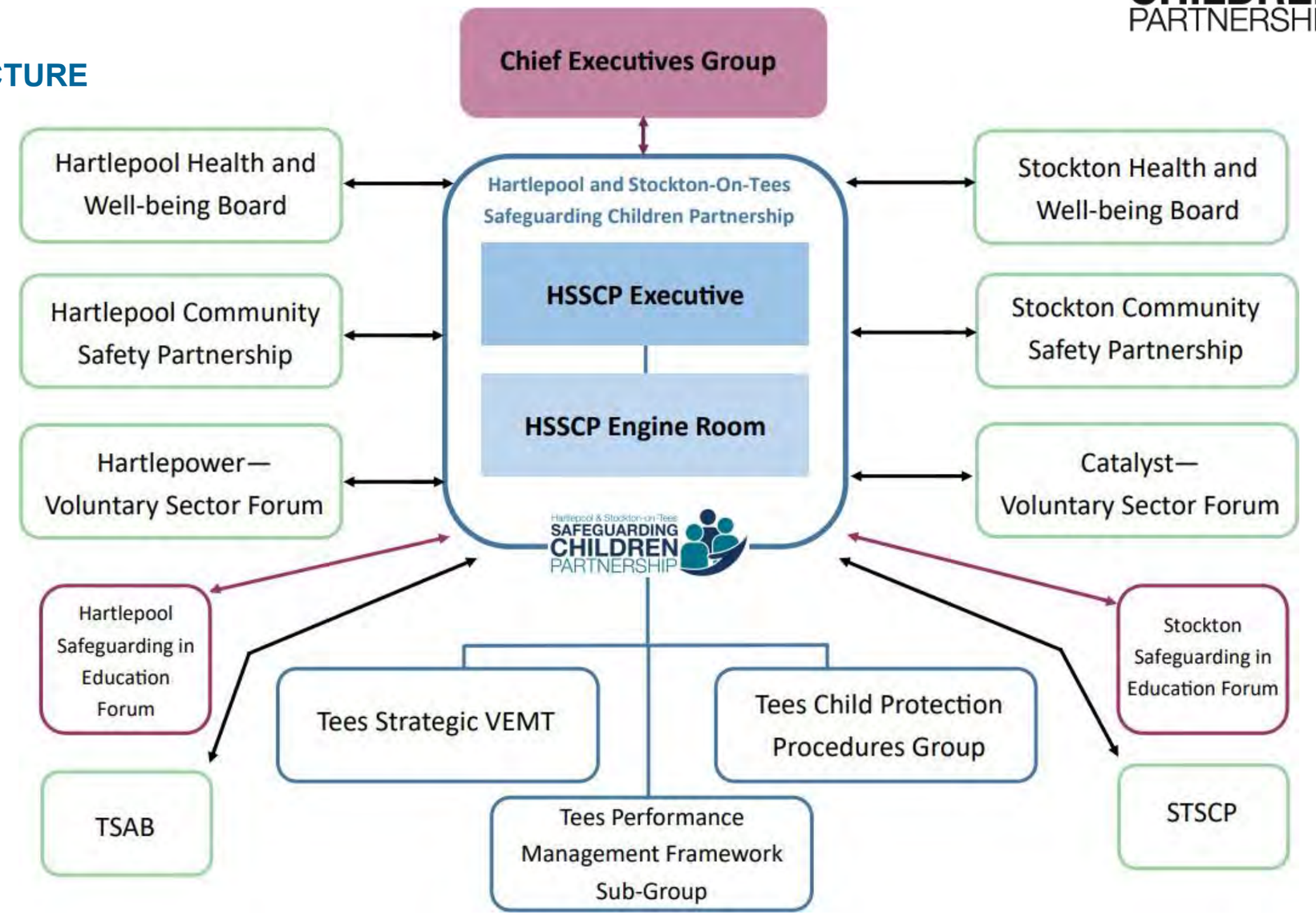
The four safeguarding partners retain an equal and joint responsibility for local safeguarding arrangements. They agree on ways to co-ordinate safeguarding services; act as a strategic leadership group in supporting and engaging others; and ensure the implementation of local and national learning. In situations that require a single point of leadership, safeguarding partners will decide on which partner will take the lead on relevant issues that arise.

The safeguarding partners have identified other agencies that are required to work as part of the HSSCP's arrangements to safeguard and promote the welfare of local chil- dren. These agencies are referred to as relevant agencies and have a statutory duty to cooperate with the HSSCP's published arrangements.

HSSCP Relevant Agencies

N.B: The full list of relevant agencies can be found in HSSCP's published arrangements.

HSSCP GOVERNANCE STRUCTURE



The HSSCP Executive

The HSSCP Executive, made up of representation from the four statutory safeguarding partners, meet bi-monthly to provide strategic leadership and oversight to the partnership arrangements. The Executive is accountable to the Chief Executives Group and is responsible for ensuring delivery of the HSSCP business plan and priorities.

The Executive:

- Share and co-own the vision for how to achieve improved outcomes for vulnerable children
- Ensure that services are commissioned in a co-ordinated way; through liaison with other key partnerships and Boards
- Oversee core safeguarding functions of the partnership arrangement
- Scrutinise reports on learning activity presented to them by the 'engine room'
- Provide further challenge where necessary when seeking assurance, evidencing impact and improvement
- Liaise with other key local partnerships and boards; feeding back any relevant information to the 'engine room'
- Ensure all statutory function and requirements are met; and
- Approve the appointment of reviewers for local case reviews

The HSSCP Engine Room

The Engine Room, made up of representation from the four statutory safeguarding partners and selected relevant agencies, meets every 6 weeks and is accountable to the HSSCP Executive. The functions of the Engine Room carried out on behalf of the Executive include:

- Planning and undertaking learning activity; including Rapid Reviews, learning reviews and multi-agency audits
- Identifying and commissioning training following findings from review activity
- Identifying and ensuring dissemination of learning and good practice
- Identifying task and finish groups needed to deliver work on behalf of the partnership
- Impact testing – monitoring and reviewing change for improvement / learning
- Reporting learning and impact to HSSCP Executive

HSSCP VISION, AIMS AND OBJECTIVES

Every child in Hartlepool and Stockton will feel safe, secure and be protected from harm, enabling them to reach their full potential.

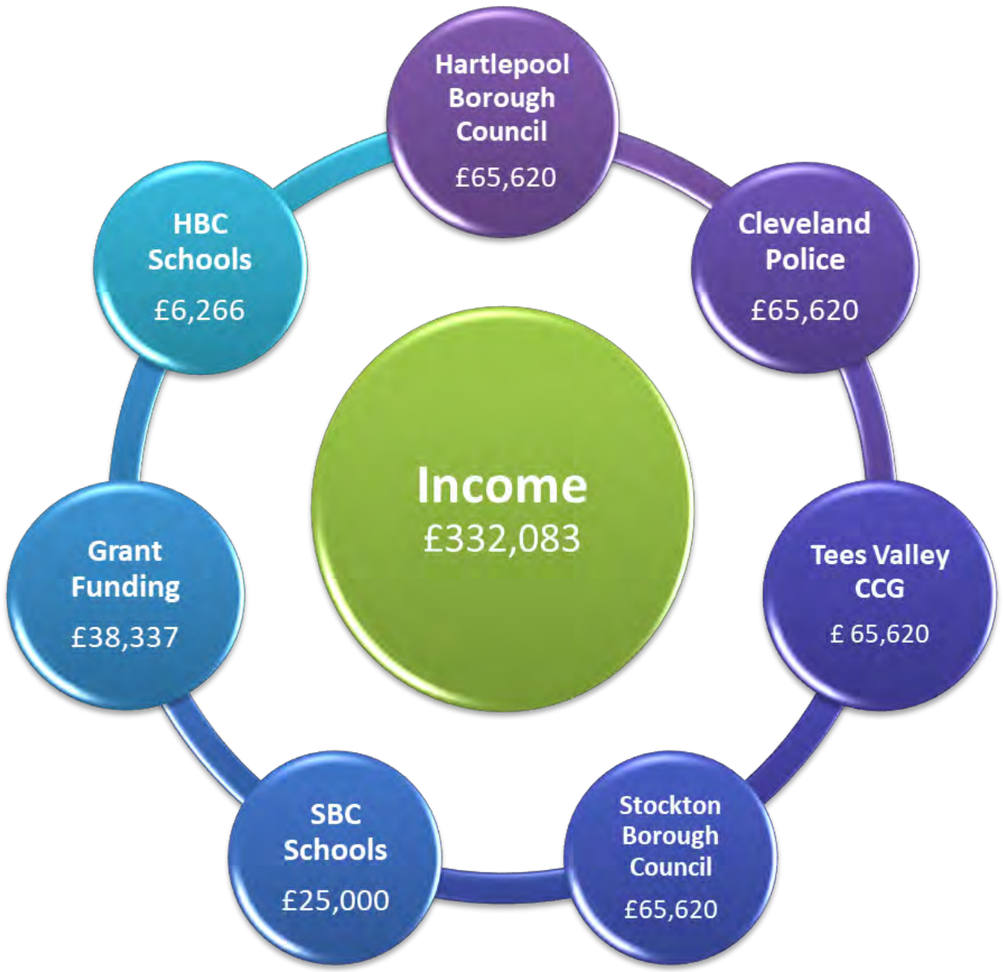
HSSCP's vision is to ensure that **"Every child in Hartlepool and Stockton feels safe, secure and protected from harm, enabling them to reach their full potential"** and aims to ensure that everyone who works with children across Hartlepool and Stockton-on-Tees has the protection of vulnerable children and young people at the heart of what they do.

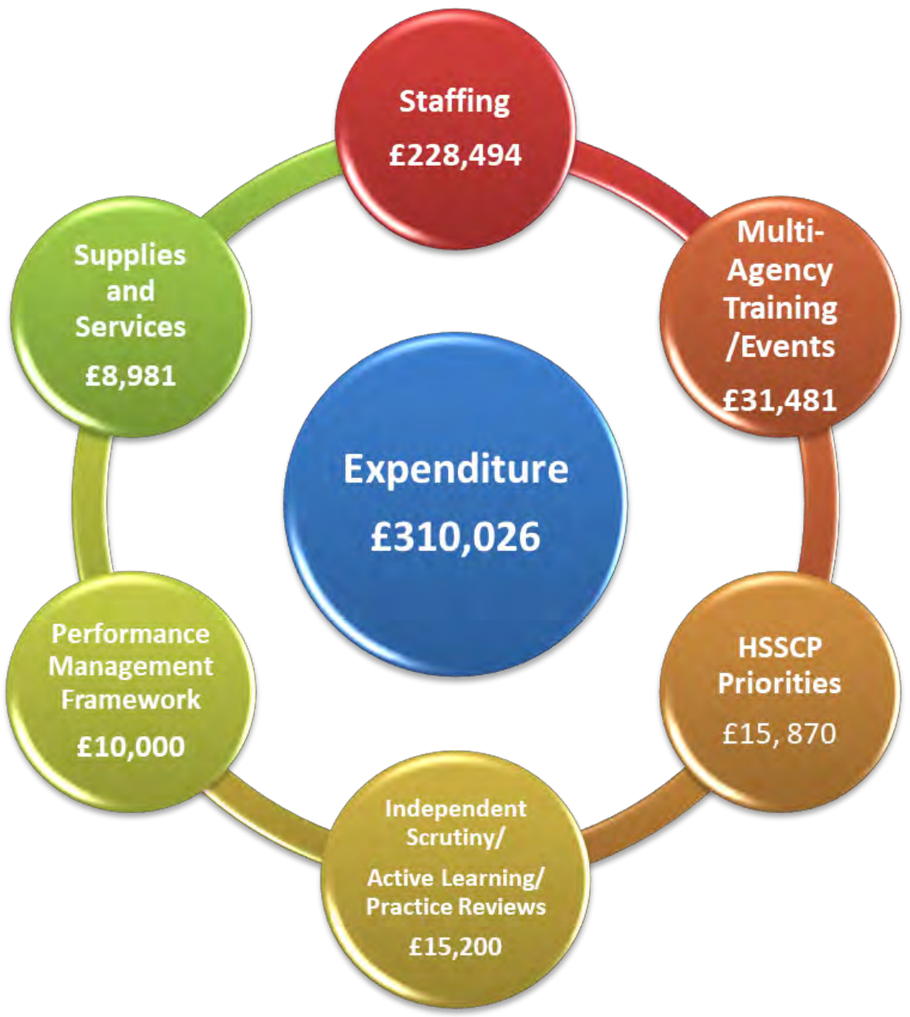
In order to achieve this the Partnership aims to understand what is working well in its collective safeguarding practice, to identify what needs further development and to ensure effective and co-ordinated multi agency working across our whole system. This 'Active learning' approach has the child at its core and harnesses the importance of working with practitioners to influence front line safeguarding practice in order to learn and improve together.

The Partnership's Objectives are to:

- achieve the best possible outcomes for children and families and provide the right services that meet need in a co-ordinated way;
- improve safeguarding practice across all partners thus impacting positively on the lives of children;
- improve safeguarding practice, via identification and analysis of issues/ threats / barriers to effective multi agency working;
- enable shared learning with front line staff across all partner agencies;
- establish and embed peer challenge as a process for learning and improvement;
- embrace a culture of challenge with organisations and agencies holding one another to account;
- share information effectively to facilitate more accurate and timely decision making for families; and
- deliver on key elements that inform the basis of effective safeguarding practice i.e.:
  - ◊ Effective governance
  - ◊ Quality assurance and intelligence; and
  - ◊ A culture of learning and improvement

FINANCIAL ARRANGEMENTS





Hartlepool & Stockton-on-Tees
SAFEGUARDING
CHILDREN
PARTNERSHIP

About Hartlepool

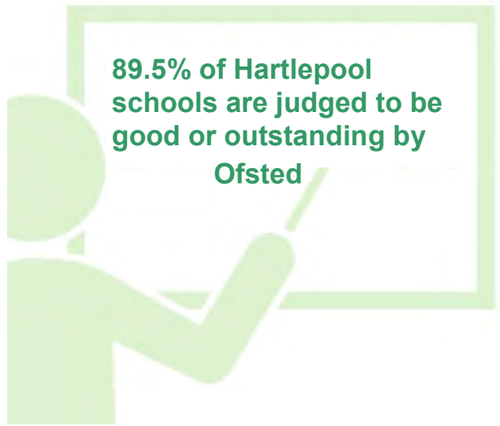
HARTLEPOOL DEMOGRAPHICS

Hartlepool has a population of 93,836 living in...

With...

and...

6,864 children in poverty



Hartlepool Context

There are **39 schools** in Hartlepool with 30 mainstream primary, 5 mainstream secondary, 2 special schools (one primary, one secondary), 1 Independent School and 1 Pupil Referral Unit. With **89.5%** of Hartlepool schools judged to be good or better by Ofsted, the potential for children achieving positive outcomes is high. The **number of children who are home educated is 101** which, although small when compared to all children accessing school, is monitored and reviewed by the Partnership annually to ensure oversight of this cohort of children and young people. Based on 2022 January School Census, **19.3%** of the Hartlepool compulsory school age population were **SEND** (EHCP and SEN Support). As at 31st March 2022 the number of children with Education, Health and Care (EHC) Plans or Statements of SEN issued by Hartle- pool is 584 (216 primary age, 345 secondary and 23 post 16).

In 2021, the End Child Poverty data classified Hartlepool as being **within the top 10% of the most deprived areas in the country**. The proportion of **children living in poverty being 39%,** compared to 38% across Teesside and 27% nationally. Living in an area of high deprivation, the children and young people of Hartlepool, their families and the professionals who work to support them, therefore face many challenges. There is a large body of evidence and research to show that **children who live in poverty are more likely to face additional traumatic experiences** or be exposed to a range of risks that can have a serious impact on their mental health and life chances. With Hartlepool's deprivation being higher than the national average for children already living in poverty and many families experiencing uncertain employment prospects as a result of COVID-19, the research suggests that the impact is only likely to increase; putting further pressure on families. It is therefore important for the Safeguarding Partnership to be fully aware of this cohort of children and young people and ensure that these are considered within aspects of the partnerships work programme.

HARTLEPOOL SAFEGUARDING SNAPSHOT

Throughout 2021-22 there were approximately:

20,108 children & young people under 18

Which equates to:

21% of the total population

39% of children living in poverty

39.5% of primary school children in receipt of free school meals (the national average is 20.8%)

517 average contacts to the Children's Hub* per Month

1970 referrals to children's social care

21% were re-referrals

628 Early Help assessments completed

107 Early Help cases escalated to Social Care

1387 open Child in Need cases

180 children subject to a Child Protection Plan

2141 children and young people receiving services through Special Educational Needs and Disability (SEND) support

17 children and young people identified as being at risk of Child Sexual Exploitation

29 children and young people identified as being at risk of Child Criminal Exploitation

671 missing episodes by 234 young people

212 missing episodes by 47 Hartlepool looked

308 children and young people looked after

1315 children present during a domestic abuse incident

292 domestic abuse incidents witnessed by children within 12 months of a similar incident

145 cases discussed in MARAC (Multi-Agency Risk Assessment

345 children involved in MARAC

48 referrals in relation to allegations against staff working with children and young people

3 new Private Fostering arrangements reported

** NB: The Children's Hub is the multi-agency front door for referrals into Children's Social Care.*

Hartlepool & Stockton-on-Tees
SAFEGUARDING CHILDREN PARTNERSHIP

About Stockton-on-Tees

Hartlepool & Stockton-on-Tees SAFEGUARDING CHILDREN PARTNERSHIP

STOCKTON-ON-TEES DEMOGRAPHICS

Stockton has a population of **197,419** living in,,,

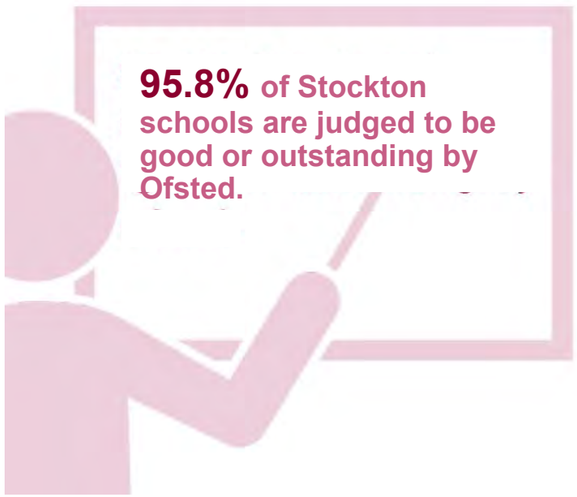
89,600 HOUSEHOLDS

With...

44,021 children under 18

and...

35.3% children in poverty



Stockton Context

There are 93 schools in Stockton with 76 primary (40 academy, 28 maintained, 5 special and three independent schools), 21 secondary (12 academy, 1 maintained, 5 special and three independent school). With 95.8% of Stockton schools judged to be good or better by Ofsted, the potential for children achieving positive outcomes is high. The **number of children who are home educated is 246** (as of March 2021) which, although small when compared to all children accessing school provision, is monitored and reviewed by the Partnership annually to ensure oversight of this cohort of children and young people. Based on the January 2021 school spring census **16.3% of the school population were SEND** (Special Educational Needs and Disabilities). This figure includes those that had an Education Health Care Plan (EHCP) and those that have SEN support. The number of children with Education, Health and Care (EHC) Plans or statements of SEN in Stockton is 1821 (678 primary age children, 759 secondary, 384 post-16) .

The latest available data from End Child Poverty (May 2021) shows **35.3% of children are living in poverty in Stockton-on-Tees** (after housing costs are included), compared to an average of 37% in the North East and 31% nationally. Living in an area of high deprivation, the children and young people of Stockton-on-Tees, their families and the professionals who work to support them, therefore face many challenges. There is a large body of evidence and research to show that **children who live in poverty are more likely to face additional traumatic experiences** or be exposed to a range of risks that can have a serious impact on their mental health and life chances. With Stockton's deprivation being higher than the national average for children already living in poverty and many fam- ilies experiencing uncertain employment prospects as a result of COVID-19, the research suggests that the impact is only likely to increase; putting further pressure on families. It is therefore important for the Safeguarding Partnership to be fully aware of this cohort of children and young people and ensure that these are considered within aspects of the partnerships work programme.

STOCKTON-ON-TEES SAFEGUARDING SNAPSHOT

Throughout 2020-21 there were approximately:

44,021 children & young people under 18

Which equates to:

22% of the total population

35.3% of children living in poverty
(Source - End Child Poverty data May 2021)

26.2% of mainstream primary school children in receipt of free school meals (the national average is 20.8%)

995 average contacts to the Children's Hub per month

3624 referrals to children's social care

21.5% were re-referrals

616 Early Help Episodes were opened

8 Early Help cases escalated to Social Care

2373 open Child in Need cases

301 children subject to a Child Protection Plan

5259 children and young people receiving services through Special Educational Needs and Disability (SEND) support

20 children and young people identified as being at risk of Child Sexual Exploitation

1478 missing episodes by 473 young people

609 missing episodes by 98 Stockton looked after young people

574 children and young people looked after

3 new Private Fostering arrangements reported

2153 children witnessing a domestic abuse incident

258 cases discussed in MARAC (Multi-Agency Risk Assessment Conference)

503 children involved in MARAC

118 referrals in relation to allegations against staff working with children and young people

Hartlepool & Stockton-on-Tees
SAFEGUARDING CHILDREN PARTNERSHIP

Key Successes and Achievements

Hartlepool & Stockton-on-Tees SAFEGUARDING CHILDREN PARTNERSHIP

PRIORITIES

BUSINESS PRIORITY

PRIORITY 1: PARTNERSHIP EFFECTIVENESS, GOVERNANCE AND ENGAGEMENT

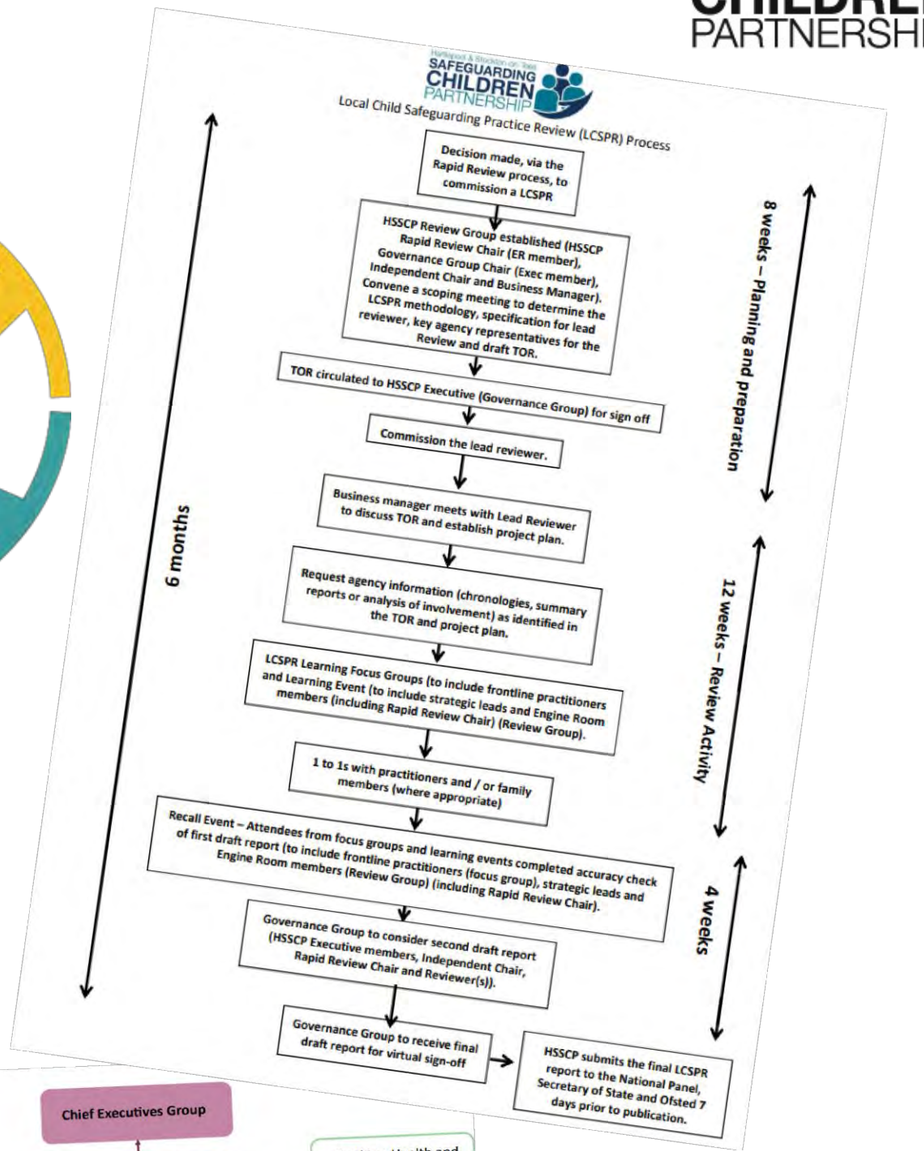
What did this priority entail?
This priority focussed upon the effectiveness of HSSCP as a partnership.

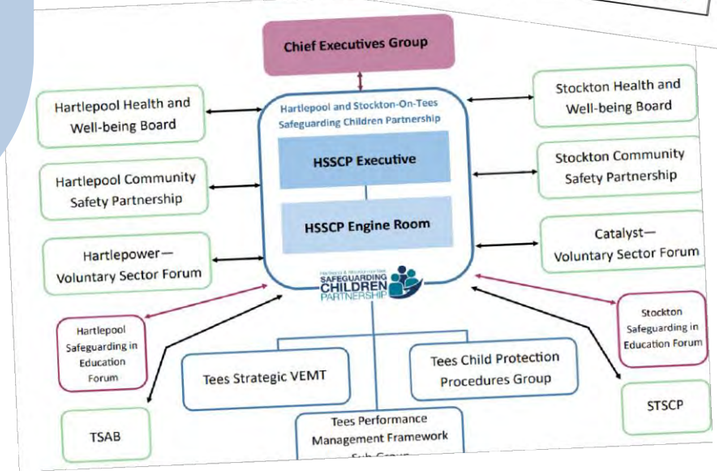
What has been done?
It reviewed and scrutinised:

- Partnership governance and structures – including whether the elements of the HSSCP are working well together, and if any changes were needed;
- The effectiveness of scrutiny arrangements - including the role of the independent chair;
- Engagement of partners and if any changes are required to structures to facilitate greater partner engagement and understanding; and
- Communications plans.

Impact
Key changes include:

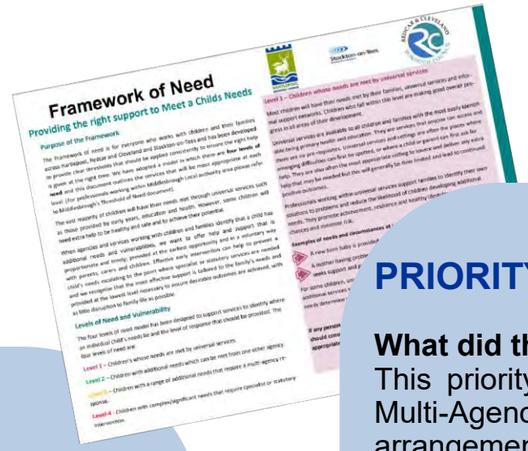
- Recruitment of a lead scrutineer / chair
- Additional relevant agency representation on the partnership Executive
- Changes to the way reviews are structured
- Ongoing work to measure effectiveness
- Ongoing role for the new chair / scrutineer on effectiveness of the partnership to test implementation of recommendations.





PRIORITIES

THEMATIC PRIORITIES

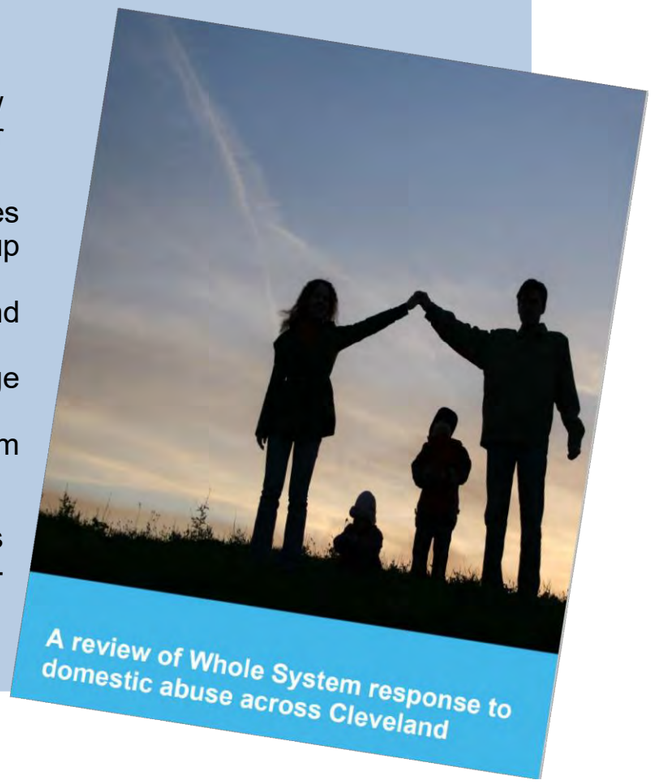


PRIORITY 2: DOMESTIC ABUSE

What did this priority entail?
This priority focussed upon developing a better understanding of the level of Domestic Abuse (across Tees) and the multi-agency response to it.

What has been done?
- Safe Lives were commissioned to review DA and MARAC processes
- Consultation with partnership / partners as well as victim and survivor engagement
- Considered implications of the DA Bill
- A HSSCP Domestic Abuse task and finish group reviewed existing partnership training and tools

Impact:
- The Safe Lives completed review outlines recommendations for progression in 22-23 in relation to:
  - How can the 4 Local Authorities deliver a better, joined up coordinated approach to DA?
  - What should governance and partnership work look like?
  - What is the culture change needed across the system?
  - How do we develop system minimum standards?
- New Safe and Together training is to be commissioned by the partnership for rollout in 2022-23.



PRIORITY 3: CONTEXTUAL SAFEGUARDING

What did this priority entail?
This priority focussed upon the development of a North of Tees Multi-Agency Child Exploitation (MACE) Hub to improve arrangements to protect and safeguarding children and young people at risk of criminal and sexual exploitation. It aimed to replace existing local VEMT arrangements and provide real time information sharing, risk assessment and response to children at risk.

What has been done?
- Development of the MACE arrangements and Teams
- MACE went live on 1st October 2021
- Delivery followed the business case model and range of policies, procedures, practice guidance, standard operating procedures, systems and processes were produced and implemented; including an updated framework of need
- Identification and commitment of appropriate resources from partner agencies to the Hub
- Training delivered across the multi-agency workforce in relation to the new arrangements

Impact:
- Multi agency children's exploitation teams were created across Hartlepool and Stockton made up of local authority and police partners as well as a strengthened education support. The team has worked collaboratively over the last six months and identified ways in which the work of the teams needs to shape and develop responsive to local need.
- Training needs analysis completed and positive feedback is being received as to the training in place, which is now built into the workforce training schedule.
- Dedicated resources for responding to child exploitation enable the team to work with partners in adults services to identify and protect those who transition into adult services. The expertise of the team is shared with adults services and available to colleagues in TSAB.

Hartlepool & Stockton-on-Tees SAFEGUARDING CHILDREN PARTNERSHIP

PRIORITIES

PRACTICE THEMES PRIORITY

Information-Sharing

Professional Curiosity

Voice of the Child

Professional Challenge

Over-Optimism

Assumptions

Consent

PRIORITY 4: LEARNING FROM REVIEWS AND BEST PRACTICE

What did this priority entail?
This priority focussed upon recurring themes which have arisen through review activity. HSSCP recognised that the Partnership sees the evidence of these themes when things go wrong and sought assurance that this is not indicative of practice more widely cross the system. This priority sought to understand why recurring themes continue and what, as a Partnership, can be done differently to break this 'cycle'.

This priority aimed to pull together what we already know about what good practice looks like and what the expectations of effective practice are across our safeguarding system. It sought to reflect on and challenge thinking around what is meant by 'compliance' at a Partnership, System, Agency, Service and Practitioner level; moving beyond compliance set against performance indicators to compliance set against good / best practice expectations to achieve the partnership's vision for the children and young people we serve. It sought to:

- Understand why we have repeating SIN /near misses.
- Understanding what is happening in the different agencies from an assurance perspective: how they are assured in relation to compliance / good practice / analysis / reflection and how they measure quality
- Understanding how agencies are assured and how that contributes to the system
- Understand how agencies share/disseminate learning to practitioners
- Understand how any changes to practice are implemented and monitored for impact assessment
- Analyse and reflect – model behaviour that is expected / wanted
- Training / reflective discussions for the workforce

What has been done?
- A Joint Tees-wide 'learning from reviews' task and finish group and planning for a Tees-wide event.
- Analysis of themes arising from reviews and training implemented to the multi-agency workforce.

Hartlepool & Stockton-on-Tees SAFEGUARDING CHILDREN PARTNERSHIP

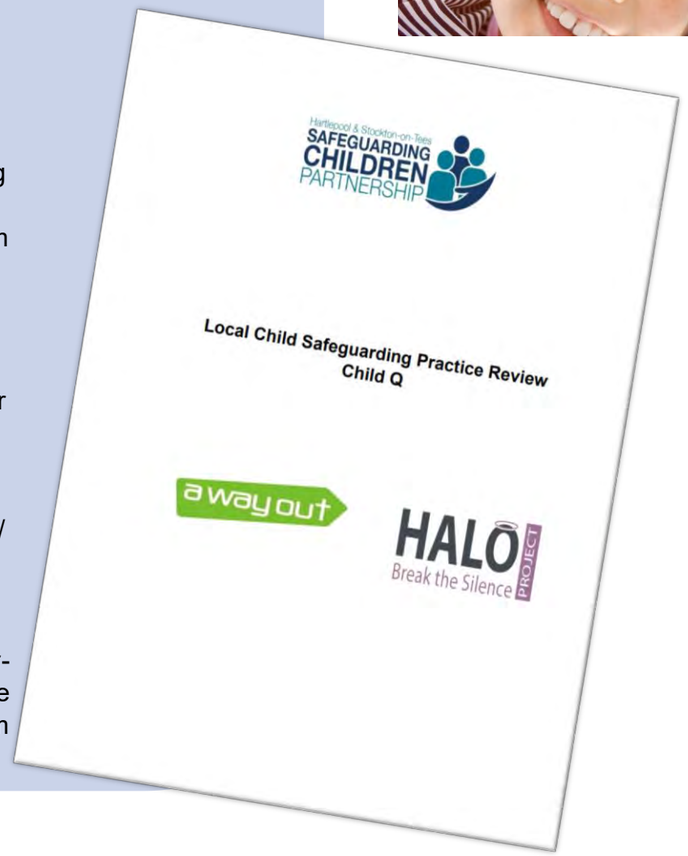
CASE REVIEWS - Local Child Safeguarding Practice Review

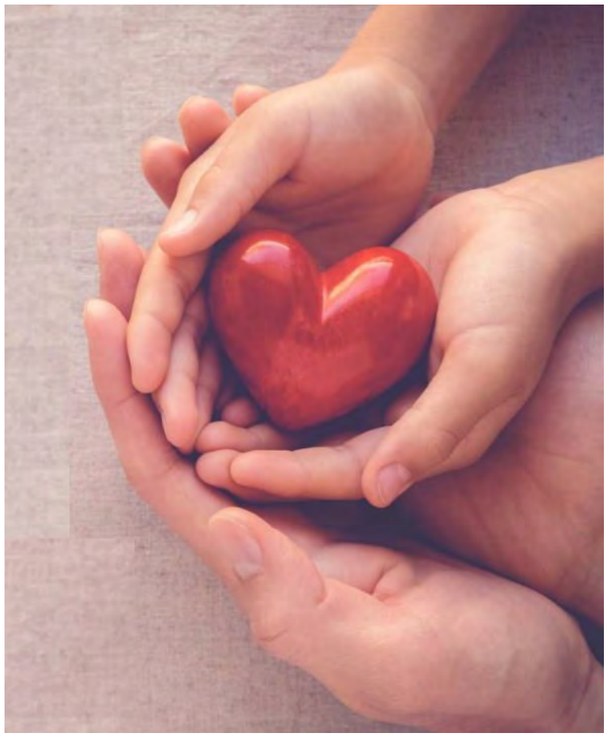
LCSPR - CHILD Q

Context
Child Q was 14 months old when admitted to the A&E department due to concerns raised by Social Care and the Police following a welfare visit that Child Q was severely underweight. Child Q was subsequently assessed by health as being severely malnourished, his mother having followed a diet of milk and honey both during her pregnancy with Child Q and beyond impacting significantly on the growth and development of Child Q. Child Q was reported to have severe Vitamin D deficiency, advanced rickets, severe metabolic bone disease with multiple fractures and iron deficiency anaemia.

Learning Themes
- Over optimism
- Lack of professional challenge – particularly in relation to the decision not to initiate care proceedings
- Lack of professional curiosity
- Poor information sharing
- Cumulative vulnerabilities were not considered
- Assessments were not holistic in nature
- Lack of understanding around the impact of religious and cultural issues
- Difficulties and need for specialist support when dealing with complex cases
- What to do when cases are 'stuck' or engagement from families is poor

What is being done?
- Staff to receive training which specifically triggers and recognises disguised compliance, domestic and honour -based abuse (HBA), trauma, culture and faith
- Multi agency supervisions to be introduced when dealing with complex cases
- Implementation of a programme of champions/ specialists around certain fields such as HBA
- Improve understanding around vulnerabilities using a whole family approach with BME and diverse groups
- Development of a toolkit to support and improve under-standing and delivery around honour-based violence enabling indicators and questions to be asked to inform safeguarding practices and decision making





Hartlepool & Stockton-on-Tees SAFEGUARDING CHILDREN PARTNERSHIP

CASE REVIEWS - Local Child Safeguarding Practice Review

LCSPR - CHILD O

Context
Child O, aged 9 years, was assaulted by their mother's partner and witnessed the assault of their mother who was stabbed multiple times in the attack. Child O suffered bruising and swelling and their mother suffered lacerations to her head and face. At the time of the incident, Child O was subject to their second child protection plan with the previous child protection plan being in place due to similar concerns. The review was carried out to identify key learning themes from the involvement of agencies and how to ensure wider input, over- sight and challenge when a professional team consists of only two agencies.

Learning
- Where there is insufficiently evidenced suspicion that something is happening, the Core Group needs to take an investigative approach, practice 'respectful uncertainty' and use professional curiosity to enquire deeper.
- Professionals need to use active information sharing and look not only at information on the identified child and parent(s) but also the significant adults around the child.
- Social workers need to make sure that new information of concern that they receive is quickly shared with schools .
- When a child has suffered trauma/ACEs, it should be assumed there are health needs, even where none are immediately identifiable.
- Professionals need to remember that group supervision and complex case discussions can be convened when there are worries that need to be unpicked.
- Professionals need to use clear understandable language with families, avoiding professional jargon and take the time to explain complex issues allowing families the time to reflect on and then question the information at a later date.

What is being done?
- Review of the multi-agency meeting (Core Group / Team Around) agendas to include a dedicated section for other agency information - to prompt multi-agency professionals to consider what is not known and where / how they could find out more to inform their planning and decision-making.
- Development of a 'Complex Case' guidance.
- Learning shared with the MARAC review - schools need to be informed when a child is linked to a MARAC discussion, so that they can contribute to the MARAC information sharing and discussion.

Hartlepool & Stockton-on-Tees SAFEGUARDING CHILDREN PARTNERSHIP

CASE REVIEWS - Multi-Agency Audit

Contextual Safeguarding Audit

Being one of HSSCP's four key priorities for 2021-22, Contextual Safeguarding was selected as the first of two themed multi-agency audits undertaken in 2021-22. As part of this priority, new Multi-Agency Child Exploitation (MACE) hubs had been established for Hartlepool and Stockton-On-Tees with a view to replacing the existing VEMT Practitioner Group process. The aim of the Contextual Safeguarding Multi-Agency audit was to act as a bench marking exercise; taking place at the commencement of the new MACE arrangements in November 2021, to be repeated the following year; with a view to demonstrating impacts of the new MACE hubs and model.


HSSCP Multi-Agency Audit
Contextual Safeguarding
November 2021

Hartlepool & Stockton-on-Tees SAFEGUARDING CHILDREN PARTNERSHIP

Contextual Safeguarding is one of HSSCP's four key priorities for 2021-22. As part of this priority, new co-located Multi-Agency Child Exploitation (MACE) hubs have been established for Hartlepool and Stockton-On-Tees with a view to replace the existing VEMT Practitioner Group process. The aim of the Contextual Safeguarding Multi-Agency audit was to act as a bench marking exercise; taking place at the commencement of the new MACE arrangements in November 2021, then again the following year; with a view to demonstrating impacts of the new MACE hubs and model.

6 Cases were selected for audit - three from Hartlepool and three from Stockton-On-Tees. These were children open to the existing VEMT process.

2 were boys, 4 were girls

All had historical multi-agency involvement and a range of cumulative vulnerabilities within the family.

A range of cases were selected (cases open to Early Help, CIN, CP, CICC and also open to VEMT as CCE, CSE or Missing, a range of ages and a selection of genders).

Although a range of cases were selected, 5 out of the 6 children had become Looked After by the time the audit day itself took place.

100% (all 6) had self-harmed / attempted or threatened suicide.

83% (5 out of 6) had carried / used or threatened to use a weapon / knife.

67% (4 out of 6) had missing episodes.

Learning about the audit process:

The quality of chronology submissions varied between agencies; particularly in relation to single agency reflection and analysis.

Professionals would benefit from having an aide-memoire or rough guide to completing chronologies for multi-agency audits.

The contribution to discussion on the audit day varied.

HSSCP to consider how best to promote contributions from all attendees and to minimise defensiveness / promote reflection.

Areas for Development:

- 5 out of the 6 children had needed to be placed out of area. Is there a gap in appropriate local placements, effective risk / safety planning and disruption?
- Risks reduced for children whilst in secure placements and escalated again when these placements ended. Is there a need to be mindful of 'secure route' for protection? Disruption was often reactive to a significant incident / crisis. Multi-agency pro-active disruption planning needs to be integral to new

Audit Findings:

What is working well:

- Professionals are recognising the signs and indicators of exploitation and are making appropriate referrals
- Timeliness of referrals to VEMT were appropriate
- There is a recognised increase in understanding of contextual safeguarding over recent years across the multi-agency workforce
- Multi-agency screening and risk assessment is taking place
- All children had self-harmed / attempted or threatened suicide and had been identified as requiring support (mental health / therapeutic service). Barriers identified were around:
  - the order in which MH intervention needed to be completed
  - closure to an intervention when not engaging (responsibility for engagement placed on child rather than agency).
  - is there a need for a lead professional for MH support/oversight?
- Professionals need to be mindful of blaming language – For example: support seeking rather than attention seeking

What is working well:

- Professionals are recognising the signs and indicators of exploitation and are making appropriate referrals
- Timeliness of referrals to VEMT were appropriate
- There is a recognised increase in understanding of contextual safeguarding over recent years across the multi-agency workforce
- Multi-agency screening and risk assessment is taking place

Areas for Development:

- 5 out of the 6 children had needed to be placed out of area, indicating a potential gap in appropriate local placements, effective risk / safety planning and disruption
- Risks reduced for children whilst in secure placements and escalated again when these placements ended. Disruption was often reactive to a significant incident / crisis. Multi-agency pro-active disruption planning needs to be integral to new arrangements.
- All children had self-harmed / attempted or threatened suicide and had been identified as requiring support (mental health / therapeutic service). Barriers identified were around:
  - the order in which Mental Health intervention needed to be completed
  - closure to an intervention when not engaging (responsibility for engagement placed on child rather than agency).
  - A need for a lead professional for MH support/oversight
- Professionals need to be mindful of blaming language – For example: support seeking rather than attention seeking
- Consider the need for preventative work to intervene when children are younger / prior to being entrenched

Hartlepool & Stockton-on-Tees SAFEGUARDING CHILDREN PARTNERSHIP

CASE REVIEWS - Multi-Agency Audit

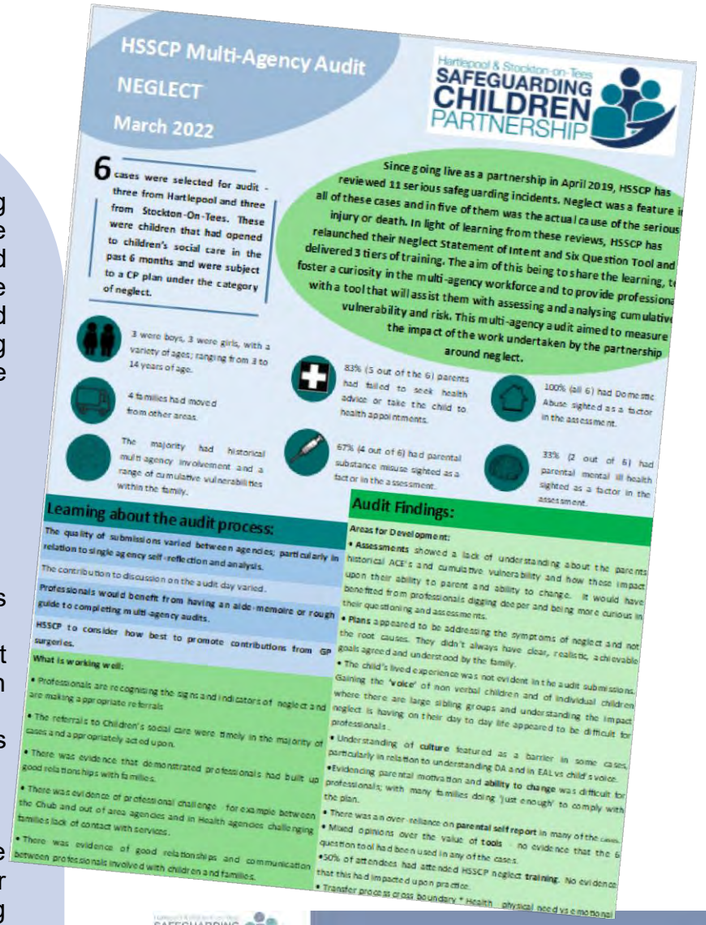
Neglect –Themed Audit
Since going live as a partnership in April 2019, HSSCP has reviewed 11 serious safeguarding incidents. Neglect was a feature in all of these cases and in five of them was the actual cause of the serious injury or death. In light of learning from these reviews, HSSCP has relaunched their Neglect Statement of Intent and Six Question Tool and delivered 3 tiers of training. The aim of this being to share the learning, to foster a curiosity in the multi-agency workforce and to provide professionals with a tool that will assist them with assessing and analysing cumulative vulnerability and risk. This themed multi-agency audit aimed to measure the impact of the work undertaken by the partnership around neglect.

What is working well:

- Professionals are recognising the signs and indicators of neglect and are making appropriate referrals.
- The referrals to Children's social care were timely in the majority of cases and appropriately acted upon.
- There was evidence that demonstrated professionals had built up good relationships with families.
- There was evidence of professional challenge - for example between the Chub and out of area agencies and in Health agencies challenging families lack of contact with services.
- There was evidence of good relationships and communication between professionals involved with children and families.

Areas for Development:

- Assessments showed a lack of understanding about the parents historical Adverse Childhood Experience's and cumulative vulnerability and how these impact upon their ability to parent and ability to change. It would have benefited from professionals digging deeper and being more curious in their questioning and assessments.
- Plans appeared to be addressing the symptoms of neglect and not the root causes. They didn't always have clear, realistic, achievable goals agreed and understood by the family.
- The child's lived experience was not evident in the audit submissions. Gaining the 'voice' of non verbal children and of individual children where there are large sibling groups and understanding the impact neglect is having on their day to day life appeared to be difficult for professionals .
- Understanding of culture featured as a barrier in some cases, particularly in relation to understanding Domestic Abuse and in English as an Additional Language (EAL) vs child's voice.
- Evidencing parental motivation and ability to change was difficult for professionals; with many families doing 'just enough' to comply with the plan.
- There was an over-reliance on parental self report in many of the cases.
- There were mixed opinions over the value of tools with no evidence that the 6 question tool had been used in any of the cases.
- 50% of attendees had attended HSSCP neglect training. The audit did not demonstrate evidence that this had impacted upon practice.


HSSCP Multi-Agency Audit
NEGLECT
March 2022

Hartlepool & Stockton-on-Tees SAFEGUARDING CHILDREN PARTNERSHIP

6 cases were selected for audit - three from Hartlepool and three from Stockton-On-Tees. These were children that had opened to children's social care in the past 6 months and were subject to a CP plan under the category of neglect.

Since going live as a partnership in April 2019, HSSCP has reviewed 11 serious safeguarding incidents. Neglect was a feature i all of these cases and in five of them was the actual cause of the serious injury or death. In light of learning from these reviews, HSSCP has relaunched their Neglect Statement of Intent and Six Question Tool and delivered 3 tiers of training. The aim of this being to share the learning, t foster a curiosity in the multi-agency workforce and to provide professiona with a tool that will assist them with assessing and analysing cumulative vulnerability and risk. This multi-agency audit aimed to measure the impact of the work undertaken by the partnership around neglect.

3 were boys, 3 were girls, with a variety of ages; ranging from 3 to 14 years of age.

4 families had moved from other areas.

The majority had historical multi agency involvement and a range of cumulative vulnerabilities within the family.

83% (5 out of the 6) parents had failed to seek health advice or take the child to health appointments.

67% (4 out of 6) had parental substance misuse sighted as a factor in the assessment.

100% (all 6) had Domestic Abuse sighted as a factor in the assessment.

33% (2 out of 6) had parental mental ill health sighted as a factor in the assessment.

Learning about the audit process:

The quality of submissions varied between agencies; particularly in relation to single agency self-reflection and analysis.

The contribution to discussion on the audit day varied.

Professionals would benefit from having an aide-memoire or rough guide to completing multi-agency audits.

HSSCP to consider how best to promote contributions from GP surgeries.

What is working well:

• Professionals are recognising the signs and indicators of neglect and are making appropriate referrals

• The referrals to Children's social care were timely in the majority of cases and appropriately acted upon.

• There was evidence that demonstrated professionals had built up good relationships with families.

• There was evidence of professional challenge - for example between the Chub and out of area agencies and in Health agencies challenging families lack of contact with services.

• There was evidence of good relationships and communication between professionals involved with children and families.

Audit Findings:

Areas for Development:

• Assessments showed a lack of understanding about the parents historical ACE's and cumulative vulnerability and how these impact upon their ability to parent and ability to change. It would have benefitted from professionals digging deeper and being more curious in their questioning and assessments.

• Plans appeared to be addressing the symptoms of neglect and not the root causes. They didn't always have clear, realistic, achievable goals agreed and understood by the family.

• The child's lived experience was not evident in the audit submissions. Gaining the 'voice' of non verbal children and of individual children where there are large sibling groups and understanding the impact neglect is having on their day to day life appeared to be difficult for professionals .

• Understanding of culture featured as a barrier in some cases, particularly in relation to understanding DA and in EAL vs child's voice.

•Evidencing parental motivation and ability to change was difficult for professionals; with many families doing 'just enough' to comply with the plan.

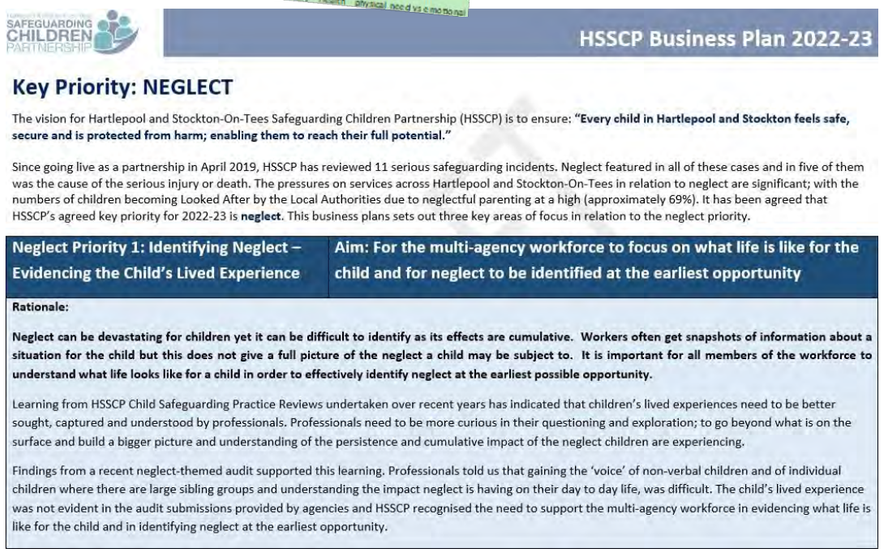
• There was an over-reliance on parental self report in many of the cases.

• Mixed opinions over the value of tools - no evidence that the 6 question tool had been used in any of the cases.

•50% of attendees had attended HSSCP neglect training. No evidence that this had impacted upon practice.

• Transfer process across boundary * Health - physical need vs emotional

Neglect has been identified as a key priority for the partnership in 2022-23.


SAFEGUARDING CHILDREN PARTNERSHIP

HSSCP Business Plan 2022-23

Key Priority: NEGLECT

The vision for Hartlepool and Stockton-On-Tees Safeguarding Children Partnership (HSSCP) is to ensure: **"Every child in Hartlepool and Stockton feels safe, secure and is protected from harm; enabling them to reach their full potential."**

Since going live as a partnership in April 2019, HSSCP has reviewed 11 serious safeguarding incidents. Neglect featured in all of these cases and in five of them was the cause of the serious injury or death. The pressures on services across Hartlepool and Stockton-On-Tees in relation to neglect are significant; with the numbers of children becoming Looked After by the Local Authorities due to neglectful parenting at a high (approximately 69%). It has been agreed that HSSCP's agreed key priority for 2022-23 is **neglect**. This business plans sets out three key areas of focus in relation to the neglect priority.

Neglect Priority 1: Identifying Neglect – Evidencing the Child's Lived Experience	Aim: For the multi-agency workforce to focus on what life is like for the child and for neglect to be identified at the earliest opportunity

Rationale:

Neglect can be devastating for children yet it can be difficult to identify as its effects are cumulative. Workers often get snapshots of information about a situation for the child but this does not give a full picture of the neglect a child may be subject to. It is important for all members of the workforce to understand what life looks like for a child in order to effectively identify neglect at the earliest possible opportunity.

Learning from HSSCP Child Safeguarding Practice Reviews undertaken over recent years has indicated that children's lived experiences need to be better sought, captured and understood by professionals. Professionals need to be more curious in their questioning and exploration; to go beyond what is on the surface and build a bigger picture and understanding of the persistence and cumulative impact of the neglect children are experiencing.

Findings from a recent neglect-themed audit supported this learning. Professionals told us that gaining the 'voice' of non-verbal children and of individual children where there are large sibling groups and understanding the impact neglect is having on their day to day life, was difficult. The child's lived experience was not evident in the audit submissions provided by agencies and HSSCP recognised the need to support the multi-agency workforce in evidencing what life is like for the child and in identifying neglect at the earliest opportunity.

Hartlepool & Stockton-on-Tees SAFEGUARDING CHILDREN PARTNERSHIP

TRAINING AND DEVELOPMENT

70 multi-agency training sessions delivered

6,745 e-learning sessions completed

1,475 people attended multi-agency training

A very well delivered course that gave the opportunity to learn and expand my knowledge base

I really enjoyed the training, took a lot from it and the time flew by .

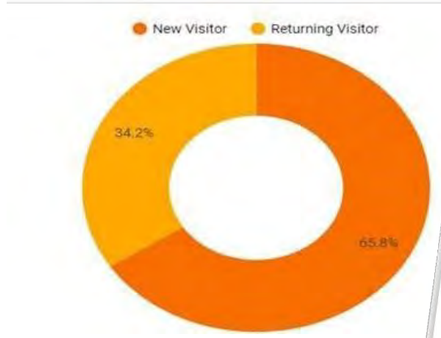
This has given me lots to reflect on - This training was excellent!

The small break out groups worked well and it was great that there was a mixture of professional so we could share experiences.

All training is worthwhile and even if it is one piece of information or one technique that my team members return with then it has been beneficial.

COMMUNICATION AND ENGAGEMENT

HSSCP continued to engage with partners and professionals and share key messages across the multi-agency workforce. The partnership produced and circulated their monthly e-bulletins which provide a range of useful articles, resources and tools on key up-to-date safeguarding issues and themes. Quarterly newsletters, updating professionals on the work undertaken each quarter, were also shared. The HSSCP website continues to be regularly updated with partnership news and publications and key messages are also shared via HSSCP's Twitter account.



- **6396** visitors to the HSSCP website
- **24,253** page views on the new HSSCP website
- Monthly e-bulletins were circulated to **890** partner representatives for wider distribution. These outlined key messages around pertinent safeguarding themes.
- **6** Termly Safeguarding Forums were delivered to Designated Leads and Head Teachers across Hartlepool and Stockton Schools.
- **4** Quarterly newsletters were circulated to partner agencies to communicate HSSCP activity.
- HSSCP **Twitter** account - @HSSCP1

Hartlepool & Stockton-on-Tees
SAFEGUARDING CHILDREN PARTNERSHIP

Next Steps

NEXT STEPS

HSSCP Priorities for 2022-23

Key Priority: NEGLECT

Since going live as a partnership in April 2019, HSSCP has reviewed 11 serious safeguarding incidents. Neglect featured in all of these cases and in five of them was the cause of the serious injury or death. The pressures on services across Hartlepool and Stockton-On-Tees in relation to neglect are significant; with the numbers of children becoming Looked After by the Local Authorities due to neglectful parenting at a high (approximately 69%). It has been agreed that HSSCP's agreed key priority for 2022-23 is neglect . This key priority has been broken down into three key areas.

Neglect Priority 1: Evidencing the Child's Lived Experience

Neglect can be devastating for children yet it can be difficult to identify as its effects are cumulative. Workers often get snapshots of information about a situation for the child but this does not give a full picture of the neglect a child may be subject to. It is important for all members of the workforce to understand what life looks like for a child in order to effectively identify neglect at the earliest possible opportunity.

Learning from HSSCP Child Safeguarding Practice Reviews undertaken over recent years has indicated that children's lived experiences need to be better sought, captured and understood by professionals. Professionals need to be more curious in their questioning and exploration; to go beyond what is on the surface and build a bigger picture and understanding of the persistence and cumulative impact of the neglect children are experiencing.

Findings from a recent neglect-themed audit supported this learning. Professionals told us that gaining the 'voice' of non-verbal children and of individual children where there are large sibling groups and understanding the impact neglect is having on their day to day life, was difficult. HSSCP recognise the need to support the multi-agency workforce in evidencing what life is like for the child and in identifying neglect at the earliest opportunity. This key area aims for the multi-agency workforce to focus on what life is like for the child; describing their lived experience and how neglect is impacting upon their health and development. It will seek to achieve:

- An improvement across the multi-agency workforce on understanding the child's lived experience
- A strengthened understanding across the multi-agency workforce of:
  - how to evidence what life is like for a child living with neglect
  - how to fill the gaps in what is known to build a bigger (cumulative) picture
  - how to evidence the impact of neglect on children
  - the impact of ACEs on parenting
  - how to evidence cumulative vulnerability and risk

NEXT STEPS

Neglect Priority 2: Assessing and Intervening with Neglect – Understanding and responding to the Impact of Neglect

Neglect is notoriously difficult to define as there is no common view across cultures as to what are desirable or minimally adequate child rearing practices. There is no single cause for neglect. Most neglectful families experience a variety and combination of adversities and it is important for workers to undertake a thorough assessment leading to an analysis of needs in order to implement evidence based interventions. Addressing the causes and not the symptoms through assessment of the specific circumstances is always necessary to establish the difficulties that underpin the neglect.

Learning from HSSCP Child Safeguarding Practice Reviews undertaken over recent years has indicated that assessments need to be more holistic; with deeper analysis of long term chronology and family history as an indicator of future risk. The impact of parental cumulative vulnerabilities on parenting and on parental ability to change needs to be explored within assessments and plans need to be based on a change journey for children with an understand- ing and use of evidence-based interventions. A large proportion of plans focus on compensatory care without fully addressing the parental actions needed to improve the lives of their children. This does not promote positive change.

Findings from a recent neglect-themed audit supported this learning. Assessments showed a lack of understanding about the parents' historical ACEs and cumulative vulnerability and how these impact upon their ability to parent and ability to change. Professionals recognised the need to dig deeper and be more curious in their questioning and assessments. Plans appeared to be addressing the symptoms of neglect and not the root causes. There weren't always clear, realistic, achievable goals agreed and understood by the family. HSSCP seeks to achieve:

- An improvement in the understanding of and response to cumulative vulnerability and risk (including the impact of Adverse Childhood Experiences upon ability to parent) in assessments across partner agencies and the multi-agency workforce
- A stronger approach to addressing the root causes of neglect and evidence-based interventions within plans and multi-agency meetings
- A strengthened understanding across the multi-agency workforce of:
  - ◊ how to analyse cumulative vulnerability and risk
  - ◊ how to evidence parental motivation and ability to change
  - ◊ the impact of neglect on children and the impact of ACEs on parenting
  - ◊ how to work in a trauma-informed way

Neglect Priority 3: Priority Communication and Engagement

In the recent governance review undertaken by the partnership, HSSCP identified the need to develop a clear set of priorities each year, and to communicate how these are going to be addressed. It set out the need for HSSCP to reinforce and strengthen communications with a stronger focus on the activities and progress of the partnership. It was felt that this would assist in the engagement of partners especially on key thematic priorities. It would improve the visibility of HSSCP, galvanise partners, become the key points of focus of effort and enable a sense of purpose.

The review also identified the need to develop clear objectives for engagement, focusing on groups, organisations and communities; to identify who HSSCP should be talking to, why, how and with what messages based on an assessment of which geographies, communities, organisations ought to be the focus in order to extend the partnerships reach and engagement. In particular, HSSCP wish to develop a specific ongoing mechanism for engaging children and young people, hearing their views, engagement and input into priorities. It is felt that this would have a significant input into the outcomes / impact work above. HSSCP seeks to:

- Strengthen lines of communication from HSSCP to the multi-agency workforce and partner agencies
- Develop mechanisms of communication with children and young people
- Strengthen communication with the public to make HSSCP a recognised body within the community
- Strengthen engagement of partners in the work of the partnership

For more information about HSSCP, visit the HSSCP website by clicking the image below:

HSSCP

Annual Report 2021-22

Hartlepool & Stockton-on-Tees
SAFEGUARDING CHILDREN PARTNERSHIP

Hartlepool and Stockton-On-Tees Safeguarding Children Partnership
CETL
Brierton Lane
Hartlepool,
TS25 4AF
Tel: 01429 523825
Email: HSSCP@hartlepool.gov.uk

HEALTH AND WELLBEING BOARD

20th March 2023

Report of: Assistant Director (Regulatory Services)

Subject: AIR QUALITY STRATEGY

---

1. PURPOSE OF REPORT

1.1 To inform the Health and Wellbeing Board of the current position regarding air quality in the Borough and to present members of the board with a draft Air Quality Strategy.

1.2 To inform the Board that the draft strategy has been presented to the Neighbourhood Service Committee for approval to undergo a process of consultation prior to re submission to the Committee later in the year for approval.

2. BACKGROUND

2.1 Air pollution has a significant effect on Public Health in the UK and clean air is extremely important for the health and wellbeing of people who live and work in the Borough.

2.2 Air quality is currently high on the Government's agenda and the UK has set stringent targets to cut national emissions of five air pollutants (fine particulate matter, ammonia, nitrogen oxides, sulphur dioxide, and non-methane volatile compounds) with the goal to reduce the harm to human health from air pollution by half by 2030.

2.3 Officers from the Environmental Protection Team monitor air pollution in the Borough in order to fulfil the Council's statutory duties under the Environmental Act 1995 (Part IV Local Air Quality Management), check compliance against current UK air quality objectives, guidelines and limits and assess trends in air quality and thereby the effectiveness of policies and local interventions to improve air quality.

2.4 Monitoring results across the Borough are good and are consistently below objective levels set by Government.

2.5 Annual Air Quality Status Reports (ASRs) are produced and, once approved by the Department for Food, Environment and Rural Affairs (DEFRA), are

published on the Council's website to raise awareness and provide re-assurance to the public of local air quality.

2.6 DEFRA have notified officers that, in addition to the submission of ASR 2023 by 30th June 2023, a local Air Quality Strategy must be produced in 2023.

2.7 A draft Air Quality Strategy has been produced (see **Appendix 3**.) which would fulfil DEFRA's requirements, enable the Council to respond to the increasing national recognition of the impact of air pollution on Public Health and raise local awareness of the importance of air pollution, emphasising the Council's role in maintaining and improving air quality.

2.8 The proposed Strategy includes a range of inter-departmental 'statements of intent' which have been developed by officers and will help ensure that air quality is an integral part of the Councils remit. If the strategy is approved, an action plan will be produced to deliver on these statements.

2.9 The Council has committed to be a Net Zero Authority by 2030 and on 13th December 2021, Finance and Policy Committee approved the production of a Net Zero and Climate Change Plan for the Council. This Air Quality Strategy would be integral to the plan which is currently being developed.

3. PROPOSALS

3.1 That the Health and Wellbeing Board are aware of the report and the draft Air Quality Strategy prior to it going out for consultation.

4. RISK IMPLICATIONS

4.1 DEFRA may instigate measures if their requirement for the Council to produce an Air Quality Strategy is not fulfilled.

4.2 There is a secondary, reputational risk if the required documentation is not produced, approved and published.

5. FINANCIAL CONSIDERATIONS

5.1 There are currently no specific financial considerations however these may develop where departments implement initiatives to support the strategy. These will be reported and approval sought as they arise.

6. EQUALITY AND DIVERSITY CONSIDERATIONS

6.1 The effects of air pollution are often worse in the most vulnerable in our communities, including children, the disabled, individuals with existing respiratory disease and the elderly. Furthermore the health impacts of air pollution disproportionally impacts those who live in less affluent areas, exacerbating health inequalities (see **Appendix 1**).

7. STAFF CONSIDERATIONS

7.1 Additional staff time may be necessary to enable effective partnership working and to achieve the aims and policies identified within the strategy.

8 ASSET MANAGEMENT CONSIDERATIONS

8.1 The Air Quality Strategy includes a policy that the Council will continue to address its energy usage within Council buildings through adoption of efficient energy practices and use of the best available technology to deliver energy savings.

9. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

9.1 The proposed strategy is integral to the work the Council is undertaking to improve the environment and adapt to, and mitigate the effects of Climate Change.

10. OTHER CONSIDERATIONS

Legal Considerations	No relevant issues
Consultation	No relevant issues
Child/Family Poverty Considerations	See **Appendix 2**

11. RECOMMENDATIONS

11.1 That the Health and Wellbeing Board note the contents of the report and are aware that the draft Air Quality Strategy will be going out for consultation.

12. REASONS FOR RECOMMENDATIONS

12.1 This is a draft report for consultation. The final Air Quality Strategy will be taken to the Neighborhood Service Committee later in the year after any views and comments from the consultation process have been evaluated and updated into the final document.

13. BACKGROUND PAPERS

13.1 Finance and Policy Committee – Net Zero and Climate Change Strategy Report.

13.2 DEFRA - Local Air Quality Management Policy Guidance (PG22).

13.3 Chief Medical Officer annual report 2017.

14. CONTACT OFFICERS

Sylvia Pinkney
Assistant Director (Regulatory Services)
Civic Centre
Hartlepool Borough Council
TS24 8AY

Tel: (01429) 523315
E-mail: Sylvia.pinkney@hartlepool.gov.uk

EQUALITY AND DIVERSITY IMPACT ASSESSMENT FORM

Department	**Division**	**Section**	**Owner/Officer**
Regulatory Services	*Public Protection*	*Environmental Protection*	*Zoe Craig*
Service, policy, practice being reviewed/changed or planned	*Air Quality Strategy*		
Why are you making the change?	*DEFRA requirement*		
How might this impact (positively/negatively) on people who share protected characteristics?			

Please tick	**POSITIVELY**	**NEGATIVELY**
Age	✓	✖
The effects of air pollution are often worse in the most vulnerable in our communities, including children, the disabled, individuals with existing respiratory disease and the elderly. Furthermore the health impacts of air pollution disproportionally impacts those who live in less affluent areas, exacerbating health inequalities. *Please describe...*		
Disability	✓	
As above		
Gender Re-assignment		
Please describe...		
Race		
Please describe...		
Religion		
Please describe...		
Gender		

EQUALITY AND DIVERSITY IMPACT ASSESSMENT FORM

Please describe...		
Sexual Orientation		
Please describe...		
Marriage & Civil Partnership		
Please describe...		
Pregnancy & Maternity		
Please describe...		

Has there been consultation /is consultation planned with people who will be affected by this policy? How has this affected your decision making?	*Internal consultation only*
As a result of your decision how can you mitigate negative/maximise positive outcomes and foster good relationships?	*No negative effects*
Describe how you will address and monitor the impact	**1. No Impact - No Major Change** *Please Detail*
	2. Adjust/Change Policy *Please Detail*
	3. Adverse Impact but Continue as is *Please Detail*
	4. Stop/Remove Policy/Proposal *Please Detail*

Initial Assessment	*00/00/00*	Reviewed	*00/00/00*
Completed	*00/00/00*	Published	*00/00/00*

POVERTY IMPACT ASSESSMENT

1. Is this decision a Budget & Policy Framework or Key Decision? YES / NO

If YES please answer question 2 below

2. Will there be an impact of the decision requested in respect of Child and Family Poverty? YES / NO

If YES please complete the matrix below

GROUP	POSITIVE IMPACT	NEGATIVE IMPACT	NO IMPACT	REASON & EVIDENCE
Young working people aged 18 – 21			✓	
Those who are disabled or suffer from illness / mental illness			✓	
Those with low educational attainment			✓	
Those who are unemployed			✓	
Those who are underemployed			✓	
Children born into families in poverty	✓			Support householders in the Borough to access a range of energy efficiency measures to reduce use of fossil fuels and help reduce heating costs.
Those who find difficulty in managing their finances			✓	
Lone parents			✓	
Those from minority ethnic backgrounds			✓	

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

Poverty Measure (examples of poverty measures appended overleaf)	POSITIVE IMPACT	NEGATIVE IMPACT	NO IMPACT	REASON & EVIDENCE
Life expectancy				Evidence in report that air quality affects life expectancy

POVERTY IMPACT ASSESSMENT

Household income				Reduced heating costs

Overall impact of Policy / Decision			
POITIVE IMPACT/NO CHANGE	✓		
NO IMPACT / NO CHANGE		**ADJUST / CHANGE POLICY / SERVICE**	
ADVERSE IMPACT BUT CONTINUE		**STOP / REMOVE POLICY / SERVICE**	

Examples of Indicators that impact of Child and Family Poverty.
Economic
Children in Low Income Families (%)
Children in Working Households (%)
Overall employment rate (%)
Proportion of young people who are NEET
Adults with Learning difficulties in employment
Education
Free School meals attainment gap (key stage 2 and key stage 4)
Gap in progression to higher education FSM / Non FSM
Achievement gap between disadvantaged pupils and all pupils (key stage 2 and key stage 4)
Housing
Average time taken to process Housing Benefit / Council tax benefit claims
Number of affordable homes built
Health
Prevalence of underweight children in reception year
Prevalence of obese children in reception year
Prevalence of underweight children in year 6
Prevalence of obese children in reception year 6
Life expectancy

(Draft) Air Quality Strategy

'A Breath of Fresh Air'

2023 -2030

For further information contact:

Environmental Protection Team
Hartlepool Borough Council
Civic Centre
Victoria Road
Hartlepool
TS24 8AY

Tel: 01429 284024
Email: environmental.protection@hartlepool.gov.uk

This report will be available on the Hartlepool Borough Council web site at www.hartlepool.gov.uk

TABLE OF CONTENTS....1

1. Executive Summary 2
2. Introduction....3
3. Aims of the Air Quality Strategy....4
4. Air Quality in the UK....4
5. Air Quality in Hartlepool....5
   5.1 Main Sources of Air Pollution
   5.2 Local Air Quality Monitoring
   5.3 Environmental Enforcement
6. Current Initiatives 7
7. Future Plans ….. 8
8. Partnership Working....9

Glossary of Terms 10
References 10

1. EXECUTIVE SUMMARY

This Air Quality Strategy outlines the approach Hartlepool Borough Council (hereafter referred to as 'the Council') will take to help protect and, where possible, improve air quality in the Borough.

Air pollution is associated with a number of adverse health impacts and it is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society and often has a strong correlation with equalities issues because less affluent areas are often those with poorest air quality.

Air pollution comes from many sources and pollutants can travel long distances and combine with each other to create different pollutants. Emissions from distant and local sources can build up into high local concentrations of pollution.

The Council monitors air pollution in the Borough in order to fulfil its statutory duties under the Environmental Act 1995 (Part IV Local Air Quality Management) and publishes an Air Quality Status Report each year. These reports have consistently concluded that air quality in the Borough is good.

As part of its commitment to protecting and improving air quality in the Borough, the Council has introduced a range of initiatives and actions across departments, and in partnership with external organisations, which will help to reduce pollution and maintain good air quality. The majority of these actions and initiatives are to reduce the environmental impact of traffic on the roads and encourage healthier, alternative methods of transport.

An integral part of the strategy are the statements of intent which have been defined and developed by officers from relevant service areas across the Council. Actions to help achieve the aims of the strategy will be developed and collated and an Action Plan produced.

The Council has a unique role in achieving and maintaining good air quality through a combination of enforcement, education and partnership working. The Council is ideally placed to interact with the general public, statutory and voluntary organisations and local businesses to develop partnerships which will assist in identifying and implementing initiatives necessary to achieving the aims of the Strategy.

2. INTRODUCTION

Air pollution has a significant effect on Public Health in the United Kingdom (UK) and clean air is extremely important for the health and wellbeing of people who live in the Borough. It is also essential for making sure that Hartlepool is a welcoming place to visit and work and every one of us deserves to breathe air free from harmful levels of air pollutants.

Air pollution is a mixture of particles and gases in the air which impacts on the health of people or has other harmful environmental effects. Air pollution has been linked to many long term health conditions, including respiratory and cardiac disease, cancer and more recently associated with changes linked to dementia.[1] Between 2017 and 2025, the total cost to the NHS and social care of air pollution is estimated to be £1.60 billion for Particulate Matter ($PM^{2.5}$)and Nitrogen Dioxide (NO^{2}) combined. This figure increases to £5.6 billion if diseases are included for which there is currently less robust evidence for an association.[2]

It is estimated that long-term exposure to air pollution in the UK has an annual effect equivalent to 28,000 to 36,000 deaths and research indicates that eliminating air pollution could increase the life expectancy of people in the UK by 6 month.[3]

The effects of air pollution are often worse in the most vulnerable in our communities, including children, the disabled, individuals with existing respiratory disease and the elderly. Furthermore the health impacts of air pollution disproportionally impacts those who live in less affluent areas, exacerbating health inequalities. In her Annual Report of 2017 the (then) Chief Medical Officer Professor Dame Sally C. Davies stated 'There are strong geographical differences in the occurrence and concentration of pollutants. Analysis shows that these patterns, which vary by pollutant type, are related to measures of socioeconomic status, with pollution sources and higher concentrations of ambient pollution typically found in more socially disadvantaged areas'.[4]

Whilst air quality has improved significantly in recent decades, and will continue to improve due to national policy decisions, there are some areas where local action is needed to improve air quality further. The Council has, over many years, delivered local initiatives to improve health and the environment and this work will continue to be developed and implemented where possible.

The Council is committed to improving air quality across the Borough and minimising pollution levels which will bring significant and positive effects to the local environment and

on health, quality of life and the local economy. The Council will work collaboratively within and external to the Council to bring about meaningful improvements in air quality.

3. AIMS OF THE AIR QUALITY STRATEGY

The Strategy enables the Council to respond to the increasing recognition nationally of the impact of air pollution on public health and the importance of good air quality.

The Strategy aims to raise local awareness of the importance of air pollution and emphasise the role of the Council in maintaining and improving air quality.

The Council is committed to openness and transparency. The Strategy will be regularly reviewed and progress monitored and reported on the Council's website. This will provide re-assurance to the general public that the Council is meeting its statutory obligations, has put its 'Own House in Order' and is leading by example.

The Strategy highlights current initiatives and strategies which help to deliver cleaner air. Furthermore it proposes statements of intent which will help to further demonstrate the Council's commitment to improving air quality and provides a framework for partnership working.

4. AIR QUALITY IN THE UK

Air pollution and its effects on population health became an increasingly serious problem in the early 19th Century when, as a result of the Industrial Revolution, there were an increasing number of factories burning fossil fuels and the population was rapidly growing resulting in increased air pollution from coal burning fires. During unfavourable weather conditions in the 1950's and 60's, these pollutants formed the infamous 'smogs' which sources suggest that, when they were particularly bad events, caused thousands of premature deaths of susceptible people.[5]

These smogs, and the effects they had on population health, resulted in the first Clean Air Act of 1956, and by 1961 the UK had established the world's first co-ordinated national air pollution monitoring network. The Clean Air Acts of 1956 and 1968 were later consolidated into the Clean Air Act 1993[6] which allowed the establishment of designated Smoke Control Areas to improve air quality through the use of alternative fuels and authorised appliances.

Since the introduction of successful (Domestic, European Union (EU) and internationally driven) legislation and the introduction of cleaner fuels and technologies, there has been a dramatic decline in levels of harmful pollutants and current concentrations of many recognised pollutants are now at their lowest since measurements began. Between 1970 and 2020 (the most recent year for which data are available), UK estimated emissions of nitrogen oxides have fallen by 76%, UK estimated emissions of PM^{10} particulate matter have fallen by 80% and UK estimated emissions of $PM^{2.5}$ particulate matter have fallen by 85%.[7]

Notwithstanding this, air quality remains high on the Government's agenda and the UK has set stringent targets to cut national emissions of five air pollutants (fine particulate matter, ammonia, nitrogen oxides, sulphur dioxide, and non-methane volatile compounds) by 2020 and 2030 with the goal to reduce the harm to human health from air pollution by half. The Clean Air Strategy published in 2019 sets out the comprehensive actions necessary to meet the goal and acknowledges that effective action is needed at all levels of government and that neighbouring local authorities and other public bodies need to work collectively to tackle air pollution.[8] The Environment Act 2021 received Royal Assent on 9th November 2021 and introduced a requirement for the Secretary of State to set a target for an annual mean concentration level of fine particulate matter (PM2.5) in ambient air. The proposed target is a maximum concentration of 10µg/^{m3} to be met across England by 2040. A further target has also been proposed of a 35% reduction in population exposure by 2040 (compared to a base year of 2018).[9] The Act also enables local authorities to take more effective, co-ordinated actions to achieve their air quality objectives and deliver improvements to public health.

5. AIR QUALITY IN HARTLEPOOL

5.1 Main Sources of Air Pollution

Hartlepool has a strong industrial heritage and, in the past, this has often made a significant contribution to poor air quality in the area and, early air quality monitoring within Hartlepool and neighbouring councils was specifically targeted to industrial sources of pollution. Many of the old industrial plants have now closed and regulation has improved significantly over the decades. The closure of plants and better regulation has resulted in industrial air pollution at ground level being greatly reduced.

Hartlepool has an extensive coastline and at times of strong north-easterly weather, there can be high levels of natural particulates which may have health effects for some members of the public. Although not frequent events, Hartlepool does experience foam storms. Sea foam can hold algal toxins or surface-active pollutants in its bubbles which, when released into the air can pose a health risk for individuals with pre-existing health conditions and may cause irritation to the eyes.

Over recent years there has been an increase in the use of solid fuel stoves as a source of heating for domestic properties potentially further increasing the emission of harmful environmental pollutants. Most residential properties in the Borough of Hartlepool are included in a smoke control area where the solid fuels used are restricted to those approved by DEFRA or fuels burned in a DEFRA approved appliance in order to reduce emissions to the atmosphere.[10] The Air Quality (Domestic Solid Fuel Standards) (England) Regulations 2020 tightened the standards relating to the sale of wood and other fuels which can be burnt in a domestic property and ensures that the sale of wood for combustion in domestic properties includes a 'ready to burn' mark.

Although there are several factors which affect air quality, it is pollution from road traffic, that is now of greatest concern to public health. Within Hartlepool through traffic is generally light and is channelled onto the main A689 and A179 through-route leading to the main A19 trunk road which passes well to the west of the town, through rural areas. The main impact on public health is along commuter roads, and it is in this area that most action needs to be targeted to alleviate air pollution. Fortunately, most housing along these roads is low rise, and set back from kerbside so that there is good dispersion of air pollutants compared with older UK cities and towns. The focus for current air quality monitoring within Hartlepool is on potential pollution from road traffic.

5.2 Local Air Quality Monitoring

The Environmental Protection Team at the Council monitor air pollutants at a range of locations across the Borough using both automatic and non-automatic (diffusion tubes) monitoring stations. The monitoring is undertaken to check compliance against current UK air quality objectives, guidelines and limits[11] and also to assess trends in air quality and thereby the effectiveness of policies and local interventions to improve air quality.

Monitoring results across the Borough are generally good and are consistently below objective levels set by Government.

Annual Air Quality Status Reports (ASR) are produced and published on the Council's website to raise awareness and provide re-assurance to the public of local air quality.

The current focus of monitoring across the Borough is to obtain reliable, accurate data for nitrogen dioxide and PM^{10}. $PM^{2.5}$ data will be collated from 2023.

5.3 Environmental Enforcement

Local Authorities regulate small industries which can cause air pollution. Operators must obtain an environmental permit from the local authority, which sets out air quality standards. Once the permit is obtained, premises are inspected on a regular basis to ensure compliance. The permitting system operates in England and Wales through the Environmental Permitting (England and Wales) Regulations 2016.

The Council has enforcement powers under the Environmental Protection Act 1990 and the Clean Air Act 1993 which can be used if people allow smoke from bonfires and chimneys to cause a statutory nuisance and, subject to some exemptions, allow the emission of dark smoke from industrial or trade premises.

6. CURRENT INITIATIVES

The National Institute for Health and Care Excellence (NICE) has produced guidelines (NG70) and a quality standard which covers road-traffic related air pollution and its impacts on health and is supported by a number of organisations including Public Health England and the British Lung Foundation and is endorsed by the Department of Health and Social Care.[12] The guidelines recommend a number of actions which, when taken together, are likely to cumulatively produce significant change.

The Council acknowledges and welcomes the NICE guidelines and key areas of actions which the Council are progressing include reducing emissions from public sector transport services and vehicle fleets, smooth driving and speed reduction, active travel and awareness raising.

7. FUTURE PLANS AND POLICIES

The Council is committed to protecting and improving air quality in the Borough and will continue to develop relationships with partners to achieve positive air quality outcomes.

The Environmental Protection Team will increase the level of non-automatic monitoring in 2022/2023 in order to gain a stronger understanding of the air quality issues within the Borough.

Officers have agreed the inter-departmental statements of intent below which will help ensure that air quality is an integral part of the Councils remit.

	Statement of Intent
1.	The Council will continue to fulfil its statutory duties under the Environmental Act 1995 Part IV Local Air Quality Management and meet the target deadlines for reporting as set by Defra.
2.	The Council will ensure the Air Quality Strategy and Air Quality Status Reports are available on the Council website.
3.	The Council will continue to work closely with local industry and businesses to reduce pollution and, in particular, help improve air quality through the regulation and permitting of installations in accordance with the Environmental Permitting (England and Wales) Regulations 2016.
4.	The Council will continue to promote activities to raise the profile of air quality in the Borough.
5.	The Council will continue to address its own energy usage within Council buildings through adoption of efficient energy practices and use of the best available technology to deliver energy savings.
6.	The Council will develop and implement a Net Zero and Climate Change Strategy by 2023.
7.	The Council will continue to work with neighbouring Local Authorities together with Tees Valley Combined Authority on sustainable transport issues within the Borough and encourage more sustainable transport modes to the car to protect and improve local air quality.
8.	The Council will continue to work with local schools to secure air quality improvements through the development of School Travel Plans and encouragement of sustainable practices.
9.	The Council will ensure that emissions from Council fleet vehicles will be fully considered.

10.	The Council will continue to fulfil its statutory duties with respect to waste management build upon its current achievements and strive to meet the recycling and composting targets.
11.	The Council will review its procurement policies and procedures and implement a Procurement Strategy that includes appropriate consideration of environmental and sustainability impacts and appraisal.
12.	The Council acknowledges the link between air quality and health and will continue to promote and implement health initiatives and environmental improvements to secure public health benefits. The Public Health Strategy will emphasise the link between air quality and health to raise awareness of the impacts of poor air quality.
13.	The Council will support householders in the Borough to access a range of energy efficiency measures to reduce use of fossil fuels and help reduce heating costs.
14.	The Council will ensure that environmental impact legislation is adhered too and that the planning process ensures the effects on air quality of proposals are duly considered.
15.	The Council will continue to work in partnership with external organisations and help to progress initiatives which have a positive impact on air quality.
16.	The Council will ensure that the aims of the Air Quality Strategy are integrated into all relevant Council's policies and strategies.

8. PARTNERSHIP WORKING

The Council acknowledges its key role in maintaining and improving air quality in the Borough and is committed to effectively tackling air quality issues within its control. However, we recognise that there are Local, Regional and National organisations which have an impact on air quality and are outside of our influence. In addition to local organisations, we will continue to work in partnership with regional and central government on policies and issues which are beyond the Council's influence.

GLOSSARY OF TERMS

Abbreviation	Description
DEFRA	Department for Environment Food and Rural Affairs
DfT	Department for Transport
EU	European Union
NICE	National Institute for Health and Care Excellence
(NO^2)	Nitrogen Dioxide
($PM^{2.5}$)	Particulate Matter 2.5 (particles less than 2.5 µm)
(PM^{10})	Particulate Matter 10 (particles less than 10 µm)
Smog	A mixture of smoke, gases and chemicals, especially in cities, that makes the atmosphere difficult to breathe and harmful for health.
(SO^2)	Sulphur Dioxide
UK	United Kingdom

REFERENCES

1. **Applying All Our Health: Available at: https://www.gov.uk/government/publications/air-pollution-applying-all-our-health/air-pollution-applying-all-our-health**

2. **Public Health England. Estimation of costs to the NHS and social care due to the health impacts of air pollution: summary report, May 2018. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/708855/Estimation_of_costs_to_the_NHS_and_social_care_due_to_the_health_impacts_of_air_pollution_-_summary_report.pdf**

3. **Public Health England, Air Pollution Health Matters 2018. Available at: https://www.gov.uk/government/publications/health-matters-air-pollution**

4. **Chief Medical Officer annual report 2017. Available at: Chief Medical Officer annual report 2017: health impacts of all pollution - GOV.UK (www.gov.uk)**

5. **DEFRA, UK Air - Brief History. Available at: https://uk-air.defra.gov.uk/networks/brief-history**

6. **Clean Air Act 1993. Available at: https://www.legislation.gov.uk/ukpga/1993/11/contents**

7. **DEFRA, National Statistics, Emissions of air pollutants in the UK-summary. Available at:** https://www.gov.uk/government/statistics/emissions-of-air-pollutants/emissions-of-air-pollutants-in-the-uk-summary

8. **Clean Air Strategy 2019: Available at:** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/770715/clean-air-strategy-2019.pdf

9. **DEFRA, UK Air. Air Quality Targets in the Environment Act. Available at:** https://uk-air.defra.gov.uk/library/air-quality-targets

10. **DEFRA UK Air. Uk Air information. Available at:** https://uk-air.defra.gov.uk/data/sca/

11. **DEFRA UK Air Quality Limits. Available at:** UK Air Quality Limits - Defra, UK

12. **Air pollution: Outdoor air quality and health NG70: Available at** https://www.nice.org.uk/guidance/ng70

HEALTH AND WELLBEING BOARD

20 March 2023

Report of: Director of Public Health

Subject: SUBSTANCE MISUSE NEEDS ASSESSMENT AND STRATEGY DEVELOPMENT

---

1. PURPOSE OF REPORT

1.1 To share with the Health and Wellbeing board the final Hartlepool Substance Misuse Needs and Assessment and recommendations and update the board on the work to develop a joint Substance Misuse Strategy for Hartlepool.

2. BACKGROUND

2.1 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.

2.2 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.

2.3 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.

3. PROPOSALS

3.1 Hartlepool Substance Misuse Needs Assessment findings (Appendix 1)

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:

Prevention: Early identification and prevention targeting specific higher risk groups, such as younger people and ex-offenders earlier by:

- Developing further insight into understanding the changing trends in drug use and the role of recreational drug use in the population of Hartlepool and consider emerging evidence of ways to tackle this
- Increasing the awareness of the risks associated with drinking alcohol and promote positive behaviour change targeting known at risk groups
- Ensuring inclusion of actions relating to prevention of substance misuse related harms are incorporated in a strategy and action plan with an annual delivery plan to ensure that actions are completed and progress made

Treatment: Use data, evidence, research and behavioural insight studies to better understand the needs of service users and their families specifically to:

- Advise commissioning and treatment services of potential gaps within service provision, data collection and quality
- Ensure appropriate, effective and timely access to support
- Reduce the significant numbers of unplanned exits from our services and deaths (from any cause).There requires a concerted effort to engage with service users and partners to look at improvements (i.e. in addressing co-existing conditions and better supporting those with housing problems or other vulnerabilities).
- Understand the data which shows a significant proportion of successful completions has fallen for opiates similar to the England average which has also fallen and non-opiate users which has been significantly worse than the England average for the last seven years. Further work is needed to understand this trend and how this links to; average time in service data, unplanned exits and wider health needs.
- Reduce unmet need for those impacted by drug and alcohol issues and wider family support specifically in relation to children of dependant alcohol/drug users.
- Understand what are the ongoing impacts for parents after planned exits, in terms of supporting them and their families.

Wider Health Needs: Consider our long term strategic goals to improve Drug and alcohol related physical and mental health conditions across all health provisions, not just treatment services.

- Develop the work within the community hubs and with partners to reemphasise 'Making Every Contact Count' so that people with co-existing physical and mental health conditions can access support, advice and information services easily.
- People with co-occurring substance misuse and mental health problems face additional barriers to access and take up of treatment and support, this requires further work to ensure there is closer multidisciplinary working to tackle it and the further development of case management systems that communicates effectively to reduce barriers to communication further.
- The data shows that the proportion of adults using alcohol are the highest proportion of people who live with children at least 60%. Further work is needed to understand the needs of children and the impact of parental alcohol misuse has on their health and wellbeing and particularly in relation in the context of Adverse Childhood Experiences (ACEs)
- It is likely that persons within this cohort are at greater risk, due to additional issues such as homelessness, lack of access to health care and abuse. Efforts are required to establish how we respond to this. This will also aid our understanding of how co-existing conditions vary between and across groups and how vulnerabilities can be addressed.

Enforcement and Crime and Disorder: To work collaboratively with Tees Combatting Drugs Partnerships to reduce drug related crime

- It is recommended that a review of the current criminal justice pathways into substance misuse service is reviewed with partners
- Early alert systems are reviewed through the joint Tees Drug and Alcohol Related Death (DARD) process to ensure effective communication of risks are managed between partners
- To Strengthen the role of Public Health as a Responsible Authority through the alcohol licensing Standard Operating Procedure (SOP)

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

3.2 Substance Misuse Strategy vision and priorities are being developed with partners and will form priorities across four broad themes:

- Prevention: Early identification and prevention targeting specific higher risk groups
- Treatment: Use data, evidence, research and behavioural insight studies to better understand the needs of service users and their families

- Wider Health Needs: Consider our long term strategic goals to improve Drug and alcohol related physical and mental health conditions across all health provisions, not just treatment services
- Enforcement and Crime and Disorder: To work collaboratively with Tees Drugs Combatting Partnerships to reduce drug related crime

3.3 **Governance**
A Substance Misuse Partnership group chaired by a member of the Public Health team will oversee the delivery of the action plan and report to the HWBB annually against progress. Priority areas identified will also feed into other Hartlepool and Tees wide strategic groups.

3.4 **Delivery of the action plan**
It is proposed that Public Health will work with partners to deliver the action plan. Work will be integrated into current work streams to prevent duplication.

4. RISK IMPLICATIONS

4.1 No risk implications identified.

5. FINANCIAL CONSIDERATIONS

5.1 There have been no financial considerations identified with this process, however the recommendations will feed into the current delivery model and further development of substance misuse services.

6. LEGAL CONSIDERATIONS

6.1 No legal considerations identified.

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

7.1 No equality and diversity issues have been identified, however the needs assessments has identified vulnerable groups.

8. STAFF CONSIDERATIONS

8.1 No staff considerations have been identified.

9. ASSET MANAGEMENT CONSIDERATIONS

9.1 No asset management considerations have been identified.

10. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

10.1 None identified.

11. RECOMMENDATIONS

11.1 For the Health and Wellbeing Board to consider the recommendations from the needs assessment and future strategy development and implications for the refresh of the Hartlepool Joint Health and Wellbeing Strategy.

11.2 The strategy and action plan will be brought to the Health and Wellbeing board annually to demonstrate action against priorities.

12. REASONS FOR RECOMMENDATIONS

- Focuses on prevention and the wider determinants of health to impact positively on the NHS and social care system by enabling early identification, help and support.

- Supports joint cross sectoral action to deliver an increased focus on the prevention of issues relating to substance misuse

- Encourages collaborative work across organisational boundaries and disciplines to secure place based improvements that are tailored to local needs and assets.

- Builds the capacity and capability across our workforce to reduce the harms related to substance misuse.

13. BACKGROUND PAPERS

13.1 None.

14. CONTACT OFFICERS

Craig Blundred
Director of Public Health
Email: Craig.Blundred@hartlepool.gov.uk

Claire Robinson
Public Health Principal
Email: Claire.Robinson@hartlepool.gov.uk

Abigail Reay
Advanced Public Health Practitioner
Email: Abigail.Reay@hartlepool.gov.uk

Dean Langstaff
Public Health Analyst
Email: Dean.Langstaff@hartlepool.gov.uk

HARTLEPOOL BOROUGH COUNCIL

Hartlepool Drug and Alcohol Needs Assessment 2023

Contents

1.0 Introduction 3
2.0 Purpose/Aim 3
3.0 Methodology 3
4.0 National and Local policy 4
4.1 National Policy/Strategy 4
4.2 Regional and Local Policy/Strategy 4
5.0 Data 6
5.1 Hartlepool Demographics 6
5.2 Substance Use Prevalence 7
5.2.1 Adults 7
5.2.2 Children and Young People 21
5.3 Estimated Unmet Need 27
5.4 Wider Drug and Alcohol Related Harms 28
6.0 Licencing and Trading Standards 39
7.0 Substance Use Services in Hartlepool 40
8.0 Conclusions and Recommendations 40
List of Figures 42
List of Tables 43
References 44

1.0 Introduction

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[1]. In the same year, it is estimated 358,000 hospital admissions were attributed to alcohol use, 6% higher than the previous year[2]. 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[3].

Hartlepool has the second highest rate of deaths related to drug poisoning in the North East of England and the third highest nationally[4]

Additionally, Hartlepool has the 18th highest alcohol related liver disease mortality rate in England, and has been consistently significantly worse than the England average for the last 6 years. This is also reflected in Hartlepool's alcohol related mortality rate which has fallen from a peak of 23.8 per 100,000 population in 2014-16, but is still significantly worse than the England average

Whilst we may not yet have seen the long term impacts of the COVID-19 pandemic, we can see that the sales of sprits 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[5]. Research has suggested that people using illicit substances were at greater risk of overdose and blood-borne infections throughout COVID-19, potentially resulting in long-term health implications[6].

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[7]. Drugs and/or alcohol may also be used to help manage with emotional distress and/or traumatic experiences[8]. Therefore, it is important that safe and effective treatment is available for those who need it.

This 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.

2.0 Purpose/Aim

- To provide analysis of current substance misuse needs and identify health inequalities.
- To identify the current need in Hartlepool using local data.
- Develop recommendations which will aid the development of the Hartlepool drug and alcohol strategy.
- Support coordinated action between strategic partners and service planning.
- Inform the public health evidence base for services and interventions to reduce drug and alcohol related harm.

3.0 Methodology

This Needs Assessment is based on a range of desk research and data analysis. The main focus is to provide a baseline and understand any changes over the last five years. This needs assessment aims to further understand the needs of the population of Hartlepool in relation to substance misuse to inform a local Substance Misuse strategy and a joint approach to addressing and delivering the National Strategy From Harm to Hope.

The core data used to support this needs assessment is sourced from the National Drug Treatment Monitoring System (NDTMS) and Public Health Outcomes Framework (PHOF) indicators.

Additional partnership data was gathered and analysed supporting the findings of this assessment, which include:

- Drug offences
- Crime

- Licensing and Trading Standards
- Ambulance

4.0 National and Local policy

4.1 National Policy/Strategy

Review of drugs: phase two report - The second part of Dame Carol Black's independent review of drugs focuses on prevention, treatment and recovery.[9]

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[10]

Following Dame Carol Blacks 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 governments 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.

NHS long term plan[11] sets out new commitments to address the causes of ill health with more focus on prevention and a more systematic approach in addressing health inequalities and contribute to the government's ambition of five years of extra healthy life expectancy by 2035.

Community Mental Health Service[12]

The above NHS Long Term Plan and NHS Mental Health Implementation Plan[13] 2019/20 – 2023/24 set out that the NHS will develop new and integrated models of primary and community mental health care. The new offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicines management and support for self-harm and coexisting substance use.

4.2 Regional and Local Policy/Strategy

North East and North Cumbria ICS/ICB Strategic Plans[14] set out priorities to significantly improve health outcomes for people who live in the region focusing on prevention and reducing inequalities in partnerships for the health of local communities

Cleveland Police and Crime Plan 2021 – 2024[15] sets out a 10 point plan to tackle some of the most important issues facing Cleveland Police in particular and emphasis on combatting the issues caused by drugs with greater emphasis on partnership working including a priority to:

- Get tough on drugs and gangs - Introducing a holistic approach to drugs and gangs including prevention, early intervention and targeted intervention.

HM Prison and Probation Service North-East Reducing Reoffending Plan 2022-25[16]

The strategic document outlines a commitment to tackling drug and alcohol addition, with specific references to:

- £200 million a year by 2024-25 to improve prison leavers' access to accommodation, employment support and substance misuse treatment, introducing further measures for early intervention to tackle youth offending
- £40 million a year to help offenders engage with substance misuse treatment and to tackle drug supply
- Ensure more people with a substance misuse problem are engaged in treatment within three weeks of release
- Increase joint working with local authorities to ensure additional funding for substance misuse is fully utilised for probation, following Dame Carol Black's report
- Ensure an effective whole-prison-and-probation approach to drugs and alcohol to reduce demand and maximise opportunities for recovery
- Disrupt, reduce and prevent the supply of drugs in prisons through robust security measures

Hartlepool Joint Health and Wellbeing Strategy[17] sets out a vision and ambition that Hartlepool will develop a culture and environment that promotes and supports health and wellbeing for all and an overall ambition is to improve the health and wellbeing of people living in Hartlepool and reduce inequalities.

Director of Public Health Annual Report 2022[18]

The 2022 Director of Public Health Report noted that People in Hartlepool are also more likely to die due to alcohol or drug use than people in England.

Hartlepool Borough Council Plan 2021/22 – 2023/24[19] sets out a vision to for Hartlepool to be a place where people are enabled to live healthy, independent and prosperous lives. In particular the plan makes reference to:

- There are reduced levels of smoking, substance and alcohol misuse in the community;
- There is improved mental, emotional and social wellbeing;

Hartlepool Homelessness Reduction and Rough Sleeping Strategy 2021-2024[20] sets out how the council will work with our partners and residents to grow, improve, support and deliver the housing offer. This includes protecting the most vulnerable including those with an offending history and those people with multiple and complex needs.

Tees Combatting Drugs Partnership Joint Needs Assessment

The purpose of the Joint Needs Assessment is to present an assessment of need for the Combatting Drugs Partnership in Tees. The needs assessment draws on information from partners across the system and national 'Guidance for local delivery partners'. This will to feed into a Tees Drugs Strategy Delivery Plan and agreed local performance framework.

5.0 Data

5.1 Hartlepool Demographics

Hartlepool has a working aged (16-64) population of 58% of the total population.

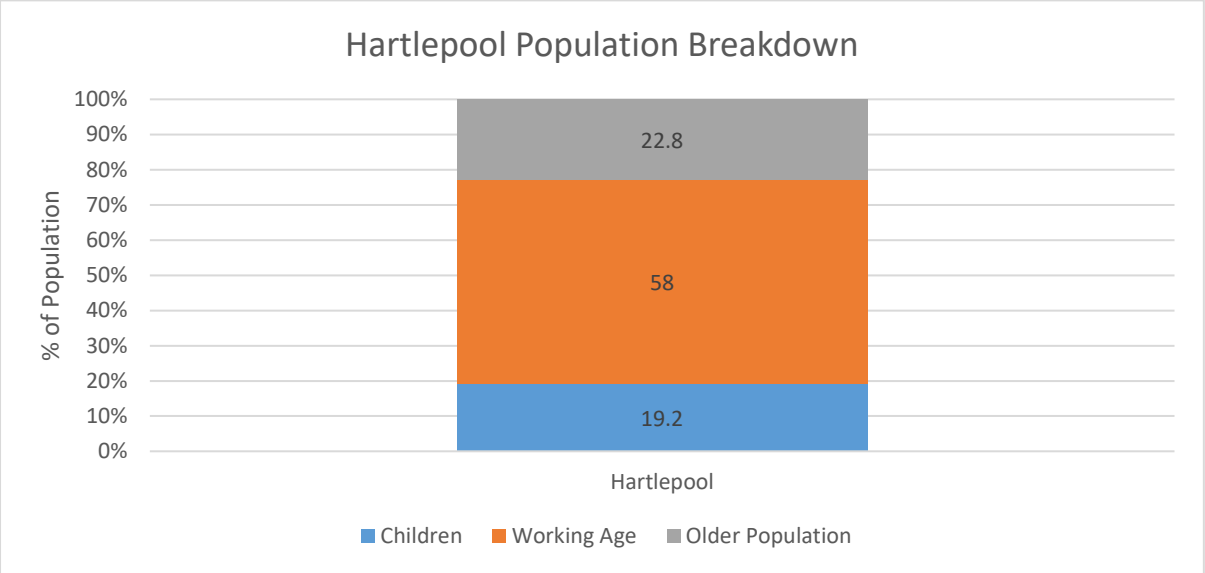


Figure 1: Hartlepool population breakdown
Source: ONS 2022 – 2020 Estimate

The remaining population is split with a slightly larger older population, 22.8% to 19.2% for children.

Within the individual wards in Hartlepool, Victoria has the largest proportion of working aged population, 63%, and Fens & Greatham the smallest, 51.1%.

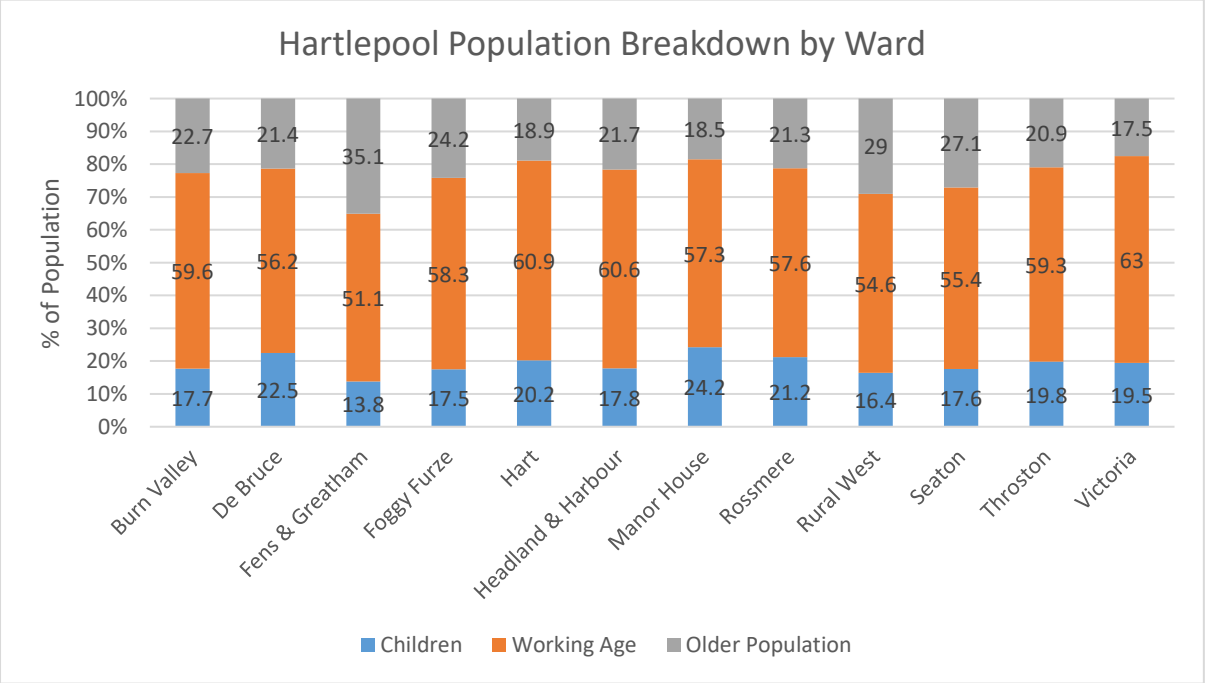


Figure 2: Hartlepool Population Breakdown by Ward
Source: ONS 2022 – 2020 Estimate

For the older population these two wards are reversed, with Fens & Greatham having the largest proportion, 35.1%, and Victoria the smallest, 17.5%.

Hartlepool's population is 51% female and 49% male in the latest population estimate.

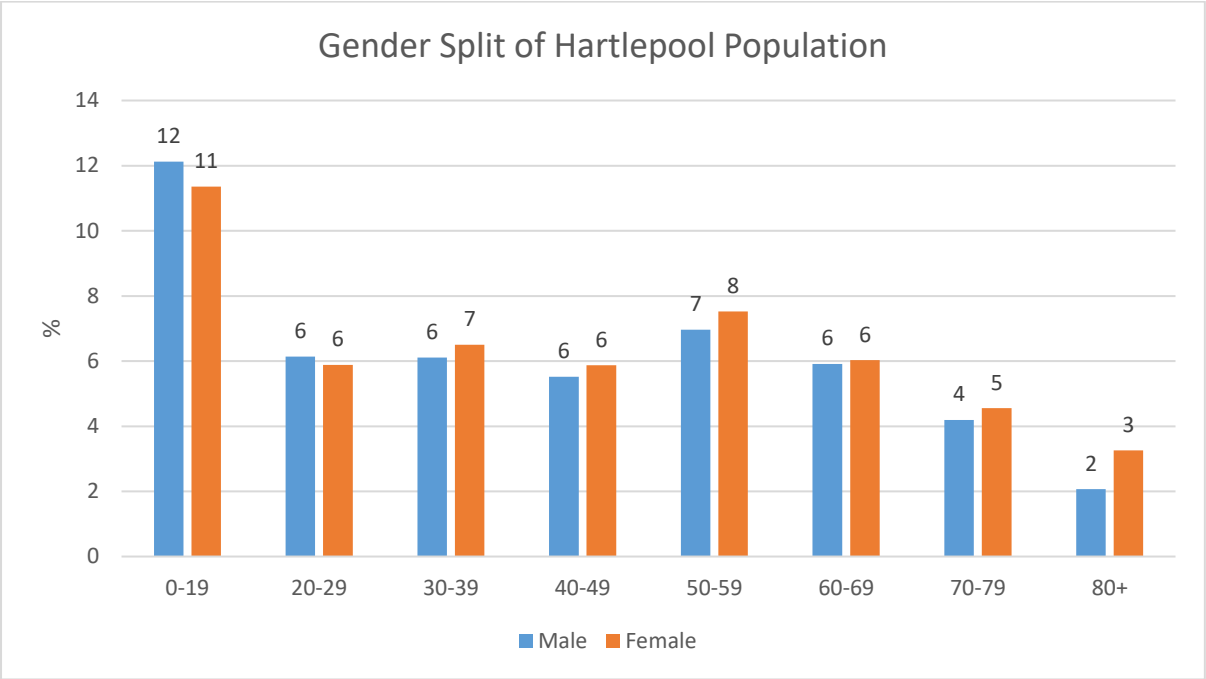


Figure 3: Gender Split of Hartlepool Population
Source: ONS 2022 – 2020 Estimate

The proportion for each gender is with 1% of each other for every age group.

5.2 Substance Use Prevalence

5.2.1 Adults

Age:

The age rates of the Hartlepool adult substance misuse caseload have stayed fairly static over the last five years.

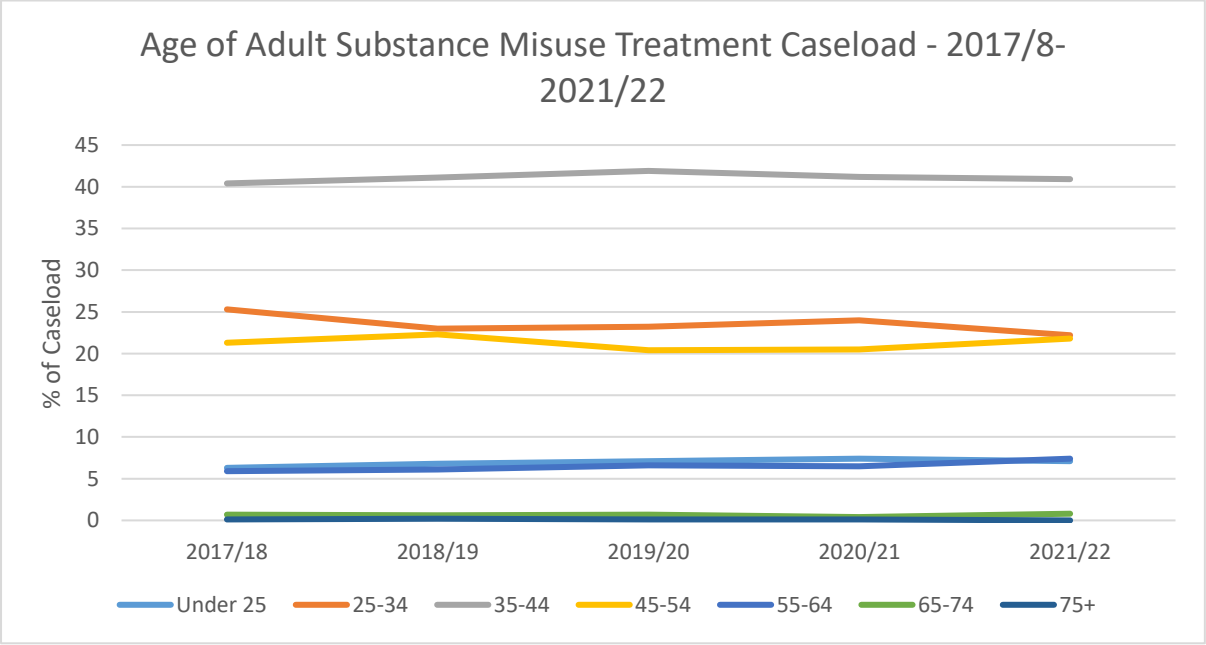


Figure 4: Age of Adult Substance Misuse Treatment Caseload - 2017/8-2021/22
Source: NDTMS 2022

Those aged 35-44 account for roughly 40% of the treatment population throughout the reporting period. A further 40-45% is attributable to the age groups either side of 35-44, 25-34 and 45-54. Those under 25 and those over 55 each account for around 7-8% of the treatment population.

When compared to the England average, Hartlepool has a younger treatment population

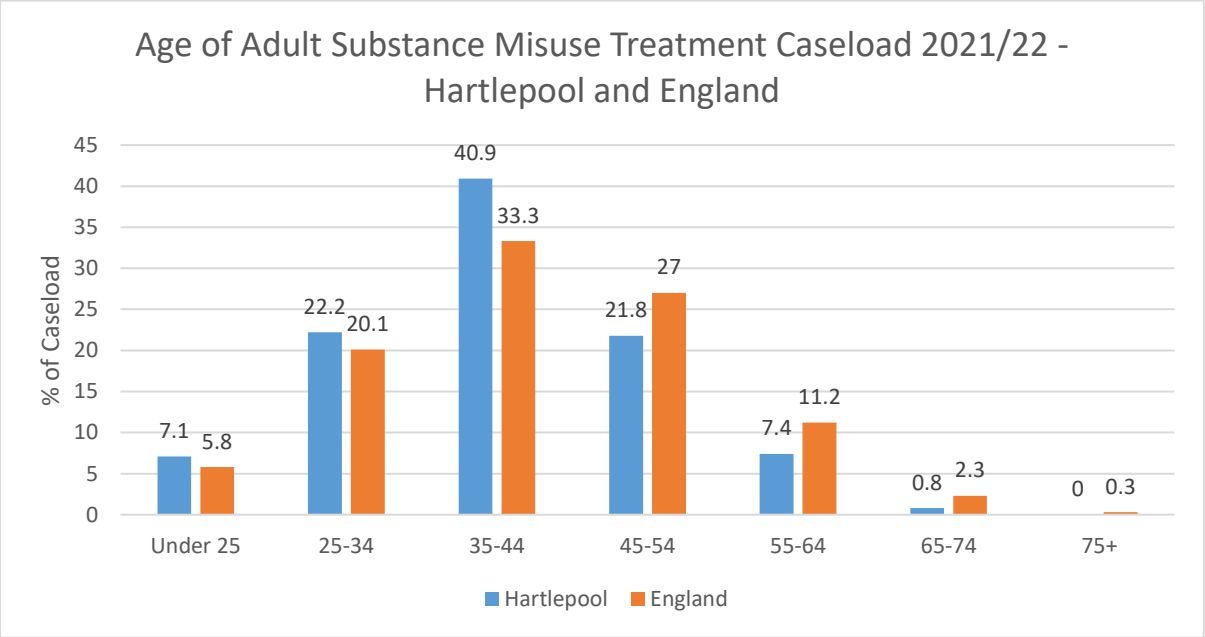


Figure 5: Age of Adult Substance Misuse Treatment Caseload 2021/22 - Hartlepool and England
Source: NDTMS 2022

Hartlepool has a larger proportion of its adult treatment caseload for each age group up to 35-44, and then a smaller proportion for each subsequent age group.

Ethnicity:

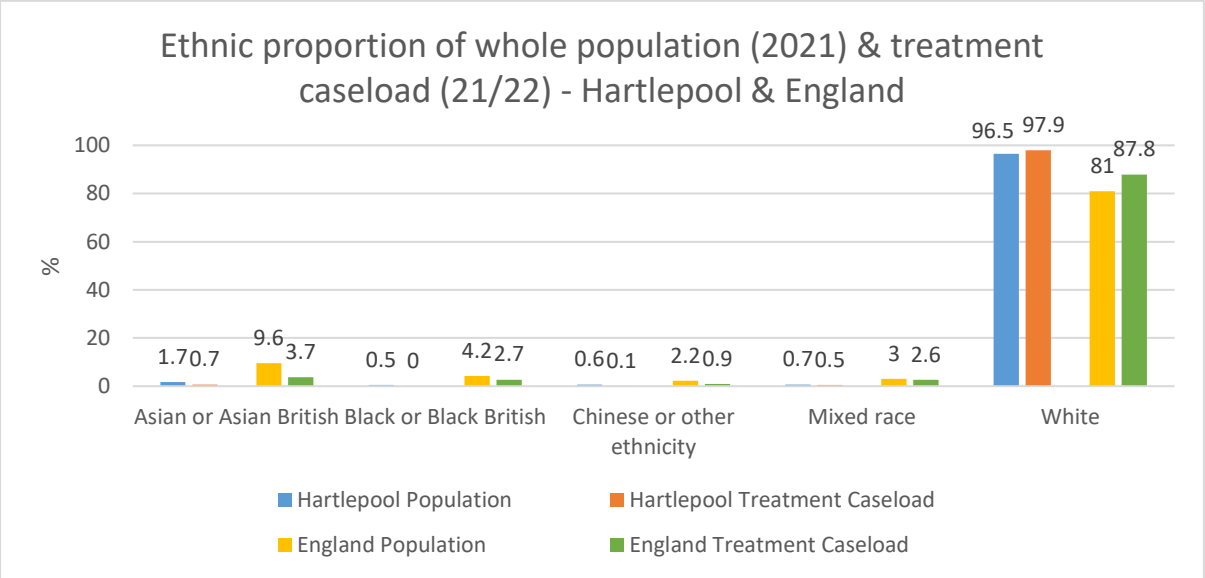


Figure 6: Ethnic proportion of whole population (2021) & treatment caseload (21/22) - Hartlepool & England

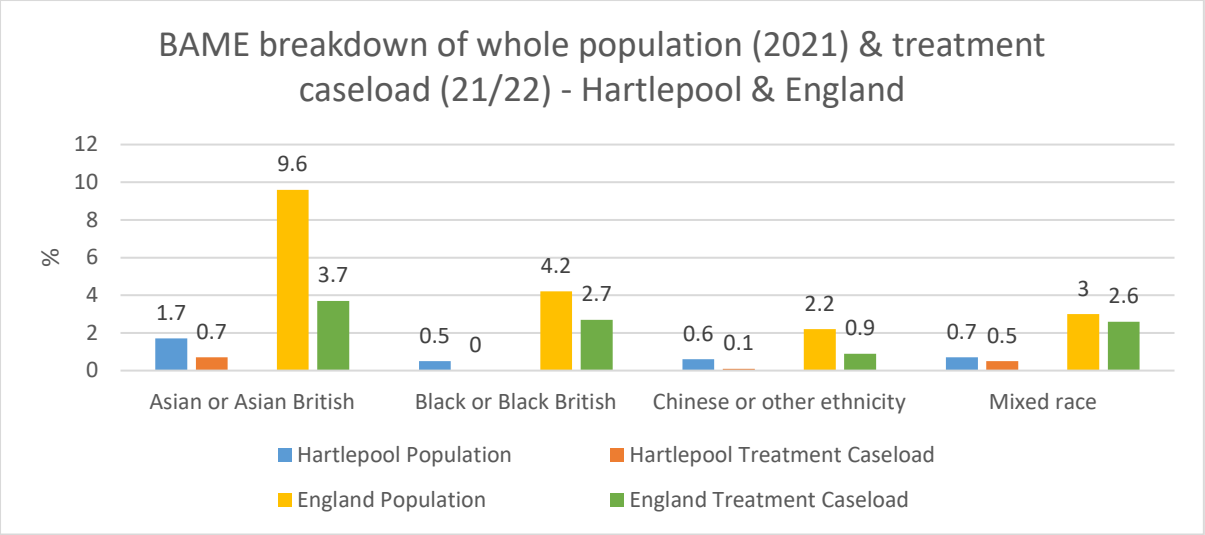


Figure 7: BAME breakdown of whole population (2021) & treatment caseload (21/22) - Hartlepool & England
Source: Census & NDTMS 2022

Hartlepool's treatment population is majority white in ethnicity, with 97.9% of the treatment population in 2021/22 identifying as white. This is comparable with the population of Hartlepool as whole, but is larger than the treatment proportion for England, however Hartlepool has a larger proportion of its whole population which identifies as white than England as a whole. Within the BAME population Hartlepool has relatively small numbers both in treatment and as whole, with no BAME group contributing more than 1% of the treatment population.

Treatment Service Referral Numbers:

Hartlepool Adult Substance Misuse Referrals 2011/21

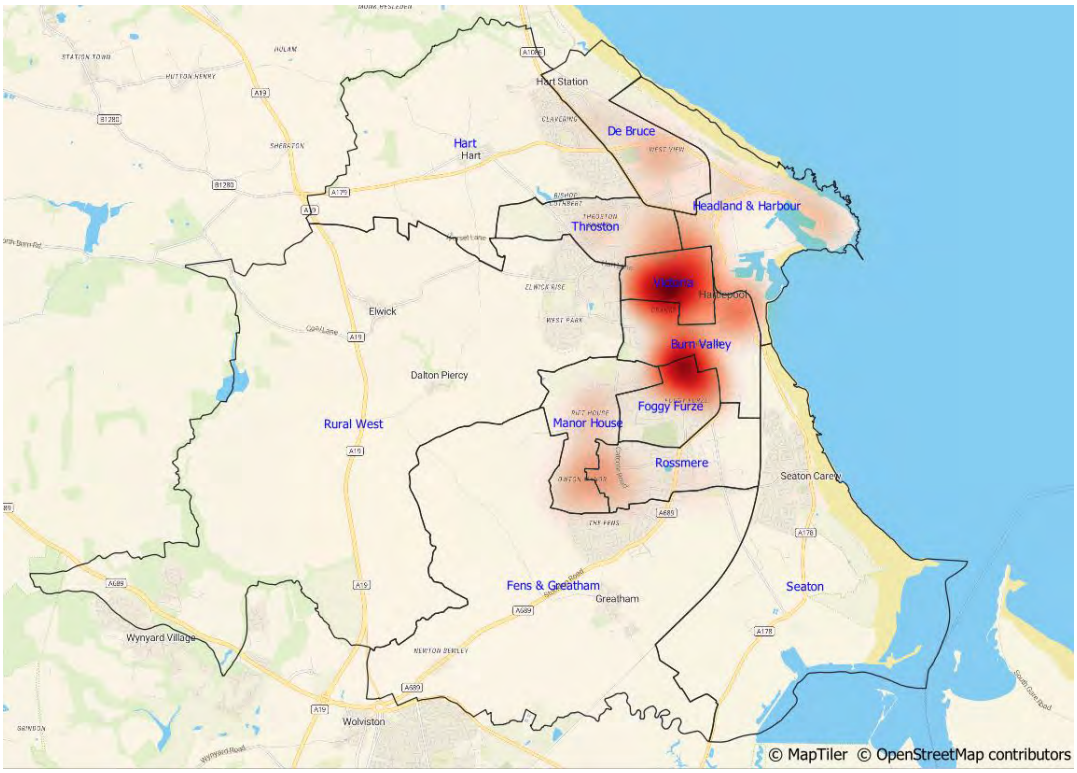


Figure 8: Hartlepool Adult Substance Misuse Referrals 2011/21
Source: Local Data 2022

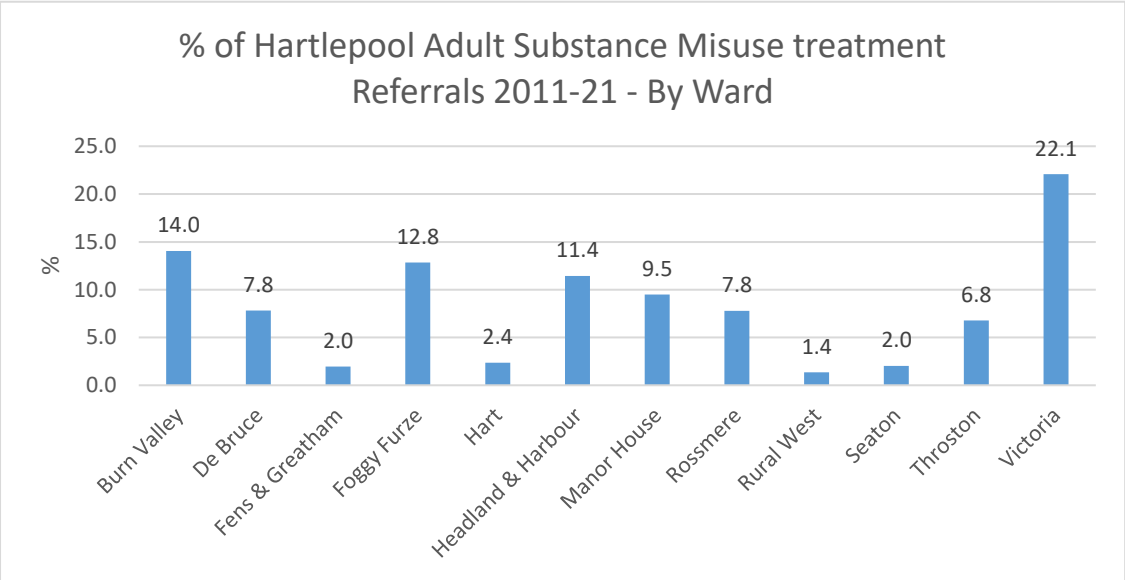


Figure 9: Percentage of Hartlepool Adult Substance Misuse treatment Referrals 2011-21 - By Ward
Source: Local Data 2022

Referrals for Hartlepool's adult's substance misuse treatment services, the ward with the largest proportion is Victoria, and the area of greatest concentration is the Victoria and Burn Valley area of the town.

For adult Victoria ward accounts for more than 1 in 5 referrals. Victoria and Burn Valley combined accounts for more than a third of all referrals. Again similar to the young people's referrals, the areas of largest proportion of referrals are areas of high levels of deprivation.

Referral Source:

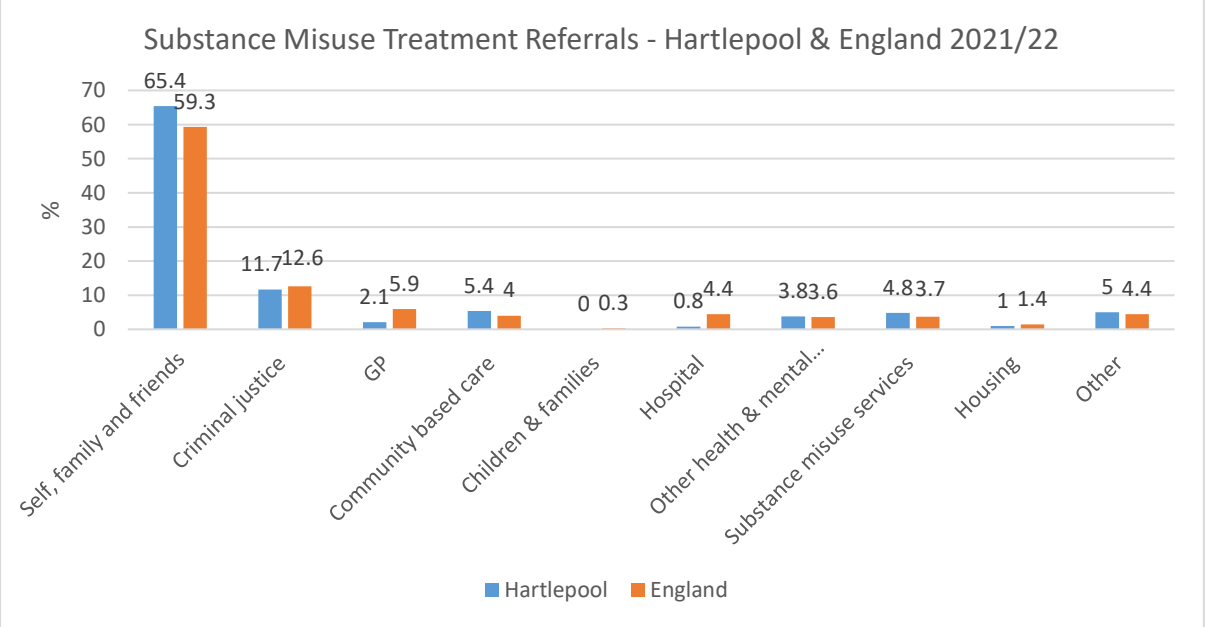


Figure 10: Substance Misuse Treatment Referrals - Hartlepool & England 2021/22
Source: NDTMS 2022

Hartlepool's referrals for substance misuse treatment are dominated by self, family and friends, which accounts for almost 2 in 3 referrals, if criminal justice referrals are added then this becomes 3 in 4 referrals. This is not unusual, as it follows a similar pattern to England as a whole. Hartlepool received less than half the proportion of GP referrals than England as a whole and less than a quarter of the England proportion from hospitals.

Reported Drug Use:

The proportion of substances used by those in adult treatment for substance misuse in Hartlepool has seen the proportion using opiates and the proportion using alcohol both decline, but the proportion using Opiates in conjunction with crack, and cocaine increase over the last five years.

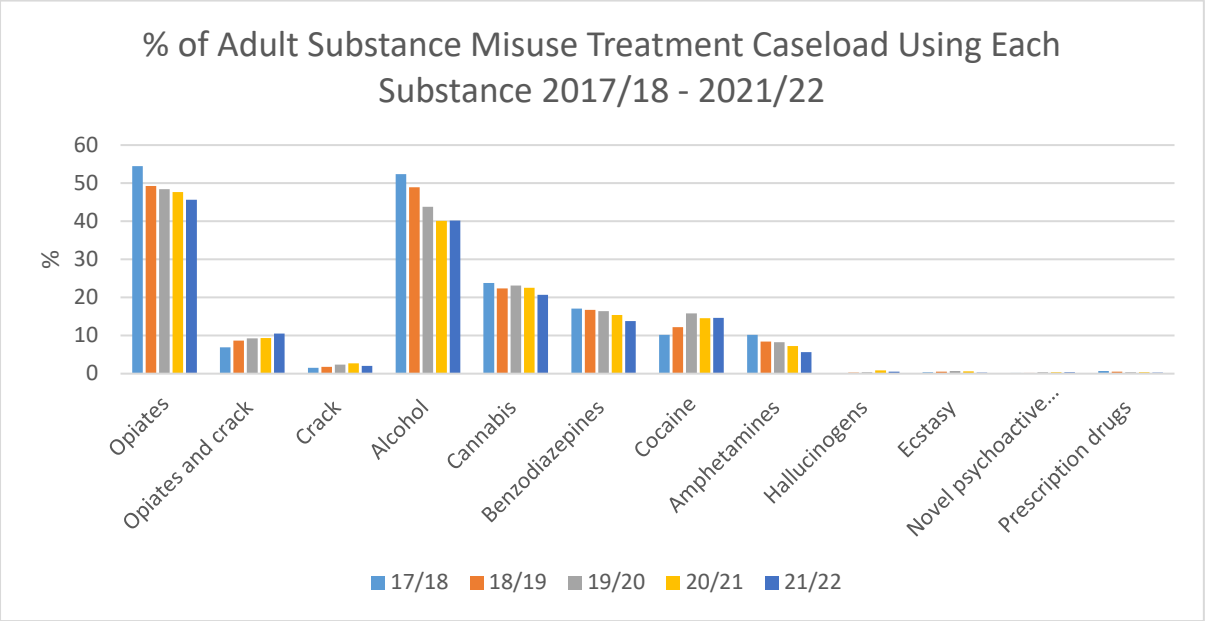


Figure 11: Percentage of Adult Substance Misuse Treatment Caseload Using Each Substance 2017/18 - 2021/22
Source: NDTMS 2022

Crack use, without opiate use in conjunction, has remained low throughout the reporting period in Hartlepool, as have hallucinogens and ecstasy. All three have remained no higher than 3% of the caseload. Both opiate and alcohol use were above 50% in 2017/18, 54% and 52% respectively, however this has fallen to 46% for opiates and 40% for alcohol by 2021/22, though these two substance have remained the two largest proportions of any substance on the caseload. Cannabis, benzodiazepines and amphetamines use has declined in its proportion of the adult caseload across the reporting period, while cocaine has had the adverse relationship, increasing from 10% in 2017/18 to 15% in 2021/22.

When compared to the England averages, the proportions of the adult caseload using each substance is very different for opiate and alcohol use.

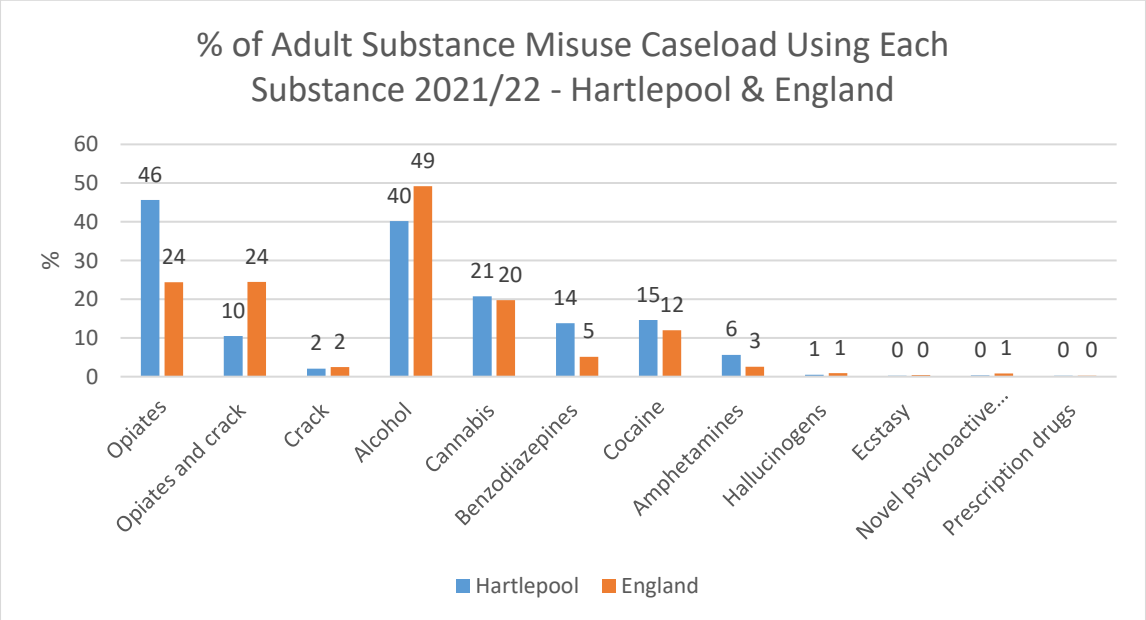


Figure 12: Percentage of Adult Substance Misuse Caseload Using Each Substance 2021/22 - Hartlepool & England
Source: NDTMS 2022

Hartlepool's adult treatment caseload has a proportion of opiate users almost twice the size of the England average, though less than half of the size for opiate and crack usage in conjunction. While Hartlepool's benzodiazepine use has declined amongst the adult caseload, it is still almost three times the size of the England average.

Successful Completions:

Within Hartlepool's adult substance misuse treatment services, successful completion of treatment for opiate use is on a declining trend. Further work will need to be undertaken to understand this declining trend and how this compares to England fallen trend.

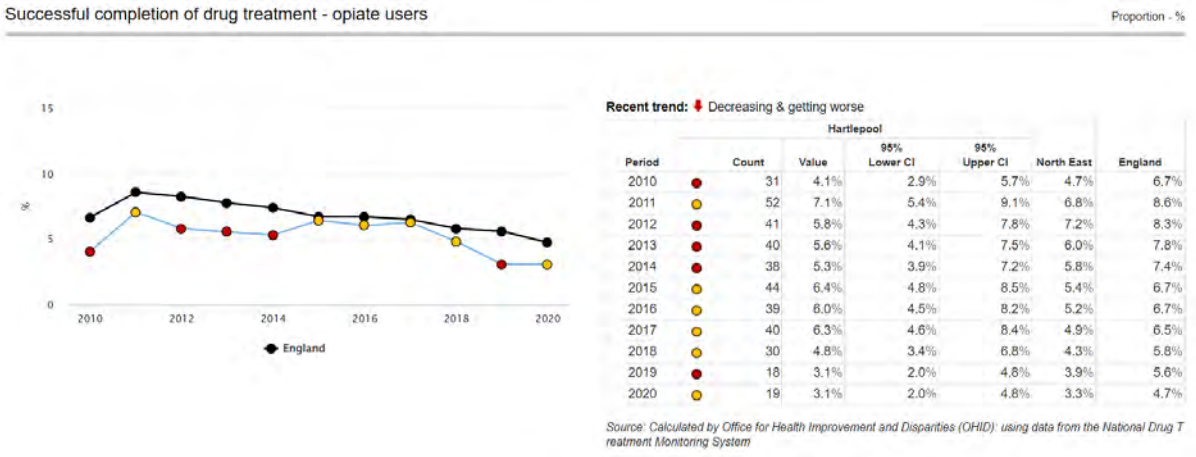


Figure 13: Successful Completion of drug treatment - opiate users
Source: OHID 2022

In the five years from 2015 to 2020, Hartlepool's proportion of successful completions for opiate use in substance misuse treatment has fallen by more than 50%, from 6.4 in 2015 to 3.1 in 2020. Across the same period the England average has fallen by 30%, from 6.7% in 2015 to 4.7 in 2020. However in both 2015 and 2020 Hartlepool's successful completion rate for opiate use was statistically similar to the England average.

For non-opiate use, the successful completion rate in Hartlepool has been significantly worse than the England average for the last seven years.

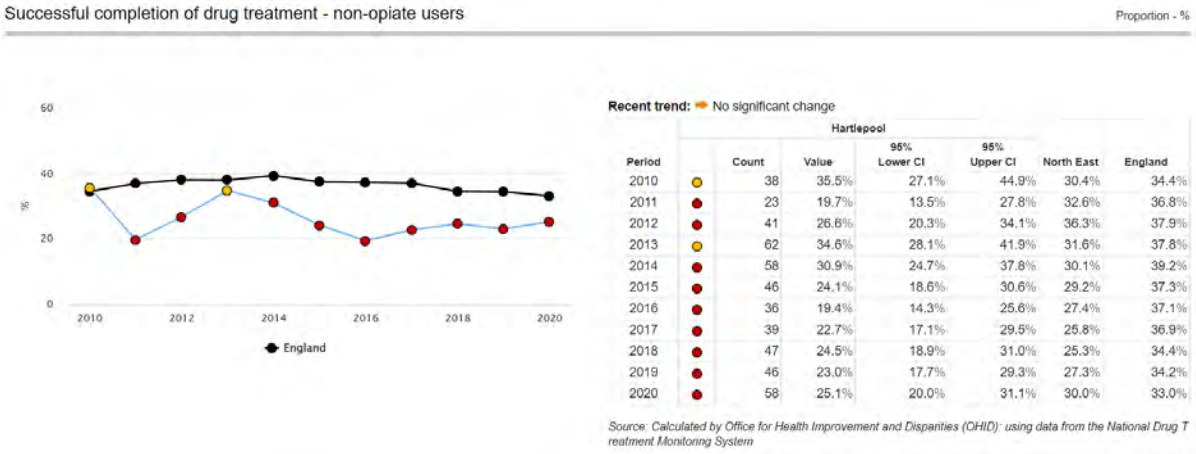


Figure 14: Successful completion of drug treatment - non-opiate users
Source: OHID 2022

Hartlepool's non-opiate successful completions have remained fairly stable for the last four years, following a three year period of decline, from 34.6% in 2013 to 19.4% in 2016. Hartlepool's current rate is 25.1%, compared with England's 33.0%, however the gap between Hartlepool and England is the smallest for six years.

Average Length of Time in Treatment:

The average length of time in treatment for both opiate and non-opiate clients in Hartlepool is shorter than the England average, and has been so for the last five years.

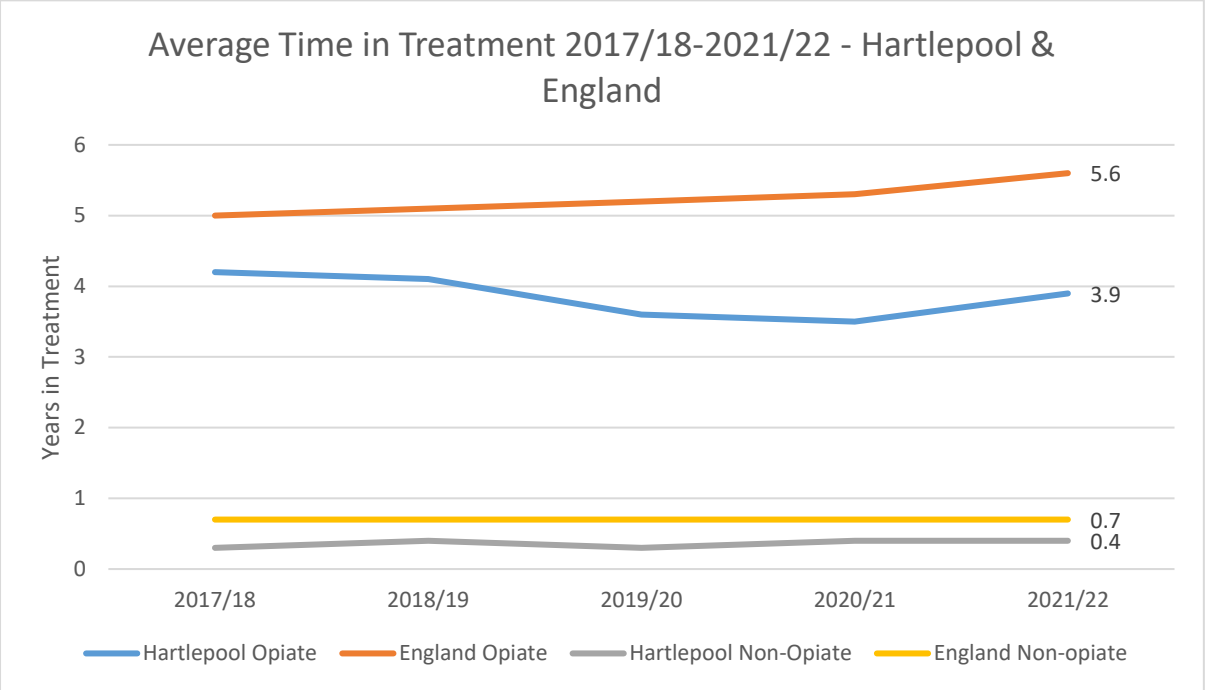


Figure 15: Average Time in Treatment 2017/18-2021/22 - Hartlepool & England
Source: NDTMS 2022

The Office for Health Improvement and Disparities published a report in November 2021, which found that the average length of a successful opiate treatment episode was 2.5 years.[1] Hartlepool's average time in treatment for opiate users had fallen to 3.5 years in 2020/21, but has climbed to 3.9 in 2021/22. This is till 1.7 years less than the England average. For non-opiate episodes, the same report found that the average was 6 months, Hartlepool has maintained an average below that figure, which may increase the likelihood of unsustained treatment exits and further episodes in the future.

Treatment Exits and Representations:

Hartlepool has had more than 50% of its treatment exits unplanned in four of the last five years. There are definitions. The National Drug Treatment Monitoring System (NDTMS)[21] defines exits from treatment using the following three categories:

Completed Treatment

- The client no longer requires structured drug (or alcohol) treatment interventions and is judged by the clinician not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine or any other illicit drug or alcohol.
- The client no longer requires structured drug or alcohol treatment interventions and is judged by the clinician not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine. There is evidence of use of other illicit drug or alcohol use but this is not judged to be problematic or to require treatment.

Transferred

- The client has finished treatment at this provider but still requires further structured drug treatment interventions and the individual has been referred to an alternative non-prison provider for this.
- The client has received a custodial sentence or is on remand and a continuation of structured treatment has been arranged. This will consist of the appropriate onward referral of care planning information and a 2-way

[1] https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2020-to-2021/adult-substance-misuse-treatment-statistics-2020-to-2021-report

communication between the community and prison treatment provider to confirm assessment and that care planned treatment will be provided as appropriate.

- Client has been transferred for ongoing structured treatment at another treatment provider as a result of this service being decommissioned.

Unplanned exits – dropped out

- The treatment provider has lost contact with the client without a planned discharge and activities to re-engage the client back into treatment have not been successful.
- The treatment provider has withdrawn treatment provision from the client. This item could be used, for example, in cases where the client has seriously breached a contract leading to their discharge. It should not be used if the client has simply 'dropped out'. Adult drug and alcohol secure settings business definitions
- The treatment provider has received a referral and has had a face-to-face (or equivalent) contact with the client after which the client has chosen not to commence a recommended structured drug treatment intervention.
- Without completing their episode of structured treatment, the client has been deported to another country.
- The treatment provider has been unable to continue the client's treatment due to the client being released from court.

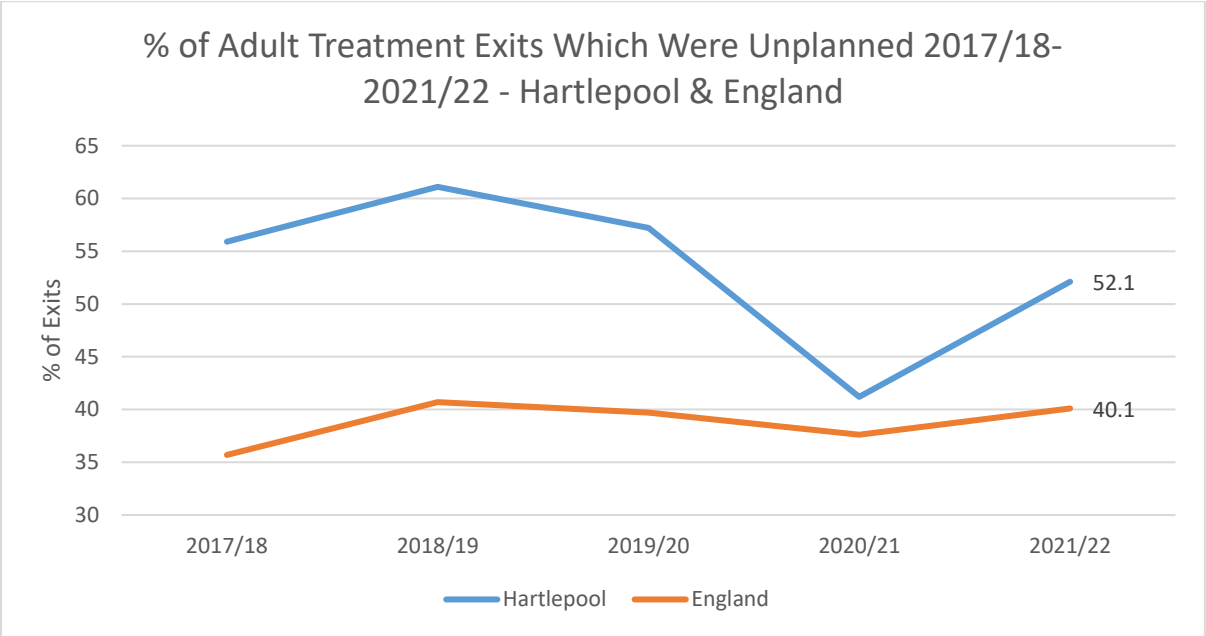


Figure 16: Percentage of Adult Treatment Exits Which Were Unplanned 2017/18-2021/22 - Hartlepool & England
Source: NDTMS 2022

In contrast the England average has not exceeded 41% in the same period. Such a high level of unplanned exit will hinder Hartlepool's ability to have an increased level of successful completion across its treatment population.

Representations within Hartlepool's successful completions have shown little consistency and have undergone large increases and decreases across the reporting period.

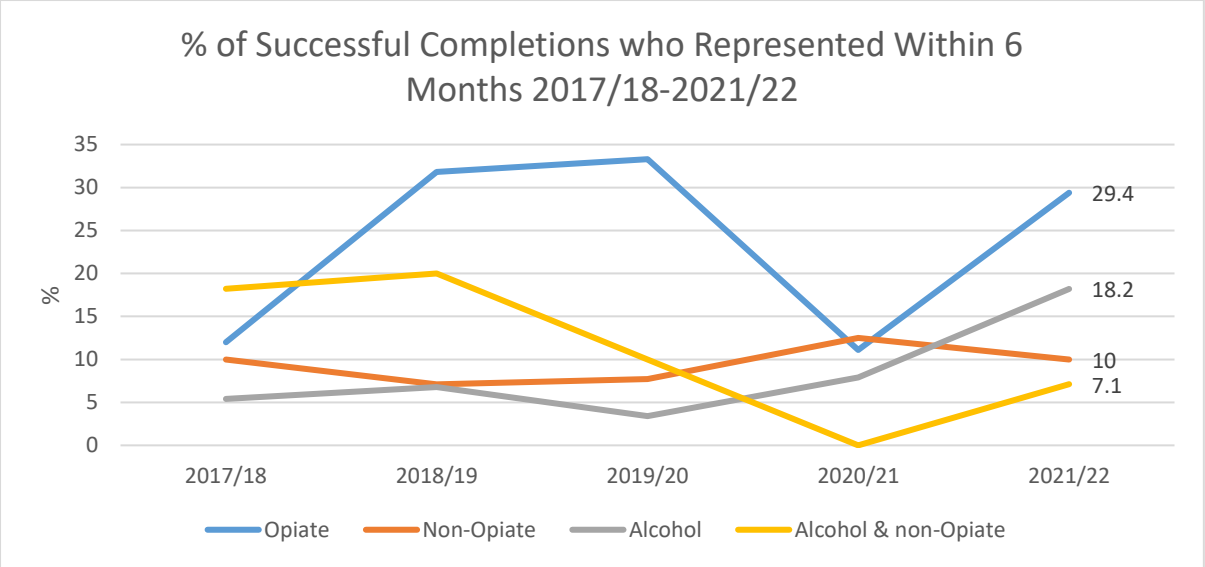


Figure 17: Percentage of Successful Completions who Represented Within 6 Months 2017/18-2021/22
Source: NDTMS 2022

However, this can largely be attributed to the relatively small pool of successful completions from which this data is taken. Where the number of successful completions is small, even one representation can see a large jump in the rate of representation.

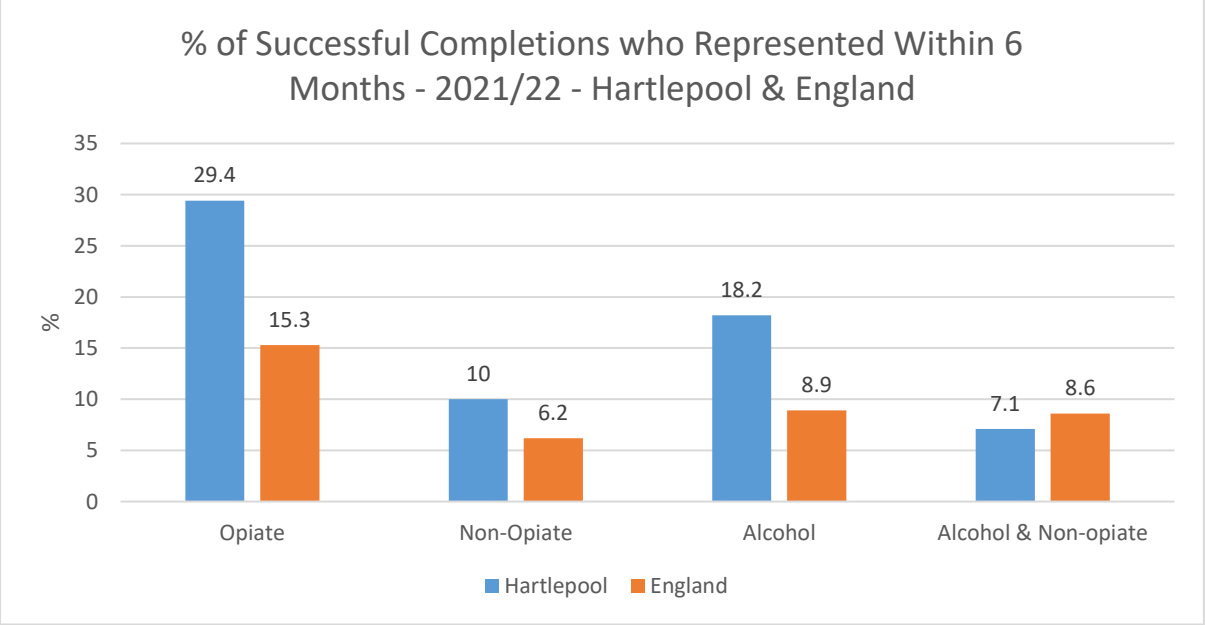


Figure 18: Percentage of Successful Completions who Represented Within 6 Months - 2021/22 - Hartlepool & England
Source: NDTMS 2022

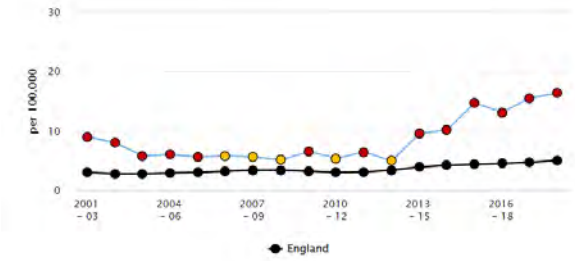
When compared with the England representation rates Hartlepool has almost twice the level of opiate representation, however as previously stated the data must be caveated with the effects that the small pool of successful completions has on Hartlepool's representation rates.

Drug Related Deaths:

Hartlepool has seen a rapid increase in its deaths from drug misuse rate since the 2012/14 rate of 4.9 per 100,000 population. In 2018/20, Hartlepool's rate was 16.3 per 100,000, this is a more than threefold increase.

Deaths from drug misuse (Persons)

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2001 - 03		23	9.0	5.7	13.5	3.8	3.0
2002 - 04		20	8.0	4.9	12.4	3.6	2.8
2003 - 05		15	5.8	3.3	9.6	3.4	2.8
2004 - 06		16	6.0	3.4	9.8	3.7	2.9
2005 - 07		15	5.6	3.1	9.3	3.8	3.0
2006 - 08		15	5.8	3.2	9.5	4.1	3.2
2007 - 09		14	5.6	3.0	9.4	4.6	3.4
2008 - 10		13	5.1	2.7	8.7	4.9	3.4
2009 - 11		17	6.5	3.8	10.5	4.8	3.2
2010 - 12		14	5.4	2.9	9.0	4.4	3.0
2011 - 13		17	6.4	3.7	10.3	4.5	3.1
2012 - 14		13	4.9	2.6	8.5	5.4	3.4
2013 - 15		25	9.6	6.2	14.1	6.3	3.9
2014 - 16		26	10.1	6.5	14.8	7.2	4.2
2015 - 17		39	14.6	10.4	20.1	7.6	4.3
2016 - 18		34	13.1	9.0	18.3	8.6	4.5
2017 - 19		39	15.5	11.0	21.2	9.1	4.7
2018 - 20		42	16.3	11.7	22.1	9.9	5.0

Source: Office for National Statistics (ONS)

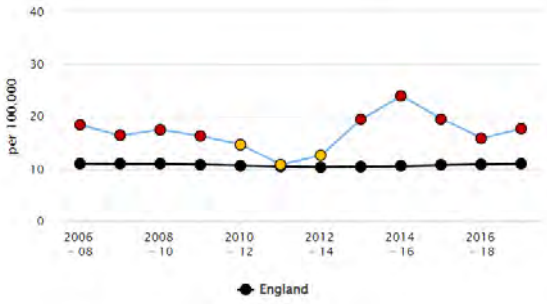
Figure 19: Deaths from Drug Misuse
Source: OHID 2022

Hartlepool's rate is currently the 3rd highest in England, and has seen an increase in five of the last 6 years.

Mortality Rates:

Alcohol-specific mortality (Persons, 3 year range)

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2006 - 08		48	18.4	13.5	24.4	15.1	10.9
2007 - 09		43	16.3	11.8	22.0	15.2	10.9
2008 - 10		46	17.4	12.7	23.3	15.2	10.9
2009 - 11		44	16.2	11.7	21.8	14.7	10.7
2010 - 12		39	14.6	10.4	19.9	14.1	10.6
2011 - 13		29	10.7	7.1	15.4	13.8	10.4
2012 - 14		34	12.5	8.6	17.5	14.3	10.3
2013 - 15		53	19.5	14.6	25.5	15.8	10.3
2014 - 16		65	23.8	18.4	30.4	16.4	10.4
2015 - 17		53	19.5	14.6	25.5	16.0	10.6
2016 - 18		43	15.8	11.4	21.3	15.7	10.8
2017 - 19		48	17.6	12.9	23.4	16.0	10.9

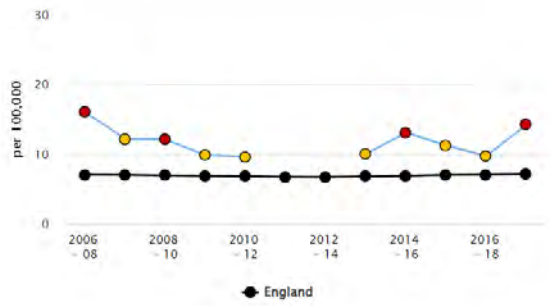
Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

Figure 20: Alcohol-specific mortality
Source: OHID 2022

Hartlepool's alcohol related mortality rate has fallen from a peak of 23.8 per 100,000 population in 2014-16, but is still significantly worse than the England average. Hartlepool's current rate, the 2017-19 figure, is 17.6 per 100,000, but this is an increase from the 2016-18 figure of 15.8 per 100,000. Hartlepool had a three year period, between 2010-12 to 2012-14, where its mortality rate was statistically similar to the England rate. This has been followed by a five year period where Hartlepool's mortality rate has been significantly worse than the England average.

Alcohol-specific mortality (Female, 3 year range)

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2006 - 08	●	22	16.0	10.0	24.4	10.1	7.0
2007 - 09	●	16	12.2	7.0	19.7	10.5	7.0
2008 - 10	●	16	12.1	7.0	19.6	10.1	6.9
2009 - 11	●	13	9.8	5.3	16.8	9.6	6.9
2010 - 12	●	13	9.6	5.1	16.4	9.2	6.8
2011 - 13		7	*	-	-	9.3	6.7
2012 - 14		9	*	-	-	10.3	6.7
2013 - 15	●	14	10.0	5.4	16.7	11.4	6.7
2014 - 16	●	18	13.1	7.7	20.7	11.8	6.8
2015 - 17	●	15	11.2	6.2	18.5	11.2	7.0
2016 - 18	●	13	9.7	5.1	16.7	10.7	7.0
2017 - 19	●	20	14.2	8.6	22.0	11.0	7.1

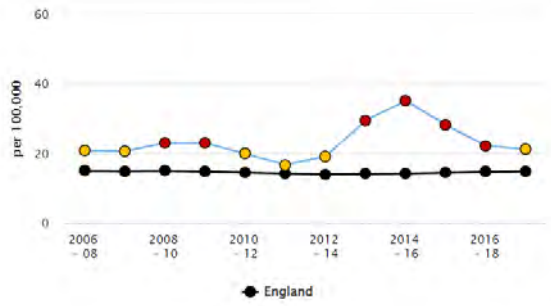
Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

Figure 21: Alcohol-specific Mortality (Female)
Source: OHID 2022

When looked at individually, the male and female alcohol specific mortality rates, which had been following a similar declining trajectory, have differed in the most recent data, with the male rate continuing it decline, though to a lesser degree than in the two previous years, and the female rate has increased sharply.

Alcohol-specific mortality (Male, 3 year range)

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2006 - 08	●	26	20.8	13.6	30.5	20.4	15.0
2007 - 09	●	26	20.6	13.5	30.1	20.2	14.9
2008 - 10	●	29	22.9	15.4	32.9	20.6	15.0
2009 - 11	●	30	23.0	15.5	32.8	20.2	14.8
2010 - 12	●	26	19.9	12.9	29.1	19.2	14.6
2011 - 13	●	22	16.8	10.5	25.5	18.5	14.3
2012 - 14	●	25	19.1	12.3	28.3	18.7	14.0
2013 - 15	●	39	29.5	20.9	40.4	20.4	14.1
2014 - 16	●	47	35.1	25.7	46.8	21.3	14.2
2015 - 17	●	38	28.1	19.8	38.6	21.0	14.5
2016 - 18	●	30	22.1	14.9	31.7	21.1	14.7
2017 - 19	●	28	21.2	14.1	30.7	21.3	14.9

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

Figure 22: Alcohol specific mortality (Male)
Source: OHID 2022

Hospital Admissions:

Alcohol related hospital admissions have been consistently significantly worse than the England rate throughout the entirety of the 13 year reporting period. Hartlepool had seen a recent increase up to a high of 1,171 per 100,000 population in 2019/20, which followed two previous years of increases. However this has been followed by a steep decline, down to 887 per 100,000 in 2020/21.

Hospital admissions
per 100,000

10 HIGHEST RATES	
Southampton	2,590
Salford	1,613
Liverpool	1,360
Blackpool	1,359
Wirral	1,231
South Tyneside	1,229
Sefton	1,187
Bristol	1,182
Newcastle upon Tyne	1,177
Hartlepool	1,171

10 LOWEST RATES	
Redbridge	331
Thurrock	345
Wokingham	349
Barnet	376
Essex	377
Bromley	384
Medway	388
West Berkshire	391
Rutland	396
Lincolnshire	402

Source: PHE Local Alcohol Profiles

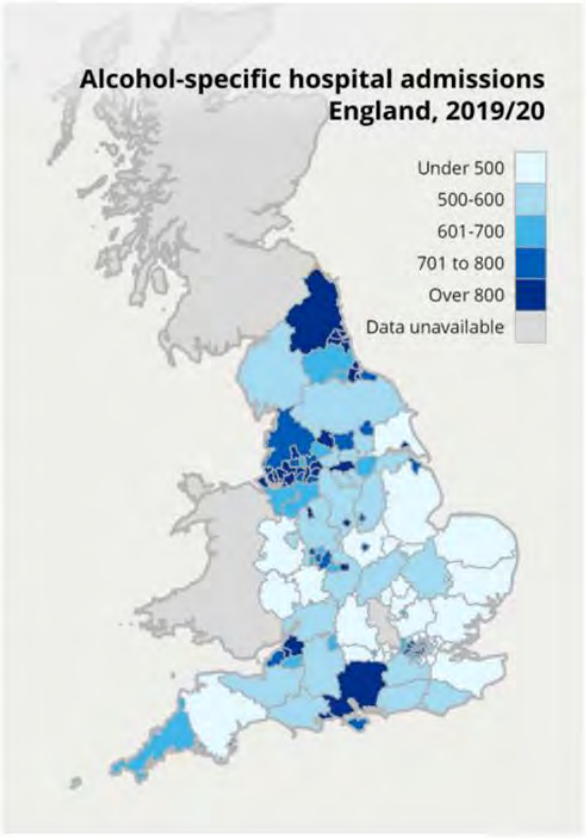
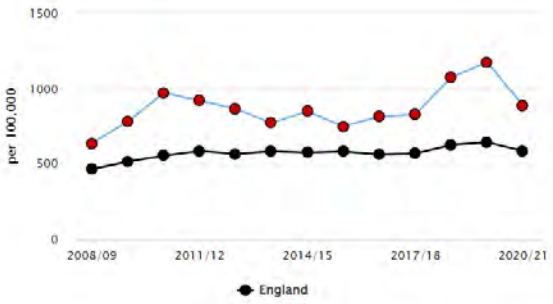


Figure 23: Alcohol specific hospital admissions, England, 2019/20

Admission episodes for alcohol-specific conditions (Persons)

Directly standardised rate - per 100,000



Recent trend: ↑ Increasing & getting worse

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2008/09	●	572	638	587	693	739	465
2009/10	●	709	779	722	839	805	515
2010/11	●	875	971	907	1,038	853	555
2011/12	●	837	918	857	983	897	587
2012/13	●	780	866	806	929	822	568
2013/14	●	697	773	716	833	780	584
2014/15	●	764	849	789	912	748	576
2015/16	●	680	749	693	808	770	583
2016/17	●	730	815	757	877	778	563
2017/18	●	755	828	769	889	806	570
2018/19	●	975	1,075	1,008	1,146	909	626
2019/20	●	1,080	1,171	1,101	1,245	936	644
2020/21	●	795	887	825	951	904	587

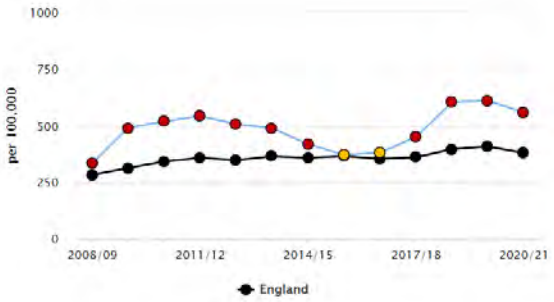
Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 24: Alcohol admission episodes for alcohol-specific conditions
Source: OHID 2022

When split along gender lines, the male rate is following a very similar pattern to the Hartlepool rate as a whole, a sustained period of significantly worse rates than the England average, three years of increase followed by a sharp decline in the most recent figures, whereas the female rate has followed a different pattern.

Admission episodes for alcohol-specific conditions (Female)

Directly standardised rate - per 100,000



Recent trend: Increasing & getting worse

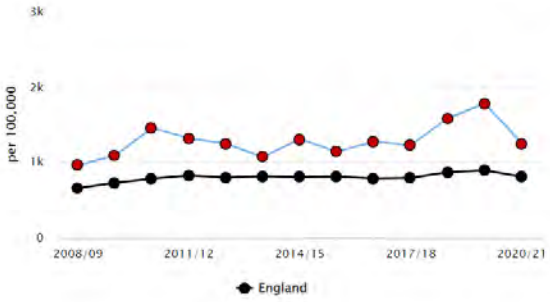
Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2008/09		154	335	284	393	468	283
2009/10		227	490	428	559	512	313
2010/11		241	519	455	590	542	342
2011/12		251	543	478	615	572	359
2012/13		235	507	444	577	533	348
2013/14		227	489	427	557	507	366
2014/15		196	419	362	482	488	359
2015/16		174	371	318	431	493	367
2016/17		175	382	327	444	484	355
2017/18		210	450	391	516	512	361
2018/19		280	604	535	679	595	397
2019/20		285	610	541	686	590	409
2020/21		255	558	491	631	601	380

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 25: Admission for alcohol-specific conditions (Female)
Source: OHID 2022

Admission episodes for alcohol-specific conditions (Male)

Directly standardised rate - per 100,000



Recent trend: No significant change

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2008/09		418	958	868	1,055	1,026	658
2009/10		482	1,085	990	1,187	1,116	728
2010/11		634	1,452	1,340	1,570	1,183	780
2011/12		586	1,315	1,210	1,427	1,242	827
2012/13		545	1,247	1,143	1,357	1,129	799
2013/14		470	1,072	977	1,175	1,070	815
2014/15		568	1,304	1,198	1,417	1,026	804
2015/16		506	1,143	1,045	1,248	1,065	812
2016/17		555	1,271	1,166	1,382	1,091	784
2017/18		545	1,229	1,127	1,337	1,121	791
2018/19		690	1,579	1,463	1,703	1,244	869
2019/20		775	1,778	1,654	1,909	1,307	894
2020/21		540	1,244	1,140	1,355	1,230	806

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 26 Figure 25: Admission episodes for alcohol specific conditions (Male)
Source: OHID 2022

The female hospitalisation rate had a two year period where it was statistically similar to the England rate, and while, similar to the male and Hartlepool total rates, this was followed by a steep increase, there has been a two year steady decline of rate in the two most recent figures.

In regard to poisoning by drug misuse, Hartlepool has higher hospital admission rates than both the North East and England.

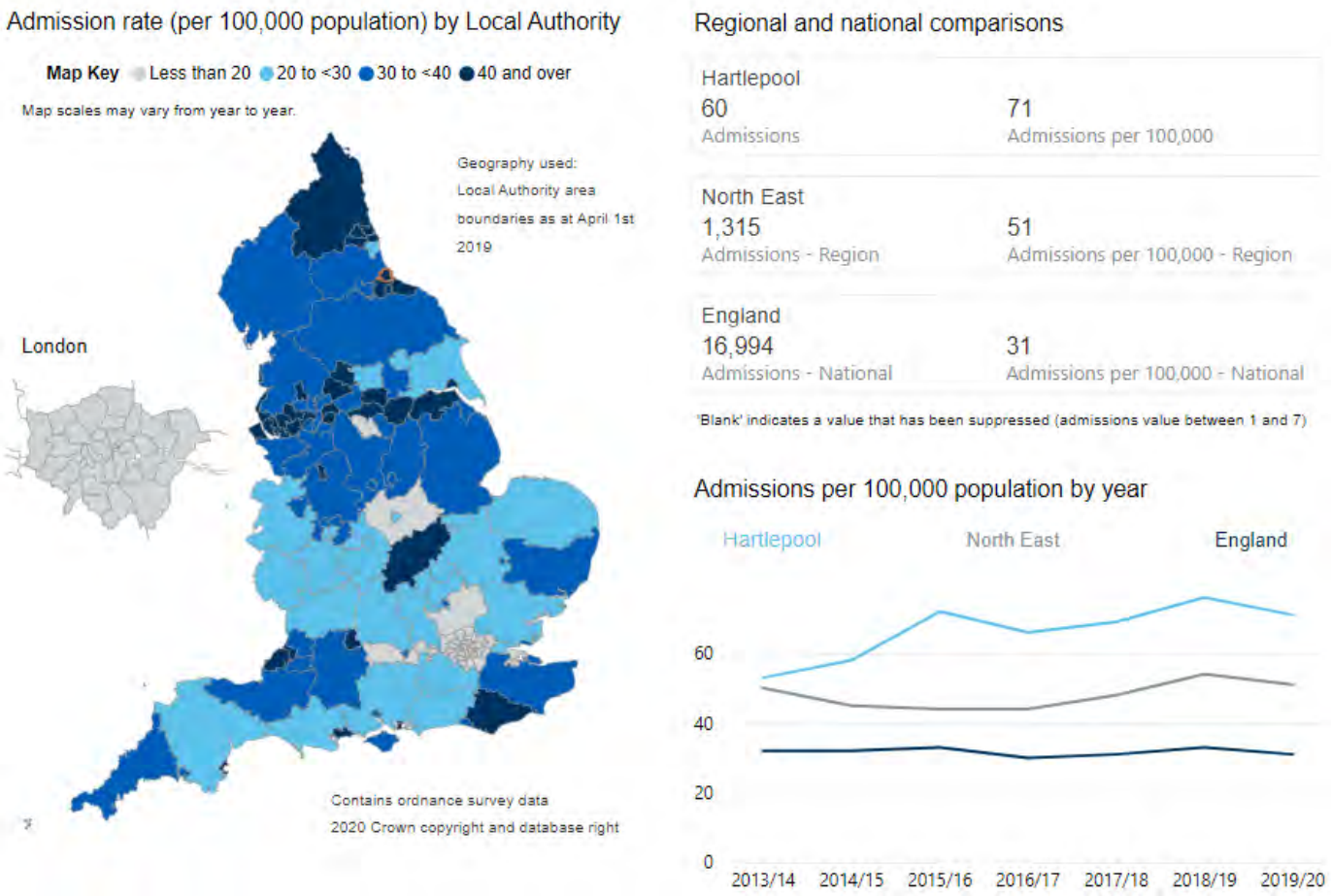


Figure 27 Admissions for poisoning by drug misuse
Source: Hospital Episode Statistics (HES), NHS Digital

5.2.2 Children and Young People

Age:

More than 50% of Hartlepool's young people's substance misuse caseload (under 18's) are aged 15 or under for each of the last five years.

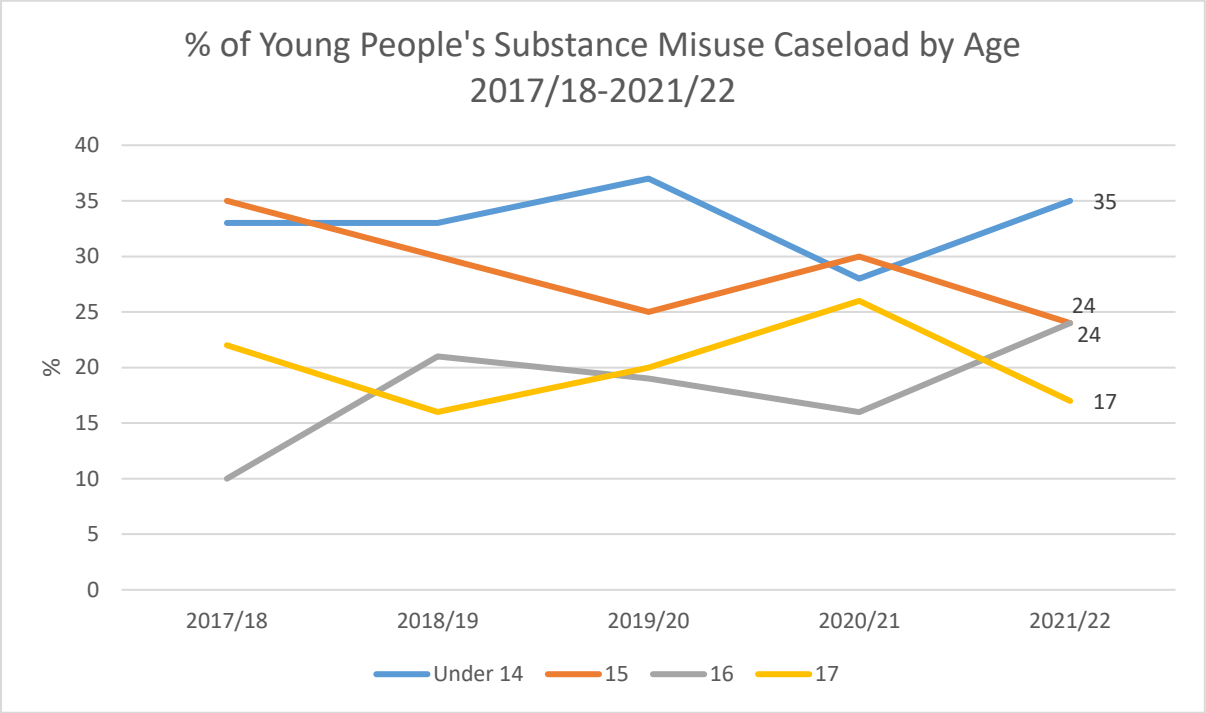


Figure 28: Percentage of Young People's Substance Misuse Caseload by Age 2017/18-2021/22
Source: NDTMS 2022

This trend is not found in the England figures for 2021/22, where the age breakdown is almost an equal four way split.

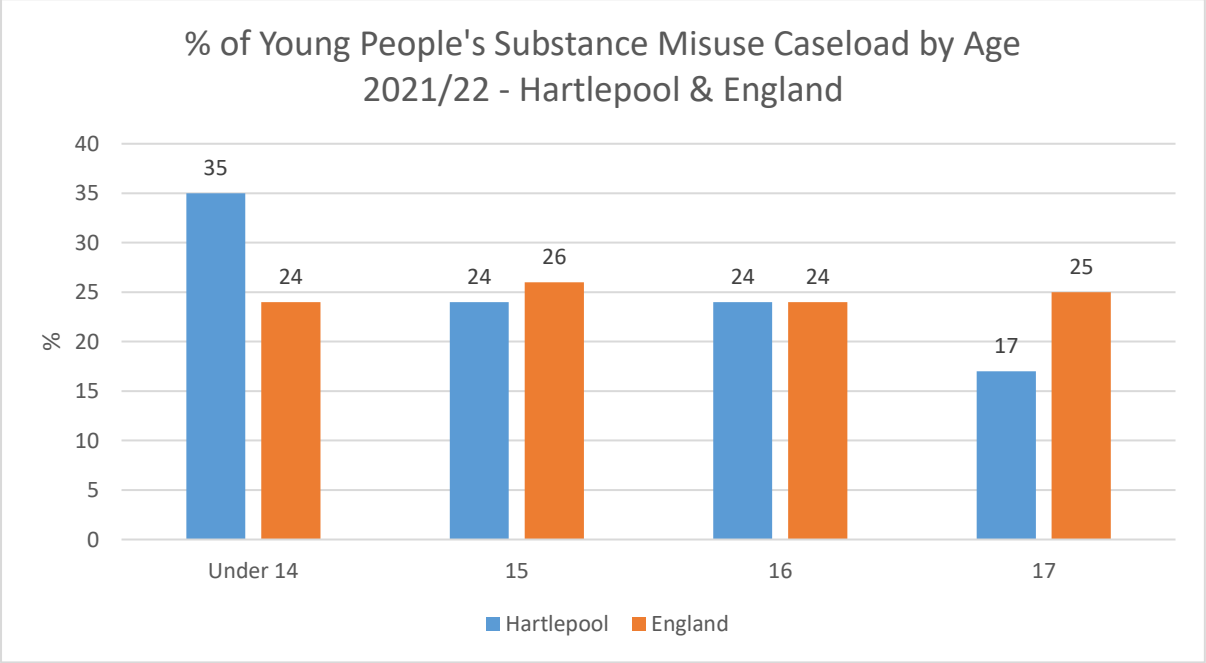


Figure 29: Percentage of Young People's Substance Misuse Caseload by Age 2021/22 - Hartlepool & England
Source: NDTMS 2022

Here the increased emphasis on the younger age groups in Hartlepool's caseload is clearly visible.

CYP Treatment Referrals:

Hartlepool Young People's Substance Misuse Referrals 2011/21

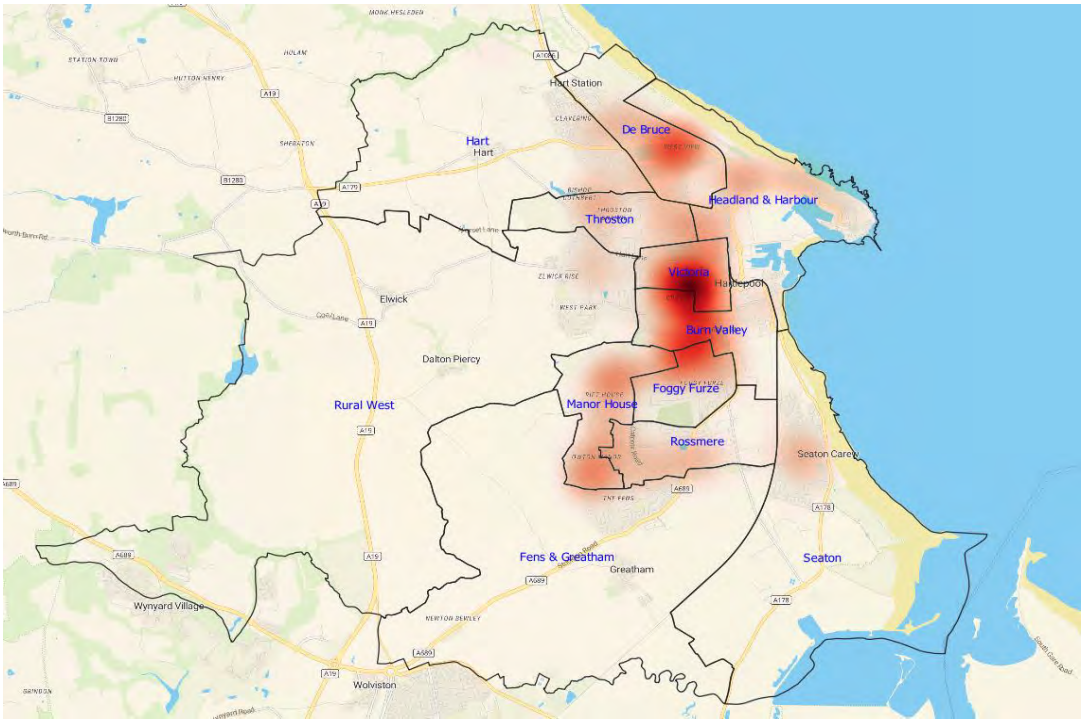


Figure 30: Hartlepool Young People's Substance Misuse Referrals 2011/21
Source: Local Data 2022

Similar to the adult's referrals, referrals for Hartlepool's young people's substance misuse treatment services from 2011-2021 have their largest concentration in the Victoria and Burn Valley area of the town, though as a proportion of all referrals Manor House is larger than Burn Valley. Victoria ward accounts for 1 in 7 of the total referrals. And the five wards with 10% or more, Victoria, Manor House, Burn Valley, De Bruce and Headland & Harbour account for almost two thirds between them. Four of these five wards (Victoria, Manor House, De Bruce and Headland & Harbour) are in the most deprived decile in England, and the other, Burn Valley is in the 2nd most deprived quintile.

Reported Substances:

In young people's substance misuse treatment in Hartlepool, cannabis has remained the most prominent substance, with as much as 98% of the caseload using cannabis.

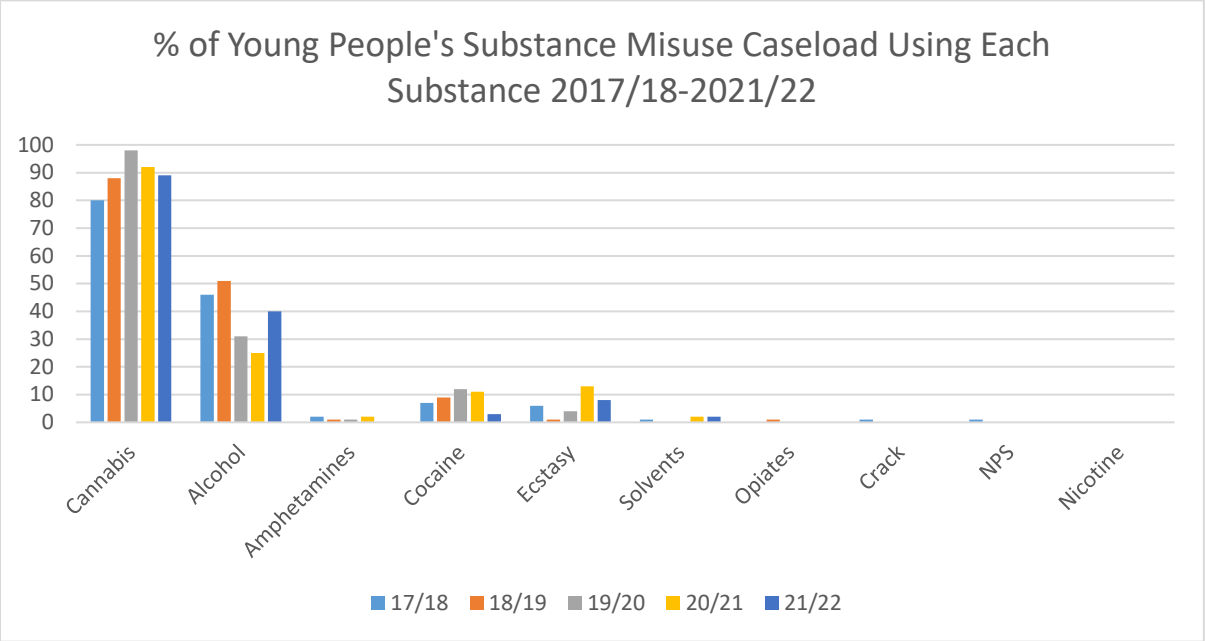


Figure 31: Percentage of Young People's Substance Misuse Caseload Using Each Substance 2017/18-2021/22
Source: NDTMS 2022

Alcohol is the only other substance to have a proportion above 15%, but has moved from a high of 51% in 2018/19 to a low of 25% in 2020/21. In 2021/22 alcohol was being used by 40% of Hartlepool's young people's caseload. Other than cannabis and alcohol, the only substance to reach above 2% of the caseload are cocaine and ecstasy.

When compared to the England average, Hartlepool's young people's caseload use of cannabis is comparable.

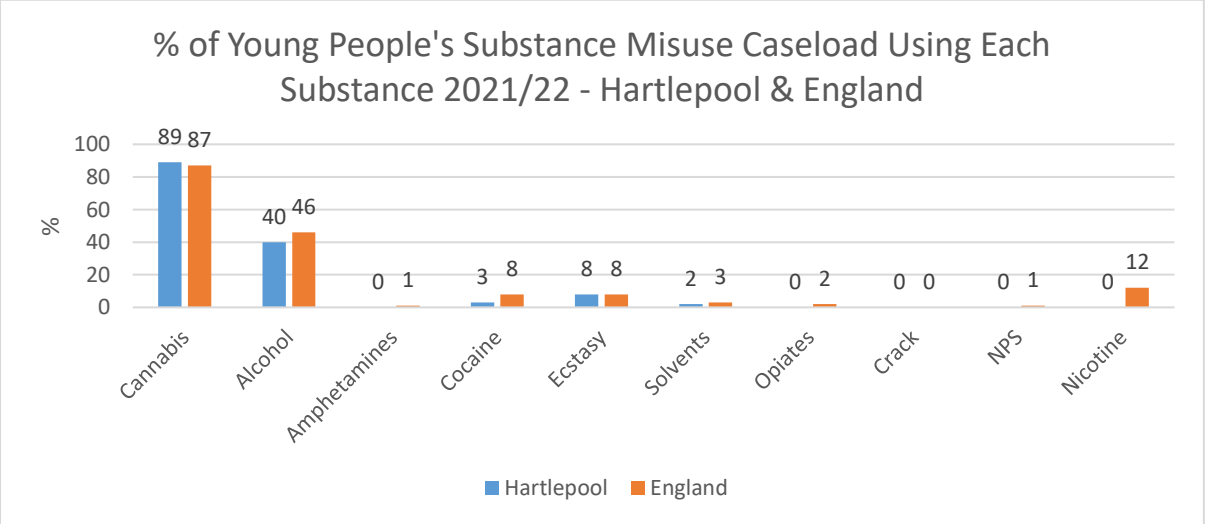


Figure 32: Percentage of Young People's Substance Misuse Caseload Using Each Substance 2021/22 - Hartlepool & England
Source: NDTMS 2022

Treatment Exits:

Within young people's substance misuse services in Hartlepool, the proportion of unplanned exits has been above the England average for the last three years, with unplanned exits being the majority of exits in 2020/21.

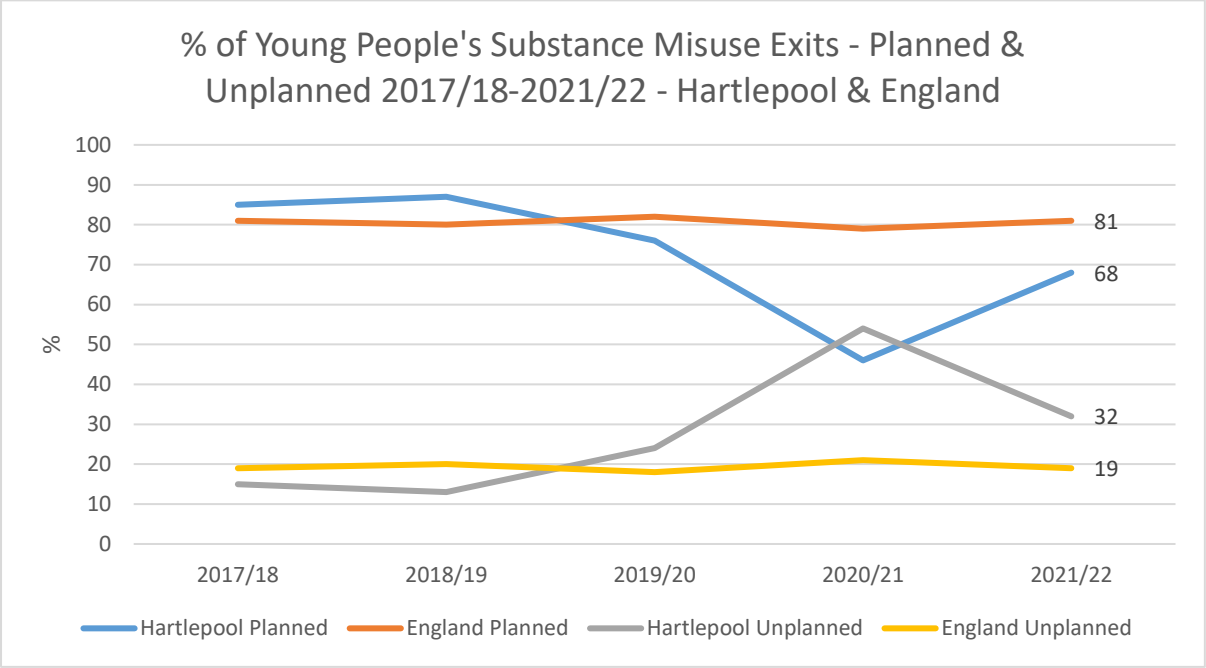


Figure 33: Percentage of Young People's Substance Misuse Exits - Planned & Unplanned 2017/18-2021/22 - Hartlepool & England
Source: NDTMS 2022

Throughout the five year reporting period, the England rate has remained relatively stable, with rough 80% of exits planned and 20% unplanned. This has not been the case in Hartlepool, a two year increase in unplanned exits took the Hartlepool rate from 13% in 2018/19 to 54% in 2020/21.

Representations of successful completions within Hartlepool's young people's substance misuse service have been at least twice the England average on three of the last five years.

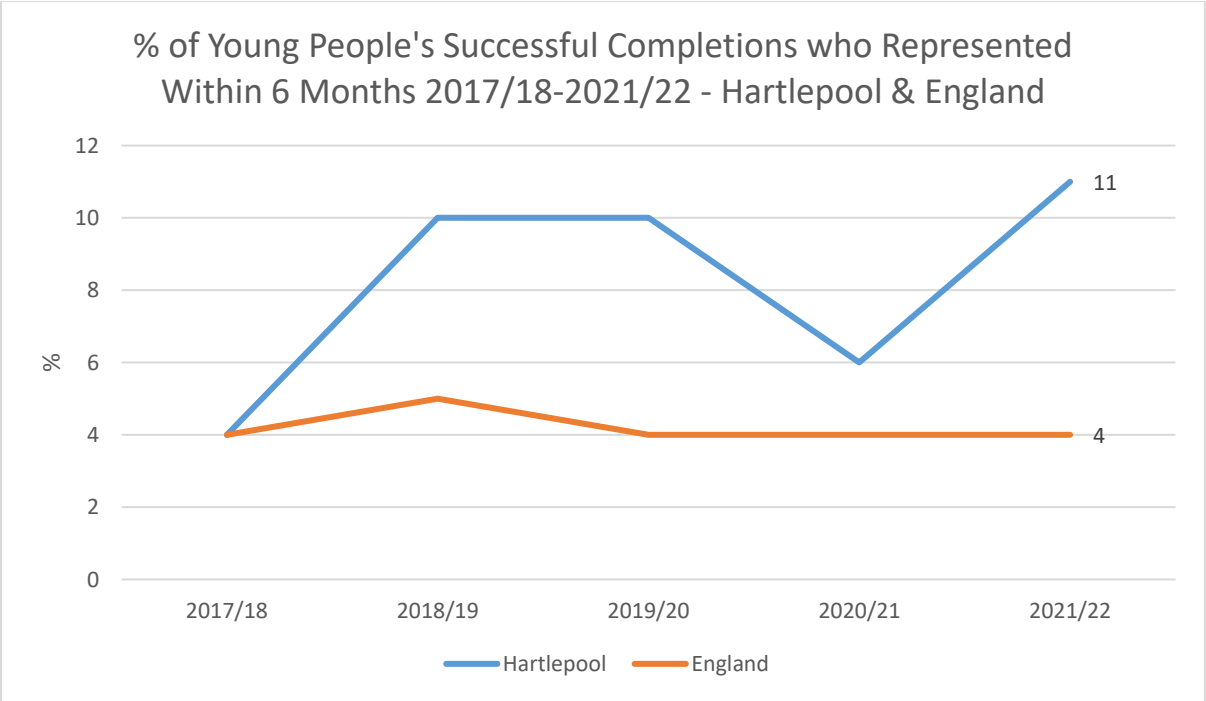


Figure 34: Percentage of Young People's Successful Completions who Represented Within 6 Months 2017/18-2021/22 - Hartlepool & England
Source: NDTMS 2022

While the England representation rate has remained largely stable at around 4% across the five years, Hartlepool, whilst starting at the same 4% rate as England in 2017/18, increases up to a high of 11% in 2021/22.

Hospital Admissions for Substance Use:

Hospitalisations due to substance misuse for 15-24 year olds in Hartlepool are at their lowest rate across the 11 year reporting period, therefore suggesting hospital admission rates are not drive by a younger population.

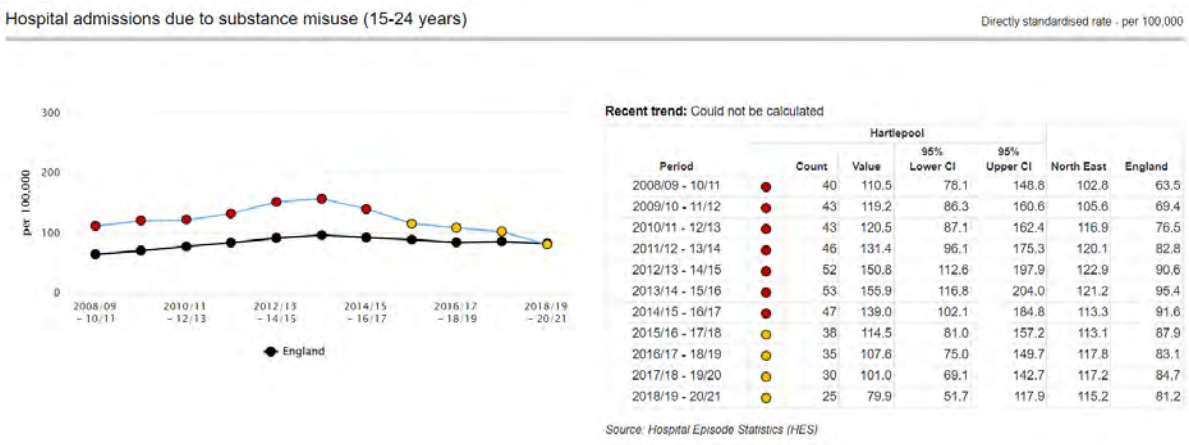


Figure 35: Hospital admissions due to substance misuse (15-24)
Source: Hospital Episode Statistics (HES) 2022

Hartlepool has been statistically similar to the England average for hospital admissions due to substance misuse for the most recent four years. Hartlepool's current rate of 79.9 per 100,000 population is a decrease of 49% on the peak of 155.9 per 100,000 in 2013/14-2015/16. Hartlepool's rate is currently the 2nd lowest in the north east.

Hospital Admissions for Alcohol Use:

For under 18s, the hospital admission for alcohol specific reasons, has followed a very different pattern, with a sustained eight year period where the rate has been similar to the England average.

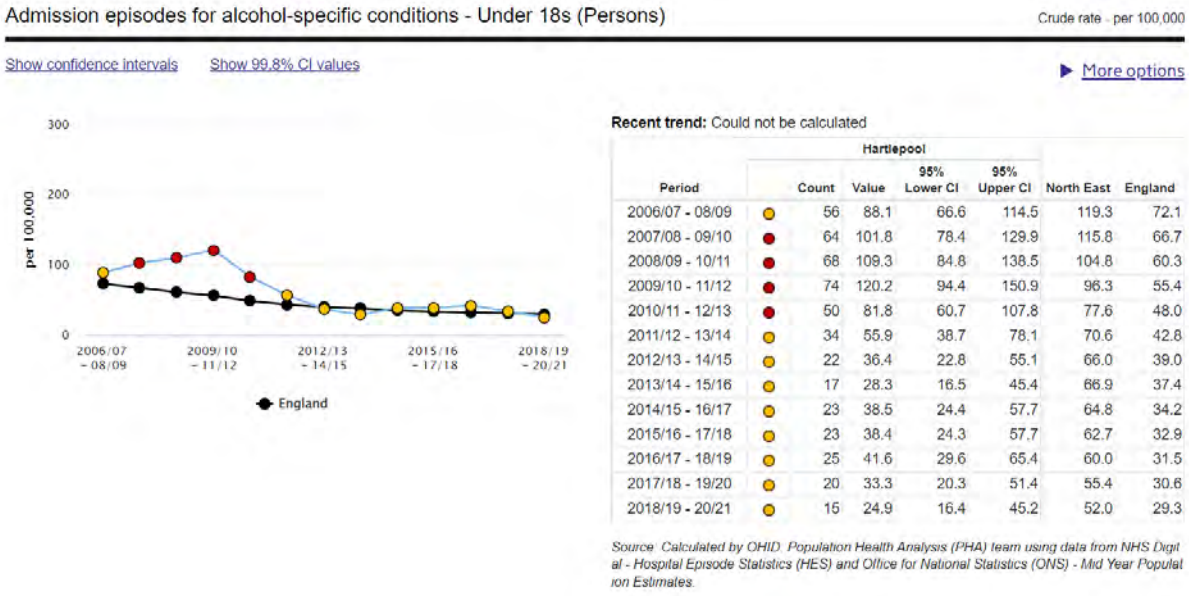
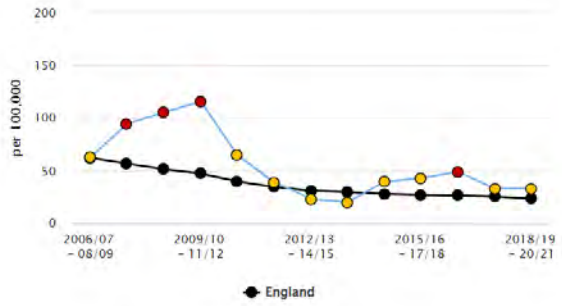


Figure 36: Admission episodes for alcohol-specific conditions - under 18s
Source: OHID 2022

When split along gender lines, whereas for the adult population it is the male rate that followed a similar pattern to the overall rate, with under 18s it is the female rate which is similar to the overall pattern.

Admission episodes for alcohol-specific conditions - Under 18s (Male)

Crude rate - per 100,000



Recent trend: Could not be calculated

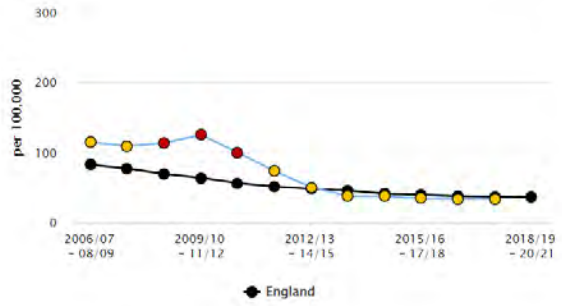
Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2006/07 - 08/09		20	62.2	38.0	96.0	103.0	62.0
2007/08 - 09/10		30	94.2	63.6	134.5	99.4	56.5
2008/09 - 10/11		33	104.8	72.1	147.1	91.9	51.3
2009/10 - 11/12		36	115.3	80.8	159.7	85.4	47.0
2010/11 - 12/13		20	64.4	39.3	99.4	68.2	39.6
2011/12 - 13/14		12	38.7	20.0	67.6	59.4	34.2
2012/13 - 14/15		7	22.7	9.1	46.7	56.2	30.5
2013/14 - 15/16		6	19.6	7.2	42.6	57.8	29.4
2014/15 - 16/17		12	39.3	20.3	68.7	60.0	27.4
2015/16 - 17/18		13	42.5	22.6	72.8	56.1	26.4
2016/17 - 18/19		15	48.9	29.8	84.7	52.2	25.9
2017/18 - 19/20		10	32.6	20.2	68.2	47.1	24.9
2018/19 - 20/21		10	32.5	17.8	63.9	42.7	22.8

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 37: Admission episodes for alcohol-specific conditions - under 18s (Male)
Source: OHID 2022

Admission episodes for alcohol-specific conditions - Under 18s (Female)

Crude rate - per 100,000



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2006/07 - 08/09		36	114.8	80.4	158.9	136.4	82.7
2007/08 - 09/10		34	109.5	75.8	153.0	133.0	77.5
2008/09 - 10/11		35	113.8	79.3	158.3	118.4	69.7
2009/10 - 11/12		38	125.2	88.6	171.8	107.9	64.1
2010/11 - 12/13		30	99.8	67.3	142.4	87.5	56.8
2011/12 - 13/14		22	73.8	46.2	111.7	82.4	51.8
2012/13 - 14/15		15	50.7	28.4	83.6	76.3	48.0
2013/14 - 15/16		11	37.5	18.7	67.1	76.5	45.8
2014/15 - 16/17		11	37.6	18.8	67.3	70.0	41.3
2015/16 - 17/18		10	34.1	16.3	62.8	69.6	39.6
2016/17 - 18/19		10	34.1	18.7	67.1	68.2	37.5
2017/18 - 19/20		10	34.0	11.8	53.6	64.1	36.7
2018/19 - 20/21		-	*	-	-	61.9	36.1

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 38: Admission episodes for alcohol-specific conditions - under 18s (Female)
Source: OHID 2022

5.3 Estimated Unmet Need

Within the substance misusing population in Hartlepool, levels of unmet need differ greatly by substance.

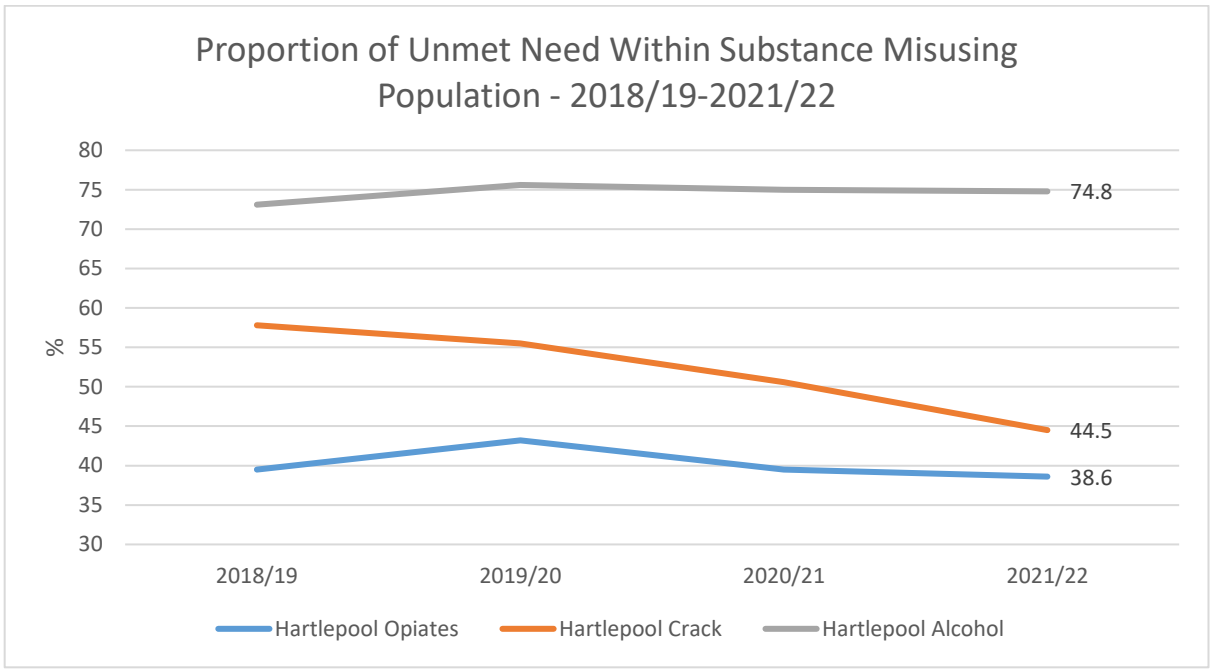


Figure 39: Proportion of Unmet Need within Substance Misusing Population - 2018/19-2021/22
Source: NDTMS 2022

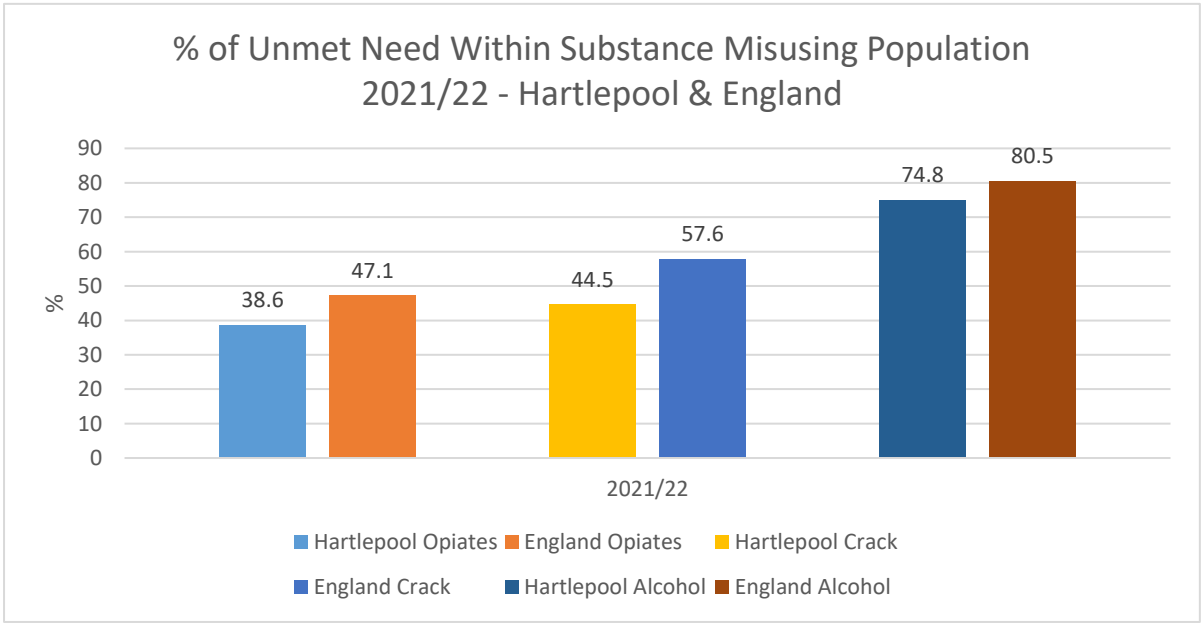


Figure 40: Percentage of Unmet Need Within Substance Misusing Population 2021/22 - Hartlepool & England
Source: Liverpool John Moores University

Drug and alcohol prevalence estimates for each local authority in England were set from 2016/17 data by Liverpool John Moores University. These prevalence estimates are then used to see the level of unmet need, which is the individuals who could be in treatment for substance misuse within an authority but are not. Within Hartlepool the level of unmet need for alcohol use has remained fairly stable at around 75%, three out of four problematic alcohol users are not in treatment. Similarly the unmet need for opiate use has remained largely around 2 in 5 opiate users not being in treatment. From crack use however, the unmet has fallen across the reporting period from 57.8% in 2.18/19 to 44.5% in 2021/22, a decline of 23%.

5.4 Wider Drug and Alcohol Related Harms

Multiple Deprivation and Local Inequalities:

Hartlepool's wider levels of deprivation are a factor within substance misuse, with Hartlepool having some of the most deprived areas in England.

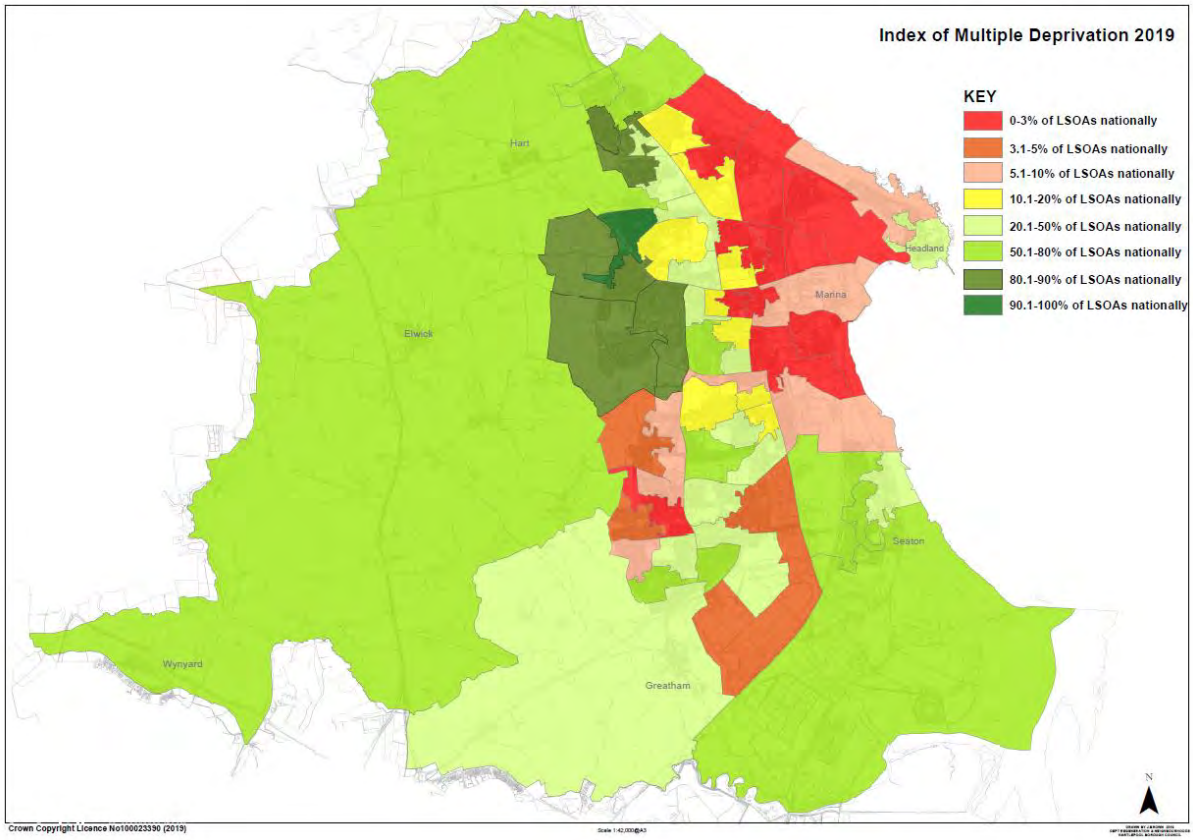


Figure 41: Index of multiple deprivation 2019
Source: ONS 2019

Hartlepool has 11 Lower Super Output Areas (LSOAs) within the top 3% of deprivation levels in England, and a further three LSOAs within the top 5%. This accounts for 19% of the town within the top 3% of deprivation levels in England, mainly focussed around the Headland and West View area of the town. More than half of the town, 52%, is within the most deprived quintile in England. Several of these areas of highest deprivation are areas where a significant proportion of the substance misuse caseload are located. Specifically those LSOAs located within the Headland and Burn Valley areas of the town.

Mental Health:

Admissions where drug-related mental health and behavioural disorders were a factor *(hospital admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders – referred)*

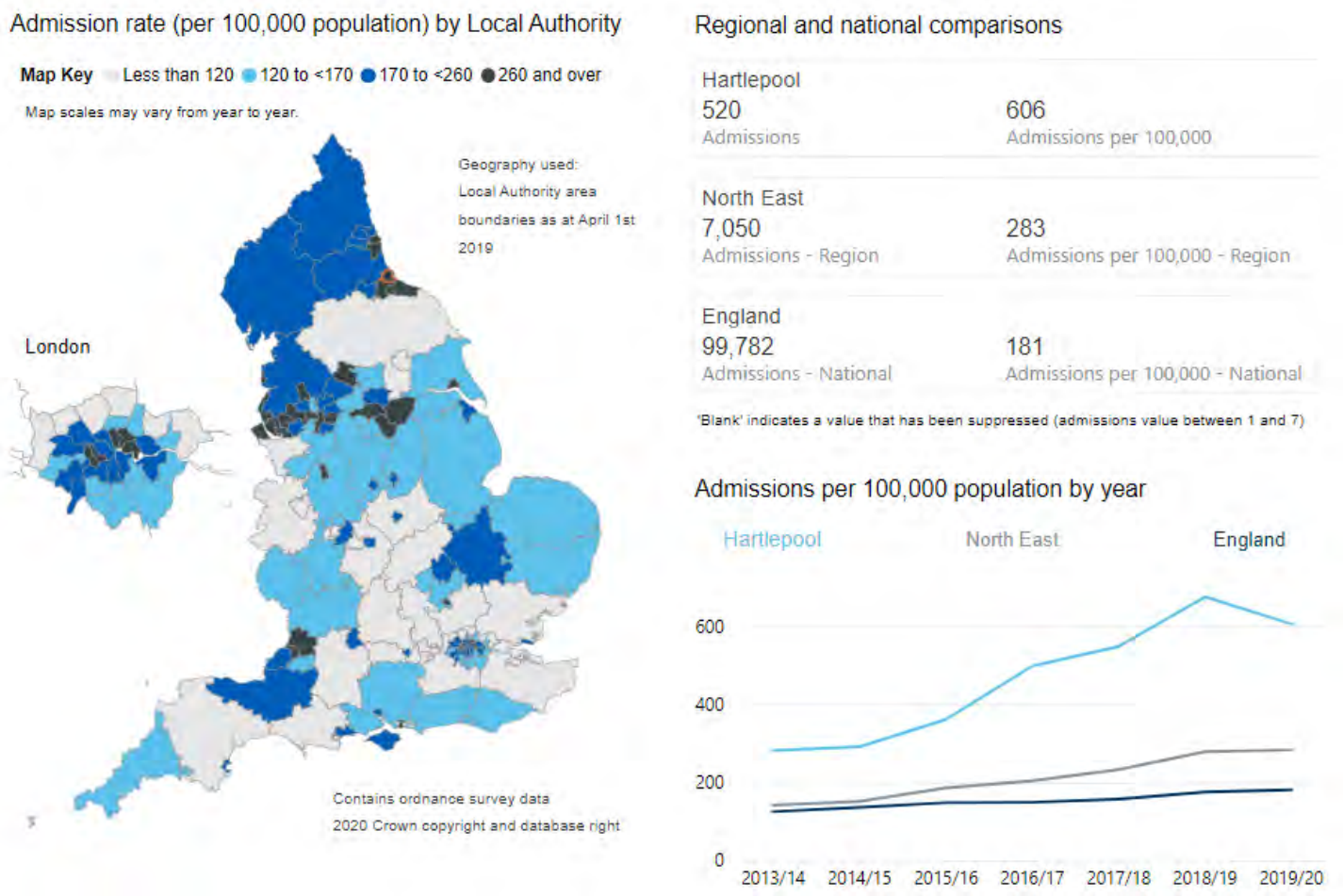


Figure 42 Admissions where drug-related mental health and behavioural disorders were a factor
Source: Hospital Episode Statistics (HES), NHS Digital

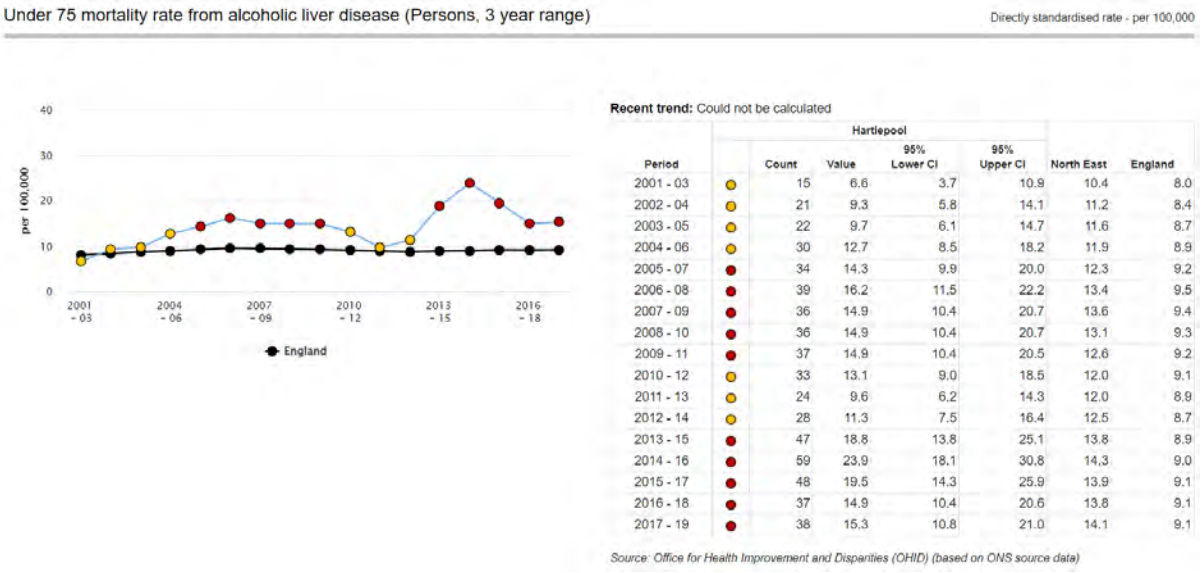
Hartlepool has the highest admission rate with 606 per 100,000 population, followed by Blackpool (569), and Liverpool (485) for hospital admissions where drug-related mental health and behavioural disorders were a factor. As per figure x Hartlepool is significantly higher than the North East, and England average.

The Five Year forward view for Mental Health report identified that 77% of people detained in low and medium secure mental health services are men, 63% have a primary diagnosis of psychosis, and 26% have a secondary diagnosis of substance misuse[22]

Hartlepool dual diagnosis patients are jointly managed between substance misuse and mental health treatment services through Teams daily huddle board and discussed on a regular basis to reflect any changes or concerns. This is then shared in a fortnightly Huddle with the substance misuse service provider (Supporting Treatment and Recovery Together (START). In addition to this there is a minimum 12-week joint review throughout a patient's treatment, and also interim reviews as needed. There are currently 31 Dual diagnosis patients working jointly with TEWV and START.

Physical Health:

Hartlepool has high levels of alcohol related liver disease mortality.



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2001 - 03		15	6.6	3.7	10.9	10.4	8.0
2002 - 04		21	9.3	5.8	14.1	11.2	8.4
2003 - 05		22	9.7	6.1	14.7	11.6	8.7
2004 - 06		30	12.7	8.5	18.2	11.9	8.9
2005 - 07		34	14.3	9.9	20.0	12.3	9.2
2006 - 08		39	16.2	11.5	22.2	13.4	9.5
2007 - 09		36	14.9	10.4	20.7	13.6	9.4
2008 - 10		36	14.9	10.4	20.7	13.1	9.3
2009 - 11		37	14.9	10.4	20.5	12.6	9.2
2010 - 12		33	13.1	9.0	18.5	12.0	9.1
2011 - 13		24	9.6	6.2	14.3	12.0	8.9
2012 - 14		28	11.3	7.5	16.4	12.5	8.7
2013 - 15		47	18.8	13.8	25.1	13.8	8.9
2014 - 16		59	23.9	18.1	30.8	14.3	9.0
2015 - 17		48	19.5	14.3	25.9	13.9	9.1
2016 - 18		37	14.9	10.4	20.6	13.8	9.1
2017 - 19		38	15.3	10.8	21.0	14.1	9.1

Source: Office for Health Improvement and Disparities (OHID) (based on ONS source data)

Figure 43: Under 75 mortality rate from alcohol liver disease
Source: OHID 2022

Hartlepool has the 18th highest alcohol related liver disease mortality rate in England, and has been consistently significantly worse than the England average for the last 6 years.

Blood Bourne Viruses (BBV):

Hartlepool is currently experiencing a declining trend for eligible substance misuse treatment clients who are offered and accept a hepatitis C test.

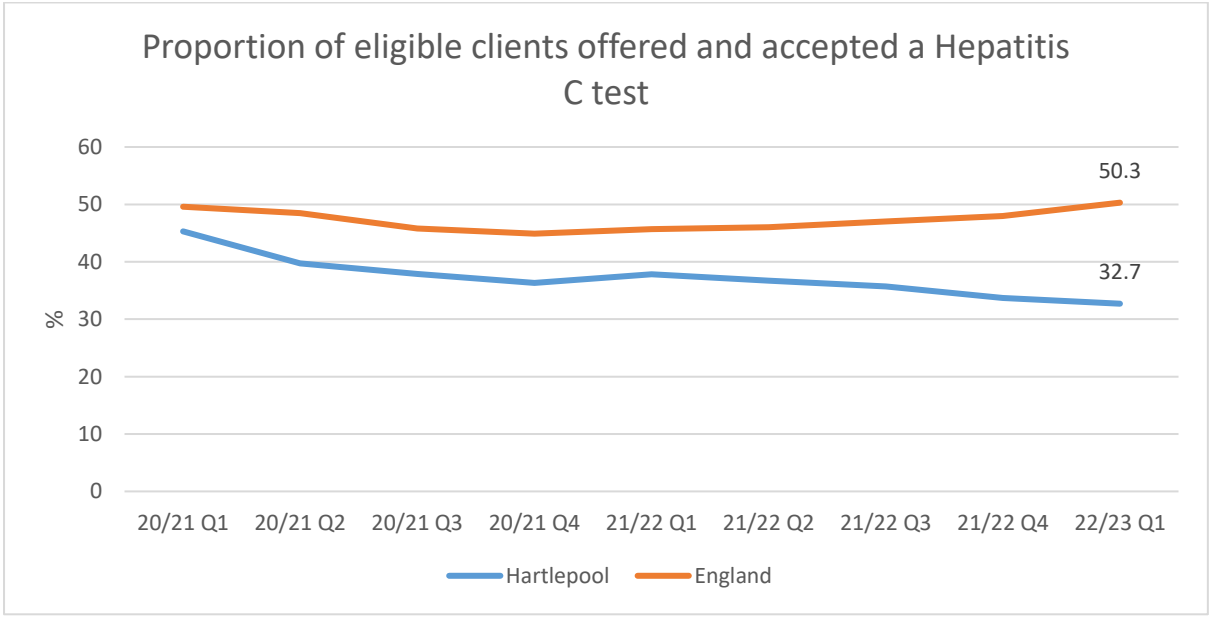


Figure 44: Proportion of eligible clients offered and accepted a Hepatitis C test
Source: OHID DOMES 2022

Across the nine quarters of the reporting period Hartlepool's proportion of eligible clients offered and accepting a hepatitis C test falls from a high of 45.3% in 2020/21 Q1 to a low of 32.7% in 2022/23 Q1. This is a decline of 28%. Across the same period the England average actually increases, from 49.6% to 50.3%. The gap between Hartlepool and England is larger in the most recent quarter than at any point in the preceding quarters.

For hepatitis B vaccinations, the proportion of those in substance misuse treatment in Hartlepool, who are eligible, and were offered and accepted has increased as a whole across the reporting period, but is on a declining trend.

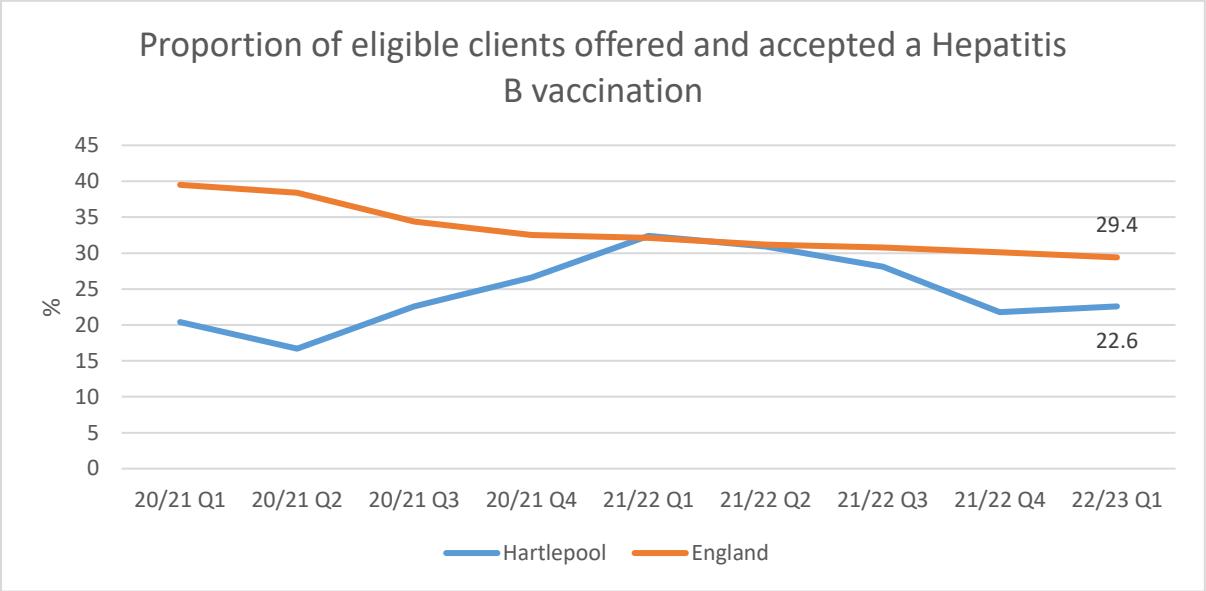


Figure 45: Proportion of eligible clients offered and accepted a Hepatitis B vaccination
Source: OHID DOMES 2022

Hartlepool's proportion of eligible clients in substance misuse treatment who were offered and accepted a hepatitis vaccination increased from a low of 20.4% in 2020/21 Q1, up to a high of 32.4% in 2021/22 Q1, but has since fallen to 22.6% in 2022/23 Q1. This differs from the England pattern across the same period, which has seen a constant gradual decline, from 38.4% to 29.4%. The data shows that in any given year in the five year reporting period, no more than 55% of those who accepted Hepatitis B vaccinations actually began the vaccination programme.

Crime and Safety:

People arrested for possession of drugs in Hartlepool over the last 12 months has remained static (0% change). However in the last six months, there was a rise of 12.0% compared with the same period in previous year.

	2018	2019	2020	2021	2022
Number of arrests for possession of drugs	195	238	296	267	267

Table 1: Number of arrests for possession of drugs in Hartlepool 2018-22
Source: Office of the Police and Crime Commissioner for Cleveland

Between June and November 2022, 15 individuals from Hartlepool were drug tested on arrest, due to trigger offences, for cocaine and opiates. Of those committing the trigger offences during this period, cocaine was detected 73.3% of the time, and opiates 20% of the time. Each time opiates were detected they were in conjunction with cocaine, no test during this period returned a positive opiate result without also returning a positive cocaine result. 20% of people were negative for both cocaine and opiates, and 6.7% of people refused to be tested. Those tested were predominantly male, 80%, all were White British, and two thirds were in their 30s.

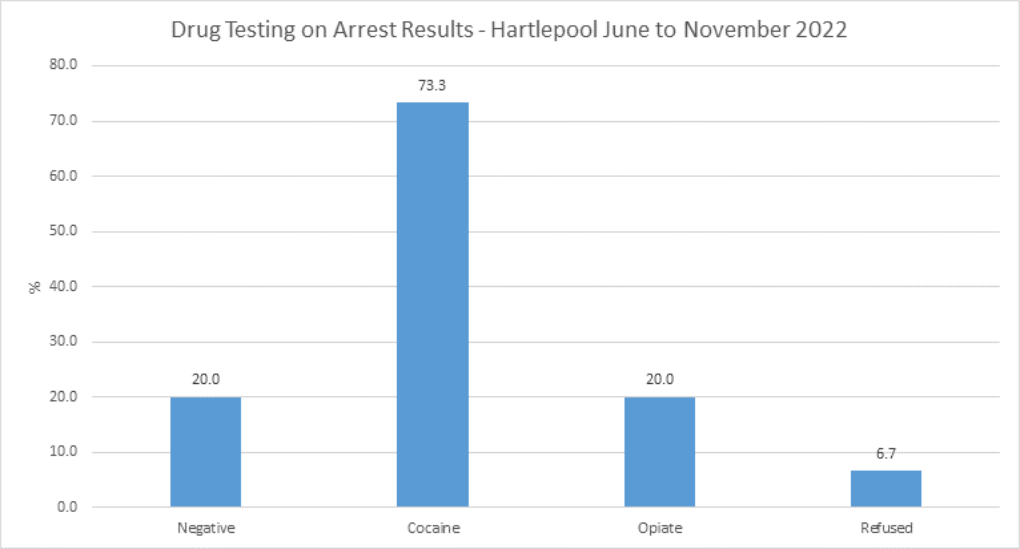


Figure 46 Drug testing on arrest results - Hartlepool (June-November 2022)
Source: Cleveland Police 2022

Using police data, a ward level breakdown has been possible for incidents of violence against the person, domestic violence incidents and public safety and welfare incidents, where drugs or alcohol was cited from 2017-21.

Ward Level Breakdown of Incidents of Violence against the Person Where Drug or Alcohol Were Cited 2017-21 – per 100,000

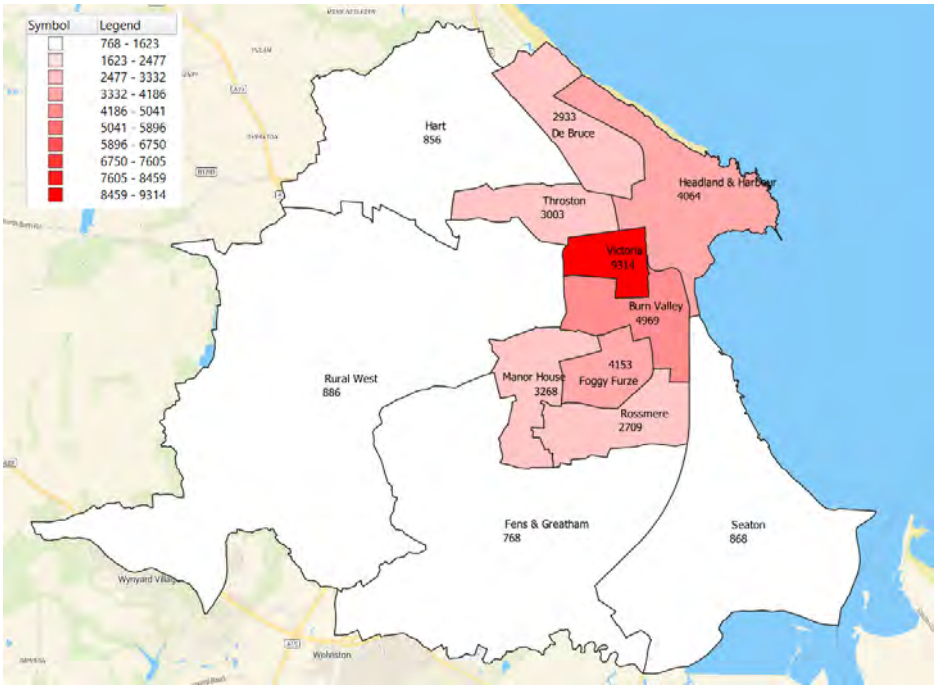


Figure 47: Ward Level Breakdown of Incidents of Violence against the Person Where Drug or Alcohol Were Cited 2017-21 – per 100,000
Source: Cleveland Police Data 2022

Ward Level Breakdown of Incidents of Domestic Violence Where Drug or Alcohol Were Cited 2017-21 – Per 100,000

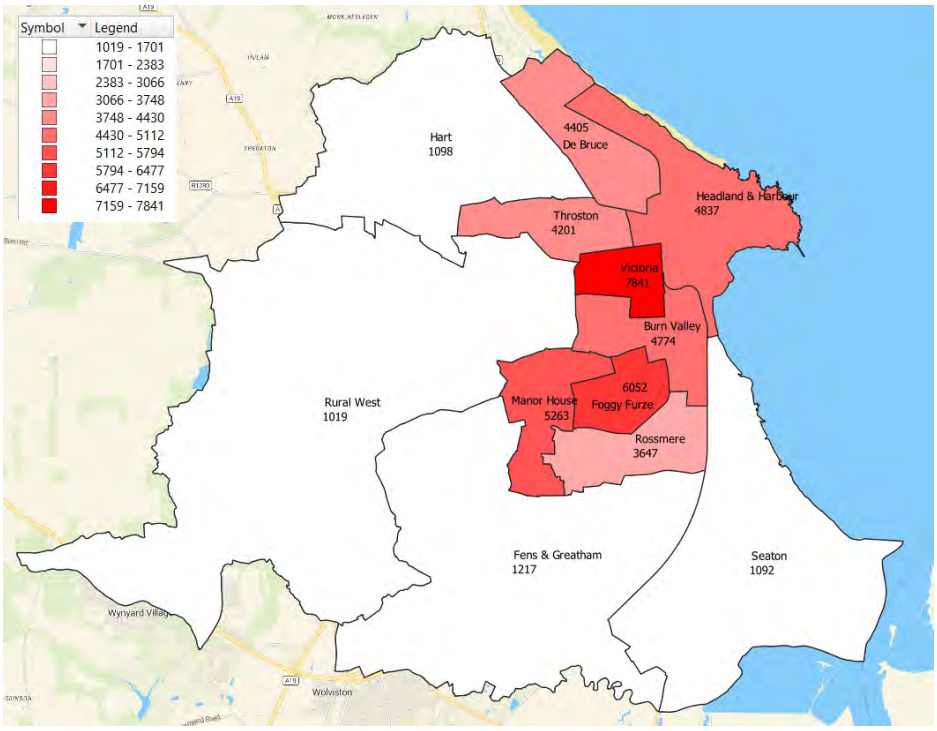


Figure 48: Ward Level Breakdown of Incidents of Domestic Violence Where Drug or Alcohol Were Cited 2017-21 – Per 100,000
Source: Cleveland Police Data 2022

Ward Level Breakdown of Incidents of Public Safety & Welfare Where Drug or Alcohol Were Cited 2017-21 – Per 100,000

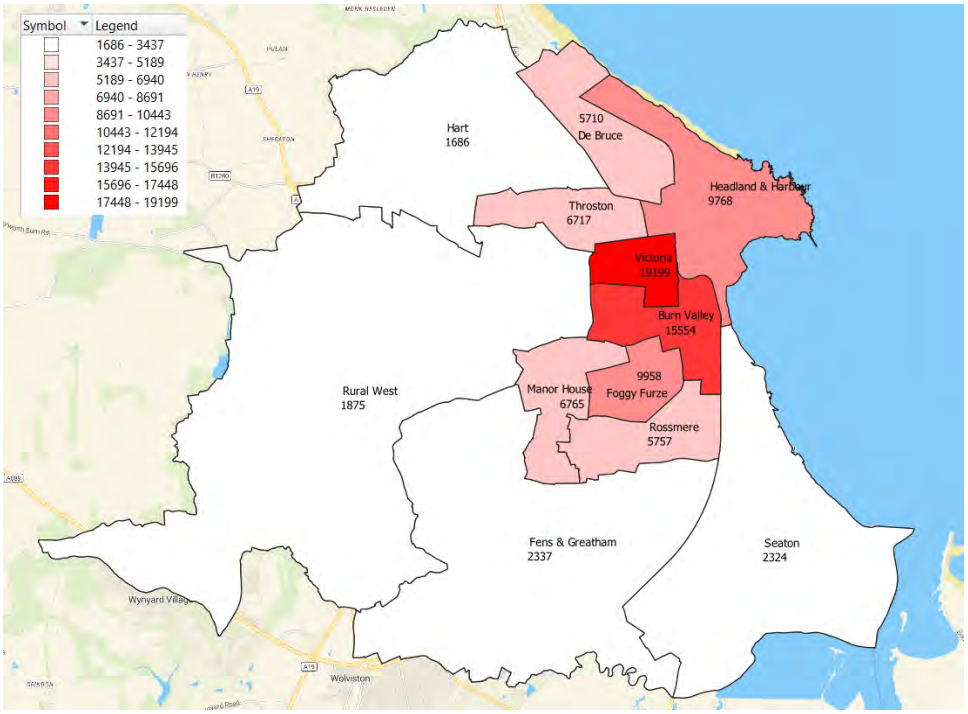


Figure 49: Ward Level Breakdown of Incidents of Public Safety & Welfare Where Drug or Alcohol Were Cited 2017-21 – Per 100,000
Source: Cleveland Police Data 2022

In each of the three maps, Victoria ward is an area of high concentration of incidents where drugs or alcohol has been cited as an issue.

Prison Release Support:

One access metric where Hartlepool is performing better than the England average is treatment continuity when people leave prison (see table 1). 59% of Tees residents leaving prison with a need for substance misuse services successfully engage wit-h community treatment services (compared to 37% in England).

	Tees	England	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton
% of prison releases successfully engaging with substance misuse services	59%	37%	71%	56%	65%	50%

Table 2: Proportion of Tees residents leaving prison with a need for substance misuse services who successfully engage with community treatment services during Quarter 1 of 2022/23 (%).

Road Traffic Accidents:

The proportion of alcohol related road traffic collisions in Hartlepool is similar to the rest of tees. Hartlepool is not an outlier within its geographic neighbours.

Volume and Proportion.	Local Policing area	2017	2018	2019	2020	2021
Volume of RTC (TR2/3/4) with Alcohol flag	**Hartlepool**	19	19	27	15	22
	Middlesbrough	24	32	26	19	36
	Redcar & Cleveland	33	28	37	20	39
	Stockton	36	36	51	26	43
Proportion of RTC (TR2/3/4) with Alcohol flag	**Hartlepool**	2%	2%	3%	2%	3%
	Middlesbrough	1%	2%	2%	2%	3%
	Redcar & Cleveland	2%	2%	3%	2%	4%
	Stockton	1%	2%	3%	2%	3%

Figure 50: Number of Road Traffic collisions with Alcohol flag in Hartlepool
Source: Cleveland Police 2022

Safeguarding:

Within adult social care in Hartlepool, an estimated 8.2% of cases are drug or alcohol related, when this is applied to the adult social care caseload figures the number of drug or alcohol related cases can be estimated.

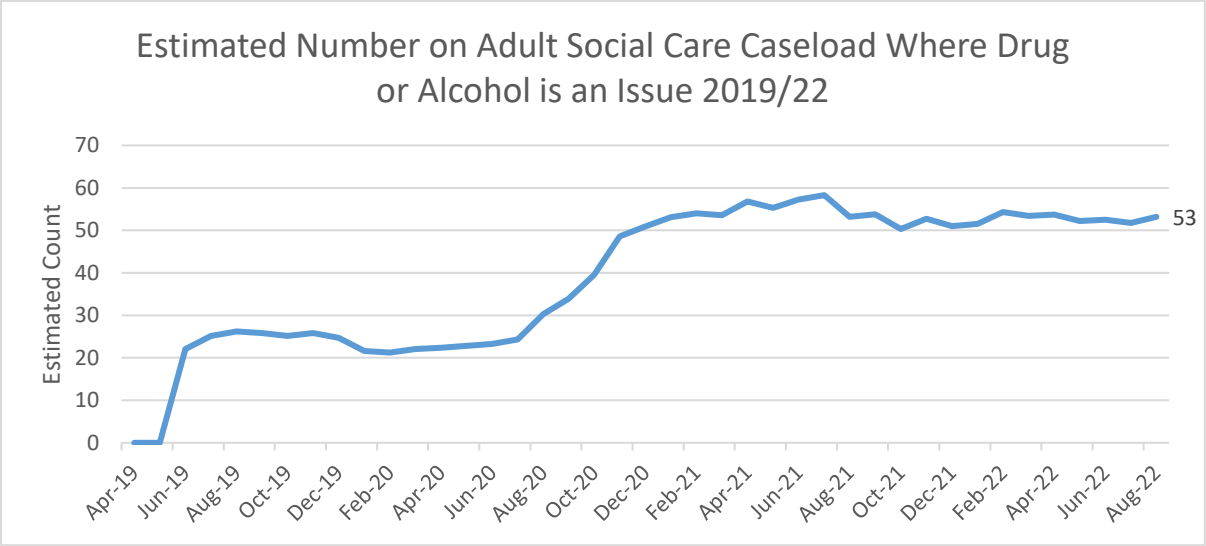


Figure 51: Estimated Number on Adult Social Care Caseload Where Drug or Alcohol is an Issue 2019/22
Source: Hartlepool Adult Social Care Team 2022

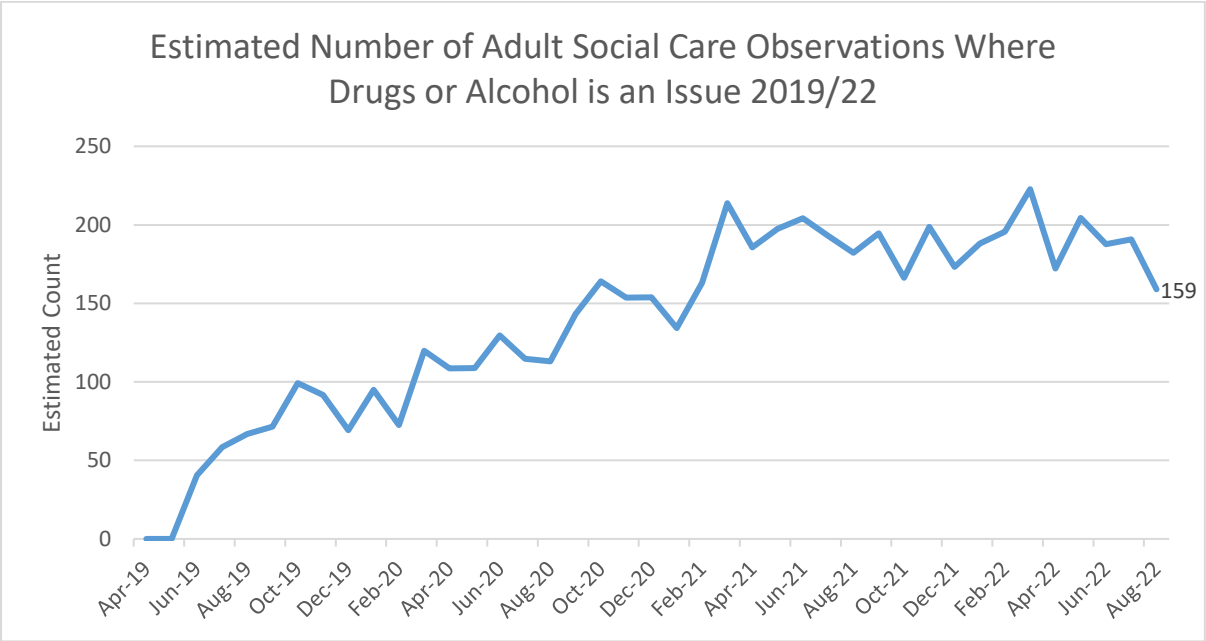


Figure 52: Estimated Number of Adult Social Care Observations Where Drugs or Alcohol is an Issue 2019/22
Source: Hartlepool Adult Social Care Team 2022

Families:

The prevalence of adults with alcohol dependency who live with children in Hartlepool in 2019/20 was comparable to the England average for both the rate per 1,000 population and overall unmet treatment need. When unmet need is further broken down by gender, the unmet need for females in Hartlepool is 20% better than the England average.

Estimated number of adults with alcohol dependence living with children in **Hartlepool**, rates per 1,000 of the population and unmet treatment need.

		Rate per 1,000 of the population			Unmet treatment need	
Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Local	Benchmark	Number in treatment (2019 to 2020)	Local	Benchmark
Total	262	4	4	77	71%	79%
Male	178	5	6	39	78%	84%
Female	84	2	2	38	55%	68%

Figure 53: Estimated number of adults with alcohol dependence living with children in Hartlepool, rates per 1000 of the population and unmet treatment need.
Source: PHE 2020

For opiate dependency, the rate of prevalence amongst adults living with children in Hartlepool is also comparable to the England average.

Estimated number of adults with opiate dependence living with children in **Hartlepool**, rates per 1,000 of the population and unmet treatment need.

		Rate per 1,000 of the population			Unmet treatment need	
Sex	Estimated number of opiate dependent adults living with children (2014 to 2015)	Local	Benchmark	Number in treatment (2019 to 2020)	Local	Benchmark
Total	268	5	4	89	67%	54%
Male	175	6	5	46	74%	60%
Female	93	3	3	43	54%	41%

Figure 54: Estimated number of adults with opiate dependence living with children in Hartlepool, rates per 1000 of the population and unmet treatment need.
Source: PHE 2020

However Hartlepool's unmet treatment need for adults with opiate dependence who live with children is 24% larger than the England average, when this is broken down by gender, male unmet need is 23% larger and female unmet need is 32% larger.

Within treatment populations, the overall proportion of parents is similar in Hartlepool and England.

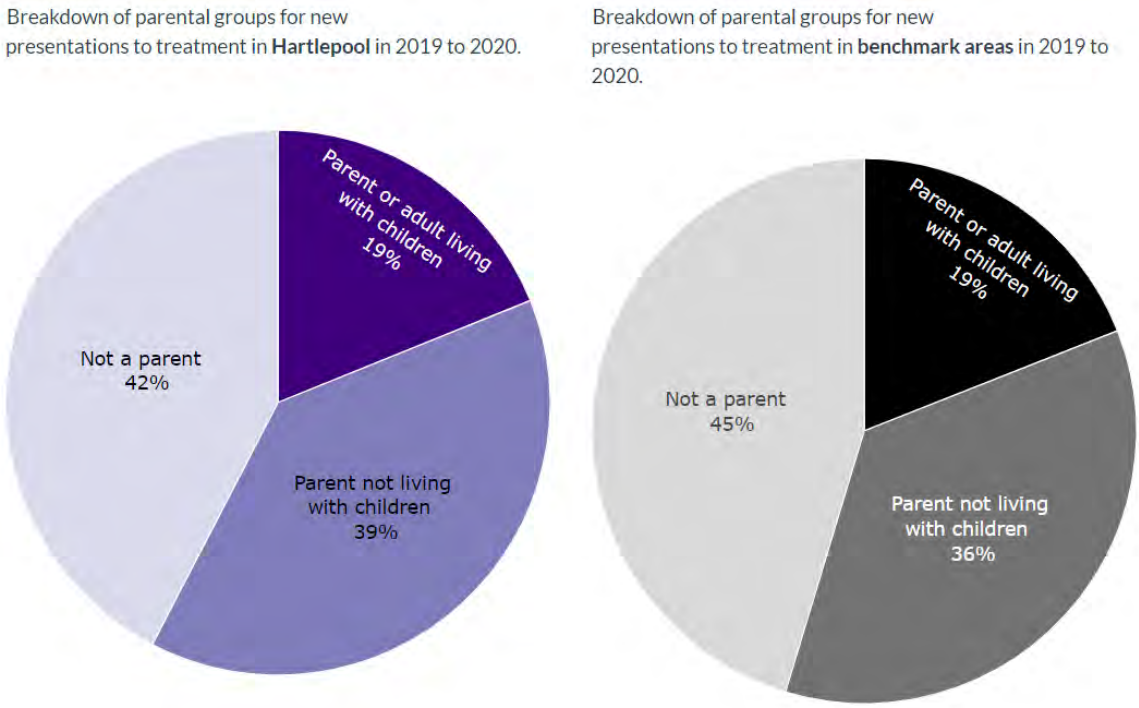


Figure 55: Breakdown of parental groups for new presentations to treatment in Hartlepool in 2019 to 2020 compared to benchmark areas
Source: PHE 2020

For both Hartlepool and England 19% of the new presentations into treatment in 2019/20 were adults living with children, and a further 39% for Hartlepool and 36% for England were parents who did not live with children.

Within Hartlepool's treatment population who live with children in 2019/20, opiate use accounts for roughly 1 in 5 and is the smallest proportion of the three parental groups within opiate users.

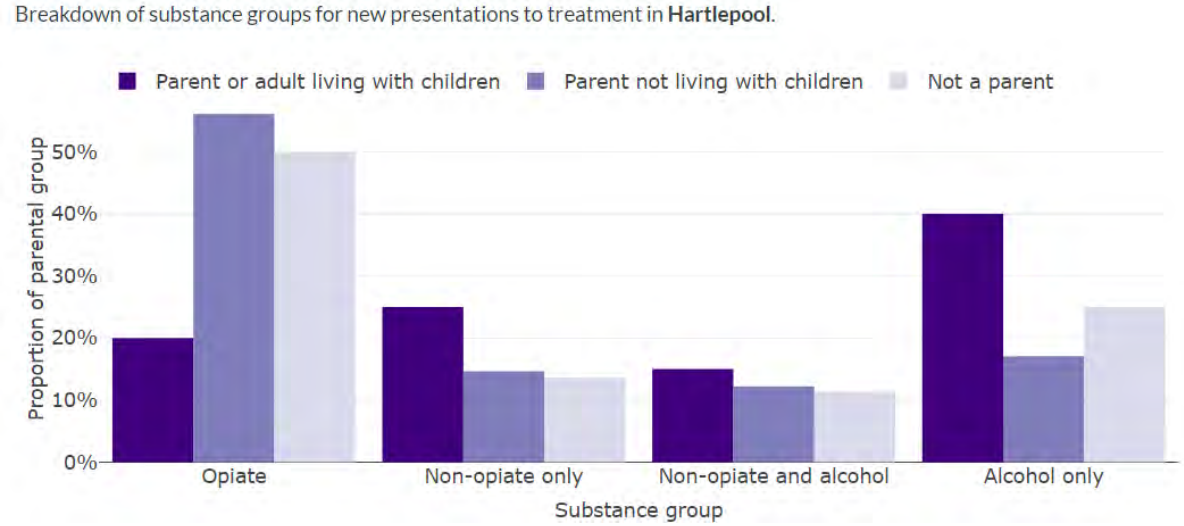


Figure 56: Breakdown of substance groups for new presentations to treatment in Hartlepool
Source: PHE 2020

The proportion of adults who live with children who are opiate users within the treatment population in Hartlepool 2019/20 was less than half the size of the proportion of parents who don't live with children or those who are not a parent. However across the other three substance groups (non-opiate, non-opiate and alcohol and alcohol only), adults who live with children have a larger proportion of their total in each of them. For alcohol use the proportion for adults who live with children is at least 60% larger than for the other two parental groups.

Source: PHE 2020

Homelessness:

In the period of 21/22 Q2 to 22/23 Q1 the proportion of homeless applications where drug or alcohol appear as a support need accounts for up to 1 in 5 applicants in a given quarter.

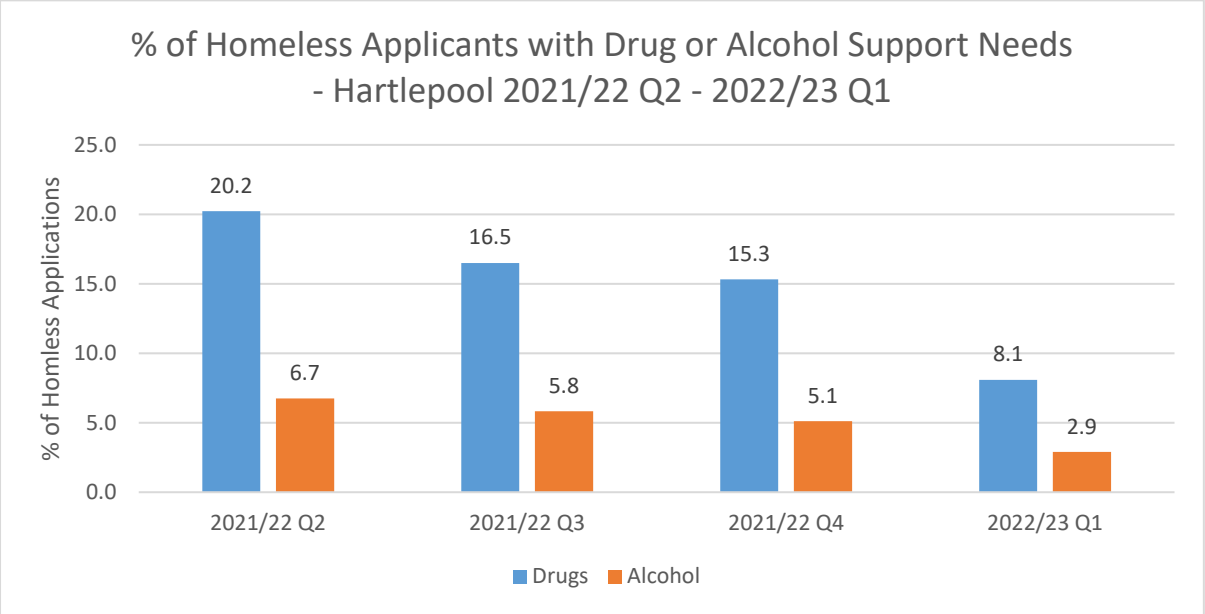


Figure 57: Percentage of Homeless Applicants with Drug or Alcohol Support Needs - Hartlepool 2021/22 Q2 - 2022/23 Q1
Source: Local data 2022

For both drugs and alcohol the proportion of homeless applications where support was flagged as a requirement was highest in 2021/22 Q2. Both drugs and alcohol see a quarter on quarter reduction across the four quarters. Drugs has a 60% reduction, from 20.2% in 2021/22 Q2 to 8.1% 2022/23 Q1, and alcohol a 57% reduction, 6.7% to 2.9%.

6.0 Licencing and Trading Standards

Using data from Hartlepool Council's trading standards team, a map has been produced showing the concentrations of licensed premises across Hartlepool. This includes a mixture of on-license, off license premises and those having both an off and on license.

- Off license premises account for 38% of premises across Hartlepool that sell alcohol for consumption off the premises e.g. shops and convenience stores
- On license premises are those that provide drinking on site e.g. pubs and restaurants
- On/off license premises are those that provide on-site drinking and the option to buy alcohol to take off site e.g. pubs and restaurants

Heat Map Showing Concentration of Licensed Premises in Hartlepool 2022

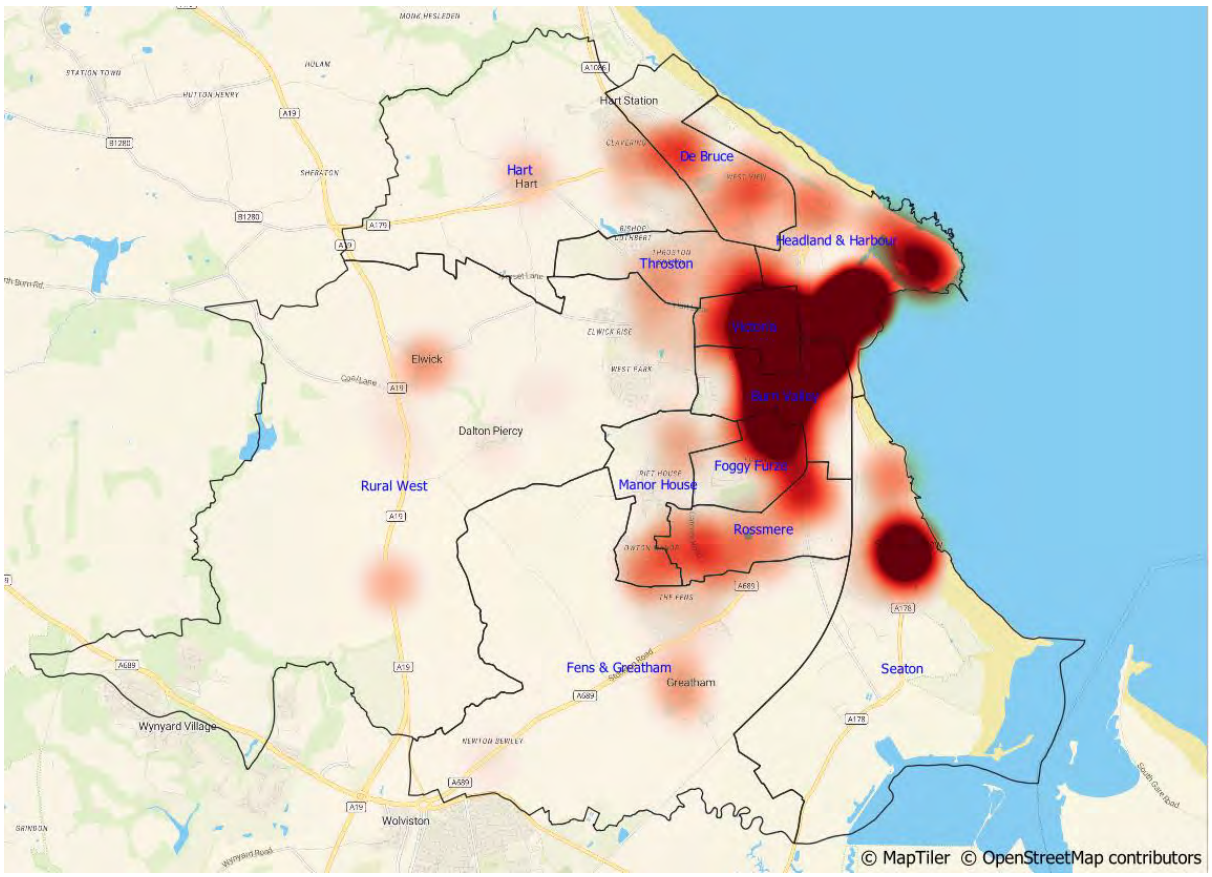


Figure 58: Heat Map Showing Concentration of Licensed Premises in Hartlepool 2022
Source: Hartlepool Trading Standards 2022

The area of highest concentration runs across the Victoria, Burn Valley and Headland & Harbour wards are in the most deprived decile in England and mirror treatment service referral numbers for both adults and children and young people. This area includes Hartlepool town centre, where a relatively large number of pubs and restaurants are located. There is also a high concentration in the north area of the Seaton ward.

7.0 Substance Use Services in Hartlepool

START (Supporting Treatment and Recovery Together) is a partnership between Hartlepool Borough Council and Foundations Health Care. START aim to support people with problems relating to drugs and/or alcohol, whether this is to reduce drug and alcohol intake, or stop completely. Needle exchange services are also offered to promote harm minimisation. This service is delivered by START and Boots Marina pharmacy.

Appendix A and B START information leaflets.

HeadSTART provides friendly and expert advice on drugs and alcohol to young people up to the age of 25. HeadSTART support young people to understand the affects/harm substance misuse has on the body and mind and the impact it can have on people around them.

For further information please see: www.hartlepool.gov.uk/START

Appendix C HeadSTART information leaflet.

Inpatient detoxification unit (IPU) and medically managed detoxification

North Tees and Hartlepool Foundation Trust (NTHFT) are commissioned to provide a full time provision for a medically managed detoxification unit. This service is commissioned as a Tees Valley consortium and contract managed by Stockton Borough Council. Access to IPU is facilitated through specialist community service pathways to ensure appropriate assessment, stabilisation and multidisciplinary communication and planning.

SMART

Self-Management and Recovery Training is a mutual aid group that runs once a week at the Central Community Hub *(124 York Road, Hartlepool, TS26 9DE, 01429 272905)*. This group is open to anyone with any addiction, such as drugs, alcohol or gambling. Please see Self-Help Addiction Recovery | UK Smart Recovery.

Breaking Free Online

Breaking Free Online offers online support for drugs and alcohol. This is an online is an evidence-based digital behaviour change program that allows people to recognise and actively address the psychological and lifestyle issues that are driving their use of alcohol and/or drugs Breaking Free Online | Recovery Program for Alcohol & Drugs.

8.0 Conclusions and Recommendations

Prevention: Early identification and prevention targeting specific higher risk groups, such as younger people and ex-offenders earlier by:

- Developing further insight into understand the changing trends in drug use and the role of recreational drug use in the population of Hartlepool and consider emerging evidence of ways to tackle this
- To Increase the awareness of the risks associated with drinking alcohol and promote positive behaviour change targeting known at risk groups
- Inclusion of actions relating to prevention of substance misuse related harms should be incorporated in a strategy and action plan with an annual delivery plan to ensure that actions are completed and progress made

Treatment: Use data, evidence, research and behavioural insight studies to better understand the needs of service users and their families specifically to:

- Advise commissioning and treatment services of potential gaps within service provision, data collection and quality
- Ensure appropriate, effective and timely access to support

- There are still significant numbers of unplanned exits from our services and deaths (from any cause) there requires a concerted effort for engagement with service users and partners to look at improvements (i.e. in addressing co-existing conditions and better supporting those with housing problems or other vulnerabilities).
- The data shows a significant proportion of successful completions has fallen for opiates similar to the England average which has also fallen and non-opiate users which has been significantly worse than the England average for the last seven years. Further work is needed to understand this trend and how this links to; average time in service data, unplanned exits and wider health needs.
- To understand the impact of drug and alcohol issues on the wider family specifically in relation to children of dependant alcohol/drug users.
    - What are the ongoing impacts for parents after planned exits, in terms of supporting them and their families?
    - Work with those services who work with families to identify unmet needs and look at opportunities to support people to access support for substance misuse and how treatment services and family services work together to support children living with a parent who uses substances

Wider Health Needs: Consider our long term strategic goals to improve drug and alcohol related physical and mental health conditions across all health provisions, not just treatment services.

- Develop the work within the community hubs and with partners to reemphasise 'Making Every Contact Count' so that people with co-existing physical and mental health conditions can access support, advice and information services easily.
- People with co-occurring substance misuse and mental health problems face additional barriers to access and take up of treatment and support, this requires further work to ensure there is closer multidisciplinary working to tackle it and the further development of case management systems that communicates effectively to reduce barriers to communication further.
- The data shows that the proportion of adults using alcohol are the highest proportion of people who live with children at least 60%. Further work is needed to understand the needs of children and the impact of parental alcohol misuse has on their health and wellbeing and particularly in relation in the context of Adverse Childhood Experiences (ACEs)
- It is likely that persons within this cohort are at greater risk, due to further issues such as homelessness, lack of access to health care and abuse. Efforts are required to establish how we respond to this. This will also aid our understanding of how co-existing conditions vary between and across groups and how vulnerabilities can be addressed.

Enforcement and Crime and Disorder: To work collaboratively with Tees Drugs Combatting Partnerships to reduce drug related crime

- It is recommended that a review of the current criminal justice pathways into substance misuse service is reviewed with partners
- Early alert systems are reviewed through the joint Tees Drug and Alcohol Related Death (DARD) process to ensure effective communication of risks are managed between partners
- To Strengthen the role of Public Health as a Responsible Authority through the alcohol licensing Standard Operating Procedure (SOP) and ensure the following are considered:
    - submit a representation against an application for a new or existing premises
    - negotiate conditions with an applicant
    - support or apply a review of a premises licence or club premises certificate where there are problems with one or more of the licensing objectives
    - help develop and review a cumulative impact assessment (CIA)
    - help to develop and review the SLP and have an important role in identifying and interpreting health data and evidence
    - build relationships with other RAs and support their representations by providing them with public health evidence

List of Figures

Figure 1: Hartlepool population breakdown Source: ONS 2022 – 2020 Estimate 6
Figure 2: Hartlepool Population Breakdown by Ward Source: ONS 2022 – 2020 Estimate 6
Figure 3: Gender Split of Hartlepool Population Source: ONS 2022 – 2020 Estimate 7
Figure 4: Age of Adult Substance Misuse Treatment Caseload - 2017/8-2021/22 Source: NDTMS 2022 7
Figure 5: Age of Adult Substance Misuse Treatment Caseload 2021/22 - Hartlepool and England Source: NDTMS 2022 8
Figure 6: Ethnic proportion of whole population (2011) & treatment caseload (21/22) - Hartlepool & England 8
Figure 7: BAME breakdown of whole population (2011) & treatment caseload (21/22) - Hartlepool & England Source: Census & NDTMS 2022 9
Figure 8: Hartlepool Adult Substance Misuse Referrals 2011/21 Source: Local Data 2022 9
Figure 9: Percentage of Hartlepool Adult Substance Misuse treatment Referrals 2011-21 - By Ward Source: Local Data 2022 10
Figure 10: Substance Misuse Treatment Referrals - Hartlepool & England 2021/22 Source: NDTMS 2022 10
Figure 11: Percentage of Adult Substance Misuse Treatment Caseload Using Each Substance 2017/18 - 2021/22 Source: NDTMS 2022 11
Figure 12: Percentage of Adult Substance Misuse Caseload Using Each Substance 2021/22 - Hartlepool & England Source: NDTMS 2022 11
Figure 13: Successful Completion of drug treatment - opiate users Source: OHID 2022 12
Figure 14: Successful completion of drug treatment - non-opiate users Source: OHID 2022 12
Figure 15: Average Time in Treatment 2017/18-2021/22 - Hartlepool & England Source: NDTMS 2022 13
Figure 16: Percentage of Adult Treatment Exits Which Were Unplanned 2017/18-2021/22 - Hartlepool & England Source: NDTMS 2022 14
Figure 17: Percentage of Successful Completions who Represented Within 6 Months 2017/18-2021/22 Source: NDTMS 2022 15
Figure 18: Percentage of Successful Completions who Represented Within 6 Months - 2021/22 - Hartlepool & England Source: NDTMS 2022 15
Figure 19: Deaths from Drug Misuse Source: OHID 2022 16
Figure 20: Alcohol-specific mortality Source: OHID 2022 16
Figure 21: Alcohol-specific Mortality (Female) Source: OHID 2022 17
Figure 22: Alcohol specific mortality (Male) Source: OHID 2022 17
Figure 23: Alcohol specific hospital admissions, England, 2019/20 18
Figure 24: Alcohol admission episodes for alcohol-specific conditions Source: OHID 2022 18
Figure 25: Admission for alcohol-specific conditions (Female) Source: OHID 2022 19
Figure 26: Admission episodes for alcohol specific conditions (Male) Source: OHID 2022 19
Figure 27: Admissions for poisoning by drug misuse Source: Hospital Episode Statistics (HES), NHS Digital 20
Figure 28: Percentage of Young People's Substance Misuse Caseload by Age 2017/18-2021/22 Source: NDTMS 2022 21
Figure 29: Percentage of Young People's Substance Misuse Caseload by Age 2021/22 - Hartlepool & England Source: NDTMS 2022 21
Figure 30: Hartlepool Young People's Substance Misuse Referrals 2011/21 Source: Local Data 2022 22
Figure 31: Percentage of Young People's Substance Misuse Caseload Using Each Substance 2017/18-2021/22 Source: NDTMS 2022 23
Figure 32: Percentage of Young People's Substance Misuse Caseload Using Each Substance 2021/22 - Hartlepool & England Source: NDTMS 2022 23
Figure 33: Percentage of Young People's Substance Misuse Exits - Planned & Unplanned 2017/18-2021/22 - Hartlepool & England Source: NDTMS 2022 24
Figure 34: Percentage of Young People's Successful Completions who Represented Within 6 Months 2017/18-2021/22 - Hartlepool & England Source: NDTMS 2022 24
Figure 35: Hospital admissions due to substance misuse (15-24) Source: Hospital Episode Statistics (HES) 2022 25
Figure 36: Admission episodes for alcohol-specific conditions - under 18s Source: OHID 2022 25
Figure 37: Admission episodes for alcohol-specific conditions - under 18s (Male) Source: OHID 2022 26
Figure 38: Admission episodes for alcohol-specific conditions - under 18s (Female) Source: OHID 2022 26
Figure 39: Proportion of Unmet Need within Substance Misusing Population - 2018/19-2021/22 Source: NDTMS 2022 27
Figure 40: Percentage of Unmet Need Within Substance Misusing Population 2021/22 - Hartlepool & England Source: Liverpool John Moores University 27
Figure 41: Index of multiple deprivation 2019 Source: ONS 2019 28
Figure 42 Admissions where drug-related mental health and behavioural disorders were a factor Source: Hospital Episode Statistics (HES), NHS Digital 29
Figure 43: Under 75 mortality rate from alcohol liver disease Source: OHID 2022 30

Figure 44: Proportion of eligible clients offered and accepted a Hepatitis C test Source: OHID DOMES 2022 30
Figure 45: Proportion of eligible clients offered and accepted a Hepatitis B vaccination Source: OHID DOMES 2022 31
Figure 46 Drug testing on arrest results - Hartlepool (June-November 2022) Source: Cleveland Police 2022 32
Figure 47: Ward Level Breakdown of Incidents of Violence against the Person Where Drug or Alcohol Were Cited 2017-21 – per 100,000 Source: Cleveland Police Data 2022 32
Figure 48: Ward Level Breakdown of Incidents of Domestic Violence Where Drug or Alcohol Were Cited 2017-21 – Per 100,000 Source: Cleveland Police Data 2022 33
Figure 49: Ward Level Breakdown of Incidents of Public Safety & Welfare Where Drug or Alcohol Were Cited 2017-21 – Per 100,000 Source: Cleveland Police Data 2022 33
Figure 50: Number of Road Traffic collisions with Alcohol flag in Hartlepool Source: Cleveland Police 2022 34
Figure 51: Estimated Number on Adult Social Care Caseload Where Drug or Alcohol is an Issue 2019/22 Source: Hartlepool Adult Social Care Team 2022 35
Figure 52: Estimated Number of Adult Social Care Observations Where Drugs or Alcohol is an Issue 2019/22 Source: Hartlepool Adult Social Care Team 2022 35
Figure 53: Estimated number of adults with alcohol dependence living with children in Hartlepool, rates per 1000 of the population and unmet treatment need. Source: PHE 2020 36
Figure 54: Estimated number of adults with opiate dependence living with children in Hartlepool, rates per 1000 of the population and unmet treatment need. Source: PHE 2020 36
Figure 55: Breakdown of parental groups for new presentations to treatment in Hartlepool in 2019 to 2020 compared to benchmark areas Source: PHE 2020 37
Figure 56: Breakdown of substance groups for new presentations to treatment in Hartlepool Source: PHE 2020 37
Figure 57: Percentage of Homeless Applicants with Drug or Alcohol Support Needs - Hartlepool 2021/22 Q2 - 2022/23 Q1 Source: Local data 2022 38
Figure 58: Heat Map Showing Concentration of Licensed Premises in Hartlepool 2022 Source: Hartlepool Trading Standards 2022 39

List of Tables

Table 1: Number of arrests for possession of drugs in Hartlepool 2018-22 Source: Office of the Police and Crime Commissioner for Cleveland 31
Table 2: Proportion of Tees residents leaving prison with a need for substance misuse services who successfully engage with community treatment services during Quarter 1 of 2022/23 (%). 34

References

[1]https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020

[2] https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-1

[3] https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest#:~:text=The%20annual%20cost%20of%20drug,misuse%20to%20society%20are%20significant

[4] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/drugmisusedeathsbylocalauthority

[5]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1002627/Alcohol_and_COVID_report.pdf

[6] https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-022-00601-z

[7] https://www.sciencedirect.com/science/article/abs/pii/S0376871621000582

[8] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2732004/

[9] https://www.gov.uk/government/publications/review-of-drugs-phase-two-report

[10] https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives

[11] https://www.longtermplan.nhs.uk/online-version/

[12] https://www.england.nhs.uk/mental-health/adults/cmhs/

[13] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf

[14] https://northeastnorthcumbria.nhs.uk/about-us/

[15] PLAN - MASTER COPY (pcc.police.uk)

[16]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1094636/North-East_HMPPS_Reducing-Reoffending-plan.pdf

[17]https://www.hartlepool.gov.uk/info/20015/social_care_and_health/685/joint_health_and_wellbeing_strategy

[18] https://www.hartlepool.gov.uk/downloads/file/8507/director_of_public_health_annual_report_2022

[19] https://www.hartlepool.gov.uk/downloads/file/6941/council_plan_202122_-_202324

[20]https://www.hartlepool.gov.uk/downloads/download/1588/homelessness_strategy_2021_-_2024

[21] https://www.ndtms.net/resources/public/Event%20and%20Training%20Documentation/CDS-Q/NDTMS%20SS%20Adult%20drug%20and%20alcohol%20treatment%20business%20definitions%20V7.1.pdf

[22] https://www.england.nhs.uk/wp-content/uploads/2017/03/fyfv-mh-one-year-on.pdf

HARTLEPOOL
BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

20 March 2023

Report of: Director of Public Health

Subject: NHS HEALTH CHECKS

---

1. PURPOSE OF REPORT

1.1 To share with the Health and Wellbeing board the progress on the delivery of the NHS Health Check.

2. BACKGROUND

2.1 The NHS Health Check is a health check-up for adults in England aged 40 to 74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia and looks at ways to lower this risk. The Health Check excludes those with any pre-existing conditions. It is a statutory requirement on the local authority to deliver the programme and is funded through the public health grant.

GP Surgeries will invite eligible patients for a NHS Health check every 5 years and this service is commissioned through the public health grant.

2.2 **The National picture**

<u>England data – key findings:</u>

It is expected that local authorities across England will offer all eligible people a check within a five year cycle (we are currently four years and six months in to the current five-year cycle 2018-2022). No region(s) are achieving or exceeding this threshold. Cumulative data for the last four years and six months shows that offers are below the 90% that would be expected at this point in the programme.

2.3 <u>Hartlepool data (see presentation)</u>

100% of GP practices across Hartlepool are commissioned to deliver NHS Health Checks. The eligible population are identified for each GP practice, the contract monitoring sets quarterly and annual targets based on the below:

Quarterly targets:
- Invitation = ¼ of annual target
- Assessments = ¼ annual target

Annual Targets:
- Invitations = 1/5 of eligible population
- Assessments = 60% of target invitations

2.4 Funding structure

The current payment structure is based on:

- £26.00 for a full risk assessment undertaking by the practice
- GP practices will also receive an enhanced payment if annual target of 60% is achieved. This payment equates to an additional £10 per check paid for reaching the uptake target.

	Year 2018-19			**Year 2019-20**			**Year 2020-21**		
	Expenditure (£'000)			**Expenditure (£'000)**			**Expenditure (£'000)**		
Area	**Total Public health**	**NHS Health Check**	**% spent on NHS Health Check**	**Total Public health**	**NHS Health Check**	**% spent on NHS Health Check**	**Total Public health**	**NHS Health Check**	**% spent on NHS Health Check**
England*	3,272,345	49,295.7	1.5	3,224,858	47,556	1.5	3,727,159	30,704	0.8
North East	215,561	2,362.0	1.1	213,911	2,336	1.5	3,727,159	30,704	0.8
Hartlepool	9,442	106.0	1.1	9,239	119	1.3	11,843	63	0.5

3. PROPOSALS

3.1 Following on from discussions across Tees in relation to NHS Health Checks and the current funding structure, there is ongoing work to look at targeted interventions to reduce inequalities and a change to the payment structure to support this.

3.2 We will be auditing practices delivering the NHS Health Checks which will give us a better understanding of:

- The offer across practices – to ensure a standardised approach.
- Eligibility criteria – whether GPs are meeting targets/approach to targeting.
- Signposting and referral pathways following an assessment.

4. RISK IMPLICATIONS

4.1 No risk implications identified.

5. FINANCIAL CONSIDERATIONS

5.1 There have been no financial considerations identified with this process, however the recommendations will feed into the current delivery and further development of payment structures as outlined above.

6. LEGAL CONSIDERATIONS

6.1 No legal considerations identified

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

7.1 No equality and diversity issues have been identified, however further work to consider a more targeted approach will identify vulnerable groups.

8. STAFF CONSIDERATIONS

8.1 No staff considerations have been identified.

9. ASSET MANAGEMENT CONSIDERATIONS

No asset management considerations have been identified.

10. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

10.1 None identified.

11. RECOMMENDATIONS

11.1 For the Health and Wellbeing Board to agree the proposal outlined in section 3 above.

11.2 To consider how NHS Health Checks can support the delivery of the Core25+ priorities, ICB strategy and NHS operating framework and future work to refresh the Joint Health and Wellbeing Strategy.

12. REASONS FOR RECOMMENDATIONS

- Focuses on prevention and the wider determinants of health to impact positively on the NHS and social care system by enabling early identification, help and support.

- Supports joint cross sectoral action to deliver an increased focus on the prevention of issues relating to Core25+ priorities to tackle health inequalities.

- Encourages collaborative work across organisational boundaries and disciplines to secure place based improvements that are tailored to local needs and assets.

- Builds the capacity and capability across the workforce to reduce health inequalities.

13. BACKGROUND PAPERS

13.1 None.

14. CONTACT OFFICERS

Craig Blundred
Director of Public Health
Email: Craig.Blundred@hartlepool.gov.uk

Claire Robinson
Public Health Principal
Email: Claire.Robinson@hartlepool.gov.uk

Abigail Reay
Advanced Public Health Practitioner
Email: Abigail.Reay@hartlepool.gov.uk

HEALTH AND WELLBEING BOARD

20th March 2023

Report of: Director of Public Health

Subject: HEALTH PROTECTION BOARD – TERMS OF REFERENCE

---

1. PURPOSE OF REPORT

1.1 This reports outlines the revised arrangements for the local Health Protection Board.

2. BACKGROUND

2.1 The Health Protection Board was originally set up to provide a forum where key players in the COVID-19 response could share information, review actions and provide a cohesive picture of the response across partners. As we move more towards business as usual, it is timely to review the operation of the board.

2.2 The Director of Public Health (DPH) must fulfil their statutory oversight and assurance role for Health Protection. As well as outbreaks and pandemic response, screening, immunisations and health emergency response, LRF links and chemical and biological threats are covered within this remit.

2.3 There is still a requirement for joint working and collaborative action to continue to protect the health of the local population. Revising the terms of reference of the board and its membership will ensure that we continue to be assured of the actions taken to protect health across the areas outlined in paragraph 2.2.

3. PROPOSALS

3.1 The proposal is that the revised Terms of Reference in Appendix One are adopted by the board and that the membership reflects those people outlined. Additional members and contributors will be invited depending on the subject matter under discussion.

4. RISK IMPLICATIONS

4.1 There is a risk to the health of the population should the DPH be unable to seek reassurance of the health protection system.

5. FINANCIAL CONSIDERATIONS

5.1 There are no financial implications

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations

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

7.1 There are no equality and diversity implications

8. STAFF CONSIDERATIONS

8.1 There are no staff considerations

9. ASSET MANAGEMENT CONSIDERATIONS

9.1 There are no asset management considerations

10. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

10.1 There are no environmental, sustainability and climate change implications.

11. RECOMMENDATIONS

11.1 That the board note the revised terms of reference for the Health Protection Board and approve its continuation.

12. REASONS FOR RECOMMENDATIONS

12.1 The Health Protection Board has been meeting regularly to coordinate the COVID-19 response. As we move towards a more business as usual approach, this board will enable the DPH to carry out the assurance role for the population.

13. BACKGROUND PAPERS

13.1 None.

14. CONTACT OFFICERS

Craig Blundred,
Director of Public Health,
Hartlepool Borough Council
craig.blundred@hartlepool.gov.uk

Appendix One

Hartlepool Health Protection Board Terms of Reference

Version	Date	Updates
1.0	18/06/2020	First draft
2.0	29/06/2020	Membership changes added
3.0	Aug 2020	Change from Outbreak Control Board to Health Protection Board
4.0	Jan 2023	Remit extended to reflect a wider health protection role

The health protection board is a sub group of the Health and Wellbeing board. It has been set up to facilitate processes that ensure the Director of Public Health is able to fulfil their statutory oversight and assurance role for Health Protection.

The board will provide a forum for the exchange of information, updating of plans and policies, review intelligence and share good practice.

Purpose

- Provide assurance to the DPH on the full range of health protection issues. Including the provision of intelligence, situational updates in the areas of:
    - Environmental issues
    - communicable disease/outbreaks
    - community resilience
    - immunisations
    - screening
- Put in place measures to identify and contain outbreaks including outbreak management plans for high risk areas.
- Develop and maintain system partnerships to ensure a resilient local health protection system.
- Provide a local governance and assurance process for local health protection issues.
- To provide technical and professional advice to others
- To liaise with UKHSA and other key partners to ensure an appropriate and robust response to local outbreaks is in place.
- To establish strategic linkages via receipt of minutes and/or updates from relevant committees/groups e.g.

    a) Vaccination Board.
    b) UKHSA: for surveillance data and outbreak control
    c) NHS England: Local Screening Committees e.g. Environmental Health Liaison group, Seasonal flu planning, Sexual Health Programme Board
    d) Any other groups whose work remits are linked to health protection.

Objectives

- Provide assurance to the DPH on health protection issues on:
    - Communicable diseases
    - Non-communicable diseases
    - Screening and Immunisations
    - Emergency planning, resilience and response
    - Infection Prevention and Control

- Oversee the development of the health protection plans as required.
- Ensure the development of monitoring systems to provide effective monitoring and governance of heath protection interventions.
- Data monitoring and intelligence gathering
- Ensure that health protection services and processes address health inequalities and contribute to their reduction.
- Learn from health protection incidents
- Review incidents, outbreaks and risks
- Identify best practice, areas of concern and mitigating factors for risks
- Input health protection advice into the JSNA

Governance

The board will be a working group that reports to the Health and Wellbeing Board, taking reports on a quarterly basis.

Frequency of Meetings

The HPB to meet on every two months with flexibility to call additional meetings as and when required to respond to emerging threats.

Chairing of the board

The board will be chaired by the Director of Public Health. A deputy will be nominated and will be available to chair the board in the Director's absence.

Membership

The membership is outlined in Appendix One. Membership will be continually reviewed and decisions taken collectively on whether to expand or reduce the membership. The board will co-opt people onto the board for specific areas of work if necessary.

Sub groups

Sub groups of the board will be set up if necessary to address specific areas identified as necessary by the board. Chairs will attend the board as members where required.

Declarations of Interest

If any member had an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussion. The Chair will have the power to request that member to withdraw until the Health Protection Board has given due consideration to the matter. All declarations of interest will be minuted.

TOR Review
The terms of reference will be reviewed every two years to ensure they continue to meet the needs of the assurance process.

Appendix One: Membership

Director of Public Health (Chair)	Hartlepool Borough Council
Public Health Principal	Hartlepool Borough Council
Assistant Director Regulatory Services	Hartlepool Borough Council
Senior Emergency Planning Officer	Hartlepool Borough Council
Health, Safety and Risk Manager	Hartlepool Borough Council
Public Health Intelligence Specialist	Hartlepool Borough Council
Substance Misuse / Sexual Health Services	Hartlepool Borough Council
Communications Manager	Hartlepool Borough Council
Locality Director	North East and North Cumbria Integrated Care Board
Medical Director	North East and North Cumbria Integrated Care Board
Head of Service	TEWV Foundation Trust
Lead Nurse for Infection Prevention and Control	NT&H FT
Consultant in Health Protection	UKHSA
Statutory Scrutiny Manager	Hartlepool Borough Council

The board also retains the right to co-opt onto the board anyone from organisations relevant to the outbreak control measures and its wider health protection remit. It is recognised that health settings have separate outbreak control plans, however continued liaison is crucial to managing outbreaks. Membership will be reviewed periodically to ensure relevant people are included.

The board structure will follow the structure outlined below:

Chair: Director of Public Health
Deputy Chair: Drawn from the membership (TBC)

The meeting will be quorate when there are a third of members present (at least 3 other members from different agencies).

HEALTH AND WELLBEING BOARD

20 March 2023

Report of: Director of Public Health

Subject: PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2022 - SUPPLEMENTARY STATEMENTS

---

1. PURPOSE OF REPORT

1.1 To seek approval of Supplementary Statement(s) issues since publication of the Pharmaceutical Needs Assessment 2022 (link to PNA - https://www.hartlepool.gov.uk/info/20015/social_care_and_health/768/pharmaceutical_needs_assessment_2022/1).

2. BACKGROUND

2.1 The Health and Wellbeing Board (HWB) published its Pharmaceutical Needs Assessment on the 30th September 2022 and at its meeting on the 4th July 2022 agreed that process in relation to Supplementary Statements would be reviewed.

2.2 In accordance with the existing process, the delegation of authority to the Director of Public Health, in consultation with the Chair of the Health and Wellbeing Board, as detailed below, remains in place for use in the event that it is not possible for any reason to obtain HWB approval:

- Publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor adjustments to opening hours and service contracts that do not impact on need);

- Any response on behalf of the Hartlepool HWB to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA;

- Any response on behalf of the Hartlepool HWB in relation to an application to consolidate two pharmacies, and make a statement or representation, to NHS England (within 45 days) stating whether the consolidation would, or would not create a gap in pharmaceutical services provision;

- Following determination on an application to consolidate two pharmacies by NHS England, publication of a supplementary statement reporting that removal of the pharmacy (which is to close from the Pharmaceutical List) will not create a gap in pharmaceutical services and update the map of premises where pharmaceutical services are provided (Regulation 4(2)); and

- Any initial determination with respect to the potential for either a Supplementary Statement or need for full review. Publication of Supplementary Statements to be approved by the HWB at suitable periodic intervals (e.g. annually) as required.

2.3 Previously an annual report seeking ratification of the Supplementary Statements has been submitted to the Health and Wellbeing Board. In response to the decision outlined in Section 2.1, Supplementary Statement reports are now be submitted to every Health and Wellbeing Board meeting for approval prior to publication.

3 SUPPLEMENTARY STATEMENTS RECEIVED SINCE THE LAST MEETING OF THE HEALTH AND WELLBEING BOARD

3.1 In accordance with the agreed process for the approval of Supplementary Statements by the HWB, the Board is advised that no statements have been issued since the last meeting of the Board.

3.2 A notification has been received of the change of ownership of one pharmacy in Hartlepool, as detailed below. The HWB must be notified of this change, however, as it does represent a change to the availability of pharmaceutical services in Hartlepool no supplementary statement is required.

Location of Pharmacy	**Current Owner**	**New Owner (effective from)**
29 Wynyard Road, Hartlepool, TS25 3LB	Lloyds Pharmacy Ltd	ALRAHI & SINGH LTD (28 February 2023)

4 RECOMMENDATIONS

4.1 That the HWB note:-

i) That no supplementary statements have been issued since the last meeting of the HWB; and

ii) The change of ownership referenced in Section 3.2 above.

5. REASONS FOR RECOMMENDATIONS

5.1 Included in the body of the report.

6. BACKGROUND PAPERS

6.1 Pharmaceutical Needs Assessment 2022 (link to PNA - https://www.hartlepool.gov.uk/info/20015/social_care_and_health/768/pharmaceutical_needs_assessment_2022/1)

6.2 National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349

6.3 The National Health Service (Pharmaceutical Services, Changes and Prescribing) (Amendment) Regulations 2016

7. CONTACT OFFICER

Craig Blundred, Director of Public Health,
Hartlepool Borough Council
craig.blundred@hartlepool.gov.uk

Joan Stevens, Statutory Scrutiny Manager
Hartlepool Borough Council
Joan.Stevens@hartlepool.gov.uk

HEALTH AND WELLBEING BOARD

20 March 2023

Report of: Director of Public Health

Subject: HEALTH AND WELLBEING STRATEGY REFRESH

---

1. PURPOSE OF REPORT

1.1 To seek agreement from the Health and Wellbeing Board (HWB) for the proposed stocktake and refresh of the current Health and Wellbeing Board Strategy.

2. BACKGROUND

2.1 The decision was made by HWB on the 5 September 2022 for Public Health to lead the refresh of the Hartlepool Joint Health and Wellbeing Strategy (JHWS) 2018-2025 within 6 months.

2.2 Following consideration of the timescale for completion of a review, it was recognised that in order to meet the 2025 deadline, the full refresh of the strategy would have to commence immediately after completion of the review. In view of this, the HWB on the 28 November 2022 agreed:

- To review and refocus the JHWS priorities for the next 6-12mths;
- That consideration will be given to the impact of covid and new areas of investment and delivery;
- That the revised priorities will be brought back to the HWB on the 20th March 2023 for agreement; and
- That work will commence to revise the 2018-2025 JHWS with regular updates to the HWB on progress.

3. PROPOSALS

3.1 <u>Stage 1 - Stocktake and 6-12 months refocus of current strategy and delivery plan</u>

- Leads asked to provide an update against current 2018-2025 action delivery plan outcome/output measures.

- Leads to also identify new priority areas and or investment for consideration.

- To provide the HWB with a full review of the stocktake identifying continuing priorities and new areas of investment/delivery.

3.2 Stage 2 - Strategy refresh post 2025

In accordance with the requirements of the Council's Constitution[1], a plan has been outlined to commence work on the 2025 strategy refresh which will include two periods of consultation with partners and the wider public. A partnership board will be established to drive this work forward.

3.3 Further considerations

The development of strategy and priorities will need to consider the following:

- New areas of investment/delivery
- Triangulate developing priorities against other key strategies/plans including ICP strategy and NHS Operational Planning priorities.

4. RISK IMPLICATIONS

4.1 A risk and mitigation plan will be developed and shared with the board.

5. FINANCIAL CONSIDERATIONS

5.1 None identified.

6. LEGAL CONSIDERATIONS

6.1 None identified.

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

7.1 None applicable.

8. STAFF CONSIDERATIONS

8.1 None identified.

[1] HBC Constitution - Budget and Policy Framework Procedure Rules - Part 4

9. ASSET MANAGEMENT CONSIDERATIONS

9.1 None identified.

10. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

10.1 None identified.

11. RECOMMENDATIONS

11.1 The board to agree the proposals set out in section 3 above.

12. REASONS FOR RECOMMENDATIONS

12.1 There is a statutory duty, to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) for the local population.

13. BACKGROUND PAPERS

13.1 None.

14. CONTACT OFFICERS

Craig Blundred
Director of Public Health
Email: Craig.Blundred@hartlepool.gov.uk

HEALTH AND WELLBEING BOARD

20th March 2023

Report of: Director of Public Health

Subject: HEALTH INEQUALITIES FUNDING ALLOCATION ACROSS THE NORTH EAST AND CUMBRIA

---

1. PURPOSE OF REPORT

1.1 NHS North East and North Cumbria (NENC) Integrated Care Board (ICB) has been allocated £13.604m in 22/23 to support targeted reductions in health inequalities. This paper provides a brief overview of the programmes approved by the ICB Executive and highlights how this will benefit residents in Hartlepool.

1.2 The ICB Executive committed to a three-year plan in order to mainstream existing work, maximise opportunities to scale activity in partnership with the Local Authorities (LAs) and VCSE, as well as support the corporate aims of the ICB. The proposals were supported by the NENC Health Inequalities Advisory Group (and associated sub-groups), the Directors of Public Health and Chairs of the NENC Population Health and Prevention Board.

2. BACKGROUND

2.1 Nationally £200 million has been made available through 2022/23 ICB allocations, targeted towards areas with the greatest health inequalities. It is intended to support the implementation of the Core20PLUS5 approach outlined in the Priorities and Operational Planning Guidance NHS England » 2022/23 priorities and operational planning guidance.

3. PROPOSALS

3.1 The ICB Executive have approved the following programmes**:**

- Recruitment of a small core **health inequalities team** to ensure health and healthcare inequalities are embedded throughout the Integrated Care System (ICS). The team will ensure the ICS is data and evidence informed, share practice across NENC and lead a NENC Anchor

Institutions Network across the public sector organisations including Hartlepool Borough Council.

- Development of a **Health Inequalities Academy** to improve skills, knowledge, and training across the NENC workforce on health and healthcare inequalities.

- Embed the **Waiting Well Programme** which uses a population health management approach to supporting patients to prepare well for surgery and improve their surgical outcomes. It will introduce a tiered support package for patients awaiting surgery, targeting those on with the longest projected waiting times, as well as those from clinically and socially vulnerable groups.

- Supporting people with **multiple and complex health and healthcare needs** associated with drug, alcohol and mental ill health to access healthcare locally. It will build on the additional funding that Hartlepool has received to support people with drug and alcohol issues with housing, employment, treatment and enforcement as part of the national Drugs Strategy. Hartlepool Council will receive £105,939 per annum for the period of 2022/23 to 2024/25, a total of £317,817

- Developing the **Deep End GP practices network**, serving the most socio-economically deprived populations in the ICS footprint. Deep End is designed to support practices most affected by the 'blanket deprivation' their registered population experience. It is not designed to address all practices that have areas of deprivation within their catchment area. The primary focus is on Workforce, Education, Advocacy and Research (WEAR) for the practices themselves, providing additional capacity and resource, attracting new primary care professionals and developing new ways of working to address need. Initially this will focus upon clinical psychology, review of Opioid / Gabapentinoid prescriptions, screening & immunisations and Social Prescribing. Currently there are no deep end practices in Hartlepool.

- Providing an approach to **Healthy Communities and Social Prescribing** which includes connecting with communities to promote health messages, engaging with various communities to gather local intelligence to inform planning and enhancing work through the VCSE sector to increase access to healthcare. During the pandemic, significant work was developed jointly between the NHS, LAs, VCSE and faith communities to increase access to vaccines, in 22/23 Hartlepool Borough Council will receive £23,629 to enhance access to vaccines including covid, flu and pneumonia. Additionally, an allocation of £14,171 will be allocated to the VCSE infrastructure organisation in Hartlepool to support targeted work at place to build local VCSE capacity in delivering social prescribing activity. Funding will also expand the NENC Core20plus5Connector pilot which takes learning from existing Covid Champions Programmes across the region. Its initial focus has been on developing Cancer champions but will expand to other clinical areas. Local areas will benefit from shared

learning and best practice and opportunities and resources to collaborate on common approaches such as standardised champion training.

- **Poverty Proofing Clinical Pathways** by applying a method used in education settings to clinical pathways. The work will ensure the voice of people living in poverty are able to influence the design and delivery of clinical pathways so that they are more culturally appropriate, accessible and targeted at those that need it most.

- **Mitigating against 'digital' exclusion and promoting health literacy.** The resource will be used improve access to equipment, support community hubs, increase digital skills to use the internet/apps/devices, provide support for those with a learning disability and removing language barriers. The digital programme will be supported by a health literacy programme by ensuring information is accessible. It will raise awareness through staff training, develop a health literate toolkit and provide information that people understand, enabling them to make active decisions in their care.

- Jointly funding the regional tobacco control office – Fresh. Smoking remains a leading cause of health inequalities across NENC. Smoking continues to cost the region approximately £887m per year, with circa. £190m attributed to health and social care costs. A joint approach funded by the LAs and NHS will support an evidence-based tobacco control programme to include reducing exposure to second-hand smoke, development and delivery of bespoke media, communications and education campaigns which underpin population wide behaviour change; reducing availability and supply of illicit and legal tobacco; reducing tobacco promotion; tobacco regulation and research. This funding is in addition to all existing LA commissioned smoking cessation and NHS acute tobacco dependency services. In Hartlepool the NHS will match fund the Council contribution of £50,672 to jointly fund Fresh from April 23 – March 25.

- Ensuring there is an Alcohol Care Team (ACT) working 24/7 in every Acute NHS Trust across NENC. Alcohol is a significant contributing factor to inequality in life expectancy between the region and the rest of England. The region has the highest rate of alcohol specific admissions and a 20.5% increase in alcohol related deaths since 2012. Three Acute NHS Trusts did not benefit from the national NHSE allocation for ACTs – County Durham and Darlington Foundation Trust, North Cumbria Integrated Care Trust and Northumbria NHS Healthcare Foundation Trust. The implementation of ACT provision at scale across the ICS gives an opportunity to ensure a consistency of approach, ensuring equity of access and provision to a vulnerable population who often suffer from complex needs. Additionally, every ACT across the ICS footprint will be provided with funding for a recovery navigator.

- Obesity is a leading cause of preventable morbidity and mortality, representing one of the most immediate health challenges for the NHS. A regional obesity analysis highlighted that there are approximately 151,101

patients that would be eligible for Tier 3 and 4 services of which 63% are from the 20% most deprived areas of the ICS. The proposal is to provide **Tier 3 weight management services** to approx. 1000 patients that meet the agreed minimum standards targeting patients living in the 20% most deprived areas within NENC.

4. RISK IMPLICATIONS

4.1 There are no risk implications for this report.

5. FINANCIAL CONSIDERATIONS

5.1 Hartlepool Borough Council has received funding as outlined in the report. The contribution to the regional smoking office (Fresh) is being funded through Public Health reserves and is for a period of two years.

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations with this report.

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

7.1 This funding is targeted so as to address health inequalities in local areas and across the region.

8. STAFF CONSIDERATIONS

8.1 There are no staff considerations for this report.

9. ASSET MANAGEMENT CONSIDERATIONS

9.1 There are no asset management considerations for this report.

10. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

10.1 There are no environment, sustainability and climate change considerations for this report.

11. RECOMMENDATIONS

11.1 That the board note the agreed proposals in relation to the health inequalities funding across the North East and North Cumbria.

11.2 That the board note the funding allocation for Hartlepool Borough Council and activity that will benefit residents.

12. REASONS FOR RECOMMENDATIONS

12.1 This funding allocation is a positive approach to reducing health inequalities across the region. The promotion of joint working with NHS and VCS partners will deliver programmes of work to reduce inequalities.

13. BACKGROUND PAPERS

None.

14. CONTACT OFFICERS

Craig Blundred,
Director of Public Health,
Hartlepool Borough Council
craig.blundred@hartlepool.gov.uk