HEALTH AND WELLBEING BOARD

AGENDA

Monday 10 July 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**,** Harrison, V Nicholson and Young.
Representatives of NHS Tees Valley Clinical Commissioning Group - David Gallagher and Karen Hawkins
Director of Public Health, Hartlepool Borough Council – Craig Blundred
Executive Director of Children's and Joint Commissioning Services, Hartlepool Borough Council - Sally Robinson
Executive Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison
Representatives of Healthwatch - Margaret Wrenn and Christopher Akers-Belcher

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin
Executive Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Tony Hanson
Assistant Director of Joint Commissioning, Hartlepool Borough Council - Danielle Swainston
Representative of Hartlepool Voluntary and Community Sector – Christine Fewster and Carl Jorgeson
Representative of Tees, Esk and Wear Valley NHS Trust – Brent Kilmurray
Representative of North Tees and Hartlepool NHS Trust - Linda Hunter
Representative of Cleveland Police - Supt Martin Hopps
Representative of GP Federation - Fiona Adamson
Representative of Headteachers - Sonya Black
Observer – Statutory Scrutiny Representative, Hartlepool Borough Council

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 20 March 2023.

4. ITEMS FOR CONSIDERATION

4.1 Smoking Needs Assessment Findings and Strategy Development – *Director of Public Health*

4.2 Pharmaceutical Needs Assessment (PNA) 2022 - Maintenance Report – *Director of Public Health*

4.3 Better Care Fund Update – *Executive Director of Adult and Community Based Services*

4.4 Final Drug and Alcohol Strategy– *Director of Public Health*

4.5 Area SEND (Special Educational Needs and/or Disabilities) Inspection and Implementation Plan 2023-2024 - *Executive Director of Children's and Joint Commissioning Services*

4.6 Health and Wellbeing Board Way of Working – Verbal - *Director of Public Health*

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

20 March 2023

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

Present:

Representative of North East and North Cumbria Integrated Care Board – Karen Hawkins (In the Chair)

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Allen, Buchan and Cook
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
Assistant Director of Joint Commissioning, Hartlepool Borough Council – Danielle Swainston
Representative of Tees, Esk and Wear Valley NHS Trust – Shaun Mayo (as substitute for Brent Kilmurray)
Representatives of Hartlepool Voluntary and Community Sector – Carl Jorgeson
Representative of GP Federation – Fiona Adamson

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

Officers: Zoe Craig, Environmental Health Manager (Environment Protection)
Dr Catherine Guy, Public Health Registrar
Dean Longstaff, Public Health Intelligence Analyst
Sylvia Pinkney, Assistant Director (Regulatory Services)
Abigail Reay, Advanced Public Health Practitioner
Claire Robinson, Public Health Principal
Joan Stevens, Statutory Scrutiny Manager
Amanda Whitaker, Democratic Services Team

32. Apologies for Absence

Councillor Moore, Leader of Council
Representatives of North East and North Cumbria Integrated Care Board - – David Gallagher
Representative of Cleveland Police – Superintendent Martin Hopps
Representatives of Hartlepool Voluntary and Community Sector – Christine Fewster

The Board was advised that notification had been received from Dr Tim Butler that he wished to inform the Board that he will no longer be attending Board meetings. After consultation with his seniors in NHS England and the fact that almost all of the local commissioning of health services is now done by the Integrated Care Board, rather than NHS England, it was decided that it would be appropriate for him to stepdown from the Board.

Appreciation was expressed by Dr Butler for the opportunity to attend Board meetings which he had found informative and interesting over the last few years. Board members were wished continued success and improvement moving forward

33. Declarations of interest by Members

None

34. Minutes

The minutes of the meeting held on 28 November 2023 were confirmed.

The minutes of the meeting of the Children's Strategic Partnership held on 13 October 2022 were received.

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

The report updated the Board on the work undertaken by the Hartlepool and Stockton-On-Tees Safeguarding Children Partnership during the year 2021-22. The report summarised the key successes and achievements of the Safeguarding Children Partnership throughout 2021-22. It provided updates on qualitative and quantitative data and information for the reporting period and outlined the specific areas being taken forward in the coming year.

Decision

The contents of the HSSCP Annual Report were noted.

36. Air Quality Strategy (*Assistant Director, Regulatory Services)*

The Board was advised that a draft Air Quality Strategy had been produced, a copy of which was appended to the report. The Strategy 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. The proposed Strategy included a range of inter-departmental 'statements of intent' which had been developed by officers and would help ensure that air quality is an integral part of the Councils remit. If the strategy is approved, an action plan would be produced to deliver on these statements.

It was noted that the Council had committed to be a Net Zero Authority by 2030 and on 13th December 2021, Finance and Policy Committee had 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

A Seaton ward councillor had requested that clarification be sought at the meeting regarding whether odours at Seaton Carew are detrimental to residents' health. The Assistant Director (Regulatory Services) advised that the issue was not part of the Air Quality Strategy but that the Department was aware of the issue and was working with the Environment Agency.

With regard to the proposed consultation process for the Strategy, the Assistant Director informed the Board that she was content to add any additional suggestions to the proposed list of consultees.

Decision

The Board noted the contents of the report and that the draft Air Quality Strategy will be going out for consultation.

37. Substance Misuse Needs Assessment and Strategy Development (*Director of Public Health*)

The report advised the Board that the Public Health team and partners had completed a substance misuse needs assessment, a copy of which was appended to the report. The needs assessment aimed 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. The key themes were set out in the report. The findings from the needs assessment and recommendations would inform a local substance misuse strategy. A presentation which supported the report reiterated the key themes and highlighted salient issues arising from the Needs Assessment data. The Substance Misuse Strategy vision and priorities were being

developed with partners with the priorities identified in the presentation as Prevention, Treatment, Wider Health Needs and Enforcement/Crime and Disorder. Priority areas identified would also feed into other Hartlepool and Tees wide strategic groups.

It was noted that a Substance Misuse Partnership group chaired by a member of the Public Health team would oversee the delivery of the action plan and report to the Board annually against progress. Christopher Akers-Belcher, Heatlhwatch representative, requested whether he could be included in Partnership Group.

Board Members debated issues arising from the report and presentation. The Director of Public Health responded to concerns expressed regarding treatment and support for alcohol issues. Clarification was sought regarding whether data included information for alcohol related hospital admissions. The Board was advised that the data was specific but wider data could be provided.

Decision

The Board considered the recommendations from the needs assessment and future strategy development and implications for the refresh of the Hartlepool Joint Health and Wellbeing Strategy.

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

38. NHS Health Checks (*Director of Public Health)*

The Board was updated on the progress of the delivery of the NHS Health Check; a statutory requirement on the Local Authority which is funded through the public health grant. It is expected that Local Authorities across England will offer all eligible people a check within a five year cycle, currently 2018-2022. No region(s) are achieving or exceeding this threshold. Cumulative data for the last four years and six months showed that offers are below the 90% that would be expected at this point in the programme. All 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 targets detailed in the report together with details of the funding structure. 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.

A presentation was made to the Board which supported information set out in the report. The presentation provided further details in relation to Health Checks, data relating to targets including recent statistics and future goals.

Board members highlighted opportunities arising from Health Checks. A further report was requested relating to health checks for vulnerable groups.

Decision

The Board agreed the proposal outlined in the report.

The Board considered 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.

39. Health Protection Board – Terms of Reference *(Director of Public Health)*

The report outlined the revised arrangements for the local Health Protection Board. It was proposed that the revised Terms of Reference, appended to the report be adopted by the Board and that the membership reflects those people outlined. It was noted that additional members and contributors will be invited depending on the subject matter under discussion.

Decision

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

40. Pharmaceutical Needs Assessment (PNA) 2022 - 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 no statements had been issued since the last meeting of the Board. A notification had been received of the change of ownership of one pharmacy in Hartlepool, as detailed in the report. The Board was notified of this change, however, as it did not represent a change to the availability of pharmaceutical services in Hartlepool no supplementary statement was required.

Decision

The Board noted:-

i) That no supplementary statements had been issued since the last meeting of the Board; and

ii) The change of ownership referenced in the report.

41. Health and Wellbeing Strategy Refresh (*Director of Public Health*)

Further to the Board meeting held on 28 November 2022, the report sought agreement for the proposed stocktake and refresh of the current Health and Wellbeing Board Strategy as set out in the report.

A presentation which supported the report included a timeline for the 2025 Strategy development and a summary of the development of the Strategy in terms of current priorities and key future updates

Decision

The Board agreed the process and indicative timeline set out in the report.

42. Health Inequalities Funding Allocation across the North East and Cumbria (*Director of Public Health)*

The Board was advised that NHS North East and North Cumbria (NENC) Integrated Care Board (ICB) had been allocated £13.604m in 22/23 to support targeted reductions in health inequalities. The report provided a brief overview of the programmes approved by the ICB Executive and highlighted how this would benefit residents in Hartlepool.

A request was made by Christopher Akers-Belcher, Heatlhwatch representative, for a copy of the specification to assist understanding of what was being measured as part of the performance matrix.

Decision

The Board noted the agreed proposals in relation to the health inequalities funding across the North East and North Cumbria.

The Board noted the funding allocation for Hartlepool Borough Council and activity that will benefit residents.

43. Any Other Business

The Chair advised that she had not been notified, in advance of the meeting, of any other business. However, the Board was advised that a document had been presented immediately prior to the meeting which would be shared with Board members to ensure an informed response is collated.

Meeting concluded at 11.05 a.m.

CHAIR

HEALTH AND WELLBEING BOARD

10 July 2023

Report of: Director of Public Health

Subject: SMOKING NEEDS ASSESSMENT FINDINGS AND STRATEGY DEVELOPMENT

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1. PURPOSE OF REPORT

1.1 To share with the Health and Wellbeing board the final Hartlepool Smoking Needs Assessment and recommendations and update the board on the work to develop a joint Tobacco Control Strategy for Hartlepool

2. BACKGROUND

2.1 Smoking is one of the biggest causes of death and illness in the UK. There are still 7.3 million adult smokers in England and every year around 78,000 people in the England die from smoking, with many more living with debilitating smoking-related illnesses. Smoking increases your risk of developing more than 50 serious health conditions.

2.2 But whilst nationally there has been great progress to reduce smoking prevalence and smoking rates among young people and pregnant women have dramatically reduced, 8% of 15 year olds still smoke, risking a lifetime of ill health. Over 10% of pregnant women still smoke, with all the attendant risks of miscarriage, premature birth, still birth and neonatal complications. Smoking in the home not only damages the health of children but increases their chance of becoming smokers 4-fold.

2.3 Hartlepool's prevalence of smoking for those aged 15 and above has fallen from 23.9% in 2013/14 to 19.7% in 2020/21. Throughout this period Hartlepool has remained significantly worse than the England average, but has followed a similar pattern in its decreasing rate. In 2020/21 Hartlepool had the 8th highest smoking rate for those aged 15 and above in England, and the highest in the North East.

Tobacco control across Hartlepool

2.4 **Hartlepool Tobacco Alliance** – Alliances are local partnerships working to reduce smoking rates and tackle health inequalities. In Hartlepool the tobacco alliance has been in place for a number of years however more recently the alliance has been refreshed in order to facilitate the development the local needs assessment and the development of the strategy priorities. The group recently hosted an event with partners led by FRESH and Hartlepool Public Health to develop a local Tobacco control strategy and action plan.

2.5 **The Fresh Programme** - (hosted by County Durham and Darlington NHS Foundation Trust) has been commissioned for two years across the North East and North Cumbria ICB footprint to March 2025. Fresh will be working to support Hartlepool colleagues to support a reduction in smoking rates. Key areas of support will include:

Media campaigns and all year round PR Fresh will:

- Develop integrated media campaigns with regular briefings to local partners around: timescales, available resources, core messages, media buy in.
- Ensure the timely and efficient distribution of campaign materials to named leads in localities.
- Lead on regional and national PR opportunities - both reactive and proactive.
- Informing in advance of proactive PR and sharing press releases with partners for information.
- Share and update an annual calendar of key PR and campaign hooks.

Local Strategy Planning Fresh will:

- Share the latest evidence base and programme delivery plans in timely manner with localities to assist local planning
- Provide guidance around local action planning - but cannot be accountable for local deliverables/or provide updates for local performance monitoring purposes
- Provide practice sharing forums
- Participate and support in local strategic planning meetings/alliances - cannot commit attendance at every local meeting – updates available via comprehensive briefings and structured forums.

Advocacy Fresh will:

- Galvanise support from localities around evidence based policy measures to address tobacco and alcohol
- Provide briefings around key advocacy priorities
- Provide draft responses to key consultations that can be shared with relevant stakeholders
- Identify key champions to support tobacco and alcohol agenda

- Utilise local case studies advocates for national/regional campaigns

Communication Fresh will:

- Maintain dedicated corporate and campaign websites for professionals, stakeholders and the public to access.
- Effective communication through relevant forums and events chaired by Fresh and external forums attended by Fresh
- Provide updates through tailored briefings, presentations, newsletters and websites
- Representation at appropriate local meetings

Evidence based Practice Fresh will:

- Develop specific evidence based population led programmes on tobacco where appropriate
- Translate the evidence base to a variety of local, regional and national partners through a key strand approach as demonstrated within the Strategic Plan April 2023-- March 2025
- Where innovative practice is used, ensure a robust evaluation process

2.6 **Provision of support in Hartlepool**

There are currently treatment service pathways across the following areas:

- Maternity,
- Mental Health in patients
- Acute in patients
- and NHS staff.

Behavioural support is offered through the Community Navigator. The community navigators are trained staff who can offer a programme of support to stop smoking and stay stopped, they offer CO readings, they can signpost to websites and apps, discuss ways to cope with cravings, tailor support to individual needs and offer face to face, telephone and group support for 12 weeks or more. In addition the navigators are part of a pilot to offer 'a swap to swap' scheme which includes offering free vape products for adults wanting to stop smoking.

3. PROPOSALS

3.1 Hartlepool Smoking Needs Assessment findings and recommendations (**Appendix 1**).

The Public Health team and partners have worked together to complete a smoking 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 the harms associated with smoking.

- **Ensure that services reflect Hartlepool's ambition to reduce health inequalities by focusing on deprived communities and priority groups**

    - Public Health to use the data from this needs assessment and the CLeaR improvement model self-assessment tool, to inform a service model which focuses on addressing inequalities and enhances provision, currently delivered within the existing NHS and Community Navigator pathways.
    - Use the data to ensure we are using targeted approaches to address health inequalities:
        - Use local data to target activity in geographical areas as well as population groups e.g. using IMD data to target illicit tobacco supply, illegal tobacco sales and high smoking prevalence
        - Continue the decline in the proportion of smokers in routine and manual occupations in Hartlepool
        - Data has shown that smoking related health conditions particularly in relation to cancers and Chronic obstructive pulmonary disease (COPD) are worse than England also smoking attributable admissions have historically been significantly worse than the England average although the recent trend is decreasing
        - Maternity services data set in relation to smoking in early pregnancy 2018/19 shows Hartlepool had the highest rate in the North East, further work needs to be carried out to understand the impact of the current maternal pathway on this data (see below)
        - Work with existing voluntary organisations and community champions to understand health inequalities and inequality of access that affect service take up.
        - Support the work of School nurses with young people around smoking and risk taking behaviour. Encourage agencies to work in partnership to target and educate around the increase in youth vaping,(police, schools, trading standards, school nurses)

- **Improve the collection and sharing of data and intelligence between partners and services**

    - Support partners to use a population health management approach to understand and respond to smoking related harms and associated health inequalities
    - Local data relating to smoking prevalence in young people is not available; for the purposes of this needs assessment rates have been applied using a national survey (ASH) further work with FRESH is

needed to understand the needs of children and young people who smoke or use vaping products.
- Use local data and intelligence to develop a local tobacco control strategy and action plan that has appropriate and measurable outcomes.
- Further work is needed with substance misuse services in relation to quantifying the numbers of children and young people who smoke /use vaping products who access substance misuse services.

- **Understanding the provision and impact of the current smoking support pathways**

  - Further work to be undertaken to use Nice Quality Standards to assess standards of smoking cessation advice/ referrals in secondary care and community services (by Midwives/ Medics/ other Health Care personnel, 0-19 service and Community Navigators).
    - Standardised audit of pathways, documentations and data.
    - Services to complete the CLeaR assessment tools[i] relevant to their service areas to include; maternity, alcohol and drugs, illicit tobacco and mental health
      - Look at the further opportunities to support and enhance the implemented integrated stop smoking support in particular the pathways for staff, inpatients, pregnant women and their significant partner and mental health services, in line with the NHS Long Term Plan.
      - Improve pathways and service provision for people with in contact with substance misuse services who require support to stop smoking

- **The Alliance will lead the development of a new Tobacco Control Strategy focusing on the following key areas:**
  1. **To Reduce health inequalities caused by smoking and support vulnerable groups to be Smokefree**
  2. **To protect children and young people from tobacco and encourage Smokefree pregnancies**

  - Develop a new tobacco control strategy and action plan and factor in support from FRESH to inform the development of a co-ordinated local communication strategy.
  - Develop a new plan for smoke free places – particularly around young people e.g. schools, parks, sports clubs, work places.
  - Data shows an increase in underage and illicit sales in relation to cigarettes and vapes. We need to develop an illicit tobacco plan with partners to coordinate action (enforcement of underage sales, illicit tobacco)

- Provide clear guidance to professional and public on the use of e-cigarettes including:
    - Use of e-cigarettes as an approved harm reduction technique
    - The potential risk of continued nicotine addiction
- Develop a tobacco control dashboard of key indicators with annual reporting to the Health and Wellbeing Board
- Strengthen the role of those with lived experience in the tobacco control action plan

3.2 A Tobacco Control Strategy and Plan - vision and priorities are being developed with partners informed by the Needs assessment and also informed by a partnership event held in May, facilitated by FRESH and Public Health.

3.3 **Governance**
A Tobacco Control Group 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 as needed work will be integrated into current work streams to prevent duplication.

4. RISK IMPLICATIONS

4.1 No risk implications identified

5. FINANCIAL CONSIDERATIONS

Public Health are looking at current funding to understand opportunities and repurposing of budgets

6. LEGAL CONSIDERATIONS

6.1 No risk implications 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 considerations at this time

9. ASSET MANAGEMENT CONSIDERATIONS

9.1 None.

10. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

10.1 None.

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.

- A clear and agreed statement of the purpose, approach, and ambition for (focussing on populations with greatest need) within a joint system approach to cessation

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

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

13. BACKGROUND PAPERS

13.1 None.

14. CONTACT OFFICERS

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[i] https://www.gov.uk/government/publications/clear-local-tobacco-control-assessment

HARTLEPOOL
BOROUGH COUNCIL

Smoking Needs Assessment 2023

Contents

1.0 Introduction

Smoking is one of the biggest causes of death and illness in the UK. There are still 7.3 million adult smokers in England and every year around 78,000 people in the England die from smoking, with many more living with debilitating smoking-related illnesses. Smoking increases your risk of developing more than 50 serious health conditions.

But whilst nationally there has been great progress to reduce smoking prevalence and smoking rates among young people and pregnant women have dramatically reduced, 8% of 15 year olds still smoke, risking a lifetime of ill health. Over 10% of pregnant women still smoke, with all the attendant risks of miscarriage, premature birth, still birth and neonatal complications.[1] Smoking in the home not only damages the health of children but increases their chance of becoming smokers 4-fold.[2]

Hartlepool's prevalence of smoking for those aged 15 and above has fallen from 23.9% in 2013/14 to 19.7% in 2020/21. Throughout this period Hartlepool has remained significantly worse than the England average, but has followed a similar pattern in its decreasing rate. In 2020/21 Hartlepool had the 8th highest smoking rate for those aged 15 and above in England, and the highest in the North East.

The cost of smoking to society

Of this cost the national strategy 'Towards a smoke-free generation: tobacco control plan for England' identified that smoking causes around 79,000 preventable deaths in England and is estimated to cost our economy in excess of £11 billion per year.

- £2.5 costs attributed to the NHS
- £5.3 billion attributed to employers through absence from work

Smoking-related ill health also leads to increased costs for the adult social care one study estimates that local councils face a demand pressure of £760 million a year on domiciliary (home) care services, as a result of smoking-related health conditions.[3]

Additional costs associated with smoking contributed to smoking include: related fires and tobacco litter, as well as the wider costs associated with illicit tobacco and organised crime.

Smoking remains an addiction which is largely taken up in childhood, with the majority of smokers starting as teenagers. 77% of smokers aged 16 to 24 in 2014 began smoking before the age of 18.[4] As a result many young people become addicted before they fully understand the health risks associated with smoking.

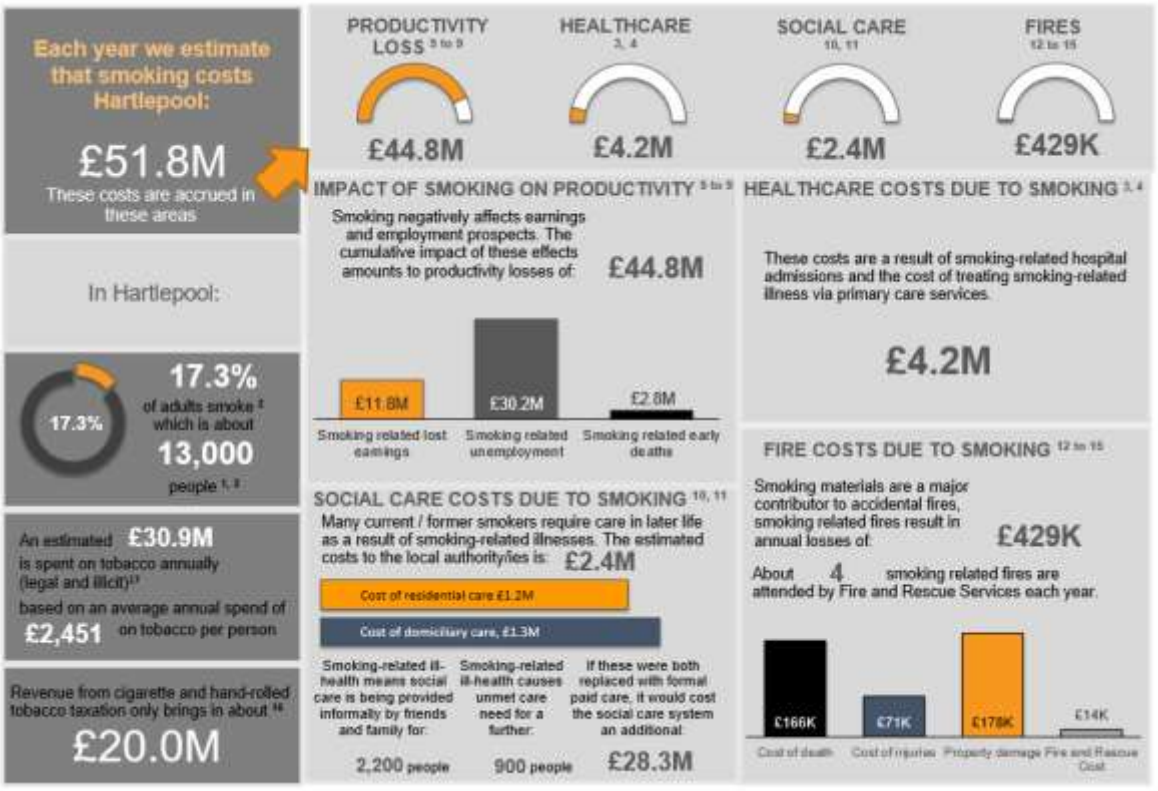
A new economic analysis of national data for **ASH**[5] in January 2023 found that the cost of smoking to society is significantly higher than previous estimates have shown. Commissioned by charity Action on Smoking and Health (ASH) the new

figures published showed the cost of smoking to society totals £17.04bn for England each year. This compares to £12.5bn under the previous estimate.

The higher estimate is a result of a new assessment of the impact of smoking on productivity. Smokers are more likely than non-smokers to become ill while of working age increasing the likelihood of being out of work and reducing the average wages of smokers. Smokers are also more likely to die while they are still of working age creating a further loss to the economy. Together this adds up to £13.2bn.

Smokers' need for health and social care at a younger age than non-smokers also creates costs, with smoking costing the NHS an additional £2.4bn and a further £1.2bn in social care costs. This includes the cost of care provided in the home and, for the first time, residential care costs. However, many of smokers' care needs are met informally by friends and family. It's estimated that to provide paid-for care to meet needs would cost society a further £14bn, this is not included in the overall £17bn figure but illustrates the wider burden of smoking beyond pounds and pence.

The costs of smoking in Hartlepool



Area Name	Hartlepool
Smoking Statistics	
Smoking Prevalence % [1]	17.3%
Number of smokers [1]	13,000
Estimated average spend per smoker (legal and illicit) [7,11]	£2,451
Total costs due to smoking	**£51.8M**
Productivity costs [5]	**£44.8M**
Smoking related lost earnings	£11.8M
Smoking related unemployment	£30.2M
Smoking related early deaths	£2.8M
Healthcare costs	**£4.2M**
Social care costs [7]	**£2.4M**
Cost of domiciliary care	£1.3M
Cost of residential care [7]	£1.2M
Additional people receiving informal care needed due to smoking	2,200
Additional people with unmet care needs due to smoking	900
Estimated cost of formalising both of the above	£28.3M
Fire costs [8, 9, 10]	**£429K**
Approximate number of smoking attributable fires	4
Cost of deaths due to smoking attributable fires	£166K
Cost of injuries due to smoking attributable fires [8, 9, 10]	£71K

Cost of property damage due to smoking attributable fires (8, 9, 10)	£178K
Annual cost to fire and rescue services due to smoking attributable fires (8, 9, 10)	£14K
Estimated revenue from smoking taxation	**£20.0M**

The cost of smoking in Hartlepool. Source Fresh North East

The impact of COVID on smoking

Smoking damages the lungs and the immune system, increasing the incidence, duration and /or severity of respiratory infections caused by numerous types of viruses and bacteria, A review by the World Health Organisation stated that smoking is associated with more severe illnesses and an increased risk of death in people who need hospital treatment for COVID-19.[6]

A UK study published in January 2021 suggested that smokers who get COVID are twice as likely to attend hospital and tend to report more symptoms that non-smokers[7]. The analysis, by Imperial College London, Kings College London and ZOE (the health symptom tracking app) looked at data from 2.4milion people in the UK who self-reported symptoms and test results.

Building on this, in September 2021 a study in BMJ Thorax suggested that even light smokers (Smoke less than 9 cigarettes per day) are twice as likely to die from COVID-19. The study drew on primary care records, COVID -19 test results, hospital admission data and death certificates. Compared with non-smokers, non-smokers were 80% more likely to be admitted into hospital and significantly more likely to die.[8]

There is limited data on the impact of COVID -19 on smokers, however evidence has highlighted the negative impact of tobacco use on lung health and its causal association with a plethora of respiratory diseases, making smokers more vulnerable to infectious diseases.[9]

Use of e-cigarettes in young people

A survey of responses from the ASH Smokefree GB survey of 11-18 year olds 2013-2022, in the context of changes in tobacco use and the regulation of e-cigarettes.[10] The survey headlines showed:

<u>Use and awareness of e-cigarettes</u>

- A large majority of 11-17 year olds have never tried or are unaware of e-cigarettes (83.8%).
- In 2022, 15.8% of 11-17 year olds had tried vaping, compared to 11.2% in 2021 and 13.9% in 2020.

- In 2022, 7.0% of 11-17 year olds were current users, compared to 3.3% in 2021 and 4.1% in 2020.
- Children under 16 are least likely to try e-cigarettes. 10.4% of 11-15 year olds have tried vaping, compared to 29.1% of 16-17 year olds. Among 18 year olds 40.8% report having tried an e-cigarette.
- Use among 11-17 year olds who have never smoked remains low and largely experimental, while 7.5% of never smokers have tried an e-cigarette in 2022 only 1.7% report at least monthly use.

Attitudes towards vaping

- Reasons for using e-cigarettes differ between children who smoke and those who haven't. While children who haven't smoked are significantly more likely to report their main reason for using one was 'just to give it a try' (65.4%) among those who smoke they are significantly more likely to report that they 'enjoy the experience' (17.5%) are 'trying to quit smoking' (10.7%) or are 'addicted to them' (10.3%).
- The misperception that e-cigarettes are more than or equally harmful as tobacco cigarettes rose from 2013 onwards and in 2022 was 40.9%, the same as in 2020. Only 42.1% of 11-17 year olds in 2022 believed that e-cigarettes were less harmful than cigarettes.

Main source and type of product used

- In 2022 for the first time the most frequently used product was a disposable vape (52.0% compared to7.7% in 2021), with the most popular brands by far being Elf Bar and Geek Bar.
- The main source for both cigarettes and e-cigarettes is shops. 51.9% of 11-17 year olds get their cigarettes from shops and 46.5% get their e-cigarettes from shops.

In conclusion, use of e-cigarettes has increased in 2022 compared to 2021. However, use among never smokers remains low and mostly experimental. Likelihood of trying or currently using e-cigarettes increases with age and smoking status. The big increase in the use of disposable products has happened concurrently with higher levels of youth use, although the survey is cross sectional and so does not prove this is causal in either direction. Continued surveillance is needed.

2.0 Purpose/Aim of the needs assessment

- Collate data and intelligence to understand the smoking population and the inequalities that exist
- Develop recommendations which will aid the development of the Hartlepool Tobacco Control Strategy
- Prioritise resource allocation for smoking cessation to ensure maximised outcomes in populations most at need

- Inform the public health evidence base for services and interventions to reduce smoking 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 smoking and to inform a partnership approach to addressing smoking rates and the development of a Tobacco Control strategy.

The core data used to support this needs assessment is sourced from the Public Health Outcomes Framework (PHOF) indicators.
Additional partnership data was gathered and analysed supporting the findings of this assessment, which include:

- Secondary care service data
- Licensing and Trading Standards data
- Data from commissioned services

4.0 National and local policy

4.1 National

Department of Health 'Towards a smoke-free generation: tobacco control plan for England'[11] In 2017 the Government set an objective for England to be Smoke free by 2030 meaning only 5% of the population would smoke by then. To provide access to stop smoking support for all with four ambitions

1. A smoke free pregnancy for all
2. Parity of esteem for those with mental health conditions
3. Backing evidence based innovations to support quitting
4. Backing evidence based innovations to support quitting

The Khan review: making smoking obsolete[12]

The Khan review (9 June 2022) found that England would miss the national target of 5% by at least 7 years with the poorest areas not meeting it until 2044. To have any change of hitting the smokefree target, nationally there is a need to accelerate the rate of decline. The review looked at best international evidence and current national policies and concluded that 15 national recommendations were required.

NHS long term plan[13] 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. The document sets out plans to target in relation to cutting smoking in pregnancy and people with long term mental health problems. Additionally through the NHS Long Term Plan commitment support is given to the NHS to ensure that every person admitted to hospital (both physical and mental health sites) who smokes will be offered NHS-funded tobacco dependency treatment by 2023/24. This includes all expectant mothers throughout their antenatal care.

4.2 Local

Hartlepool Joint Health and Wellbeing Strategy 2018-2025[14] states that Hartlepool Health and Wellbeing Board is committed to working together with the people of Hartlepool to improve the health and wellbeing of residents and will provide and enable environments that support people to take up and sustain a healthy lifestyle.

North East and North Cumbria ICP Better Health and Wellbeing for All an integrated care strategy [15] sets out The better health and wellbeing for all plan sets out how we will reduce inequalities, improve experiences of our health and care services and improve the health and wellbeing of people living and working in our region by 2030 and beyond.

Director of Public Health Annual Report 2022[16] noted in Hartlepool, more mothers smoke when their baby is born (14 in every one hundred mothers) and there are lower levels of breastfeeding (25 in every one hundred children at 6-8 weeks) than in the rest of England.

In an average Hartlepool street with one hundred adults, 16 people smoke, 45 are physically inactive, 73 are overweight or obese. These figures are worse than an average street in England and increase the risk of heart disease or other health problems.

In Hartlepool people are more likely to die from heart disease at a young age than people in England. Between 2018 and 2020, 325 people died of heart disease in Hartlepool, including 70 people under 65 years old.

People in Hartlepool are also more likely to die due to alcohol or drug use than people in England.

Many of the deaths due to heart disease and other causes are **preventable.**

Hartlepool Borough Council Plan 2021/22 – 2023/24[17] 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;

5.0 Data

5.1 Hartlepool demographics

Hartlepool has a working aged population of 58% of the total population.

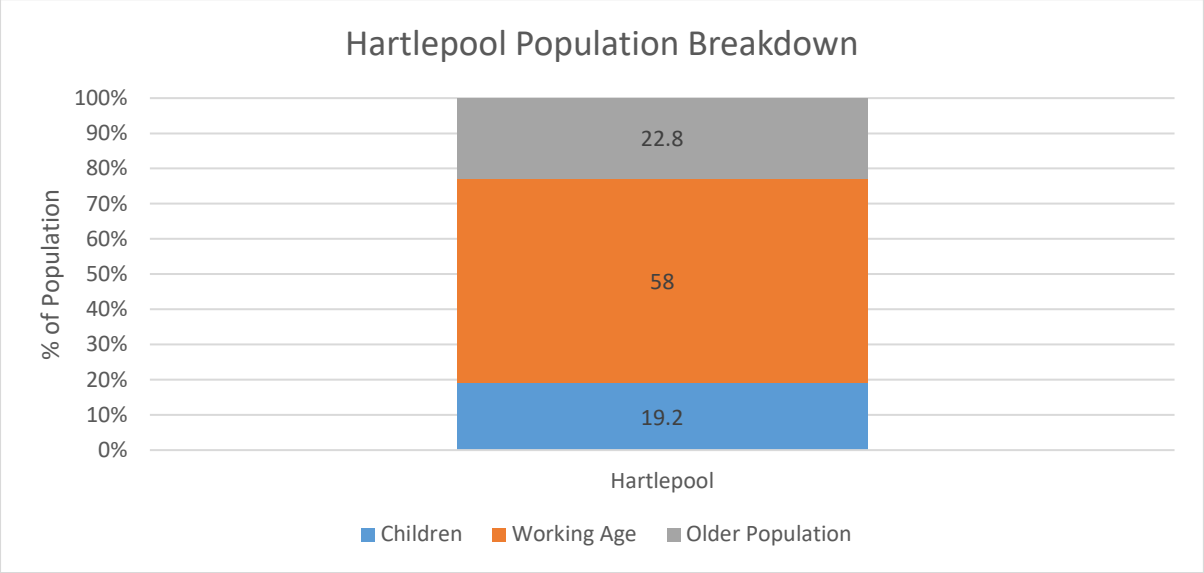


Figure 1: Hartlepool population breakdown
Source: ONS 2022 – 2020 Estimate

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%.

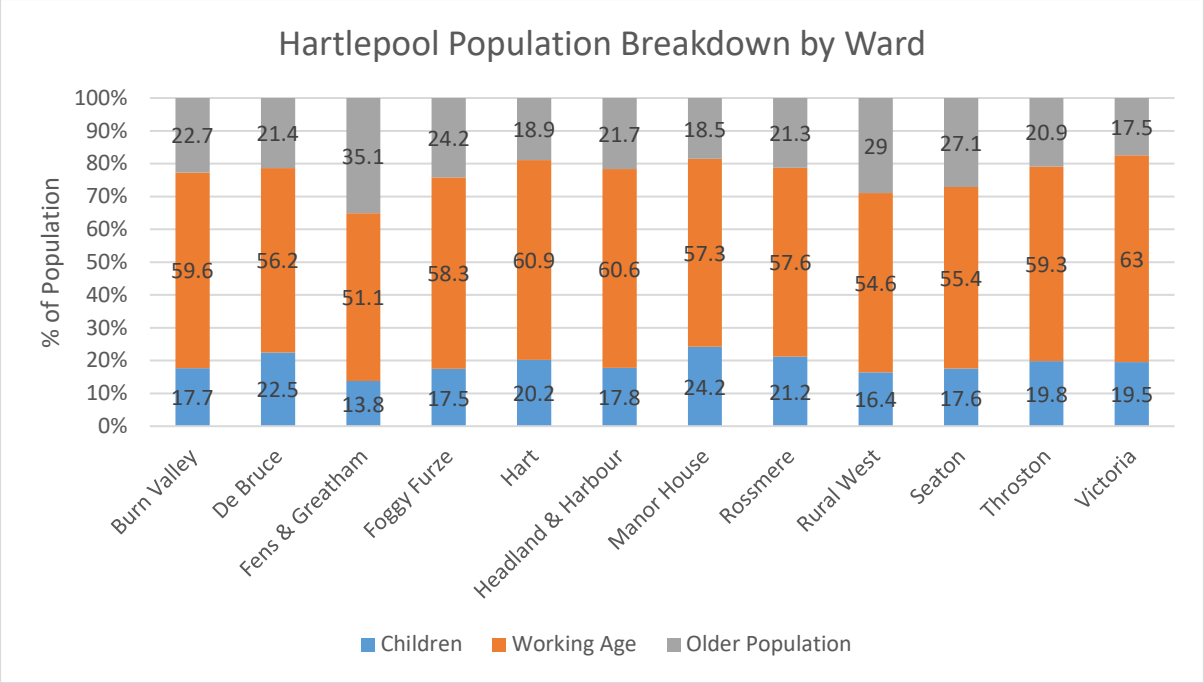


Figure 2: Hartlepool Population Breakdown by Ward
Source: ONS 2022 – 2020 Estimate

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.

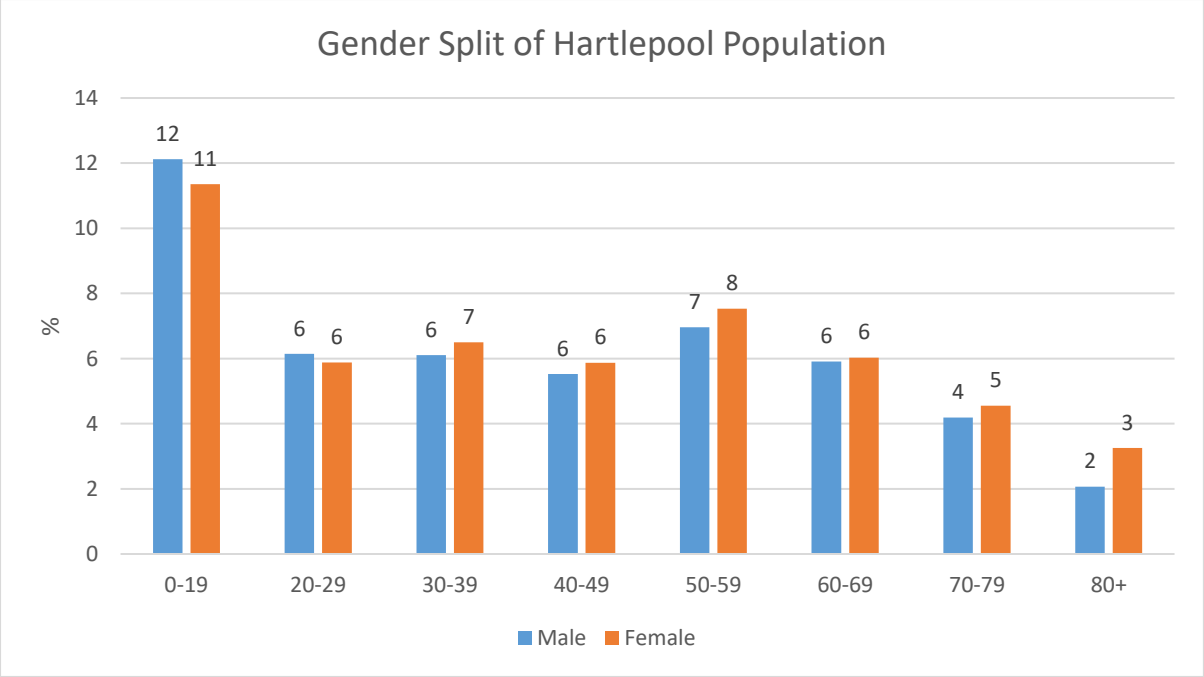


Figure 3: Gender Split of Hartlepool Population
Source: ONS 2022 – 2020 Estimate

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

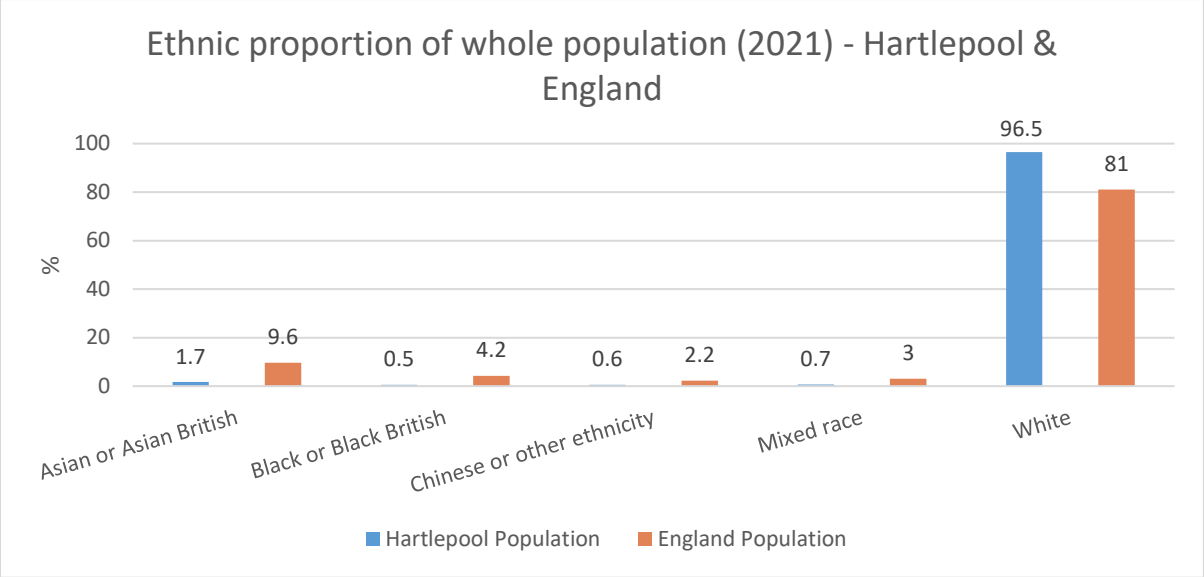


Figure 4: Ethnic proportion of whole population (2021) – Hartlepool & England.
Source: Census 2021

Hartlepool's population identifies as white to a very large majority. Of the 3.5% of Hartlepool's population who don't identify as white, almost half identify as Asian or Asian British, with no other ethnicity accounting for even 1% of the Hartlepool population. This is in contrast to the England population as a whole, where each of the non-white ethnic categories, Asian and Asian British, Black or Black British, Chinese or other ethnicity, and mixed race, account for at least 2.2%, and up to 9.6% for Asian and Asian British.

Hartlepool has almost 50% (49.3%) of its population employed in some form, full time, part time or self-employed.

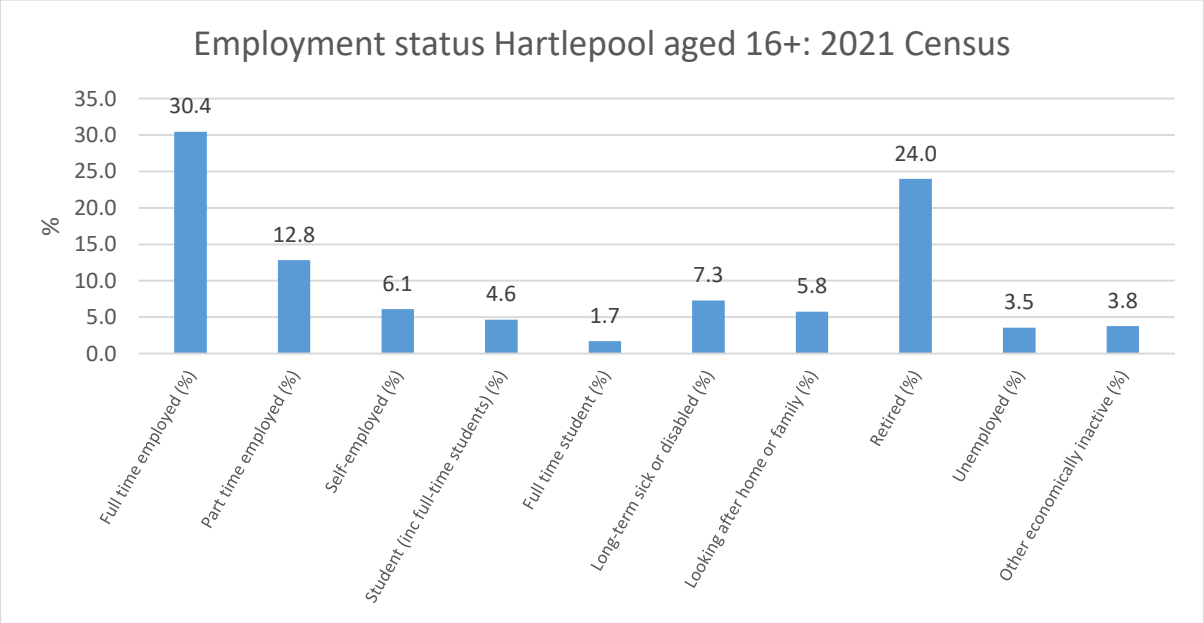


Figure 5: Employment status for Hartlepool aged 16 +:2021 Census
Source: Census 2021

Almost a quarter of the population (24%) are retired, and almost 1 in 13 people (7.3) are long term sick or disabled. Unemployment and economic inactivity accounts for 7.2% of the population, which is again roughly 1 in 13 people.

5.2 Smoking prevalence (Adults)

Data from the Quality Outcomes Framework (QOF) shows that smoking rates within the population in Hartlepool have decreased year on year for the last seven years, and has done so at a similar rate to the England average.

Figure 6: Smoking prevalence in adults (15+) – current smokers (QOF)
Source: QOF 2022

Hartlepool's prevalence of smoking for those aged 15 and above has fallen from 23.9% in 2013/14 to 19.7% in 2020/21. Throughout this period Hartlepool has remained significantly worse than the England average, but has followed a similar pattern in its decreasing rate. In 2020/21 Hartlepool had the 8th highest smoking rate for those aged 15 and above in England, and the highest in the North East.

However data from the 2020/21 GP Patient Survey (GPPS) and the 2021 Annual Population Survey (APS), looks at the smoking population for those aged 18+. These two surveys however show different pictures to each other.

The 2021 APS has Hartlepool with an 18+ smoking rate of 17.3%, which places Hartlepool as the 2nd highest rate in the north east and the 11th highest in England.

Figure 7: Smoking Prevalence in adults (18+) – current smokers (APS)
Source: APS 2022

This is similar to the QOF findings, and both show the England and Hartlepool rates reducing in a similar way across the reporting period, although the APS data has Hartlepool roughly a third higher than the England rate, compared with roughly a fifth for the QOF data.

However the 2020/21 GPPS data shows that Hartlepool has closed the gap with England, and has the same prevalence rate in 2020/21. The GPPS data also shows Hartlepool as having a rate of 14.4%, which places Hartlepool in the top performing 50% of local authorities. This is in somewhat of a contrast to the QOF and APS findings.

Figure 8: Smoking prevalence adults (18+) –current smokers (GPPS)
Source: GPPS 2021

Both the GPPS and the APS split the population into current smokers, ex-smokers and never smoked. If current and ex-smokers are combined, this gives the population who have smoked at any point in their life, and there are to some degree susceptible to the negative health outcomes related to smoking.

While the GPPS for Hartlepool had the smaller proportion of current smokers, it had a larger proportion of ex-smokers, to give a larger overall combined current or historic smoking population.

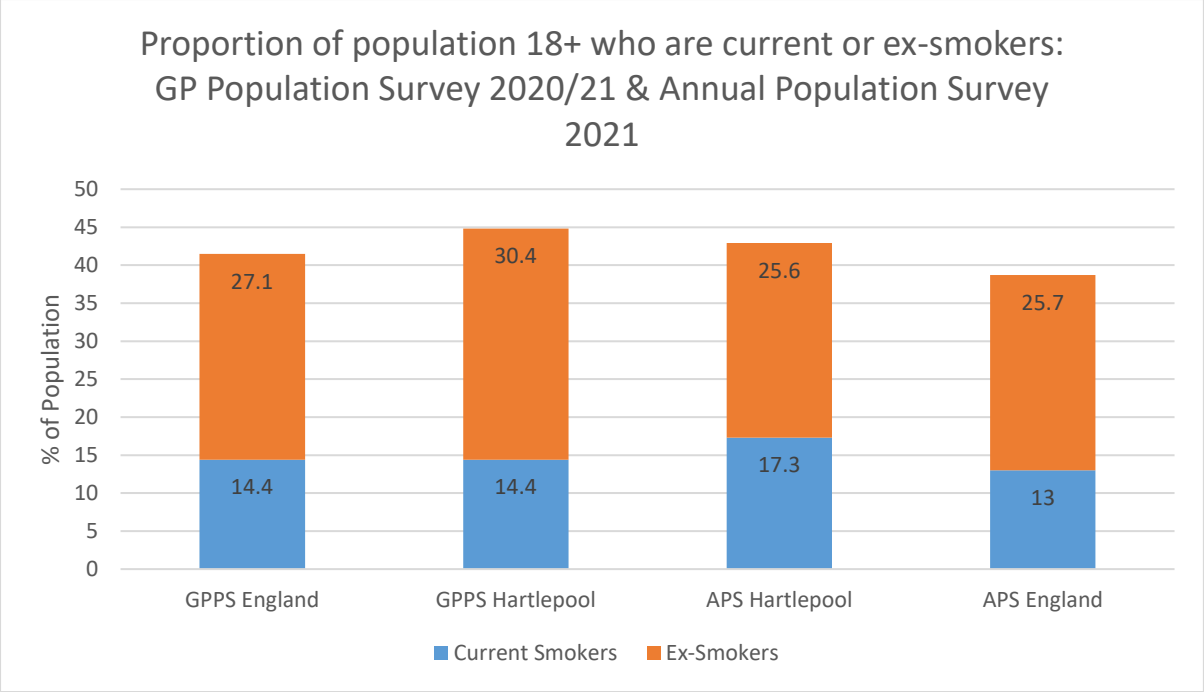


Figure 9: Proportion of population 18+ who are current smokers or ex- smokers: GP Population Survey2020/21 & annual population survey 2021.
Source: GPPS 2021 & APS 2021

The differences in the figures between the GPPS and the APS highlight the difficulties in finding a consensus on smoking numbers within an authority population. The survey numbers are self-reported and the QOF figure relies on accurate information being maintained by an individual's GP practice.

One of the main targets in the government's tobacco control plan of July 2017 is to "reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population"[18] For Hartlepool those in routine and manual occupations are almost 1.5 times more likely to smoke than those employed in other occupations. This figure has fallen for each of the last two years.

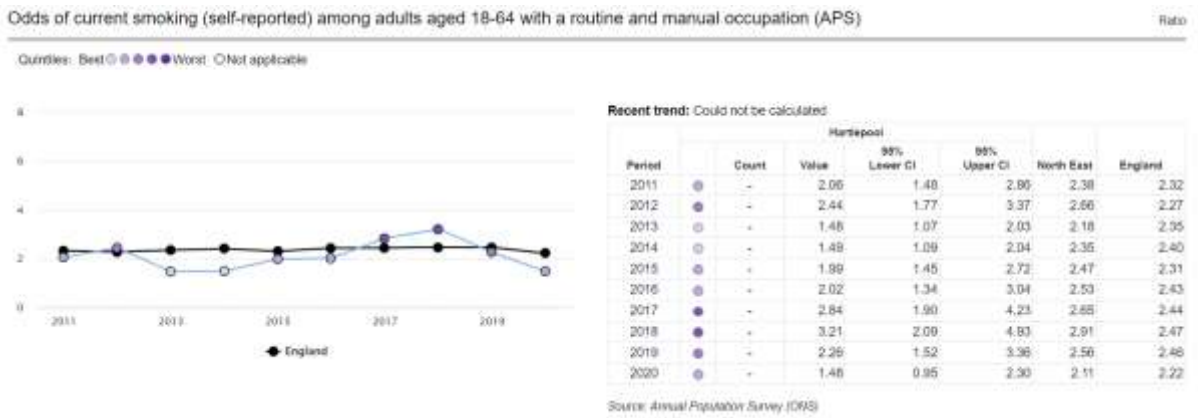


Figure 10: Odds of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS)
Source: APS 2021

However this is below the England average, though not to a degree that is statistically significant, and the 3rd best figure in the north east. The proportion in

Hartlepool of those in routine and manual occupations who are current smokers has declined at an almost identical rate to England over the last nine years, and has remained statistically similar to the England rate throughout this period.

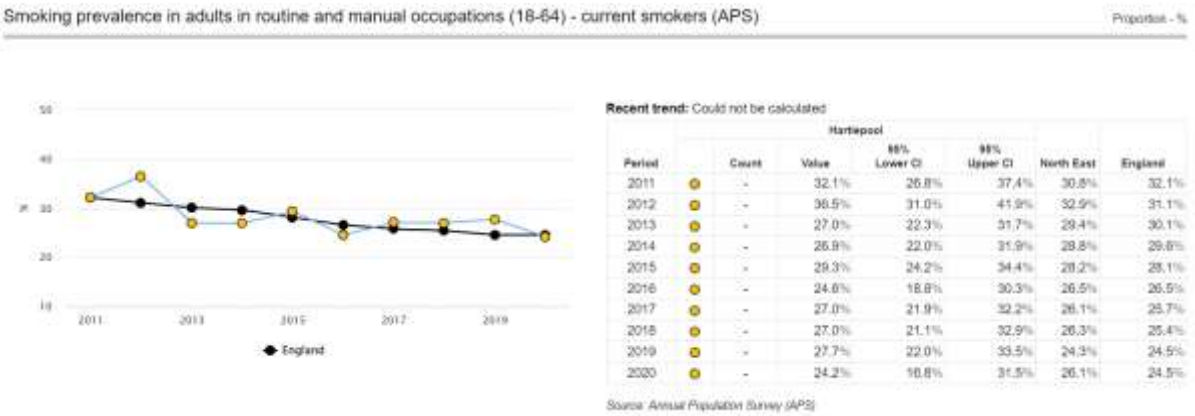


Figure 11: Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)
Source: APS 2021

Hartlepool's rate in 2020 is the fifth best in the north east.

5.3 Smoking related conditions (Adults)

Looking more specifically at smoking related health conditions, Hartlepool has consistently been significantly worse than the England average for lung cancer registration for the last 11 years of reporting.

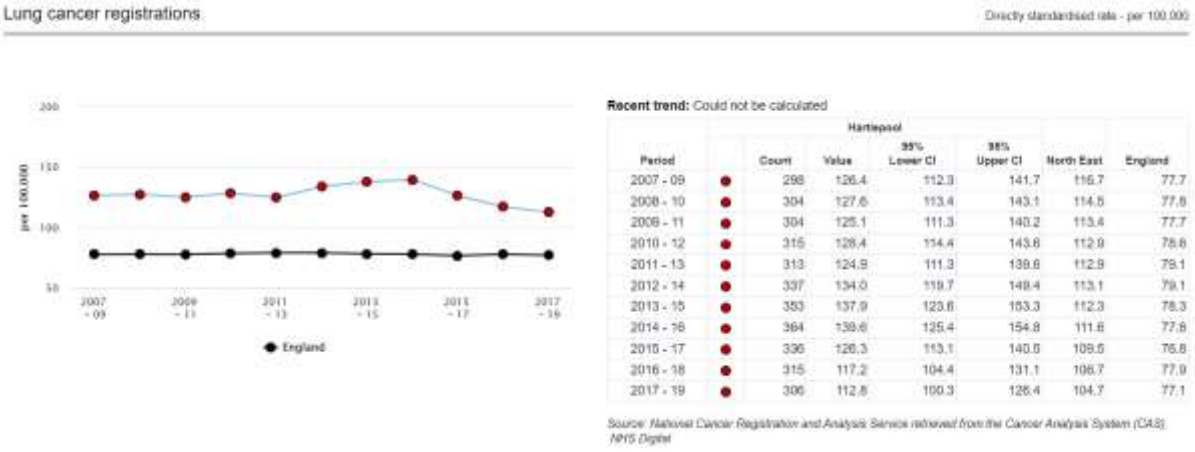
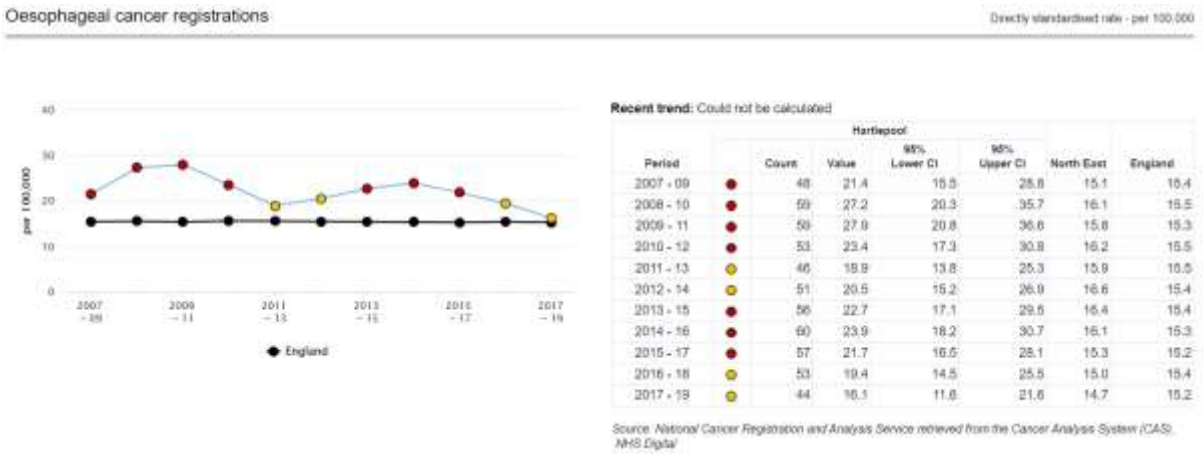


Figure 12: Lung cancer registrations
Source: National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS), NHS Digital 2022

However the gap between Hartlepool and England in 2017/19 is closer than at any point in the 11 year reporting period. Hartlepool's 2017/19 rate of 112.8 is 46% higher than the England average, however in 2007/08 there was a 68% difference, and in 2014/15 the difference peaked at 79%.

Registrations for oesophageal cancer in Hartlepool have fluctuated much more than the England average over the 11 year reporting period.



Recent trend: Could not be calculated

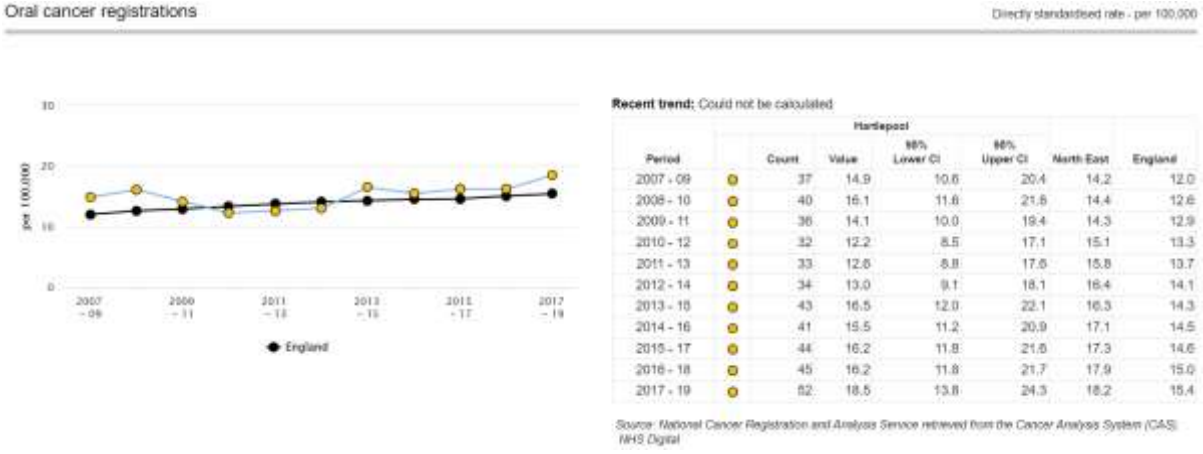
Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2007 - 09		48	21.4	15.5	28.8	15.1	15.4
2008 - 10		59	27.2	20.3	35.7	16.1	15.5
2009 - 11		59	27.9	20.8	36.6	15.8	15.3
2010 - 12		53	23.4	17.3	30.8	16.2	15.5
2011 - 13		46	19.9	13.8	25.3	15.9	15.5
2012 - 14		51	20.5	15.2	26.9	16.6	15.4
2013 - 15		56	22.7	17.1	29.5	16.4	15.4
2014 - 16		60	23.9	18.2	30.7	16.1	15.3
2015 - 17		57	21.7	16.5	28.1	15.3	15.2
2016 - 18		53	19.4	14.5	25.5	15.0	15.4
2017 - 19		44	16.1	11.8	21.6	14.7	15.2

Source: National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS), NHS Digital

Figure 13: Oesophageal cancer registrations
Source: National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS), NHS Digital 2022

In 2017/19 Hartlepool was similar to the England average, 16.1 registrations per 100,000 population compared with England's 15.2 per 100,000. This is a result of three consecutive years of declining rate for Hartlepool. Across the 11 years, Hartlepool's rate increased from 21.4 per 100,000 in 2007/08 to a peak of 27.9 in 2009/11 and is currently at the lowest rate of the reporting period, a range of 13.8, compared with England which has seen a range of just 0.3 across the 11 years of reporting.

Unlike both lung and oesophageal cancer registrations, oral cancer registration has followed a similar pattern to the England average across the reporting period.



Recent trend: Could not be calculated

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2007 - 09		37	14.9	10.6	20.4	14.2	12.0
2008 - 10		40	16.1	11.6	21.8	14.4	12.6
2009 - 11		36	14.1	10.0	19.4	14.3	12.9
2010 - 12		32	12.2	8.5	17.1	15.1	13.3
2011 - 13		33	12.6	8.8	17.6	15.8	13.7
2012 - 14		34	13.0	9.1	18.1	16.4	14.1
2013 - 15		43	16.5	12.0	22.1	16.3	14.3
2014 - 16		41	15.5	11.2	20.9	17.1	14.5
2015 - 17		44	16.2	11.8	21.6	17.3	14.6
2016 - 18		45	16.2	11.8	21.7	17.9	15.0
2017 - 19		52	18.5	13.8	24.3	18.2	15.4

Source: National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS), NHS Digital

Figure 14: Oral cancer registrations
Source: National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS), NHS Digital 2022

Hartlepool's oral cancer registration rate has remained similar to the England average throughout the 11 year reporting period, though Hartlepool's rate has increased from 14.9 per 100,000 population in 2007/09 to 18.5 per 100,000 in 2017/19. This amounts to an increase of 24%, which is again comparable to the England average of 28% in the same period.

Emergency hospital admission for COPD in Hartlepool have been significantly higher than the England average for the last 10 years of reporting.

Figure 15: Emergency hospital admissions for COPD
Source: Hospital Episodes Statistics 2021

Hartlepool's COPD hospitalisation rate has fluctuated across the reporting period, but has remained significantly worse than England throughout. Hartlepool's rate has not seen more than 2 consecutive years of reduction. While Hartlepool's rate fell by 22% in the two years from 2012/13 to 2014/15, 843 per 100,000 population to 656 per 100,000, this was followed by an increase 36%, 656 per 100,000 to 890 per 100,000. Hartlepool's rate is marked by a lack of consistency, though the first five years of the reporting period show a general reduction, this is mirrored in the subsequent years with a similar level of increase.

Smoking attributable hospital admissions in Hartlepool have been significantly worse than the England average throughout 2015/16 to 2019/20. Though the recent trend in Hartlepool is decreasing.

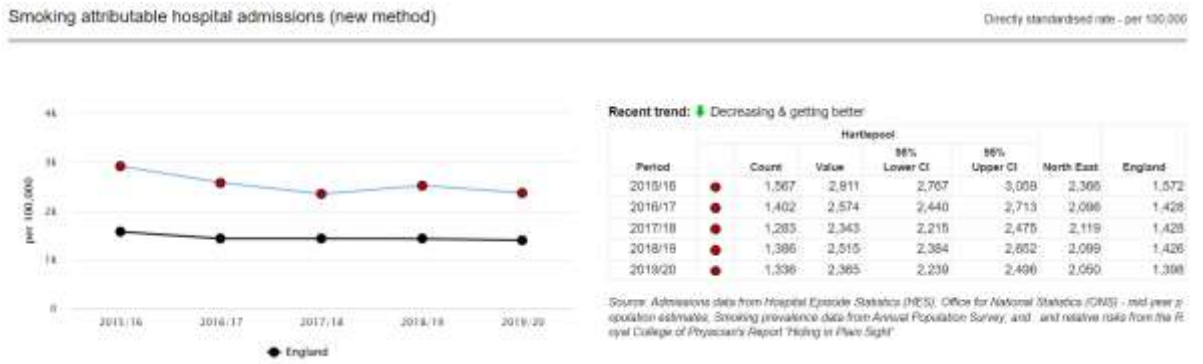


Figure 16 : Smoking attributable hospital admissions(new method)
Source: Admissions data from Hospital Episode Statistics (HES); Office for National Statistics (ONS) - mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight' 2021

There has been a general decline for smoking attributable hospital admissions in Hartlepool across the reporting period, with the gap between Hartlepool's rate and the England rate smaller in 2019/20 than in 2015/16, Hartlepool was 85% larger in 2015/16 and only 69% larger in 2019/20.

5.4 Smoking and mortality (Adults)

Smoking attributed mortality in Hartlepool has remained statistically worse than England throughout the five year reporting period.

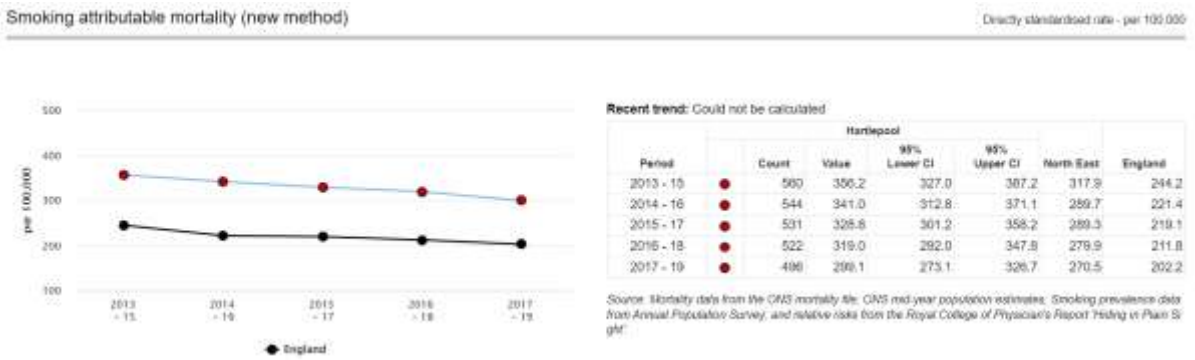


Figure 17 : Smoking attributable mortality (new method)
Source: Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'. 2021

Hartlepool's smoking attributable mortality rate per 100,000 people has fallen from 356.2 in 2013/15 to 299.1 in 2017/19. This is a decline of 16%, which is comparable to the England decline of 17% during the same period. However, the gap between Hartlepool and England has also remained largely the same throughout this period.

Looking specifically at smoking attributable mortality from cancer, Hartlepool has again been statistically worse than England throughout the five year reporting period.

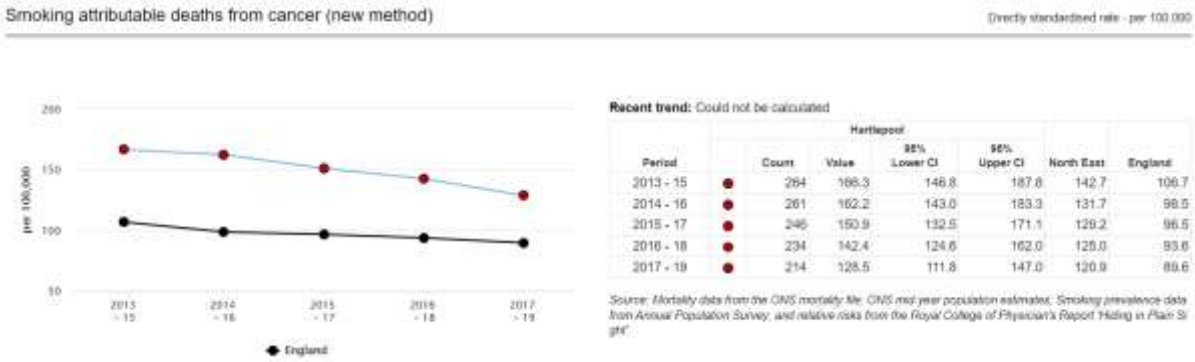


Figure 18: Smoking attributable deaths from cancer (new method)
Source: Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'. 2021

Unlike the figures for all smoking attributable mortality, the specific cancer rate has declined in Hartlepool at a faster rate than the England average, shortening the gap between Hartlepool and England. In 2013-15 Hartlepool's rate was 56% larger than the England rate, but by 2017/19 this had fallen to 43% larger.

For heart disease the smoking attributable mortality rate in Hartlepool, unlike that of England, has not decreased every year across the five year reporting period.

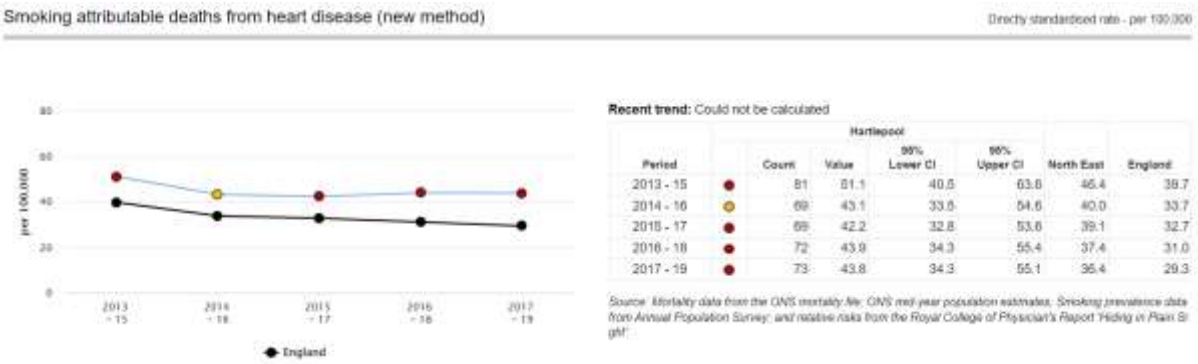


Figure 19 : Smoking attributable deaths from heart disease (new method)
Source: Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'. 2021

Hartlepool's mortality rate in was 11.4 per 100,000 larger than England in 2013/15, this had increased to 14.5 per 100,000 larger in 2017/18. In percentage terms this increased moved Hartlepool from 29% larger in 2013/15 to 49% larger in 2017/19.

For smoking attributable mortality from stroke, Hartlepool has remained statistically similar to England throughout the reporting period. This is the only smoking attributable mortality indicator where Hartlepool has consistently been at a similar level to England.

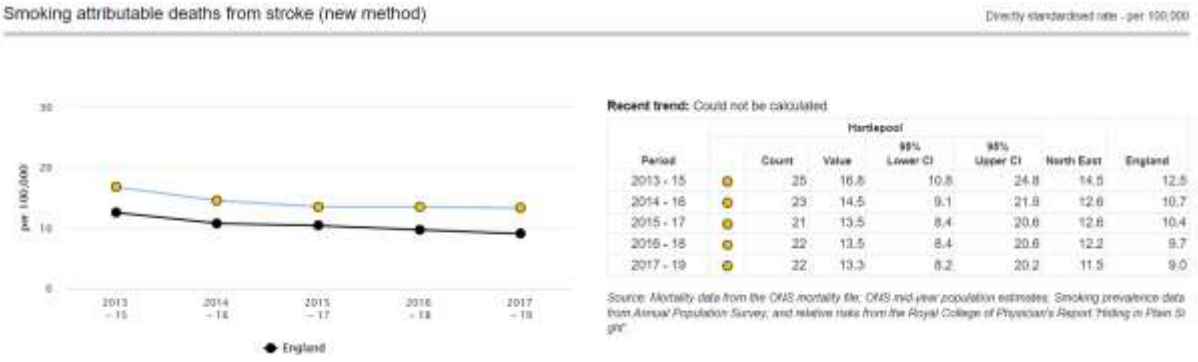


Figure 20 : Smoking attributable deaths from stroke (new method)
Source: Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'. 2021

Hartlepool's rate per 100,000 has fallen from 16.8 per 100,000 in 2013/15 to 13.3 per 100,000 in 2017/19. However during this period Hartlepool's rate per 100,000 has moved from 34% larger than England's rate to 48% larger.

5.5 Long Term Health conditions (Adults)

The prevalence of smoking within those with a long term mental health condition in Hartlepool has been similar to the England average for the majority of the last eight years.

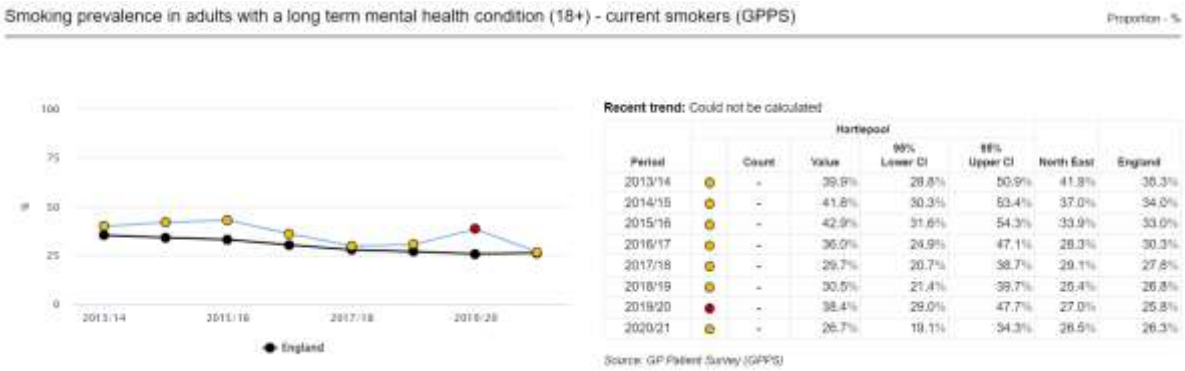


Figure 21: Smoking prevalence in adults with a long term mental health condition (18+) – current smokers (GPPS)
Source: GPPS 2022

Hartlepool's latest rate, 2020/21, of 26.7% is similar to the England rate of 26.3%. This is a return to a position of statistical similarity after the 2019/20 rate was statistically worse than England, 38.4% compared to 25.8% for England. The 2020/21 rate is a 30% reduction on the 2019/20 rate. Across the same period the odds of those with a long term mental health condition being a smoker has been at least 2.4 times as likely as for those without a long term mental health condition, rising as high as 3.4 times as likely in 2019/20.

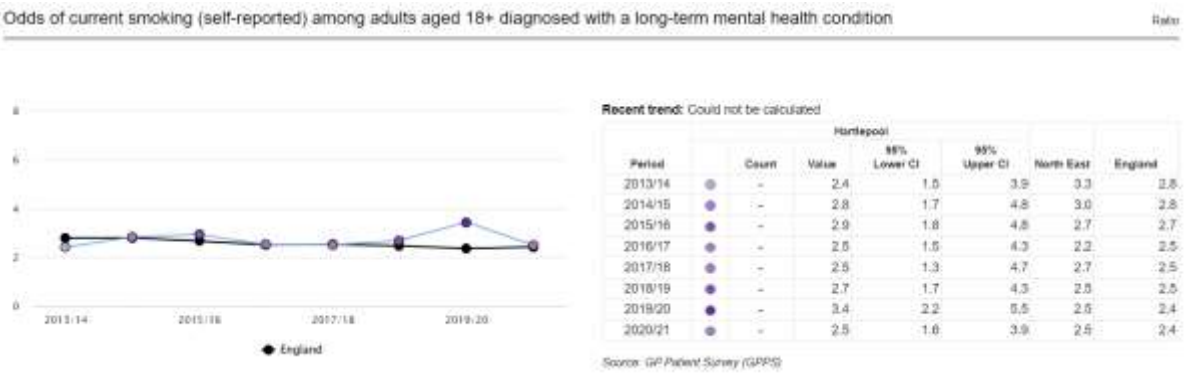


Figure 22: Odds of current smoking (self-reported) among adults aged 18+ diagnosed with a mental health condition
Source: GPPS 2022

The pattern of similarity to England has remained the same as that of the rate.

5.6 Smoking in Pregnancy

The Maternity Services Dataset (MSDS) looked at smoking in early pregnancy in 2018/19, and Hartlepool had the highest rate in the north east and the 3rd highest in England.

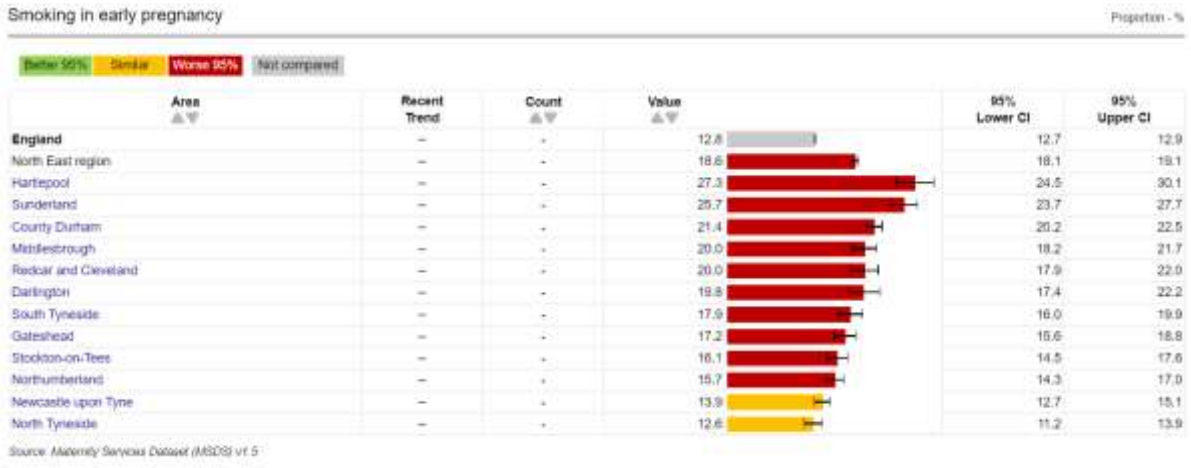


Figure 23: Smoking in early pregnancy
Source: MSDS 2019

Hartlepool's rate of 27.3% is more than twice the England rate of 12.8% and almost 1.5 times the north east rate of 18.6%.

Hartlepool's rate of mothers who are smokers at the time of delivery of their baby has remained significantly worse than the England average throughout the last 12 years.

Figure 24: Smoking status at time of delivery
Source: PHE & NHS Digital 2022

The rate for Hartlepool has fallen by 39% from 2010/11 to 2021/22, compared with a 33% decline for the England rate in the same period. Looking at the smoking status at time of delivery at a Middle Super Output Area (MSOA) level in Hartlepool from 2019/20 to 2021/22, every MSOA has reduced by at least 5.9%, though the largest reduction is Harbour, Victoria & Wooler Road, which has reduced by 79.4%.

Smoking at Time of Delivery – Hartlepool MSOA 2019/20 to 2021/22

	2019/20	2020/21	2021/22	% Decrease from 2019/20 to 2021/22
Clavering	10.2	8.4	3.0	71.0
Headland & West View	38.3	22.0	19.2	49.8
Jesmond	34.3	35.2	19.5	43.2
Old Town & Grange	27.0	24.0	6.4	76.2
Foggy Furze	29.0	32.6	23.3	19.7
Rift House & Summerhill	41.2	22.1	9.2	77.7
Rossmere & Mill	11.1	11.3	10.5	5.9
Seaton Carew	1.5	1.7	0.8	46.1
Owton Manor	21.7	35.4	19.1	11.9
The Fens, Elwick & Hart	2.7	2.5	1.8	34.4
Harbour, Victoria & Wooler Road	24.6	20.7	5.1	79.4

Figure 25: Smoking at Time of Delivery – Hartlepool MSOA 2019/20 to 2021/22
Source: NHS FT 2023

The rate for premature births in Hartlepool has recently moved from a position of statistical similarity with England, to significantly worse than England.

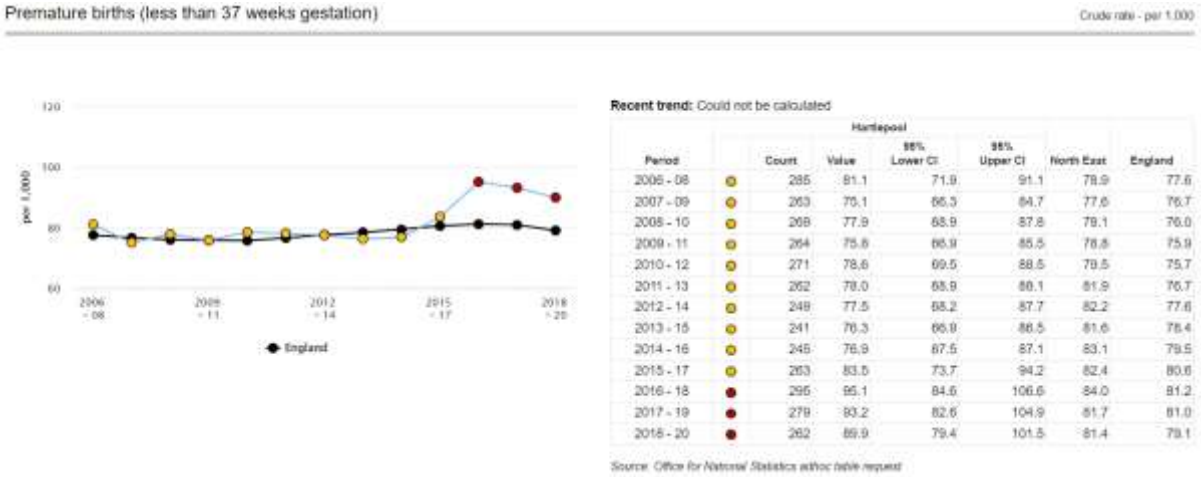


Figure 26: Premature births (less than 37 weeks gestation)
Source: ONS 2022

After a period of 10 consecutive years of similarity with the England rate, Hartlepool has, since 2016/18, had a rate of premature births that is significantly worse than the England rate. The gap between Hartlepool and England has close during the three year period of significant difference. In 2016/18 Hartlepool was 17% higher than England, but by 2018/20 this had fallen to 14%.

For low birth weight for full term babies, Hartlepool has followed a similar pattern to premature births, but has regained its statistical similarity to England after one year.

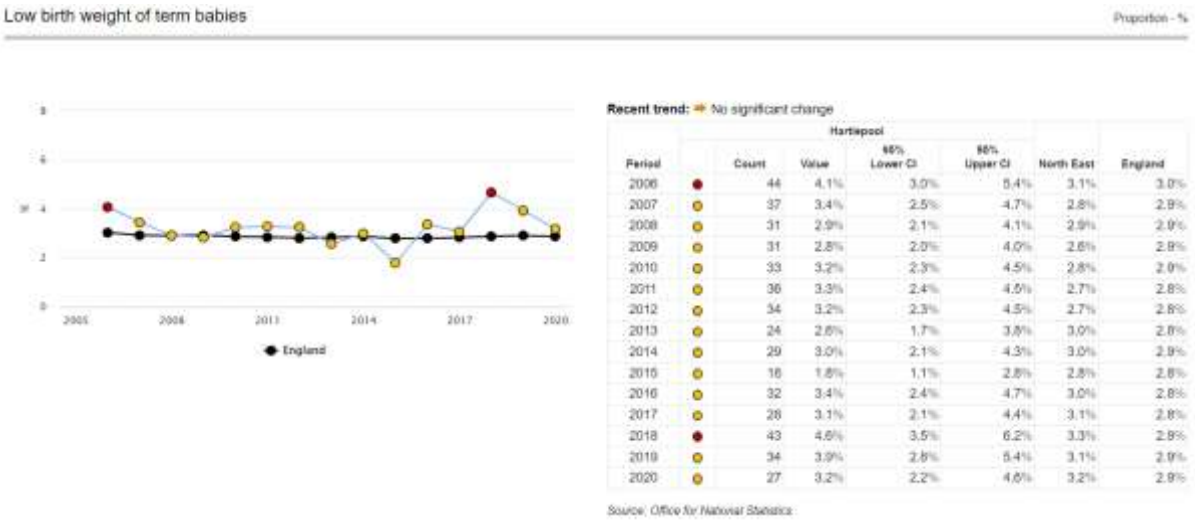


Figure 27: Low birth weight of term babies
Source: ONS 2023

Hartlepool again had a sustained period of statistical similarity with England, 2006-2017, before an increase in rate in 2018 moved Hartlepool to significantly worse than the England rate. However unlike premature births, the rate for low birth weight babies regained its position of statistical similarity to England in 2019, and maintained this in 2020.

6.0 Young People

In 2021 the NHS England conducted a survey looking at smoking, drinking and drug use in young people. The survey dealt with 11-15 year olds and the results were published regionally, the North East rates for smoking status are shown below:

Smoking Status	**%**
Not answered	0.8
Don't know	0.2
I have never smoked	83.6
I have only ever tried smoking once	7.5
I used to smoke sometimes but I never smoke a cigarette now	3.0
I sometimes smoke cigarettes now but I don't smoke as many as one a week	3.1
I usually smoke between one and six cigarettes a week	0.5
I usually smoke more than six cigarettes a week	1.3

Figure 28: Young people survey looking at smoking, drinking and drug use (11-15yrs)
Source: NHS Digital: Smoking, Drinking and Drug Use among Young People in England, 2021

If these rates are applied to Hartlepool's 11-15 year old population, then the numbers would be:

Smoking Status - Hartlepool	**Count**
I have never smoked	4934
I have only ever tried smoking once	445

I used to smoke sometimes but I never smoke a cigarette now	176
I sometimes smoke cigarettes now but I don't smoke as many as one a week	185
I usually smoke between one and six cigarettes a week	28
I usually smoke more than six cigarettes a week	74

Figure 29: Young people survey (11-15yrs) applied to Hartlepool
Source: NHS Digital Smoking, Drinking and Drug Use among Young People in England, 2021

These figures would give Hartlepool a populations 909 young people who have at some point smoked a cigarette. This 909 can be broken down into regular, occasional and ex-smokers:

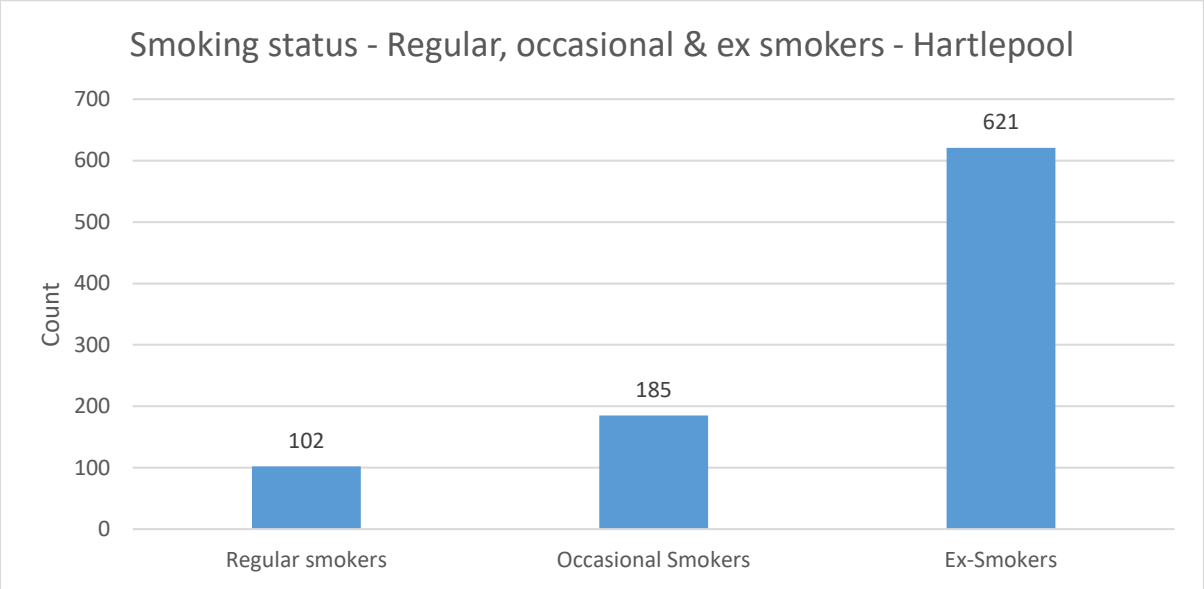


Figure 30: Smoking status of young people – Hartlepool
Source: NHS Digital: Smoking, Drinking and Drug Use among Young People in England, 2021

A survey by Action on Smoking and Health (ASH), the ASH smokefree GB Survey 2022, found that in 11-17 year olds in Great Britain, 83.8% of young people had never tried an e-cigarette, with 15.8% admitting to having tried an e-cigarette. The rate of regular e-cigarette use was 3.1% of 11-17 year olds.

If we apply these rates to Hartlepool it would produce the following e-cigarette use populations:

Hartlepool e-cigarette Use	**Count**
Never tried an e-cigarette	6830
Tried e-cigarette	1288
Regular e-cigarette user	253

Figure 31: Young people survey of e-cigarette use- applied to Hartlepool *Source: ASH Smokefree GB, 2022*

The figure for those who have tried an e-cigarette can be broken down into regular, occasional and ex users:

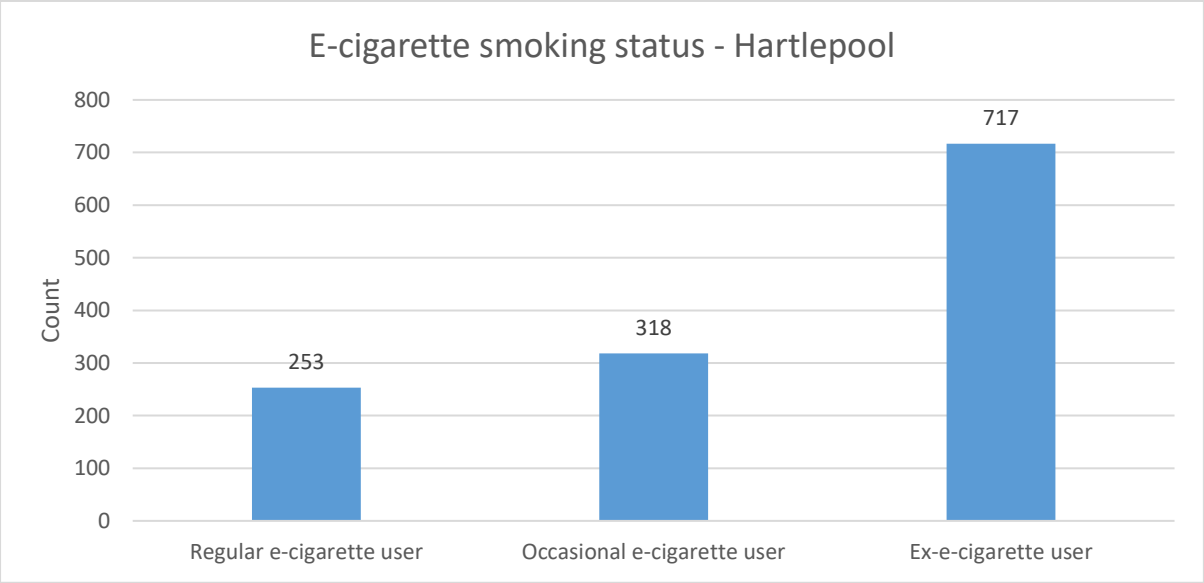


Figure 32: E-cigarette smoking status – Hartlepool
Source: ASH Smokefree GB, 2022

The ASH survey found that e-cigarette use in 11-17 year olds had increased over the period of 2013-22, with 3.8% stating they had tried an e-cigarette in 2013, 0.6% regular users, to 15.8% in 2022, 3.1% regular use.

Hospital admissions for asthma in those aged under 19 years old in Hartlepool continues to be at a level similar to the England average.

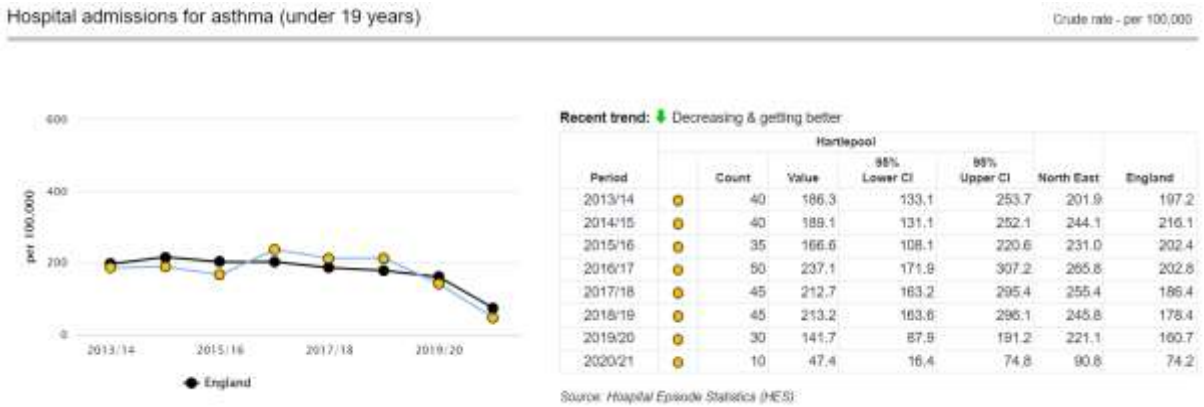


Figure 33: Hospital admissions for asthma (under 19years)
Source: Hospital Episode Statistics (HES) 2022

Hartlepool has seen a large decline in its rate of hospitalisations for asthma in the under 19s across the eight year reporting period, from 186.3 per 100,000 population in 2013/14 to 47.4 per 100,000 in 2020/21. This is a reduction of 75%, during the same period England saw a reduction of 62%.

Self-reported smoking amongst Hartlepool's young people's substance misuse services is very different to the England average.

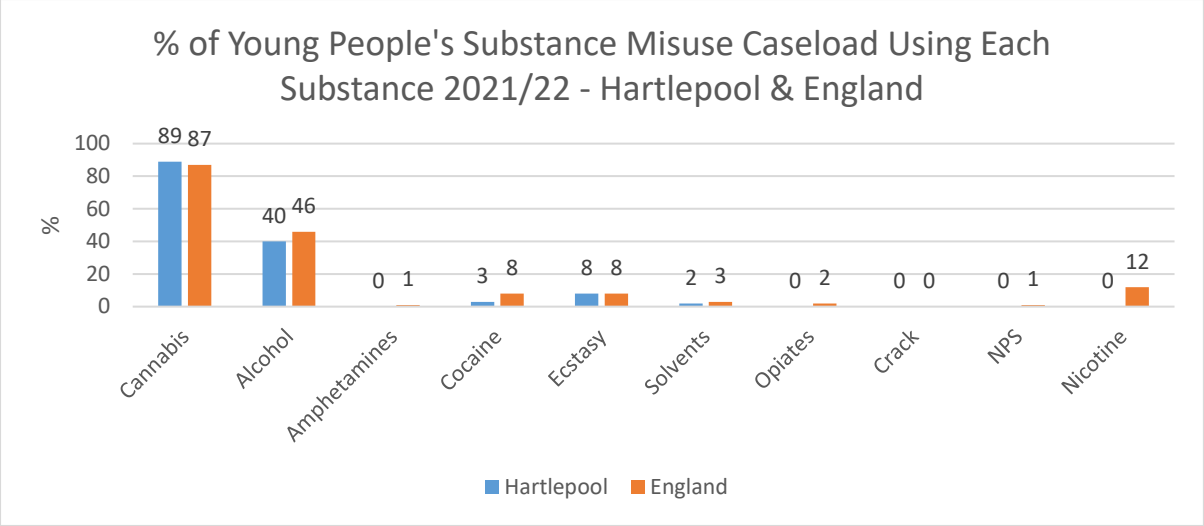


Figure 34: Percentage of young people's substance misuse caseload using each substance 2021/22 – Hartlepool & England
Source: NDTMS 2022

Hartlepool did not register any nicotine use amongst its young people's substance misuse caseload across the five year reporting period, this is very different from the England average where almost 1 in 8 people in you people's substance misuse treatment are using nicotine.

7.0 Enforcement

Data from Hartlepool's Trading Standards team shows that vaping and e-cigarettes are becoming an increasing issue in Hartlepool in regards to underage sales, while traditional cigarettes have generated very few underage sales complaints since 2014.

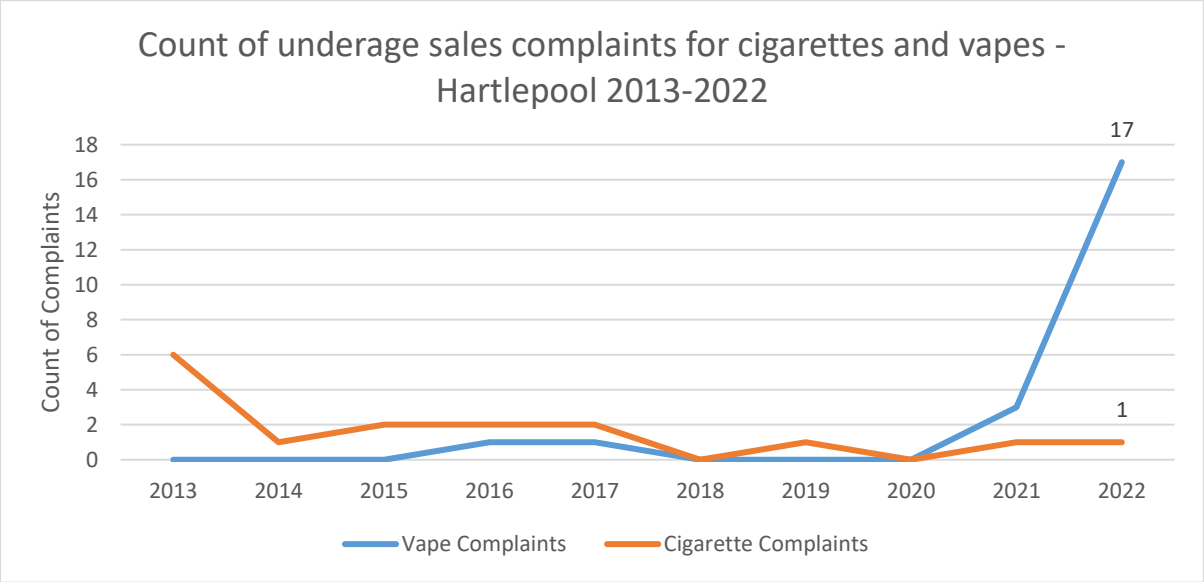


Figure 35: Count of underage sales complaints for cigarettes and vapes- Hartlepool 2013-2022
Source: Hartlepool Trading Standards 2023

Underage sales of cigarettes have generated no more than two complaints in a given year between 2014 and 2022. In contrast, e-cigarette sales have generated 20

underage sales complaints in the two year period 2021/22, with 17 of them coming in 2022. In the eight years before 2021 combined there had only been two underage sales complaints relating to vaping or e-cigarettes. This shift is also visible in the proportion of all underage sales complaints received in Hartlepool for cigarette and vaping/e-cigarettes:

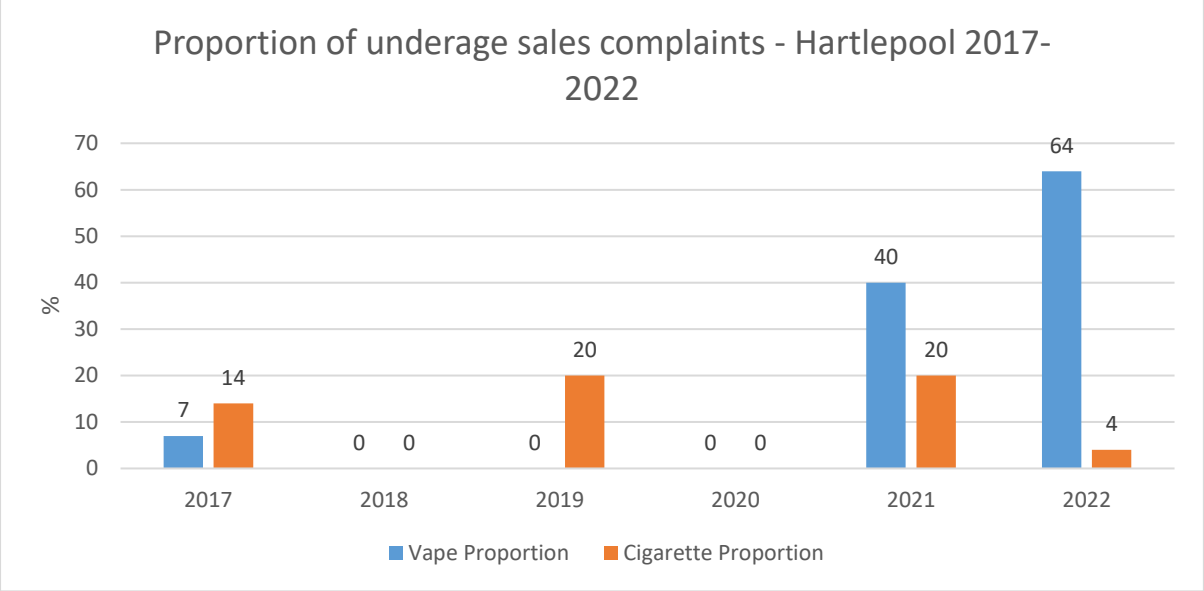


Figure 36: Proportion of underage sales complaints – Hartlepool 2017-2022
Source: Hartlepool Trading Standards 2023

8.0 Support Services data

Combined service data from the local Community Navigators and maternity services in Hartlepool shows that across the seven quarters from 2021/22 Q1 to 2022/23 Q3, the largest proportion of service users setting a quit date was 17.6% in 2021/22 Q1, however two quarters, 2021/22 Q4 and 2022/23 Q1 had no one set a quit date.

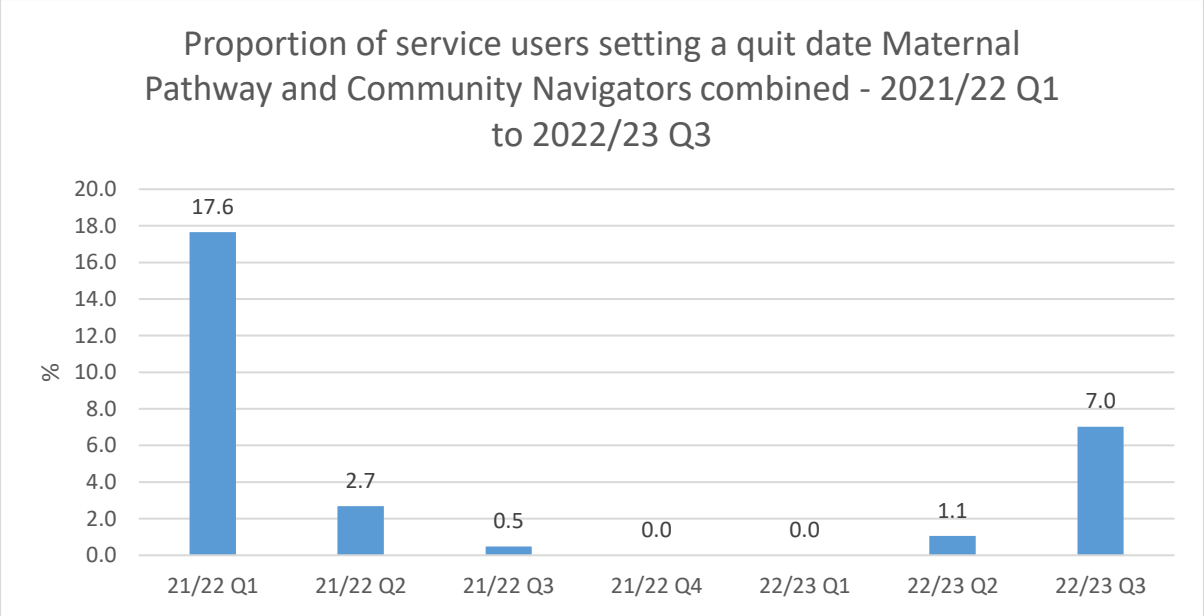


Figure 37: Proportion of service users setting a quit date -Community navigator and maternity pathway data combined
Source: Local data 2023- Combined community navigators and maternal pathway

During this period, only two quarters had any self-reported successful outcomes, which account for 2.7% of people seen in 2012/22 Q2 and 0.2% of people seen in 2021/22 Q3.

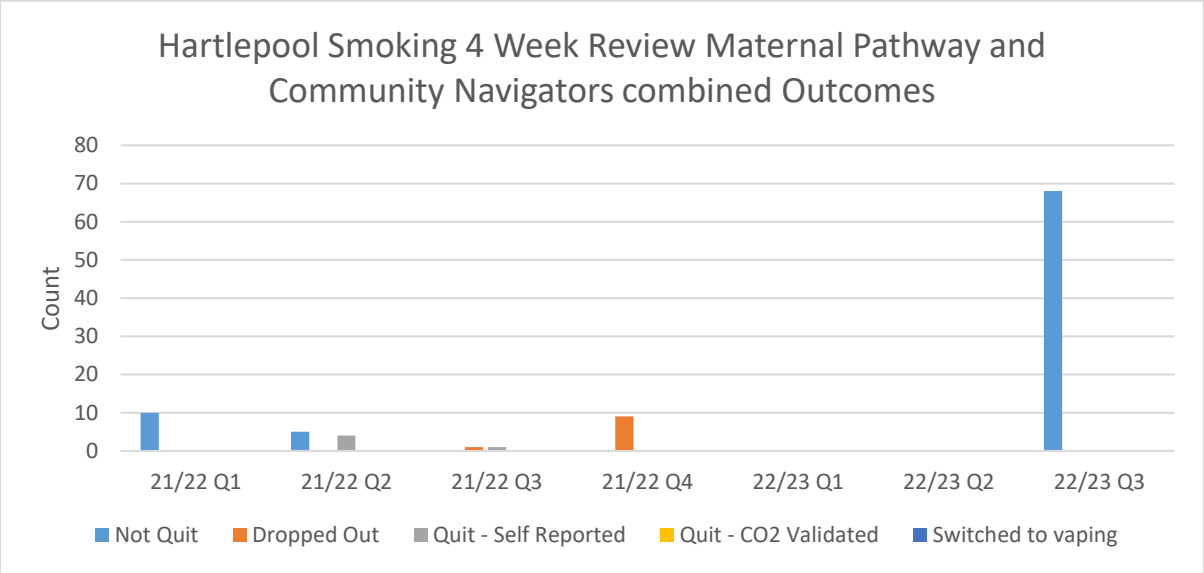


Figure 38: Hartlepool smoking 4 week review maternal pathway and community navigator combined outcomes.
Source: Local data 2023- Combined community navigators and maternal pathway

Staff support

Across the North East & North Cumbria NHS Integrated Care Board a smoke free care pathway has been introduced from July 2022 for the staff members. In Hartlepool local authority services 8 people have signed up, and across the North Tees & Hartlepool NHS Trust and the Tees, Esk & Wear Valley Mental Health trust, a further 121 people have joined the pathway.

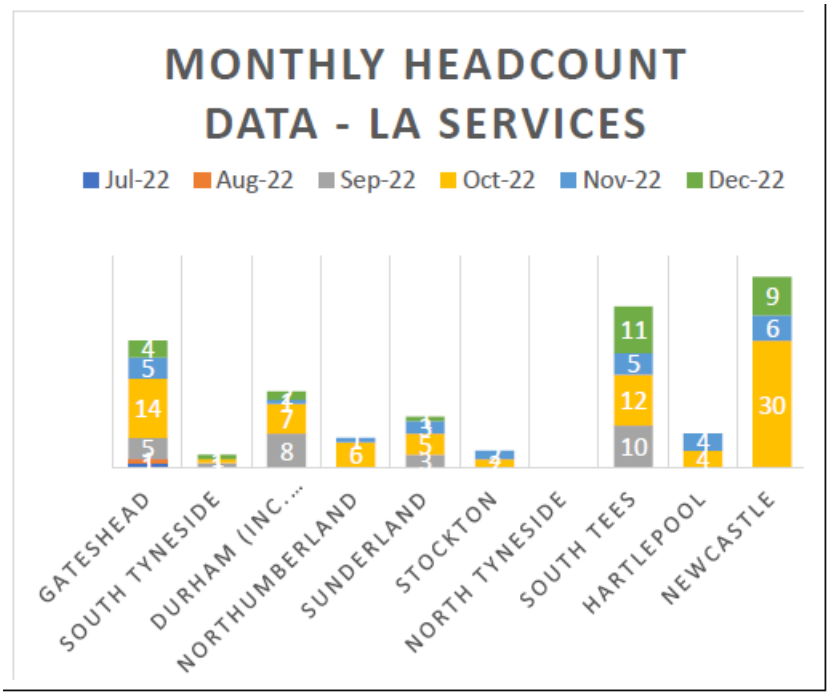


Figure 39: Monthly Head count data – staff supported by community navigators
Source: NENC ICB 2023

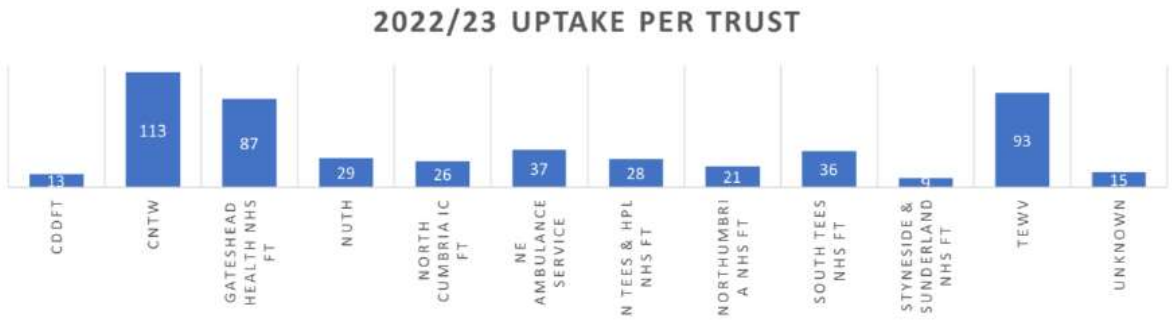


Figure 40: All staff being supported
Source: NENC ICB 2023

Across this pathway the quit rate at 28 days was 50%, with 80% of participants opting to use vaping as part of their quitting strategy.

Children and Young people's Service

In Hartlepool's 0-19 service in 2022/23, more than half of the service users had never smoked (57.6%), with 16.8% declaring themselves current smokers. A combined 14.2% of the 0-19 caseload over year were seeking some form of advice or using an e-cigarette to quit smoking.

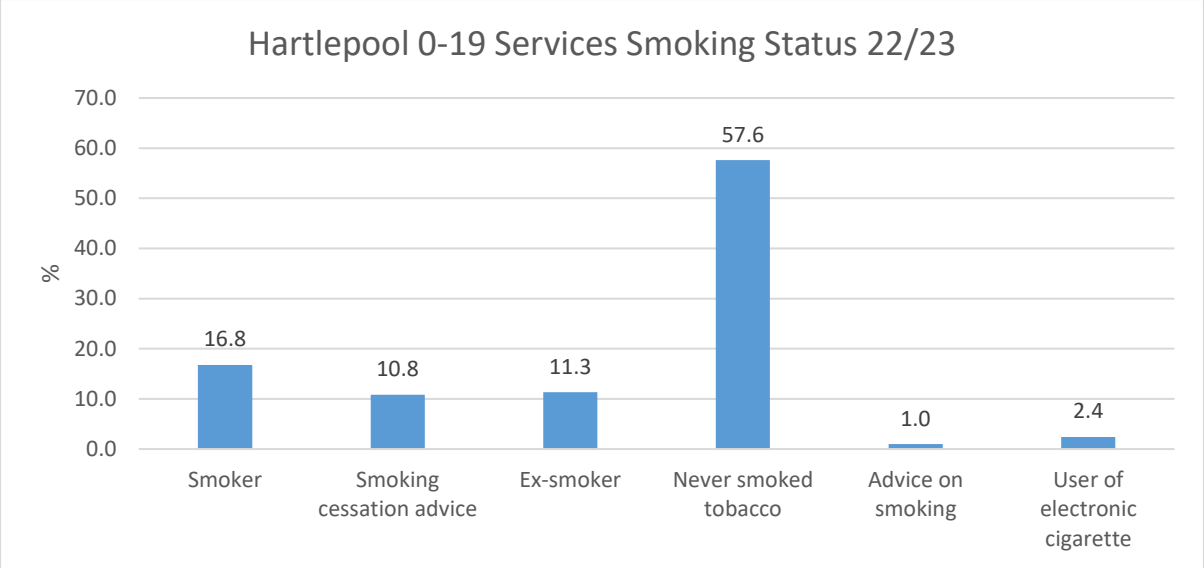


Figure 41: Hartlepool 0-19 Services – smoking status
Source: Local data 2023

9.0 Service provision in Hartlepool

Hartlepool Borough Council decommissioned the existing Specialist Stop Smoking Service in 2019. A new service provision was then developed using a multi-agency, community based approach to provide stop smoking services to its residents.

Population Approach to Stopping Smoking

Although there was no funding available for the service and the model was dependent upon residents buying their own products and accessing behavioural support through a multitude of agencies in the community The ambition was a smoker in Hartlepool could gain support to stop smoking through a variety of community based support mechanisms convenient to them. The ideology being support to stop smoking was everyone business and across all age groups. This approach also included working closely with VAPE shops as vaping was becoming locally a preferred option to help stop smoking.

This model was underpinned by all multi agency staff being advised to participate in the national on line training available https://www.ncsct.co.uk/ this included core competencies required to support a quit attempt.

The effects of the COVID pandemic, availability of VAPE shop provision, capacity within multi agency partners to support, unavailable funding streams had a considerable impact on this service development.

However, as part of COVIID recovery an opportunity has arisen to revisit and support the development of a stronger Hartlepool Smoking Alliance that will help coordinate

the new activities being developed to support stop smoking for Hartlepool residents. The current refreshed model highlights the new and developing services that have recently been launched as part of the long term plan ambitions within NHS organisations and it is hoped these services will compliment and work alongside existing service provision for Hartlepool communities.

Population Approach to Stopping Smoking

All of which are underpinned by the national training to ensure a standardised approach to giving support to stop smoking, new NICE guidance (ref) and using Vaping recommendations.

9.1 Council service model

Community Navigator process pa

The Council service model is dependent upon residents buying their own products and accessing behavioural support via a community navigator. The community navigators are trained staff who can offer a programme of support to stop smoking and stay stopped, they offer CO readings, they can signpost to websites and apps, discuss ways to cope with cravings, tailor support to individual needs and offer face to face, telephone and group support for 12 weeks or more.

9.2 Smoking Cessation in Secondary Care

The North East and North Cumbria (NENC) Integrated Care system (ICS) Population Health and Prevention board identified the treatment of tobacco dependence and reducing harm from tobacco as one of its priority areas. Within its delivery plan the implementation of the NHS Long Term Plan (LTP) ambitions was a key objective. The NHS LTP outlines commitment to support people keeping healthier for longer, through the funding of cost effective, evidence based NHS prevention programmes, with the key priority being a focus on further reducing smoking rates. The LTP sets out a requirement for NHS funded services to treat tobacco dependence to be made available to all in patients (Acute & Mental Health), pregnant women and higher risk patients who smoke by March 2024. The services are in addition to existing community based services as part of the system wide partner approach to treating tobacco dependency.

The NHS Tobacco Treatment Service pathways currently in place across 3 elements – Maternity, Mental Health in patients and Acute in patients.

Maternity services / pathway (see appendix 3) – A dedicated pathway to support pregnant women and their partners who smoke with a personalised quit plan including medication. Pregnant women are routinely screened at maternal booking appointments and smoking status established. All smokers are referred to in house smoking support workers for support, medication and development of a quit plan. All professionals involved with pregnant women actively participate in the pathway to support the pregnant women's journey in both the antenatal period and post-natal period. Structured support is offered in line with NCSCT standards throughout the maternity care pathway.

Mental health inpatient provision/ pathway (see appendix 4) - A dedicated pathway to support identified smokers on admission to hospital offers brief advice and NRT routinely within 2 hours. The focus is on harm reduction as well as treatment to stop smoking. Support is continued whilst in hospital, on discharge an agreed discharge plan is developed and support is continued to be provided by the Mental Health Trust.

Acute inpatient provision/ pathway (see appendix 5) – A dedicated pathway to support identified smokers on admission and offer brief advice and NRT routinely. Tobacco treatment advisors based in the hospital see al smokers while they are in hospital and agree a personalised support plan. Support is continued whilst in hospital and on discharge patients are given a personalised discharge plan and continued treatment for up to 2 weeks.

9.3 Smoking Cessation for NHS Staff (pilot)

NHS Staff provision/ pathway (see appendix 6) – A dedicated pathway of support to help reduce smoking rates within the NHS workforce providing NRT or E-cigarettes, behavioural support and free premium access to a Smokefree App. Funding from NENC ICS in December 2021 supported the development a NHS Staff smoking cessation pilot. The aim being to address health inequalities in the NHS workforce, using employment in the NHS as a vehicle for identification and delivery of intervention focusing on smoking cessation. Provision of barrier free access to smoking cessation support aims to reduce smoking rates within the NHS workforce and help with culture shift of NHS to treat tobacco dependency of patients.

10.0 Recommendations

Following a needs assessment of the local population, a review of the evidence and national guidance several recommendations can be made:

- **Ensure that services reflect Hartlepool's ambition to reduce health inequalities by focusing on deprived communities and priority groups**

    - Public Health to use the data from this needs assessment and the CLeaR improvement model self-assessment tool, to inform a service model which focuses on addressing inequalities and enhances provision, currently delivered within the existing NHS and Community Navigator pathways.
    - Use the data to ensure we are using targeted approaches to address health inequalities:
        - Use local data to target activity in geographical areas as well as population groups e.g. using IMD data to target illicit tobacco supply, illegal tobacco sales and high smoking prevalence
        - Continue the decline in the proportion of smokers in routine and manual occupations in Hartlepool
        - Data has shown that smoking related health conditions particularly in relation to cancers and Chronic obstructive pulmonary disease (COPD) are worse than England also smoking attributable admissions have historically been significantly worse than the England average although the recent trend is decreasing
        - Maternity services data set in relation to smoking in early pregnancy 2018/19 shows Hartlepool had the highest rate in the North East, further work needs to be carried out to understand the impact of the current maternal pathway on this data (see below)
        - Work with existing voluntary organisations and community champions to understand health inequalities and inequality of access that affect service take up.
        - Support the work of School nurses with young people around smoking and risk taking behaviour. Encourage agencies to work in partnership to target and educate around the increase in youth vaping,(police, schools, trading standards, school nurses)

- **Improve the collection and sharing of data and intelligence between partners and services**

    - Support partners to use a population health management approach to understand and respond to smoking related harms and associated health inequalities
    - Local data relating to smoking prevalence in young people is not available; for the purposes of this needs assessment rates have been applied using a national survey (ASH) further work with FRESH is needed to understand the needs of children and young people who smoke or use vaping products.

- Use local data and intelligence to develop a local tobacco control strategy and action plan that has appropriate and measurable outcomes.
- Further work is needed with substance misuse services in relation to quantifying the numbers of children and young people who smoke /use vaping products who access substance misuse services.

- **Understanding the provision and impact of the current smoking support pathways**

    - Further work to be undertaken to use Nice Quality Standards to assess standards of smoking cessation advice/ referrals in secondary care and community services (by Midwives/ Medics/ other Health Care personnel, 0-19 service and Community Navigators).
        - Standardised audit of pathways, documentations and data.
        - Services to complete the CLeaR assessment tools[19] relevant to their service areas to include; maternity, alcohol and drugs, illicit tobacco and mental health
            - Look at the further opportunities to support and enhance the implemented integrated stop smoking support in particular the pathways for staff, inpatients, pregnant women and their significant partner and mental health services, in line with the NHS Long Term Plan.
            - Improve pathways and service provision for people with in contact with substance misuse services who require support to stop smoking

- **The Alliance will lead the development of a new Tobacco Control Strategy focusing on the following key areas:**
    1. **To Reduce health inequalities caused by smoking and support vulnerable groups to be Smokefree**
    2. **To protect children and young people from tobacco and encourage Smokefree pregnancies**

    - Develop a new tobacco control strategy and action plan and factor in support from FRESH to inform the development of a co-ordinated local communication strategy.
    - Develop a new plan for smoke free places – particularly around young people e.g. schools, parks, sports clubs, work places.
    - Data shows an increase in underage and illicit sales in relation to cigarettes and vapes. We need to develop an illicit tobacco plan with partners to coordinate action (enforcement of underage sales, illicit tobacco)
    - Provide clear guidance to professional and public on the use of e-cigarettes including:
        - Use of e-cigarettes as an approved harm reduction technique

        - The potential risk of continued nicotine addiction
    - Develop a tobacco control dashboard of key indicators with annual reporting to the Health and Wellbeing Board
    - Strengthen the role of those with lived experience in the tobacco control action plan

Appendix 1

11.0 NICE guidance

This needs assessment has been informed by the following National Institute for Health and Care Excellence (NICE) guidelines:

- NICE (2022)Tobacco: treating dependence Quality standard [QS207][20]
- NICE (2021) Tobacco: preventing uptake, promoting quitting and treating dependence[21]
- NICE (2021) Tobacco: preventing uptake, promoting quitting and treating dependence[22]
- NICE (2015) Smoking: reducing and preventing tobacco use Quality standard [QS82][23]
- NICE (2007) Behaviour change at population, community and individual levels[24]
-

Other guidelines:

- E-cigarettes and vaping: policy, regulation and guidance. Evidence on the impact of e-cigarettes, information on government policy and regulation, and guidance for organisations on vaping policies[25].
- National Centre for Smoking Cessation and Training (NCSCT)[26]

Appendix 2 Provision of support across Hartlepool 2019 to 2022 current.

Provision of support 2019

Support to Stop Smoking Servcies 201

Hartlepool Borough Council decommissioned the existing Specialist Stop Smoking Service in 2019. A new service provision was then developed using a multi-agency, community based approach to provide stop smoking services to its residents as seen in the diagram. Although there was no funding available for the service and the model was dependent upon residents buying their own products and accessing behavioural support through a multitude of agencies in the community.

Provision of support 2022 to current

Support to Stop Smoking Services 202

Post COVID and with NHS funding for stop smoking support within Foundation Trusts as aprt of ICS prevention funding streams an opportunity arose to revisit and support the development of a stronger Hartlepool Smoking Alliance to help navigate activities that will help refresh a model of support to stop smoking for Hartlepool residents that will compliment and work alongside the new stop smoking services that have been recently launched a part of the long term plan ambitions within NHS organisations.

All of which are underpinned by the national training to ensure a standardised approach to giving support to stop smoking, new NICE guidance (ref) and using Vaping recommendations.

Appendix 3 Maternity services / pathway

Draft Updated North East LMS Tobacco De

Appendix 4 Mental Health NHS Inpatient provision/pathway

Appendix 5 Acute NHS Inpatient provision/pathway


Acute InPatient Pathway.docx

Appendix 6 NHS Staff provision/ pathway – pilot


Staff offer - pathway.pptx

References

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[22] https://www.nice.org.uk/guidance/ng209

[23] https://www.nice.org.uk/guidance/qs82

[24] https://www.ncsct.co.uk/usr/pub/guidance-on-behaviour-change-at-population.pdf

[25] https://www.gov.uk/government/collections/e-cigarettes-and-vaping-policy-regulation-and-guidance

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Smoking in Hartlepool

Claire Robinson – Public Health Principle

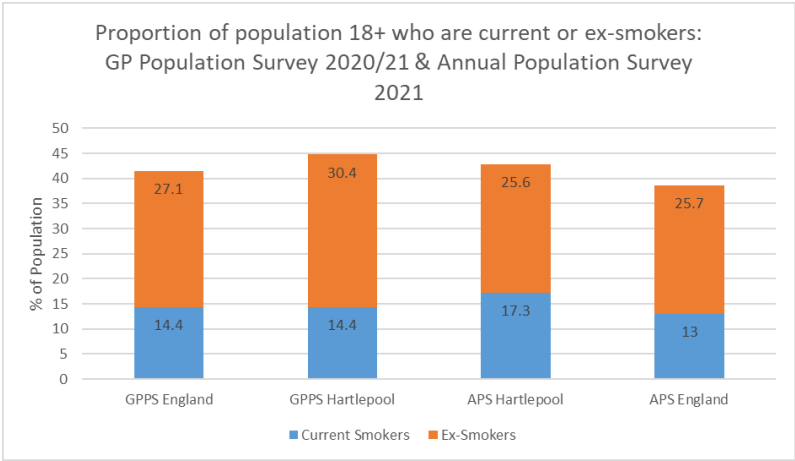
&

Dean Langstaff – Public Health Intelligence Specialist

&

Sue Leather -Advanced Public Health Practitioner

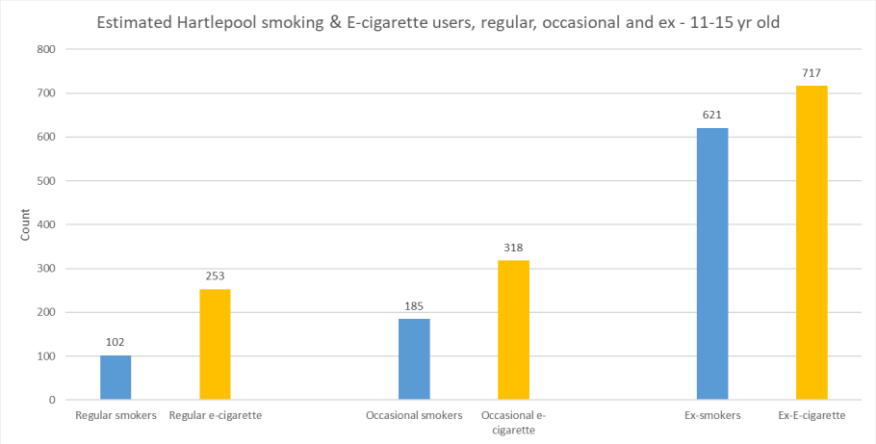
Smoking Prevalence - Adults



Source: GPPS 2021 & APS 2021

HARTLEPOOL BOROUGH COUNCIL

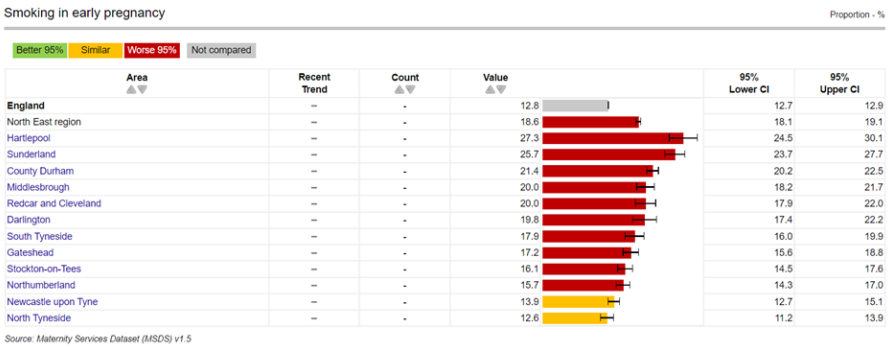
Smoking Prevalence - Children



Source: ASH Smokefree GB, 2022

HARTLEPOOL BOROUGH COUNCIL

Smoking & Maternity



Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	12.8	12.7	12.9
North East region	–	-	18.6	18.1	19.1
Hartlepool	–	-	27.3	24.5	30.1
Sunderland	–	-	25.7	23.7	27.7
County Durham	–	-	21.4	20.2	22.5
Middlesbrough	–	-	20.0	18.2	21.7
Redcar and Cleveland	–	-	20.0	17.9	22.0
Darlington	–	-	19.8	17.4	22.2
South Tyneside	–	-	17.9	16.0	19.9
Gateshead	–	-	17.2	15.6	18.8
Stockton-on-Tees	–	-	16.1	14.5	17.6
Northumberland	–	-	15.7	14.3	17.0
Newcastle upon Tyne	–	-	13.9	12.7	15.1
North Tyneside	–	-	12.6	11.2	13.9

Source: Maternity Services Dataset (MSDS) v1.5

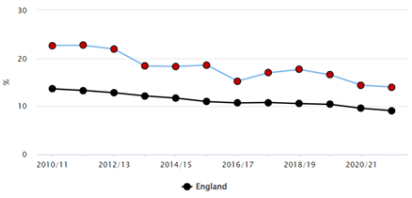
Source: Maternity Services Dataset 2019

HARTLEPOOL BOROUGH COUNCIL

Smoking & Maternity

Smoking status at time of delivery

Proportion - %



Recent trend: No significant change

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2010/11		254	22.7%	20.3%	25.2%	21.1%	13.6%
2011/12		259	22.7%	20.4%	25.2%	20.7%	13.3%
2012/13		234	21.9%	19.5%	24.5%	19.7%	12.8%
2013/14		181	18.4%	16.1%	20.9%	18.9%	12.2%
2014/15		185	18.3%	16.0%	20.8%	18.0%	11.7%
2015/16		188	18.6%	16.3%	21.1%	16.8%	11.0%
2016/17		150	15.3%	13.1%	17.6%	16.1%	10.7%
2017/18		151	17.0%	14.7%	19.6%	16.3%	10.8%
2018/19		167	17.7%	15.4%	20.2%	15.7%*	10.6%
2019/20		146	16.5%	14.2%	19.1%	15.2%*	10.4%
2020/21		122	14.4%	12.2%	17.0%	13.3%	9.6%
2021/22		124	14.0%	11.9%	16.5%	12.6%	9.1%

Source: Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD)

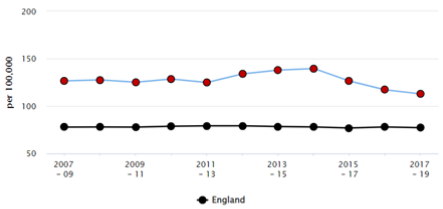
Source: PHE & NHS Digital 2022

HARTLEPOOL BOROUGH COUNCIL

Smoking & Health

Lung cancer registrations

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
2007 - 09		298	126.4	112.3	141.7	116.7	77.7
2008 - 10		304	127.6	113.4	143.1	114.5	77.8
2009 - 11		304	125.1	111.3	140.2	113.4	77.7
2010 - 12		315	128.4	114.4	143.6	112.9	78.6
2011 - 13		313	124.9	111.3	139.6	112.9	79.1
2012 - 14		337	134.0	119.7	149.4	113.1	79.1
2013 - 15		353	137.9	123.6	153.3	112.3	78.3
2014 - 16		364	139.6	125.4	154.8	111.6	77.8
2015 - 17		336	126.3	113.1	140.5	109.5	76.8
2016 - 18		315	117.2	104.4	131.1	106.7	77.9
2017 - 19		306	112.8	100.3	126.4	104.7	77.1

Source: National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS), NHS Digital

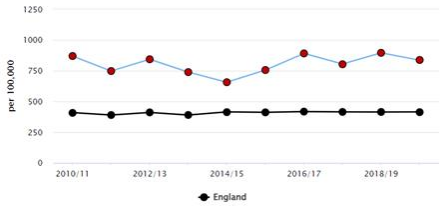
Source: *National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS), NHS Digital 2022*

HARTLEPOOL BOROUGH COUNCIL

Smoking & Health

Emergency hospital admissions for COPD

Directly standardised rate - per 100,000



Recent trend: No significant change

Period		Hartlepool Count	Value	95% Lower CI	95% Upper CI	North East	England
2010/11		431	869	788	956	685	410
2011/12		381	747	674	826	644	389
2012/13		433	843	765	927	663	411
2013/14		387	739	667	817	594	390
2014/15		349	656	589	729	646	415
2015/16		405	755	683	833	634	411
2016/17		481	890	812	974	673	417
2017/18		443	805	731	884	643	415
2018/19		500	895	818	978	655	414
2019/20		470	835	761	915	638	415

Source: Hospital Episode Statistics (HES)

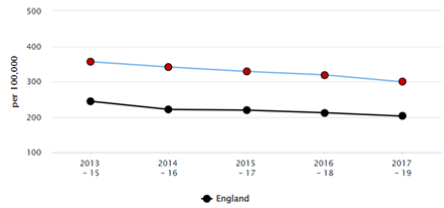
Source: Hospital Episodes Statistics 2021

HARTLEPOOL BOROUGH COUNCIL

Smoking Mortality

Smoking attributable mortality (new method)

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
2013 - 15		560	356.2	327.0	387.2	317.9	244.2
2014 - 16		544	341.0	312.8	371.1	289.7	221.4
2015 - 17		531	328.8	301.2	358.2	289.3	219.1
2016 - 18		522	319.0	292.0	347.8	279.9	211.8
2017 - 19		496	299.1	273.1	326.7	270.5	202.2

Source: Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'.

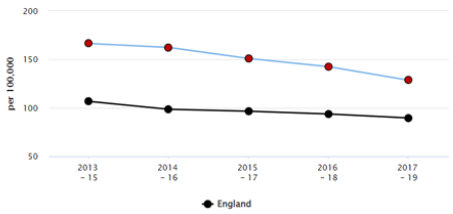
Source: *Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'. 2021*

HARTLEPOOL BOROUGH COUNCIL

Smoking Mortality

Smoking attributable deaths from cancer (new method)

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
2013 - 15		264	166.3	146.8	187.8	142.7	106.7
2014 - 16		261	162.2	143.0	183.3	131.7	98.5
2015 - 17		246	150.9	132.5	171.1	129.2	96.5
2016 - 18		234	142.4	124.6	162.0	125.0	93.6
2017 - 19		214	128.5	111.8	147.0	120.9	89.6

Source: Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'.

Source: *Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'. 2021*

HARTLEPOOL BOROUGH COUNCIL

Activity to date

- **Development of a Hartlepool Tobacco Control Alliance (whole system approach)**
- **Commissioning of FRESH to support the work on smoking and tobacco control in Hartlepool**
- **Completion of a CLeaR assessment (whole systems approach) at the start of the journey.**
- **Completion of a Needs Assessment to identify opportunities and recommendations.**
- **Hosted a Smoking Event with partners to contribute to the development of a tobacco control strategy for Hartlepool.**

HARTLEPOOL BOROUGH COUNCIL

Recommendations from the Needs Assessment

Following a needs assessment of the local population, a review of the evidence and national guidance several recommendations can be made**:**

- **Ensure that services reflect Hartlepool's ambition to reduce health inequalities by focusing on deprived communities and priority groups**
- **Improve the collection and sharing of data and intelligence between partners and services**
- **Understand the current provision and impact of current smoking pathways**

- **The Alliance will lead the development of a new |Tobacco control strategy focusing on the following areas :**

1. **To Reduce health inequalities caused by smoking and support vulnerable groups to be Smokefree**
2. **To protect children and young people from tobacco and encourage Smokefree pregnancies**

HARTLEPOOL BOROUGH COUNCIL

Next Steps / Priorities

- **We will develop the new tobacco control strategy and tobacco control action plan with support from FRESH- using 8 key themes :**

HARTLEPOOL BOROUGH COUNCIL

Next Steps / Priorities contd

- **Work with partners around provision of support – products and behavioural support.**
- **Work with FRESH to inform the development of a co-ordinated local communication strategy**
- **Work with partners across the system to support standardised education and training by encouraging access to the National Centre for Smoking Cessation and Training (NCSCT).**

HEALTH AND WELLBEING BOARD

10 July 2023

Report of: Director of Public Health

Subject: PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2022 - MAINTENANCE REPORT

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1. PURPOSE OF REPORT

1.1 To update on review of the process for approval and publication of Supplementary Statement(s) as part of the statutory maintenance 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).

1.2 To seek approval for changes to the maintenance process so far identified.

1.3 To receive changes to pharmaceutical services notified by NHSE/ ICB since the date of the last Health and Wellbeing Board and determine approval for publication of any Supplementary Statement required as a consequence of those changes.

2. BACKGROUND

2.1 The Health and Wellbeing Board (HWB) published its Pharmaceutical Needs Assessment on the 30th September 2022 and previously, at its meeting on the 4th July 2022 agreed that the 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, has so far remained in place for use in the event that it is not possible for any reason to obtain HWB approval for:

- 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.

i) Following the publication of PNAs prior to the 2022 PNA, an annual report seeking ratification of Supplementary Statements was submitted to the Health and Wellbeing Board. In response to the decision outlined in Section 2.1, Supplementary Statement Reports have been submitted to each Health and Wellbeing Board meeting for approval of any Supplementary Statements to the PNA 2022, prior to publication.

ii) An initial process review identified the need to report active maintenance of the PNA beyond publication of Supplementary Statements alone, to check terminology and to ensure documentation of decision-making in respect of changes to pharmaceutical services that might, or might not, result in publication of a Supplementary Statement. This report clarifies the requirements of the PNA maintenance process and outlines initial proposed changes to the process for approval for publication of Supplementary Statements.

3. MAINTENANCE OF THE PNA 2022, INCLUDING PROCESS FOR APPROVAL FOR PUBLICTION OF SUPPLEMENTARY STATEMENTS

3.1 The HWB are reminded of their statutory duties and responsibilities[1] following publication of the PNA 2022 which are, in summary, they must:

a) Publish a revised statement of need (i.e. subsequent pharmaceutical needs assessments) on a three-yearly basis, which comply with the regulatory requirements;
b) Publish a subsequent pharmaceutical needs assessment sooner, when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes, and

[1] To comply with NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

c) Produce supplementary statements, which on publication become part of the PNA 2022, that explain changes to the availability of pharmaceutical services in certain circumstances.

3.2 The HWB also has duties related to other regulatory processes managed previously by NHS England and now by the ICB, e.g., applications (from service providers) to provide new or amended pharmaceutical services or to consolidate two pharmacies.

3.3 A scheme of delegation should remain in place for the delegation of authority to the Director of the of Public Health, in consultation with the Chair of the Health and Wellbeing Board and with specialist pharmaceutical advice, for use in the event that it is not possible for any reason to obtain HWB approval, or when the process of consultation on applications is not yet in the public domain. The scheme of delegation has been amended slightly as shown in **Appendix 1**.

3.4 A PNA Maintenance Report will be submitted to every Health and Wellbeing Board meeting to:

a) report any action under delegated authority and seek ratification where necessary;
b) seek approval for routine Supplementary Statements prior to publication in respect of the duty identified in section 3.1, part c, including any required update to PNA maps;
c) report on decision-making for changes to pharmaceutical services which fall outside of the requirement to publish a Supplementary statement e.g., Changes of Ownership which do not impact on service provision, including any required update to PNA maps;
d) report for information, or for decision where necessary, on actions towards meeting the duty identified in 3.1, part a (publishing a revised statement by 1st October 2025)
e) report for information, or for decision where necessary, on actions towards meeting the duty identified in 3.1, part b (identifying changes to the need for pharmaceutical services that might require earlier publication of a revised PNA).

4. NOTIFICATION OF APPLICATIONS OR DECISIONS MADE BY NHSE ENGLAND RECEIVED SINCE THE LAST MEETING OF THE HEALTH AND WELLBEING BOARD

4.1 In accordance with the agreed process for the approval of Supplementary Statements by the HWB, the Board is advised that no Supplementary Statements have been issued since the last meeting of the Board in March 2023.

4.2 Since the last HWB, NHSE provided notification of a Change to Supplementary Hours (and consequent change to total opening hours) for the Well pharmacy located at 107 York Road, Hartlepool, TS26 9DH. The pharmacy was previously open from 9 am to 1 pm on a Sunday. The change notified the removal of these hours effective from 19 March 2023. As these were Supplementary hours, the pharmacy was permitted to execute this change following a period of 90 days' notice to NHSE. The Health and Wellbeing Board are required to consider;

- whether this change to the availability of pharmaceutical services might be relevant to the granting of applications for a new pharmacy or dispensing appliance contractor premises and
- if it is satisfied that producing a revised assessment would be a disproportionate response to those changes

4.3 The Hartlepool PNA 2022 does make specific reference to the pharmacy opening hours on Sundays indicating that collectively, pharmacy contractors in Hartlepool might seek to at least maintain those hours currently provided following previous reduction in availability of services since the PNA of 2018. Section 8.2.7 states *"All existing pharmaceutical services providers, not only those currently open, should be mindful of the need to support the maintenance of a level of access and choice of pharmacy location offering necessary pharmaceutical services (including substance misuse services) between 9am and at least 4pm on a Sunday"*. At the time of publication of the PNA, this pharmacy was, and still would be, the only pharmacy open from 9am to 10 am on a Sunday. GP services were not available to 11 am – which arguably makes the availability of access to pharmaceutical service at this time more, not less valuable.

4.4 If the HWB determine that this change could influence a pharmacy application in future then publication of a Supplementary Statement should be approved. A draft Supplementary Statement is attached at **Appendix 2**, reporting only the factual change in availability of pharmaceutical service on a Sunday from this pharmacy. No change to the PNA maps are required.

For information, it is noted that any pharmacy may offer to increase Supplementary hours, as well as reduce them by giving 90 days' notice to NHSE.

4.5 Correction: at the HWB of 20 March 2023 it was reported that notification has been received from NHSE of the planned Change of Ownership (COO) of a pharmacy in Hartlepool, as detailed below. It was reported that the change would take place on 28th February 2023 however the change was completed on 1.6.23. Whilst the HWB was must be notified of this change, as there will be no change to the contracted availability of pharmaceutical services when such a COO takes place, no Supplementary Statement to the PNA 2022 is required to be published. The change of ownership will be published on the HWB PNA website for information and the key to the map will be updated, though no change is required to the map itself.

Pharmacy Address	Previous Contractor	New Contractor (effective date)	Trading name (that the public will see)
29 Wynyard Road, Hartlepool, TS25 3LB	Lloyds Pharmacy Ltd	ALRAHI & SINGH LTD (1.6.23)	Wynyard Road Pharmacy

5. RECOMMENDATIONS

5.1 Health and Wellbeing Board approve:

i) The changes to the process for reporting Maintenance of the PNA to the Health and Wellbeing Board;

ii) The amendments to the delegated authority described as part of the above;

iii) Publication of a Supplementary Statement reporting the change to Supplementary Hours on Sundays at Well pharmacy, York Road.

5.2 Health and Wellbeing note:

i) That no other supplementary statements to the Hartlepool PNA 2022 have been issued since the last meeting of the HWB on 20 March 2023 and

ii) The correction to the reported date of Change of Ownership referenced in Section 4.3 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 as amended

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

7. CONTACT OFFICERS

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craig.blundred@hartlepool.gov.uk

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

Scheme of delegation of authority

Such that the HWB ensures compliance with duties and responsibilities of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, in respect of

- maintenance of the Hartlepool Health and Wellbeing Board PNA 2022
- response to consultation invitation from the ICB on applications related to pharmaceutical services, including consolidation applications

HWB delegation of authority to the Director of Public Health, in consultation with the Chair of the Health and Wellbeing Board and with specialist pharmaceutical advice, in the event that it is not possible for any reason to obtain HWB approval for:

- 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 (or any unforeseen need);

- any response on behalf of the Hartlepool HWB in relation to an application to consolidate two pharmacies, making a statement or representation on invitation from NHS England (within 45 days) in consideration of whether, in the opinion of the Board, the consolidation would, or would not create a gap in pharmaceutical services

- following determination by NHS England on an application to consolidate two pharmacies, 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 to update the map(s) of premises where pharmaceutical services are provided

- initial determination with respect to potential requirement for a Supplementary Statement, on notifications (received from the PCSE on behalf of the ICB) in respect to changes to pharmaceutical services

- preparation of routine Supplementary Statements to the PNA, (including amendments to PNA map(s) where necessary in accordance with the Regulations), to be approved by the HWB prior to publication as soon as reasonably practicable, or for publication prior to ratification by the HWB where necessary for timeliness

- publication of minor errata or notification of changes to the provision of pharmaceutical services that do not require publication of a Supplementary Statement to the PNA (for example Changes of Ownership where there are no change to services provided, or minor adjustments to opening hours)

- initial determination on changes to need for pharmaceutical services, whether these are of significant extent, and consequent impact on the need for full re-assessment earlier than the planned 3-yearly publication of the statement of need.

draft for approval for publication

Supplementary Statement *(sequential number)*
Supplementary Statement to Hartlepool Health and Wellbeing Board
Pharmaceutical Needs Assessment (PNA) 2022

Date Pharmaceutical Needs Assessment Published: September 2022
Date Supplementary Statement Issued: xxxx

CHANGE TO PHARMACEUTICAL SERVICES - HOURS RECORDED IN THE PHARMACEUTICAL LIST*:

Contractor: Bestway National Chemists Ltd
Trading As: Well Pharmacy located at 107 York Road, Hartlepool, TS26 9DH

The pharmacy will change supplementary hours as follows:

Existing hours (prior to the change)

Days	Core contracted hours	Supplementary hours	**Total opening hours**
Monday	08:45 -12:45; 13:30 -17:30	08:30-08:45; 12:45-13:30	08:30-17:30
Tuesday	08:45 -12:45; 13:30 -17:30	08:30-08:45; 12:45-13:30	08:30-17:30
Wednesday	08:45 -12:45; 13:30 -17:30	08:30-08:45; 12:45-13:30	08:30-17:30
Thursday	08:45 -12:45; 13:30 -17:30	08:30-08:45; 12:45-13:30	08:30-17:30
Friday	08:45 -12:45; 13:30 -17:30	08:30-08:45; 12:45-13:30	08:30-17:30
Saturday	None	09:00-13:00	09:00-13:00
Sunday	None	09:00-13:00	09:00-13:00
Total hours per week	40	13	53

Revised hours with effect from 19th March 2023

Days	Core contracted hours	Supplementary hours	**Total opening hours**
Monday	08:45 -12:45; 13:30 -7:30	08:30-08:45; 12:45-3:30	08:30-17:30
Tuesday	08:45 -12:45; 13:30 -7:30	08:30-08:45; 12:45-3:30	08:30-17:30
Wednesday	08:45 -12:45; 13:30 -7:30	08:30-08:45; 12:45-3:30	08:30-17:30
Thursday	08:45 -12:45; 13:30 -7:30	08:30-08:45; 12:45-3:30	08:30-17:30
Friday	08:45 -12:45; 13:30 -7:30	08:30-08:45; 12:45-3:30	08:30-17:30
Saturday	None	09:00-13:00	09:00-13:00
Sunday	Closed	Closed	Closed
Total Hours per week	40	9	49

*There is a distinction between core hours and supplementary hours for the purposes of maintaining the Pharmaceutical List. However, it is the **total opening hours** which shows the days on which and times at which pharmaceutical services will be available to the public in accordance with the Community Pharmacy Contractual Framework.

Craig Blundred
Director of Public Health

HEALTH AND WELLBEING BOARD

10 July 2023

Report of: Executive Director of Adult and Community Based Services

Subject: Better Care Fund Update

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1. PURPOSE OF REPORT

1.1 To update the Health and Wellbeing Board on current performance against the Hartlepool Better Care Fund Plan and to seek approval for the Better Care Fund Plan 2023-2025.

2. BACKGROUND

2.1 The Better Care Fund has been in place since 2015/16 and provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets into a single pooled budget that is focused on integration.

2.2 The four national conditions associated with the BCF are:

1. That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the H&WB and by the constituent LAs and CCGs;
2. A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
3. That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
4. Implementation of the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.

2.3 The focus of the pooled budget continues is on integration of health and social care services for older people, delivering system wide improvements and better outcomes for local people.

3. PERFORMANCE UPDATE

3.1 BCF performance reports have been submitted to NHS England routinely on a quarterly basis over a number of years. Routine reporting has been suspended over the past two years due to COVID19 and a single year end return required which followed a different format to previous returns. The year end return for 2022/23 was submitted in May 2023 and confirms that all national conditions continue to be achieved, as well as confirming that BCF contributions were in line with national guidance.

3.2 The performance measures routinely reported in relation to the BCF over a number of years were:

- Permanent Admissions to Residential and Nursing Care Homes.
- Proportion of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services.
- Delayed transfers of care from hospital per 100,000 population.
- Total non-elective admissions.

3.3 The 2022/23 return required local systems to submit performance data against a revised set of metrics as follows:

- Avoidable Admissions (Unplanned hospitalisation for chronic ambulatory care sensitive conditions).
- Discharge to Normal Place of Residence (Percentage of people discharged to their normal place of residence).
- Residential Admissions (Rate of permanent admissions to residential care per 100,000 population for people aged 65 and over).
- Reablement (Proportion of older people who were still at home 91 days after discharge into reablement / rehabilitation services

These metrics have been carried forward and reported on for 2022/23.

3.4 The year-end return indicates that performance in Hartlepool was as follows:

Indicator	Performance	Comment
Avoidable Admissions	Not on track	The 22/23 position shows the crude rate of Unplanned Admissions for Chronic Ambulatory Sensitive Conditions is above plan by 105.2.
Discharge	On track	The 22/23 position shows the Proportion of Discharges to Normal Place of Residence is above plan by 0.2%.
Residential Admissions	On track	Rolling 12 month position to December 2022 shows that admissions are 10.3% lower than plan (lower is better).

Reablement	On track	The 22/23 Q3 position shows the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services is on track to meet target.

At the time of the submission, three of the four metrics were on track to achieve targets, which is an improved position compared to 2021/22 when there were five metrics and targets were achieved in three of those five.

3.5 Local areas were also asked for views regarding the following statements:

- The overall delivery of the BCF has improved joint working between health and social care in our locality.
- Our BCF schemes were implemented as planned in 2022/23.
- The delivery of our BCF Plan in 2022/23 has had a positive impact on the integration of health and social care in our locality.

The response from Hartlepool was 'strong agreement' with all three statements.

3.6 The return also asked local systems to highlight two key successes and two key challenges in relation to the 'enablers' identified nationally via the Social Care Institute for Excellence (SCIE). The responses provided for Hartlepool were as follows:

	Enabler	**Comments**
Success 1	Strong, system-wide governance and systems leadership	Hartlepool continues to use a partnership approach across the system, working together to improve outcomes for older people. Funded services have been developed to ensure joint working between the health, social care and VCSE sectors, with a system-wide governance framework to manage this. This joint commissioning infrastructure has helped to keep a focus on hospital discharge, supporting the care market, workforce development, building community assests, development of VCSE sectors and maximising the use of assistive technology to support older people to sustain their independence and reduce the likelihood of crisis.

Success 2	Joint commissioning of health and social care.	At both a commissioning and operational level, health and social care teams work closely to continually review current pathways and develop new improved ways of working.

	Enabler	**Comments**
Challenge 1	Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors).	Issues with workforce have caused pressures this year caused in part by sickness absences (i.e. COVID, Flu etc) but largely recruitment and retention of workforce has been a challenge, despite additional funding and incentives.
Challenge 2	Other	Pressures on workforce caused by late allocation of Discharge Funding with different criteria and reporting mechanisms. The ASC Discharge Fund was to be treated as a pooled budget but the process of separate ICB and LA allocations does not support this and adds an additional complexity.

4. BCF PLAN 2023 – 2025

4.1 Summary of planning requirements / submission timescales / approval process.

4.2 As in previous years the plan has been developed collaboratively between Hartlepool Borough Council, North Tees and Hartlepool NHS Foundation Trust and the North East and North Cumbria Integrated Care Board.

4.3 Summary of any key issues in the plan to highlight to H&WB.

4.4 The BCF Plan for 2023 – 2025 is attached as **Appendix 1** (to follow).

5. RISK IMPLICATIONS

5.1 A risk register was completed as part of the original BCF plan with mitigating actions identified. This has routinely been reviewed and updated as the plan has been revised.

6. FINANCIAL CONSIDERATIONS

6.1 The BCF Pooled Budget is made up of a number of elements, some of which have mandatory funding requirements, and the Hartlepool plan demonstrates that these minimum contributions are being maintained.

6.2 The Pooled Budget is hosted by Hartlepool Borough Council and governed through the BCF Pooled Budget Partnership Board.

6.3 The BCF Pooled Budget also now includes the Adult Social Care Discharge Funding (paid as separate grants to the Local Authority and ICB) which is required to be 'pooled' within BCF. The allocations for Hartlepool for 2023/24 are shown below:

Funding	**2023/24**
BCF (Minimum NHS Contribution)	£8,973,823
Disabled Facilities Grant	£1,221,874
iBCF Allocation (Paid directly to HBC)	£5,358,232
Local Authority Discharge Funding	£751,216
ICB Discharge Funding	£483,130
TOTAL	**£16,788,275**

6.4 In addition to the funding shown in the table above, there has been a carry forward of £501,349 which relates to previous years BCF revenue underspends. This funding will be used to support BCF related initiatives over the period 2023-2025.

6.5 The Disabled Facilities Grant allocation was also underspent at year end by £427,603, mainly relating to underspends carried forward from 2021/22 as a result of the impact of COVID and the inability to access properties to undertake required works. This underspend has been carried forward and will support relevant works over the period 2023-2025.

6.6 The 2024/25 allocations for the BCF (Minimum NHS Contribution) element have also been confirmed. For Hartlepool this totals £9,481,741 and reflects a 5.66% increase.

6.7 Although 2024/25 national allocations have been confirmed for the other elements of BCF funding there has been no announcement regarding individual authority allocations. For planning purposes it has been assumed the allocations for Hartlepool will be pro-rata to the national increases (where applicable).

7. LEGAL CONSIDERATIONS

7.1 The legal framework for the pooled budget is a Section 75 Partnership Agreement.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 None identified.

9. STAFF CONSIDERATIONS

9.1 No staff considerations have been identified.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 No asset management considerations have been identified.

11. RECOMMENDATION

11.1 It is recommended that the Health and Wellbeing Board retrospectively approves the Hartlepool Better Care Fund 2022/23 return and the Better Care Fund Plan for 2023 – 2025, both of which have been submitted in line with the national timescales.

12. REASON FOR RECOMMENDATION

12.1 It is a requirement that Health and Wellbeing Boards approve performance reports and plans relating to the BCF.

13. CONTACT OFFICER

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BCF Narrative 2023-25

Hartlepool Health and Wellbeing Board

Bodies involved strategically and operationally in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils)

How have you gone about involving these stakeholders?

Hartlepool's BCF plans have been developed over a number of years through a committed approach to partnership working. Regular meetings between the ICB and Local Authority commissioners are overseen by Pooled Fund Managers and BCF leads. Many of the BCF schemes are embedded within service delivery models on a recurrent basis haven proven to be successful in achieving shared goals.

Colleagues across the system collaborate, share and develop ideas to meet pressures within the health and social care system, supporting system priorities including BCF plans and metrics. Currently, there is some uncommitted funding within the pooled budget which partners have agreed to hold as a contingency to manage the uncertainties of future pandemic related issues, potential impact of flu and winter pressures and the commitment to restart specialist elective surgeries (and the impact on numbers being discharged). It is the view of partners that a flexible approach is most beneficial for the system, enabling financial resources to be used to meet emerging challenges and threats.

Locally, the Better Care Fund plan has been jointly developed by partners, specifically:
• NHS North East and North Cumbria Integrated Care Board [ICB]
• Hartlepool Borough Council
• North Tees and Hartlepool NHS Foundation Trust
• Tees Esk and Wear Valleys NHS Foundation Trust

Key stakeholder groups which have informed the BCF Plan include:

- **Hartlepool and Stockton Discharge Group**

- **Community Integrated Intermediate Care Group** – involving partners across health and social care, this group undertook a review of Intermediate Care Services with a view to realising a number of strategic and operational goals which would:
  - Improve coordination of care across health and adult social care
  - Provide an integrated health and adult social care assessment
  - Provide an equitable service offer available 7 days a week
  - Deliver efficiencies through services working more effectively as the breadth of services is available across the system

Executive Summary

This should include:

- Priorities for 2023-25
- Key changes since previous BCF plan

The vision of the Hartlepool Better Care Fund (BCF) plan is to enable everyone to live at home longer, be healthier and get the right support where and when required, whether this be provided by health and / or social care.

The focus is on strategic and operational collaboration across health and social care, including primary prevention, early diagnosis and intervention and supported self-management. The aim is to promote independence and close the health and wellbeing gap and in doing so reduce health inequalities as well as drive transformational change.

Adult Social Care (ASC) and our strategic partners are working closely with the Voluntary Care and Social Enterprise Sector (VCSE) as a preventative intervention and subsequently following an episode of ill health to ensure people and their family carers are supported to regain independence and improve their quality of life.

The Hartlepool BCF plan will:

- Drive our ambition to provide excellent health and adult social care services to the people we serve.
- Reduce pressures on the NHS through improved patient flow.
- Provide support to stabilise the social care provider market.
- Maximise the use assistive digital technology to a broad range of vulnerable people, with a greater focus on those discharged from hospital.
- Increase collaboration between health and social care services.
- Strengthen community based services through more timely responses and increasingly flexible approaches to managing people in their own homes and community.

The priorities of both the North East and North Cumbria (NENC) Health and Care Partnership strategy and the developing collective Tees Valley Place Plan, include aims and programmes to improve the quality of life for people through admission avoidance and investment in preventative services and tackling delays in discharges with improved outcomes.

Our partnership priorities include:

- Strengthening the provision of Home Care and Extra Care Housing and reducing the reliance on residential and nursing homes.
- Working with the care market to increase capacity and sustainability.
- Reducing the time people spend in hospital whose needs could be better met by access to social care.
- Developing shared solutions around housing and maximise the use of digital technology.
- Working to identify and support more people who are providing unpaid care.
- Improving joint discharge processes between health and social care.
- Scaling up intermediate care across all of our places and reducing the reliance on beds.
- Upskilling and scaling-up of social care staff and services across all of our places, enabling them to respond to the needs of local people and ensuring social care staff are valued as equals within the health and care system.
- Expand the range and uptake of 2 hour community response service to enable people to receive timely care in the right place.

The BCF plan supports local and regional objectives. Priorities for 2023/24 and 2024/25 are aligned to the ICB and Hartlepool Borough Council ASC objectives and more specifically to the BCF and Ageing Well principles. There is also a focus on maintaining and developing sustainable services as we work towards the recovery from the pressures caused by the Covid19 pandemic, the potential impact of flu and the impact of increased hospital discharges following restarting of elective activity across a range of hospital specialisms.

It is recognised that fundamentally we must maintain our focus on engaging with all our strategic partners to improve the quality of services across primary care, secondary health care, social care and the wider community.

The key changes to our plan this year will be the use of the BCF and Additional Discharge Funding to continue initiatives that support discharges to the right place with the right care. Our aim is particularly to reduce the reliance on use of beds and to promote an enhanced reablement model to enable more people to be discharged on pathway 1 and 2 with rehabilitation and reablement to optimise the chance of recovery.

Avoidable Admissions

There is an increasing emphasis on responding to urgent care situations in the community, as well as a collaborative approach to providing a response. This requires robust assessment, decision making and diversion to more appropriate services and support when needed, including an enhanced Telecare and urgent care offer. Communication continues to be key, and to this end the Integrated Single Point of Access (ISPA) is crucial to ongoing development, including clinical triage.

We have invested in and strengthened the urgent care response and have recommissioned the assistive technology service with a new and more innovative provider who is a specialist in this form of service delivery.

To summarise, there are a range of health and social care services funded by the BCF which are inextricably linked to reduce avoidable admissions into hospital and / or residential and nursing care.

Length of Stay and Discharge to Normal Place of Residence

Health and social care have worked together to develop initiatives to reduce length of stay and discharge people home as quickly and safely as possible. Partners have worked together to agree discharge arrangements, including the use of D2A funding and implementing a Trusted Assessor scheme. Partners across health and social care are working on a solution to continue to support/ fund the discharge pathways going forward.

We have now recommissioned our Extra Care and Domiciliary arrangements to broaden the offer and increase our community care capacity, having identified this as an area for improvement in our response to the recovery from the Covid pandemic.

Residential admissions - *older adults whose long-term care needs are met by admission to residential or nursing care*

The Discharge to Assess (D2A) initiative along with intermediate care and rapid response services offers the opportunity for people to receive the care and time needed to maximise recovery, maintain independence and avoid admission to long term residential, nursing care and home care whenever possible.

Additionally, positive relationships with providers of residential care, nursing care and home care services continues to support this work, and reduce the number of people accessing long term residential and nursing care. A range of community based services

support people to feel safe in their own home and give them confidence to return to the community following a period of rehabilitation and recuperation. This includes:

- Refocusing and strengthening our Reablement service by appointing a Principal Occupation Therapist and a Senior Reablement Officer.
- Commissioning a new provider offering 90 residential and nursing care placements.
- Commissioning a new domiciliary care provider for the North area of the town.
- Commissioning a new assistive technology service, who are a specialist technology organisation.
- Engaging people earlier through therapy and Reablement services to reduce length of stay in residential care following a hospital stay in order to support them to return home safely and earlier.
- Implementing a Virtual Ward model alongside the further development of 'Home First' to reduce the reliance on residential and nursing care.

Effectiveness of reablement *proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation)*
The services provided via the BCF have proven to be effective with 90% of people confirming that they have achieved the outcomes they wanted in terms of supporting people to return home safely and have a better quality of life.

Learning from the Community Led Support model and from experiences of supporting people through COVID, solutions have been developed (and looking to explore further options) linked to community hubs to ensure people can effectively engage with one another and have a purpose in their lives.

We have strengthened this approach with health, social care and community groups coming to together to implement (in April 2023) a revised Telecare offer (Hartlepool Technology for Care) that maximises technological solutions. Also, work is progressing with colleagues from Mental Health Services and the voluntary sector to support people experiencing challenges with their Mental Health, for example, with the introduction of Togetherall, an online Mental Health support toll that can be accessed by anyone over 16 years old in Hartlepool (which went live in March 2023). Although in early stages, initial findings have been very positive.

We have invested further in our Reablement service by recruiting a Senior Reablement Officer who reports directly to our Principal Occupational Therapist – this service is based at the ISPA, so communication between health and social care can be shared at the earliest opportunity.

Urgent 2 hour community response:
HBC along with its health colleagues continue to be part of the 'Urgent and Emergency Care Managed Clinical Network'.

HBC and health colleagues have agreed a range of BCF funded options available to support the urgent and emergency care clinical network, to reduce the pressure on NEAS, primary care and acute care. Part of the aim of the new Telecare service is to reduce calls to 111 services and triage the work to the clinical out of hours service based at the University Hospital of Hartlepool.

Additionally, work continues across the Tees valley with our health colleagues (including GP's, Pharmacists, Therapists etc) to develop virtual wards (respiratory and frailty), as well as setting up interfaces between systems, e.g. the newly developed '**O**ptimised **P**atient **T**racking & **I**ntelligent **C**hoices **A**pplication' (OPTICA) IT system. This will help reduce unnecessary hospital admissions and facilitate timely discharge with better quality

and quicker access to information by both health and social colleagues, which will assist with decision making.

Enhanced Health in Care Homes:

Now part of the Ageing Well programme and Primary Care Network Directed Enhanced Service (DES), BCF funded services to support care homes have been in place for several years including the Care Home Training and Education Programme. Whilst this programme will be reviewed in 23/24 to identify opportunities for enhancement/ improvement we intend to continue this investment over the next 2 years.

This continues to work well and there are positive relationships with Primary Care Networks (PCNs) and Clinical Directors, which have strengthened during the pandemic response. Providers have been supported to access additional resources to manage infection control issues, as well as providing access to (Personal Protective Equipment (PPE), additional funding and support and guidance. This has supported providers to maintain their financial and operational stability.

As part of the DES, community matrons undertake a proactive home round and have monthly multi-disciplinary teams with GP, pharmacy and nursing input as a minimum to support personalised care planning, alongside the care home nursing team.

The dedicated pharmacy support which was previously commissioned by the BCF to drive quality regarding medicine management etc, has been successful in the implementation of proxy medication ordering for all care homes. We will continue with this investment.

A digital programme of support has been commissioned to enhance and support the delivery of digital developments in care homes including:

- NHS Mail – pilot undertaken in Hartlepool in early 2023 to ensure all care homes use NHS Mail has been successful (and this model will be rolled out to other areas).
- Proxy ordering of medication.
- Personalised care and support planning.
- Information sharing.

In partnership with the wider North East councils, the regional technology group is now well established to support technology based developments across the region.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area

BCF Governance arrangements

Each partner has their own internal governance arrangements in line with their own organisations requirements. These link to the broader governance arrangements of BCF. Together these arrangements ensure that a system wide perspective and approach is taken with appropriate oversight from the local Pooled Budget Partnership Board (PBPB), the Health & Wellbeing Board (H&WB), and the Integrated Care Board (ICB).

The governance for our BCF Plan is illustrated in the embedded slide below:

Tees Valley BCF
Governance Overview

We have regular meetings of the BCF Delivery Group which is formed of commissioning, finance and BCF leads from the Local Authority and the ICB. This group collectively plans, reviews new business cases, and monitors expenditure of the Better Care Fund.

The PBPB receives recommendations from the BCF Delivery Group. The Board has senior membership from the Local Authority and the ICB and its role is to provide strategic direction on schemes and receive and approve business cases for proposals against the Better Care Fund.

The Hartlepool Health & Wellbeing Board is responsible for; signing off and ensuring delivery on the Hartlepool BCF Plan; ensuring that the BCF plan responds to local needs, is aligned with the Health & Wellbeing Strategy and supports system integration across health and social care; agreeing the use of funding under the Better Care Fund pooled budget arrangements; addressing any risks and issues arising that relate to the wider Hartlepool health and social care system; and progressing any joint commissioning implications and requirements arising from the Better Care Fund.

The membership of the Board comprises of:

- Hartlepool Borough Council (Elected Members and Officers).
- NENC ICB

New ICB governance arrangements at place are now finalised with the introduction of a Place based committee, BCF plans will be shared in future with committee members being a sub-committee of the ICB Executive..

National Condition 1: Overall BCF plan and approach to integration

Please outline your approach to embedding integrated, person centred health, social care and housing services including:

- *Joint priorities for 2023-25*
- *Approaches to joint/collaborative commissioning*
- *How BCF funded services are supporting your approach to continued integration of health and social care. Briefly describe any changes to the services you are commissioning through the BCF from 2023-25 and how they will support further improvement of outcomes for people with care and support needs.*

The Hartlepool BCF budget funds a range schemes that continue to prove their value and provide the foundations to meet current challenges and emerging threats to the health and social care system in Hartlepool.

The schemes cover a wide range of areas including housing, integration, technology, workforce, market development and sustainability and working with and supporting the Voluntary Community and Social Enterprise (VCSE) sector.

Our overarching approach has been one of collaboration and, where appropriate, integration with a broad range of partners. Key partners include the Local Authority, the ICB, Primary Care Networks [PCNs] and the Foundation Trusts (in terms of delivery). Statutory partners are increasingly working more closely with the voluntary sector through Community Led Support initiatives, as well as with family carers.

This approach has enabled partners to strengthen community based services and provides a platform to better respond to the requirements of the preventative and urgent care agendas, and to utilise opportunities that will emerge from other initiatives.

Community Integrated Intermediate Care (CIIC)

As part of BCF development and implementation in Hartlepool, a Community Integrated Intermediate Care Service (CIIC) continues to integrate and enhance existing local delivery models to achieve improved outcomes for the local population.

By collaborating and working together, and improving communication and coordination of care we are able to more readily respond to urgent requirements of the community and support more timely and safer discharge from hospital or residential care.

Via CIIC, a range of services has been developed including crisis response services to prevent a person going into hospital and rehabilitation and reablement support enabling people to regain their independence and remain, or return to, their own homes. Through improvements in coordination of care across health and adult social care, the CIIC service is providing:

- an integrated health and adult social care assessment
- a service offer which is equitable and available 7 days a week
- efficiencies as services work more effectively across the system

Integrated Single Point of Access (iSPA)

The iSPA is an integral part of our 'front door' arrangements alongside the use of our community hubs.

In terms of iSPA, this provides a multi professional triage and care planning service to improve pathway access and delivery for health, social care and VCSE (Voluntary Community and Social Enterprises) services ensuring people get access to the right early help and specialist support.

This strengthens information sharing, improves risk assessment and enhances joint decision making to ensure people and their families receive the right services, at the right time, in the right place.

As we respond to the aftermath and ongoing implications of the COVID pandemic, the previous and continued investment in iSPA gave health and social care the infrastructure to be able to respond more flexibly and quickly to a dramatically changing landscape. Despite the enormity of the ongoing challenge, people continue to receive appropriate support in a timely and effective way.

The learning from this excellent response to the enormous challenge of COVID is that we need to continue to invest in the iSPA to ensure that we have sufficient coordination, resources and flexibility across health and social care to address future needs and emerging threats.

A recent review by Healthwatch of hospital discharge arrangements has found a very positive picture, as well as highlighting some actions to improve this further.

The iSPA model has been acknowledged as successful using the following criteria:

- Effective pathways for people requiring health and/or social care support.
- Improved rates of response to referrals with timely decision making and a reduction in delays associated with information gathering and duplicated effort.

- Reduction in the number of hospital admissions for people known to Out of Hospital services.
- Reduction in the number of people requiring admission to care homes.
- More holistic triage of people's needs.
- Increased referrals to non-statutory services for people with less complex needs.
- Reduction in the number of bed days in hospital, which frees up health resources to meet growing demand and focus on key areas, such as acute care.

National Condition 2

Use this section to describe how your area will meet BCF Objective 1: ***Enabling people to stay well, safe and independent at home for longer***

Please describe the approach in your area to integrating care to support people to remain independent at home, including how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to help people to remain at home. This could include:

- *Steps to personalise care and delivery asset based approaches*
- *Implementing joined up approaches to population health management and proactive care and how the schemes delivered through the BCF will support these approaches*
- *Multidisciplinary teams at place or neighbourhood level, taking into account the vision set out in the Fuller Stocktake*
- *How work to support unpaid carers and deliver housing adaptations will support this objective*

Enabling people to stay well, safe and independent at home for longer

A key system aim across Hartlepool and the wider Tees Valley footprint is to continue to identify appropriate alternatives to a hospital admission through the use of more innovative service models and by better joining up the service offers available across primary, community and secondary care; including NHS 111 and our Ambulance Service provider.

We know from national and local evidence, and via the Fuller report, that people's care needs can often be best met outside of a hospital setting through integrated (neighbourhood) teams, where admissions can be avoided with the right care and support in place. We are stepping up capacity for out-of-hospital care, including virtual wards, so that people can be better supported at home for their physical and mental health needs, and in some cases, replace the need for admission, and in others facilitate people being able to safely leave hospital sooner.

Across Hartlepool and the wider Tees Valley we have already commenced and made great progress in the development and implementation of our **Virtual Ward** models [Hospital at Home]. We now need to extend and accelerate the breadth of conditions and patients who can be supported, out of hospital, using this approach. Our Virtual Wards aim to provide our patient population with hospital standard care within their own home, helping us to:

- Prevent unplanned hospital admissions and delays in hospital discharges.
- Further reduce inequalities for people by ensuring all health and care needs are met through delivery of virtual frailty ward and virtual respiratory wards.
- Embed good commissioning practices in integrated health and social care.

- Improve outcomes and experiences for people admitted into the virtual wards.
- Make data and evidence the basis for policy development, good practice, and targeted improvement support.

Urgent Community Response (UCR) is the collective name for services that improve the quality and capacity of care for people through delivery of urgent, crisis response care within two-hours and/or reablement care responses within two-days. They provide a person-centred approach to optimise independence and confidence, enable recovery and prevent a decline in functional ability. Services should adopt a 'no wrong door' ethos and work flexibly based on need, not diagnosis/condition.

Our Urgent Community Response (2-hour UCR) aims to provide urgent care to people in their homes (including care homes) which helps to avoid hospital admissions and enable people to live independently for longer. The service offers a high-quality multi-professional integrated response providing both intensive short-term hospital-level care at home or in a care home which:

- ✓ Reduce the risk of deconditioning, delirium and hospital-acquired infection.
- ✓ Improve hospital flow.
- ✓ Support older people to regain independence.
- ✓ Seduce demand for readmission and long-term support.

Close working between hospital, primary care teams, ambulance providers, community rehabilitation, and intermediate care and reablement services will ensure an efficient and sustainable integrated network of UCR in our locality.

In terms of virtual wards with the aim of enabling people to stay well, safe and independent at home for longer and provide the right care in the right place at the right time the 2022/22 planning guidance sets out a number of initiatives including a focus to improve the responsiveness of Urgent and Emergency Care (UEC) and to build community care capacity. The guidance asked systems to develop detailed plans to maximise the rollout of virtual wards to deliver care for patients who would otherwise have to be treated in hospital, by enabling earlier supported discharge and providing alternatives to admission. The focus of the virtual ward models including Acute Respiratory Infection and Frailty, as the evidence suggests that these specific groups account for up to 50% of patients who may be clinically suitable to benefit from a virtual ward. The goals of the virtual ward models are;

- To provide a virtual ward which is a safe and efficient alternative to NHS bedded care that is enabled by technology.
- To allow patients to receive the care they need at home, including care homes, safely and conveniently rather than in hospital.
- To provide systems with a significant opportunity to narrow the gap between demand and capacity for secondary care beds, by providing an alternative to admission and/or early discharge, e.g. we are developing a proposal to support people going home, rather than to care homes, by using a new model overnight planned support service.
- To promote equality and whilst addressing inequalities through the development of the virtual frailty ward and wider community services response
- To invest in our workforce – with more people (for example, the additional roles in community services, new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.

Across Hartlepool work underway to develop virtual wards for respiratory and frailty with the aim of achieving the goals set out above.

Anticipatory Care

Many of our BCF schemes support the delivery of proactive care and support, particularly older people living with frailty to help them stay independent and healthy for as long as possible at home (or the place they call home).

Over the coming months our collective system including community health teams, Primary Care Networks, social care, mental health teams, community pharmacy, the housing and voluntary sector will be establishing or building on multi-disciplinary teams to strengthen relationships where required, delivering Anticipatory Care to an identified cohort of individuals. A key outcome will be that services will be transformed from being crisis driven to working in an integrated, personalised, and co-ordinated way for patients.

Priorities for this year are:

- The development of clear ambitions for Anticipatory Care across the Tees Valley, working closely with providers and more specifically, PCNs to translate these ambitions into a comprehensive Anticipatory Care Plan.
- To identify key segments of PCN's registered practice populations using risk stratification tools, who have complex needs and are at high risk of unwarranted health outcomes. Once this baseline/cohort has been developed, agree the number of individuals to be offered Anticipatory Care in 23/24.
- To clinically validate individuals as appropriate for Anticipatory Care, prioritising those with greatest clinical need first.
- To implement a holistic assessment process to understand the goals and ambitions of those identified as the Anticipatory Care cohort.

As part of service re-design, the ICB aims to ensure that the key principles of personalisation are considered and embedded into new pathways including personalised care support plans, shared decision making and Patient Activation Measures (PAM). Knowledge and opportunities will be shared across all relevant Tees Valley place portfolio teams and wider partners.

National Condition 2 (cont'd)

Set out the rationale for your estimates of demand and capacity for intermediate care to support people in the community. This should include:

- Learning from 2022-23 such as
  - Where number of referrals did and did not meet expectations
  - Unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
  - Patterns of referrals and impact of work to reduce demand on bedded services – eg admissions avoidance and improved care in community settings, plus evidence of underutilisation or over-prescription of existing intermediate care services

- Approach to estimating demand, assumptions made and gaps in provision identified
  - Where if anywhere have you estimated there will be gaps between the capacity and the expected demand?

- How have estimates of capacity and demand (including gaps in capacity? been taken on board and reflected in the wider BCF plans

Hartlepool Discharge Pathways
In Hartlepool, the overarching aim is to support people in the community and when a person is admitted and discharged from hospital, to get them back to their usual place of residence, reflecting the Hospital Discharge and Community Support Policy and our 'Home First' ethos.

In almost all cases the short-term intermediate care services/ staff who support people to remain in the community (step-up) and support people following discharge (step-down) are part of the same service/ staffing cohort. This is the case for domiciliary/ home-based care and bed-based care with the intermediate care beds also being used for both step-up and step-down. Generally, there isn't dedicated step-up or step-down staffing/ capacity (including beds) rather usage is based on demand. However, the vast majority of the short-term intermediate care demand (home and bed-based) is following a discharge from hospital.

People going home with little to no support needs (Pathway 0) make up the largest proportion of discharges. There are several services available to support people with low level support needs, including the NTHFT Home but Not Alone services. Alongside these commissioned services, there are some charitable services who will support people with day-to-day activities. These services are ad-hoc and no formal commissioning or monitoring arrangements are in place.

Depending on the level of need, there are services available to people being discharged on Pathway 1, who need a little more help to recover at home. This includes Domiciliary Care Providers and the Trust Rehabilitation Team who provide up to 4 weeks of support at home. Alongside these we also have a Home First service, Telecare, the Intensive Community Liaison Service and some condition specific healthcare services i.e. Community Respiratory Service.

We have a range of community beds which can be used for both step-up and step-down. In terms of Pathway 2 and 3 discharges there's no distinction to the way the beds are commissioned and they can be used for either Pathway until the capacity has been used.

There are 20 beds available at the West View Lodge, which is the core intermediate care facility commissioned on a recurring basis. Initially 8 of these beds were commissioned as Rehabilitation beds and 12 were Assessment/Transitional beds, however there is an option to flex as needed and there is no longer an obvious split in the way the beds are used. In addition to this there is an option to use spot purchase beds when West View Lodge beds are not available. The availability of spot purchase beds is dependent on a number of factors, including the local care home market, the needs of the individual, the wraparound supporting workforce and funding restrictions, as well as Covid related or D&V outbreaks (which can have a significant short term effect). We have systems in place (including the regular discharge meeting with health colleagues, regular performance reports [as well as development of Power BI, OPTICA and the predictive Affinity Landscape tool used by 8 North East Councils to give a more dynamic, up to date and interactive view of both capacity and demand]). This enables us to monitor and review pressures as they emerge through the year and we can flex the focus on this area as required.

2022/23 Learning Points
Completing the capacity and demand requirements in 2022/23 formalised a process which has been taking place in Hartlepool since the COVID pandemic. Representatives from Adult Social Care and Health services work together and collaborate on a daily basis at

ISPA, via a weekly meeting (Discharge group) and have regular meetings with the BCF Delivery group to explore pressures, agree resolutions and plan how best to cope with demand and capacity, this ensures the flow of patients continues despite any arising challenges. In times of high demand measures are put in place to alleviate these where possible, for example increase the core domiciliary care hours or step up weekend working to facilitate discharge to Care Homes. We also use demand projections to inform discussions regarding future capacity, particularly in relation to homecare and beds.
We use a range of tools to support this, including:

- **CareFirst 7** – main care management systems (used by the full dept) upgrade system implemented in August 2022 to better store, collate and report on performance data. This is a trusted system that has been successfully used in Hartlepool for 25 years.
- **Controcc** – Service based system used for over 15 years in Hartlepool to record all services, payments and provider details.
- **OPTICA** – hospital system being developed with the Trust to share information using a dynamic link to both the Trust and LA systems.
- **Affinity Landscape tool** – demand model and predictive tool used for the last 4 years to automatically generate intelligence showing trends and future predictions of all services, e.g. number of people accessing residential care, domiciliary care etc.
- **Power BI** – implemented in 2022, this on-line interactive tool is used to produce dynamic information from source systems automatically, so that users immediately have access to intelligence on the most up to date information. This is being rolled out to all teams as the range of reports are being converted from the old mostly static reports to this new way of working.
- **Capacity Tracker** – national on-line system that gives local intelligence on care providers in Hartlepool, including capacity and vacancy details by each provider, care home etc.
- **Activity reports** – existing range of reports that provide detailed information to managers – most of these are being transferred to the new Power BI tool on priority basis, e.g. ISPA report completed first, Team Activity report etc.
- **Complaints and compliments management** – regular report goes to Adults Services Committee to show the range, nature and trends of both compliments and complaints received, so that we are transparent with members about service delivery.
- **Liaison with independent providers** – regular weekly contact with all providers, regular provider forums allow detailed, consistent and comprehensive exchange of information and intelligence on both current issues and future developments.
- **Surge management** – 'Tees Valley Incident Command and Coordination Centre' call occurs on a daily basis, including Heads of Service for early intervention service along with health colleagues.
- **Hospital Discharge group** – regular weekly meeting with Trust, ICB and Local Authorities to identify current issues and trends and related problem resolution and options planning.

This combination of meetings, tools and information sharing monitors performance and expenditure and identifies gaps and pressures to respond to any demand and capacity issues. These tools and information sharing mechanisms produce our statutory returns and enable us to have a better understanding prior to making any operational and strategic decisions. They have also informed us that in comparison to 2021-22, 2022-23 saw an increase in the numbers of referrals coming into the Health and Social Care

system, but also allowed us to break this down by area, pathway, function etc. However, both the current and previous BCF Capacity and Demand data collections show a one-dimensional view of capacity and demand, and do not consider any waiting lists or trends in waiting lists, and activity projections do not show whether patients have been discharged on the most appropriate pathways. This is hidden demand that we are not currently capturing. It was difficult to use this data alone to accurately identify any shortage in capacity or unmet demand. We did however use the data alongside the local intelligence detailed above to inform further discussion/understanding and action including:

- It appeared that there were far more people being discharged on pathway 3 than we would expect, and the Discharge to Assess Model (Professor John Bolton) suggests should be the case, although this model is based on aged 65+ and we tend to report on all ages. Further discussion identified that this was due to the way discharges are coded to each pathway, for example someone returning to a Care Home is currently coded as Pathway 3. The figures for the other pathways had similar anomalies, which are currently being investigated further.
- Services are not commissioned in such a way that it is straight forward to measure the capacity for a certain element of them. For example, the staff members who deliver rehabilitation services also deliver other services, and the services they provide are flexed depending on the demand. This may mean that it appears we have sufficient enough capacity to meet the demand, but that is because of this flexibility and overall there may not be enough capacity in the system.
- Within Hartlepool the actual activity for Community Beds in the last 6 months of 2022/23 slightly exceeded the predicted numbers. Work is ongoing to try to identify the cause, however there are a number of factors we are aware of including
    - Increased activity in the hospital (both Elective and Non-Elective), including a surge in demand over the winter months.
    - Limited capacity in the domiciliary care market and increased pressure on discharge teams.
    - Workforce issues (sickness, recruitment etc) and restricted admissions due to outbreaks in West View Lodge resulted in more spot purchases
    - There has potentially been an increase in step-up placements
- There may be instances where it appears there is sufficient capacity within the system, but this may not be the case:
    - There may be packages of care available, but not at the most popular times of the day (i.e. 9am calls)
    - Dom Care providers cover different geographical locations within the town, if one provider has no capacity the other may not be able to cover this area
    - West View Lodge would normally only accept a maximum of 3 admissions per day, therefore if this limit has been reached there may be capacity in the home which cannot be used.
    - Care Homes have a limit of how many residents with 2-1 care needs they can admit due to staffing limitations.

This information has enabled us to negotiate and agree priorities to respond to the pressures identified – this includes discussing and agreeing alternative arrangements where demand cannot be met by the originally intended service.

These processes and tools allow us to keep a dynamic and up to date check on the capacity available, as well as the demand variation and the response to deal with this variation on a weekly basis, within the framework of the BCF and wider funding options.

2023/24 Approach to Capacity and Demand

As with last year, we have taken a joint partnership approach to completing the Capacity and Demand information. This is necessary to ensure all Capacity and Demand is

considered across the locality, however it also provides challenges, as to do this we require data from different information systems. This introduces the risk of missing some patients, double counting others and the systems are used to record information in very different ways. For this reason, we have made a number of assumptions when collecting the data, all of which have been documented in the assumptions section on the planning template.

To project the demand over the coming year, we have applied a 3% uplift on previous activity.

Much of the low-level social support, including VCS, is provided by charity organisations and volunteers who support people on an ad-hoc basis. This includes helping with shopping, sorting bills and paperwork, cleaning and liaising with other services. There is no set time a person will receive this support and the commissioning of the services vary. Due to the nature of these services, most have no formal mechanisms in place to report how many people have been supported or for how long. Similarly, as many of these services use volunteers, the capacity can fluctuate quite significantly. We are not able to accurately report the demand for these services nor the capacity available to meet this demand.

When calculating the capacity of Care Home beds for reablement/rehabilitation we had to consider other factors as well as the actual number of available beds, including the workforce available to support people in the beds, and financial constraints. Because of this, the reported capacity does not include all available Care Home beds in Hartlepool.

This Capacity and Demand data collection does not include Mental Health data, as we do not currently collect this. We have initiated discussions to set up collection for this, however the data is not available for this planning submission. We do, however, have Mental Health representation in the weekly discharge discussions and are aware of the pressures faced.

Using Capacity and Demand to Inform BCF Plans
Existing systems and processes which are set up to manage capacity in response to the change in demand will continue and will develop further as needed. BCF plans for 2023/24 currently include capacity for pathway 1 discharges and a higher numbers of community beds, both based on the projections we have developed.

We have extended the contract for West View Lodge by a year, while collectively working on a future model. We are aware that we have a higher than expected reliance on beds, and although a deeper dive into these placements is needed to determine if this was the most appropriate discharge pathway, discussions are also focussed on how we can get more people back home with support.

National Condition 2 (cont)

Describe how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25 and how these services will impact on the following metrics:

- Unplanned admissions to hospital for chronic ambulatory care sensitive conditions
- Emergency hospital admissions following a fall for people over the age of 65
- The number of people aged 65 and over whose long term support needs were met by admission to residential and nursing care homes per 100,000 population

In terms of out of hours care, we identified that our existing assistive technology equipment and approach was outdated and no longer fit for purpose. Therefore, along with our health colleagues, we have commissioned a technology specialist (Taking Care), rather than a housing specialist, to avoid and reduce the number of unplanned admissions to hospital. We have now a broader range of options and technological solutions that is fit for 2023 and beyond.

The introduction of Taking Care has enabled us to improve our response to urgent care situations in the community, as well as a more collaborative approach to providing that response. This has required robust assessment, decision making and diversion to more appropriate services and support when needed. ISPA has been integral to this improved urgent care offer as communication continues to be key, along with better technology and improved relationships between health and social care.

This improved technological offer supports approximately 3500 people and our ambition is to increase this further to help reduce avoidable admissions to hospital and length of stay, keeping people in their own homes longer.
The implementation of the Discharge to Assess (D2A) initiative along with intermediate care and rapid response services offers the opportunity for people to receive the care and time needed to maximise recovery, maintain independence and avoid admission to long term residential, nursing care and home care whenever possible.

Additionally, positive relationships with providers of residential care, nursing care and home care services continues to support this work, with the aim of reducing the reliance on long term residential and nursing care. A range of community based services support people to feel safe in their own home and give them confidence to return to the community following a period of rehabilitation and recuperation.

Work continues across the Tees Valley with our health colleagues (including GP's, Pharmacists, Therapists etc) to develop Virtual Wards (respiratory and frailty), as well as setting up interfaces between IT systems, e.g. the newly developed '**O**ptimised **P**atient **T**racking & **I**ntelligent **C**hoices **A**pplication' (OPTICA) system that will help reduce unnecessary hospital admissions and facilitate timely discharge. This will provide better quality and quicker access to information for both health and social care colleagues, which will assist with decision making.

We currently have an extensive programme to support care homes and people in the community around falls, but we intend to expand this to work closer with domiciliary care providers and the wider VCSE, and more specifically Hartlepool Carers.

Falls response services are required in all systems for people who have fallen at home including care homes. We are therefore incorporating and building on the work in Enhanced Health In Care Homes (EHICH) and UCR in order that we can provide a preventative and reactive comprehensive and coordinated community-based falls response for Hartlepool and the wider Tees Valley.

This is to ensure people receive the right care in the right place at the right time, proving appropriate care to people in their own home. The proposal is to initiate a project to engage and consult with stakeholders to undertake a 3-stage process includes scoping, mapping and reviewing what community falls services are currently available to support people who have fallen and those at risk of falling.

Following the conclusion of the phase one scoping stage, which includes a review of available digital data and discussions with stakeholders to identify relevant pathways and resources, phase 2 will be a mapping stage, plotting identified providers and pathways into services in order to understand the community falls offer across Hartlepool and the Tees Valley and associated funding streams, review relevant data to develop a local

picture of demand and responses from each locality and identify potential gaps and make recommendations for consideration.

National Condition 3

Use this section to describe how your area will meet BCF objective 3: **Provide the right care in the right place at the right time.**

Please describe the approach in your area to integrating care to support people to receive the right care in the right place at the right time, how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to support safe and timely discharge including:

- Ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support, in line with the Government's hospital discharge and community support guidance
- How additional discharge funding is being used to deliver investment in social care and community capacity to support discharge and free up beds
- Implementing the ministerial priority to tackle immediate pressures in delayed discharges and bring about sustained improvements in outcomes for people discharged from hospital and wider system flow

In response to Hospital Discharge Operational Guidance, we continue to focus on safe and timely discharge to ensure that the right care is provided in the right place at the right time.

We have strengthened our previous discharge arrangements and the monitoring of all hospital discharges, so that we can focus on continuous improvement.

We have sought advice from our Healthwatch colleagues to have a more independent and person centred focus on the arrangements and in doing so, learn from any issues raised.

We have a range of well-developed and innovative options to support hospital discharges, including:

- Trusted assessors.
- Enhanced weekend working to support admissions to care homes.
- Introduction of a Hartlepool Carers role to help navigate the discharge process for patients and their families.
- Spot purchase of beds for D2A.
- West View Lodge intermediate care centre.
- Home First.
- Virtual Ward.
- Hartlepool Technology for Care.
- Revised domiciliary and extra care contracts.
- Enhanced Reablement offer.
- Rehabilitation apartment.

Collectively, these initiatives work together to ensure that we offer a more personalised hospital discharge, which promotes the independence and wellbeing of the person and importantly, supports family carers at a time of crisis.

In terms of demand management at times of unprecedented pressure, surge meetings are utilised across the Tees Valley and mutual aid is made available to ensure patients are

discharged and placed on the next stage of their pathway of care. This maintains flow throughout the hospital and promotes rapid and supported discharge to the most appropriate place for recovery in a planned manner rather than experiencing an extended length of stay in an acute hospital bed.

All partners work together to focus on ensuring that the person is provided with the right care, in the right place at the right time. This promotes opportunities to ensure that people stay well and they are safe and independent at home for longer.

We have continued to focus on collaboration, including operational elements as well as strategic commissioning between health and social care, building on the strengths of each organisation.

Operationally, the weekly Hartlepool and Stockton Discharge Group has collectively worked across the ICB, Trust and LAs to ensure delivery of the Hospital Discharge Guidance offering mutual support and solutions to community bed provision including workforce issues, pathways/ processes and development of a 'Home First' approach and associated scheme.

The Home First scheme which commenced in November 2020 ensures people who need care receive it in the right setting. The new service supports patients to remain or return to their own home through provision of a 24/7 nurse led service, allowing for an individual to be both care managed and have their needs assessed within their own home environment by an appropriate integrated community workforce.

The Home First team is a multidisciplinary team that can deliver effective nursing and rehabilitation interventions during this initial period of up to 7 days to promote independence. The service works in collaboration with the integrated single point of access to support a health and social care approach to the delivery of care. Our ambition is to develop this to include a more robust link with the Telecare function.

Patients accessing the Home First pathway are generally:

- Suitable for Pathway 1 (able to return home with support from health and/or social care);
- Patients at the point of community crisis who require additional support to avoid escalation to Pathway 2 (rehabilitation or short-term care in a 24-hour bed-based setting); or
- Patients who have resolvable 1:1 needs.

This approach sits within a framework of joint commissioning and collaborative working where current and emerging challenges are discussed between all partners and appropriate solutions identified and implemented whenever possible.

iSPA provides a multi professional triage and care planning service to improve pathway access and delivery for health, social care and VCSE services ensuring people get access to the right early help at the right time, including specialist support where needed.

We work closely with a wide range of experienced VCSE organisations, including Hartlepool Carers, Lets Connect, Lillyanne's Coffe Shop, PFC Trust, Hartlepower etc, both in terms of supporting initiatives in the community and helping drive developments such as Community Led Businesses, that helps encourage a more diverse and wider community offer.

By collaborative commissioning, and close working relationships, we continue to focus on safe and timely discharge to ensure that the right care is provided in the right place at the right time. All partners are committed to ensuring that the person is provided with the right care, which promotes opportunities to ensure that people stay well and they are safe and independent at home for longer.

We have used additional hospital discharge funding:

- To support Tees Community Equipment Service (TCES) to provide additional resources to allow for more same day equipment deliveries to reduce length of stay in hospital.
- To implement a weekend discharge arrangement with care homes to support increased numbers of people being able to be admitted to care homes over weekends.
- To support a workforce retention programme for independent care homes and domiciliary providers.
- To enhance our Reablement offer, and in doing so, support NHS trusted assessors.
- To improve complex discharge coordination and reduce length of stay.
- To expand the Tees Valley Mental Health discharge service.
- To continue with the D2A programme (for up to 4 weeks).

National Condition 3 (cont)

Set out the rationale for your estimates of demand and capacity for intermediate care to support discharge from hospital. This should include:

- Learning from 2022-23 such as
  - Where number of referrals did and did not meet expectations
  - Unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
  - Patterns of referrals and impact of work to reduce demand on bedded services – eg improved provision of support in a person's own home, plus evidence of underutilisation or over-prescription of existing intermediate care services

- Approach to estimating demand, assumptions made and gaps in provision identified
- Planned changes to your BCF as a result of this work

    - Where if anywhere have you estimated there will be gaps between the capacity and the expected demand?
    - How have estimates of capacity and demand including gaps in capacity been taken on board and reflected in the wider BCF plans

An overview of our rationale for both discharge from hospital and supporting people in the community is summarised on page 11.

National Condition 3 (cont)

Set out how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25 and how these services will impact on the following metric

- Discharge to usual place of residence

We have an agreed strategic priority to support people to be discharged to their usual place of residence. There are a range of initiatives that have been put in place and enhanced to support this, they include:

- Home First – a multidisciplinary team that can deliver effective nursing and rehabilitation interventions during this initial period of up to 7 days to promote independence.
- Virtual ward – working closely with our health colleagues to provide a collaborative approach.
- Extra care has recently been recommissioned to provide a more responsive and up to date service.
- Taking care assistive technology solution implemented in April 2023 to provide a better and more technologically advanced solution to support hospital discharge.
- Domiciliary care contacts have been recommissioned and will provide a more consistent service across one area of Hartlepool, ensuring more timely discharge and a greater capacity for people to move directly to their home, rather than a care home setting.
- Trusted assessors – support this function within the hospital setting to identify potential patients who will able to return to their usual place of residence, who, once clinically able, can be prioritised.
- Increased TCES resource has provided additional capacity around same day deliveries, where the client is in a hospital setting.

National Condition 3 (cont)

Set out progress in implementing the High Impact Change Model for managing transfers of care, any areas for improvement identified and planned work to address these.

We continue to implement the High Impact Change Model for managing transfers of care and many examples of this are outlined in other sections of this template. In summary:

1. **Early discharge planning –** the Integrated Coordination Centre, daily system calls and on-going internal work with Trust colleagues
2. **Monitoring and responding to system demand and capacity –** the reporting mechanisms and daily and weekly multi-agency meetings
3. **Multi-disciplinary working -** examples include our ISPA and Integrated Coordination Centre
4. **Home first –** our system aim wherever possible and established D2A processes
5. **Flexible working patterns –** increased weekend working by social care
6. **Trusted assessment –** in place to support and expedite discharges
7. **Engagement and choice –** examples include our carers in hospital support and staff engagement with patients and families to seek the best outcomes but manage expectations
8. **Improved discharge to care homes –** well established EHICH processes and Trusted Assessors
9. **Housing and related services –** services in place to support with needs patients may have on discharge

National Condition 3 (cont)

Please describe how you have used BCF funding, including the IBCF and ASC Discharge Fund to ensure that duties under the Care Act are being delivered?

The Care Act introduced a national framework to determine whether a person has eligible needs and for the first time, the Act, ensured that family carers had the same rights to assessment and support as the people that they care for.

The Care Act introduced a legal duty to prevent, reduce and delay people's needs from worsening and confirmed that people must be supported at an early stage to prevent and reduce the likelihood of people ending up in crisis.

There are six principles that underpin the work of professionals and other staff who work with adults. They apply to all sectors and settings that work to care for and safeguard adults, including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system. These principles are as follows: -

- **Empowerment –** You know best about the care and support you need; your views, wishes, feelings and beliefs should always be considered. To ensure that this is implemented in the right way, professionals must discuss all the possible outcomes of the person's decision, without enforcing their opinions too much. If the person does not have capacity to give consent, then their decisions can be made for them. Whether the person

has capacity depends on a few factors that are specified in the Mental Capacity Act 2005.

- **Protection –** Professionals should always work to protect you and other people from abuse and neglect. The Act clearly states how people can raise concerns about the safety or wellbeing of someone who has care needs. If a person is at risk of abuse or neglect, authorities must act immediately. An effective response must be in place to protect the person in need.

- **Prevention –** The main aim of professionals should be on the person's wellbeing, on reducing the need for care and support, and on reducing the likelihood that the person will need care and support in the future. Local authorities have a legal duty to prevent, reduce and delay people's needs from worsening. The aim is to have responsive local authorities that are able to support people at an early stage, to prevent and reduce the likelihood of people ending up in crisis situations.

- **Proportionality –** Appropriateness and proportionality are concepts that must apply to all assessments and are not themselves forms of carers' or needs assessments. A proportionate assessment will be as extensive as required to establish the extent of a person's needs and any decisions made will always be person-centred and based on their individual circumstances.

- **Partnership –** Any decisions should be made with the person's involvement, and their wellbeing should be balanced with that of any involved family and friends. It also applies to multi-agency collaboration working in partnership to provide the appropriate care and support for the individual.

- **Accountability –** Professionals should ensure that any actions taken to support a person receiving care affect their rights and freedom as little as possible. The accountability principle also states that safeguarding is everybody's duty, and everyone in contact with a vulnerable person should be responsible for noting any risks and taking action on any harm identified.

Although all of the six principles are important, the main principle of the Care Act 2014 is to help to improve people's independence and wellbeing and for care providers and givers to promote a person-centred approach to the care and support they provide. The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life. The Act requires local authorities to involve adults in their assessment, care and support planning and review. Considering the person's views and wishes is critical to a person-centred system. In terms of person-centred care, these are the four principles: -

- Affording people dignity, compassion and respect.
- Offering coordinated care, support or treatment.
- Offering personalised care, support or treatment.
- Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life.

The Act highlights wellbeing as one of the key responsibilities for local authorities, with an inextricable link to the main principles, which is of prevention and protection.

The Statutory Guidance of the Care Act 2014 says at paragraph 1.21: "Promoting wellbeing does not mean simply looking at a need that corresponds to a particular service. At the heart of the reformed system will be an assessment and planning process that is a genuine conversation about people's needs for care and support and how meeting these can help them achieve the outcomes most important to them."

The Care Act 2014 places a duty on local authorities to promote an individual's "wellbeing". This means that they should always have a person's wellbeing in mind when making decisions about them or planning services.

Wellbeing can relate to:

- Personal dignity, including treating the individual with respect.
- Physical and mental health and emotional wellbeing.
- Protection from abuse and neglect.
- Control by the individual over day-to-day life including over care and support.
- Participation in work, education, training or recreation.
- Social and economic wellbeing.
- Domestic, family and personal relationships.
- Suitability of living accommodation.
- The individual's contribution to society.

Wellbeing is a broad concept and there is no hierarchy in the areas of wellbeing listed above – all are equally important. There is also no single definition of wellbeing, as how this is interpreted will depend on the individual, their circumstances and their priorities. Wellbeing encompasses several areas of life. Therefore, using a holistic approach to ensure a clear understanding of the individual's views is vital to identifying and defining wellbeing in each case.

In order to ensure duties under the Care Act are delivered there are a significant number of activities that are implemented to assure the quality of adult social care services including:-

- Survey Feedback Tees Safeguarding Adults Board Quality Assurance Framework
- Practice Month
- Annual Conversation
- Peer Review of Adult Safeguarding
- Continuous Professional Development
- Feedback from the Workforce
- Peer Discussions
- Review of Complaints and Compliments
- Celebrating Success

Supporting unpaid carers.

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

Health and social care partners have long recognised the value of unpaid carers and the significant contribution they make to the support of vulnerable people across both health and social care in Hartlepool.

HBC commission Hartlepool carers to offer information, advice and guidance to carers in and round Hartlepool – the service they provide is confidential, non-judgemental and impartial.

We have a close working relationship between Hartlepool Carers and partners which allows us to have open discussions as to how best to support unpaid carers across Hartlepool.

On behalf of HBC, Hartlepool Carers ensure we discharge our statutory responsibilities, but also do a lot more than this.

We have listened to their views through reviews and carer survey feedback and this has driven improvement in quality and empowered family carers to enhance the quality of their lives and those of their loved ones.

To do this, we have:

- Revised and improved our contractual relationship.
- Provided access to social care IT systems and information, allowing joint recording in systems.
- Created a dedicated social worker liaison role.
- Jointly implemented a carers assessment and review tool.
- Regular meetings to address concerns and develop solutions.
- Work closely around Community Led Support and the support hubs in Hartlepool, including Hartlepool carers have a base at the central hub.
- Supported the implementation of a Hospital based role to support clients and their carers.
- Implemented Carers Emergency respite scheme.
- Implemented the ‘Respite caravan’ facility.
- Introduced the ‘Carers moving on from the carers role’ service.
- Provided training and education for carers around specific conditions
- Provided a ‘Young Carers service’.
- Provided a range of ‘Social opportunities’ including coffee mornings, friendship group, male carers group etc.
- Support Health and Wellbeing, by initiatives to access GP’s, Mental Health support, access to health living resources (such as eat well, weight management)
- Advice and guidance.
- Regular newsletters.
- Carers Life Blogs.

To enhance our offer to unpaid carers and in response to identifying a ‘gap’ in service provision, we have collaborated with Hartlepool Carers and commissioned a new model of community provision using resources that are ordinarily available to all who live and work in Hartlepool. Hartlepool Carers now work with cohorts of unpaid carers who find it more difficult to get ‘respite’ from their caring role to overcome barriers such as access to transport and meeting additional support needs to enable unpaid carers to continue in

their role they do this by providing information, advice, guidance and access to practical support.

We have now renegotiated our contract with Hartlepool Carers for them to complete the majority of carer's assessments, giving them access to the relevant information systems.

This builds on the 'Expert by Experience' approach of Hartlepool Carers to enable them to build informal and well based networks and share experiences, leading to a more person centred approach without the necessity to go through a formal assessment with council staff. This avoids unnecessary delays.

As a result of this work family carers now benefit from a more tailored and bespoke service, which is closely linked to the development of community hubs and Community Led Support.

As a mark of the success of Hartlepool Carers across the town, in July 2022 they were awarded the Queens Award for Voluntary Service – the highest recognition a voluntary group can receive in the UK.

Disabled Facilities Grant (DFG) and wider services

What is your strategic approach to using housing support including DFG funding that supports independence at home?

The Disabled Facilities Grant (DFG) is a capital grant paid to Hartlepool Borough Council to facilitate the adaption of older and disabled people's homes and is incorporated into the wider iBCF grant.

The DFG aims to support disabled and older people to be independent, enabling carers to continue their role safely, preventing accidents and helping people to return home from hospital.

It requires effective co-ordination between housing providers and the health and social care system and supports the increasing national focus on the integration of housing with health and social care services.

The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place.

HBC has now published the 'Housing Assistance Policy' in accordance with the Regulatory Reform (Housing Assistance) (England and Wales) Order which gives local authorities permission to broaden the scope of how DFGs are used to support housing renewal and assist with improving housing conditions.

Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate. This is now being used to support those people experiencing Mental Health issues in relation to hoarding and we are now supporting people to improve their home environment and provide access to therapy services to address the underlying issues.

This increase in DFG funding in recent years has afforded HBC and its key partners the opportunity to review existing arrangements to ensure that adaptations continue to play a

significant supporting role in enabling the Boroughs residents to remain independent in their homes for as long as possible.

Following on from the COVID-19 pandemic Hartlepool we continue to deliver the adaptation programme into 2023/24. We have prioritised resources to facilitate hospital discharge or prevent hospital admission by using our stair-lift and ramp loan scheme and prioritising/fast tracking DFG's on a case-by-case basis.

Within the Council, the decision to integrate Special Needs Housing within adult social care has supported increased integration and broadened understanding. Communication has improved and the service is operating more efficiently within the OT service rather than being overseen by Housing Officers. By doing this, we are in a better position to respond to the requirements of the 2021 government white paper ('People at the Heart of Care'), as there is a greater emphasis on the integration of housing, health and social care.

For the year 2022/2023, Hartlepool provided the following:
159 Grants in total consisting of:

- 94 level access shower/over bath showers.
- 57 stair-lifts.
- 9 major adaptions (extensions / conversions).
- 6 ramped access only.
- 8 other – door widening, alterations to staircase/remodelling.

Key changes and priorities for 2023/24 New initiatives and areas of expenditure facilitated by a proposed revised DFG Policy including Regulatory Reform Order (RRO) Policy for Housing Assistance include:

- Use of a discretionary power which permits the Council to make additional grants / loans etc. to top up the maximum permissible grant of £30,000 per property.
- Funding up to £30k of extensions/ property configurations to facilitate kinship care arrangements thereby avoiding overcrowding.
- Funding of up to £80k to support and facilitate a Shared Lives service for adults with a Learning Disability and Autism, supporting a partnership approach with Durham County Council and Tees Esk & Wear Valley Foundation NHS Trust.
- Hospital Discharge Grants payable where NHS continuing healthcare funding is not available but the person requires an urgent adaption to support a discharge home.
- Removal of the means test for DFG applications up to £5k in circumstances which would cause undue financial hardship or in circumstances of a rapidly progressing or highly debilitating condition.
- Exploring opportunities to consider means testing of families on a case by case basis, to alleviate financial inequalities.
- Relocation assistance of up to £10k for owner occupiers where an existing home is unsuitable for improvement, repair or adaptation and the person is eligible for a DFG.
- Consideration of using DFG to support and pay discrepancies where stamp duty may limit a move.
- Assistive Technology development through a tender to replace existing technology with new and improved solutions for approx. 3500 people.
- Exploring improvements to Digital Technology across a range of areas including 'Buddi' system (provision of personal emergency response services) and 'Just Checking' (provision of equipment and activity monitoring service for assessment).

Examples include:
Wider prevention – Providing support to a Community Led Support to 'Make every contact count'. This would identify people struggling with their homes before they get to

crisis point by offering information advice and support from the occupational health service based in community hubs.

Short-term Interventions – increase rapid response services to enable people to come out of hospital or to prevent someone in crisis having to go into residential care by fixing trip and fall hazards, installing minor adaptations, repairing heating systems and providing an immediate deep clean and declutter.

Medium-term Solutions – continue to fund the provision of stair-lifts and showers, but with a range of integrated services to maintain independence which might include: minor adaptations such as grab-rails, key safes; a personal alarm system; other improvements such as repairs or a new heating system; and links to an exercise class, falls prevention training and befriending service to improve health and wellbeing.

Long-term Interventions – Purchasing and installation of equipment to create a rehabilitation flat to facilitate intensive assessment and longer term reablement supporting recovery from major surgery, life limiting injuries, long Covid, Stroke etc.

Additional funding will also be used to progress applications received following the COVID-19 lockdown and reduce the waiting list.

A recent development has been work undertaken with the VCS and Hartlepool Carers to engage earlier with people and their families to provide them with equipment to meet low level support needs and avoid progression to further assessment and associated services

Additional information (not assured)

Have you made use of the Regulatory Reform (Housing Assistance England and Wales) Order 2002 (RRO) to use a portion of DFG funding for discretionary services? Yes.

If so, what is the amount that is allocated for these discretionary uses and how many districts use this funding? The allocation amounts for Hartlepool are being calculated for the coming year.

Equality and health inequalities.

How will the plan contribute to reducing health inequalities and disparities for the local population, taking into account of people with protected characteristics? This should include:

- *Changes from previous BCF plan*
- *How equality impacts of the local BCF plan have been considered*
- *How these inequalities are being addressed through the BCF plan and BCF funded services*
- *Changes to local priorities related to health inequality and equality and how activities in the document will address these*
- *Any actions moving forward that can contribute to reducing these differences in outcomes*
- *How priorities and Operational Guidelines regarding health inequalities as well as local authorities' priorities under the Equality Act and NHS actions are in line with Core20PLUS5*

It is recognised that there are significant health inequalities across society and high levels of deprivation make this very stark in Hartlepool.

The local authority and ICB are committed to making sure equality and diversity is a priority and to rebalance any differential in relation to marginalised groups. We are

endeavouring to achieve this by working more closely with our communities and their representatives to understand their needs and how best to commission the most appropriate services to meet those needs, specifically around developing our community Led Support (CLS) solution and family carer initiatives.

We do this by understanding, identifying and then minimising or removing disadvantages suffered by people due to their protected characteristics; taking steps to meet the needs of people from protected groups where these are different and encouraging people from protected groups to participate in public life and other activities where their participation is disproportionately low.

We will continue to work with the Ageing Well programme to ensure personalised care approaches are fully embedded, supporting healthy ageing across the life course, as well as within the programme specific workstreams, which are Anticipatory Care, Urgent Community Response, Enhanced Health in Care Homes and Virtual Wards.

In terms of BCF, our prevention and Home First schemes support the most vulnerable, often those with long term conditions.

The four goals for the North East and North Cumbria Health and Care Partnership strategy are:

- Longer and Healthier Lives
- Fairer Outcomes for All
- Better Health and Care Services
- Giving Children and Young People the Best Start in Life

The summary of our NENC Health and Care strategy on the link below outlines the local challenges, goals and approach to prevention, fairer outcomes, Core20Plus5 and improving services across health and care for all.

https://northeastnorthcumbria.nhs.uk/media/bhrbrkt2/icp-strategy-v14.pdf

We will ensure that our BCF schemes continue to complement the local plans outlined above.

HEALTH AND WELLBEING BOARD

10 July 2023

Report of: Director of Public Health

Subject: FINAL DRUG AND ALCOHOL STRATEGY

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1. PURPOSE OF REPORT

1.1 To share with Health and Wellbeing Board the final Substance misuse strategy (attached as **Appendix** 1) for Hartlepool.

2. BACKGROUND

2.1 The strategy has been developed with partners and informed by the recent substance misuse health needs assessment, which has been shared previously with the Health and Wellbeing Board.

2.2 Substance misuse is a key priority for the council. Hartlepool has high numbers of substance users, high numbers of drug and alcohol related deaths and a significant proportion of treatment service users fail to complete their treatment. This strategy outlines how we are going to improve this situation in Hartlepool and how we will work across the system to make changes to support people into and through treatment, as well as outlining our preventative approach. A number of stakeholders and partners have been involved in developing the strategy and agreeing the contents.

2.3 The strategy was developed following a consultation event and engagement with service users through the local recovery groups. The following theme areas have been identified through this process:

- Prevention and early intervention
- Reducing drug and alcohol related harms
- Supporting wider health needs
- Reducing drug and alcohol related crime and disorder

3. PROPOSALS

3.1 The strategy will inform the development of an action plan which will set out under each theme the detail of how we will deliver this priority area, who will deliver, timescales and will be informed by indicators in order to measure success through an outcome framework.

3.2 Governance of the strategy implementation will be through the substance misuse strategy group. This will report to the Health and Wellbeing board annually.

4. RISK IMPLICATIONS

4.1 The governance of the delivery of the strategy will be through the substance misuse strategy group and report to the Health and Wellbeing Board against progress on an annual basis. Any risks will be managed through this process.

5. FINANCIAL CONSIDERATIONS

5.1 Current Public Health Grant and Supplemental Substance Misuse Treatment and Recovery Grant investment will be used in the implementation of the strategy

6. LEGAL CONSIDERATIONS

6.1 Non applicable.

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

7.1 Attached

8. STAFF CONSIDERATIONS

8.1 Non applicable.

9. ASSET MANAGEMENT CONSIDERATIONS

9.1 Non applicable

10. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

10.1 None applicable.

11. RECOMMENDATIONS

11.1 For partners to support the implementation of the Drug and Alcohol Strategy.

12. REASONS FOR RECOMMENDATIONS

12.1 The strategy is necessary to support the development of a joint approach to tackle drug and alcohol related harms in Hartlepool given the high number of substance users and the poor outcomes in comparison to the rest of the country.

13. BACKGROUND PAPERS

13.1 None.

14. CONTACT OFFICERS

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Claire Robinson
Public Health Principal
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HARTLEPOOL
BOROUGH COUNCIL

Hartlepool Drug and Alcohol Strategy
2023-2028

Claire Robinson | Public Health Principal
Abigail Reay | Advanced Public Health Practitioner

Foreword – Director of Public Health

Substance misuse is one of the most challenging health issues we face in Hartlepool. The personal, social and economic impacts of substance misuse are great and it is a key driver of health inequalities in the borough. The Health Needs Assessment for substance misuse has outlined that Hartlepool is experiencing more significant issues and higher numbers of people using substance than the England average. It also demonstrates the increasing harms caused by substances with high numbers of drug and alcohol related deaths.

Addressing these issues will take a partnership approach. As this strategy outlines, we are committed to tackling the challenges posed by this in partnership with all responsible agencies and partners. This partnership working, will use an asset based approach to develop those programmes of work required to address our key vision of reducing the harms associated with substance use.

We will achieve this through a clear focus on 4 key areas:

- Prevention and early intervention
- Reducing drug and alcohol related harms
- Supporting wider health needs
- Reducing drug and alcohol related crime and disorder

By focusing on a place based approach to delivering interventions to support these key areas we will ensure that Hartlepool residents receive the treatment and recovery support they need to move on from alcohol and substance addiction. We will also ensure that we will reduce the number of people becoming addicted to substances through high quality prevention work. This will then have a clear impact on reducing inequalities in the borough.

A lot of excellent work is currently happening in this space in Hartlepool. This strategy will build on the work of our communities, services and residents to make a real difference to the lives of our population.

Craig Blundred | Director of Public Health
Hartlepool Borough Council

Foreword – Council Leader

I am delighted to introduce the Substance Misuse Strategy for Hartlepool. This Strategy is a five year strategic plan for tackling the harms associated with substance misuse.

Alcohol & Drug misuse is an issue that requires a long term and varied approach. Partnership working is essential if we are to tackle the broad range of issues that affect many aspects of people's lives. If we work together we can protect people from the harms associated with substance misuse and help everyone to improve their health and support them to make healthier choices as well as ensuring that we address the wider determinants of health that strongly influence this agenda.

This strategy will build on and extend current work and outlines ambitious strategic aims including: the importance of prevention and early intervention and supporting those in treatment services with a focus on recovery and supporting people back into society by improving their chances of sustaining positive changes. The strategy also identifies the need to work with partners to increase efforts to reduce or disrupt supply. However the most important aspect of this strategy is to be responsive and reflect the local need and assets of Hartlepool. We should always be ready to help those in need as we often do not know the stories that go behind the decisions that those who become addicted to substances have.

The Strategy will be implemented through the Substance Misuse Strategy Group who will work together on the priorities set out in this strategy to achieve real change for Hartlepool residents. I support the intentions set out in this Strategy so let us all come together as a community to help and support, by getting behind this strategy for the betterment of our town and its people.

Mike Young | Council Leader
Hartlepool Borough Council

Contents

Introduction

National and Regional picture

Across the UK, the misuse of drug and alcohol is one of the highest risk factors for ill-health with an estimate of 1 in 11 adults aged 16-59 to have taken a drug[1] 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[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. Drug and alcohol use can also lead to high crime rates and increased rates of domestic violence.

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].

Dame Carol Black Report: Phase 1 and 2

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[4]. 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 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

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[5]. 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.

Local Picture

Drug and Alcohol use across Hartlepool

Hartlepool has some of the most deprived areas in England, with more than half of the town (52%) being in the most deprived quintile in England. Several of the areas of high deprivation are areas where the significant proportion of the substance misuse caseload in Hartlepool are located (Victoria and Burn Valley Wards). This is the same for both children and adults.

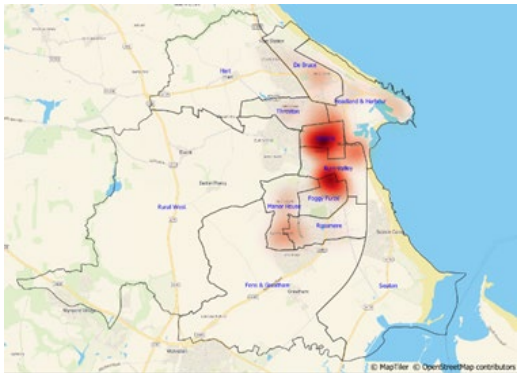


Figure 1: Adult Substance Misuse Referrals

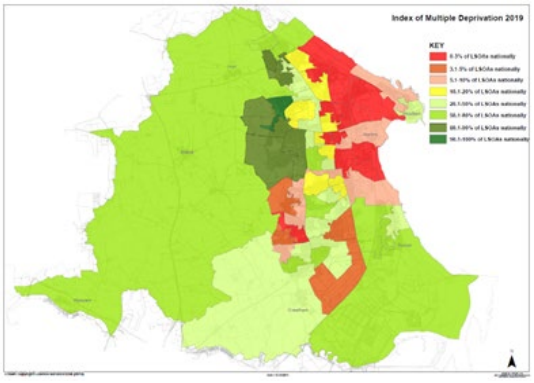


Figure 2: Areas of deprivation across Hartlepool

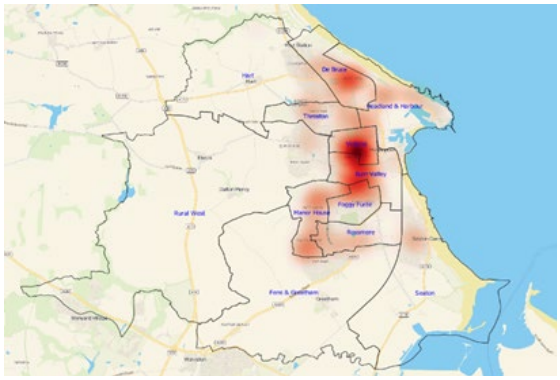


Figure 3: Children and Young People Substance Misuse Referrals

In regard to substance use, alcohol and opiates appear to be the most prevalent substance within the substance misuse treatment population. This is similar to the UK average however, Hartlepool has almost double the amount of opiate use compared to the rest of the UK. For children and young people, cannabis and alcohol appear to be the most commonly used.

It is imperative that the correct treatment and support is available to all individuals using substances. For that reason it is important to understand the unmet need across Hartlepool, which is the individuals who could be in treatment for substance misuse, but are not. Hartlepool's unmet need is smaller than the England average. Despite this, the unmet need for alcohol across Hartlepool is still high. This could mean that many adults across Hartlepool are drinking increased amounts of alcohol which could impact their physical and mental health.

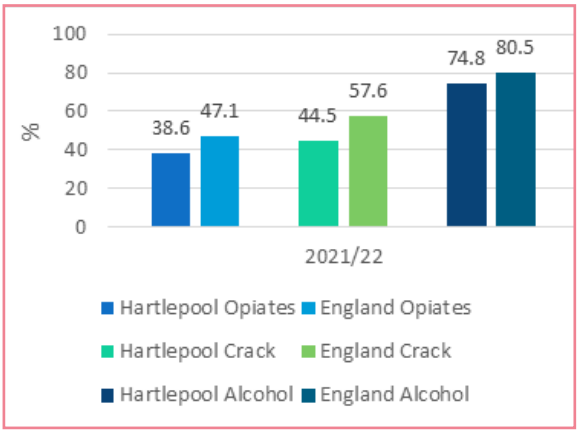


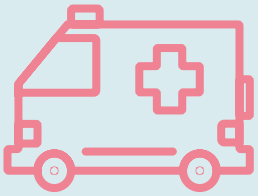
Figure 4: Percentage of Unmet Need within Substance Misusing Population 2021/22. Source: Liverpool John Moores University

Local Picture

Drug and Alcohol related Harm across Hartlepool

Hartlepool has had more than a threefold increase in drug related deaths since 2012/14. Hartlepool's rate is currently the 3rd highest in England.

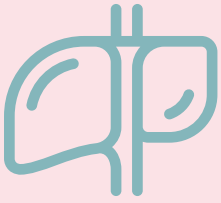
Hartlepool is significantly higher than the North East, and England average for hospital admissions where drug-related mental health and behavioural disorders were a factor



In 2019/20, Hartlepool was in the top 10 highest rates across the country for alcohol related hospital admissions.

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.

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.



Our vision

The harm caused by drugs and alcohol in Hartlepool affects all our communities. This strategy sets out our collective approach to addressing this. It uses data and feedback from our Strategic Needs Assessment and wider consultation with partners.

The strategy sets out our vision to "Work together to ensure Hartlepool communities are; safe from drug and alcohol related harms; have access to timely and effective support and treatment including supporting people's physical and mental health and wellbeing and to support the work to tackle drug and alcohol related crime.

Our four main priorities are set out below

Priority 1: Prevention and Early Intervention

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

We know:

- Individuals who have experienced traumatic/adverse events in childhood are more likely to use substances in later life
- Hartlepool's young people's treatment population is younger than the national average
- Hartlepool's areas of highest deprivation mirror the areas of highest drug and alcohol treatment referrals and areas of high crime rates.
- Recent prison leavers are at higher risk of drug related harms
- Nineteen Percent of new adult referrals into treatment services currently live with children

We will:

- Develop further insight into 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.
- Proactively influence the current curriculum in schools in regard to drug and alcohol education.
- Continue to improve collaborative working between treatment services and schools and colleges, and criminal justice services (including Prisons and Probation) in attempt to provide resources, education and harm minimisation advice to high risk individuals.
- Challenge social 'norms' around high levels of alcohol consumption
- Provide interventions to support those with adverse childhood experiences
- Work with START to ensure approaches are targeted towards high risk groups, such as youth services to ensure services are reaching out to those who require support.
- Work with police colleagues in reducing drug related crimes with a focus on rehabilitation
- Collaborative working with Social Care Teams to support those who experience substance misuse, including family support.
- Focus on diversionary activities for high risk groups
- Continue to support the harm minimisation agenda and support a reduction in drug related deaths

Priority 2: Reducing Alcohol and Drug Related Harms

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

We know that:

- Hartlepool's most common substances within the treatment population are opiates and alcohol
- Individuals who are successfully discharged from our community drug and alcohol support service are low in comparison to the national average
- Dropout rates within our community drug and alcohol support service are high in comparison to the national average
- Hartlepool's unmet need for drugs and alcohol is lower than national average, however still high for alcohol use

We will:

- Reduce the number of deaths caused by alcohol and drugs use
- Advise commissioning and treatment services of potential gaps within service provision, data collection and quality
- Ensure appropriate, effective and timely access to treatment and support
- Continue to monitor performance of our treatment services
- Develop outreach support within our treatment services to ensure we meet the needs of those most vulnerable
- Increase the number of staff within treatment services to reduce caseload sizes in line with Dame Carol Black's recommendations
- Increase In reach support for those in custody, hospital or other care facilities
- Coproduction and service user voice will be integrated into all areas of this strategy
- Build a recovery community across the town to increase 'visible recovery' and make use of peer support
- Address the impact of drug and alcohol use on our most vulnerable people, including those with multiple needs and co-existing drug, alcohol, housing and mental health problems by working collaboratively with additional services to support those in treatment/referrals into treatment, such as Domestic Violence services, Housing support, Probation, Primary and Secondary care, Mental health services, Education, Department of Work and Pensions, adult and children's social care
- Target specific areas of need based on the data for young people, such as De Bruce Ward and Foggy Furze
- Ensure effective evidence based provision of services
- Invest in research and behavioural insights work to ensure we can effectively support people who use drugs and alcohol

Priority 3: Supporting Wider Health Needs

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.

We know that:

- People with co-occurring substance misuse and mental health problems face additional barriers to access and take up of treatment and support
- Hospital admissions where drug-related mental health and behavioural disorders were a factor for Hartlepool residents are significantly higher than the national average
- Hartlepool is currently in the top 10 across the UK for alcohol related hospital admissions
- Hartlepool is significantly higher than the UK average for alcohol related liver disease mortality, and specific alcohol related mortality.
- Hartlepool is in the top 3 across the UK for drug related deaths
- The proportion of adults using alcohol are the highest proportion of people who live with children at least 60%.

We will:

- Continuously work to improve support and treatment for those with co-occurring mental health and substance misuse problems by working with partners across Tees, Esk and Wear Valley, the voluntary and community sector (VCS), NHS and Community Drug and Alcohol Support 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
- Ensure there is closer multidisciplinary working and the further development of case management systems that communicates effectively to reduce barriers to communication further.
- Ensure robust pathways into primary and secondary health care, working closely with local hospitals and primary care networks
- Increase the awareness of the risks associated with drinking alcohol and promote positive behaviour change targeting known at risk groups.
- Ensure an up to date understanding of the needs of children whose health and wellbeing has been impacted by parental substance or alcohol use
- Provide appropriate and robust support to children at risk of Adverse Childhood Experiences (ACEs)
- Increase support for those bereaved by drug and/or alcohol related deaths
- Efforts are required to improve responses to persons within this cohort who are higher risk due to homelessness, lack of access to health care and abuse.

Priority 4: Reducing Drug and Alcohol Related Crime and Disorder

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

We know:

- Drug and alcohol use can often be linked to increased crime rates
- Cocaine is the most common positive substance when drug tested on arrest
- In the last six months, there was a rise of 12% of people arrested for possession of drugs compared with the same period in previous year.
- Cleveland Police and Crime plan aims to combat issues caused by drugs from 2021-2024

We will:

- Review the current criminal justice pathways into substance misuse service with partners to ensure efficacy of treatment and support.
- Work collaboratively with criminal justice services regarding rehabilitation for those involved in drug related crimes, including probation, police and courts.
- Ensure treatment and criminal justice support services are based on an up to date and robust understanding of the links between drug and alcohol related harms and crime rates
- Report into the joint tees combatting drugs partnership regarding updates on current priorities and ongoing work in Hartlepool
- 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

Delivering the Strategy and Monitoring Impact

Local: The drug and alcohol strategy will inform an action plan which will involve partners and stakeholders. This will be monitored within the Substance Misuse Partnership which will meet quarterly, led by the Hartlepool Borough Council Public Health Team (HBC-PH). HBC-PH will also report to the Health and Wellbeing Board annually to update on progress to ensure accountability of the strategy and action plan. Public Health, Commissioning and Treatment Providers work closely together to ensure improvements within our treatment population by meeting quarterly.

As Dame Carol Black's Independent Review of Drugs led to an increase of government funding for substance misuse services, HBC-PH plan to evaluate the Supplementary Substance Misuse Treatment and Recovery Grant fund (SSMTRG). This is to understand the impact the increased funding has had in reducing drug and alcohol related harms across Hartlepool and wider services. From this, we hope to gain an understanding of what has worked well, and what can be improved.

A Local outcomes frame work will be used to monitor impact and change.

Regional/National: Hartlepool is currently part of the Tees Joint Combatting Drugs Partnership, which will report into the Government's Joint Combatting Drugs Unit (JDCU). This combines multiple Government departments to help tackle drug misuse across society, including the Department of Health and Social Care, Home Office, Ministry of Housing Communities and Local Government, Department for Work and Pensions, Department for Education and Ministry of Justice. Similarly to local monitoring, the JCDU will have a National Combatting Drugs Outcome Framework to monitor impact and change.

Partnership Working

As the impact of drug and alcohol use can effect a number of different health and social determinants, Hartlepool Borough Council aims to work with a number of partnering organisations to ensure that the drug and alcohol strategy action plan and outcomes are attained. All partners will be accountable to ensure that actions in line with this strategy are followed to ensure progressive outcomes for Hartlepool. Partners involved in the development of the drug and alcohol strategy and action planning include:

Office of Health inequalities and Disparities (OHID)

Adults and Children's social care teams

Adults and Children's safeguarding

Cleveland Police

Office of the Police and Crime Commissioner for Cleveland

Neighbourhood Safety Team

Tees Esk and Wear Valley Mental Health Services

Supporting Treatment and Recovery Together (START) – Community drug and alcohol provider

Public Protection and Licencing

Housing Support Teams

Domestic Violence Service

Commissioning Support

NHS including Alcohol Care Teams, North East Ambulance and local Hospitals

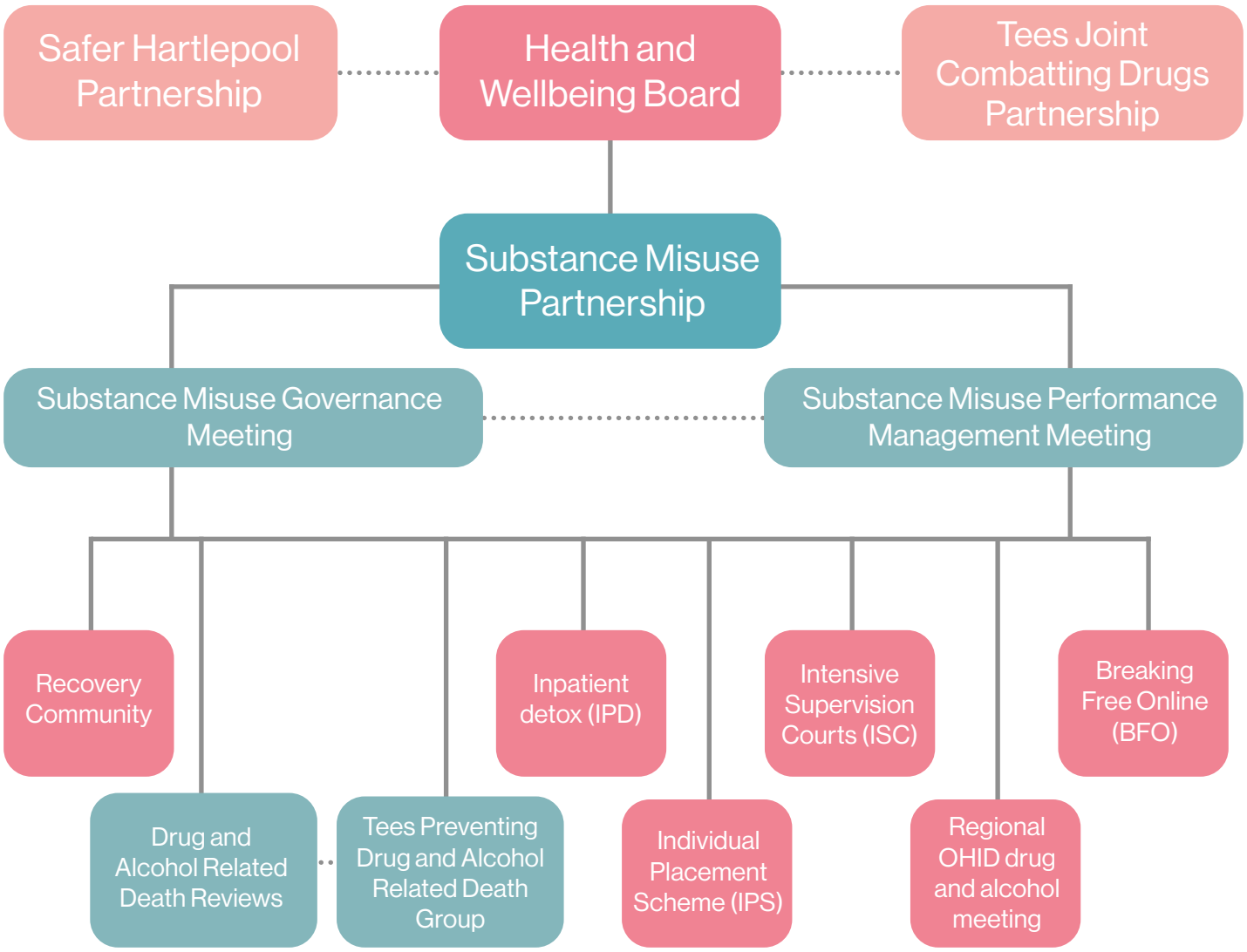
Lived Experience Recovery Groups

National Probation Service

Public Health

North Tees Foundation Trust

Substance Misuse Governance Structure



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[1]Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk)

[2] Around 360,000 admissions to hospital as a result of alcohol in 2018/19 - NDRS (digital.nhs.uk)

[3] Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK (www.gov.uk)

[4] Independent review of drugs, part 1: terms of reference - GOV.UK (www.gov.uk)

[5] From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

[6] Drug misuse | Topic | NICE

[7] Overview | Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence | Guidance | NICE

[8] Substance Misuse Needs Assessment (JSNA) | Hartlepool Borough Council

Equality Impact Assessment Form 4.4

Department	Division	Section	Owner/Officer
Children and Joint Commissioning Services	Public Health		Craig Blundred
Service, policy, practice being reviewed/changed or planned	**Development of a Drug and Alcohol Strategy**		
Why are you making the change?	Strategy being implemented to coordinate the work to reduce the harms associated with drug and alcohol misuse		

How might this impact (positively/negatively) on people who share protected characteristics?

Please tick	POSITIVELY	NEGATIVELY
Age	x	
The strategy is an all age strategy and has identified the needs of particular at risk groups including children and young people who use substances or are at greater risk due to parental substance misuse. Those with increased comorbidities associated with their long term substance misuse have also been identified as a priority area within the strategy		
Disability	x	
Many of the people who use substances have long term health issues supporting people with comorbidities has been identified as a priority within the strategy.		
Gender Re-assignment	X	
This is not a group identified within the strategy however anyone who requires support in relation to substance misuse will be supported within the strategy		
Race	X	
This is not a group identified within the strategy however anyone who requires support in relation to substance misuse will be supported within the strategy		
Religion	X	
This is not a group identified within the strategy however anyone who requires support in relation to substance misuse will be supported within the strategy		
Gender	X	
From the needs assessment we have identified the proportion of women and men in treatment services and the strategy has identified particular at risk groups due to age/gender based on the data within the needs assessment.		
Sexual Orientation	x	
This is not a group identified within the strategy however anyone who requires support in relation to substance misuse will be supported within the strategy		
Marriage & Civil Partnership	x	
This is not a group identified within the strategy however anyone who requires support in relation to substance misuse will be supported within the strategy		
Pregnancy & Maternity	x	
This is not a group identified within the strategy however anyone who requires support in relation to substance misuse will be supported within the strategy		

Has there been consultation /is consultation planned with people who will be affected by this policy? How has this affected your decision making?	The development of the strategy has been developed following a consultation event and engagement with service users through the local recovery groups.
As a result of your decision how can you mitigate negative/maximise positive outcomes and foster good relationships?	The draft strategy will inform the development of an action plan which will set out under each theme the detail of how we will deliver this priority area, who will deliver, timescales and be informed by indicators in order to measure success through an outcome framework. Governance of the strategy implementation will be through the Substance Misuse Strategy Group chaired by Public Health and will be a partnership approach.
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 4.4

1. Is this decision a Budget & Policy Framework or Key Decision? 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	x			The needs substance misuse needs assessment identified the numbers of young people accessing for substance misuse and also identified unmet needs in relation to this group. The strategy has set out priorities in relation to the needs of children and young people to increase numbers into treatment, education and prevention and also to support young people living with a parent who misuses substances.
Those who are disabled or suffer from illness / mental illness	x			The strategy specifically makes the link between mental illness and substance misuse (dual diagnosis) and has set out a specific priority in relation to supporting people who have a mental health/substance misuse need. Work has also commenced to identify the wider health needs of people who use substances and the barriers to accessing health care.
Those with low educational attainment			x	No directly however a proportion of the population as identified within the needs assessment will have low educational attainment
Those who are unemployed	x			The needs assessment has identified the proportion of people within substance misuse service currently unemployed. Work has commenced to support people into employment/volunteering opportunities earlier in their treatment journey
Those who are underemployed	x			As above
Children born into families in poverty			x	Although this strategy will no directly impact on this group, children born into poverty will be a group impacted by substance misuse. The needs assessment identified areas in Hartlepool linking deprivation to other factors like substance misuse.

Those who find difficulty in managing their finances			x	Although this strategy will not impact directly on this group the START service will work with partners to support and individual to manage wider issues relating to financial difficulties
Lone parents			x	Not directly, but the substance misuse needs assessment identifies children and young people who currently live with a lone parent.
Those from minority ethnic backgrounds			x	Not directly however the needs assessment identifies the low numbers of minority ethnic groups accessing treatment services (although the population of minority ethnic groups in Hartlepool is also low)

POVERTY IMPACT ASSESSMENT 4.4

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	x			Reducing the numbers of children and young people using substances will decrease the long term harms associated with the use of drugs and alcohol and also reduce the numbers of drug and alcohol related deaths

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

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

HEALTH AND WELLBEING BOARD

10th July 2023

Report of: Director of Children's and Joint Commissioning Services

Subject: AREA SEND (SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES) INSPECTION AND IMPLEMENTATION PLAN 2023-2024

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1. PURPOSE OF REPORT

1.1 To report the board the findings from the inspection of the Local Area Arrangements for Children with Special Educational Needs and/or Disabilities (SEND)

1.2 For members of the board to approve the SEND implementation plan for 2023 - 2024

2. BACKGROUND

2.1 The local area SEND arrangements came into force through the publication of the SEND Code of Practice in 2014. The most recent Inspection Framework was implemented from January 2023 and Hartlepool was amongst the first tranche of local areas to be inspected under this framework.

2.2 The SEND inspection covers local area arrangements and is a joint inspections undertaken by Ofsted and the Care Quality Commission (CQC). Inspections evaluate how well members of the local area partnership work together to improve the experiences and outcomes of children and young people with SEND. The term "local area partnership" refers to those in education, health and care who are responsible for the strategic planning, commissioning, management, delivery and evaluation of arrangements for children and young people with SEND who live in the local area, i.e the geographic footprint of a local authority.

2.3 Inspections evaluate arrangements for all children and young people with SEND aged 0-25 years covered by the Code of Practice, including those that have an Education, Health and Care Plan (EHCP) and those who receive Special Educational Needs (SEN) Support.

2.4 There are three possible full inspection outcomes leading to different inspection activity:

- The local area partnership's SEND arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.
- The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with SEND. The local area partnership must work jointly to make improvements
- There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with SEND, which the local area partnership must address urgently.

3. OUTCOME

3.1 The report of the Hartlepool Local Area SEND Inspection is attached as **Appendix A**. The inspection judged that "*the local area partnerships arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed."* This is the highest judgement and means that the next inspection will be in five years.

3.2 The report makes recommendations for three areas of improvement:

- Leaders across the partnership should ensure that they continue to make rapid improvements to the EHC assessment and review process to ensure that all children and young people receive the support they need in a timely manner.
- Leaders across the partnership should collaborate with school leaders in schools and academies to collect and analyse regular information on all children and young people receiving SEND support to check for trends.
- Leaders across the partnership should ensure that plans to target the reduction in waiting times for speech and language and neurodevelopmental assessments contain accurate targets and ambitious timescales for improvement.

3.3 An implementation plan is attached as **Appendix B**. This sets out how the local area will implement the recommendations and other areas of development.

4. SEND/ AP (Alternative Provision) REGIONAL EXPERT PARTNERSHIPS

4.1 The government has recently published the SEND/ AP Improvement Plan which sets out improvement activity to address issues within the SEND system. Regional Expert Partnerships are to be established in each region and test new approaches to the SEND system and Hartlepool has been chosen to lead the North East partnership. Further information will be available over the next few months. The government's plan can be found at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1139561/SEND_and_alternative_provision_improvement_plan.pdf

5. OTHER CONSIDERATIONS/ IMPLICATIONS

RISK IMPLICATIONS	There are no risk implications
FINANCIAL IMPLICATIONS	There are no financial implications
EQUALITY AND DIVERSITY CONSIDERATIONS (IMPACT ASSESSMENT FORM TO BE COMPLETED AS APPROPRIATE.)	Children and young people with SEND have protected characteristics under the Equality Act 2010
LEGAL CONSIDERATIONS	There are no legal considerations. Ofsted and CQC carry out joint inspections of local area at the request of the Secretary of State for Education under section 20 (1) (a) of the Children Act 2004.
STAFF CONSIDERATIONS	There are no specific staffing implications. However those staff working with children and young people with SEND and their families should be recognised for their hard work and the achievements that are reflected in the inspection report.
ASSET MANAGEMENT CONSIDERATIONS	There are no asset management implications
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	There are no Environment, Sustainability and Climate Change considerations.

6. RECOMMENDATIONS

6.1 For members of the board to note the findings of the inspection of local area arrangements for children and young people with SEND and the positive outcomes achieved

6.2 For members of the board to approve the implementation plan 2023 – 2024 which responds to the recommendations in the inspection report.

7. REASONS FOR RECOMMENDATIONS

7.1 To ensure the Health and Wellbeing Board are meeting the requirements of SEND arrangements across Hartlepool.

8. BACKGROUND PAPERS

None.

9. CONTACT OFFICERS

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Area SEND inspection of Hartlepool Local Area Partnership

Inspection dates: 13 March 2023 to 17 March 2023

Date of previous inspection: 3 to 7 October 2016

Inspection outcome

The local area partnership's arrangements typically lead to positive experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership is taking action where improvements are needed.

The next full area SEND inspection will be within approximately 5 years.

Ofsted and the CQC ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

Information about the local area partnership

Hartlepool Borough Council and NHS North East and North Cumbria Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in Hartlepool. This is a small local authority where partnerships are well established. Communication between partner agencies, including the parent carer forum 1 Hart, 1 Mind, 1 Future, and voluntary organisations is strong.

The local authority commissions alternative provision for secondary-aged children and young people through their pupil referral unit (PRU), Horizon School. The PRU includes provision for pupils whose health needs have led to extensive periods of non-attendance at mainstream secondary schools. Additionally resourced provision in mainstream schools provides support for primary-aged pupils with social, emotional and mental health (SEMH) needs. There are limited places available in these settings. Work has recently begun on a new free school for pupils with SEMH which is due to open in 2024. A small number of children and young people with SEND, who need to study from home due to their physical and mental health needs, have access to online alternative provision.

What is it like to be a child or young person with special educational needs and/or disabilities in this area?

Children and young people with SEND are at the very centre of decision-making in Hartlepool. Local area partners work to a combined vision that 'these young people are our young people'. This vision shines through all collaboration and decision-making. Through opportunities such as the youth partnership forum, young people with SEND make their voices and opinions heard.

Children's needs are accurately identified at an early stage by the health visiting team. Health visitors make timely referrals to medical partners for more specialist assessment and support. All early years providers across Hartlepool have a named nursery nurse who supports with assessment and provision for children with SEND. The school nursing team provides effective support with areas of care such as sleep, continence, weight management and emotional health needs.

Most children and young people benefit from effective identification of SEND. The educational psychology team is a strength of the area. The team provides school leaders with valuable advice, support and training. This directly contributes to the accurate assessment of children and young people's education, health and care needs. For example, in the early years, training on early communication and interaction has strengthened the accurate identification of neurodevelopmental needs.

Children and young people receive effective early help intervention, which contributes to the early identification of their needs. Highly skilled family support workers know and understand children's needs well. They act as advocates for children and young people, ensuring that their views inform the development of support plans. Other education, health and care partners contribute effectively to these plans. Co-location with health partners helps to strengthen the sharing of information and communication about the needs of children and families.

Children and young people who are in mental health crisis have access to a 24-hour support service and intensive home treatments. Professionals provide additional support for children and young people who have a learning disability or autism spectrum disorder (ASD). Integrated therapy professionals run weekly drop-in clinics at children's centres across Hartlepool. Therapists assess children and young people's needs and direct parents and carers to other professionals. Where possible, practitioners consolidate appointments to support a 'tell it once' approach.

Enhanced transition processes support children and young people with SEND as they move between primary and secondary schools. This helps to provide a settled start to the new school. The post-16 offer for young people is strong. Local leaders use termly commissioning meetings to ensure that all provision matches needs. The designated clinical officer ensures that there are effective transitions between children and adult hospices in end-of-life care.

Primary, secondary and post-16 children and young people with learning disabilities enjoy and benefit from a wide range of community-based activities. Personal assistants (PA) and community short breaks workers support them well. However, a small number of families struggle to find PA support, which means that their children and young people have limited access to short break activities. Family support workers step in to provide this support wherever possible.

Increasing levels of need and recruitment challenges mean that children and young people wait too long for speech and language therapy or assessments which may lead to diagnoses such as ASD or attention deficit hyperactivity disorder. This leads to frustration for children, young people, parents and carers. Local area partners take steps to minimise the impact of these delays on the provision and support available. For example, families and professionals can access a wide range of accredited training programmes, such as for autism spectrum disorder and early communication, to help meet emerging needs.

What is the area partnership doing that is effective?

- Leaders, across education, health and social care, articulate their vision for children and young people with SEND well. Leaders understand the issues facing families in the local area. They are committed to providing person-centred services to meet individual needs. School and college leaders agree that there is a shared ambition to develop an inclusive approach to SEND provision across Hartlepool.
- Leaders have developed systems to ensure that they have an accurate picture of the needs of children and young people with education, health and care (EHC) plans. Close working relationships between partners help to ensure that pertinent information is shared on an informal and formal basis. Since the last inspection, leaders have strengthened governance arrangements, which have improved the strategic oversight of developments.
- Leaders have made a significant investment in the educational psychology provision for the area. This investment means that children and young people benefit from accurate identification of needs and timely support.
- Leaders have prioritised the development of a needs-led neurodevelopmental pathway. With the support of the parent carer forum, leaders have made improvements to the diagnostic process for children and young people. For example, on the under-fives pathway, parents and carers benefit from access to support from a consultant paediatrician during the waiting period. In addition, parents and carers have contributed to the foundation of an assessment pathway for children and young people with Down's Syndrome.
- Leaders have integrated the physiotherapy and occupational therapy teams in Hartlepool. This has improved the way that these teams understand and meet the needs of children and young people with SEND. This integrated team has developed training programmes to empower and upskill parents, carers and staff in special schools. For example, the 'Move' programme supports families and

practitioners to deliver bespoke physiotherapy and occupational therapy programmes. This has increased the confidence of parents, carers and practitioners to challenge the child or young person to achieve their potential. 'Move' has achieved significant positive results. These include increased levels of communication and a reduction in the need for hip replacement surgery.

- There is a comprehensive package of support for post-16 young people at risk of not being in education, employment or training (NEET). School leaders work in partnership with the NEET team to identify vulnerable young people. There is an established partnership structure between different agencies to ensure that each young person receives a tailored package of support. Young people with SEND speak positively about the support and opportunities available to them. This includes supported internships which lead to paid employment.
- Co-production (a way of working where children, families and those who provide the services work together to create a decision or a service that works for them all) with parents and carers is a golden thread which weaves through new initiatives and service redesign. Leaders listen to and value the views of parents, carers, children and young people. For example, the views of children, young people and their families have contributed to strategic decisions around school place planning as well as operational improvements such as child-friendly spaces in the hospital. In addition, consultation with the parent carer forum led to the creation of a direct payment pathway. Family support workers help children, young people and families to manage and review their direct payment package. This means that families receive the right help without the need for social work intervention.
- Relationships between social workers and families are strong. Social workers speak passionately about children and young people and know them well. They demonstrate appropriate challenge and are not afraid to escalate their concerns when children are waiting for next steps from partners in health and education. Children and young people known to social care benefit from regular multi-agency meetings. Team around the child meetings, children in need meetings and looked after children reviews ensure that partners share information effectively. This means that children and young people's respective individual plans are progressed in a timely manner.
- Leaders have established arrangements for commissioning services and provision to meet the needs of children and young people with EHC plans. Partners work together to commission places for pupils in enhanced provision, the PRU and residential provision. There is a well-established process of quality assurance and oversight included as part of all commissioning arrangements. The needs-led dynamic support register identifies high levels of support for children and young people with or without a diagnosis. This effectively reduces the need for hospital admissions.

What does the area partnership need to do better?

- Too many education, health and support assessments are not completed within the statutory timescales. Contributions to plans from different professionals vary with specific concerns around the timeliness and accuracy of those from the speech and language service. Leaders have taken significant steps to mitigate the impact of these delays on provision for children and young people. For example, integrated health visiting and early help services provide effective early identification of the needs of children and young people and timely support. Staff in early years settings and schools can access a health hotline through which they can receive advice and support from senior clinicians. The educational psychology team contributes effectively to the ongoing support for children and young people in schools and early years settings. In addition, leaders have recently increased the number of case workers to ensure the timely administration of plans. However, leaders need to increase the number of plans completed within the statutory timescales and improve the timeliness of reviews.
- Leaders do not have an accurate enough oversight of children and young people receiving SEND support. This means they do not have the information necessary to check trends in areas of need. This limits leaders' ability to identify the training requirements necessary to ensure that the wider workforce meets the needs of all children and young people with SEND.
- Leaders do not have a comprehensive strategy for the identification of alternative provision, other than the PRU. School leaders work together to identify and share school-based alternative provision. This ensures that they can meet the needs of children and young people with SEND. However, leaders do not collate this detail to help identify any gaps in provision that could be better met through the commissioning process.
- The waiting times for a diagnosis on the neurodevelopmental pathway and for speech and language therapy are too long. Leaders have completed an analysis and identified resources to begin to reduce local waiting times. However, development plans do not contain precise targets or timescales for improvement. This impacts on the accuracy of leaders' oversight of identified improvements.

Areas for improvement

Leaders across the partnership should ensure that they continue to make rapid improvements to the EHC assessment and review process to ensure that all children and young people receive the support they need in a timely manner.
Leaders across the partnership should collaborate with school leaders in schools and academies to collect and analyse regular information on all children and young people receiving SEND support to check for trends.

Leaders across the partnership should ensure that plans to target the reduction in waiting times for speech and language and neurodevelopmental assessments contain accurate targets and ambitious timescales for improvement.

Local area partnership details

Local Authority	Integrated Care Board
Hartlepool Borough Council	North East and North Cumbria
Sally Robinson, Director, Children's and Joint Commissioning Services	Alex Sinclair, ICB Director (Children, Young People and Maternity) Tees Valley
www.hartlepool.gov.uk	www.nenc-teesvalley.icb.nhs.uk
Civic Centre Victoria Road Hartlepool TS24 8AY	North Ormesby Health Village 14, Trinity Mews Middlesbrough TS3 6AL

Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, including: two HMI/Ofsted Inspectors from education and social care; a lead Children's Services Inspector from the Care Quality Commission (CQC); and another Children's Services Inspector from CQC.

Inspection team

Ofsted

Alex Thorp, Ofsted HMI Lead Inspector

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Care Quality Commission

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SEND / INCLUSION IMPLEMENTATION PLAN 2023 – 2024

AREA SEND INSPECTION RECOMMENDATIONS (March 2023)

What needs to improve? (Intention)	How will we do it? (Implementation)	What will change as a result? (Impact)	Responsible person and timescale	Timescales	Progress
Leaders across the partnership should ensure that they continue to make rapid improvements to the EHC assessment and review process to ensure that all children and young people receive the support they need in a timely manner.	Recruit two SEND officers to support EHC assessment and process	The majority of EHC assessments will be undertaken within the 20 weeks timescales	Head of SEND Development	Sept 2023	Recruitment complete – starting July 2023
	Recruit Inclusion/ SEND Senior Adviser	Reviews will be undertaken within a timely manner with majority within required one year	Assistant Director, Education	Sept 2023	Recruitment completed – starting Sept 2023
	Monitor timeliness of EHC assessments through monthly updates to Director and AD.	Leaders will understand EHC timeliness trends and intervene as required	SEND Team Leader/ Assistant Director, Education	July 2023	
	Implement challenge process if advice is not received within required timescales		Head of SEND Development/ SEND Team leader	Sept 2023	
	Review the review process with schools to ensure that timescales are understood and followed		Head of SEND Development/ SEND Team leader	Oct 2023	

Leaders across the partnership should collaborate with school leaders in schools and academies to collect and analyse regular information on all children and young people receiving SEND support to check for trends.	Undertake a review of the information currently held re: SEN support. Review last three years of SEN support information to understand any trends. Share trend information with school leaders to inform local strategic plan re: commissioning provision or support Implement SEN support dashboard which regularly identifies needs to inform commissioning	Leaders to understand the need within SEN support Leaders to understand the changing nature of needs within SEN support Leaders able to use SEN support information to review current provision to understand if it is meeting need Leaders to use SEN support information to inform commissioning	Assistant Director, Joint Commissioning/ Head of Children's Strategic Commissioning/ Performance and Data Manager	Sept 2023 Sept 2023 November 2023 Jan 2024	
Leaders across the partnership should ensure that plans to target the reduction in waiting times for speech and language and neurodevelopmental assessments contain accurate targets and ambitious timescales for improvement.	Analyse the outcomes of the recent review of the services and the data collected. Work with the wider system to ensure that the right support at the right time for children referred to the specialist diagnostic pathways who are not accepted for assessment	Increase clinical capacity for completion of assessments and develop a 'pre-consultative' offer to support professional judgement in referring Waiting Times for Neurodevelopmental assessment reduced to 12-15 months (from referral) from a	Children's Head of Strategic Commissioning, ICB Children's Head of Strategic Commissioning, ICB	Sep 2023 March 2025	

		baseline of a predicted 32 months. Increase in % of CYP accepted onto the neurodevelopmental pathway for assessment Waiting Times for speech and language assessment reduced to 126 days from a baseline of 166 days. Impact - Less children referred to pathways ; (1) Not Accepted (2) Seen then discharged (3) Where there may be other explanations for individual signs and symptoms			

PRIORITIES IDENTIFIED WITHIN SELF EVALUATION

What needs to improve? (Intention)	How will we do it? (Implementation)	What will change as a result? (Impact)	Responsible person and timescale	Timescales	Progress
Robust governance arrangements and partnerships are in place to ensure that services are working together to meet the needs of children and young people with SEND and their families					
Improve integration of pathways, processes and governance between education, health and social care	NDTi to deliver a 5-day course to SEND system leaders (including parents) covering: ○ System leadership and change theory ○ SEND Law ○ Co-production ○ 'Gloriously Ordinary Lives' ○ Preparation for Adulthood	Leaders have a shared understanding of inclusion to inform practice and improve parental confidence in the system An ongoing learning set will have been established to take forward priorities within this SEND / Inclusion action plan	Integrated Services for Learning Manager	Dec 2023	5 days of NDTI time that has already been paid for to use as we wish. They are on standby to deliver this leadership course (if still desired) when the cluster leads are in place. The intention is for this to be multi-agency, including parents. To be discussed at task and finish group (Sept 2023)
Implement processes to improve the sharing of data across health and the local authority to allow more rigorous analysis to be undertaken	Implement improvements to the arrangements for sharing information between schools, local authority and health.	Local area will share information and performance data to inform strategic planning, service development and delivery and measure impact	SEND Operational Group	September 2023	Not completed yet – need to review current scorecard to see if it is fit for purpose

	Develop local arrangements for SEND data analysis. Implement changes and improvements to local data systems to strengthen regular performance reporting to drive continuous improvement Develop an Inclusion Data Dashboard that uses qualitative and quantitative measures to demonstrate: ○ Profile of Need ○ Presence ○ Participation ○ Progress ○ Preparation for Adulthood Analyse and share Inclusion Data Dashboard with schools and partnerships on a regular basis to understand cohort, school and Local Authority level data.	Leaders will have access to real time data and performance information to scrutinise effectiveness and address barriers. A transparent data set will identify best practice and facilitate support and challenge in settings that are performing less well with inclusion. Local Authority level data will inform strategic planning and commissioning	Local authority systems team Assistant Director, Education	October 2023 July 2023	Process mapping undertaken to review EHCP system (EHM). Changes being made to ensure can capture information required to track progress. Data set in place that can be updated each term. There is a vast amount of information. Shared at Education Partnership however limited challenge and discussion about the situation. Need to agree where this sits and what we do with it.

Identification of SEND					
Work with health colleagues to identify children with significant needs at birth e.g. PMLD	Develop case management systems to record information in SEND system from health to initiate EHC assessment Establish an early years support/ portage offer with a focus on early intervention to ensure: ○ Waiting lists are reduced ○ There is greater outreach support to settings ○ There is more workforce development in the Early Years ○ Families benefit from support in the home	Need is identified at birth secures appropriate support and provision from the earliest stage that avoids unmet or escalating need. Earlier identification and intervention More inclusion in mainstream settings Increased parental confidence in the system	Local authority systems team Integrated Services for Learning Manager	July 2023 September 2023	Notification process agreed however notifications are not being received by Hartlepool. NTHFT are investigating to find out where the notifications are going. Task and finish meeting held – agreed three posts to recruit. One post to be job evaluated – reorg form being completed for the other two posts.
Improve consistency of SEN support across the town to increase parents' confidence in this element of the system	Develop and embed a more consistent and accessible 'ordinarily available' to provide a common core offer.	There will be benchmark and common set of expectations about what provision should be made for the majority of children	Integrated Services for Learning Manager and Action Learning Set	December 2023	Headteacher session 24th May to discuss next steps

	Establish a task and finish group taken from the Learning Set to : o strengthen current guidance in a stand-alone document. o gain sign-up and commitment all Hartlepool Leaders to ensure consistent implementation o Determine a Quality Assurance process to monitor inclusive practice	and young people with SEN, within the structure for funding early education settings, schools, academies and colleges of further education. Practice will be more uniform and lead to better decision making in relation to requests for additional resources.	(including parents		
	Produce an accessible guide for parents on what they could and should expect to be 'ordinarily available'	Parents will know what they can expect and have greater confidence in the system	Integrated Services for Learning Manager and Senior	April 2024	
	Recruit to the Senior Adviser for Inclusive Learning and SEND role to work with schools to address this	Improved consistency of offer and increased confidence and ability to meet need	Adviser for Inclusive Learning and SEND	April 2024	Recruitment complete – employment checks being undertaken
	Implement changes to HNB IPS funding	Solution focused approaches using funding to better meet need locally	Head of SEND Development		Headteacher session 24th May to discuss next steps

Work with parents to improve the local offer	Integrate SEND and local offer with the development of Family Hubs Create a Designated Social Care Officer for SEND working through Family Hubs	Children and families with SEND will access a range of support and services through Family Hubs that is accessible and meets need.	Family Hubs Coordinator SENDIASS Parent Carer Forum and Panel	December 2023 September 2023	FH delivery plan includes SEND links Post in JE
Develop workforce development plan to ensure that needs can be met at earliest opportunity	Key system leaders from Learning Set to form a task and finish group to: ○ review current arrangements and make proposals for a workforce strategy and plan	Children and young people access high quality provision delivered by a trained and effective workforce that identify, understand and meet need.	Integrated Services for Learning Manager And Action Learning Set (including parents)	April 2024	
Meeting the needs of children and young people with SEND through jointly commissioning services					
Children and young people's wishes and feelings are heard and responded to within their individual plans and to inform commissioning of services across the system	Establish a young person's forum so that CYP can share their experiences and aspirations with SEND leaders and shape services Consult with this forum to undertake review of EHC plans format and co-	Co-production is in place to ensure services meet needs in the best possible way. Children with SEND will shape the format of EHCPs and they	SENDIASS and Parent Carer Forum SEND Operational Group	Dec 2024 July 2023	Parent Carer Forum have already started to engage with CYP – to review whether this needs to be formalised

	produce new documentation with them Work with VCS to develop and increase capacity of overnight short break care and jointly commission provision to address gaps in partnership with children and young people	will be accessible for them More short break overnight care to support children and their families delivered in a way that meets needs and is valued by all who use it	Commission-ing manager	April 2024	
Review whether local area is meeting communication and interaction needs: • Current education provision • Implement neuro developmental pathway	Implement the recommendations from the HNB review to increase capacity and create further specialist provision to meet the needs of Hartlepool children in our schools.	Increased capacity in local area that is responsive to the level of demand and need is met locally	SEND Manager Commission-ing Manager	April 2024	St Helen's ARP in place – phased approach to admissions
Review current education provision for MLD to consider if needs can be met within mainstream schools or Additionally Resourced Provision to ensure that special school provision are meeting specialist needs.	Extend MLD provision at High Tunstall for KS3/KS4 through capital and commissioning programme	Young people with MLD will have access to provision that meets their needs in secondary education in Hartlepool	SEND Manager Commission-ing Manager	March 2024	Approved spend via committee. Design agreed and now in planning process.
Implement recommendations from the emotional health and wellbeing transformation programme to meet the	Roll out iThrive model across schools in Hartlepool	SEND children and young people will have improved mental health and wellbeing	Public Health principal - multi agency sub group	March 2024	Multi agency group formed and led by Public Health & ICB.

emotional and mental health needs of all children with SEND	Develop integrated pathways for SEND children with emotional health and wellbeing needs	and access to services that can support them			Needs analysis underway will be completed and fed back to Children's Strategic Partnership at their next meeting. Action plan will subsequently be developed based on needs analysis.
Undertake whole system review of speech and language and communication needs, provision to meet these and impact of the provision on children and young people's outcomes – to include review of KS1 SALT Additionally Resourced Provision	Jointly commission and deliver early intervention SLC support through the development of Family Hubs and develop an integrated SLC Pathway between Education and Health Support the Specialist Service to introduce a new Consultative/Virtual model for referrers and parent/carers Provide evidence based workforce training and record attendance to enable settings to	Children will have access to a physical and virtual range of SLC tools, support and services that promote SLC development Practitioners and Parent/Carers will have access to early advice and guidance to support the home learning environment Less referrals seen and discharged at first appointment. Enable a well trained workforce to deliver effective support.	NENC ICB Children's Director Head of Strategic Commissioning(Children's)/ Family Hubs Coordinator Head of Strategic Commissioni	June 2023 April 2024 April 2024	Hartlepool Talks sub group set up. Discussions taking place with ICB re: commissioning SAL post. Funding allocated via the FH delivery plan. Delivery plan being resubmitted to DfE 15th June for approval of change in spend. Working with NTHFT to pilot with one school early intervention support. Baseline mapping of current SLC Offer and gaps identified.

	become "accredited" by the specialist service	Practitioners are better able to maximise opportunities to support development.	ng (Children's)		Investment by Specialist Service and LA into training in 2023 for Early Talk Boost into all Hartlepool settings and "Tots Talking" HLE programme into family hubs and libraries in Hartlepool, professionals to be trained and locations agreed.
	Review of SALT ARP provision	Specialist provision for SALT will meet need and promote improved outcomes	Head of Strategic Commissioning (Children's)	Sept 2024	
Reduce waiting times for Neurodevelopmental assessments	Analyse recent data and outcomes of service review to identify potential solutions to tackle waiting times for assessment. Support the specialist service to implement a	Understand the percentage of children accepted to pathway for assessment and the needs of children coming through the system who are not accepted to pathway. Identify any gaps in support services/First line interventions.	NENC ICB Children's Director Head of Strategic Commissioning(Children's)/ Assistant Director, Joint Commissioning	Sept 2023 Sept 2023	Data and Review Outcomes analysed. Gaps in support services identified around first line interventions. Early conversations

	consultative referral model Complete an "options appraisal" to inform decisions around investment to reduce current waits.	Reduce the amount of children referred to the pathway who are not suitable for assessment. Increase capacity within the specialist service by reducing the amount or resource required to screen referrals into the system.		Sept 23	have started around introducing a consultative referral model from Sep 23 Options appraisal complete. Discussions taking place
Undertake a gap analysis for provision to support children and young people presenting with attachment difficulties	Develop integrated pathway and trauma informed responsive services for children and young people presenting with attachment difficulties	Children with attachment difficulties will be able to access an appropriate pathway for assessment and support to meet their needs	SEND Operational group	March 2024	
Improve outcomes for children and young people with SEND					
Improve the quality of EHC plans	Form a task and finish group that includes parents, partners from Education, health & Social Care and that captures the voice of CYP to:	EHC Plans will be more meaningful to parents and practitioners There is a clearer golden thread from	Head of SEND Development	September 2023	

	○ Established what works well in our existing EHC Plans ○ What needs to improve ○ Develop and consult upon a new format ○ Ensure there is robust communication strategy to share widely the revised format and reasons behind it. Rapidly improve the timeliness of the issuing of plans and reviews through recruitment to remaining additional posts created and team leader developing systems to monitor and track performance Deliver interventions to the health and social care workforce to improve the articulation of need through: ○ DMO quality assurance arrangements to be implemented	aspirations through to provision There will be a stronger emphasis on the Preparation for Adulthood outcomes from the earliest opportunity Improvement in the issuing of plans and review that meet statutory timescales. Quality of information received for EHC assessments effectively articulates child's needs that informs good planning.	SEND team leader NENC DMO Assistant Director Children and Families	Summer term June 2023	SEND posts recruitment in progress

	○ Create SEND designated officer for social care				
Embed quality assurance activities to monitor the effectiveness of services for children with SEND.	Continue to deliver programme of quality assurance including review of current audit tool (Invision) alongside the review of EHCPs to ensure we are measuring quality of plans, their effectiveness in meeting identified need and the outcomes achieved by children and young people with SEND Implement learning from audit practice to drive continuous improvement	High quality EHCPs that meet the needs of children and young people and lead to measurable improving outcomes	SEND Operational Group	April 2023 onwards	Ongoing audit cycle in place.
	Implement Framework for Alternative Provision and programme of quality assurance of providers sharing this information with schools.	Assurance is in place that AP providers are safe, delivering a broad curriculum and improving outcomes.	Assistant Director Education and Commission -ing Manager	December 2023	Preparatory work undertaken to plot timeline for establishment of the framework – additional capacity agreed for commissioning team to undertake piece of work.

School Improvement in Hartlepool will work alongside SEND, Educational Psychology and any other relevant services to ensure that mainstream schools receive appropriate and timely advice in delivering a curriculum, developing strategies and utilising pedagogy that support Quality First Teaching, which should always reflect the needs of the pupil population.	Increase school improvement capacity through recruitment to the Senior Adviser for Inclusive Learning and SEND role to deliver this priority	Improvement in the provision of education for children and young people with SEND Parents have greater confidence in Hartlepool schools Narrowing of the gap in the attainment of children with SEND when compared to their peers	Senior Adviser for Inclusive Learning and SEND	June 2023 – March 2024	Recruitment completed. Start date to be confirmed
Undertake a review of transition processes to ensure that needs are being met appropriately.	Review funding and resource panels support the early identification of need as well as maximise the use of limited resources. SEND Operational Group will review and develop proposals for a more consistent and streamlined approach to: ○ Early Years Panel ○ ARP Panels ○ Exceptional Funding Panel ○ SEND Panel ○ Inclusion Panel (Primary)	Professional capacity will be released due to a more streamlined system There will be improved decision making as a result of a more transparent and collaborative approach Needs will be identified earlier and resources targeted up stream rather than at the specialist end of the spectrum.	Assistant Director Education and SEND Manager	September 2023	

	○ Inclusion Panel (secondary) Complete audit of post 19 provision and publish offer Embed DSR and CETR arrangements with joint planning panels to assess need and agree and jointly commission provision to meet this need.	Young people will know what is available and can make informed choices regarding destinations Those with highest need have their needs understood and receive care and support from providers equipped to meet need and improve outcomes.	Commission-ing manager ICB Children's Director Assistant Director Joint Commission-ing	September 2023	