

# HEALTH AND WELLBEING BOARD AGENDA



**Monday 11 September 2023**

**at 10.00 am**

**in the Council Chamber,  
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 North East and North Cumbria Integrated Care Board (NENC ICB) – 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 Development, Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Tony Hanson

Assistant Director of Joint Commissioning, Hartlepool Borough Council - Danielle Swainston

Representative of the NHS England - Dr Tim Butler

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 – Councillor Hall

**1. APOLOGIES FOR ABSENCE**

**2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**



### **3. MINUTES**

- 3.1 To confirm the minutes of the meeting held on 10 July 2023.
- 3.2 To receive the minutes of the meeting of the Children's Strategic Partnerships held on 25 Jan 2023 and 22 March 2023.
- 3.3 To receive the minutes of the Tees Valley Area ICP Meetings held on 31 March 2023 and 2 June 2023.

### **4. ITEMS FOR CONSIDERATION**

- 4.1 Healthwatch Hartlepool Annual Report 2022-23 (to follow) – *Chief Executive, Healthwatch Hartlepool*
- 4.2 Healthwatch Work Programme 2023/24 – *Healthwatch Hartlepool CIO*
- 4.3 Final Draft Tobacco Strategy - *Director of Public Health*
- 4.4 Pharmaceutical Needs Assessment (PNA) 2022 Maintenance Report – Verbal Update - *Director of Public Health*
- 4.5 Health and Wellbeing Board Refresh Update – Verbal Update - *Director of Public Health*
- 4.6 Hartlepool Young People's Social Prescribing Initiative - *Partnership of Hartlepool voluntary organisations & the Director of Children's Services*
- 4.7 South Tees Hospital NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust Group Model – Verbal Update - *Joint Chair for North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust & Managing Director for North Tees and Hartlepool NHS Foundation Trust*

### **5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

Date of next meeting – 4 December 2023 at 10.00 a.m.



# HEALTH AND WELLBEING BOARD

## MINUTES AND DECISION RECORD

10 July 2023

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

Present:

Councillor Young, Leader of Council (In the Chair)

Prescribed Members:

Representative of North East and North Cumbria Integrated Care Board –  
Karen Hawkins

Elected Member, Hartlepool Borough Council – Councillor Allen

Director of Public Health, Hartlepool Borough Council – Craig Blundred

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 – Patrick Scott (as  
permanent substitute for Brent Kilmurray)

Representatives of Hartlepool Voluntary and Community Sector – Carl  
Jorgeson

Representative of Headteachers – Sonia Black

Representative of North Tees and Hartlepool NHS Trust – Linda Hunter

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

Philippa Walters, Pharmacy Lead

Officers: Dr Catherine Guy, Public Health Registrar  
Dean Langstaff, Public Health Intelligence Analyst  
Claire Robinson, Public Health Principal  
Sue Leather, Advanced Public Health Practitioner  
Joan Stevens, Statutory Scrutiny Manager  
Denise Wimpenny, Democratic Services Team

## 44. Introductions

Following a round of introductions the Chair took the opportunity to report the positive feedback and success of the Tall Ships event and expressed his thanks and appreciation to all those involved.

## 45. Apologies for Absence

Councillor Harrison and V Nicholson, Hartlepool Borough Council  
Representative of North East and North Cumbria Integrated Care Board -  
– David Gallagher  
Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – Sally Robinson

Representative of Cleveland Police – Superintendent Martin Hopps  
Representative of Hartlepool Voluntary and Community Sector – Christine Fewster  
Representative of GP Federation – Fiona Adamson

## 46. Declarations of interest by Members

None

## 47. Minutes

The minutes of the meeting held on 20 March 2023 were confirmed.

## 48. Smoking Needs Assessment Findings and Strategy Development *(Director of Public Health)*

The Board was advised 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 the harms associated with smoking. A Tobacco Control Strategy and Plan – vision and priorities was 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. A Tobacco Control Group would oversee the delivery of the action plan and report progress against the actions to this Board annually. Priority areas identified would also feed into other Hartlepool and Tees wide strategic groups.

In support of the report, a detailed and comprehensive presentation was provided which included smoking data as a comparator with neighbouring authorities as well as the national picture in terms of smoking prevalence in

adults, children, smoking in pregnancy, smoking and health and smoking related mortality. The presentation outlined salient issues arising from the needs assessment findings, activity to date, next steps and priorities.

Board Members debated at length issues arising from the report and presentation. The Public Health team responded to concerns expressed regarding the level of e-cigarette use in the town, the number of smoking related hospital admissions and outlined the measures in place to support these issues. The need to target schools and share good practice to reduce the number of young people using e-cigarettes was highlighted and emphasis was placed upon the need to reduce levels of smoking in pregnancy as well as ensuring support continued post delivery.

Clarification was provided in relation to future priorities which included extending training facilities and increasing behavioural support mechanisms, which would inform the production of the plan going forward. The Health Watch representative commented on the importance of prevention and early intervention in terms of supporting behavioural change as well as input from the Board in relation to priorities and developing actions. Clarification was sought around the links between the action plan, priorities, needs assessment and recommendations. The Director of Public Health advised that discussions and suggestions from today's meeting would be utilised to develop the final strategy and action plan.

### **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.

That the comments/suggestions, as outlined above, be utilised to develop the final strategy and action plan.

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

## **49. Pharmaceutical Needs Assessment (PNA) 2022 – Maintenance Report** *(Director of Public Health)*

The report updated the Board on a review of the process for approval and publication of Supplementary Statement(s) as part of the statutory maintenance of the Pharmaceutical Needs Assessment (PNA) 2022 and sought approval for changes to the PNA maintenance process. Approval was also sought to changes to pharmaceutical services notified by NHSE/ICB since the date of the last Health and Wellbeing Board and publication of any Supplementary Statement required as a consequence of those changes, details of which were provided. NHSE had provided notification of a change to supplementary hours for the Well Pharmacy located at 107 York Road, which removed the opening hours on a Sunday from 9.00 am to 1.00 pm. A

draft supplementary statement outlining the change to opening hours was appended to the report and approval sought for its publication, in accordance with legal requirements.

Clarification was provided in response to queries raised in relation to the process for changes to pharmaceutical services. There were some concerns around the impact of pharmacies reducing opening hours particularly at weekends and bank holidays, examples of which were shared with Board Members. The Pharmacist Lead stated that there were no requirements for pharmacies to open on bank holidays or to provide supplementary hours (unlike the contracted hours they are required to provide). Further concerns were raised that on a particular bank holiday in May there was no 'out of hours' pharmacy provision across the whole of the Tees Valley, the impact of which was discussed.

In terms of the provision of services Monday through Saturday, the impact of staffing pressures and contractual requirements were highlighted as influencing factors in the level of services provided. It was suggested that pharmacy provision generally be explored and that pharmacy services including opening hours be publicised.

### **Decision**

1. That the changes to the process for reporting maintenance of the PNA to the Health and Wellbeing Board be approved.
2. The amendments to delegated authority, as part of this issue, were approved.
3. That publication of a Supplementary Statement reporting the change to supplementary hours on Sundays at Well Pharmacy, York Road be approved.
4. It was noted that no other supplementary statements to the Hartlepool PNA 2022 had been issued since the last meeting of the Health and Wellbeing Board on 20 March 2023.
5. That the correction to the reported date of change of ownership referenced in Section 4.3 of the report be noted.
6. That pharmacy provision generally be explored and that pharmacy services including opening hours be publicised.

## **50. Better Care Fund Update** *(Executive Director of Adult and Community Based Services)*

Board members were advised that performance reports were routinely submitted to NHS England on a quarterly basis however, reporting had been suspended over the past two years due to COVID19 and a single year end return had been required which followed a different format to previous returns.

The year end return for 2022/23 had been submitted in May 2023 and had confirmed that all national conditions continued to be achieved, as well as confirming that BCF contributions were in line with national guidance. The 2022/23 return had required local systems to submit performance data against a revised set of metrics and local areas had been asked to record their views regarding a number of statements and the responses provided for Hartlepool were set out in the report.

### **Decision**

The Board retrospectively approved the Hartlepool Better Care Fund 2022/23 return and the Better Care fund Plan for 2023-2025, both of which had been submitted in line with the national timescales.

## **51. Final Drug and Alcohol Strategy** *(Director of Public Health)*

The Board was advised that the final Drug and Alcohol Strategy had been produced, a copy of which was appended to the report. The strategy had been developed following a consultation event and engagement with service users through the local recovery groups. Theme areas had been identified through this process which included prevention and early intervention, reducing drug and alcohol related harms, supporting wider health needs, reducing drug and alcohol related crime and disorder. The strategy would inform the development of an action plan which would set out under each the detail of how we would deliver this priority area, who would deliver timescales and would be informed by indicators in order to measure success through an outcome framework.

### **Decision**

The Board noted the contents of the report and supported the implementation of the Drug and Alcohol Strategy.

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

The report advised the Board of the findings from the inspection of the Local Area Arrangements for Children with Special Educational Needs and /or Disabilities (SEND) and approval was sought to approve the SEND implementation plan for 2023-24.

Board Members were referred to the report of the Hartlepool Local Area SEND Inspection appended to the report. The inspection judged that "the local area partnership arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area

partnership was taking action where improvements were needed.” This is the highest judgement and means that the next inspection will be in five years.

The report made recommendations for three areas of improvement, details of which were provided, as set out in the report. An implementation plan was attached at Appendix B which sets out how the local area would implement the recommendations and other areas of development.

The Board debated issues arising from the report. The Assistant Director responded to clarification sought regarding funding issues in terms of monitoring arrangements and provided assurances that robust and rigorous processes were in place to ensure funding for SEND was spent appropriately, details of which were provided. In relation to concerns that whilst generally parents felt SEND provision was excellent, some parents had reported a need for more inclusion in relation to the process. The Assistant Director agreed to take these issues on board. In response to a query raised, Members were provided with details of the SEND assessment process and the circumstances in which an educational health care plan was required.

A Member requested that 6 monthly update reports on progress against actions be provided.

Board Members took the opportunity to place on record recognition and appreciation to the team for their combined efforts in achieving such a positive inspection and robust implementation plan.

### **Decision**

The Board noted the findings of the inspection of local area arrangements for children and young people with SEND and the positive outcomes achieved.

The Board approved the implementation plan 2023-2024 which responds to the recommendations in the inspection report.

That six monthly update reports on progress against actions be provided.

## **53. Health and Wellbeing Board Way of Working – Verbal** (*Director of Public Health*)

Board Members' views were sought as to whether current ways of working was meeting the current needs of the Board. Suggestions were made in relation to the benefits of working in smaller groups and increasing the frequency of meetings to facilitate a reduction in agenda items.

### **Decision**

That the comments of Board Members be noted and actioned as appropriate.



The meeting concluded at 11.20 a.m.

CHAIR

## **CHILDREN'S STRATEGIC PARTNERSHIP MINUTES AND DECISION RECORD**

25 January 2023

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

### **Present:**

Jim Lindridge, HBC  
Martin Todd, Changing Futures North East  
John Hardy, Headteacher, St John Vianney Primary School  
Sally Robinson, HBC Director of Children's and Joint Commissioning Services  
Jo Heaney, Integrated Care Board Tees Valley  
Danielle Swainston, HBC Assistant Director (Joint Commissioning)  
Craig Blundred, Director of Public Health  
Amanda Whitehead, Assistant Director (Education)  
James Graham, Tees Esk and Wear Valleys NHS Trust  
Christine Fewster, Hartlepool Carers

Officers: Kelly Prescott, Projects Manager, HBC  
Kate Proctor, Family Hub Manager, HBC  
Denise Wimpenny, Principal Democratic Services Officer

Due to notification that the Chair was delayed the Vice-Chair took the Chair and opened the meeting

Martin Todd (In the Chair)

### **26. Apologies for Absence**

Prior to commencement of business, Members were advised of a recent change to the Cleveland Police representation on the Partnership:-

Superintendent Martin Hopps replaced Superintendent Marc Anderson

The importance of police representation at this meeting was emphasised and it was agreed that this message would be conveyed to the relevant Chief Commander and clarity on representation would be sought.

Apologies for absence were submitted on behalf of Superintendent Martin Hopps, Cleveland Police.

**Councillor Lindridge joined the meeting. Martin Todd vacated the Chair and Councillor Lindridge took the Chair**

**27. Declarations of Interest**

None

**28. Minutes of the meeting held on 13 October 2022**

Confirmed.

**29. Early Years Foundation Stage (EYFS) Strategy: Position Statement and Next Steps** *(Director of Children's and Joint Commissioning Services)*

The Assistant Director, Education presented the report which provided background information to the development of the Early Years Foundation Stage (EYFS) Strategy and Plan which had resulted in a number of recommendations from the LGA, including the establishment of a Partnership Board, details of which were provided and an action plan, a copy of which was appended to the report.

An update was provided in terms of progress made in relation to each priority area:-

- Information and Data Sharing
- Develop a Multi-Agency Team
- Speech, Language and Communication
- Poverty and Social Mobility
- Early Identification and Intervention
- SEND Panel
- Influencing the Home Learning Environment
- Health and Wellbeing
- High Quality Early Year and Childcare Provision
- Early Years Transition
- Early Years Sector Skills and Experience
- Stronger Engagement with the Voluntary and Community Sector

In the discussion that followed, officers responded to issues arising from the update. Clarification was provided in relation to the challenges around funding arrangements and the links to the Family Hub model.

The factors contributing to developmental delays in speech and language were debated at length including the impact of the pandemic, resulting in social isolation issues. Concerns were raised regarding the increased use of mobile phones and social media and the detrimental effects on learning. Examples of an increase in the use of physical language in nurseries were shared with Members. The potential reasons for poor communication and how this could be improved were further debated.

Partnership Members placed emphasis upon the importance of adopting a town-wide approach in terms of addressing speech language and communication issues.

A number of comments were made regarding the importance of developing infant/parent relationships at the pregnancy stage, focussing on parental support and understanding how parents engage with support services. The challenges around supporting hard to reach families were highlighted and concerns were also raised in relation to the impact of the current financial crisis on families as well as the increased reliance on medicalised learning needs.

### **Decision**

- (i) That the contents of the report and comments of Members be noted and actioned as appropriate.
- (ii) The opportunities for some priorities, to link in with the Family Hub model were noted.
- (iii) The areas requiring progression through the EYPFS Partnership were noted.

## **30. Family Hubs/Supporting Families Presentation** (Assistant Director, Joint Commissioning)

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

- Aim of the Programme
- Vision: to develop community led support that empowers our families to build community capacity and resilience to support their own communities
- Specific Goals
  - Transformation
  - Families have a seamless journey through services
  - The most vulnerable families in Hartlepool are able to easily access support as soon as they need it
  - Families can access community support before needing to engage with targeted support
  - Families can access support from the most accessible location
  - Parenting support
  - Infant Feeding Support
  - Infant Parenting relationships

- Early language /HLE
- Parent Carer Panels
- Start for Life Offer
- How goals would be measured
- Next steps

In the discussion that followed Members debated issues arising from the presentation and the Assistant Director responded to issues raised. Clarification was provided in relation to how targets would be measured, funding arrangements, the challenges of the delivery programme together with details of the delivery plan. The representative from the Integrated Care Board Tees Valley indicated a willingness to share information and work together in terms of infant feeding support. Following a suggestion regarding the need to consider father inclusive practices, the Changing Futures North East Representative referred to a behavioural insight study, commissioned by Durham County Council, in relation to father engagement, which would be shared with the Partnership when finalised.

Members commented on the issues that required further consideration and the importance of targeting funding towards local need was emphasised. In terms of taking the programme forward, the Partnership was advised that a Project Group would be established, details of which would be circulated under separate cover following the meeting.

### **Decision**

- (i) That the information given be noted and comments of Members be noted and actioned as appropriate.
- (ii) That details of a behavioural insight study, commissioned by Durham County Council, in relation to father engagement would be shared with the Partnership when finalised.
- (iii) That details of the Best Start in Life Project Group be circulated under separate cover following the meeting.

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

It was reported that the next meeting would be held on 22 March 2023 at 10.00 am.

The meeting concluded at 11.50 am.

CHAIR

## **CHILDREN'S STRATEGIC PARTNERSHIP MINUTES AND DECISION RECORD**

22 March 2023

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

**Present:**

Officers: David Cosgrove, Democratic Services Team

### **32. Meeting Abandoned**

Following a request by the Chair, the meeting was abandoned due to lack of business. Partnership Members had been advised of the situation in advance of the meeting.

CHAIR



## Area Integrated Care Partnership (ICP) Meeting (Tees Valley)

Meeting held on: 31<sup>st</sup> March 2023 2.30-4.30pm

Held at: MyPlace, North Street, Custom House, Middlesbrough TS2 1JP

Item No:	Meeting Notes	Action
TVICP/23/01	<p><b>Welcome and introductions</b></p> <p>Councillor Cook welcomed colleagues to the inaugural meeting of the Tees Valley Area Integrated Care Partnership (ICP) Meeting.</p> <p>A meeting was held last week with Sir Liam Donaldson, Chief Medical Officer, and the 4 nominated chairs of the North East and North Cumbria Health and Care Partnership where the agenda for the 4 inaugural Area ICP meetings was agreed, and it was noted that the agendas will evolve over time.</p> <p><b><u>Present:</u></b></p> <ul style="list-style-type: none"> <li>- Councillor Bob Cook (Chair) (BC) - HWBB Chair &amp; Portfolio for Health – Stockton Borough Council</li> <li>- Dan Jackson (DJ) - Director of Policy and Public Affairs NENC ICB</li> <li>- David Gallagher (DG) – Executive Area Director (South) – NENC ICB</li> <li>- Peter Rooney (PRo) - Director of Strategy and Planning NENC ICB</li> <li>- Christopher Akers-Belcher (CAB) - Chief Executive of Healthwatch Hartlepool, and the Healthwatch Network Regional Coordinator NENC</li> <li>- Deepak Dwarakanath (DD) – Medical Director of North Tees &amp; Hartlepool NHS Foundation Trust</li> <li>- Brent Kilmurray (BK) – Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust</li> <li>- Rob Harrison (RH) – Managing Director – South Tees NHS Foundation Trust</li> </ul>	

	<ul style="list-style-type: none"> <li>- Karen Hawkins (KH) - ICB Director of Place – Hartlepool – NENC ICB</li> <li>- Craig Blair (CBla) - ICB Director of Place – Middlesbrough / Redcar &amp; Cleveland – NENC ICB</li> <li>- Jon Carling (JC) - Voluntary Sector Lead/3rd Sector – Catalyst Stockton</li> <li>- Sally Robinson (SR) - Director of Children's Services – Hartlepool Borough Council</li> <li>- Craig Blundred (CBlu) – Director of Public Health – Hartlepool Borough Council</li> <li>- Jill Harrison (JH) - Director of Adult &amp; Community Based Services – Hartlepool Borough Council</li> <li>- Mark Adams (MA) – Director of Public Health - Middlesbrough Council / Redcar &amp; Cleveland Council</li> <li>- Erik Scollay (ES) – Director of Adult Services – Middlesbrough Council</li> <li>- Patrick Rice (PRi) - Director of Adults and Communities – Redcar and Cleveland Borough Council</li> <li>- Dr Dhirendra Garg (DhG) - PCN/CD Representative – Stockton PCN</li> <li>- Richard Scothorn (RS) – Chair of County Durham &amp; Darlington Foundation Trust</li> <li>- Dr Jackie McKenzie (JM) - PCN/CD Representative – Hartlepool PCN</li> <li>- Dr Janet Walker (JW) – Medical Director (South) – NENC ICB</li> <li>- Lynne Walton (LW) - Director of Finance (South) – NENC ICB</li> <li>- Martin Short (MS) - ICB Director of Place – Darlington – NENC ICB</li> <li>- Julian Penton (JP) - Voluntary Sector Lead/3rd Sector - Hartlepower (Hartlepool)</li> <li>- Sandra Britten (SB) - Chief Executive (Operational) on behalf of Hospices North East &amp; North Cumbria Collaborative – Alice House Hospice</li> <li>- Mark Davis (MD) - Voluntary Sector Lead/3rd Sector - Middlesbrough Voluntary Development Agency (MVDA)</li> <li>- Wade Tovey (WT) - Voluntary Sector Lead/3rd Sector - Redcar &amp; Cleveland Voluntary Development Agency (RCVDA)</li> <li>- Dr Teik Goh (TG) - PCN/CD Representative – Redcar and Cleveland PCN</li> </ul> <p><b><u>In Attendance:</u></b></p> <ul style="list-style-type: none"> <li>- Kate Sutherland (KS) – Senior Governance Lead (Tees Valley) NENC ICB</li> <li>- Claire Attey (Note Taker) (CA) – Corporate Secretary NENC ICB</li> </ul>	
--	---	--



TVICP/23/02	<b>Apologies for absence</b>	
	<ul style="list-style-type: none"> <li>- Ann Workman – Director of Adult Services – Stockton Borough Council</li> <li>- Councillor Shane Moore - HWBB Chair &amp; Portfolio for Health – Hartlepool Borough Council</li> <li>- Denise McGuckin – Managing Director of Hartlepool Borough Council</li> <li>- Dr Bharat Kandikonda - PCN/CD Representative – Middlesbrough PCN</li> <li>- Helen Ray – Chief Executive of North East Ambulance Service NHS FT</li> <li>- Peter Strachan – Chair of North East Ambulance Service NHS FT</li> <li>- Jean Golightly - Director of Nursing (South) – NENC ICB</li> <li>- Alex Sinclair – Director of Place (Stockton) – NENC ICB</li> <li>- John Sampson – Managing Director and Chief Executive of Redcar and Cleveland Borough Council</li> <li>- Julie Gillon – Chief Executive of North Tees &amp; Hartlepool NHS Foundation Trust</li> <li>- Kathryn Boulton - Director of Children's Services – Redcar and Cleveland Borough Council</li> <li>- Kerry McQuade – Assistant Director of Strategy, Planning &amp; Partnerships of North East Ambulance Service NHS FT</li> <li>- Martin Gray - Director of Children's Services – Stockton Borough Council</li> <li>- Mike Greene – Chief Executive of Stockton Borough Council</li> <li>- Professor Derek Bell – Chair of North Tees &amp; Hartlepool NHS Foundation Trust / South Tees Hospitals NHS FT</li> <li>- Sarah Bowman-Abouna – Director of Public Health – Stockton Borough Council</li> <li>- Sue Jacques – Chief Executive of County Durham &amp; Darlington Foundation Trust</li> <li>- Sue Page – Chief Executive of South Tees Hospitals NHS FT</li> </ul>	
TVICP/23/03	<b>Declarations of Interest</b>	
	Councillor Bob Cook (BC) reminded colleagues of the importance of the robust management of conflicts of interest and asked individuals to raise any potential conflicts of interest as we run through the meeting.	
TVICP/23/04	<b>Role of ICPs within Integrated Care Systems and their relationships to:</b> <ul style="list-style-type: none"> <li>• Health and Wellbeing Boards</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Place-Based Partnerships</b></li> </ul>	
	<p>Dan Jackson (DJ) provided an overview of the ICP arrangements in the North East and North Cumbria.</p> <p>DJ recapped that an Integrated Care System (ICS) includes all of the organisations responsible for health and wellbeing working together across a region to plan and deliver services for our communities. It is not an organisation but works through the following bodies:</p> <ul style="list-style-type: none"> <li>• Integrated Care Board (ICB) – a statutory NHS organisation that took on the responsibilities of the former CCGs and some of the functions held by NHS England. The ICB will also work with a range of partners at ‘place level’ in each of the 14 local authority areas in our region.</li> <li>• Integrated Care Partnership (ICP) – a joint committee of the ICB and the 14 local authorities in the ICS area, plus other invited partners with responsibility for developing an integrated care strategy for the ICS.</li> </ul> <p>The North East and North Cumbria (NENC) ICB covers a large population size and key feedback from partners in the development of the ICB was that given the large size, it was important to develop an ICP model that respects existing partnerships and reflects the differences within the geography.</p> <p>The main role of the ICP is to develop an Integrated Care Strategy which is refreshed annually and ratified by the Strategic ICP.</p> <p>The Joint Management Executive Group (JMEG), a joint NHS and Local Authority executive group chaired by Sir Liam Donaldson, helped to interpret National guidance and form the ICP and agreed due to the size of the geography covered there would be 4 Area ICPs established. The JMEG agreed that ‘Area’ ICPs would be best chaired by an elected member.</p> <p>The Department for Health and Social Care, NHS England and the Local Government Association jointly developed 5 key expectations for ICPs:</p> <ul style="list-style-type: none"> <li>• Be a core part of the ICS, driving direction and priorities</li> <li>• Be rooted in the needs of people, communities and places</li> <li>• Create space to develop and oversee population health strategies</li> <li>• Support integrated approaches</li> </ul>	

	<ul style="list-style-type: none"> <li>• Take an open and inclusive approach to strategy development.</li> </ul> <p>Strategic ICPs have a formal sign off role, are attended by the public and oversee and approve the ICS-wide Integrated Care Strategy, built up from an analysis of need from the four Area ICPs. Strategic ICPs promote a multi-agency approach to population health and wellbeing and the wider social and economic determinants of health for the population it serves.</p> <p>Area ICPs are a key forum to develop and strengthen relationships between professional, clinical, political and community leaders and for partners to share intelligence, identify common challenges and objectives and share learning. They will analyse the common themes of the Joint Strategic Needs Assessments (JSNA) from each of the Health and Wellbeing Boards in their area and focus on the priorities of local residents and service users.</p> <p>JP asked whether voluntary or community representatives were included in the ICB, and DJ noted that the voluntary sector are included under 'ICB participants'.</p> <p>DJ added that as the guidance is very flexible, we can make the ICP arrangements work for us.</p> <p>Since the establishment of the ICB, WT noted that there had been a breakdown of the Patient Participation Groups that were held in the former CCGs, and he was concerned that momentum could be lost. The ICB are trying to ensure direct feedback from patients is used to inform commissioning decisions and will ensure a strong voice to capture any challenges faced by patients.</p> <p>In relation to governance and decision making and ensuring responsibility and accountability, BK queried how we establish a culture of working together. DJ noted that arrangements are still emerging but that it was important for a cohesive approach to work together which will be kept under review. Discussions are being held with 'places', and Health and Wellbeing Boards (HWBB) still remain a key component part of the landscape.</p> <p>CAB asked, in relation to funding from the ICB to carry out pieces of work, how do we avoid duplication and bring it all together. DG highlighted the importance of how the ICP tailors work alongside the HWBBs and understands how that work will take place locally, but there is also an opportunity to pull some of the work together across a larger footprint.</p>	
--	---	--

	<p>JC questioned where commissioning decisions at place level are taken, and DJ advised that these decisions would be made through ICP Place Committees.</p> <p><b>ACTION:</b> It was noted that the PowerPoint presentation would be circulated to colleagues following the meeting.</p>	<b>CA</b>
TVICP/23/05	<b>Role of ICB Area and Place-based teams</b>	
	<p>David Gallagher (DG) provided the group with an understanding of key roles and explained that the NENC ICB includes 2 Executive Area Directors – Levi Buckley who will cover the North and North Cumbria areas from May, and DG who covers the Central and Tees Valley areas. DG highlighted the corporate and area responsibilities of the Executive Area Director roles.</p> <p>DG also outlined the role of ICB Place Directors in places and outlined these Directors may also, as in the Tees Valley, hold lead portfolio across a number of places, e.g., Primary Care, Mental Health LD etc.</p>	
TVICP/23/06	<b>Update on the Integrated Care Strategy and opportunities for joint working on the social and economic determinants of health</b>	
	<p>Peter Rooney (PRo) delivered a presentation on the work to date on the development of the Integrated Care Strategy. PRo noted that each ICP in the country is required to develop an Integrated Care Strategy, and through the work with partners this region has developed a 'Better health and wellbeing for all' plan.</p> <p>The key feature of an Integrated Care Strategy ensures focus from a population health and reducing inequalities perspective.</p> <p>PRo advised our region has some of the poorest health outcomes in the country - people often die younger and live with illnesses for longer than people in other parts of the country, with the greatest impact felt by people living in our most deprived communities.</p> <p>PRo provided an overview of the strategy and the 4 key goals:</p> <ol style="list-style-type: none"> <li>1. Longer and healthier lives</li> <li>2. Fairer outcomes</li> <li>3. Better health and care services</li> <li>4. Giving our children the best start in life</li> </ol> <p>PRo highlighted that to achieve these goals, we must work together to build up and support the health and care workforce, use combined resources and involving</p>	

	<p>communities in understanding people's needs and experiences.</p> <p>He then went on to outline the national requirement for ICBs and NHS Foundation Trusts to submit an annual NHS Operational Plan and to develop an NHS Joint Forward Plan which is a narrative plan covering the 5 year period of 2023/24 – 2028/29.</p> <p>PRo emphasised the importance of partnership working and breaking down barriers to ensure collective delivery to meet the needs of our local populations.</p> <p>From a Local Authority (LA) perspective ES outlined he felt that the introduction of the new ways of working and associated Area ICP and Place Committees will be an effective way of working together to discuss and agree approached to collectively talking the wider determinants of health.</p> <p>JP queried whether there is an intention to gather and publish data with respect to how well the ICB is performing in areas such as changes in life expectancy etc. PRo explained that a baseline is set annually, and a summary dashboard is produced against the key measures to show progress.</p> <p><b>ACTION:</b> It was noted that the PowerPoint presentation would be circulated to colleagues following the meeting.</p>	CA
TVICP/23/07	<b>Key themes from public feedback</b>	
	<p>Christopher Akers-Belcher (CAB) explained that Healthwatch is celebrating their 10 year anniversary as they came into place following the Health and Social care Act in 2012.</p> <p>Healthwatch are a non-statutory organisation but have statutory powers to consult, are viewed as the consumer champion for Health and Social Care and were established to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. Local Healthwatch are funded by and accountable to local authorities and hold a statutory position on their respective Health and Wellbeing Boards.</p> <p>CAB noted that he is the Chief Executive of Healthwatch Hartlepool, and the Healthwatch Network Regional Coordinator for the North East and North Cumbria (14 Healthwatches). The five local Healthwatch organisations in the Tees Valley have worked closely together on issues of common interest for several years and CAB will now,</p>	

	<p>working in his regional role across the ICB, formalise working arrangements as a Healthwatch Network covering the whole of the North East &amp; North Cumbria.</p> <p>CAB provided an outline of the functions of Healthwatch including:</p> <ul style="list-style-type: none"> <li>- The main statutory functions of Healthwatch are to obtain the views of people about their needs and experience of local health and social care services, make these views known to those involved in the commissioning and scrutiny of care services providing reports and recommendations about how those services could or should be improved based on lived experience of communities engaged with.</li> <li>- Healthwatch promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services and provide information to the public about accessing health and social care services and the options available to them. Healthwatch make the views and experiences of people known to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern.</li> <li>- Healthwatch have strong connections with the communities' others often struggle to hear from and will work to ensure the voices of service users, families and carers are heard in the work of the Tees Valley ICP.</li> <li>- CAB provided an outline of a number of themes where concerns had been highlighted across the Tees Valley Area ICP, also recognising these may be different across places: <ul style="list-style-type: none"> <li>- Access to GPs Access to Dentistry</li> <li>- Access to Pharmacies</li> <li>- Urgent Care, Maternity Services, Hospital Discharge and Single Point of Access</li> <li>- Mental Health – Community Based Services and provision for Children and Young People</li> <li>- Access to Nursing and Care Homes</li> <li>- Dementia</li> <li>- Learning Disabilities and Autism – Particularly poor rates of Annual Health checks given high incidence of mortality</li> <li>- Sensory Disabilities</li> <li>- Health inequalities and the voice of Children and Young People (YouthWatch)</li> </ul> </li> </ul>	
--	--	--

	<p>In relation to patient issues in accessing GP appointments, JM queried whether patients are asked how they would like to see this improved. CAB noted that Healthwatch always ask patients what they would like services to look like and KH added that work is being undertaken both locally and nationally to ensure a continued focus on accessing GP services.</p> <p>CAB referred to a report published when Healthwatch were commissioned by Tees, Esk &amp; Wear Valley Mental Health Trust (TEWV) to conduct a Tees Valley wide consultation exercise to support the Community Mental Health Transformation plan and the benefits and outcomes delivered by this way of joint working.</p> <p><b>ACTION:</b> It was noted that the Healthwatch Briefing Note and the Healthwatch TEWV Community Transformation Report would be circulated to colleagues following the meeting.</p>	<b>CA</b>
TVICP/23/08	<b>Forward planning and future items</b>	
	<p>BC noted that a number of the items on future agendas will be standing items.</p> <p>DG explained that there is already joint work underway in the Tees Valley, e.g., around health inequalities and suggested that these could be discussed in the next meeting.</p> <p>BC asked attendees to give thought to any items that they would like to see on future agenda and to email suggestions across to <a href="mailto:nencicb-tv.corpgov@nhs.net">nencicb-tv.corpgov@nhs.net</a></p> <p><b>ACTION:</b> It was noted that the above email address along with a note to ask attendees to reply with any suggestions for future agenda items and the items would be collated by the administrative support.</p>	<b>CA</b>
TVICP/23/09	<b>Any other Business</b>	
	<p>BK queried whether Teesside University /education should be added to the meeting attendance list to allow contributions from a research perspective and DG noted that discussions around this are ongoing.</p> <p>MD highlighted potential challenge in how the voluntary sector connect conversations from these meetings into the frontline organisations in the Tees Valley.</p> <p>DD raised a query if there would be communications developed post meetings for use in their organisations to brief staff and DG believed that this would be an effective</p>	

	<p>way to ensure colleagues that were unable to attend the meeting were sighted on discussions.</p> <p><b>ACTION:</b> It was agreed to discuss a highlight report post meeting and this will be agreed internally to take forward. KS to discuss.</p> <p>BC thanked colleagues for their contributions.</p> <p><i>Meeting closed 4.08pm</i></p>	<b>KS</b>
	<p><u>Next Meeting</u>  Date: Friday 2<sup>nd</sup> June 2023  Time: 12-2pm  Venue: Employment and Training Hub, Wellington Square, Stockton-on-Tees, TS18 1RG</p>	



## Tees Valley Area Integrated Care Partnership (ICP) Meeting

Meeting held on: 2<sup>nd</sup> June 2023 12pm – 2pm  
Held at: Stockton Employment and Training Hub,  
Wellington Square, Stockton, TS18 1RG

Item No:	Meeting Notes	Action
TVICP/23/10	<b>Welcome and Introductions</b>	
	<p>Councillor Cook, as Chair, welcomed colleagues to the Tees Valley Area Integrated Care Partnership (ICP) Meeting. He advised that following agreement with the Local Authority Chief Executives of the Tees Valley the representatives at this meeting, going forward, will be</p> <ul style="list-style-type: none"> <li>• John Sampson – Redcar &amp; Cleveland</li> <li>• Erik Scollay - Middlesbrough</li> <li>• James Stroyan – Darlington</li> <li>• Ann Workman – Stockton</li> <li>• Craig Blundred – Hartlepool</li> <li>• Mark Adams – Middlesbrough</li> </ul> <p><b><u>Present:</u></b></p> <ul style="list-style-type: none"> <li>• Councillor Bob Cook (Chair) (BC) – Health and Well-being Board Chair &amp; Leader of Stockton Borough Council</li> <li>• David Gallagher (DG) – Executive Area Director (South), NENC ICB</li> <li>• Alex Sinclair (AS) – ICB Director of Place (Stockton), NENC ICB</li> <li>• Ann Workman (AW) – Director of Adult Services, Stockton Borough Council</li> <li>• Brent Kilmurray (BK) – Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust</li> <li>• Christopher Akers-Belcher (CAB) - Chief Executive of Healthwatch Hartlepool, and the Healthwatch Network Regional Coordinator NENC</li> </ul>	

	<ul style="list-style-type: none"> <li>• Clare Gamble (CG) - Community Projects Manager, Catalyst</li> <li>• Craig Blundred (CBlu) – Director of Public Health, Hartlepool Borough Council</li> <li>• Deepak Dwarakanath (DD) – Medical Director, North Tees &amp; Hartlepool NHS Foundation Trust</li> <li>• Professor Derek Bell (DB) – Chair, North Tees &amp; Hartlepool NHS Foundation Trust / South Tees Hospitals NHS FT</li> <li>• Dr Dhirendra Garg (DhG) - PCN/CD Representative, Stockton PCN</li> <li>• Dr Helen McLeish (HM) – PCN Clinical Director, Darlington PCN</li> <li>• Karen Hawkins (KH) - ICB Director of Place (Hartlepool) NENC ICB</li> <li>• Ken Ross (KR) – Public Health, Darlington Borough Council</li> <li>• Mark Adams (MA) – Director of Public Health, Middlesbrough Council / Redcar &amp; Cleveland Council</li> <li>• Patrick Rice (PRi) - Director of Adults and Communities, Redcar and Cleveland Borough Council</li> <li>• Dr Janet Walker (JW) – Medical Director), NENC ICB</li> <li>• Julian Penton (JP) - Voluntary Sector Lead/3rd Sector, Hartlepower (Hartlepool)</li> <li>• Martin Gray (MG) - Director of Children's Services, Stockton Borough Council</li> <li>• Martin Short (MS) - ICB Director of Place (Darlington), NENC ICB</li> <li>• Mike Greene (MG) – Chief Executive, Stockton Borough Council</li> <li>• Richard Scothorn (RS) – Chair, County Durham &amp; Darlington FT</li> <li>• Sandra Britten (SB) - Chief Executive (Operational) on behalf of Hospices North East &amp; North Cumbria Collaborative, Alice House Hospice</li> <li>• Sue Jacques (SJ) – Chief Executive of County Durham &amp; Darlington Foundation Trust</li> <li>• Dr Teik Goh (TG) - PCN/CD Representative, Redcar and Cleveland PCN</li> <li>• Mark Davis (MD), Middlesbrough Voluntary Development Agency (MVDA)</li> </ul> <p><b><u>In Attendance:</u></b></p> <ul style="list-style-type: none"> <li>• Shaun Mayo (SM) – General Manager, Tees, Esk and Wear Valleys NHS FT</li> <li>• Ranjeet Shah (RS) – Consultant Psychiatrist, Tees, Esk and Wear Valleys NHS FT</li> <li>• Dr Dan Jackson, Director of Stakeholder, Policy and Public Affairs, NENC ICB</li> <li>• Kate Sutherland (KS) – Senior Governance Lead (Tees</li> </ul>	
--	--	--

	Valley) NENC ICB <ul style="list-style-type: none"> <li>Jane Smailes (Note Taker) (JS) – Office Manager, NENC ICB</li> </ul>	
TVICP/23/11	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>Dr Bharat Kandikonda - PCN/CD Representative – Middlesbrough PCN</li> <li>Craig Blair - ICB Director of Place, Middlesbrough / Redcar &amp; Cleveland, NENC ICB</li> <li>Denise McGuckin – Managing Director of Hartlepool Borough Council</li> <li>Erik Scollay – Director of Adult Services, Middlesbrough Council</li> <li>Helen Ray – Chief Executive of North East Ambulance Service NHS FT</li> <li>Ian Williams – Chief Executive, Darlington Council</li> <li>Dr Jackie McKenzie - PCN/CD Representative, Hartlepool PCN</li> <li>James Stroyan – Director of People (Children &amp; Adults), Darlington Council</li> <li>Jill Harrison - Director of Adult &amp; Community Based Services, Hartlepool Borough Council</li> <li>Jon Carling - Voluntary Sector Lead/3rd Sector, Catalyst Stockton</li> <li>Jean Golightly - Director of Nursing (South), NENC ICB</li> <li>Julie Gillon – Chief Executive of North Tees &amp; Hartlepool NHS Foundation Trust</li> <li>Kathryn Boulton - Director of Children's Services, Redcar and Cleveland Borough Council</li> <li>Kerry McQuade – Assistant Director of Strategy, Planning &amp; Partnerships of North East Ambulance Service NHS FT</li> <li>Lynne Walton – Director of Finance (South), NENC ICB</li> <li>Penny Spring – Director of Public Health, Darlington Borough Council</li> <li>Peter Neal - Redcar &amp; Cleveland Voluntary Development Agency (RCVDA)</li> <li>Peter Rooney - Director of Strategy and Planning, NENC ICB</li> <li>Sarah Bowman-Abouna – Director of Public Health, Stockton Borough Council</li> <li>Councillor Shane Moore - HWBB Chair &amp; Portfolio for Health, Hartlepool Borough Council</li> <li>Toni Mchale – Sub Regional Co-ordinator / Project Development Manager, Healthwatch</li> </ul>	
TVICP/23/12	<b>Declarations of Interest</b>	
	Councillor Bob Cook (BC) reminded colleagues of the importance of the robust management of conflicts of	

	interest and asked individuals to raise any potential conflicts of interest as the meeting progressed. No conflicts of interest were raised.	
TVICP/23/13	<b>Minutes from Previous Meeting</b>	
	The minutes of the meeting, held 31 <sup>st</sup> March 2023, had previously been circulated to members for comment. There were no amendments requested and therefore the minutes were <b>AGREED</b> as an accurate record. Confirmed minutes will also be shared with Health and Wellbeing Boards for information.	
TVICP/23/14	<b>Matters Arising &amp; Action Log</b>	
	There were no outstanding actions on the Action Log and no matters arising were noted.	
TVICP/23/15	<b>Healthwatch Update</b>	
	<p>The presentation, including the four Healthwatch locality reports had been circulated to members prior to the meeting.</p> <p>Mr Akers-Belcher (CAB) delivered the Healthwatch Update, which was a discussion item to hear key themes from the patient voice across the Tees Valley.</p> <p>The presentation provided a brief overview of background and role of Healthwatch and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The NENC Network Structure,</li> <li>• Contributions by the Network including volunteering, information, intelligence and reports,</li> <li>• Examples of Healthwatch reports were shared from across Darlington, Hartlepool, South Tees (Middlesbrough and Redcar &amp; Cleveland) and Stockton.</li> </ul> <p>CAB advised that the Healthwatch reports for each locality were produced quarterly and provided an overview of the current issues in each locality. CAB highlighted key issues from the reports.</p> <p>Cllr Cook (BC) noted that some of the issues highlighted in the Healthwatch reports had been raised at the Health and Wellbeing Board (HWB) in Stockton, specifically GP Access.</p> <p>David Gallagher (DG) thanked CAB for the wealth of information that was provided in the presentation and noted that many of the issues raised were national concerns, not just specific to the Tees Valley, ie access to NHS dental</p>	

	<p>services. He also noted the need for clearer and consistent descriptors of services that were meaningful to the public, for example the extended hours service provision.</p> <p>Following a query, CAB advised that Healthwatch reports were provided to each ICB Director of Place to be included with papers for the relevant ICB Place Sub-Committee. Karen Hawkins (KH) explained that each NENC ICB Director of Place also had lead responsibilities for specific portfolios across the Tees Valley and they would share any portfolio information from the reports for consistency across other places.</p> <p><b>ACTION:</b> There was an ask if all the reports could be made easily accessible for partners, for example adding to the NENC ICB website. This feedback will be provided to the communications team.</p> <p>Further to a query regarding GP access CAB advised that Healthwatch Hartlepool was working with the GP Federation to help promote the right time access for GP or pharmacy services and when the public should dial 111. Whilst noting that access to GP services was included in the Healthwatch reports CAB explained that GP access had much improved following recent investment.</p> <p>DG advised it was important to understand the public perception of GP access against the reality of gaps in service provision. He highlighted the national work on extending service provision and following the launch suggested this be an item to bring to a future meeting.</p> <p>Karen Hawkins (KH) explained that work was continuing, both regionally and locally, in respect of the 'Delivery Plan for Recovering Access to Primary Care'. The work included issues such as workforce and digital and she suggested that once the plans were agreed this should be brought to the meeting for information. The plan would likely be agreed in September 2023.</p> <p><b>ACTION:</b> Enhanced Access to GP Services / Delivery Plan for Recovering Access to Primary Care to be added to a future meeting agenda, possibly September 2023.</p> <p>There was a discussion regarding the need to empower patients to self-care through different programmes and to ensure a holistic view, including the Waiting Well initiative. It was noted that there could be opportunities within the ICP for collective and partnership working to strengthen communities.</p>	<p><b>KS</b></p> <p><b>JS</b></p>
--	--	-----------------------------------

	<p>Following a query from Dr Goh (TG), CAB advised that Healthwatch was working with Youth Focus: North East to establish ways of engaging with young people through youth groups, youth parliaments etc. He also advised that the work had only started 6 months ago but that a report would be brought to a future meeting.</p> <p><b>ACTION: Healthwatch work with Youth Focus: North East to be added to a future meeting agenda/Healthwatch update.</b></p>	<b>JS</b>
TVICP/23/16	<b>Tees, Esk and Wear Valleys NHSFT (TEWV) – Community Mental Health Model</b>	
	<p>The presentation had been circulated to members prior to the meeting.</p> <p>Brent Kilmurray (BK) introduced the presentation by explaining that thresholds set by services can sometimes push people away and there was need for services to think about the whole person and this included health, housing, financial and social care.</p> <p>The presentation delivered by Shaun Mayo (SM) and Ranjeet Shah (RS) included the following;</p> <ul style="list-style-type: none"> <li>• Reminder of core aims of Community Transformation</li> <li>• Tees Valley Stakeholder Feedback</li> <li>• The vision for Community Transformation including integrated services delivering collaborative pathways which meet the needs of the local population</li> <li>• Organisational change</li> <li>• Recognition of the work done to date.</li> </ul> <p>Examples of some of the Community Transformation were given including the community pharmacy hub in Hartlepool and the role of care navigators in each hub. RS explained that the development of weekly virtual huddles had been a key development in providing a holistic approach. RS talked through the planned milestones and next steps focusing on evaluation.</p> <p>Positive feedback on the work to date and engagement with partners to shape the new ways of working was received from a number of members, including the principle that there is "No wrong door to get help".</p> <p>BK highlighted the need for community and mental health services to provide more integrated services and it was acknowledged that mutual trust and assessment would be</p>	

	<p>key in order to integrate further with physical health. This work was not just about working adults but older adults with frailty.</p> <p>Martin Gray (MG) said there were parallels to be drawn around children's mental health and using the same approach to redesign ways of working. He said it was a credit to TEWV to be making space for this piece of work. It was recognised that a lot of time had been invested into the partnership approach, including with Primary Care, to make this work. Additionally, more work was required to look at joint roles that wrapped around neighbourhoods.</p> <p>CAB described this work as some of the most rewarding that Healthwatch had been involved with and requested that the hard to reach groups were included in any evaluation.</p> <p>Following a query from Dr Teik Goh (TG) regarding young people and those transitioning into adulthood SM advised there would be changes in the framework over the next 12 – 18 months to look at outcomes.</p> <p>Julian Penton (JP) said that the relationship between organisations and the public were key and needed to be built on trust. He hoped that the Hartlepool example would be a whole system integrated governance system with organisations making different contributions to people's well-being and the development of shared values.</p>	
TVICP/23/17	<b>Better Health, Fairer Health</b>	
	<p>The presentation had been circulated to members prior to the meeting.</p> <p>Mark Adams (MA) provided an update looking at health inequalities and this included an update from recent meetings of the ICB Healthier and Fairer Advisory Group.</p> <p>The presentation highlighted the work of different workstreams as below:</p> <ul style="list-style-type: none"> <li>• Prevention Workstream which includes CVD Prevention, Tobacco, Alcohol, Public Health Prevention in Maternity, Health Weight and Treating Obesity</li> <li>• Health Inequalities, where the first 'formal' meeting had only recently taken place</li> <li>• NHS Contribution to Broader Determinants including Health Literacy, Anchor Institutions Network, Digital Inclusion and Poverty Proofing.</li> </ul>	

	<p>MA highlighted a pilot taking place in North of Tyne using Population Health Management and how best to dovetail Public Health with Primary Care services. The programme has some emerging themes and whilst the applications may not be applicable across the wider patch due to geographical issues the learning could be shared with this group.</p> <p>There was a discussion regarding the Prevent: Tobacco workstream and the involvement of Fresh (smoking cessation service) with the increase in vaping of children and young people. MA advised that Fresh were leading the lobbying of Government to close the loophole that allowed children to access promotional vapes.</p> <p>The meeting was advised of examples in other parts of the country where investment in local communities by anchor institutions had resulted in significant improvements.</p> <p>There was significant discussion about the role of Combined Authorities (CAs) in other parts of the country and whether the CAs had any devolved health responsibility. It was noted that the Tees Valley Combined Authority's (TVCA) focus was economic, with no health responsibility. However, it was felt that the TVCA could provide an additional Government interface and along with its focus on employment they could make a contribution to this group. MA commented that there was an opportunity to think bigger and differently through this group and not just local at small scale changes. This could include having programmes that would help people to develop careers within health and social care and maybe go on to be nurses or social workers. There needed to be an increase in the base level of skills to improve employability of local people to fill the better jobs that are available.</p>	
TVICP/23/18	<b>Update from JSNA Analysis Work</b>	
	<p>Craig Blundred (CB) delivered the presentation which provided feedback from the collective work that is underway across the Tees Valley undertaken by the Directors of Public Health.</p> <p>The presentation outlined what Joint Strategic Needs Assessments (JSNA) were and how evidence from the JSNA and other research could be used to add value at a Tees Valley level. The presentation also included statistics regarding demographic make up of the Tees Valley, levels of deprivation and life expectancy.</p>	



	<p>CB noted that access to local data was important to joint working to improve life expectancy across the Tees Valley.</p> <p>BC commented that the mortality rates in the most deprived areas were still not catching up with the more affluent areas within Tees Valley.</p> <p>Deepak Dwarakanath (DD) commented that whilst the data showed a depressing picture of deprivation there was a lot of good work going on to try to improve the outcomes for the population. DD provided an example of end of life conversations that take place locally where the patients do not expect to live into their 80s and just accept early mortality.</p> <p>CB stated there was a need to focus on building good health, how this was incorporated into the JSNA and how it was communicated into populations.</p> <p>Mike Green (MG) suggested this was a good opportunity to look at how this group worked with other communities involved in research, for example universities and whether the data contained in the JSNA was open enough for businesses and communities to use. He asked if there was a need to promote the JSNA more widely and make it more easily accessible.</p> <p>David Gallagher (DG) thanked CB for the presentation and the rich information included, advising that some of the points highlighted on the joint work slide will form the basis of the work programme for this meeting going forward.</p> <p><b>ACTION: The presentation was to be circulated to members</b></p>	JS
TVICP/23/19	<b>Tees Valley Plan</b>	
	<p>Martin Short (MS) delivered the Joint Forward Plan presentation and explained that all Integrated Care Boards and partner NHS Trusts were required to publish a Joint Forward plan covering 2023/24 – 2028/29. These were required to be reviewed, updated and publish again each year in March.</p> <p>MS provided an explanation of the overarching document and action plans, and the progress to date. Additionally, he explained that as part of the strategic context there were Tees Valley pillars along with the national NHS priorities and place priorities and these were mapped to each place's HWB strategies, and the NENC Integrated Care Strategy:</p>	

	<ul style="list-style-type: none"> <li>• Starting Well / Best start in life</li> <li>• Living Well</li> <li>• Ageing Well</li> </ul> <p>There were also a number of cross-cutting themes:</p> <ul style="list-style-type: none"> <li>• Reducing health inequalities</li> <li>• Prevention</li> <li>• Sustainability</li> <li>• Improving quality of services</li> </ul> <p>MS advised the draft overarching joint forward plan would be shared with stakeholders for feedback following engagement during May and June. The Integrated Care Partnership meeting on 21<sup>st</sup> June would consider the draft document before the ICB Board approved the plan for publication as a final draft. There would be further stakeholder feedback in July and August with a final update published in September.</p> <p>Following a query from CAB regarding the low targets for the living well health checks in the Integrated Care Strategy, MS confirmed that when the plan was published there would be areas specific to Tees Valley but the Integrated Care Strategy targets were for the whole of NENC ICB area.</p>	
TVICP/23/20	<b>Next Steps:</b> Forward planning and future focus	
	<p>David Gallagher (DG) summarised the meeting, noting that the first two meetings of the Tees Valley Area ICP meeting had set the scene but the key was to now agree what happened next.</p> <p>DG suggested items for future meetings, following on from the Update from JSNA Analysis Work presentation areas of the joint working could be explored, discuss at scale work with Fresh, and skills and education. The Tees Valley Plan and GP Access will be discussed at future meetings. He noted the need to ensure that the work at this meeting did not duplicate work already being undertaken by the Health and Well-being Boards.</p> <p>DG advised that Teesside University will be invited to attend these meetings and there had been discussions about whether police, fire and rescue should also be included. If there was agreement to include Cleveland Police, for example, the same invitation should be made to County Durham Police. DG asked that members let him know of any other parties / organisations that should be invited. It</p>	

	<p>was suggested that the invitation should be to higher education not just universities.</p> <p>Following a query from Mark Davis (MD) regarding the involvement of the voluntary sector DG suggested that a presentation be brought to the next meeting about what was happening in the voluntary sector, in a similar was to the presentation from Healthwatch.</p> <p><b>ACTION: Mark Davis to prepare a presentation for the next Tees Valley Area ICP meeting on 8<sup>th</sup> September</b></p>	<b>MD</b>
<b>TVICP/23/21</b>	<b>Any Other Business</b>	
	<p>The Chair noted there were no further items of business advised and thanked members for their attendance and contributions to the meeting.</p> <p>The meeting closed at 2.15pm</p>	
	<p><u>Next Meeting</u>  Date: Friday 8<sup>th</sup> September 2023  Time: 12-2pm  Venue: Council Chamber, Civic Centre, Ridley Street, Redcar, TS10 1RT</p>	



04.07.23

Signed: ..... Date: .....

Cllr Bob Cook (Chair)

# HEALTH AND WELLBEING BOARD

11<sup>th</sup> September 2023



**Report of:** Healthwatch Hartlepool CIO

**Subject:** Healthwatch Work Programme 2023/24

---

## 1. PURPOSE OF REPORT

- 1.1 Outline the current and ongoing work of Healthwatch Hartlepool for the coming year.

## 2. BACKGROUND

- 2.1 There is a local Healthwatch in every area of England. We are the independent champion for people who use health and care services. We find out what people like about services, and what could be improved, and we share these views with those with the authority to make change happen. Healthwatch also help people find the information they need about services in their area, and we help make sure their views shape the support they need.

## 3. PROPOSALS/ISSUES FOR CONSIDERATION

- 3.1 Each and every year Healthwatch Hartlepool aims to publish a revised Work Programme. We champion what matters to people and work with others to find ideas that work. We are independent and we do not represent ourselves, we represent the voice of people. We are committed to making the biggest difference to our communities. People's views come first - especially those who find it hardest to be heard. As the only non-statutory body to have statutory responsibilities both nationally and locally, we have the power to make sure that those in charge of health and care services hear people's voices. As well as seeking the public's views ourselves, we also encourage health and care services to involve people in decisions that affect them.
- 3.2 Our approach – what is important to us?
- Listening to people and making sure their voices are heard.
  - Including everyone in the conversation – especially those who don't always have their voice heard.

- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with health and care services and the voluntary and community sector to make care better, whilst retaining our independence.

#### **4. RECOMMENDATIONS**

- 4.1 Note the attached Healthwatch Hartlepool Work Programme (**Appendix 1**)

#### **5. REASONS FOR RECOMMENDATIONS**

- 5.1 The Local Government and Public Involvement in Health Act 2007, which was amended by the Health and Social Care Act 2012, outlines the main legal requirements of Healthwatch. This is underpinned by many other regulations, which give more detail about how activities should be undertaken

- 5.2 The law refers to the roles of:

- Local authorities - who are required to make provision for Healthwatch
- Providers of Healthwatch services
- Healthwatch England - whose main role is to provide advice and support to every Healthwatch

- 5.3 Local authorities must make provision for the following statutory activities:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- Obtaining the views of local people regarding their need for, and experiences of, local care services and, importantly, to make these views known to those responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England
- Providing advice and information about access to local care services, so choices can be made about local care services
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with the Integrated Care Board and Healthwatch England
- Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues

- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively

**6. BACKGROUND PAPERS**

6.1 None

**7. CONTACT OFFICER**

7.1



### **Work Programme 2023/24**

Healthwatch Hartlepool is the independent consumer champion for patients and users of Health & Social Care services in Hartlepool. To monitor the robust delivery and support our work we have an appointed Volunteer Steering Group (VSG), which enables us to feed information collated through our communication & engagement plan to form the strategic vision. This ultimately, should lead to the influence of all services within the borough. Further information relating to the work of Healthwatch can be viewed via our website: [www.healthwatchhartlepool.co.uk](http://www.healthwatchhartlepool.co.uk)

The purpose of this work programme is to set out the activities, priorities and outcomes expected from Healthwatch Hartlepool in 2023 and 2024. This will be delivered in accordance with our Governance Framework, through a range of meetings & associated task & finish groups, public meetings and service specification. This work will build upon progress made during recent years.

Established under the Health and Social Care Act 2012, the requirements set out in the legislation mean Healthwatch Hartlepool will be expected to:

- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those views known to those involved in the commissioning, provision and scrutiny of health and social care services.
- Promote and support the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and social care services through membership of local residents and service users.
- Make reports and recommendations about how those services could or should be improved.
- Provide information to the public about accessing health and social care services together with choice in relation to aspects of those services.
- Represent the views of the whole community, patients and service users on the Health & Wellbeing Board, Health Scrutiny via the Council's Audit & Governance Committee Integrated Care Partnership (Place) Hartlepool.
- Make the views and experiences of the broad range of people and communities known to Healthwatch England helping it to carry out its role as national champion.
- Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with recommendations, if for example urgent action were required by the CQC).

## 4.2 Appendix 1

Healthwatch Hartlepool is for adults, children and young people living in or accessing health and/or social care services in the Borough of Hartlepool. Healthwatch Hartlepool aims to be accessible to all sections of the community. The Healthwatch VSG will review performance against the work programme on a quarterly basis and report progress to our membership through the monthly newsletter and an Annual Report. The full Healthwatch Hartlepool work programme will be available from [www.healthwatchhartlepool.co.uk](http://www.healthwatchhartlepool.co.uk)

Please note Appendix (1) details the key principles we shall follow when delivering the Healthwatch Hartlepool work programme:

Theme	Objective	Time frame
Acute Care	<p>To engage the populations of Hartlepool &amp; Stockton-on-Tees in response to the Care Quality Commission inspection report published 16<sup>th</sup> September 2022 based on the inspection (3<sup>rd</sup> to 26<sup>th</sup> May 2022) at North Tees and Hartlepool NHS Foundation Trust.</p> <ul style="list-style-type: none"><li>• Our primary focus will be based on the Trust's overall trust quality rating – Requires Improvement.</li><li>• Within the scope of our engagement, we shall focus on the 3 elements: Are services safe? Are services effective? Are services well-led?</li><li>• We shall also promote within our work that the Trust is judged as 'good' in respect of: Are services caring &amp; Are services responsive.</li></ul> <p>Within the scope of the work, we will examine the quality and timeliness of Midwifery led service provision at the University Hospital of</p>	June 2023 to March 2024



## 4.2 Appendix 1

	Hartlepool. Focus on pre-natal and post-natal care with a consultation of expectant mothers, their families and other key stakeholders. Agree outcomes with NT & H NHS Hospital Trust. Look at interventions and associated impact of maternal wellbeing checks undertaken in the community and in hospital setting.	
Acute Care	Review the implementation of the recommendations made to North Tees & Hartlepool NHS Foundation Trust in respect of our published Discharge report March 23 to include a review into the implementation of the National Policy & Operating Model in respect of Hospital Discharge & Community Support.	Agreed April 2023 for review to be undertaken Jan/Feb 24.  Consultation with public to commence October 23.
Mental Health	Continue to work with the Hartlepool Mental Health Forum & the Health & Wellbeing Alliance in closely monitoring the impact of ongoing reconfiguration of TEWV Community Based Mental Health services to ensure patient care and experience is maintained and improved.  Celebrate World Mental Health Day with all our partners & stakeholders.	Ongoing  October 23
Primary Health/Social Care	Growing Older Planning Ahead - LD  Healthwatch Hartlepool as part of the Tees Valley Healthwatch	June to September 2023

	<p>Network is working in partnership with the Northeast and North Cumbria Integrated Care Board (NENC ICB) to deliver a local review to support a response to the national requirement to improve planning process for when families can no longer support their family member to stay at home (LD/Autism).</p> <p>Without adequate planning and preparation for when families can no longer support their family member to stay at home, there could be an increase in crisis placements. There is also limited information available regarding end-of-life experiences of family carers who are anxious and afraid about the future for their son/daughter and how this will affect the person with a learning disability.</p> <p>There is little research regarding the lives of older people with learning disabilities, such as health issues, the illness or death of a family member and how this can affect a person with a learning disability and impact on their behaviour.</p> <p>Consult with the wider community regarding support procedures and practices for carers (Including young carers) relating to patients with signs of the onset of dementia.</p> <p>The particular focus of this project is to improve support</p>	
--	---	--

	<p>for family, carers and older people with learning disability (aged 40+ to reflect the early onset of chronic health conditions such as dementia) by producing effective recommendations including end of life care planning for carers. This is to address the key societal challenge of:</p> <ul style="list-style-type: none"> <li>• meeting the needs (and their carers) of people with learning disabilities aged 40 and over with increasing life expectancy.</li> <li>• transition planning for people with learning disabilities as their carers age</li> <li>• the health and social care system's response to ageing carer breakdown/ crisis arrangements</li> <li>• service planning to ensure sufficiency and adequacy of provision to meet complex needs.</li> <li>• support and guidance for ageing carers</li> <li>• effective navigation of appropriate pathways for the cohort of older people with learning disabilities</li> <li>• assessment of risk of social isolation and loneliness for older people with learning disabilities</li> <li>• identification of mental health and physical needs of this cohort- any inequities</li> </ul> <p>This work will also look at the percentage of LD/Autism patients who have their annual</p>	
--	---	--

## 4.2 Appendix 1

	health check and hold an associated health plan.	
Primary Care	Healthwatch Hartlepool as part of the Northeast & North Cumbria (NENC) Healthwatch Network is being commissioned by the NENC Integrated Care Board (ICB) to review the provision of dentistry across the Integrated Care System (ICS).	July 23 onwards
Social Care	Look at the experiences of residents in care homes across Hartlepool by means of a programme of enter and view visits. This may be conducted as unannounced visits and will this year focus on 'Dementia'.	Ongoing
Social Care	Review the Community Led Support and first point of contact for Social Services via Hartlepool's 3 main Community Hubs. Agree a survey and desired outcome framework with Hartlepool Borough Council and measure impact of new single point of access.  Scope of work to include utilisation of central hub for drug/alcohol users.	TBC with Borough Council
Social Care	Review the efficiency and patient experience of care delivered by all providers across the Borough. Review timeliness, consistency and time devoted to those requiring care.	October to December 2023
Life-long conditions	Organise and host 3 face to face seminars focusing on	

## 4.2 Appendix 1

	<p>member led lifelong condition priorities.</p> <p>We will work with Hartlepool &amp; Stockton Health (HASH) the GP Federation, North Tees &amp; Hartlepool NHS Foundation Hospital Trust &amp; Pharmacy lead on an event to promote 'Enhanced' GP Access, When to Call 111, When to present Urgent Care/A &amp; E and when appropriate to seek guidance from local pharmacies. Increase choice and promote greater public understanding.</p> <p>We will agree 2 additional events jointly with the Hospital Trust and ICB with a focus on Optometry and Mens Health.</p>	<p>July/August 2023</p> <p>November 2023</p> <p>February/March 2024</p>
Strategic	Continue to recruit, develop and support Healthwatch members with a view to having a broader cross section of the population represented.	Ongoing
Strategic	Review our work with Healthwatch England on a review of a Quality Standard Framework in line with our service specification – Focus on quality/impact.	September 2023
Strategic	<p>Represent and contribute to strategic decision making across the borough. Examples of such:</p> <ul style="list-style-type: none"> <li>• ICB and Integrated Care Partnership (ICP)</li> <li>• Health &amp; Wellbeing Board</li> <li>• Audit &amp; Governance (Health Scrutiny)</li> </ul>	<p>Ongoing</p> <p>Healthwatch Hartlepool has been appointed to the Governing Body of the NT &amp; H NHS Foundation Trust</p>

## 4.2 Appendix 1

	<ul style="list-style-type: none"> <li>• Adult Services Policy Committee</li> <li>• North Tees &amp; Hartlepool NHS Foundation Trust</li> <li>• North-East Ambulance Service</li> <li>• Hartlepool Mental Health Forum</li> <li>• The Health &amp; Wellbeing Alliance</li> <li>• Tees wide Adults Safeguarding Board</li> </ul>	
Enter & View	Continue to review and develop member training & development requirements around their Enter and View role and activity in line with the national guidelines. Include dementia training.	Ongoing
Training Development &	Develop, implement and deliver a robust and meaningful Induction Programme for new Healthwatch members & volunteers.	Ongoing
Communication & Engagement	<p>Continue to develop and deliver a comprehensive schedule of activity which will focus on developing engagement activity with seldom heard (Digitally Excluded) and hard to reach groups including -</p> <ul style="list-style-type: none"> <li>• Engaging with local communities</li> <li>• Understanding stakeholders in the community</li> <li>• Mapping outreach</li> <li>• Collating patient stories</li> <li>• Effective outreach</li> <li>• Analysis and reporting</li> </ul>	Ongoing

## 4.2 Appendix 1

	<ul style="list-style-type: none"><li>• The Independent Complaints Advocacy (ICA) service</li><li>• Promote &amp; participate in Community hubs</li><li>• Annual General Meeting</li></ul>	
Communication & Engagement	<p>Promote the work of Healthwatch with the wider community:</p> <ul style="list-style-type: none"><li>• Review the use of social media to enhance engagement hard to reach groups including children and young people – Continue to develop our new Youthwatch model with Youth Focus Northeast (YFNE)</li><li>• Monthly newsletters</li><li>• Press releases</li><li>• Input into Hospital Trust Communications Strategy</li><li>• Annual report</li></ul>	<p>Ongoing</p> <p>NB New website was launched July 2022</p>

# HEALTH AND WELLBEING BOARD

11 September 2023



**Report of:** Director of Public Health

**Subject:** FINAL DRAFT TOBACCO STRATEGY

---

## 1. PURPOSE OF REPORT

- 1.1 To share with the Health and Wellbeing Board the final draft Tobacco Control strategy (**Appendix 1**) for Hartlepool.

## 2. BACKGROUND

- 2.1 The draft strategy has been developed with partners and informed by the recent smoking needs assessment, which has been shared with the Health and Wellbeing Board (HWBB).
- 2.2 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.
- 2.3 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.
- 2.4 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 reduce the harms associated with smoking and second hand smoke. A number of stakeholders and partners have been involved in developing the strategy and agreeing the contents.

## 3. PROPOSALS

- 3.1 The draft strategy has informed the development of an action plan (**Appendix 2**) which sets out under each theme the detail of how we will



deliver each priority area, who will deliver, timescales and be informed by indicators in order to measure success through an outcome framework.

3.2 Governance of the strategy implementation will be through the Hartlepool Tobacco Control Alliance. This will report to the Health and Wellbeing Board.

3.3 The draft strategy will also be shared with Finance and Policy Committee. The strategy will then be formally adopted.

#### **4. RISK IMPLICATIONS**

4.1 The governance of the delivery of the strategy will be through the Tobacco Control Alliance and report to the HWBB against progress on an agreed timescale. Any risks will be managed through this process

#### **5. FINANCIAL CONSIDERATIONS**

5.1 Public Health will be reviewing the Public Health grant to identify potential areas for investment. Hartlepool will also be part of the national pathfinder project and will have access to free vapes which will be offered through current services to adults at most risk

#### **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 No considerations at this time

#### **10. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS**

10.1 N/A

#### **11. RECOMMENDATIONS**

11.1 That the board agree the final draft strategy and process for reporting to the board.

## **12. REASONS FOR RECOMMENDATIONS**

- 12.1 The strategy is necessary to support the development of a joint approach to tackle smoking related harms in Hartlepool given the high number of current smokers.

## **13. BACKGROUND PAPERS**

Draft Tobacco Control Strategy Appendix 1  
Action Plan Appendix 2

## **14. CONTACT OFFICERS**

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

Claire Robinson  
Public Health Principal  
Email: [Claire.Robinson@hartlepool.gov.uk](mailto:Claire.Robinson@hartlepool.gov.uk)

# Hartlepool Tobacco Control Strategy

## 2023-2028

**Claire Robinson** | Public Health Principal

**Sue Leather** | Advanced Public Health Practitioner



# Foreword – Director of Public Health

---

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 79,000 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. It is also a driver of health inequalities as smoking is much more prevalent in disadvantaged groups.

We have seen the prevalence of smoking in adults reduce consistently across England, the North East and Hartlepool over the last few years. Smoking prevalence in Hartlepool, however remains higher than the England and North East averages.

Smoking is a key driver of health inequalities and we know that the prevalence of smoking in the routine and manual occupational group is higher than any other group. We are committed to reducing health inequalities and this will be a key target for our work on smoking.

The negative impacts of smoking on our health and wellbeing are well known - smoking is the leading cause of preventable ill health and premature death. The reasons why people take up smoking and continue to smoke are complex. Whilst we know around a fifth of people in Hartlepool are smokers, we know that those living in our more deprived communities are much more likely to smoke than those in the least deprived areas. The impact of tobacco use is a key component of the deep rooted health inequalities that we are working hard to tackle in Hartlepool with renewed urgency and heightened ambition.

That is why I am pleased to introduce this bold and ambitious strategy for tobacco control in Hartlepool. To achieve our plans we know we will need to be ambitious in our approach to introduce and deliver the meaningful changes that will support smoke-free communities in Hartlepool.

This strategy, underpinned by a needs assessment, CleaR assessment (the CleaR assessment is an evidence-based self-assessment tool for measuring the success of local action to address harm from tobacco) and partnership event sets out our vision for Hartlepool and how we will work together with partners and communities to achieve our goals using a targeted evidence based approach. The strategy focuses on reducing the health inequalities caused by smoking, and supporting vulnerable groups to be smoke free, to protect children and young people from tobacco and encourage smoke free pregnancies. Whilst I recognise there is much work currently happening in Hartlepool, this strategy will continue to build on that existing work and build capacity and capability across our workforce to reduce the harms related to smoking.



**Craig Blundred** | Director of Public Health  
Hartlepool Borough Council



# Foreword – Council Leader

---

I am pleased to introduce our new Tobacco Control Strategy for Hartlepool which sets out our ambitions to work towards eliminating tobacco-related harm in our town, improving health outcomes for our residents and reducing the inequality gap between the wealthiest and poorest in our communities. The strategy looks beyond helping smokers to quit but also highlights how we will encourage smoke free pregnancies, protect our children and young people from tobacco harms. It identifies the work we need to do to address the wider determinants of tobacco related inequalities, such as reducing exposure to second-hand smoke and access to illicit tobacco.

Smoking tobacco remains the single most damaging action that an individual can do to their health and well-being. The health impact of tobacco usage on the population has been a cause of chronic illness and early death for many years. Whilst nationally there has been great progress to reduce smoking prevalence there are still 7.3million adult smokers in England and every year 78,000 people in England continue to die from smoking , with many more living with debilitating chronic smoking related illnesses.

Hartlepool's prevalence of smoking for those aged 15 years and over has also mirrored the national picture of gradual reduction in smoking prevalence but remains significantly worse than the national England average and currently Hartlepool has the highest smoking rate in the Northeast.

This strategy will be implemented through Hartlepool Tobacco Control Alliance Group and is a five year strategic plan for tackling the harms associated with smoking, providing a framework for a whole systems approach for partners to work together locally. The shared vision and clear actions defines how public service leads, local policy makers, commissioners, providers, businesses, the voluntary sector and most importantly the community itself can work together to reduce the number of people in Hartlepool who smoke and eventually eliminate the use of tobacco from the town.

I support the intentions of this strategy and look forward to taking great strides together over the next five years and achieving the goals set out in this strategy.



**Mike Young** | Council Leader  
Hartlepool Borough Council



# Contents

Introduction	5
National and Regional picture	6
Local Picture	7
Drug and Alcohol use across Hartlepool	7
Local Picture	8
Tobacco use across Hartlepool	8
Health Inequalities and Smoking	9
Our vision	10
Strand 1: Building Infrastructure, skills and capacity for local tobacco control delivery	11
Priority 2: Advocacy for evidence based policies and legislation to achieve a Smokefree 2030 and to minimise influence of the tobacco industry	12
Priority 3: Reducing exposure to tobacco smoke and normalising smokefree environments	13
Priority 4: Year round, media communications and education	14
Priority 5: Supporting smokers to stop and stay stopped and also to reduce harm	15
Priority 6: Raise price and reduce illicit trade	16
Priority 7: Tobacco and nicotine regulation including reducing tobacco promotion	17
Priority 8: Data research and public opinion	18
Delivering the Strategy and Monitoring Impact	19
Local	19
Regional/National	19
Partnership Working	20
Tobacco Control Governance Structure	21
Bibliography	22



# Introduction

---

Smoking is the leading cause of death and illness in the UK and a key contributor to avoidable health inequalities in Hartlepool. There are still 7.3million adult smokers in England and every year around 78,000 people die in England from smoking, with many more living with debilitating smoking- related illnesses. Smoking increases your risk of developing more than 50 serious health conditions.

Whilst nationally there has been a reduction of 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.

Hartlepool's prevalence of smoking for those aged 15 and above has fallen during the period 2013/14 to 2020/21. However 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 costs of smoking to society are significant '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 billion 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 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.

# National and Local Picture

## Department of Health 'Towards a smoke-free generation: tobacco control plan for England'

Department of Health 'Towards a smoke-free generation: tobacco control plan for England'. 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

- The first smokefree generation
- A smoke free pregnancy for all
- Parity of esteem for those with mental health conditions
- Backing evidence based innovations to support quitting

## The NHS Long Term Plan

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.

## The Khan review: making smoking obsolete

The Khan review (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 chance 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 including four critical recommendations set out below:

1. Urgently invest £125 million per year in a comprehensive smokefree 2030 programme. Options to fund this include a 'polluter pays' levy.
2. Raise the age of sale of tobacco by one year, every year.
3. Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.
4. The NHS needs to prioritise prevention with further action to stop people from smoking, providing support and treatment across all of its services, including primary care.



# Local Picture

## Tobacco use across Hartlepool

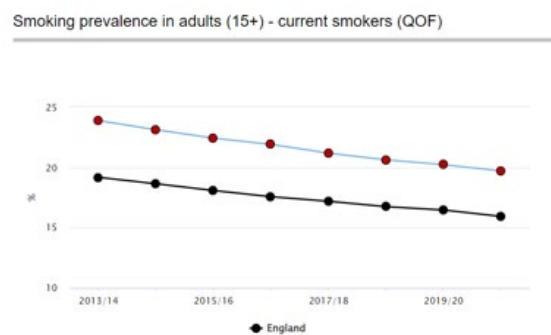


Figure 1: Smoking prevalence in adults (15+) – current smokers (QOF Source: QOF 2022)

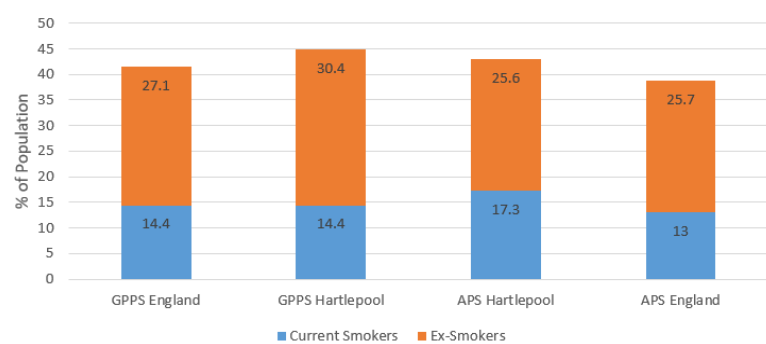


Figure 2: Proportion of population 18+ who are current smokers or ex-smokers: GP Population Survey 2020/21 & annual population survey 2021 Source: GPPS 2021 & APS 2021.

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.

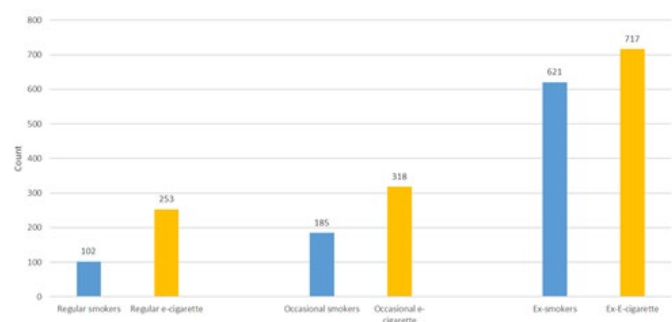


Figure 3: Cigarette & E-cigarette smoking status – Hartlepool Source: ASH Smokefree GB, 2022)

For young people, estimates for Hartlepool show that e-cigarettes are the more popular option than traditional cigarettes. Across all three categories, current user, occasional user and ex user, e-cigarettes was the larger figure

# Local Picture

## Smoking related harms across Hartlepool

Hartlepool had significantly higher levels of smoking attributed mortality than England for the last five years.



The gap between the England and Hartlepool rates for smoking attributed deaths from heart disease is increasing.



Hartlepool's rate of lung cancer registrations has been significantly higher than England for each of the last 11 years.



Hartlepool's smoking attributable hospital admissions have been significantly higher than England for the last five years.



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



# Health Inequalities and Smoking

Reducing health inequalities is a key priority and smoking is the single largest driver of health inequalities. Smoking is far more common among people with lower incomes. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death. We also know that smoking rates are also higher among people with a mental health condition, people in contact with the criminal justice system, looked-after children, and LGBTQ+ people.

In the Index of Multiple Deprivation (IMD) 2019, Hartlepool has the 10th highest proportion of Lower Super Output Areas (LSOAs) in the most deprived 10% in England. This is the 2nd highest position in both the North East and the Tees Valley. Hartlepool is 10th nationally, for both the rank of average score and the rank of local concentration. Both of these are again the 2nd highest in the North East and 2nd highest in Tees.

## Rank of Percentage of LA's LSOAs within most deprived 10% (out of 317 LAs)

	2010	2015	2019
Darlington	45	58	47
Hartlepool	10	10	10
Middlesbrough	1	1	1
Redcar & Cleveland	36	33	29
Stockton-on-Tees	57	47	39

(Source: TVCA)

# Our vision

This strategy sets out our collective approach to reduce the prevalence of smoking and its effects on our communities. The vision and priorities were developed with partners and informed by the needs assessment.

Our collective vision is to “Work together across Hartlepool to keep our communities, children and young people free from smoking related harms. We will achieve this by:

- Working towards a smoke free Hartlepool
- Building strong partnerships through the Tobacco Alliance
- Reducing the prevalence rate of smoking and exposure to second hand smoke.
- Reducing health inequalities in the longer term by reducing the number of smoke related illnesses.
- And reducing access to illicit tobacco/vapes”

In order to deliver our vision we will use the Fresh local Tobacco Control Action Plan as a framework.



# Strand 1: Building infrastructure, skills and capacity for local tobacco control delivery

## We know:

---

- The evidence is clear that working at the level of the individual is not enough and that a whole systems approach, working with a range of partners to tackle the cross cutting nature of tobacco is needed
- That effective tobacco control work is reliant upon strength and capacity across the wider system, sharing successes of population based programmes and working collaboratively in a shared evidenced based approach to understand and tackle the harms caused by tobacco
- We need to understand the provision and impact of the current stop smoking support pathways.

## We will:

---

- Deliver the priorities of the Tobacco Strategy and action plan through the Tobacco Alliance for Hartlepool with a focus on:
  - Reducing health inequalities caused by smoking and support vulnerable groups to be Smokefree
  - Protecting children and young people from tobacco and encourage Smokefree pregnancies
- Utilise the support of Fresh partnership website [www.fresh-balance.co.uk](http://www.fresh-balance.co.uk) in the development of the Alliance to ensure we have access to the latest tools and resources
- Use evidence based tool kits with Alliance partners to help with local planning and delivery of actions
- Share national, regional and local updates and develop opportunities to share knowledge and practice across systems in Hartlepool
- Use NICE guidance standards to assess standards of smoking cessation in community and secondary care services
- Audit smoking pathways, documentation and data across stakeholders, Alliance partners and communities
- Work with partners to enable them to complete CLeaR assessment tools relevant to their service areas, to include maternity, alcohol and drugs, illicit tobacco and mental health services to identify improvements for service delivery
- Work with partners to agree and implement a collaborative approach to enhance existing stop smoking support in particular the pathways for staff, in patients and mental health services, in line with the NHS Long Term Plan.

## Priority 2: Advocacy for evidence based policies and legislation to achieve a Smokefree 2030 and to minimise influence of the tobacco industry

### We know:

---

- For tobacco control, the priority is to ensure that the evidence base is followed and that policies are developed based on what works to reduce harm, free from any influence of the tobacco industry or their affiliates
- We need to build the understanding of the harm of tobacco to society and to the locality
- We need to build partners understanding around the role of commercial determinants of health and maximising opportunities for effective action around these linking with key partners
- We need to build upon progress to date by using the current evidence base to advocate for further tobacco policy measures including tightening of current legislation and also new regulation that will have a direct impact to reduce smoking prevalence and help to achieve the smoke free 2030 ambition.

### We will:

---

- Utilise support from Fresh to work with Hartlepool Tobacco Alliance members to ensure there is an understanding of tobacco industry influences and how to avoid interference
- Ensure there is continued vigilance around the tobacco industry and frontline groups and that we adhere to Article 5.3 as set out within the framework Convention on Tobacco Control (FCTC)
- Include a focus on advocacy within the delivery plan
- Identify and share local case studies on action on tobacco and encourage the sharing of “real people” stories to bring to life the human side of tobacco control
- Identify and support locality champions to support the delivery of key tobacco advocacy priorities. We will ensure local engagement in the regional Making Smoking History Champions Forum facilitated by Fresh to highlight good practice and share learning
- Respond to national consultations across a range of Tobacco related topics, utilising support from Fresh for presentations and briefings to gain support on key advocacy issues both locally and nationally.

## Priority 3: Reducing exposure to tobacco smoke and normalising smokefree environments

### We know:

---

- A priority is to reduce indoor exposure to second-hand smoke
- Exposure to second-hand smoke has immediate health effects. It can reduce lung function; exacerbate respiratory problems; trigger asthma attacks; reduce coronary blood flow; irritate eyes; and cause headaches, coughs, sore throats, dizziness and nausea
- There is no safe level of exposure to tobacco smoke and there are long-term health effects, including heart disease and lung cancer, especially with continued exposure over time.

### We will:

---

- Develop a locality strategic approach to reducing exposure to tobacco smoke and normalising smokefree environments using briefings and support from Fresh
- Deliver focussed sessions to Alliance members covering each strand of the strategy
- Share training resources and campaign materials on the dangers of second hand smoke with Hartlepool Tobacco Alliance for use by frontline staff to deliver standardised messages
- Work with partners to ensure workplace policies on smoking are up to date and they recognise Vaping as a means to help smokers quit
- Utilise the Better Health at Work Award (BHAWA) framework to ensure the effectiveness of their smoke free policies and share training resources on the dangers of second hand smoke
- Work with a range of local partners to commit to reducing exposure to tobacco smoke and normalising smoke free environments
- Develop a new plan for smoke free places – particularly around young people e.g. schools, parks, sports clubs, work places and housing providers.

## Priority 4: Year round, media communications and education

### We know:

---

- Year round media, communications and education is one of the key areas to continue to reduce smoking rates
- There is substantial evidence for the role of media campaigns and also year round media to increase effectiveness
- It is necessary to use different communication platforms to maximise reach and understanding of messages.

### We will:

---

- Include communications as a key part of the Alliance utilising support from Fresh to inform the development of a coordinated local communication plan
- Organise themed discussions for locality partners, with support from Fresh to map and develop communication channels which will amplify regional campaigns by ensuring that toolkits are shared with partners and local messaging mirrors that of mass media campaigns
- Ensure the Fresh campaign website [www.freshquit.co.uk](http://www.freshquit.co.uk) to be included in all relevant public facing communications
- Provide clear guidance to professionals and public on the use of e-cigarettes/vapes including:
  - Use of e-cigarettes/vapes as an approved harm reduction technique for adults who are current smokers
  - The potential risk of continued nicotine addiction
  - Advice and information relating to the use of vapes in children and young people
- Provide topic specific training sessions for professionals
- Provide professionals across the locality system access to online training to support behaviour change from the National Centre for Smoking Cessation and Training (NCSCT). This includes core competencies required to support a quit attempt
- Deliver year round media and communications to help to motivate smokers to stop and also to stay stopped
- Ensure that key pieces of work, including locality media campaigns, are evaluated as appropriate and learnings are implemented to improve delivery in the future.



# Priority 5: Supporting smokers to stop and stay stopped and also to reduce harm

## We know:

---

- Hartlepool's prevalence of smoking for those aged 15 and above has fallen, following a similar pattern to the national decline in smoking. However, throughout this period Hartlepool has remained significantly worse than the England average and currently has the 8th highest smoking rate for those aged 15 and above in England, and the highest in the North East
- The biggest impact on reducing smoking prevalence is to increase the numbers of smokers who try to quit at population level
- That smoking is a chronic relapsing long term condition and it can take many attempts before quitting for good
- That there are many routes to quit and ensuring that smokers are given as many options as possible is important in order to increase successfully quitting
- E-cigs can support smokers to stop and vaping is less harmful than smoking but not risk free. Our approach will be to ensure that smokers get accurate messaging around vaping at the same time as work with key partners to reduce the uptake amongst non-smokers or children and young people.

## We will:

---

- Develop services that target those most at risk and focus our support on priority groups not already supported by existing NHS pathways
  - Target work to support those with smoking related conditions particularly in relation to cancers, cardiovascular disease (CVD) and chronic obstructive pulmonary disease (COPD) as rates in Hartlepool have historically been worse than the England average
  - Work to continue the decline in the proportion of smokers in routine and manual occupations in Hartlepool
  - Work with colleagues delivering the maternity pathway to look at how we provide ongoing support to new mothers, partners and their families to ensure they are given continued support to stop and remain stopped following delivery
  - Develop a stop smoking offer for people who access substance misuse services
- Develop a vape offer for adults as part of the national pathfinder project and building on the work of the NHS pathways, targeting; primary care, 0-19 services, substance misuse services and mental health services amongst other groups
- Communicate the evidence base for vaping and help facilitate discussions and understanding around this with local partners using resources and support from Fresh
- Encourage all partners to adopt an evidence based approach to vaping and cascade approved resources aligned with regional position statement(s) and key messages.

## Priority 6: Raise price and reduce illicit trade

---

### We know:

---

- Increasing tobacco prices is the most effective policy to reduce smoking rates, reduce health inequalities and prevent smoking-related deaths
- Increasing tobacco prices significantly helps to reduce youth smoking
- The availability of illicit tobacco undermines almost every aspect of tobacco control policy keeping smokers hooked and providing a cheap and accessible source of tobacco to children
- While we recognise that vapes play an important role in tobacco control and that they are highly effective quitting aid, we are clear in our focus on the need to stop young people from vaping.

### We will:

---

- Develop an illicit tobacco plan with partners to coordinate action using the 8 key strand for addressing illicit tobacco (enforcement of underage sales, illicit tobacco) <http://www.illicit-tobacco.co.uk/strategic-framework/index.html>
- Use local data to target activity in geographical areas as well as population groups, e.g. using data to target illicit tobacco supply, illegal tobacco sales and high smoking prevalence
- Provide support to trading standards colleagues' in partnership with Fresh to inform their approaches to addressing illicit trade
- Deliver a dedicated themed session for the Alliance around illicit tobacco use
- Support the work of Fresh and ASH to recommend that Government toughen vape regulation.

## Priority 7: Tobacco and nicotine regulation including reducing tobacco promotion

### We know:

---

- Tobacco regulation exists to protect people from harm by reducing the availability, accessibility and attractiveness of tobacco products
- The UK has comprehensive legislation in place which offers good levels of protection but there is much more to be done to ensure this protection remains effective and contributes to a decline in smoking rates
- The focus must be on ensuring effective regulation on tobacco whilst ensuring that other nicotine products are appropriately regulated to protect young people whilst supporting smokers to quit
- Tobacco companies promote their products and services in ways that are sometimes difficult to recognise e.g. through third parties organising events.

### We will:

---

- Work with Licensing/Trading Standards to ensure ongoing compliance monitoring around all tobacco regulations as well as age of sale, proxy purchasing and point of sale displays
- Share compliance monitoring data, outlining trends and risks and maintain effective links with regulatory colleagues, providing advice and guidance to partners and working collaboratively to share best practice
- Ensure local attendance of public health and regulatory representatives to the six monthly online Fresh Tobacco Crime and Regulation Forum meetings where regulatory issues are discussed and best practice shared
- Alert Trading Standards and Fresh if situations arise where involvement of tobacco companies maybe suspected.

## Priority 8: Data research and public opinion

### We know:

---

- Data research and public opinion is important in order to track local progress, identify key priority groups for focussed action, and also to help to advocate for evidence based policies
- There is a range of data that can be tracked locally and can be used as a useful comparison to inform the work of the Alliance and support the development of stop smoking support.

### We will:

---

- Use clearly defined data to ensure we are using targeted approaches to address health inequalities
- Incorporate clear success measures into the Alliance action plan to assess progress against the priorities within this strategy
- Use qualitative insight work led by Fresh on attitudes towards tobacco, with a particular focus on exploring motivations for behaviour change, to inform local campaign development. This will also include understanding the needs of people who smoke and routes and barriers to quitting
- Utilise findings from public opinion surveys, which monitor behaviours, attitudes, policy support linked to tobacco
- Work with Fresh to share key pieces of research on a broad range of topics with local partner's and also work collaboratively with key academics on the evaluation of the delivery of stop smoking support
- Work with education and youth service colleagues to better understand the numbers of young people who smoke/vape to inform approaches and interventions using evidenced based approaches and resources
- Use data and evidence to implement effective interventions to reduce the numbers of young people taking up smoking/vaping.

# Delivering the Strategy and Monitoring Impact

---

## Local:

---

This strategy will be delivered through the Hartlepool Tobacco Alliance facilitated by Public Health. The partners of the Alliance will work to develop and deliver the action plan working to integrate work into local delivery plans and cross referenced with regional tobacco delivery plans.

We will ensure this strategy and action plan includes success measures which will be monitored and delivered through the Alliance and share achievements with partners at quarterly Alliance meetings and present progress to the Health and Wellbeing Board.

## Regional/National:

---

The Alliance will work with the Office for Health Improvement and Disparities (OHID) to share learning and best practice and attend regional tobacco control network meetings. We will work with OHID to support our delivery of the Vape pilot and share learning to inform the national Swop to Stop pathfinder programme.

Hartlepool Tobacco Alliance will utilise support from Fresh to refresh their approach to reduce smoking rates and tackle health inequalities. Key areas of focus are set out in the strategy and will include media campaigns, local strategy planning, advocacy, communications and sharing of evidence based approaches to inform practice.

# Partnership Working

---

Hartlepool Tobacco Alliance is the local partnership working to reduce smoking rates and tackle health inequalities. In Hartlepool the Alliance has been refreshed in order to facilitate the development of a local needs assessment and the development of this strategy and priorities. All partners will be accountable for ensuring the delivery of priorities outlined in this strategy to reduce smoking rates and tackling health inequalities across Hartlepool. Partners include:

## **Office of Health inequalities and Disparities (OHID)**

### **Education settings**

### **Health watch**

### **0-19 services**

### **Community Navigator Teams**

### **Fresh**

### **Voluntary and Community Sector (VCS)**

### **START Substance Misuse Service**

### **Primary Care Networks (PCNs)**

### **Adults and Children's social care teams**

### **Adults and Children's safeguarding**

### **Cleveland Police**

### **Cleveland Fire Brigade**

### **Neighbourhood Safety Teams**

### **North Tees and Hartlepool NHS Foundation Trust**

### **Tees Esk and Wear Valley Mental Health Services (TEWV)**

### **Public Protection and Licencing**

### **Housing Support Teams**

### **Pharmacies**

### **Hartlepool and Stockton Health (H&SH)**

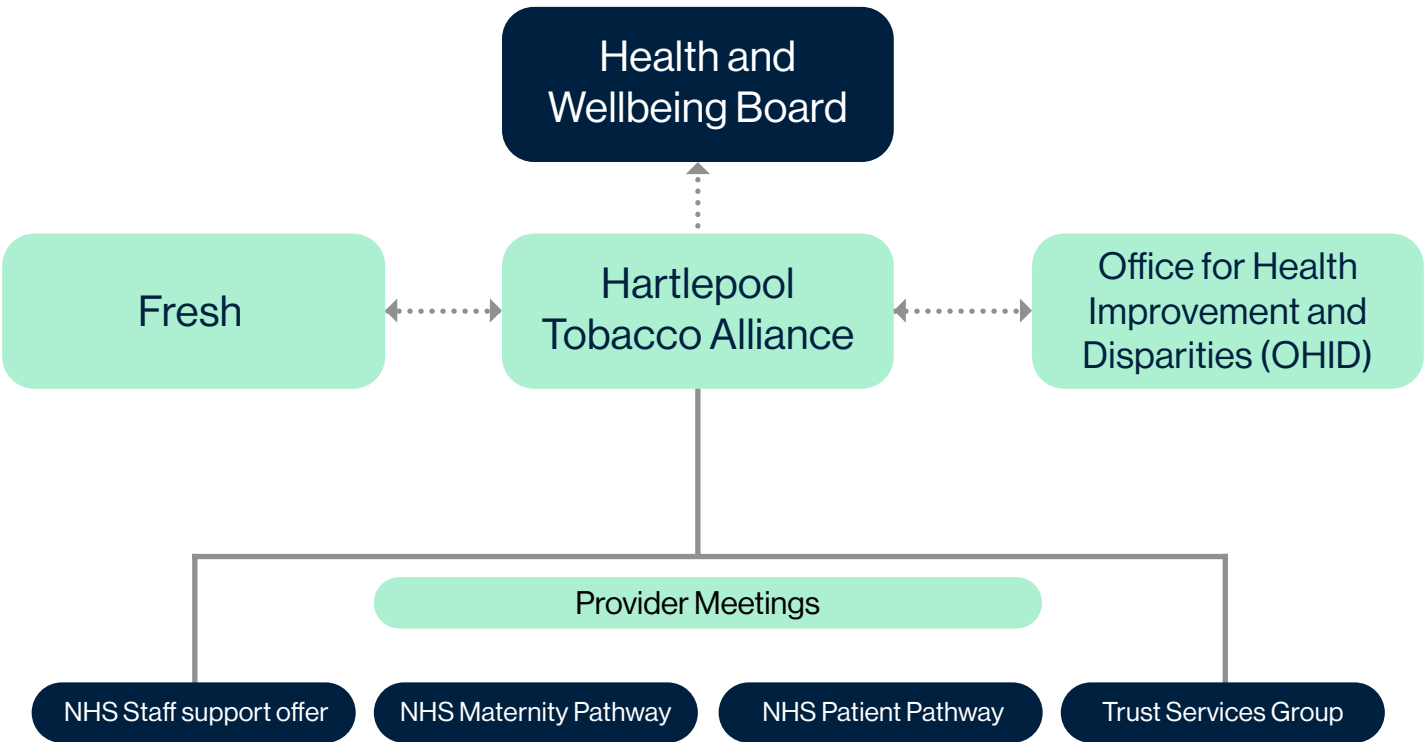
### **Commissioning Support**

### **Lived Experience / patient experience Groups**

### **Public Health**

# Tobacco Control Governance Structure

The Hartlepool Tobacco Alliance will oversee the delivery of the action plan as set out below.



# Bibliography

---

1. <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>
2. <https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete>
3. <https://www.longtermplan.nhs.uk/online-version/>
4. <https://www.ncsct.co.uk/>
5. <https://www.nice.org.uk/guidance>
6. <https://www.gov.uk/government/publications/clear-local-tobacco-control-assessment>
7. [www.freshquit.co.uk](http://www.freshquit.co.uk)
8. <http://www.who.int/fctc/en/>





# Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

1. Building infrastructure, skills and capacity for local tobacco control delivery						
	How	Who	Regional/Local	Outcomes	Timescales/ RAG	Comments
Deliver the priorities of the Tobacco Strategy and action plan through the Tobacco Alliance for Hartlepool with a focus on: <ul style="list-style-type: none"> <li>Reducing health inequalities caused by smoking and support vulnerable groups to be Smokefree</li> <li>Protecting children and young people from tobacco and encourage Smokefree pregnancies</li> </ul>	Work with Alliance partners to: Agree annual priorities based on the action plan.  Develop a data monitoring dashboard  Work with partners to enhance and develop a support offer for specific targeted groups based on the findings of the needs assessment and evidence base.  Use communications targeted at specific groups including; pregnant mums, partners	Public Health, Alliance partners	Local/regional	Reduction in people smoking in the general population  Reduction in smoking in targeted groups, i.e. smoking in pregnancy.  Increase in numbers accessing support to stop smoking	August – December 2023	Needs assessment completed Local HBC provision CLeaR assessment completed. Tobacco control strategy drafted Alliance membership refreshed Terms of references being developed  Vape pilot proposal submitted to national team.  Work with Fresh commenced to look at a communication plan
Utilise the support of Fresh partnership website <a href="http://www.fresh-balance.co.uk">www.fresh-balance.co.uk</a> in the development of the Alliance	Access Fresh support around key areas – <ul style="list-style-type: none"> <li>Media campaigns / year round and significant events.</li> </ul>	Public Health, Alliance & Fresh	Regional / Local	Fresh quarterly report Numbers of media campaigns Reach of campaigns – social media, press	August – December deliver specific themed sessions to Alliance members	Fresh supporting with strategy work – Strategy day & planning.

## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

to ensure we have access to the latest tools and resources	<ul style="list-style-type: none"> <li>Guidance around action planning.</li> <li>Support advocacy planning</li> <li>Support evidenced based practice</li> </ul>			Numbers accessing website	Review Fresh campaigns quarterly	Deliver themed Alliance sessions- Vaping, Communications, Illicit tobacco planned
Use evidence based tool kits with Alliance partners to help with local planning and delivery of actions.	Work with partners to ensure the use of toolkits to assist with their approaches to address priorities.	Public Health, Alliance & Fresh	Regional / local	Audit results of toolkits used in order to understand service improvements	<b>Reviewed annually 2023-24</b>	
Share national, regional and local updates and develop opportunities to share knowledge and practice across systems in Hartlepool	Share updates with partners via email distribution Use workshops, alliance events to share practice and learning within the locality.	Public Health & Smoking Alliance	local	Increased numbers of partners attending workshops	Reviewed annually 2023-24	
Audit smoking pathways, documentation and data across stakeholders, Alliance partners and communities	Develop a robust process for data/ information collection and analysis.	Public Health & Alliance partners	Local	Data shows quality service provision  Case studies used for client experience audits.	<b>August – December agree process and data collection</b>	Reports shared at Alliance meetings
Work with partners to enable them to complete CLeaR assessment tools relevant to their service areas, to include maternity, drugs and alcohol, , illicit tobacco and mental health services to identify improvements for service delivery	Agree timescales with partners for completing the following CLeaR assessments – <ul style="list-style-type: none"> <li>Maternity</li> <li>Drug and alcohol</li> <li>Illicit tobacco</li> <li>Mental health services</li> </ul>	Public health & Alliance partners	Local	Clear assessments completed within timescales	<b>April 2024</b>	Outcomes of Clear assessments shared .at Alliance meetings

## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

Work with partners to agree and implement a collaborative approach to enhance existing stop smoking support in particular the pathways for staff, in patients and mental health services, in line with the NHS Long Term Plan.	<p>Identify gaps in current service provision for targeted groups.</p> <p>Develop a support offer to address service provision gaps</p> <p>Develop specific vape offer for targeted adult population</p>	Public Health & service providers	local	<p>Increased provision of support for people wanting to stop smoking including vape offer</p> <p>Increase in the numbers of quit attempts</p> <p>Increase in numbers of people achieving 4 week quit attempt</p> <p>Numbers of people achieving quit at 12 week review</p>	August 23 – April 24	<p>Reviewed current provision</p> <p>Vape pilot commenced August 2023 targeting people accessing NHS Health Checks via GP practices, behavioural support offered by Community Navigators</p> <p>Vape pathfinder project proposal submitted July 2023 awaiting confirmation of start date</p>
Priority 2. Advocacy for evidence based policies and legislation to achieve a Smokefree 2030 and to minimise influence of the tobacco industry						
	<b>How</b>	<b>Who</b>	<b>Regional/Local</b>	<b>Outcomes</b>	<b>Timescale/RAG</b>	<b>Comments</b>
Utilise support from Fresh to work with Hartlepool Tobacco Alliance members to ensure there is an understanding of tobacco industry influences and how to avoid interference	<p>Work with Fresh deliver dedicated session to increase partner understanding of Tobacco industry influences</p> <p>Share Fresh communications with partners to ensure a consistent approach</p>	Alliance & Fresh	National, regional & local	<p>Partners have increased knowledge.</p> <p>Mechanism for recording incidents is developed</p>	Reviewed annually 2023-24	Key facts of tobacco industry influences from Fresh presentation delivered on the strategy day and shared amongst partners.

## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

Ensure there is continued vigilance around the tobacco industry and frontline groups and that we adhere to Article 5.3 as set out within the framework Convention on Tobacco Control (FCTC)	Share updates amongst partners and front line services. Deliver a dedicated session on tobacco influences	Alliance & Fresh	National, regional & local	Partners have increased knowledge.  Incidents are shared amongst partners for awareness	Reviewed Annually 2023-24	
Identify and share local case studies on action on tobacco and encourage the sharing of “real people” stories to bring to life the human side of tobacco control.	Develop Template for detailing case studies.  Case studies shared as part of Tobacco Control Alliance agenda  Invite community reps to Tobacco Alliance meetings to share their lived experiences	Alliance	local	Case study portfolio collected across service provision.  Numbers of people with lived experience attending events	April 2024	
Identify and support locality champions to support the delivery of key tobacco advocacy priorities	Partners to identify local reps to participate in the Making smoking history forums.	Alliance/ Fresh	Local/ regional	Good practice shared and service quality improves  Numbers of representatives from Hartlepool attending regional Making Smoking History Champions Forum	September 2023 and reviewed quarterly	Invites shared for September 27 <sup>th</sup> Champions Forum Event
Priority 3. Reducing exposure to tobacco smoke and normalising smokefree environments						
	<b>How</b>	<b>Who</b>	<b>Regional/Local</b>	<b>Outcome</b>	<b>Timescales/RAG</b>	<b>Comments</b>
Develop a locality strategic approach to reducing exposure to tobacco smoke and normalising	Develop a new plan for smoke free places, particular around young people, for example -	Alliance / fresh	Local / regional	Locality smoke free plan agreed for delivery by partners	January – April 2023	

## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

smoke free environments using briefings and support from Fresh.	<ul style="list-style-type: none"> <li>Schools</li> <li>Parks</li> <li>Sports clubs</li> <li>Work places .</li> </ul>			Reduction in exposure to second hand smoke identified in key environments		
Share training resources and campaign materials on the dangers of second hand smoke with Hartlepool Tobacco Alliance for use by frontline staff to deliver standardised messages.	<p>As part of Alliance communications strategy –</p> <p>Resources will be shared in the locality.</p> <p>Dates agreed for coordinated approach to deliver campaigns</p>	Fresh, Alliance partners, wider communities & work places	Regional / local	<p>Standardised materials accessed by partners</p> <p>Coordinated approach to campaigns delivered across localities.</p>	Reviewed annually 2023-24	Planning commenced for Stoptober activities
Work with partners to ensure workplace policies on smoking are up to date and they recognise Vaping as a means to help smokers quit.	<p>Work with partners to review smoking policies are up to date and reflect evidence based practice for supporting stopping smoking</p> <p>Identify areas of good practice and share with partners and workplaces.</p>	PH BHAWA lead, Alliance partners. ? Regeneration Team/ business forums	local	<p>Increased numbers of places with effective up to date work place polices.</p> <p>Reduction of smoking in the work place</p> <p>Increased support/opportunities for people wanting to stop smoking</p> <p>Increased campaign promoting stop smoking support in workplaces monitored through the BHAWA</p>	2023-2024	
Utilise the Better Health at Work Award (BHAWA) framework to ensure the effectiveness of their	Engage with workplaces as part of BHAWA framework to review and audit	PH lead for BHAWA & work places	local	Increased numbers of work places with	2023-2024	

## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

smoke free policies and share training resources on the dangers of second hand smoke.	<p>current work place polices around smoking/vaping.</p> <p>Share resources and good practice approaches to tackle second hand smoke in the work place.</p> <p>Share information about stop smoking support across Hartlepool</p> <p>Identify proposals to develop a workplace stop smoking support offer</p>			<p>effective smoke free policies.</p> <p>Increased support/opportunities for people wanting to stop smoking</p> <p>Increased campaign promoting stop smoking support in workplaces monitored through the BHAWA</p> <p>Workplaces in the locality will be smoke free</p>		
Priority 4. Year round, media communications and education						
	<b>How</b>	<b>Who</b>	<b>Regional/Local</b>	<b>Outcome</b>	<b>Timescales/RAG</b>	<b>Comments</b>
Include communications as a key part of the Alliance utilising support from Fresh to inform the development of a coordinated local communication plan.	<p>Host a specialist communication session for partners supported by Fresh</p> <p>Work with Tobacco Alliance partners to develop a communications strategy.</p> <p>Agree a communications plan across Hartlepool</p>	Comms rep for alliance / alliance & public health	Local/ regional	<p>Specialist comms session delivered with local input.</p> <p>Communications strategy with action plan agreed</p> <p>Standardised material used.</p>	August – April 2024	Comms lead identified to attend alliance meetings.

## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

				Regular campaigns delivered across locality partners.  Newsletter developed sharing service updates and good news stories.		
Organise themed discussions for locality partners, with support from Fresh to map and develop communication channels which will amplify regional campaigns by ensuring that toolkits are shared with partners and local messaging mirrors that of mass media campaigns.	Link with Fresh to hold a themed session on communication to promote awareness of tool kits available Map existing local communication methods to identify development opportunities for new communication channels.  Develop a communication strategy and action plan for delivering messages that mirrors national mass media campaigns.	Public Health, alliance partner's & Fresh	Local / regional	Local communication strategy and action plan developed  Communications messages promoted through a variety of channels  Local communications, campaigns mirror mass media campaigns.	August – April 2024 review annually	Themed session, supported by Fresh arranged in August for partners
Ensure the Fresh campaign website <a href="http://www.freshquit.co.uk">www.freshquit.co.uk</a> to be included in all relevant public facing communications.	Include <a href="http://www.freshquit.co.uk">www.freshquit.co.uk</a> is shared for public information.	Communication lead & Alliance	local	All communications will include <a href="http://www.freshquit.co.uk">www.freshquit.co.uk</a>	Reviewed annually 2023-24	
Provide clear guidance to professionals and public on the use of e-cigarettes/vapes including: • Use of e-cigarettes/vapes as an approved harm reduction technique for adults who are current smokers	Support partners in the use of tool kits, share latest reports and evidence for wider dissemination regarding vaping.	Alliance partners Fresh	Local, regional & national	Numbers of people accessing themed sessions	Reviewed annually 2023 - 2024	Learning resources and tool kits shared to all schools / youth services/ 0-19 services on



## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

<ul style="list-style-type: none"> <li>• The potential risk of continued nicotine addiction.</li> <li>• Advice and information relating to the use of vapes in children and young people.</li> </ul>	<p>Hold specialist sessions on vaping for all partners.</p> <p>Share link with partners and recommend further learning by accessing on line specialist modules on vaping available at the National Centre for Smoking Cessation and Training (NCSCT)</p> <p>Share specific resources with education and youth settings and look at providing dedicated sessions for schools and identifying additional support needs</p>			<p>Register kept of training accessed and completed</p> <p>Audit of current school support and support plan agreed</p>		<p>Children and young g people vaping (March 23 &amp; July23) .</p> <p>Meeting organised with Head Teachers to agree priorities for schools re: vaping</p> <p>Strong attendance by partners at vaping session ( 25 attendance )</p> <p>Register developed. NCSCT training links shared with Alliance partners April 2023.</p> <p>Training links sent to social prescribers – Hartlepool Clinical networks and hospital waiting well team – August 2023</p>
--	--	--	--	--	--	--

## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

Provide topic specific training sessions for professionals.	<p>Agree sessions for specific areas, utilising expert support to deliver for example</p> <ul style="list-style-type: none"> <li>• Vaping</li> <li>• Communications</li> <li>• Illicit tobacco</li> </ul>	Tobacco Control Alliance & fresh	Local & regional	<p>Sessions delivered – face to face &amp; remote</p> <p>numbers attending sessions</p> <p>Numbers of sessions delivered annually</p>	Reviewed annually 2023-24	
Provide professionals across the locality system access to online training to support behaviour change from the National Centre for Smoking Cessation and Training (NCSCT). This includes core competencies required to support a quit attempt	<p>Share NCSCT on line training link, stating it is as a mandatory required baseline for providers delivering support to stop smoking.</p> <p>As part of SLA with partners, maintain register of training accessed – baseline and specialist modules</p>	<p>Tobacco Control Alliance</p> <p>All partners providing stop smoking support</p>	National & local	<p>All staff providing stop smoking support have completed NCSCT on line training</p> <p>Register of staff who have completed the training maintained</p>	Reviewed Annually 2023-24	<p>NCSCT training link shared amongst alliance members.</p> <p>Register of staff who have completed training developed</p>
Agree an events calendar and deliver year round media and communications, to help to motivate smokers to stop and also to stay stopped.	<p>Agree a calendar of events as part of the Tobacco control communication strategy.</p> <p>Use different communication channels to maximise reach to motivate smokers to stop and stay stopped.</p> <p>Plan and distribute campaign materials whilst</p>	Tobacco Control Alliance	local	<p>Calendar of events promoted across partners.</p> <p>Resources shared, using accessible methods for different groups</p> <p>Case histories, photographs, filming of events used to capture and share successes.</p>	August -April 2024 communication plan reviewed annually.	Planning and resources shared for Stoptober

## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

	engaging with local communities,					
Ensure that key pieces of work, including locality media campaigns, are evaluated as appropriate and learnings are implemented to improve delivery in the future	Fresh to share campaign evaluations quarterly as part of their quarterly reporting	Fresh	Local/ regional	Quarterly report from Fresh shared with Alliance	Quarterly	
Priority 5. Supporting smokers to stop and stay stopped and also to reduce harm						
	How	Who	Regional/Local	Outcome	Timescales/RAG	Comments
<p>Develop services that target those most at risk and focus our support on priority groups not already supported by existing NHS pathways.</p> <p>Target work to support those with smoking related conditions particularly in relation to cancers, cardio vascular disease (CVD) and chronic obstructive pulmonary disease (COPD)</p> <p>Work to continue the decline in the proportion of smokers in routine and manual occupations in Hartlepool.</p> <p>Work with colleagues delivering the maternity pathway to look at how we provide ongoing support to new mothers, partners and their families to ensure they are given</p>	<p>Using the needs assessment to identify those groups most at risk to target resources/ service developments.</p> <p>Develop a support offer of 4 week vape kit and behavioural support to targeted groups –</p> <ul style="list-style-type: none"> <li>Patients who live in the top 1-3 IMD areas , are eligible for a NHS health check and smoke</li> <li>Patients who are part of a lung health pilot within a GP surgery</li> <li>Patients who are part of the waiting well pilot, awaiting elective surgery.</li> </ul> <p>Be part of the national pathfinder for the Vape Swop to Stop project. At</p>	Public health, alliance	local	<p>Resources targeted at service gaps not covered by current service pathways for stop smoking support.</p> <p>Vape pilot offer developed and active from 1<sup>st</sup> August to targeted groups.</p> <p>Swap to stop pathfinder project commenced 2023</p> <p>Reduction of smoking in groups most at risk</p> <p>Increased provision of support for people wanting to stop smoking including vape offer</p>	Offer to be developed throughout 2023-2024	<p>Vape pilot commenced August 2023</p> <p>Pathfinder proposal submitted July 2023 awaiting confirmation of start data</p>

## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

continued support to stop and remain stopped following delivery. Develop a stop smoking offer for people who access substance misuse services	<p>risk groups identified for priority support include -</p> <ul style="list-style-type: none"> <li>• 0-19 service (adult offer) to support the maternal pathway</li> <li>• People who access substance misuse services</li> <li>• People who access housing provision.</li> <li>• People with a diagnosed mental health illness in the community.</li> <li>• People accessing primary care.</li> <li>• HBC staff</li> </ul> <p>Analyse data/information from targeted areas for key learning to inform future planning of services and opportunities</p>			<p>Increase in the numbers of quit attempts</p> <p>Increase in numbers of people achieving 4 week quit attempt</p> <p>Numbers of people achieving quit at 12 week review</p>		
Communicate the evidence base for vaping and help facilitate discussions and understanding around this with local partners using resources and support form Fresh.	<p>Ask partners to use shared Fresh publications/ resources and links to NCSCT specialist vaping modules.</p> <p>Invite partners to Vaping themed sessions with Fresh supporting</p>	Public Health, alliance, Fresh	Regional & local	<p>Increased sharing of Vape resources and training materials shared.</p> <p>Dedicated Vaping session held for partners.</p> <p>Dedicated work to look at supporting schools and youth settings</p>	August – April 2024	<p>Feedback from partners on vaping resources have been positive. ( youth groups and education)</p> <p>Meeting scheduled with Head Teachers</p>

## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

Encourage all partners to adopt an evidence based approach to vaping and cascade approved resources aligned with regional position statement(s) and key messages	Partners to use shared Fresh publications/ resources and links to NCSCT specialist vaping modules.	Public health, alliance and Fresh	National, regional & local	Vaping resources and training materials shared.	Reviewed annually 2023-24	
<b>Priority 6. Raise price and reduce illicit trade</b>						
	How	Who	Regional /local	Outcome	Timescales/RAG	Comments
Develop an illicit tobacco plan with partners to coordinate action using the 8 key strand for addressing illicit tobacco (enforcement of underage sales, illicit tobacco) <a href="http://www.illicit-tobacco.co.uk/strategicframework/index.html">http://www.illicit-tobacco.co.uk/strategicframework/index.html</a> .	Partners to attend specialist session on illicit tobacco to raise awareness of the issue  Work with trading standards colleagues and wider partners to assess needs and gaps and develop an action plan to tackle illicit tobacco in Hartlepool including licensing processes	Trading standards, public health, alliance	Local	Specialist session held facilitated by Fresh and local enforcement team.  Illicit tobacco plan developed monitored by Tobacco Control alliance  Review of licensing processes to look at illicit tobacco/vape use	2023-24	Illicit tobacco session planned for October 17 <sup>th</sup> 2023
Use local data to target activity in geographical areas as well as population groups, e.g. using data to target illicit tobacco supply, illegal tobacco sales and high smoking prevalence.  Provide support to trading standards colleagues' in partnership with Fresh to inform their	Gather data, local intelligence with trading standards colleagues and wider partners including licensing processes  Agree areas to target activity to address illicit tobacco as part of the illicit tobacco plan for Hartlepool	Trading standards, public health, alliance partners ( police )	Local	Activity targeted at specific population groups and geographical areas.  Activity data monitored for reoccurrence of illicit trading	2023-24	

## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

approaches to addressing illicit trade.				Number of representations made in licensing process		
Deliver a dedicated themed session for the Alliance around illicit tobacco use.	Work with Fresh to develop a session about illicit tobacco	Public Health, Fresh & Trading standards	Regional & local	Illicit tobacco session	October 2023 reviewed annually	Vaping session last month highlighted the need for a separate session on illicit tobacco -
Support the work of Fresh and ASH to recommend that Government toughen vape regulation.	Fresh information and support requests shared with Tobacco Control Alliance	Tobacco control alliance	Regional and local	Local input into national consultation and guidance	Reviewed Annually 2023-24	

## Priority 7. Tobacco and nicotine regulation including reducing tobacco promotion

	How	Who	Regional/ local	Outcome	Timescales/RAG	Comments
Work with Licensing/Trading Standard to ensure ongoing compliance monitoring around all tobacco regulations as well as age of sale, proxy purchasing and point of sale displays.	Public health to use a standard operation procedure to support licensing / trading standards departments with licensing and illicit tobacco compliance	Public health, trading standards / licensing	Local	Support given to licensing / trading standards to ensure compliance of all tobacco regulations through licensing process	August - April 2024	Licensing SOP developed for alcohol license applications to be reviewed in terms of illicit tobacco and vape regulations
Share compliance monitoring data, outlining trends and risks and maintain effective links with regulatory colleagues, providing advice and guidance to partners and working collaboratively to share best practice.	Trading Standard representative to share compliance / monitoring data at quarterly alliance meetings	Trading standards Tobacco Control alliance	local	Awareness of local issues amongst partners.  Agreement tackle issues collaboratively using best practice.	August – April 2024	Licensing SOP developed for alcohol license applications to be reviewed in terms of illicit tobacco and vape regulations

## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

				Compliance of Tobacco regulations increase s across the locality.		
Ensure local attendance of public health and regulatory representatives to the six monthly online Fresh Tobacco Crime and Regulation Forum meetings where regulatory issues are discussed and best practice shared.	Trading standards Tobacco Alliance rep to attend forums	trading standards / Tobacco Control Alliance	Regional & Local	Trading Standards rep to feedback to Alliance meetings -	Reviewed annually	
Alert Trading Standards and Fresh if situations arise where involvement of tobacco companies maybe suspected.	Process developed and agreed by Tobacco control alliance members for alerting involvement of tobacco companies.	Fresh, Trading standards & Alliance	Regional & local	Process used by Tobacco Control Alliance members to escalate situations where involvement of tobacco companies maybe suspected.  A register of notifications will be kept to monitor trends / risks.	2023-24	
Priority 8. Data research and public opinion						
	<b>How</b>	<b>Who</b>	<b>Regional/ local</b>	<b>Outcome</b>	<b>Timescales/RAG</b>	<b>Comments</b>
Use clearly defined data to ensure we are using targeted approaches to address health inequalities	Data from needs assessment, inequalities data, and local data is used to identify approaches for service provision..	Public Health, Public Health data analyst, Tobacco Control Alliance, OHID	Local / regional / national	Increased support offer including vapes  Increased targeting of services at to reduce inequalities	2023 – 2024 to inform service delivery	Review offers and support following implementation of vape pilot and national

## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

				<p>Decrease in the numbers of people smoking</p> <p>Increase in numbers starting a quit attempt</p>		pathfinder project
<p>Use qualitative insight work led by Fresh on attitudes towards tobacco, with a particular focus on exploring motivations for behaviour change, to inform local campaign development. This will also include understanding the needs of people who smoke and routes and barriers to quitting.</p> <p>Utilise findings from public opinion surveys, which monitor behaviours, attitudes, policy support linked to Tobacco to inform local campaigns.</p>	<p>Share insight findings with Tobacco Control alliance from Fresh to shape campaign development and delivery of messages.</p> <p>Share public opinion surveys and intelligence linked to tobacco behaviours. Ask Tobacco control alliance partners to consider the findings when planning events / campaigns.</p> <p>Share local insights / intelligence from service user provision, local campaign evaluations and community champions to contribute to planning of campaigns.</p>	Fresh, Tobacco Control Alliance and community champions	Local/ regional	<p>Tobacco Control Alliance members will use the findings to develop and target messages as part of public facing campaigns as part of the communication plan.</p> <p>Campaigns will be delivered using recommendations for greatest reach, understanding and engagement.</p> <p>Campaigns will be delivered at appropriate times, settings and be accessible for all.</p>	2023-24	
Work with Fresh to share key pieces of research on a broad range of topics with local partner's and also work collaboratively with key	Look for research funding opportunities to work with academics to understand the barriers and facilitators and service model for stop smoking	Fresh, Public Health Tobacco Control alliance	Local , regional , national	Research funding secured to develop a research study to understand barriers, facilitators and a service model for stop	2024-2025	



## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

academics on the evaluation of the delivery of stop smoking support	support to maximise engagement and impact on smoking habits,			<p>smoking support in Hartlepool.</p> <p>Findings from the study will inform future service development.</p> <p>Service provision shows an increase in numbers of those accessing support to stop smoking.</p>		
Work with education and youth service colleagues to better understand the numbers of young people who smoke/vape to inform approaches and interventions using evidenced based approaches and resources.	<p>Audit schools using school based questionnaires to understand the numbers of young people who smoke / vape. Extend to youth groups</p> <p>Share Fresh toolkits and resources about young people and vaping / smoking.</p> <p>Develop an audit to understand the use of the toolkits within schools and youth settings. Sharing recommendations for future developments.</p> <p>Work with education settings and youth settings</p>	Education, trading standards, Smoking Alliance	Local/ regional	<p>Data reports show the numbers of young people taking up smoking / vaping.</p> <p>Analysis of questionnaires to be shared with Tobacco Control Alliance and support action plan developed.</p> <p>Tool kits shared March and July to schools and youth settings.</p> <p>Analysis will detail experiences and recommendations for future resources</p>	August – April 2024	<p>Work with schools to encourage they responses to audit</p> <p>Meetings organised with Head Teachers – September to discuss opportunities</p> <p>Feedback from Youth Groups positive in using the tool kit with youth groups across Hartlepool</p>

## Tobacco Control Strategy Action Plan 2023 – 2028 (Reviewed Annually)

	to understand the needs and support required			targeting schools and youth groups around vaping / smoking.		
--	--	--	--	---	--	--

# HEALTH AND WELLBEING BOARD

Monday 11<sup>th</sup> September, 2023



**Report of:** Partnership of Hartlepool Voluntary Organisations & the Director of Children's Services

**Subject:** HARTLEPOOL YOUNG PEOPLE'S SOCIAL PRESCRIBING INITIATIVE

---

## 1. PURPOSE OF REPORT

- 1.1 To update Health and Wellbeing Board members on the progress and outcomes of the first 20 months of Hartlepool's young people social prescribing initiative.
- 1.2 To address the sustainability of the young people's social prescribing initiative.

## 2. BACKGROUND

- 2.1 Hartlepool is one of a handful of areas nationally which offers a dedicated social prescribing service for young people (11-18 years; up to 25 years with additional needs). The service – which has 1.5 full time staff – is managed day to day by the Council's Youth Service and led strategically by a governance group consisting of NHS social prescribers, West View Project (employer of part time social prescribing link worker), the PFC Trust (employer of full time social prescribing link worker), Hartlepower Community Trust (VCS Development Team), The Haven (Hartlepool voluntary organisation providing counselling to young people) and Tees Valley Sport.
- 2.2 The work is financially supported by grants from Hartlepool's three Primary Care Networks (staff cost for full time worker) and the National Lottery (staff costs for part-time worker), the PFC Trust (activities budget) and in kind support from the Youth Service (management and administration) and Hartlepower VCS Development Team (co-ordination and facilitation).
- 2.3 Social prescribing involves:  
**Step 1:** Receive referrals from a variety of organisation and individuals for young people who experience anxiety and other forms of emotional distress,

trauma, social isolation, excessive worrying and low self-confidence. It is essential that young people consent and are willing to engage with this service on a voluntary basis.

**Step 2:** Building rapport with the young person to establish trust, understand their interests and help remove barriers preventing them for accessing community-based activities – including managing emotions, staying safe, transport, finance, addressing confidence, friendships and self-awareness.

**Step 3:** Introducing and supporting the young person to activities and experiences that will reduce their distress, promote positive emotional wellbeing and develop their personal and social skills.

- 2.4 **Referrals:** There has been 123 referrals – 63 males and 60 females. Referrals have been received from:

HBC Social Work and Early Help Teams: 49; CAMHS: 14; NHS Social Prescribers: 12; Link Workers: 10; Hartlepool Carers: 9; Parents: 7; Schools: 5; HBC Youth Services: 4; HBC School nurse: 3; HBC School Attendance officers: 3; Nurse Practitioners and GPs: 2; Project Choice: 2 HBC Youth Justice Service: 1; HBC ISPA Social Care officer: 1; Alliance: 1;

**Referrals by age:** 11-13 years – 36 young people =29% of referrals; 14 – 18 years, 64 young people = 52%; 19 – 25 years – 23 young people = 19%.

**Proportion of young people referred with learning difficulties:** 45%.

**Referral reason:** Initially, referrals were older males with learning difficulties. Now, there are more young females, either home-schooled or on a school roll but not attending. Referrals are becoming more complex, including self-harm, school-refusal, effects of criminal behaviour in families, extreme social isolation and childhood trauma. This wide range of issues has required continuing additional training for the link workers.

- 2.5 **Location of young people supported:** Manor House: 22; De Bruce: 16; Foggy Furze: 16; Victoria Ward: 10; Rossmere: 10; Throston: 8; Headland and Harbour: 9; Hart: 7; Burn Valley: 8; Seaton: 5; Fens and Greatham: 4; Jesmond: 3; Rural West: 2; West View: 1; Dyke House: 1; Rift House: 1

- 2.6 **Activities** in which the young people have engaged include: HBC Youth Service SEN group and #TAGD emotional wellbeing group; Gamers at Hart; Starfish YEI, volunteering at the Central Hub; Men's disability football; Hartlepool Stage Society.

- 2.7 **Outcomes** include: increase in independent living skills; elevated confidence and self-esteem; increased sense of belongingness and connection to a community; new, rewarding experiences; alertness to positive values and awareness of self-potential; motivation for self-care; enhanced emotional regulation.

- 2.8 **Evaluation:** The young people social prescribing initiative is being evaluated as part of a national research programme into young people social prescribing, "Project CHOICES". The research team is led by Exeter University Medical School. Representatives of Hartlepool's young people

social prescribing initiative have been invited to present on Hartlepool's unique partnership project governance model, working practice and project outcomes at Project CHOICES' national conference in Bristol this October.

### **3. PROPOSALS**

- 3.1 That benefits to young people, particularly the impacts on mental health and social engagement, are assessed, in the context of rising demand on mental health services for young people.
- 3.2 That opportunities to sustain and develop the model are explored.

### **4. RISK IMPLICATIONS**

- 4.1 If a more sustainable funding model for this initiative is not found then a promising approach to supporting young people at risk of more serious mental ill-health may not continue.

### **5. FINANCIAL CONSIDERATIONS**

- 5.1 An exploration of potential financial support for this initiative is one of the purposes of this report – see recommendations in section 11 below.

### **6. LEGAL CONSIDERATIONS**

- 6.1 There are no legal considerations at this time.

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

- 7.1 A formal impact assessment is currently not required. It should be noted, however, that beneficiaries of this social prescribing initiative come from the most vulnerable groups of young people – those experiencing social isolation and at risk of mental ill health.

### **8. STAFF CONSIDERATIONS**

- 8.1 There are no staffing considerations.

### **9. ASSET MANAGEMENT CONSIDERATIONS**

- 9.1 None.

## **10. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS**

10.1 None.

## **11. RECOMMENDATIONS**

- 11.1 That the Director of Children's Services, in collaboration with other interested organisations, considers the options available for achieving financial sustainability for young people's social prescribing in Hartlepool and updates members of the Health and Wellbeing Board on progress towards this end in due course.
- 11.2 That following its publication, the Project CHOICES evaluation is reported to the HWB Board.

## **12. REASONS FOR RECOMMENDATIONS**

- 12.1 To ensure that every effort is directed at attempting to sustain young people's social prescribing in Hartlepool.

## **13. BACKGROUND PAPERS**

None.

## **14. CONTACT OFFICERS**

Sally Robinson, Director of Children's Services  
Operations – Sarah McClusky, Hartlepool Youth Service  
Partnership governance – Julian Penton, Hartlepower Community Trust