

HEALTH AND WELLBEING BOARD AGENDA



11 MARCH 2024

at 10.30 a.m.

in Committee Room B, the Civic Centre,
Victoria Road, Hartlepool

PLEASE NOTE CHANGE OF DATE AND TIME

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:

Elected Members, Hartlepool Borough Council - Councillors Allen, Darby, Harrison and Young.

Representatives of NHS North East and North Cumbria Integrated Care Board (NENC ICB) Karen Hawkins and David Gallagher

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 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 Creevy

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 4 December 2023
- 3.2 To receive the minutes of the Tees Valley Area ICP Meeting held on 24 November 2023

4. ITEMS FOR CONSIDERATION

- 4.1 Drug and Alcohol Strategy Update Report – *Director of Public Health*
- 4.2 Pharmaceutical Needs Assessment (PNA) 2022 – Maintenance Report – *Director of Public Health*
- 4.3 Measles Update – For Information – *Director of Public Health*
- 4.4 Director of Public Health Annual Report – *Director of Public Health*

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT



HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

4 December 2023

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

Present:

Councillor Young , Leader of Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Allen, Harrison and Darby (as substitute for Councillor V Nicholson)

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

Director of Public Health, Hartlepool Borough Council – Craig Blundred
Representative of Healthwatch – Christopher Akers-Belcher

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin

Representatives of Hartlepool Voluntary and Community Sector – Carl Jorgeson

Representative of Cleveland Police – Chief Inspector Pete Littlewood (as substitute for Superintendent Martin Hopps)

Representative of Headteachers – Sonia Black

Representative of North Tees and Hartlepool NHS Trust – Michael Houghton (as substitute for Linda Hunter)

Representative of GP Federation – Fiona Adamson.

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

Also in attendance:

Philippa Walters, Pharmacy Lead

Officers: Claire Robinson, Public Health Principal
Jill Blackett, Drugs and Alcohol Lead
Joan Stevens, Statutory Scrutiny Manager
Denise Wimpenny, Democratic Services Team

64. Apologies for Absence

Councillor V Nicholson, Hartlepool Borough Council
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
Representative of Healthwatch – Margaret Wrenn
Representative of North Tees and Hartlepool NHS Trust – Linda Hunter
Assistant Director of Joint Commissioning, Hartlepool Borough Council – Danielle Swainston
Representative of Cleveland Police – Superintendent Martin Hopps
Representative of Hartlepool Voluntary and Community Sector – Christine Fewster

65. Declarations of interest by Members

None.

66. Minutes

The minutes of the meeting held on 11 September 2023 were confirmed.

67. Minutes of the meeting of the Children's Strategic Partnership held on 19 July 2023

Received

68. Minutes of the meeting of the Tees Valley Area ICP held on 8 September 2023

Received

69. Healthwatch Hartlepool Annual Report (*Healthwatch Hartlepool CIO*)

A copy of Healthwatch Hartlepool's published Annual Report for 2022 – 23 had been appended to the report. Board Members were reminded that Healthwatch Hartlepool had to publish an Annual Report by 30 June as a requirement under the Health & Social Care Act 2012. The Chief Executive, Healthwatch Hartlepool, thanked the Board for the opportunity to present the report and highlighted the salient issues included in the report.

The Chair and Board Members expressed appreciation of the report and the work of Healthwatch. Issues arising from the report were debated including

the benefits of Urgent Care being based at the Hartlepool Hospital site. Clarification was provided in relation to the current and future work of Healthwatch which included learning disabilities, access to dental care and GP appointments which remained a significant issue. In response to issues raised in relation to difficulties reported in relation to access to dental care, the representative of North East and North Cumbria Integrated Care Board outlined the measures in place to assist with capacity issues and access to appointments.

The Chair took the opportunity to thank Healthwatch for their hard work and contributions.

Decision

The Board noted the report

70. Director of Public Health Annual Report *(Director of Public Health)*

It was reported that as the Annual Report had not been circulated, this agenda item would be deferred and circulated electronically following the meeting.

Decision

That the report be deferred and circulated electronically following the meeting.

71. Tobacco Strategy – Progress Report *(Director of Public Health)*

The draft Tobacco Control Strategy an action plan for Hartlepool had been shared with the Board at the September meeting when it was agreed that an update on progress would be presented to the Board in December and thereafter every six months.

The Board was provided with a summary of key deliverables between September and December 2023 against the Tobacco Control Action Plan, appended to the report. The action plan set out under each theme the detail of how each priority area would be delivered, who would deliver, the timescales and outcome framework arrangements.

Board members expressed support of the strategy and debated issues arising from the report. Whilst Members welcomed the funding that had been secured to redevelop the stop smoking service in Hartlepool, concerns were expressed regarding the impact should this funding be withdrawn. It was highlighted that this funding was for one year and future funding would be dependent upon the outcome of the pending General Election.

Clarification was provided in response to a query raised in relation to the ongoing work and plans in place to reduce exposure to tobacco smoke and normalising smoke free environments which included working with the public to ensure buy-in and work around good practice.

Decision

The Board noted progress against the Tobacco Control Action Plan.

72. Progress Update on the Hartlepool Food Partnership – Healthy, Affordable and Sustainable Food for All (Director of Public Health)

The Director of Public Health presented the report which included the background to the development of the Hartlepool Food Partnership. The Board was updated on progress to date, the next steps for Hartlepool as well as partnership work. The next steps included further feedback on the Food Plan from Hartlepool residents and other stakeholders, open forums, exploration of the feasibility of actions suggested by stakeholders, further work with officers, becoming a member of Sustainable Food Places and continued co-ordination of the Food Partnership and Food Plan implementation.

The Chair noted and welcomed the success of the Council's recent Fairtrade renewal application.

Decision

The Board:-

- Noted the progress of the Food Partnership and supported its further development.
- Noted the continued funding from HBC Public Health (alongside matched PFC Trust funding and funding from other VCS sources) to ensure effective implementation of the Food Plan
- Provide feedback on additional internal/external sources of funding, Food Plan themes or actions planned.

73. Pharmaceutical Needs Assessment (PNA) 2022 – Maintenance Report (Director of Public Health)

The report updated the Board on recent amendments pertinent to applications/notification of changes to Pharmaceutical Services as part of the statutory maintenance of the Pharmaceutical Needs Assessment (PNA) 2022. Approval was 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 opening hours at Boots Marina and Boots Park Road. A draft supplementary statement outlining the changes to opening hours was appended to the report and approval sought for its publication, in accordance with legal requirements.

In the discussion that followed, concerns were raised in relation to the impact of pharmacies reducing opening hours particularly at weekends and bank holidays. Clarification was provided in response to queries raised in relation to the process for changes to pharmaceutical services and the out of hours emergency pharmacy arrangements. Disappointment was expressed in terms of access to emergency pharmacy provision and the advice that pharmacy provision may need to be accessed out of town, the detail of which would need to be obtained via the 111 service. Concerns were reiterated that on a particular bank holiday there was no 'out of hours' pharmacy provision across the whole of the Tees valley. The 111 approach was also questioned and the need to promote self care was emphasised of which pharmacy provision was an integral part.

Decision

1. That publication of a Supplementary Statement reporting the change to opening hours at Boots Marina and Boots Park Road, be approved.
2. The Board noted that:-
 - (i) No other supplementary statements to the Hartlepool PNA 2022 had been issued since the last meeting of the Health and Wellbeing Board on 10 July 2023.
 - (ii) A change in ownership of three pharmacies at Seaton, Wiltshire Way and Kendal Road Pharmacy referenced in Section 4 of the report.
 - (iii) The changes to the Regulations 2023 and the impact on availability of pharmaceutical services.
 - (iv) Engagement action to understand the experience of people in Hartlepool following the change in availability of those services as set out in section 4 and 5.1 of the report

74. Menopause Work Programme Update *(Director of Public Health)*

Board members received an update on progress made in addressing the challenges posed by the menopause and actions that had been completed to support the motion. Following the launch of the Menopause Policy in October 2022, the Council had invested in menopause training and was currently reviewing the Policy, details of which were set out in the report.

Reference was made to the Better Health at Work Award which was a programme of activity that supported employers across the North East and Cumbria to address health and wellbeing in the workplace. As part of this initiative the co-ordinator had been supporting businesses in a number of ways and work would continue to raise awareness and support businesses across the borough. A funding bid had also been submitted by the ICB for a Women's Health Hub in Tees which included menopause treatment and support which unfortunately had been unsuccessful.

Members debated issues arising from the report and welcomed the amount of work to date. Clarification was provided in response to issues raised and Board Members shared details of various support groups including menopause cafes and specialist menopause clinics which it was hoped would be rolled out further. Disappointment was expressed that the funding for a Women's Health Hub had not been successful given the health inequalities in Hartlepool and that funding appeared to be concentrated in other areas. Reference was made to a recent event co-ordinated by South Tees Health Watch at Middlesbrough Stadium which had been well attended and included women's health and the menopause, details of which were provided. The benefits of sharing good practice and the information from this event were highlighted. The need for consistency in terms of the GP's approach to menopause treatment was emphasised as well as the need for funding into women's health and the need to develop a plan locally. The ICB representative advised that improving health for women and addressing inequalities was a key issue for the ICB.

Decision

The report and comments of Board Members were noted.

75. Oral Health Update (*Director of Public Health*)

The Director of Public Health provided an update on oral health in Hartlepool and the impact of poor oral health in children. Hartlepool had lower numbers of children with dentinal decay than the England average which was partly due to naturally occurring fluoride in Hartlepool's drinking water. Information in relation to the percentage of 5 year olds with experience of visually obvious dentinal decay for 2007/2008 to 2021/22 for the North East as a comparator with the England average was included in the report. Members were referred to data included in the report which indicated that tooth decay was also subject to health inequalities. The report included existing oral health work in Hartlepool, the main recommendations for the region arising from the oral needs assessment and details of the recently adopted Community Water Flouridation Policy.

Decision

The Board noted the contents of the report and supported the actions to improve dental health in Hartlepool and across the region.

The meeting concluded at 11.15 am.

CHAIR



CONFIRMED

Tees Valley Area Integrated Care Partnership (ICP) Meeting

Meeting held on: 24th November 2023, 12pm – 2pm

Held at: Boardroom, North East and North Cumbria ICB, 14 Trinity Mews, North Ormesby Health Village, Middlesbrough, TS3 6AL

Item No:	Meeting Notes	Action
TVICP/23/34	Welcome and Introductions	
	<p>Councillor Cook, as Chair, welcomed colleagues to the third Tees Valley Area Integrated Care Partnership (ICP) Meeting.</p> <p><u>Present:</u></p> <ul style="list-style-type: none"> • Councillor Bob Cook (Chair) – Health and Well-being Board Chair & Leader of Stockton Borough Council • David Gallagher – Executive Area Director (South), NENC ICB • Craig Blair - ICB Director of Place, Middlesbrough / Redcar & Cleveland, NENC ICB • Erik Scollay (ES) – Director of Adult Services, Middlesbrough Council • James Bromiley – Associate Director of Group Development, North Tees & Hartlepool FT • Jean Golightly - Director of Nursing (South), NENC ICB • Jon Carling – Voluntary Sector Lead / 3rd Sector, Catalyst Stockton • John Sampson – Managing Director and Chief Executive – Redcar and Cleveland Council • Josh Harbron – Assistant Director of Adult Social Care, Darlington Council (<i>attending for James Stroyan</i>) • Kerry McQuade – Director of Strategy Planning and Transformation, North East Ambulance Service • Lisa Oldroyd – Chief Executive and Monitoring Officer, Cleveland Police • Michelle Stamp – Consultant in Public Health, South Tees Hospital FT, and Public Health South Tees (<i>attending on behalf of Mark Adams</i>) 	

	<ul style="list-style-type: none"> • Martin Short (MS) - ICB Director of Place (Darlington), NENC ICB • Patrick Rice – Director of Adults and Communities, Redcar & Cleveland Council • Richard Morris – Associate Director of Operations, County Durham & Darlington FT (<i>attending on behalf of Sue Jacques</i>) • Richard Scothon (RS) – Chair, County Durham & Darlington FT • Emma Champley (EC) – Assistant Director, Adult Social Care Stockton Borough Council • Rebecca Morgan (RM) – Project Development Manager / Healthwatch Sub-Regional Co-ordinator, Healthwatch • Rob Harrison – Managing Director, South Tees Hospitals NHS Foundation Trust <p><u>In Attendance:</u></p> <ul style="list-style-type: none"> • Jo Duffy – Cleveland Police Intelligence Analysis Manager • Paul Smithurst – Regional Fundraising Manager, SSAFA • Siobhan Brown - Director of Transformation (System), NENC ICB • Rebecca Herron – Governance Lead NENC ICB • Jane Smailes (Note Taker) – Office Manager, NENC ICB • Claire Attey – Corporate Secretary, NENC ICB 	
TVICP/23/35	Apologies for Absence	
	<ul style="list-style-type: none"> • Councillor Alec Brown (AB) – Joint HWBB Chair – Live Well South Tees Board, Redcar and Cleveland Council • Dr Bharat Kandikonda - PCN/CD Representative – Middlesbrough PCN • Brent Kilmurray – Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust • Clive Heaphy – Interim Chief Executive, Middlesbrough Council • Craig Blundred – Director of Public Health, Hartlepool Borough Council • Cllr Matthew Roche – Councillor, Darlington Borough Council • Mayor Chris Cooke – Joint HWBB Chair Live Well South Tees Board – Middlesbrough Council • Chris Piercy – Director of Nursing, NENC ICB • Dr Deepak Dwarakanath - Chief Medical Officer, North Tees and Hartlepool FT • Denise McGuckin – Managing Director of Hartlepool Borough Council • Professor Derek Bell – Chair, North Tees & Hartlepool 	

	<p>NHS Foundation Trust / South Tees Hospitals NHS FT</p> <ul style="list-style-type: none"> • Elaine Redding – Director of Childrens Services, Stockton Borough Council • Dr Dhirendra Garg – Stockton PCN Representative • Dr Helen McLeish – PCN Clinical Director, Darlington PCN • Helen Ray – Chief Executive, North East Ambulance Service • James Stroyan – Director of People (Children & Adult), Darlington Council • Ian Williams – Chief Executive, Darlington Council • Dr Jackie McKenzie - PCN/CD Representative, Hartlepool PCN • Jane Smith – Service Lead Strategy Quality & Improvement – Children’s Service, Stockton Borough Council • Jill Harrison - Director of Adult & Community Based Services, Hartlepool Borough Council • Julian Penton - Voluntary Sector Lead/3rd Sector, Hartlepower (Hartlepool) • Lynne Walton – Director of Finance (South), NENC ICB • Mark Adams – Director of Public Health, Middlesbrough Council / Redcar & Cleveland Council • Mike Greene – Chief Executive – Stockton Borough Council • Miriam Davidson – Interim Director of Public Health, Darlington Borough Council • Neil Atkinson – Managing Director, North Tees & Hartlepool FT • Peter Neal – Voluntary Sector Lead, Redcar & Cleveland Voluntary Development Agency (RCVDA) • Sandra Britten – Alice House Hospice • Sue Jacques – Chief Executive, County Durham and Darlington NHS FT • Dr Teik Goh - PCN/CD Representative, Redcar and Cleveland PCN 	
TVICP/23/36	Declarations of Interest	
	<p>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.</p>	
TVICP/23/37	Minutes from previous meeting held 8th September 2023	
	<p>The minutes of the meeting, held 8th September, had previously been circulated to members for comment. There were no amendments requested and therefore the minutes were AGREED as an accurate record. Confirmed minutes</p>	

	have also been shared with Health and Wellbeing Boards for information.	
TVICP/23/38	Matters Arising & Action Log	
	<p>Action Log</p> <p><u>TVICP/23/26 – Matters Arising & Action Log</u> It was confirmed that an update around oral health work had been added to the forward planner. This action to be closed.</p> <p><u>TVICP/23/27 – Healthwatch Update</u> It was confirmed the presentation had been circulated to members. This action to be closed.</p> <p><u>TVICP/23/31 - Tees Valley Combined Authority (TVCA)</u> It was confirmed the presentation had been circulated to members. This action to be closed.</p> <p>Matters Arising There were no matters arising to note.</p>	
TVICP/23/39	Healthwatch Update	
	<p>The report had been circulated to members before the meeting.</p> <p>Rebecca Morgan (RM) provided the key highlights of the Healthwatch Quarterly report, which had been circulated to members, and included the work of Healthwatch organisations in Darlington, Hartlepool, Stockton, and South Tees. It was noted that local Healthwatch determine their own work plan determined by what they have heard from local people. However, there is some convergence in concerns and recently the highest number of concerns and enquiries was around the lack of provision of NHS dental services.</p> <p>The other key areas noted were:</p> <ul style="list-style-type: none"> • Pharmacy services • Consultation to investigate needs, preferences and experiences of adults with learning disabilities • Youthwatch <p>The Chair noted the importance of receiving the 'patient voice' and advised Healthwatch will be attending a future Health & Wellbeing Board in Stockton.</p>	

	<p>It was confirmed that local Healthwatch organisations also provide quarterly reports to the four place sub-committees (Darlington, Hartlepool, Stockton, and South Tees).</p> <p>RM noted that pharmacy and dentistry information is not always being updated on the national websites in a timely manner which is causing more inconvenience and concern for the public. David Gallagher (DG) acknowledged the difficulties with the website giving incorrect dentistry information and was picking up this issue as part of his portfolio of work.</p> <p>DG noted the national issue with pharmacy closures, explained that Health and Wellbeing Boards had responsibility for pharmacy needs assessments and suggested this item was added to the forward planner for further discussion.</p> <p>ACTION: Pharmacy closures to be added to future planner</p>	JS
TVICP/23/40	Tees Valley Places Plan 2023/24	
	<p>The presentation had been circulated to members before the meeting.</p> <p>Andrew Rowlands (AR) provided an overview of the Tees Valley Places Plan, highlighting how it was developed in line with the NENC Integrated Care Strategy, the Joint Health and Wellbeing Strategies and Council Plans for each local place, Joint Strategic Needs Assessments and joint 5 year-forward plan. The presentation included the following:</p> <ul style="list-style-type: none"> • Tees Valley Priorities • Tees Valley Strategic Context for Starting Well, Living Well, Ageing Well • Cross Cutting Themes • Timetable and Stakeholder Engagement <p>It was noted the plan would be a 'living' document to be updated annually, starting in March 2024.</p> <p>Craig Blair (CB) explained that local Health and Wellbeing plans had played a significant part in the development of this plan and described how it made sense to bring together and align the plan to health and social care in Tees Valley to improve outcomes for the shared population.</p> <p>It was acknowledged that due to national timescales it had not been possible to undertake the necessary level of community engagement prior to the development of the initial plan. This would change now the plan was in place</p>	

	<p>and the community voice, including voluntary sector would be included moving forward.</p> <p>Following a query regarding priorities in the plan, CB explained that due to the levels of deprivation in the Tees Valley it was recognised that it would not be possible to deliver all the priorities at the same pace. The plan had been developed to look for a balance for all.</p>	
TVICP/23/41	Overview of SSAFA, the Armed Forces charity	
	<p>Paul Smithurst (PS) provided an overview of SSAFA and the aims of the North East Regional Hub. PS advised members that SSAFA was working to promote its services to veterans and partners, and he provided an example of the work taking place with a hospital trust, in another part of the country, to identify veterans.</p> <p>PS drew members' attention to the number of North East beneficiaries from January to October 2023 and noted that the biggest support had been in the provision of household goods. It was noted that there had been 13 requests for 'medical' help and there was a request that some background information for these cases was shared at a future meeting to understand if they were issues that should be picked up locally.</p> <p>ACTION: Paul Smithurst to provide background information on the 13 'medical' queries received by the North East SSAFA hub to the next meeting.</p> <p>The meeting recognised the difficulties in finding out, or remembering to ask, if service users were veterans or family members of veterans. PS advised that SSAFA was being more proactive in advertising its services, for example in hospital trusts.</p> <p>The meeting noted the commitment of local trusts to support the Defence Employer Recognition Scheme; the work with GPs to help identify veterans and SSAFA links with local police to identify veterans who may need support.</p>	PS
TVICP/23/42	NTHFT / STHFT Joint Working Update	
	<p>James Bromiley (JB) provided a verbal update on the joint working arrangements for North Tees and Hartlepool FT (NTHFT) and South Tees Hospitals FT (STHFT). He explained good progress had been made with outlining the principles, with a formal partnership agreement to be signed in the next week between the ICB, NTHFT and STHFT.</p>	

	<p>JB said there was a clear rationale that would benefit patients and clinical services, and he outlined some key elements of this joint working as:</p> <ul style="list-style-type: none">• A joint Clinical Services Strategy• To align corporate services, i.e., ICT, Finance, HR, and Communications• A joint management structure, but still representing different organisations• Board level decisions to be taken in the interest of the wider population not just at individual Trust level. <p>The proposals had been approved by a joint committee and it was expected to be approved by both NTHFT and STHFT Boards next week.</p> <p>JB advised Stacey Hunter has been appointed as joint Chief Executive Officer from 1st February 2024.</p> <p>JB explained that Professor Derek Bell (Joint Chair) had written to a wide range of stakeholders in August with an invitation to comment on the plans of NTHFT and STHFT. Additionally, presentations had been made to colleagues in different areas including Primary Care, Local Authority Chiefs and Health & Wellbeing Boards. It was recognised, however, that engagement with stakeholders would be an ongoing process, especially with patients. JB confirmed that 'place' was an important feature of the group model and services needed to be based around place and communities. This would be a key area for Non-Executive Directors (NEDs)</p> <p>The Clinical Services Strategy (CSS) work, including Managed Clinical Networks need to have robust governance arrangements. The CSS workstreams are:</p> <ul style="list-style-type: none">• Medicine• Urgent and Emergency Care• Surgery and Elective Recovery• Community Services• Women and Children's Services• Diagnostics <p>JB advised that the above areas were only a small portion of the work undertaken by the Trusts but would give real gains at an early stage that would make a difference to patients. He confirmed that job descriptions and Terms of Reference for the Boards of the above groups were being developed and these roles would be for existing experts within the Trusts.</p>	
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	<p>Professor Scothon (PS) congratulated the Trusts on their work to date.</p> <p>Following a query from Professor Scothon, regarding the governance arrangements for this group model way of working JB advised that the Trusts had taken legal advice to ensure the proposals were within the framework of the Health and Care Act 2022. An example of the new ways of working would include holding Board meetings in-common, but they would technically remain separate statutory bodies. Whilst there would be scope for some joint committees there would also be times when the organisations would meet separately.</p> <p>Whilst it is expected that over time all the NEDs positions will be joint appointments the senior leadership on each site will remain separate. Both Trusts are looking for a balance between operational stability and beneficial changes, within the legal framework.</p> <p>Following a further query from PS, JB explained that there was still work to do around scoping the work of the Board with the Terms of Reference allowing for members of the Board who are not members of the Trusts.</p>	
TVICP/23/43	Serious Organised Crime	
	<p>Lisa Oldroyd (LO) introduced the presentation and explained the role of the Police and Crime Commissioner (PCC) in Cleveland. She noted that Darlington fell under the PCC for County Durham. She outlined the statutory responsibilities and priorities for the PCC in Cleveland. Additionally, she highlighted the links with the NHS and impact of crime, specifically the health, physical and emotional costs.</p> <p>Jo Duffy (JD) provided an overview of serious organised crime (SOC) in Cleveland, highlighting the impact on law enforcement, partner agencies and communities. She explained that Cleveland Police produce a Serious and Organised Crime Local Profile (SOCLP) every three years which highlights the areas of current, emerging, and future threats, vulnerabilities, and risks. JD also highlighted the three key issues being addressed by Cleveland Police.</p> <p>Rob Harrison (RH) welcomed the presentation and noted that working together across agencies should be the focus of the Tees Valley Area ICP meetings. Large anchor organisations had an opportunity to provide alternatives to crime. He highlighted the prevention work of the major trauma unit at South Tees Hospital, and queried how</p>	

	<p>organisations could work together to endeavour to stop knife crime, for example, being one of the things hospitals had to treat.</p> <p>A discussion took place around how to overlay the intelligence of the various organisations to ensure resources are directed to the right communities. For example, linking to the "Starting Well" priority in the Places Plan by working with primary schools. The discussion included development of methodologies for highlighting those most at risk and the potential difficulties of intervention in individual cases.</p> <p>David Gallagher (DG) welcomed the discussion and noted the benefit of broadening the group membership to include police colleagues.</p>	
TVICP/23/44	North East and North Cumbria Women's Health Programme	
	<p>The presentation had been circulated to members before the meeting.</p> <p>Siobhan Brown (SB) explained that there was now, for the first time, a National Women's Health Strategy. She noted that although women lived longer, they did so with bad health. SB advised that £25m of investment had been provided nationally for women's health hubs, with £700K available across the NENC. The funding can be used for a variety of models.</p> <p>SB advised that the successful bids would be announced on Tuesday 28th November.</p> <p>SB explained that this was an invitation for partners to be involved in the work and to consider how they would want to take forward the development of the North East and North Cumbria Women's Health Plan for Tees Valley. There is a Women's Health Collaborative where members will have access to resources and information via Boost. To join members are invited to email nencwomenshealth@nhs.net</p> <p>Michelle Stamp advised that there was a Tees collaborative for sexual health which was also looking at women's hubs from their perspective.</p>	
TVICP/23/45	Suggested Items for Next Meeting	
	<p>David Gallagher (DG) suggested the following as potential items for future meetings:</p>	

	<ul style="list-style-type: none">• Work / discussions with Directors of Public Health (DoPH) on dentistry and oral health (looking at preventative measures)• Continue to review the Tees Valley Places Plan <p>Other suggestions for future items:</p> <ul style="list-style-type: none">• Following a meeting with Sir Liam Donaldson, the Chair suggested Child Poverty• Michelle Stamp asked that the development of the Tees Valley Anchor Network was included for the agenda in February. <p>DG reminded members that the meetings were for all partners to bring forward items for discussion, not just health, and they contact him with any suggestions for future agenda items.</p>	
TVICP/23/46	Any Other Business	
	<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, 2nd February 2023 Time: 12-2pm Venue: Dolphin Centre, Darlington</p>	

Signed:



Date: 08.01.23

Cllr Bob Cook (Chair)

HEALTH AND WELLBEING BOARD

11th March 2024



Report of: Director of Public Health

Subject: DRUG AND ALCOHOL STRATEGY UPDATE
REPORT

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people are enabled to live healthy, independent and prosperous lives.
- where those who are vulnerable will be safe and protected from harm.
- of resilient and resourceful communities with opportunities for all.

2. PURPOSE OF REPORT

- 2.1 To share with the Health and Wellbeing board progress against the Drug and Alcohol Strategy Action Plan (**Appendix 1**) for Hartlepool.

3. BACKGROUND

- 3.1 The Final strategy and action plan was shared with the Health and Wellbeing Board (HWBB) in July 2023 and it was agreed an update on progress would be presented to the board every six months.

4. PROPOSALS

- 4.1 Below is a summary of key deliverables between July 2023 and March 2024 against the Drug and Alcohol Strategy Action Plan (**Appendix 1**) includes further detailed information:

Priority 1: Prevention and Early Intervention

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

- Local Drug Information System (LDIS) pathway agreed and underway. Alerts issued when harms identified from changes in drug markets.
- START team have approached schools/head teachers regarding educational sessions around drugs/alcohol/vapes – planning for this currently underway
- START team working with children's homes on a weekly basis due to start
- Report due to be completed by end of February regarding Behavioural Insights work to gain a better understanding of barriers for Children and Young People accessing treatment. Work completed in collaboration with Youth Voices.
- Two outreach workers appointed to increase treatment numbers.
- Family worker post employed – working alongside Children's Social care for children whose parents use substances, and vice versa.
- Substance Misuse specific Health Visitor recently appointed.
- Growing community recovery offer for people in recovery from drugs/alcohol in collaboration with Recovery Connections.

Priority 2: Reducing Alcohol and Drug Related Harms

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

- Local Drug and Alcohol related death case reviews continue monthly and learning shared within Substance Misuse Partnership (Hartlepool) and Tees Drug Related Death Group. Partners involved include Cleveland Police, NHS Trust, Mental Health services, Adult social care, prisons and probation, Drug and alcohol services, primary care.
- Performance management of drug and alcohol services monitored Quarterly.
- Targeted work within the night-time economy currently being explored.
- HBC front line staff have been provided with Naloxone training which is underway and booked till June. Naloxone kits are being provided.
- Ongoing work regarding alcohol use and falls with adult social care under the health inequalities work.
- Drug testing arrangements currently being agreed between Public Health, Cleveland Police and Teesside University to inform local intelligence and reduce drug related deaths.

Priority 3: Supporting Wider Health Needs

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

- START has recently moved over to SYSTMONE in line with all Hartlepool GP practises to be able to better support service users in collaborative approach.
- Communication strategy currently being developed
- Postvention bereavement support is in place for individuals who have been impacted by a drug and/or alcohol related death.
- Work to develop a respiratory offer for START service users who are increased risk of asthma and COPD is underway.
- Partnership with the Terrance Higgins Trust to support the delivery of HIV Testing.
- Ongoing discussions regarding a hospital in reach post (North Tees).
- GP Recovery Coordinator now appointed, who will be working directly with Hartlepool PCNs.
- START to offer STI screening tests with support from sexual health services.

Priority 4: Reducing Drug and Alcohol Related Crime and Disorder

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

- Public health are currently working closely with Cleveland Police regarding drug testing, night time economy, drug and alcohol related deaths, sharing of drug intel and changes in drug markets.
- Hartlepool police officers to be trained in the administration of Nasal Naloxone in the coming months.
- START continue to support the delivery of Drug Rehabilitation Requirements (DRR), Alcohol Treatment Requirements (ATR) and Intensive Supervision Courts (ISC) with the criminal justice specific team within START.
- Hartlepool are represented at the Tees Combatting Drugs Partnership chaired by the PCC.
- Public health are sighted on and comment on licencing applications and reviews regarding the sales of alcohol.

5. RISK IMPLICATIONS

No risks identified.

6. FINANCIAL CONSIDERATIONS

There are risks the increased national strategy funding ends March 2025. If no further funding is available then this would impact on some areas of the delivery of this strategy.

7. LEGAL CONSIDERATIONS

None to note.

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

Included in the development of the strategy

9. STAFF CONSIDERATIONS

None to note.

10. ASSET MANAGEMENT CONSIDERATIONS

None to note.

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

None to note.

12. RECOMMENDATIONS

- 12.1 That the board note the progress against the Drug and Alcohol Strategy Action Plan

13. REASONS FOR RECOMMENDATIONS

- 13.1 To ensure board members are aware of the work to address drug and alcohol related harms in Hartlepool

14. BACKGROUND PAPERS

- 14.1 Hartlepool Drug and Alcohol Strategy Action Plan.

15. CONTACT OFFICERS

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Priority 1: Prevention and Early Intervention						
	How	Who is leading	Regional/ Local	Outcomes	Timescales/ RAG	Comments
Develop further insight into the changing trends in drug use and the role of recreational drug use in the population of Hartlepool and consider emerging evidence of ways to tackle this.	<p>Connecting with partners within Cleveland police and other local authorities across the country to understand changes in drug trends and drug use.</p> <p>Look at research opportunities to understand and quantify issues in relation to recreational drug use and appropriate support for people who use recreational drugs</p>	<p>Reported via the Local Drug Information System (LDIS) Public Health/START/Police/OHID</p> <p>Public Health</p>	Regional and Local	<ul style="list-style-type: none"> Quantify the issues in relation to recreational drug use Raise awareness of recreational drug use Reduction in recreational drug use 	<p>LDIS established</p> <p>2023-24 research and engagement opportunities</p>	LDIS panel established 2023
Proactively influence the current curriculum in schools in regard to drug and alcohol education.	CYP resilience teams approaching secondary schools across Hartlepool to look at strengthen the role of the CYP team in school settings	START – CYP team/Schools/Educational Psychology/Alliance	Local	<ul style="list-style-type: none"> Increased numbers of young people accessing support/treatment Increase in numbers of schools engaged 	September 2023 meetings convened – planning on going	<p>Meetings established with educational psychology team and Alliance to look at joint working/approaches specifically in relation to ACES</p> <p>Meetings set up with school heads in September 2023</p>

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Continue to improve collaborative working between treatment services and schools and colleges, and criminal justice services (including Prisons and Probation) in attempt to provide resources, education and harm minimisation advice to high risk individuals.	<p>START CYP team to increase numbers of young people accessing support/treatment specifically working with SCHOOLS AND COLLEGES AND YOUTH SETTINGS</p> <p>START to look at opportunities of collaborative work with youth service and youth voice in understanding the unmet needs and barriers/enablers for young people to access services</p> <p>PRISONS AND PROBATION: continue to work and ensure appropriate pathways into treatment specifically continuity of care</p>	<p>START – CYP team/Schools/Educational Psychology/Alliance</p> <p>Youth Services</p>	Local	<ul style="list-style-type: none"> Increased numbers of young people accessing support/treatment Increase in numbers of schools engaged Increased understanding of the barriers and enablers to increase number of young people in treatment Continuity of care data 	<p>2023-2024</p> <p>CYP BI report due February 2024</p>	<p>Meetings established with educational psychology team and Alliance to look at joint working/approaches specifically in relation to ACES</p> <p>Meetings set up with school heads in September 2023</p>
Challenge social 'norms' around high levels of alcohol consumption	Look at communication opportunities through regional groups and locally to raise awareness of alcohol risks and support available	Public Health/START/HBC	Regional/Local	<ul style="list-style-type: none"> Increased number of people accessing support for alcohol misuse Communication strategy targeted at alcohol consumption as well as drugs 	<p>2023-2024</p> <p>Commissioned campaign to look at improving treatment numbers, awareness of</p>	<p>Initial regional communications meeting took place on 26/06/23</p> <p>Social marketing tender live August 2023 looking at addressing stigma and also increasing numbers into treatment for drugs/alcohol</p>


					START and reduce stigma	Work commenced looking at specific falls risks in relation to alcohol misuse and increasing referrals and support for this at risk group
Provide interventions to support those with adverse childhood experiences	START to work with partners to ensure approaches and joint work focus on trauma and ACES.	START – CYP team/Schools/Educational Psychology/Alliance	Local	<ul style="list-style-type: none"> Increased numbers of people supported including C&YP Increased numbers of families supported Increased partnership working 	2023	<p>Meetings established with educational psychology team and Alliance to look at joint working/approaches specifically in relation to ACES</p> <p>Meetings set up with school heads in September 2023</p> <p>C&YP MH needs assessment completed September 2023 with clear recommendations in relation to ACES and substance misuse</p> <p>Family worker post to be recruited September 2023 to work with Health Visiting Team and provide wider family support</p>
Work with START to ensure	START to increase approaches to engage	START	Local	<ul style="list-style-type: none"> Increased number in treatment 	2023-24	Work commenced looking at groups and

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approaches are targeted towards high risk groups, such as youth services to ensure services are reaching out to those who require support.	people including people not known to services. This will include outreach			<ul style="list-style-type: none"> Increased successful completions Decrease in unmet need Increased awareness of START services with partners/public 		<p>targeted approaches including C&YP</p> <p>Work commenced looking at BI work to understand the barriers and enablers to support people into treatment the findings will be shared in September 2023 and form recommendations</p> <p>Inequalities work commenced April 2023 to understand the wider health needs of people who use substances</p>
Work with police colleagues in reducing drug related crimes with a focus on rehabilitation	START to increase opportunities to work with police/probation and court initiatives to support people with their substance misuse	START/Police/Probation/Courts	Local	<ul style="list-style-type: none"> Maintain/increase performance data in relation to Continuity of care data Increased numbers of people in treatment Numbers of ATRs/DRRs 	2023-2024	<p>START currently deliver continuity of care and support community orders</p> <p>START currently supporting the Intensive Supervision Courts lead by Judge Carroll.</p>
Collaborative working with Social Care Teams to support those who experience	START developing new family worker post to work with families linked to safeguarding	START/Public Health/HBC	Local	<ul style="list-style-type: none"> Increased numbers of people in treatment Increased numbers of 	<p>2023-2024 Family worker appointed</p> <p>Specialist HV appointed</p>	<p>Post appointed September 2023</p> <p>HV post due to be advertised September-December 2023</p>

substance misuse, including family support.	<p>New investment into a specialist HV role looking at working with parental substance misuse/safeguarding</p> <p>Development work linked to wider inequalities in particular reference to unmet health needs and falls/alcohol misuse to including evidenced based interventions/research</p>			<p>referrals to START for alcohol use</p> <ul style="list-style-type: none"> Increased numbers of people who fall being assessed for alcohol misuse Decrease in safeguarding concerns 	<p>Bid submitted for Randomised Control Trial regarding alcohol and falls</p>	<p>Opportunities being developed to audit numbers of people who access falls service who currently use alcohol AUDIT being used with view to possible RCT submission.</p> <p>BI work will identify opportunities for further collaboration due September 2023</p>
Focus on diversionary activities for high risk groups	<p>START and Public Health to look at improving access to diversionary activities and also link to the Recovery Communities approach supporting people to access a range of opportunities including activities and volunteering/employment opportunities</p>	START/Public Health	Local	<ul style="list-style-type: none"> Increase in Successful completions Increase in numbers of people in volunteering roles Increase in numbers in paid employment Increase in numbers accessing activities 	<p>2023</p> <p>Ongoing growth of volunteer and recovery team within HBC, in collaboration with Recovery Connections (LERO – Lived Experience Recovery Organisation)</p>	<p>START developing an offer of gym/access activities for people in treatment</p> <p>Opportunities being developed to look at specific work with Young people</p> <p>IPS team currently supporting those accessing START into employment.</p> <p>Recovery Communities specification out to tender September 2023</p>

						Additional recovery worker post being developed September 2023
Continue to support the harm minimisation agenda and support a reduction in drug related deaths	<p>Public Health will continue to lead the DARD process which will identify opportunities for learning/training and service developments with partners</p> <p>Harm minimisation team to look at further opportunities to support people in the community</p> <p>Staff Naloxone Policy will be implemented across HBC</p>	Public Health/START/HBC/DARD partners	Local	<ul style="list-style-type: none"> Reduction in DARDs Increase in staff training re: Naloxone Increase in provision of harm minimisation support 	<p>DARD Process on going with monthly Drug and Alcohol related death reviews.</p> <p>Trends and learning shared locally and regionally.</p>	<p>DARD process in place with Tees coordinator</p> <p>Tees DARD meetings in place</p> <p>Harm minimisation team continue to provide outreach support</p> <p>Staff training commencing February 2024 for Naloxone</p>
Priority 2: Reducing Alcohol and Drug Related Harms						
	How	Who	Regional/Local	Outcomes	Timescales/RAG	Comments
Reduce the number of deaths caused by alcohol and drugs	<p>Local DARD case review meetings</p> <p>Tees preventing DARD forum</p>	<p>See Tees DARD action plan:</p>  <p>Tees DARD Action Plan June 23.xlsx</p>	Local/Tees wide	<ul style="list-style-type: none"> Reduction in DARDs 	Ongoing surveillance	<p>Hartlepool DARD process in place with Tees coordinator</p> <p>Tees DARD meetings in place</p>

	<p>Trends and data currently analysed</p> <p>Partnership working with social care, Cleveland police, NEAS, community drug and alcohol services, NHS trust to work collaboratively in attempt to reduce DARDs.</p> <p>Part of the tees DARD action plan – see attached</p>					
Advise commissioning and treatment services of potential gaps within service provision, data collection and quality	Use qualitative and quantitative data to understand the needs of service users, partners and the wider community in addressing the harms related to drug/alcohol misuse	Public Health/START/Newcastle University/Teesside University	Local	<ul style="list-style-type: none"> • Increase effectiveness of interventions • Economic analysis for interventions • Increase numbers into treatment • Increase successful completions • Reduce DARDs 	2023-2025	<p>Needs Assessment complete 2023</p> <p>Strategy complete 2023</p> <p>Commissioned a range of service evaluations and BI work to understand the barriers and enablers</p> <p>Newcastle report due September 2023</p> <p>Teesside University research appointed for 2 years to work with PH/commissioners to understand current and future investment</p>

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Ensure appropriate, effective and timely access to treatment and support	START to look at opportunities to continually improve access, effective treatment and support	Public Health/START/Newcastle University/Teesside University	Local	<ul style="list-style-type: none"> • Increase effectiveness of interventions • Economic analysis for interventions • Increase numbers into treatment • Increase successful completions • Reduce DARDs 	2023-2025	<p>Commissioned a range of service evaluations and BI work to understand the barriers and enablers</p> <p>Newcastle report due September 2023</p> <p>Teesside University research appointed for 2 years to work with PH/commissioners to understand current and future investment</p>
Continue to monitor performance of our treatment services	<p>Public health, commissioning and START hold performance management meetings quarterly to review data also quarterly governance meetings are held to understand service needs</p> <p>New Key Performance Indicators have been put in place from Q1 23-24 to understand new roles funded by SSMTRG.</p>	Public Health Commissioning OHID START	Local/Regional	NDTMS data set SSMTRG data sets Contract data	Quarterly	<p>Meetings in place</p> <p>Work commencing using data/research intelligence to inform future service provision and meet performance requirements</p>
Develop outreach support within our treatment services to ensure we meet	START to work with Public Health and commissioners to develop outreach provision which	START/Public Health/Commissioning	Local	<ul style="list-style-type: none"> • Increase in the numbers into treatment 	2023-2025	Commissioned a range of service evaluations and BI work to understand the barriers and enablers

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the needs of those most vulnerable	meets the needs of the community and enhances engagement with service users and increases partnership working			<ul style="list-style-type: none"> • Increase in new presentations into treatment • Increase in numbers for alcohol 		Newcastle report due September 2023 which will inform the approach to outreach
Increase the number of staff within treatment services to reduce caseload sizes in line with Dame Carol Black's recommendations	START will use the additional SSMTRG grant to increase capacity and retention within the team	START/Public Health/Commissioners	Local	NDTMS data SSMTRG data	2023-2025 financial years – on going. Year 3 plans recently submitted.	Additional investment used to increase both clinical and non-clinical staff across the teams
Increase In reach support for those in custody, hospital or other care facilities	START will work with services to ensure joint management of cases and access to appropriate support	START	Local	<ul style="list-style-type: none"> • Continuity of care data • Increase in referrals • Increase in numbers in treatment 	2023-2024	START have employed specific roles to work with health care settings and are working closely with custody/probation services
Coproduction and service user voice will be integrated into all areas of this strategy	Public Health will work with all providers of services as part of this strategy to ensure we incorporate service user voices in the development of services	Public Health/START	Local	<ul style="list-style-type: none"> • Increase in numbers of people engaged in service design • Increase in awareness of START services with partners and service users • Surveys show increased satisfaction from service users 	2023-2025 Report due February 2024	<p>BI work includes questionnaires/interviews report due Sept 23 with the following:</p> <p>Staff Partners Service users People who do not access services</p> <p>Further service evaluations with Teesside</p>

						<p>university will include qualitative approaches</p> <p>Service specification currently live looking at coproducing a social marketing campaign aimed at addressing stigma</p>
Build a recovery community across the town to increase 'visible recovery' and make use of peer support	START will work with partners to further develop the recovery community approach	START/Public Health/Commissioners	Local	<ul style="list-style-type: none"> Increased numbers of people accessing support in the community More sustainable groups delivering recovery communities activities across Hartlepool Increased investment from SSMTRG into recovery 	<p>On going</p> <p>START working a long side Recovery Connections</p>	<p>Specification for a community/VCS rep to support the development of Hartlepool recovery communities approach Sept 2023</p> <p>New post to be developed with lived experience to support the recovery agenda October 23</p>
Address the impact of drug and alcohol use on our most vulnerable people, including those with multiple needs and co-existing drug, alcohol, housing and mental health	Public Health and START will work with partners to address the unmet needs of people who use substances with a particular focus on those with multiple complex needs.	<p>START/Public Health/Partners</p> <p>Public Health/HBC</p>	Local	<ul style="list-style-type: none"> Continuity of care data Increase in referrals Increase in numbers in treatment Increase in numbers of young people in treatment 	2023-2025	<p>Appointment of Health Inequalities Project Manager post April 2023-March 2025 to lead on addressing the unmet health needs of people who use substances</p> <p>Commissioned a range of service evaluations and BI</p>

problems by working collaboratively with additional services to support those in treatment/referrals into treatment, such as Domestic Violence services, Housing support, Probation, Primary and Secondary care, Mental health services, Education, Department of Work and Pensions, adult and children's social care	Public Health will work with colleagues to further understand joint priorities across Safer Hartlepool Partnership and Housing Strategy and DV strategy priorities to ensure there is a joint approach to addressing the needs of people with complex needs					<p>work to understand the barriers and enablers</p> <p>Newcastle report due September 2023</p> <p>Teesside University research appointed for 2 years to work with PH/commissioners to understand current and future investment</p> <p>Service specification currently live looking at coproducing a social marketing campaign aimed at addressing stigma</p> <p>Meeting organised with Safer Hartlepool Partnership to look at joint priorities</p>
Targeted specific areas of need based on the data for young people, such as De Bruce Ward and Foggy Furze	START to work with partners to engage young people who live in areas with high unmet need	START	Local	<ul style="list-style-type: none"> Increased numbers of young people in treatment 	Sept – March 2024	

Ensure effective evidence based provision of services	Develop further opportunities to inform research building on the current work with Newcastle and Teesside universities	Public Health	Local	NDTMS SSMTRG	2023-2025	Current contract with Newcastle university specifically looking at BI work end report due Sept 2023 Teesside university appointed a research for 2 years to work with PH to look at 4 research projects to inform service delivery
Invest in research and behavioural insights work to ensure we can effectively support people who use drugs and alcohol	Develop further opportunities to inform research building on the current work with Newcastle and Teesside universities	Public Health	Local	NDTMS SSMTRG	2023-2025	Current contract with Newcastle university specifically looking at BI work end report due Sept 2023 Teesside university appointed a research for 2 years to work with PH to look at 4 research projects to inform service delivery
Priority 3: Supporting Wider Health Needs						
	How	Who	Regional/ Local	Outcome	Timescales/ RAG	Comments
Continuously work to improve support and treatment for	Joint roles funded from additional SMMTRG investment	START TEWV IMPACT	Local	<ul style="list-style-type: none"> Increased support for people who 	October 2023	Work commenced with TEWV to develop a joint

those with co-occurring mental health and substance misuse problems by working with partners across Tees, Esk and Wear Valley, the voluntary and community sector (VCS), NHS and Community Drug and Alcohol Support services.		Public Health		<ul style="list-style-type: none"> have a dual diagnosis need Increased support for people experiencing trauma/low level anxiety 	Mental health workers (TEWV and ALLIANCE) now in place	<p>dual diagnosis role October 2023</p> <p>Work with IMPACT commenced to look at additional specialist trauma and anxiety support into START</p>
Develop the work within the community hubs and with partners to reemphasise 'Making Every Contact Count' so that people with co-existing physical and mental health conditions can access support, advice and information services easily.	<p>START to look at opportunities to work with partners to support people who have a substance misuse need</p> <p>To look at staff using AUDIT C tools to assess people's needs for support in relation to alcohol misuse</p> <p>START to offer training and support to staff working on front line</p> <p>Develop a communication strategy to target messages at partners and wider community</p>	START	Local	<ul style="list-style-type: none"> NDTMS SSMTRG 	2023-2024	<p>Trail with Falls team looking at AUDIT tool</p> <p>Training commenced with partners</p> <p>Tender live for a social marketing project to develop STARTs communication strategy Sept-Oct specification live 2023-2024 delivery of the project</p>

Ensure there is closer multidisciplinary working and the further development of case management systems that communicates effectively to reduce barriers to communication further.	New case management system to be developed	Public health, START, Commissioning and System Development and performance officer (SW)	Local	<ul style="list-style-type: none"> New system implemented 	January 2024	System one case management system developed to go live January 2024
Ensure robust pathways into primary and secondary health care, working closely with local hospitals and primary care networks.	Development of a Health Liaison role commissioned to specifically look at pathways between START and health care work	START	Local	<ul style="list-style-type: none"> Increased referrals Increased numbers into treatment Increased practice engagement 	Complete	Commenced 2023 however recent change to post holder
Increase the awareness of the risks associated with drinking alcohol and promote positive behaviour change targeting known at risk groups.	Develop a communication strategy	Public Health/START	Local	<ul style="list-style-type: none"> Communication strategy in place Increased awareness Increased numbers into treatment 	2023-2025	Tender live for a social marketing project to develop STARTs communication strategy Sept-Oct specification live 2023-2024 delivery of the project

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Ensure an up to date understanding of the needs of children whose health and wellbeing has been impacted by parental substance or alcohol use	<p>START developing new family worker post to work with families linked to safeguarding</p> <p>New investment into a specialist HV role looking at working with parental substance misuse/safeguarding</p>	START/Public Health/HBC	Local	<ul style="list-style-type: none"> Increased numbers of people supported including C&YP Increased numbers of families supported Increased partnership working 	2023-2024 Complete	<p>C&YP MH needs assessment completed September 2023 with clear recommendations in relation to ACES and substance misuse</p> <p>Family worker post to be recruited September 2023 to work with Health Visiting Team and provide wider family support</p> <p>BI work will also identify barriers and enablers to accessing treatment</p>
Provide appropriate and robust support to children at risk of Adverse Childhood Experiences (ACEs)	START to work with partners to ensure approaches and joint work focus on trauma and ACES.	START/Public Health/HBC	Local	<ul style="list-style-type: none"> Increased numbers of people supported including C&YP Increased numbers of families supported Increased partnership working 	2023-2024	<p>C&YP MH needs assessment completed September 2023 with clear recommendations in relation to ACES and substance misuse</p> <p>Family worker post to be recruited September 2023 to work with Health Visiting Team and provide wider family support</p>
Increase support for those bereaved by drug and/or	Commission postvention support	Public Health	Local	<ul style="list-style-type: none"> Referrals Numbers supported 	2023-2025	Cruse commissioned to provide support to those bereaved by DARD.

alcohol related deaths						Commissioned for the next 2 years
Efforts are required to improve responses to persons within this cohort who are higher risk due to homelessness, lack of access to health care and abuse.	Public Health will work with colleagues to further understand joint priorities across Safer Hartlepool Partnership and Housing Strategy and DV strategy priorities to ensure there is a joint approach to addressing the needs of people with complex needs	Public health	Local	Joint approaches	2023-2025	
Priority 4: Reducing Drug and Alcohol Related Crime and Disorder						
	How	Who	Regional/ Local	Outcome	Timescales/ RAG	Comments
Review the current criminal justice pathways into substance misuse service with partners to ensure efficacy of treatment and support.	START to develop joint working and approaches locally and with colleagues across Tees	START/Criminal Justice	Local/Tees wide	<ul style="list-style-type: none"> NDTMS SSMTRG 	2023-2024	<p>Common themes identified across Tees for those who have died from excessive alcohol use is that they have been prosecuted for drink driving historically.</p> <p>Piece of work being developed in the main custody suite in relation to those arrested for drunk driving offences. In the next couple of months there will be a</p>

						<p>pack put into their property bag upon their release, which contains things like an Audit card, referral details into services and maybe details of on-line support that is available. Depending upon capacity there may also be an opportunity for the criminal justice team to contact that person after a couple of weeks to try and persuade them to access services if they haven't already.</p>
Work collaboratively with criminal justice services regarding rehabilitation for those involved in drug related crimes, including probation, police and courts.	START are supporting the delivery of Drug Rehabilitation Requirements (DRR), Alcohol Treatment Requirements (ATR) and Intensive Supervision Courts (ISC)	START	Local/Tees wide	<ul style="list-style-type: none"> • DRRs • ATRs • Increased referrals for alcohol • Increased referrals into treatment 	Ongoing	
Ensure treatment and criminal justice support services are based on an up	Data/evidence to be shared with colleagues	Public Health/Start/Partners	Local		2023 - 2024	Needs Assessment data and recommendations shared

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to date and robust understanding of the links between drug and alcohol related harms and crime rates	Regular updates against action plan delivered to the Safer Hartlepool Partnership and other forums START to identify training needs for partners					Drug and Alcohol strategy shared with colleagues
Report into the Tees Joint Combatting Drugs Unit (JCDU) regarding updates on current priorities and ongoing work in Hartlepool	Representation at JCDU includes tees PH representative, Hartlepool CEO and Hartlepool Data Analyst	Public Health	Tees wide	<ul style="list-style-type: none"> PCC reports to national team 	2023-2025 Complete and ongoing	<p>Meeting convened and led by PCCs office</p> <p>Needs assessment for JCDU finalised</p> <p>Strategy being developed with JCDU</p>
Strengthen the role of Public Health as a Responsible Authority through the alcohol licensing Standard Operating Procedure (SOP)	Public health have developed a Standard Operating Procedure in regard to alcohol licencing	Public Health	Local	<ul style="list-style-type: none"> Numbers of reps made to license applications 	2023-2024 Complete and on going	<p>SOP in place</p> <p>Lead identified in the team</p> <p>Meetings established with other licencing leads</p>
Work with community safety & the Police to identify the nature of ASB complaints linked to substance misuse.	To develop joint intelligence and actions in relation to links between ASB and substance use	Police/Community Safety/Public Health	Local	<ul style="list-style-type: none"> Numbers of incidences Numbers of joint interventions 	2023-2025	

Work with Community Safety and Police to identify a joint approach to disruption of supply	To identify a joint approach and intelligence sharing	Police/Community Safety/Public Health	Local	<ul style="list-style-type: none"> Shared intelligence Joint approaches 	2023 – 2025	

HEALTH AND WELLBEING BOARD

11th March 2024



Report of: Director of Public Health

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

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:

- where people are enabled to live healthy, independent and prosperous lives.

2. PURPOSE OF REPORT

- 2.1 To update the Board in accordance with the process for statutory maintenance of the Pharmaceutical Needs Assessment 2022 (link to PNA - https://www.hartlepool.gov.uk/info/20015/social_care_and_health/768/pharmaceutical_needs_assessment_2022/1).
- 2.2 To receive notification of applications, decisions or other notice of changes to pharmaceutical services in Hartlepool from the ICB NENC or Primary Care Support England (PCSE) since the date of the last Health and Wellbeing Board Maintenance Report (4 December 2024).
- 2.3 To determine approval for publication of any Supplementary Statement to the PNA 2022 required as a consequence of those reported changes to pharmaceutical services.

3. BACKGROUND

- 3.1 The Health and Wellbeing Board (HWB) published its Pharmaceutical Needs Assessment on 30th September 2022. A link to the PNA is provided in Section 1.1.
- 3.2 The HWB are reminded of their statutory duties and responsibilities¹ for maintenance following publication of the PNA 2022 which are, in summary, they must:

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

- a) Publish a revised statement of need (i.e. subsequent pharmaceutical needs assessments) on a three-yearly basis, which complies with the regulatory requirements;
- b) Publish a subsequent pharmaceutical needs assessment sooner, when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- c) Produce supplementary statements as required, which on publication become part of the PNA 2022. Supplementary Statements explain changes to the availability of pharmaceutical services since publication of the PNA, in certain conditions.

3.3 The HWB also has duties related to other regulatory processes managed previously by NHS England, now by the ICB, e.g., applications (from service providers) to provide new or amended pharmaceutical services or to consolidate two pharmacies. In accordance with the recently updated process, there remains a scheme of delegation of authority to the Director of Public Health, in consultation with the Chair of the Health and Wellbeing Board and with specialist pharmaceutical advice, for use in the event that it is not possible for any reason to obtain HWB approval, or when the process of consultation on applications is not yet in the public domain.

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

- a) report any action under delegated authority and seek ratification where necessary;
- b) seek approval for Supplementary Statements prior to publication, including any required update to PNA maps;
- c) report on decision-making for changes to pharmaceutical services which fall outside of the requirement to publish a Supplementary statement e.g., Changes of Ownership which do not impact on service provision, including any required update to PNA maps;
- d) report for information, or for decision where necessary, on actions towards meeting the duty identified in 2.2 part a (publishing a revised statement by 1st October 2025)
- e) report for information, or for decision where necessary, on actions towards meeting the duty identified in 2.2 part b (identifying changes to the need for pharmaceutical services that might require earlier publication of a revised PNA).

4. NOTIFICATION OF APPLICATIONS OR DECISIONS MADE BY ICB NENC / PCSE SINCE THE LAST MEETING OF THE HEALTH AND WELLBEING BOARD

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

Notification of Application for inclusion in the Pharmaceutical List.
Notification of decision; approval for new Distance Selling Pharmacy (DSP).

- 4.2 On 7.2.24 PCSE notified the decision dated 31.1.24 of approval of the application for a new distance selling pharmacy (DSP) to be located at Unit 5, Enterprise Court, Queens Meadow Business Park, Hartlepool, TS25 2FE. This is an exempted application, i.e. providing specific conditions are met within the application, the application must be approved. The date of opening for this pharmacy is to be confirmed and will be reported to the Board once notified.

Notification of Change to Supplementary Hours.

- 4.3 On 18th December 2023, changes to the opening hours of the pharmacy trading as Clayfields Pharmacy, located at 76-78 Oxford Road, Hartlepool, Cleveland, TS25 5SA, were notified by the ICB. These were changes to Supplementary Hours; the pharmacy is permitted to apply to make these changes, by notification of a date of change i.e., the change does not need to be approved by the ICB. A Summary of the change is shown below.

Previous hours			
Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-17:00	17:00-17:30	09:00-17:30
Tuesday	09:00-17:00	17:00-17:30	09:00-17:30
Wednesday	09:00-17:00	17:00-17:30	09:00-17:30
Thursday	09:00-17:00	17:00-17:30	09:00-17:30
Friday	09:00-17:00	17:00-17:30	09:00-17:30
Saturday	None	09:00-17:00	09:00-17:00
Sunday	None	None	Closed
Total Hours per week	40 hours	10.5 hours	50.5 hours
Revised hours with effect from 23 December 2023			
Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-17:00	17:00-17:30	09:00-17:30
Tuesday	09:00-17:00	17:00-17:30	09:00-17:30
Wednesday	09:00-17:00	17:00-17:30	09:00-17:30
Thursday	09:00-17:00	17:00-17:30	09:00-17:30
Friday	09:00-17:00	17:00-17:30	09:00-17:30
Saturday	None	09:00-14:00	09:00-14:00
Sunday	None	None	Closed
Total Hours per week	40 hours	7.5 hours	47.5 hours

- 4.4 The change is a reduction of just three hours per week, but these are on a Saturday afternoon. Taken by itself, this reduction is unlikely to be relevant to the granting of an application for a new pharmacy or dispensing appliance contractor premises, or changes to pharmaceutical services.

There are other pharmacies open in Hartlepool on a Saturday afternoon (after 1pm) but access to services has been reduced since publication of the PNA when it was reported that the situation would be monitored and that “*existing contractors may wish to consider the benefit of offering supplementary hours to secure better access to essential services and facilitate the provision of other services, including CPCS or Hypertension Case Finding, particularly on a Saturday between 1pm and 5pm*”.

- 4.5 A Supplementary Statement will not be issued and no change to the map is required. The change to opening hours will be recorded on the website.

Notification of Changes of Ownership.

- 4.6 At the HWB of 4th December 2023 the notification of the decision of ICB NENC to approve a change of ownership (COO) for the pharmacy in Seaton was reported. The date this change took place has now been confirmed as 1st February 2024.

Pharmacy Address	Previous Contractor	New Contractor (effective date)	Trading name (that the public will see)
68a Elizabeth Way, Seaton Carew, Hartlepool, TS25 2AX	a Ltd (trading as Seaton Pharmacy)	Bestway National Chemists Ltd (1.2.24)	Well

- 4.7 Notification was received on 22.1.24 of the change of ownership (COO) for the pharmacy at Park Road, Hartlepool, TS24 7PW. This pharmacy is recorded as a ‘100-hour pharmacy’ having been initially approved as a pharmacy required to open for 100 hours a week. Opening hours were recently reduced according to new Regulations (reported at HWB 4th December 2023); these are the opening hours which will be operated by the new owners. This change was effective from 22nd January 2024.

Pharmacy Address	Previous Contractor	New Contractor (effective date)	Trading name (that the public will see)
Hartlepool Community Health Centre, Park Road, Hartlepool, TS24 7PW	Boots UK Ltd	Alrahi & Singh Ltd (22.1.24)	Pharmacy Express

- 4.8 Whilst the HWB was must be notified of these changes, Regulations require that there will be no change to the contracted availability of pharmaceutical services when such a COO takes place. These changes would not be relevant to the granting of applications for a new pharmacy or dispensing appliance contractor premises, or changes to pharmaceutical services. There is therefore no requirement to publish a Supplementary Statement to the PNA 2022 for these changes. The changes of ownership will be published on the HWB PNA website for information and the key to the map will be updated, though no change is required to the map itself.

5. RECOMMENDATIONS

5.1 Health and Wellbeing Board note:

- i) That no other supplementary statements to the Hartlepool PNA 2022 have been issued since the last report of changes on 4th December 2024.
- ii) The change to opening hours (and thereby availability of necessary pharmaceutical services) at Clayfields Pharmacy on Saturday afternoon.
- iii) The approval of a new distance selling pharmacy located in Hartlepool. Date of opening to be confirmed.
- iv) Change of ownership of two pharmacies at Seaton and at Park Lane reported in Section 3 above.

6. REASONS FOR RECOMMENDATIONS

6.1 Included in the body of the report.

7. BACKGROUND PAPERS

- 7.1 Pharmaceutical Needs Assessment 2022 (link to PNA - https://www.hartlepool.gov.uk/info/20015/social_care_and_health/768/pharmaceutical_needs_assessment_2022/1)
- 7.2 National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349 as amended (the 2013 regulations).
- 7.3 The National Health Service (Pharmaceutical Services, Changes and Prescribing) (Amendment) Regulations 2016 as amended
- 7.4 [The NHS \(Pharmaceutical and Local Pharmaceutical Services\) \(Amendment\) Regulations 2023](#) (the 2023 regulations).

8. CONTACT OFFICERS

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craig.blundred@hartlepool.gov.uk

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

HEALTH AND WELLBEING BOARD

11 March 2024



Report of: Craig Blundred, Director of Public Health

Subject: MEASLES UPDATE – FOR INFORMATION

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:	
-	Where people are enabled to live healthy, independent and prosperous lives.
-	Where those who are vulnerable will be safe and protected from harm.
-	Of resilient and resourceful communities with opportunities for all.

2. PURPOSE OF REPORT

- 2.1 The purpose of this paper is to update the Health and Wellbeing Board on the current measles situation and to give assurance about preparedness should we see an increase in measles cases in Hartlepool.

3. BACKGROUND

- 3.1 Measles is a very serious disease and can spread easily among those who are unvaccinated. It is particularly easy to catch in environments when in close contact with others, especially in nurseries and schools,

Measles can be a very unpleasant illness. In some children it can be very serious and lead to hospitalisation – and in rare cases tragically can cause death. People in certain at-risk groups including babies and young children,

pregnant women, and people with weakened immunity, are at increased risk of complications from measles.

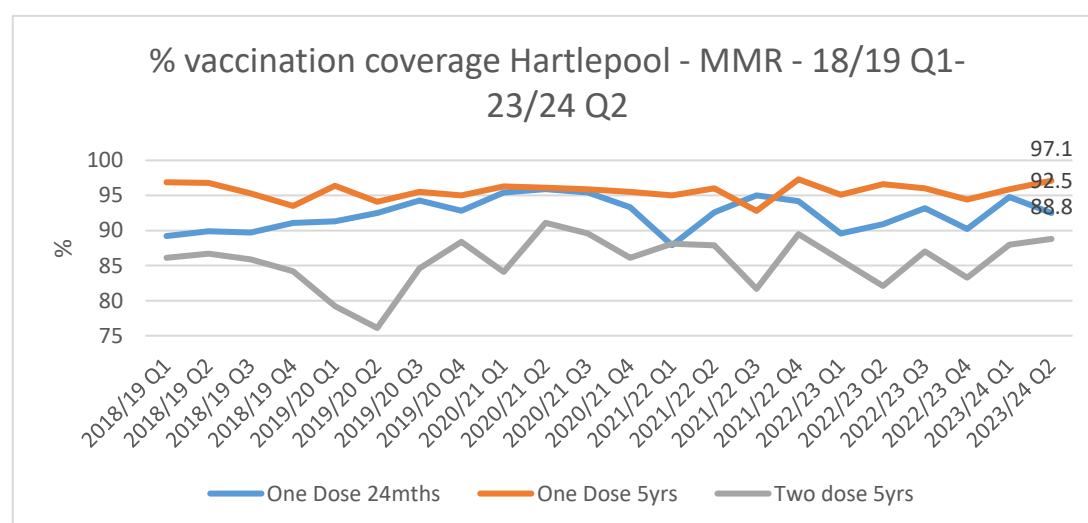
Measles cases are currently rising in the UK and following localised outbreaks in the West Midlands, there is every possibility that we will see cases spreading across the country. As well as having implications for those people who are affected, there are implications for primary care and trusts in terms of additional pressures from cases presenting.

4. PROPOSALS

4.1 Vaccination

The most important way to prevent illness caused by measles is to get vaccinated. The Measles, Mumps and Rubella (MMR) vaccination provides excellent protection after two doses. In order to prevent and eradicate measles we need the uptake rate of both doses to be at 95%. This contributes to herd immunity. Nationally we have seen a decline in MMR uptake which is concerning.

Figure one below shows the trend for vaccine uptake in Hartlepool.



This shows that currently MMR uptake for the first dose at 24 months is below the 95% requirement. The second dose by age 5 is lower too and shows we have a bigger problem with uptake of the 2nd dose. We have quite high numbers of children at age 5 with one dose. This however suggests that children are possibly left exposed from age 2 for longer without one dose of the MMR vaccine.

The data clearly shows we need to do more to increase the uptake of vaccinations. A national and regional communications campaign is underway to raise awareness of the need for vaccination and this is being

supported through NHS / UKHSA and local authority communications. We are working with our 0-19 team to help communicate the importance of the vaccinations. We are also working on a number of projects that are looking at a behavioural insights approach to vaccine uptake and the results are going to be used to encourage people to increase vaccine uptake.

4.2 Preparedness

As there is a likelihood of cases emerging in Hartlepool, we need to be assured that we have an appropriate response in place. The Health Protection Board for Hartlepool provides an opportunity for people to share plans and processes to give assurance to the DPH. An interim Health Protection Board was held in February and organisations shared their plans for responding to an outbreak.

5. **RISK IMPLICATIONS**

- 5.1 There are risks associated with a low uptake of the MMR vaccine as outlined in the paper.

6. **FINANCIAL CONSIDERATIONS**

- 6.1 There are no financial considerations

7. **LEGAL CONSIDERATIONS**

- 7.1 There are no legal considerations

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

- 8.1 There are no equality and diversity implications

9. **STAFF CONSIDERATIONS**

- 9.1 There are no staffing considerations however we will communicate with staff to ensure they are aware of the importance of the MMR vaccine.

10. **ASSET MANAGEMENT CONSIDERATIONS**

- 10.1 There are no asset management considerations

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 11.1 There are no environment, sustainability and climate change considerations

12. RECOMMENDATIONS

- 12.1 That the board note the report and identify where they can link their preparatory plans to those discussed by the Health Protection Board.

13. REASONS FOR RECOMMENDATIONS

- 13.1 Measles is a serious disease and we need to ensure that the health system in Hartlepool is resilient to be able to cope with potential outbreaks.

14. BACKGROUND PAPERS

- 14.1 None.

15. CONTACT OFFICERS

Craig Blundred
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Craig.Blundred@hartlepool.gov.uk

HEALTH AND WELLBEING BOARD

11 March 2024



Report of: Craig Blundred, Director of Public Health

Subject: DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- Where people are enabled to live healthy, independent and prosperous lives.
- Of resilient and resourceful communities with opportunities for all.
- That has an inclusive and growing economy.
- With a Council that is ambitious, fit for purpose and reflects the diversity of its community.

2. PURPOSE OF REPORT

2.1 To present the Director of Public Health's Annual Report for 2023.

3. BACKGROUND

3.1 The requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, is specified in the Health and Social Care Act 2012.

3.2 Director of Public Health Annual Reports have over the last five years covered a range of themes from how public health priorities have changed over the past 40 years, the importance of how work and employment

influence health and wellbeing, aging well and starting well, obesity and physical activity and Covid-19.

4. PROPOSALS

- 4.1 To publish the 2022 Director of Public Health Annual Report for Hartlepool.
- 4.2 This year's report looks at people of working age and focuses on work, skills and health looking at economic opportunities in the town, employment opportunities and focusing on work we are doing to improve health and wellbeing in workplaces covering three areas:
- Economy and Health
 - Work and Health
 - Opportunities for employment
- 4.3 Following the success of utilising an electronic format and videos in recent years, we are again presenting the report in this format.

www.hartlepool.gov.uk/DPH-annual-report-2023

5. RISK IMPLICATIONS

- 5.1 There are no risk implications arising from this report.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial considerations.

7. LEGAL CONSIDERATIONS

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

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

- 8.1 There are no considerations.

9. STAFF CONSIDERATIONS

- 9.1 There are no staff considerations arising from this report

10. ASSET MANAGEMENT CONSIDERATIONS

- 10.1 There are no considerations.

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 11.1 There are no considerations

12. RECOMMENDATIONS

- 12.1 The Board is asked to note the report and its conclusions.
- 12.2 Publication of the 2023 Director of Public Health Annual Report for Hartlepool

13. REASONS FOR RECOMMENDATIONS

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

14. BACKGROUND PAPERS

- 14.1 Director of Public Health's Annual Report for 2023 (**Appendix A**).

15. CONTACT OFFICERS

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HARTLEPOOL DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023

START

Introduction by Craig Blundred

Director of Public Health for Hartlepool

This year's report looks at the working age population and focuses on the links between work, skills and health - looking at economic and employment opportunities across the town and the work we are doing with businesses to improve health and wellbeing in the workplace.

People who work spend a large proportion of their time in work, and jobs and workplaces can have a big impact on our health and wellbeing so it is important that workplaces support people. This report will give examples of ways we are working with businesses in Hartlepool to create healthy workplaces.

Having access to good work is important and in Hartlepool we know that the gap in employment rate between those with a physical or mental long term health condition (aged 16 to 64) was significantly worse than England. Therefore, work and health are important public health issues, that impact both directly and indirectly on the individual, their families and communities.

The report ends with [what we can do together](#) to create further opportunities to support people into employment through [skills, education and employment](#) opportunities, supporting businesses to promote health at [work](#) and for large organisations to look at the opportunities they have to make a difference to the health of local people in Hartlepool.



Video introduction by Craig Blundred

Welcome to our Hartlepool town

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

[ECONOMY AND HEALTH](#)[WORK AND HEALTH](#)[EMPLOYMENT AND HEALTH](#)

ECONOMY AND HEALTH

Our health depends on more than the availability of health care services - it is shaped by the social, economic, commercial and environmental conditions in which we live. The health of the town also impacts on economic activity and therefore the employment opportunities available to residents and the skills available to employers.

Delivery of improvements to the economic wellbeing of Hartlepool residents continues to be a priority with the delivery of a 'wave of regeneration' over the next 20 years that reflects the town's huge potential as a place to live, do business and invest.



Bev Bearne
Hartlepool Borough Council Assistant Director
(Development and Growth)

The situation in Hartlepool

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

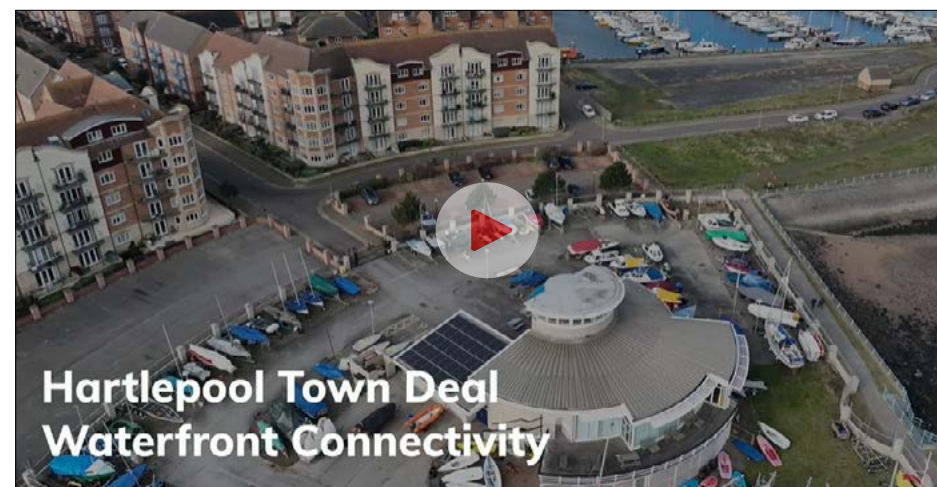
We have to date been successful in delivering:

- £300m of additional economic investment, 650 new jobs (plus support for 1,500 construction jobs through the Town Centre Masterplan).
- Skills Academies, through the Hartlepool Town Deal, delivering training that leads to high-quality/well-paid jobs. The 400th learner recently placed into employment via the Seymour Civil Engineering Skills Academy.
- £52.m of additional economic investment, 130 new jobs as part of the Screen Industries Production Village.

Going forward, work is to continue on the delivery of the Town Investment Plan via projects including connectivity improvements to The Waterfront and re-imagining of the Middleton Grange Shopping Centre. We will also be expanding the Skills Academies scheme to further develop a Hartlepool workforce that is ready to fill the high-quality/well-paid jobs of the future.

Health and care organisations can have a positive impact on local communities and have the potential to improve the health of individuals and communities, which is the main objective for organisations acting as anchor institutions in health and care. Anchor organisations are large organisations rooted in their communities. The NHS and Local Authorities are examples of anchor organisation which can make a difference to the health of local people by:

- Working closely with local partners
- Using buildings and services and spaces to support local people
- Purchasing locally
- Providing employment opportunities
- Reducing the environmental footprint



Hartlepool Town Deal



Victoria Watson, Assistant Director of Procurement and Supply Chain Management for North Tees and Hartlepool Solutions

WORK AND HEALTH

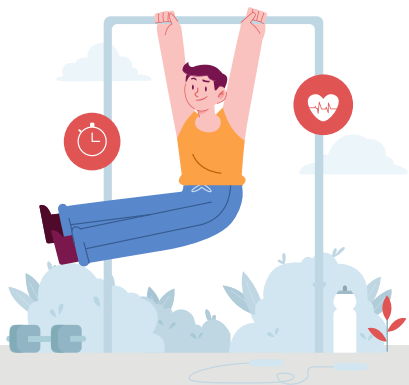
Why is health at work important?

Creating a healthy workplace has many benefits for both employees and employers. Enabling employees to feel supported to manage their long-term health conditions and for others to maintain their health and wellbeing at work are crucial and can also support employers to reduce the time their staff take off sick.

One of the ways Public Health is supporting businesses across Hartlepool is through the Better Health at Work Award, which supports and recognises the efforts of employers addressing health and wellbeing in the [workplace](#).



Sue Leather, Advanced Public Health Practitioner with Hartlepool Borough Council



The situation in Hartlepool

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

- Mental health conditions are the biggest cause of lost working days in the UK. In Hartlepool it is estimated that almost 1 in 4 adults has depression or anxiety. For severe mental health disorders, Hartlepool's Employment Support Allowance claimants citing mental health disorders is higher than the England average by almost a quarter.
- Hartlepool has one of the highest rates of long-term musculoskeletal conditions (back pain, neck pain, arthritis, etc.) in England. 1 in 4 adults in Hartlepool has a long-term musculoskeletal condition, and 1 in 5 adults in Hartlepool has at least one other long-term condition on top of their musculoskeletal issues.
- Smoking, drinking and obesity all have health impacts on the adult population in Hartlepool. Smoking prevalence in adults is at a 12 year low, but the long-term health consequences are still evident, with lung cancer registrations in Hartlepool almost 50% higher than England. Similarly, hospital admissions for alcohol-related conditions in Hartlepool is almost 50% higher than England. Adult obesity in Hartlepool is at a 7 year high, with three quarters of adults in Hartlepool classified as obese.
- Hartlepool has some of the highest rates of deaths from respiratory diseases, including preventable respiratory conditions. Hospital admissions for Chronic Constructive Pulmonary Disease (COPD) are also particularly high in Hartlepool.
- However in Hartlepool working days lost to sickness is at an 11 year low, showing that on the whole the population of Hartlepool is actively engaged in employment.



A visit to the Menopause Cafe

Why is menopause a workplace issue?

Around 1 in every 3 women has either experienced or are currently going through the menopause and there is still much to be done to tackle the taboo around menopause, particularly in workplaces, where often women do not feel able to talk about the menopause at all. Hartlepool Borough Council through the Better Health at Work Award supports the promotion and awareness of menopause support for staff including access to the menopause drop in café delivered by Hartlepool and Stockton Health which provides a relaxed, non-clinical atmosphere where people can discuss their experiences, identify their symptoms, and access support.

Creating a healthy workplace has many benefits for both employees and employers. Enabling employees to feel supported to manage their long-term health conditions and for others to maintain their health and wellbeing at work are crucial and can also support employers to reduce the time their staff take off sick.

The Better Health at Work Award (BHAWA) supports and recognises the efforts of employers addressing health and wellbeing in the workplace. The award can also improve an organisation's reputation with staff, partners and wider community as a good place to work.

The benefit and effectiveness of the award has proven important as whilst at work individuals benefit from a healthier environment and culture, have more access to health information and health activities where they wouldn't normally; workplace activity as part of the award has potentially saved lives on many occasions, for example identifying dangerously high cholesterol levels and early stage cancers.

For Hartlepool this approach is a priority because of the health challenges people who live in Hartlepool face, including poor life expectancy rates, high long-term sickness, poor mental health and high disability figures.

In Hartlepool there are 13 businesses that are currently active in the scheme, ranging from large multi-site engineering companies to emergency services and charity organisations supporting Hartlepool people in need.

The award scheme is free, flexible and open to all employers in Hartlepool regardless of size, Hartlepool locality or type of business. Many organisations already promote healthy lifestyles and consider the health of their employees this Award recognises the achievements of these organisations and helps them move forward in a structured and supported way.

For further information about the award contact – www.betterhealthatworkne.org



Stephen Bennett, Assistant Operations Manager for
Stagecoach in Hartlepool



EMPLOYMENT AND HEALTH

Why is employment important for health?

There is a connection between health and employment. Good work improves health and wellbeing across people's lives and protects against social exclusion. Therefore being in good work is better for your health than being out of work.

'Good work' is defined as having a safe and secure job with good working hours and conditions, supportive management and opportunities for training and development.

However the relationship can go both ways: unemployment can harm health, and poor health makes it harder to find or sustain employment. From the data we know that people living in areas with high employment rates are more likely to live longer than those living in areas with high unemployment rates.

- 2,364 – Employment Support Interventions delivered in last 12 months via Jobs & Skills @ the Hub
- 1,019 – Unique residents from Hartlepool supported in last 12 months via Jobs & Skills @ the Hub
- 1,772 – Hartlepool Starts through the Tees Valley Youth Employment Initiative
- 789 – Hartlepool Progressions into Employment through the Tees Valley Youth Employment Initiative



Scott Campbell, Service Manager for Education, Employment and Skills at Hartlepool Borough Council



The situation in Hartlepool

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

- Employment rates for those aged 16-64 years are at their highest level for 19 years. The rate has increased by 11% in four years. Currently around 1 in 10 people in employment in Hartlepool are self-employed.
- Employees in Hartlepool have the second highest average wage in the Tees Valley. In six years the wage has increased by 24%. However average disposable income per household in Hartlepool is 24% below the England average.
- Hartlepool's employment rates for those receiving support for mental health or a learning disability are both in the top five in England.
- In Hartlepool, 4 out of every 10 people who are not looking for work are long-term sick. This is the highest level in 19 years. Of those not looking for a job, only 3 in 10 want to have a job.



Scott Campbell, Service Manager for Education, Employment and Skills at Hartlepool Borough Council



Rebecca McDonald, Senior Employment Specialist at Stockton & Hartlepool Employment Connections.

WHAT WE CAN DO TOGETHER

This year's report provides a summary of the main health issues for the working-age population. The report also provides a summary of the numbers of people in employment and numbers of people who are long term sick.

However, we want to focus on the importance of work and how this can improve people's health and wellbeing and look at the opportunities Hartlepool has to offer in supporting people into work and also creating healthy workplaces.

For example we can work together in:

- Creating healthy workplaces
 - Creating further opportunities for employment and health
 - Creating opportunities for learning and skills development
 - Supporting businesses to flourish
-
- There is funding coming into Hartlepool to support business investment and economic growth. These resources represent an important contribution to health improvement.



Conclusion by Craig Blundred, Director of Public Health for Hartlepool

ACKNOWLEDGEMENTS

Thank you to everyone who contributed to the preparation of this report:

Claire Robinson - Public Health Principal, Hartlepool Borough Council

Joan Stevens - Statutory Scrutiny Manager, Hartlepool Borough Council

Sue Leather - Advanced Public Health Practitioner, Hartlepool Borough Council

Dean Langstaff - Public Health Intelligence Specialist, Hartlepool Borough Council

Bev Bearne - Assistant Director (Development and Growth), Hartlepool Borough Council

Connor Kerr - Head of Marketing and Communications, Hartlepool Borough Council

Julian Heward - Senior Communications and Marketing Officer, Hartlepool Borough Council

Ben Donnison - Graphic Designer, Hartlepool Borough Council

Victoria Watson - Assistant Director of Procurement and Supply Chain Management for North Tees and Hartlepool Solutions

Stephen Bennett - Assistant Operations Manager for Stagecoach in Hartlepool

Scott Campbell - Service Manager for Education, Employment and Skills at Hartlepool Borough Council

Rebecca McDonald - Senior Employment Specialist at Stockton & Hartlepool Employment Connections

Lin Greenfield - Nurse Lead, Hartlepool & Stockton Health

Emma Mills - Health and Wellbeing Coach, Hartlepool & Stockton Health