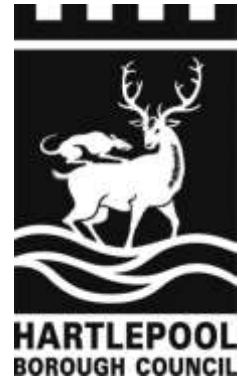


HEALTH AND WELLBEING BOARD AGENDA



8th July 2024

At 10.00 am

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

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:

Elected Members, Hartlepool Borough Council - Councillors Boddy, Darby, Harrison and Roy.

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

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 – Michael Houghton

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 Jorgeson

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 11th March 2024
- 3.2 To receive the minutes of the Tees Valley Area ICP Meeting held on 2nd February 2024

4. ITEMS FOR CONSIDERATION

- 4.1 Hartlepool Food Partnership - Progress Update - *Partnership Steering Group*
- 4.2 “Pathways to a Brighter Hartlepool” – Residents views about Hartlepool – *Northumbria University and Multi-agency Project Group*
- 4.3 Pharmaceutical Needs Assessment (PNA) 2022 – Maintenance Report – *Director of Public Health*
- 4.4 Better Care Fund Update - *Executive Director of Adult & Community Based Services*
- 4.5 Joint Local Health and Wellbeing Board Strategy 2025-2030 – *Director of Public Health*
- 4.6 Public Health Priorities 2024/25 – *Director of Public Health*
- 4.7 Board Forward Plan – *Director of Public Health*

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting

9th September 2024

2nd December 2024

17th March 2025



HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

11 March 2024

The meeting commenced at 10.30 am in the Civic Centre, Hartlepool

Present:

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

Prescribed Members:

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

Director of Public Health, Hartlepool Borough Council – Craig Blundred

Executive Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison

Representatives of Healthwatch - Margaret Wrenn and Christopher Akers-Belcher

Other Members:

Representative of Hartlepool Voluntary and Community Sector – Carl Jorgeson

Representative of Tees, Esk and Wear Valley NHS Trust – Patrick Scott (as substitute for Brent Kilmurray)

Representative of GP Federation - Fiona Adamson

Also in attendance:-

Philippa Walters, Pharmacy Lead

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

76. Apologies for Absence

Elected Members, Hartlepool Borough Council, Councillor Young
Observer – Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Creevy

Representative of North Tees and Hartlepool NHS Trust - Linda Hunter

Executive Director of Children's and Joint Commissioning Services, Hartlepool Borough Council - Sally Robinson

Managing Director, Hartlepool Borough Council – Denise McGuckin

Representative of Hartlepool Voluntary and Community Sector – Christine Fewster

Representative of NHS North East and North Cumbria Integrated Care Board - David Gallagher

Representative of Headteachers - Sonya Black

77. Declarations of interest by Members

None

78. Minutes

The minutes of the meeting held on 4 December 2023 were confirmed

The minutes of the Tees Valley Area Integrated Care Partnership Meeting held on 24 November 2023 were received

79. Drug and Alcohol Strategy Update Report *(Director of Public Health)*

Further to minute 51 of the meeting of the Board held on 10 July 2023, an update on progress against the Drug and Alcohol Strategy Action Plan was submitted. A copy of the Action Plan was appended to the report and a summary of the key deliverables between July 2023 and March 2024 was set out in the report.

Decision

The report was noted.

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

The Board was updated in accordance with the process for statutory maintenance of the Pharmaceutical Needs Assessment 2022. Board Members received notification of applications, decisions and 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.

It was highlighted that there was no requirement to publish a Supplementary Statement to the PNA 2022 for the changes. The changes of ownership would be published on the Board's PNA website for information and the key to the map would be updated, though no change was required to the map itself.

Elected Members debated issues arising from the report with particular reference to the promotion and support of the 'Pharmacy First' service. A Healthwatch representative offered to assist with promotion of the scheme.

Decision

The Board noted the following:

- 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, the date of opening to be confirmed.
- iv) Change of ownership of two pharmacies at Seaton Carew and at Park Road as set out in report.

81. Measles Update *(Director of Public Health)*

The Board was updated on the current measles situation and assurance was given about preparedness should there be an increase in measles cases in Hartlepool. The report set out Measles, Mumps and Rubella (MMR) vaccination data which showed more needed to be done to increase the uptake of vaccinations. A national and regional communications campaign was underway to raise awareness of the need for vaccination and which was being supported through NHS /UKHSA and local authority communications

Board Members were advised that as there was a likelihood of cases emerging in Hartlepool, the Health Protection Board for Hartlepool provides an opportunity for people to share plans and processes to give assurance to the Director of Public Health. An interim Health Protection Board had been held in February and organisations had shared their plans for responding to an outbreak.

The Director of Public Health undertook to follow up on issues raised by Board Members in relation to connection with the community and voluntary sector and the availability of more accessible clinics for vaccinations. An offer from a Healthwatch representative to assist in the promotion of the vaccination was also noted by the Director.

Decision

The board noted the report.

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

Elected Members were referred to the requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, as specified in the Health and Social Care Act 2012. The 2023 Annual Report looked at people of working age and focused 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. Following the success of utilising an electronic format and videos in recent years, the report was again accessed via a link included in the report with a copy of the Director's report also appended to the report. The Director of Public Health showed two videos to the meeting from the Annual Report.

Elected Members debated issues arising from the Annual report including how the Board could influence themes included in future Annual Reports and factors which had an impact on the health of employees with the success of involvement in the Better Health at Work Awards highlighted at the meeting.

Decision

The Board noted the report and its conclusions.

Meeting concluded at 11.15 am

CHAIR

North East North Cumbria Health & Care Partnership



Confirmed MINUTES

Tees Valley Area Integrated Care Partnership (ICP) Meeting

Meeting held on: 2nd February 2024, 12pm – 2pm

Held at: Pease Suite, Dolphin Centre, Darlington, DL1 5RP

Item No:	Meeting Notes	Action
TVICP/23/47	Welcome and Introductions	
	<p>Councillor Cook, as Chair, welcomed colleagues to the fourth Tees Valley Area Integrated Care Partnership (ICP) Meeting.</p> <p>Present:</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 • Jean Golightly - Director of Nursing (South), NENC ICB • Jon Carling – Voluntary Sector Lead / 3rd Sector, Catalyst Stockton • Josh Harbron – Assistant Director of Adult Social Care, Darlington Council (<i>attending for James Stroyan</i>) • Michelle Stamp – Consultant in Public Health, South Tees Hospital FT, and Public Health South Tees (<i>attending on behalf of Mark Adams</i>) • Martin Short (MS) - ICB Director of Place (Darlington), NENC ICB • Rebecca Morgan (RM) – Project Development Manager / Healthwatch Sub-Regional Co-ordinator, Healthwatch • Professor Derek Bell – Chair, North Tees & Hartlepool NHS Foundation Trust / South Tees Hospitals NHS FT 	

	<ul style="list-style-type: none"> • Jane Smith – Service Lead Strategy Quality & Improvement – Children’s Service, Stockton Borough Council • Alex Sinclair – ICB Director of Place (Stockton), NENC ICB • Dr Helen McLeish – PCN Clinical Director, Darlington PCN • Dr Jackie McKenzie - PCN/CD Representative, Hartlepool PCN • Sandra Britten – Chief Executive (Operational) Alice House Hospice • Stacey Hunter – Group Chief Executive Officer (Joint North and South Tees), North Tees & Hartlepool NHS Foundation Trust & South Tees Hospital Foundation Trust • Brent Kilmurray – Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust • Councillor Mary Layton – Darlington Borough Council • Ken Ross – Public Health Principal, Darlington Borough Council • Craig Blundred – Director of Public Health, Hartlepool Borough Council • Mark Adams – Director of Public Health, Middlesbrough Council / Redcar & Cleveland Council • Sarah Bowman-Abouna – Director of Public Health, Stockton Council • Anne Richards – Partnership Officer, RCVDA • Lisa Oldroyd – Chief Executive & Monitoring Officer, Office of the Police and Crime Commissioner for Cleveland • Dr Catherine Monaghan – Medical Director, NENC ICB • Seth Pearson • Dr Teik Goh <p><u>In Attendance:</u></p> <ul style="list-style-type: none"> • Kathryn Warnock - South Tees Integration Programme Manager / Head of Commissioning & Strategy, NENC ICB • Cath Martin - South Tees Strategic System Lead - Transfer of Care, South Tees Hospital Foundation Trust • Rebecca Herron – Governance Lead, NENC ICB • Lynne Pearson (Note Taker) – Corporate Secretary, NENC ICB • Claire Attey – Corporate Secretary, NENC ICB 	
TVICP/23/48	Apologies for Absence	
	<ul style="list-style-type: none"> • Dr Bharat Kandikonda - PCN/CD Representative – 	

	<p>Middlesbrough PCN</p> <ul style="list-style-type: none"> • Clive Heaphy – Interim Chief Executive, Middlesbrough Council • Cllr Matthew Roche – Councillor, Darlington Borough Council (<i>Councillor Mary Layton attended</i>) • Mayor Chris Cooke – Joint HWBB Chair Live Well South Tees Board – Middlesbrough Council • Denise McGuckin – Managing Director of Hartlepool Borough Council • Elaine Redding – Director of Childrens Services, Stockton Borough Council • Dr Dharendra Garg – Stockton PCN Representative • Helen Ray – Chief Executive, North East Ambulance Service • James Stroyan – Director of People (Children & Adult), Darlington Council • Ian Williams – Chief Executive, Darlington 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 • Mike Greene – Chief Executive – Stockton Borough Council • Miriam Davidson – Interim Director of Public Health, Darlington Borough Council (<i>Ken Ross attended</i>) • Peter Neal – Voluntary Sector Lead, Redcar & Cleveland Voluntary Development Agency (RCVDA) • Sue Jacques – Chief Executive, County Durham and Darlington NHS FT • Dr Teik Goh - PCN/CD Representative, Redcar and Cleveland PCN • Kathryn Boulton, Director of Children's Services, Redcar & Cleveland Council • Kerry McQuade – Director of Strategy Planning and Transformation, North East Ambulance Service • Chris Zarraga – Director, Schools North East • Paul Smithurst – Regional Fundraising Manager, SSAFA • John Sampson – Managing Director and Chief Executive – Redcar and Cleveland Council • Councillor Shane Moore – Middlesbrough Council • Erik Scollay (ES) – Director of Adult Services, Middlesbrough Council • Patrick Rice – Director of Adults and Communities, Redcar & Cleveland Council • Carolyn Nice – Director of Adult Services, Stockton Council 	
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TVICP/23/49	Declarations of Interest	
	Councillor Bob Cook (BC) reminded colleagues of the importance of the robust management of conflicts of interest and asked individuals to raise any potential conflicts of interest as the meeting progressed. No conflicts of interest were raised.	
TVICP/23/50	Minutes from previous meeting held 24th November 2023	
	The minutes of the meeting, held 24 th November 2023, 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 have also been shared with Health and Wellbeing Boards for information.	
TVICP/23/51	Matters Arising & Action Log	
	<p>Action Log</p> <p><u>TVICP/23/32 – Items for Future Meetings:</u> Martin Short (MS) advised that the development of the work programme for the Tees Valley Area ICP meeting was on the agenda for discussion at this meeting.</p> <p><u>TVICP/23/34 – Overview of SSAFA, the Armed Forces Charity:</u> RH advised that the action log had been updated to outline the information received from Paul Smithurst (PS) regarding the 13 'medical' queries received by the North East SSAFA (Armed Forces Charity). She advised that colleagues could obtain further information from PS if required.</p> <p>Matters Arising There were no matters arising to note.</p>	
TVICP/23/52	Healthwatch Update	
	<p>The report had been circulated to members prior to the meeting.</p> <p>Rebecca Morgan (RM) provided the key highlights of the Healthwatch Quarterly report, including the work of Healthwatch organisations in Darlington, Hartlepool, Stockton, and South Tees.</p> <p>Common themes and areas of work noted were:</p> <p>'Growing Older / Planning Ahead' project, which involved working with adults living with Learning Disabilities to understand any gaps in support and services, and to make</p>	

	<p>recommendations for future commissioning. The data for this project is currently in the process of being collated to provide both a local and Tees Valley-wide profile. RM confirmed that this information should be ready to be shared at the next Tees Valley Area ICP meeting.</p> <p>It was noted that a review of the ICB's Involvement Strategy has been undertaken. Healthwatch Darlington have coordinated this project, which included focus groups and engagement in a range of areas across the Tees Valley and the wider NENC region. In addition, it was noted that alongside general population engagement, Healthwatch were holding a series of workshops to include representation of the voices from communities including LGBTQ+ and BAME. RM highlighted that this was a very positive piece of work.</p> <p>The significance of Healthwatch's dentistry review was also highlighted. RM advised that there were three key elements which would be provided by Healthwatch to ensure support to the ICB's engagement and review of people's experience of dentistry across the NENC region:</p> <ul style="list-style-type: none">• Service user experience;• Reviewing variance of information and messaging;• General population survey – experiences and perceptions of NHS dentistry from those who have utilised this within the past year. <p>RM outlined the regional and national issues currently being monitored by Healthwatch, including GP access, women's health, migrant health (within established migrant communities) and Mental Health access.</p> <p>It was highlighted that Healthwatch South Tees were currently promoting the STAR Awards 2024, which honours health and social care champions.</p> <p>RM advised that Healthwatch South Tees had received a query in relation to the Shingles vaccine roll-out, from a patient who had met the eligibility criteria but was unable to find a practice who could provide the vaccination. Craig Blair (CB) assured the group that this could be discussed further outside of the meeting; and highlighted the importance of ensuring that patients were signposted correctly. He noted that there were complexities in relation to the roll-out and access to the vaccine, with discussions continuing at Scrutiny Committee. CB advised that he would contact Lisa Bosomworth (LB) to discuss further. Councillor Bob Cook (BC) highlighted that these discussions had also taken place at the Health and Wellbeing Board.</p>	
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	<p>ACTION: David Gallagher (DG) requested CB circulate the Shingles vaccine guidance to colleagues to ensure that they had sight of this.</p> <p>ACTION: CB confirmed that he and LB would work on identifying the correct route for this individual to access the vaccination.</p> <p><i>RM left the meeting – 12.11pm</i></p>	<p>DG</p> <p>CB</p>
TVICP/23/53	Dentistry & Oral Health Update	
	<p>DG provided a presentation and overview of Primary Care dental access recovery; and the development of an oral health strategy in the North East and North Cumbria. He also highlighted the support and input provided by Healthwatch towards identifying the current challenges with dentistry access and the potential solutions.</p> <p>The presentation included information on the following:</p> <ul style="list-style-type: none"> • Current challenges for dentistry provision and how these would be tackled. • The progress made so far in terms of recovering dental access. • The importance of building Practice / workforce resilience, • Impact on children's oral health • Ways of improving oral health; and the role of Local Authorities in achieving this. • Importance of water fluoridation as an effective public health intervention for improving oral health. • How a consensus could be built across the North East and North Cumbria. <p>DG highlighted that the current challenges were attributable to the NHS dental contract remaining unchanged since 2006; and the impact of the Covid-19 pandemic and the risks of transmission. He advised that it was anticipated that the dental contract will be reviewed in light of the current dentistry provision and access issues.</p> <p>It was noted that the North East and North Cumbria was not an outlier in terms of dentistry provision but must still strive to make improvements. The ICB has responsibility for the commissioning of all Primary Care services, including dentistry. DG advised that the Primary Care Team were therefore working hard to address the challenges around dentistry access and provision.</p> <p>In terms of improving oral health, DG explained that all Tees Valley Local Authority organisations – and the associated Health & Wellbeing Boards – were responsible for their oral</p>	

	<p>health strategy. DG highlighted the evidence-based interventions to improve oral health, including fluoride varnish application and water fluoridation.</p> <p>DG explained that the Government was aiming to expand water fluoridation to areas across the North East, to reach an additional 1.6M people. It was noted that a public consultation had been due to begin in early 2024 but was still awaiting release. It was noted that parts of the North East, such as Hartlepool, already had water fluoridation in place, and this area performed better in terms of population oral health.</p> <p>DG advised that any consultations that would take place, via Local Authorities, would provide the public with the opportunity to respond to the proposal to implement a fluoridated water system in areas of the North East that did not currently have this in place. It was noted that Northumbria Water had indicated that they would be able to implement this relatively quickly; and funding would be provided at national government level, rather than local. It was highlighted that there was a need for a consensus across the North East system, and an awareness from system partners of the importance of supporting this, if possible.</p> <p>Brent Kilmurray (BK) advised that it would be helpful for potential contracting models to have a focus on vulnerable patient cohorts, to ensure that those most in need would be given priority. DG acknowledged the importance of this consideration; and advised that work would need to be undertaken with system partners, such as TEWVFT, to achieve this.</p> <p>A query was raised in relation to the retention of dentists; particularly the potential lack of professional development for NHS dentists and how to mitigate this. It was suggested that linking in with Teesside University and Newcastle University could help to increase career development and skill diversity. DG advised that discussions were currently taking place with Teesside University. He also highlighted the importance of NHS dentists focusing on addressing the current needs, such as access and prevention of tooth decay.</p> <p>Professor Derek Bell (DB) suggested a collective review of tooth decay prevention, including preventative measures such as the removal of carbonated drinks in schools and hospitals. DG noted that this would facilitate collaborative working; and also incorporate the broader health improvement agenda, as there was currently ongoing regional work on this taking place via the DPH network.</p>	
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	<p>Craig Blundred (CBI) highlighted that it would be key to consider and review the policies for all system partners; and this area of work would provide significant opportunities to work collectively.</p> <p>John Carling (JC) advised that it was positive to hear of the investment being made towards addressing this issue, but noted it was disappointing that this was non-recurrent funding. DG explained that the funding was non-recurrent for 2023/24, but it was hoped that the funding would be ring-fenced in future years.</p> <p>JC highlighted that Catalyst Stockton would welcome involvement in the messaging to communities regarding fluoridation.</p> <p>DG confirmed that there was a heatmap in place to help the targeting of the strategy to the areas of greatest need.</p>	
TVICP/23/54	South Tees Integrated Working	
	<p>Kathryn Warnock (KW) and Carol Martin (CM) provided a presentation and overview of South Tees system working across health and social care.</p> <p>The presentation included information on the following:</p> <ul style="list-style-type: none"> • The joint working of the South Tees Integration Programme Board, noting its vision to maximise healthy life expectancy and independent living in the South Tees community, by establishing innovative and integrated health and social care services which promote prevention. • The agreed principles for senior leadership and collaborative working across hospital Trusts and Local Authority organisations. • The establishment of the Better Care Fund (BCF), including joint work programme, governance, plans, services and schemes. This includes the establishment of the iSPA. • The work undertaken to improve the transfer of care and discharge for patients. • The implementation of the Improving Transfers of Care and Discharge process, which was implemented following the identification of South Tees as an outlier for DTOC. <p>Stacey Hunter (SH) noted that this was positive to note; and highlighted the importance of ensuring that this was available at a systemic level so that all patients received this. CM advised that discussions were ongoing to understand how this could be implemented in the most</p>	

	<p>effective way, in addition to the funding considerations. She explained that additional investment had been put into reablement and discharge services.</p> <p>KW highlighted the importance of wider integration and proactively bringing the appropriate colleagues together for risk stratification. She noted that the focus on transfers of care should continue, with the community element to facilitate bringing system partners together.</p> <p>CB explained that the South Tees system had been at crisis point before the implementation of the transfer of care process. He advised that, now there was a joined-up system approach to supporting patients discharged from hospital, the focus should be on prevention and achieving a reduction in bed base pressures.</p> <p>Jean Golightly (JG) welcomed the clarity of the presentation in setting out the improvements made. She advised that consideration should subsequently be given to how patient experience would be captured. She reiterated that the pressure on the system prior to the implementation of this process was significant; and had resulted in huge improvements. CM agreed that capturing patient experience was important; and confirmed that a meeting had taken place with Healthwatch to progress this.</p> <p>CM advised that support to carers was also being considered; and JG acknowledged the importance support and communications with carers.</p> <p>DG thanked CM and KW for their hard work and leadership around the transfers of care process. He highlighted that there was significant learning and best practice to be taken forward in terms of addressing other system challenges.</p> <p>DB highlighted the importance of utilising the data to guide what the next steps would be, particularly in terms of how to add value to patient experience and maintain their independence.</p> <p>Mary Latham (ML) highlighted the importance of communication with patients and families / carers, as they were often unaware of how to access the services available to them upon discharge from hospital.</p>	
TVICP/23/55	Tees Valley Anchor Network	
	The report had been circulated to members prior to the meeting.	

	<p>Mark Adams (MA) presented and provided an overview of the Tees Valley Anchor Network. The report outlined the following information:</p> <ul style="list-style-type: none">• The definition of an anchor institution as being large, public-sector organisations that were unlikely to relocate, and have a significant stake in a geographical area.• The mapping exercise undertaken to identify the baseline 'anchor' activity within NTHFT and STHFT, following the completion of a questionnaire by both Trusts.• The proposal that, as there were several anchor institutions across the Tees Valley, this could collectively create a Tees Valley Anchor Network for the local system. <p>MA explained that the purpose of the anchor network would be to bring together anchor organisations across the Tees Valley to maximise their impact in enabling sustainable, prosperous, and healthy communities. He highlighted that anchor networks were based around prevention, and the retention of wealth within communities wherever possible.</p> <p>The specific challenges across the Tees Valley which could be tackled by the anchor network were outlined. This included employment issues (particularly in relation to zero hours contracts), building utilisation and contracting.</p> <p>BC explained that Stockton was also aiming to implement a similar approach, as per the Social Value Act (2012), via work with procurement partners. He suggested that a Tees-wide body, as a social value entity, would be advantageous for all local organisations; and would ensure that procurement-spending would be used for local areas.</p> <p>SH confirmed that she would support the implementation of a Tees Valley anchor network, as this would provide an opportunity to change the experiences of the local populations for the better.</p> <p>JC queried how an anchor institution would link into the voluntary and community sector; and whether there would be membership available for these organisations. MA explained that this sector would have an important role to play within the anchor institution, particularly in terms of ensuring more inclusive employment.</p> <p>BK advised that a terms of reference would be required to ensure that the anchor institution could hold itself to account.</p>	
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	<p>Dr Teik Goh (TG) queried how an anchor network would ensure longevity and implement outcomes that would have a lasting impact. He suggested that linking in with schools and employment colleagues would help to achieve this. MA advised that an increased spend and metrics towards inclusive employment, particularly for BAME communities, should result in a diversity of employment population within sectors where there was currently a lack of representation. BC highlighted the importance of recruiting younger people into local government careers.</p> <p>DG advised that, if there was a full commitment to this approach, there would need to be an establishment of the next steps and clarity around the actions and implementation requirements. The Tees Valley Area ICP discussed this at length; and agreed that this should be brought back to the next meeting – following the establishment of the metrics.</p> <p>ACTION: Tees Valley Anchor Institution to be brought back to the next TV Area ICP meeting for further discussion.</p> <p>As per the recommendation of the report, it was also agreed that a task and finish working group would be initiated to support the development of an anchor institutions network for Tees Valley, as per the recommendation of the report. MA advised that the leads from each of the Tees Valley Area ICP organisations would be contacted to confirm/nominate the lead. DG emphasised the importance of ensuring that all system partners within the Area ICP were involved in this.</p> <p>ACTION: MA to contact the lead for each organisation within the TV Area ICP, to confirm the lead for anchor institution lead for each organisation.</p>	<p>RH</p> <p>MA</p>
TVICP/23/56	Tees Valley ICP Workplan Proposal	
	<p>The report had been circulated to members prior to the meeting.</p> <p>Sarah Bowman-Abouna (SBA) and Martin Short (MS) presented an update on the workplan for the Directors of Public Health; proposed some key areas of collective work for the Tees Valley ICP. It was noted that there was now an ask for these meetings to address some of the challenges identified for the Tees Valley.</p> <p>SBA highlighted the importance of establishing a clear action plan, outcomes, and timescales for delivery, which linked back to a refresh of the ICP Tees Valley places plan and local Health and Wellbeing Strategies in order to reduce any duplication and to ensure impact can be monitored. She advised that it was proposed that the</p>	

	<p>following four themes could be focused on four socio-economic determinants, as follows:</p> <ul style="list-style-type: none"> • Transport • Work and health • Care and health workforce • Anchor institutions; which would link into the previous anchor institutions network discussions. <p>It was proposed that the Tees Valley Area ICP meeting could be utilised as way of holding themed workshops to facilitate discussions around these areas. The Tees Valley Area ICP discussed the proposals in relation to work areas for the Tees Valley ICP work programme. The importance of establishing concrete outputs from these meetings was highlighted. The group agreed that a workshop format for future meetings would be welcomed; and it was suggested that the anchor institutions network could be topic for one of the workshops.</p> <p>ACTION: Following agreement from BC and DG, it was agreed that workshop sessions should be incorporated into the Tees Valley Area ICP meetings going forward.</p>	RH
TVICP/23/57	Suggested Items for Next Meeting	
	<p>DG advised that the intention of this item was to ensure that the group considered how to move forward with meaningful discussions and avoid any duplication of work. He suggested a programme that would require colleagues to report back on any areas of work they had been tasked with. BC advised that colleagues that any additional items suggested for the next meeting should be sent to DG.</p>	
TVICP/23/58	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><i>The meeting closed at 2.02pm</i></p>	
	<p><u>Next Meeting</u> Date: Friday, 7th June 2024 Time: 12-2pm Venue: TBC</p>	

Signed:



Date: 23.04.24

Cllr Bob Cook (Chair)

Confirmed

Report of: Hartlepool Food Partnership – Partnership Steering Group

Subject: HARTLEPOOL FOOD PARTNERSHIP – progress update

1. PURPOSE OF REPORT

- 1.1 To update Health & Wellbeing Board members on the progress made by the recently established Hartlepool Food Partnership

2. BACKGROUND

- 2.1 In 2022, Hartlepool Borough Council's Director of Public Health approached the community sector-led "Hartlepool Food Council" (a network of low/no cost surplus food providers, mainly from the voluntary sector) to lead the formation of a Food Partnership for Hartlepool, supported by Public Health.

- 2.2 A food partnership brings together the local authority, food-related businesses, the voluntary & community sector, NHS and educational institutions to address multiple aspects of a locality's food system. There are around 100 Food Partnerships across the UK that are members of the Sustainable Food Places (SFP) network. Becoming a SFP network member requires the meeting of criteria demonstrating a whole system approach to the local food system which must be based upon multi-sector collaboration.

- 2.3 The 6 areas of work a Food Partnership must evidence and for it to become a SFP member are:
- **Food governance and strategy:** Taking a strategic and collaborative approach to good food governance and action.
 - **Good food movement:** Building public awareness, active food citizenship and a local good food movement.
 - **Healthy food for all:** Tackling food poverty, diet-related ill-health and access to affordable, healthy food.
 - **Sustainable food economy:** Creating a vibrant, prosperous and diverse sustainable food economy.
 - **Catering and procurement:** Re-directing catering and procurement and revitalising local and sustainable food supply chains.
 - **Food for the planet:** Tackling the climate and nature challenges through sustainable food and farming and an end to food waste.

- 2.4 Funding from the **PFC Trust** (£50K over 2 years), **Hartlepool Borough Council** (£50K over 2 years – from the Public Health budget), the **Thirteen**

Group (£10K over 12 months) and **LARCH** (an additional one day per week of the food procurement and supply chain officer for two years) has enabled:

- the employment of 2 officers (employed by Hartlepower Community Trust) – the full time Co-ordinator is focussing initially on urban horticulture as well as all Food Partnership organisation & administration, the second Co-ordinator (Food Mapping & Procurement) focuses on procurement & local food supply chains, working for two days per week.
- marketing and comms – including a website [Hartlepool Food Partnership](#) and regular newsletters (hosted by Hartlepower Community Trust)
- a small development budget, e.g. for supporting local food growing

2.5 **Examples of food-related drivers of ill health within Hartlepool.** NB these drivers are national problems and by no means confined to Hartlepool. They are highlighted here to suggest possible actions that to some extent can be addressed locally:

- **Food poverty** and the widespread use of foodbanks and low cost/surplus food providers – leading to the greater likelihood of less than optimal diets.
- **Widespread consumption of processed foods and drinks** containing high levels of industrial additives, sugar and salt – which contributes to increasing levels of diabetes and high levels of obesity
- **“Food deserts”** Food deserts are neighbourhoods where people have limited access to healthy and affordable food. They are characterised by high concentrations of low income households and distance from healthy food options. People living in food deserts are more likely to use takeaway and convenience food products and may be at higher risk of diet-related conditions, such as obesity, diabetes, cardiovascular disease and micro-nutrient deficiencies.

3 **PROGRESS**

3.1 **Food governance and strategy:** Hartlepool's Food Partnership is an informal partnership guided by the Hartlepool Food Plan and underpinned by terms of reference (see Appendix 1). Hartlepower Community Trust hosts the two staff members, hosts the website and organises comms.

The Partnership conducts and oversees its work through an **open, multi-sector steering group**. High attendance at steering group meetings indicates the high level of interest and commitment among local agencies and some departments of the council in engaging with the Food Partnership's agenda – active members include the PFC Trust, Hartlepool Healthwatch, Hartlepool Foodbank, the Thirteen Group, Joseph Rowntree Foundation and some council departments.

Quarterly Food Partnership **public “Open Forums”** are held to encourage wider participation – themes of Open Forums have included children’s nutrition, land for local commercial food growing and (forthcoming) food poverty. Community engagement to stimulate interest in the Open Forums and the Food Partnership’s agenda generally is undertaken by the Co-ordinator – as is administration of the steering group, Open Forums and Sustainable Food Places & Public Health engagement.

A **“benchmarking” assessment of the council’s current contribution to addressing food-related issues** has recently been completed but not yet published. The assessment has been conducted for the purpose of assessing the degree to which council activity (such as in respect of food procurement, and supporting the growth of local food-related businesses) is aligned with the larger scale ambition of developing a more local food economy. Thus the opportunity presents itself to align various HBC policies and interventions with the goals of the Food Partnerships and work cross-departmentally.

There is **no involvement yet from the NHS in governance** of the Food Partnership – but it is acknowledged that responsibility for healthy eating and managing diet-related illnesses is spread widely across the NHS.

3.2 **Building a good food movement:** Initial work to increase public awareness, promote active food citizenship and develop a local good food movement has included:

- **Supporting food growing in nurseries and primary schools:** Work has started with St. Aidens and Stranton primary schools. The FE College is helping construct a school allotment at St. Aidens. A local social enterprise, PlayOut Hartlepool CIC, is supporting children and parents to grow food at Stranton. Trained parent volunteers are seen as playing an important role in sustaining school allotments, e.g. by ensuring watering & harvesting through the school summer holidays. All Hartlepool Primary schools will be approached to gauge current growing activity, interest in developing school allotments and interest in wider involvement in the Food Partnership’s agenda.

Two of the town’s nurseries existing activities around growing food are being sustained through replenishment of growing equipment.
- **Seed libraries** have been set up in the Central Hub, South Hub, Headland Hub, Seaton library, Waverley Allotment and the mobile hub. Seed libraries are supplies of seeds – collected from donations and swapping – made freely available to anyone interested. HBC’s Community Services have been extremely helpful in establishing the seed libraries.
- **Community-based growing** is known to have multiple benefits: produce to be eaten; physical activity; community cohesion promoted; awareness of the origins of food increased. Support for such an initiative on the Headland is being provided by one of the two officers in collaboration with the PFC Trust. The community

organisation “Voices of Hartlepool” has established a community growing plot at the West View Advice & Resource Centre.

- **Hartlepool Borough Council’s 1,000 or so allotments** of course play an important and valuable role in providing opportunities for growing. The council’s recent Allotment Strategy contains proposals to promote more family and community growing. The council’s Allotments Officer is a member of the Food Partnership steering group. **Allotment surpluses** have always been distributed informally – and opportunities exist for using surpluses more systematically, possibly through social enterprises, including the potential for preserving food, such as through jamming, pickling and fermentation.
- The reinstatement of a **reinvigorated Hartlepool Show** is an aspiration of the Food Partnership – presenting as it would a showcase for local growing and the promotion of various aspects of the Food Partnership agenda.

3.3 **Healthy food for all:** Tackling food poverty is being addressed as follows. (There has not yet been specific work concerning diet-related ill-health or access to affordable, healthy food, beyond that described above):

- Hartlepool’s voluntary sector has a long history of providing **free surplus food** to people – the Trussell Trust foodbank for over a decade. Organisations including the Wharton Trust, Big League CIC, Hartlepool Food Network, St. Aidens and others have also worked for years providing free surplus food.
- **Low cost food providers** are a more recent phenomenon, most notable among which are Manchester-based charity “**The Bread & Butter Thing**”, which serves hundreds of Hartlepool families weekly in locations across the town, and **Oxford Road Baptist Church** community grocery (in partnership with The Message Trust) which has been open a couple of months – attracting 300 members in the days following its opening – the highest uptake of any of the 50 other Message Trust community groceries.

3.4 **Sustainable food economy:** Work to create a diverse, sustainable food economy has to date consisted in exploring the possibility of releasing council owned, unused land for a prospective social enterprise to grow food for sale locally. There are examples of thriving social enterprises elsewhere in the UK contributing to the local economy in this way (such as in Edinburgh).

3.5 **Catering and procurement:** Good progress is being made. A list of local food producers (local being defined as based within a 100 or so mile radius from Hartlepool) has been compiled, consisting of 269 businesses to date (a number likely to continue growing):

- Amongst the **categories of businesses** identified as local are bakers; cheese-makers; farm shops & butchers; food preservers; fruit, vegetable, salad & herb growers; honey producers; curry makers;

producers of oils & vinegars. For each business the information collected includes distance from Hartlepool, contact details and unique selling points.

- The next stage of this work will involve **discussions with procurement managers** of Hartlepool's anchor institutions – including Hartlepool Borough Council, Hartlepool College of Further Education and Hartlepool United FC – to explore opportunities for local food procurement (and other involvement in the Hartlepool Food Partnership).

- 3.6 **Food for the planet:** Work relating to climate & nature challenges is embodied in the local business mapping described in 3.5 above – more local procurement will contribute to reducing food miles; and among the data collected about food producers are any fair-trade credentials: demonstrating sustainable production.

Recent focus groups held with Hartlepool citizens, led by Northumbria University (as part of VONNE's regional "Growing Green Together" initiative) have revealed uncertainty about which are *trusted sources of information about climate change and environmental challenges*. This suggests there is work to be done on effective messaging to increase public awareness, engagement and commitment to more sustainable choices, not only regarding food.

4. PROPOSALS

- 4.1 **Benchmarking exercise and cross departmental working:** It is proposed the benchmarking of Hartlepool Borough Council's alignment with Food Partnership objectives is used to inform further cross-departmental working within the council. This is important because many of the Hartlepool Food Partnership's goals intersect with the objectives of other parts of Hartlepool Borough Council priorities. These include encouraging greater physical activity, enhancing wellbeing, environmental sustainability and business development.
- 4.3 **Hartlepool Show:** That opportunities to reintroduce the Hartlepool Show in collaboration with the Food Partnership are explored with Community Services.
- 4.4 **NHS engagement:** That a discussion take place at the appropriate tier of the regional NHS infrastructure regarding NHS engagement with Hartlepool's Food Partnership.

5. RISK IMPLICATIONS

- 5.1 None.

6. FINANCIAL CONSIDERATIONS

6.1 None currently.

7. LEGAL CONSIDERATIONS

7.1 There are no legal considerations at this time.

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

8.1 A formal impact assessment is currently not required.

9. STAFF CONSIDERATIONS

9.1 There are no staffing considerations.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 None.

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

11.1 The Northumbria University report on outcomes of focus groups with Hartlepool citizens re. community engagement on climate and the environment should be noted by the relevant council section/s, once it is published.

12. RECOMMENDATIONS

12.1 That the proposals in section 4. above are endorsed by the Health & Wellbeing Board.

Hartlepool Food Plan – our 5 priorities

1: Supporting local food growing

Support urban food growing (with flexible, inclusive use of unused land and allotments) to increase access to local healthy food, increase physical and mental health and builds knowledge and skills. Initial steps include, supporting development the council's Waverley Allotments site for community use and exploring setting up a seed bank

Support schools to grow food on site and use this as a vehicle for learning. Interested schools so far include St. Aiden's Primary school (growing expertise requested), Hartlepool Sixth Form College and High Tunstall School.

Effective use of food surpluses from allotments & residential gardens. This could be a commercial or social enterprise opportunity and could include mapping of fruit trees and surpluses.

2: Working with local businesses and supply chains

Support anchor institutions*, businesses and community organisations to buy local, affordable, healthy sustainable food by developing connections with local good food suppliers.

Using **procurement, enterprise, logistics and communication skill/opportunities** to improve residents' access to local, affordable, healthy and sustainable food for all Hartlepool citizens.

3: Enabling children, and people of all ages, to eat nutritious, sustainable food

Understanding & addressing enablers/barriers to eating nutritious, sustainable food & reducing inequalities (e.g. food availability with instructions, cooking facilities, skills and opportunity, as well as ways of identifying any issues early).

Work with nurseries, primary & secondary schools and colleges to explore food origins, meal preparation & nutritional awareness raising opportunities.

Work with partners to maximise access to healthy school meals with sufficient time to eat.

4: Creating & celebrating a good food culture

Using inclusive existing or new events, with good food, to bring together different cultures & generations connection. Our first steps will be to:

- **Look to reinstate the Hartlepool Show.** Build on successes organising other events e.g. Tall Ships.
- **Organise pop-up events**, e.g. for plant, produce & seed sharing.
- **Collaborate with existing event organisers** to celebrate good food (including food preparation & eating together) & food culture. E.g. Food & Fuel Fairs, Grace Church communal meal, Wintertide festival, Headland carnival, Hartlepool Food Network, Hartlepool restaurant week.
- **Encouraging greater availability of healthier food in fast food outlets**

5: Establishing local food governance

Membership of the Hartlepool Food Partnership will be open to anyone – individual or organisation. Members will be invited to Partnership meetings and to other food-related events as well as receiving a periodic newsletter. Inclusion on an email distribution list will signal membership.

Meetings of the Food Partnership will be held approximately every two months as an Open Forum. All Partnership members will be invited to attend. Facilitation of meetings will be responsive to numbers attending & the nature of topics for discussion but based on the principle of ensuring that everyone attending can contribute and following the Partnership's terms of reference.

The steering group will take responsibility for developing & supporting the Partnership. This group will collectively be accountable to Partnership meetings and guided by its terms of reference. The steering group will be open to any Food Partnership member or appropriate organisation that wishes to contribute to the group's work.

*Anchor institutions are large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve e.g. the local authority, NHS, schools & colleges, large sports clubs.

Hartlepool Food Partnership – Terms of Reference

A Purpose

Hartlepool Food Partnership ("the Partnership") will work to enable the people of Hartlepool to have access to healthy, affordable and sustainable food.

B Approach

The Partnership's work will be based on the Sustainable Food Places approach by:

- Taking a strategic and collaborative approach to good food governance and action
- Building public awareness, active food citizenship and a local good food movement
- Tackling food poverty, diet related ill-health and lack of access to affordable healthy food
- Creating a vibrant, prosperous, diverse and sustainable food economy
- Identifying & developing opportunities with catering & procurement to revitalise local supply chains
- Tackling the climate and nature emergency through more sustainable practices, including minimising food waste.

C Partners/Members

The Partnership will seek to work collaboratively and bring together the following individuals/organisations:

- Hartlepool citizens or organisations with an interest in the Partnership's goals
- Voluntary & community sector organisations,
- Hartlepool Borough Council
- Food-related businesses with a presence in Hartlepool

- The NHS and other health-focused organisations
- Educational institutions, including Hartlepool College of Further Education, Hartlepool Sixth Form College, Hartlepool's nurseries, Primary & Secondary schools and local universities

D Objectives

The Partnership's four primary objectives are to:

1. Facilitate & empower interested individual citizens, voluntary organisations, statutory & educational institutions & businesses to work collaboratively to deliver a sustainable local food environment
2. Promote & enable the growth, production, distribution & sale of nutritious, affordable, sustainable food to all Hartlepool citizens
3. Address food poverty, reducing dependency on foodbanks & food aid and promote dignified healthy food acquisition by Hartlepool citizens.
4. Contribute to achieving a healthier population by helping citizens to achieve a healthy weight and reducing the impact of diet-related/non-communicable ill health

E Principles

Principles include collaboration, evidence-based action (where evidence includes data, research and lived experience) targeted proportionate to need (thereby reducing unfair inequalities), non-stigmatising and non-shaming communication/action (recognising financial limitations can act as a barrier to eating more healthily), transparency, diversity and inclusion.

F Initial priorities

1. To join the Sustainable Food Places network
2. To consolidate our proposed model of good food governance
3. To analyse & understand Hartlepool's current food system
4. To implement the Hartlepool Food Plan
5. To secure ongoing funding to implement & develop the Hartlepool Food Plan

Report of: Northumbria University & multi-agency project group

Subject: “PATHWAYS TO A BRIGHTER HARTLEPOOL”:
RESIDENTS’ VIEWS ABOUT HARTLEPOOL

1. PURPOSE OF REPORT

- 1.1 To update Health and Wellbeing Board members on Hartlepool citizens’ perceptions of Hartlepool’s strengths and challenges – through the use by Northumbria University of an online survey and discussion-based focus-groups conducted.

2. BACKGROUND

- 2.1 Residents’ views and aspirations for their town are the bedrock of all local authorities, being designed into local democratic process through the roles of elected representatives. In addition to members’ work – through their resident engagement, ward surgeries and leading the council’s governance apparatus – numerous opportunities for consultation are offered to citizens on various topics and proposals.
- 2.2 A less commonly used format is the open-ended focus group – in which broad questions designed to elicit participants’ views and ideas are discussed by groups representing various demographics. In 2023, Northumbria University’s Dr Pam Graham provided an opportunity to use both an online survey as well as focus groups to discover Hartlepool citizens’ views. The following discussion questions were included in the online survey and asked of focus group participants:
- **Thinking about your own health and happiness, what makes Hartlepool a good place to live? What is good about Hartlepool?**
 - **Thinking about your own health and happiness, what causes you concern or worry? What could be better about Hartlepool?**
 - **What do you think the solutions to these concerns could/should be?**
- 2.3 The project was overseen by a working group consisting of:
- Northumbria University researchers
 - Hartlepool Borough Council Public Health and Youth Service
 - Thrive (a charity that is currently organising Hartlepool’s Poverty Truth Commission)

- Community-Led Inclusion Partnership (CLIP – a disability-focussed community organisation)
- Hartlepower Community Trust VCS Development Team (a local charity)

2.4 **Participants:** An online survey and one focus group was conducted for adults. Three focus groups were held for young people. Community organisations and HBC project steering group members facilitated citizen engagement.

Number of participating adults per ward

Ward	No. of adults
Burn Valley	10
De Bruce	3
Fens & Greatham	3
Foggy Furze	3
Hart	6
Headland & Harbour	7
Manor House	4
Rossmere	4
Rural West	7
Seaton	3
Throston	7
Victoria	7

Number of participating young people per ward

Ward	No. of young people
Victoria	1
Manor House	2
Burn Valley	2
Fens & Greatham	2
Seaton	2
Throston	2
Foggy Furze	2
Rural West	1
Rossmere	1

2.5 **Findings from the adults' focus groups:** Note that the topic headings were derived from collating participants' responses to the questions answered on the survey and discussed in the focus group. The headings themselves therefore provide some indication of the categories used by participants when thinking about their town, at least when responding to questions pertaining to its strengths and challenges.

Local amenities

Strengths: Gyms and leisure facilities in particular were mentioned frequently as well as cultural attractions such as museums, restaurants and the art gallery.

Challenges: Concerns were expressed regarding run-down and derelict buildings, poor housing and too many takeaway shops.

Suggested improvements: These included putting unused buildings into use and renovating or knocking down run-down buildings and housing – also, that there needs to be more specialist housing for people with disabilities and housing to accommodate single, young adults.

Transport infrastructure

Strengths: Hartlepool being a small town that's easy to get around. Rail links to places like Newcastle and London were valued and easily reaching other areas of the North East viewed favorably.

Challenges: Hartlepool being seen as somewhat isolated and in need of better transport options. Lack of transport supportive of disabled people was highlighted, which impacted by severely limiting access to activities.

Suggested improvements: Improved rail links, especially to major northern cities Disabled people not being charged to park in Hartlepool's car parks.

Coast, history & green space

Strengths: Close proximity to the coast and countryside. Beaches, the Marina, parks and the town's historic sites were valued attractions. Walking was highlighted as an engaging, enjoyable activity – including in relation to exploring the natural environment and the town's history.

Challenges: A minority felt the town's coastal and maritime attractions warrant further development and that green space is insufficient.

Suggested improvements: Replacement of benches removed during the pandemic.

Family and community support

Strengths: The words "friendly," "caring" and "helpful" were used frequently to describe others in their communities. Community spirit, the presence of family members in the town and people coming together to support each other when needed were emphasised. Voluntary and community groups were viewed as valuable sources of help and support, with numerous groups mentioned individually.

Challenges: A small minority of people struggled to find any positive points about the town. One mention was made of the likelihood of many people being unaware of the "huge offer for residents" available through the voluntary and community sector. One person expressed concerns about "dogmatic views about immigration that contribute to racial tensions".

Healthcare services

Strengths: None mentioned.

Challenges: Formal healthcare provision was quite heavily criticised – examples included struggles to get GP appointments; not being able to see an NHS dentist; lack of mental health services; and huge NHS waiting lists. Having no full hospital service, in an existing hospital judged to be in a better condition **than** North Tees, was emphasised, coupled with having to travel for hospital treatment.

Suggested improvements: Investment in services that support Hartlepool residents' needs, including more support for mental health; carers; people with disabilities; and older people. Supporting people without access to online services or lacking the necessary skills.

Crime, anti-social behaviour & drugs

Challenges: Crime and anti-social behaviour were highlighted – concerns expressed included burglary, car theft, drug use & drug dealing, vandalism and violence; each of which make people feel unsafe, fearful and anxious. It was noted how drug dealing often happens in plain sight and is viewed almost as normal behaviour. Drug use and dealing were often linked to concerns around crime, anti-social behaviour, street begging and gangs. Concerns about the future prospects of children and young people were also expressed, should such problems persist, and because of the potential for young people to access alcohol and drugs. It was suggested that some children and young people may become involved in crime through lack of suitable activities, appropriate educational opportunities and an absence of accountability for their actions. Other issues that were raised frequently included dog fouling, litter and fly tipping.

Suggested improvements: It was observed that there are insufficient services available to support those struggling with addiction and a need to improve drugs services – which should include assertive outreach and more rehabilitation places for people. Children should be properly educated on the risks of drugs before leaving school. There should be a more visible police presence and tougher responses to those breaking the law.

Cost of living and austerity

Strengths: A minority of residents highlighted the affordability of Hartlepool as an advantage – the cost of living is lower and house prices are more affordable than many other areas.

Challenges: However, others mentioned increased costs, including parking charges and Council Tax, as having detrimental impacts. Poverty, food bank use and the rising cost of living were referred to alongside cuts to services.

Suggestions for improvements: Whilst there was an appreciation that funding for services is scarce there was also an acknowledgement that change is still needed.

Education, aspirations & opportunities

Strengths: A minority of people expressed satisfaction with childcare facilities, schools and standards of education.

Challenges: However, a perceived lack of training & employment opportunities for young people & adults, high unemployment rates and a need for young people to leave the town to access better jobs were all concerns. Further concerns related to educational provision for children & young people with special educational needs and disabilities. It was felt there should be more provision available for children & young people unable to access traditional, mainstream education & exams, as well as more training for staff in schools.

Suggestions for improvements: It was proposed that there needs to be more accessible, affordable and empowering opportunities to engage people in training. Specific suggestions were for fun adult learning that doesn't pose threats to benefits or involve lengthy form-filling – and for utilising the expertise of older people to pass on skills to younger generations.

- 2.6 Findings from the young people's focus groups:** As for the adults the topic headings were derived from collating participants' responses to the questions asked in each of the three focus groups – as detailed above in 2.2 above. In effect, in themselves, the headings give some indication of how the young people think about their town, at least when responding to questions pertaining to the town's strengths and challenges.

Youth services

Strengths: There was huge positivity about Hartlepool's Youth Service, which is highly valued by those who engage with it. (NB the young people who took part in the focus groups were invited through the youth service). Youth Service activities provided experiences they might have otherwise missed out on, such as attending plays and sporting events. The Sea Cadets were mentioned positively – for providing new opportunities and skills.

Community

Strengths: Young people valued the sense of community in Hartlepool – saying they could talk to and trust their neighbours. Positive relationships with older generations in the town were reported – though there were concerns about the perceived conservative opinions of older generations (see below). Small businesses were highlighted as a positive. Finally, the town's food scene was highlighted as a positive (but it was widely felt that there are too many fast-food outlets).

Challenges: Concerns focused around political representation – most were not yet old enough to vote. Frustrations were expressed about older people's reactions to some young people's alternative ways of living, dressing and expressing themselves. Despite the strong sense of community and positive relationships with neighbours, many young people talked about feeling unsafe – with drugs and violent crime being their main concerns. The smell of "weed" and sight of drug paraphernalia were said to be common. Abandoned buildings were seen as an eyesore. It was suggested that

abandoned buildings had led to an increase in arson. Lack of affordable housing, increasing prices and low housing investment were mentioned – and housing bought by people from out of town for rental caused concern re. weakening community cohesion.

Sport

Strengths: Sports featured heavily in discussion. Frequently mentioned was “Pools” (Hartlepool United FC) and the fun experiences associated with following the club. The town’s rugby teams and skate park were also mentioned as positive ways of encouraging community spirit.

Natural Environment, History & Culture

Strengths: Hartlepool’s natural environment was seen as a huge, positive feature – local beaches, scenic walks and a variety of parks were all mentioned. The town’s history was also felt as a positive – the town’s monkey legend being seen as positive for its uniqueness. Many young people mentioned the Maritime Museum and the 2023 Tall Ships event. The town’s music scene and rich arts culture were mentioned, including the various murals and art displays. Aspirations were expressed to connect with the College of Art and explore further education opportunities in the arts. It was suggested that the emerging cultural quarter would foster understanding between generations and appreciation of alternative lifestyles.

Challenges: Some parks were felt to be no longer as welcoming – litter and vandalism blighting them, resulting in the removal of equipment.

Public Services

Challenges (health): Several health service-related concerns were voiced: Lack of healthcare services, particularly reduced hospital services; the One Life Centre not being fully equipped to deal with all issues; the time required to reach James Cook or North Tees Hospitals in an emergency; the absence of a Hartlepool-based ambulance service (the old ambulance depot sitting abandoned); experiences of pharmacies lacking their prescription medications; availability of mental health services. It was felt that for a town of over 90,000 people, access to healthcare was vital.

Challenges (police): Several police & crime concerns were cited: lack of police presence (noted that while there is often a police van visible in the town, though this wasn’t thought sufficient alone to tackle crime); the widely publicised information about Hartlepool only having ten police officers and no custody suites leading to increases in crime and a lack of trust within communities was mentioned. It was felt that for a town of over 90,000 people, a strong police force was vital.

Strengths (transport): Whilst being positive about rail links to larger cities such as Newcastle, Sunderland, York and London. They also suggested that the cheap price of buses was advantageous, however,

Challenges (transport): Buses can be outdated and unreliable; rail services can be overcrowded (e.g. with only two carriages often available to accommodate passengers on busy weekends in Newcastle); insufficient roads maintenance.

Schools and Education

Understandably, the young people talked extensively about their experiences of schools and further education in Hartlepool. Unfortunately, the experiences shared were predominantly negative, but NB many of the issues raised are also concerns nationally.

Challenges (teaching style, behaviour policies & student support):

Concerns expressed included: in some cases, teachers were portrayed as uncaring, harsh and not providing pastoral care; extreme behavioural policies that penalise relatively minor infringements such as forgetting ties or talking; noted that practices appear to have become more severe since Academy Trusts began managing schools; limited support for additional educational needs and mental health concerns.

Challenges (mental health): Some young people reported being absent from school due to a lack of mental health support; it was noted that all schools had underfunded but oversubscribed mental health support. Bullying another common area of concern – death threats received in one case were met with a school response consisting only of an apology from the perpetrator. Another young person changed schools because of lack of action in response to bullying. Other bullying stories were shared.

Solutions: Funding anti-bullying and mental health services; improvements in training for teaching staff.

Challenges (school meals and food): School meals being described as greasy, bland and unhealthy; often not enough food to feed everyone; if someone on free school meals did not have enough money on their account for a meal they would not be served; the banning by one school of refilling water bottles during or in between class time, with this option only leading to long queues and potentially missing lunch; water fountains reported as often broken or poorly maintained. For some young people toilets were off limits during or in between classes.

Strengths (further education): Value of the large Further Education college in the centre of town. Some frustration at lack of alternative FE options for some apprenticeships and training courses, forcing people outside of town.

3. PROPOSALS

- 3.1 That the relationship between Northumbria University and the council in respect of Hartlepool citizens' views and engagement is further explored.

4. RISK IMPLICATIONS

- 4.1 None.

5. FINANCIAL CONSIDERATIONS

5.1 None

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations at this time.

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

7.1 A formal impact assessment is currently not required.

8. STAFF CONSIDERATIONS

8.1 There are no staffing considerations.

9. ASSET MANAGEMENT CONSIDERATIONS

9.1 None.

10. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

10.1 None.

11. RECOMMENDATIONS

11.1 That this report be noted and the proposal outlined in section 3.1 above be agreed.

13. BACKGROUND PAPERS

13.1 The full, illustrated report is available and can be found online at www.tinyurl.com/BrighterHartlepool - NB this is a safe website (despite warnings to the contrary).

14. CONTACT PERSONNEL

Dr Pamela Graham, Assistant Professor, Northumbria University
Craig Blundred, Director of Public Health
Julian Penton, Hartlepower Community Trust VCS Development Team

HEALTH AND WELLBEING BOARD

8 July 2024



Report of: Director of Public Health

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

1. PURPOSE OF REPORT

- 1.1 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).
- 1.2 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 (11 March 2024).
- 1.3 To determine approval for publication of any Supplementary Statement to the PNA 2022 required as a consequence of those reported changes to pharmaceutical services.
- 1.4 To initiate the process towards statutory publication of the next revised assessment by 30th September 2025.

2. BACKGROUND

- 2.1 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.
- 2.2 The HWB are reminded of their statutory duties and responsibilities¹ for maintenance following publication of the PNA 2022 which are, in summary, they must:
 - a) Publish a revised statement of need (i.e. a subsequent pharmaceutical needs assessment) 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

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

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.

2.3 The HWB also has duties related to other regulatory processes managed previously by NHS England, now by the North East and North Cumbria Integrated Care Board (NENC ICB), e.g., applications (from service providers) to provide new or amended pharmaceutical services or to consolidate two pharmacies. The current process maintains 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.

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

- a) report any action taken 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).

3. COMMENCEMENT OF PROCESS LEADING TO PUBLICATION OF A REVISED ASSESSMENT

Planning for the publication of a full revised PNA in 2025

3.1 Planning for publication of a full review of the PNA should begin in good time ahead of the statutory due date, which is 3 years following the publication of the current PNA (in this case by 30 September 2025). It is widely acknowledged that the process towards a revised assessment will usually take no less than 12 months to complete. This includes the requirement for extensive statutory consultation on a draft assessment, at least once and for a minimum of 60 days.

- 3.2 It is therefore recommended that the HWB now acknowledge initiation of the process towards publication of its next revised assessment. As the PNA is used by providers and others (including NENC ICB), a Statement of Intent reporting this shall be published on the Hartlepool Borough Council website as follows:
- 3.3 *“Hartlepool Health and Wellbeing Board understands its statutory duties in relation to the Pharmaceutical Needs Assessment (PNA) and intends to publish its next full revised assessment within the required timeframe. Notwithstanding any changes to pharmaceutical services and related, or other NHS services that have taken place since first publication and without prejudice to the assessment of need described in the existing PNA, the HWB for Hartlepool formally reports that the Pharmaceutical Needs Assessment 2022 is under review. Hartlepool HWB has commenced its process leading to publication of a revised assessment and fourth PNA, with a publication date on or before 30th September 2025.”*
- 3.4 A PNA Steering Group and working groups are being re-established. A provisional outline plan for this re-assessment is shown in Table 1 (**Appendix 1**).
- 3.5 On-going maintenance of the current PNA 2022 must continue alongside the process of re-assessment. The Board will be updated with progress on PNA 2025 alongside the usual PNA maintenance reports.

4. NOTIFICATION OF APPLICATIONS OR DECISIONS MADE BY ICB NENC or 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 March 2023.

Notification of Inclusion in the Pharmaceutical List. Notification of opening of Distance Selling Pharmacy (DSP).

- 4.2 On 24 April 2024 PCSE notified the date of inclusion in the Pharmaceutical List for Hartlepool of a new distance selling pharmacy (DSP) to be located at Unit 5, Enterprise Court, Queens Meadow Business Park, Hartlepool, TS25 2FE. The approval of this exempted application was reported to the Board in March 2024. This confirms the pharmacy opening on 22 April 2024, trading as Hartlepool Pharmacy.
- 4.3 This pharmacy is contracted as a distance selling pharmacy. The Regulations detail a number of additional conditions for DSPs as follows:
- (a) A DSP must not provide Essential services to a person who is present at the pharmacy, or in the vicinity of it. Services must be provided safely

and effectively without face-to-face contact with any member of staff on the premises.

- (b) A DSP may provide Advanced and Enhanced services on the premises, as long as any Essential service which forms part of the Advanced or Enhanced service is not provided to persons present at the premises.
- (c) The pharmacy must allow for the uninterrupted provision of Essential services during the opening hours of the pharmacy to anyone in England who requests the service.
- (d) Nothing in any written or oral communication such as a practice leaflet or any publicity can suggest, either expressly or implied, that services will only be available to persons in particular areas of England, or that only particular categories of patients will (or will not) be provided for.

- 4.4 The 'opening hours', perhaps better described as the hours of operation of the pharmacy, are shown below:

Hartlepool Pharmacy (DSP)		
Days	Contracted (Core) Hours	Total hours
Monday	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00
Tuesday	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00
Wednesday	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00
Thursday	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00
Friday	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00
Saturday	None	None
Sunday	None	None

Notification of Change to Supplementary Hours.

- 4.5 On 19 March 2024, changes to the opening hours of the pharmacy trading as Winterbottom Pharmacy located at Surgery Lane, Winterbottom Avenue, Hartlepool, TS24 9DN were notified by the NENC 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.
- 4.6 A summary of the change is shown in the table which follows. The change is a reduction of five hours (total) per week such that the pharmacy will open half an hour later on weekdays (i.e., now from 9 am) and will not provide pharmaceutical services between 12.30 pm and 1 pm. 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 in Hartlepool open at these times. The combined impact of changes to opening hours since the last PNA will now be incorporated into the revised PNA to be published in 2025.

Continues on next page.,

Winterbottom Pharmacy, Hartlepool			
Previous hours			
Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-12:30; 13:00-17:30	08:30-09:00; 12:30-13:00	08:30-17:30
Tuesday	09:00-13:30; 14:30-17:00	08:30-09:00; 12:30-13:00	08:30-17:30
Wednesday	09:00-13:30; 14:30-17:00	08:30-09:00; 12:30-13:00	08:30-17:30
Thursday	09:00-13:30; 14:30-17:00	08:30-09:00; 12:30-13:00	08:30-17:30
Friday	09:00-13:30; 14:30-17:00	08:30-09:00; 12:30-13:00	08:30-17:30
Saturday	None	None	Closed
Sunday	None	None	Closed
Total Hours per week	40 hours	5 hours	45 hours
Revised hours with effect from 1 January 2024			
Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-12:30; 13:00-17:30	None on any day	09:00-12:30; 13:00-17:30
Tuesday	09:00-13:30; 14:30-17:00		09:00-13:30; 14:30-17:00
Wednesday	09:00-13:30; 14:30-17:00		09:00-13:30; 14:30-17:00
Thursday	09:00-13:30; 14:30-17:00		09:00-13:30; 14:30-17:00
Friday	09:00-13:30; 14:30-17:00		09:00-13:30; 14:30-17:00
Saturday	None		None
Sunday	None		None
Total Hours per week	40 hours	None	40 hours

- 4.7 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 Change to Supplementary Hours.

- 4.8 On 2 May 2024, changes to the opening hours of the pharmacy trading as Tesco Stores Ltd, located at Belle Vue Way, Hartlepool, TS25 1UP, 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.
- 4.9 A Summary of the change is shown below.

Tesco Pharmacy, Hartlepool			
Previous hours			
Days	Contracted (Core) Hours	Supplementary hours	Total hours
Monday	09:00-13:30; 14:30-17:00	08:00-09:00; 13:30-14:30; 17:00-21:00	08:00-21:00
Tuesday	09:00-13:30; 14:30-17:00	08:00-09:00; 13:30-14:30; 17:00-21:00	08:00-21:00
Wednesday	09:00-13:30; 14:30-17:00	08:00-09:00; 13:30-14:30; 17:00-21:00	08:00-21:00
Thursday	09:00-13:30; 14:30-17:00	08:00-09:00; 13:30-14:30; 17:00-21:00	08:00-21:00
Friday	09:00-13:30; 14:30-17:00	08:00-09:00; 13:30-14:30; 17:00-20:00	08:00-20:00
Saturday	09:00-12:00; 15:00-17:00	08:00-09:00; 13:30-14:30; 17:00-21:00	08:00-12:00; 13:30-14:30; 15:00-21:00
Sunday	None	10:00-16:00	10:00-16:00
Total Hours per week	40 hours	42 hours	82 hours
Revised hours with effect from 28 November 2022			
Days	Contracted (Core) Hours	Supplementary hours	Total hours
Monday	09:00-13:30; 14:30-17:00	08:00-09:00; 13:30-14:30; 17:00-20:00	08:00-20:00
Tuesday	09:00-13:30; 14:30-17:00	08:00-09:00; 13:30-14:30; 17:00-20:00	08:00-20:00
Wednesday	09:00-13:30; 14:30-17:00	08:00-09:00; 13:30-14:30; 17:00-20:00	08:00-20:00
Thursday	09:00-13:30; 14:30-17:00	08:00-09:00; 13:30-14:30; 17:00-20:00	08:00-20:00
Friday	09:00-13:30; 14:30-17:00	08:00-09:00; 13:30-14:30; 17:00-20:00	08:00-20:00
Saturday	09:00-12:00; 15:00-17:00	08:00-09:00; 13:30-14:30; 17:00-20:00	08:00-12:00; 13:30-14:30; 15:00-20:00
Sunday	None	10:00-16:00	10:00-16:00
Total Hours per week	40 hours	36 hours	76 hours

- 4.10 The change reported is a reduction of one hour at the close of the day, i.e., closing at 8pm rather than 9pm, Monday to Saturday. The change took place in November 2022 but notification was not distributed by NHS England at the time. Neither at the time, nor at this stage, is this reduction likely to be relevant to the granting of an application for a new pharmacy or dispensing appliance contractor premises, or changes to pharmaceutical services. The two [former 100-hour] pharmacies at Marina Way and at Park Road are open until 9pm each evening Monday to Saturday, though this does mean that choice of pharmacy after 8 pm has been reduced by one.
- 4.11 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 HBC website.

5. RECOMMENDATIONS

5.1 Health and Wellbeing Board note:

- i) No supplementary statements to the Hartlepool PNA 2022 have been issued since the last report of changes on 11 March 2024.
- ii) The changes to opening hours (and thereby availability of necessary pharmaceutical services) at Winterbottom Pharmacy and Tesco Pharmacy, Belle Vue.
- iii) The inclusion in the Pharmaceutical List of a new distance selling pharmacy located in Hartlepool which opened 22 April 2024.

5.2 Health and Wellbeing Board:

- i) Authorise and acknowledge the initiation of the process towards publication of the next Pharmaceutical Needs Assessment by the statutory due date in 2025.
- ii) Approve publication of the statement of intent (paragraph 3.3) reporting initiation of that process, to be published on the Hartlepool Borough Council website.

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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Table 1. Outline Plan for Process to Publication of PNA 2025

4.3

Date	Task	Action
Ongoing	Continue maintenance of the PNA 2022 in the interim in response to notifications from ICB/PCSE and wider information	Reporting continues at each HWB
April - July 2024	<p>i) Ensure pharmaceutical advice to support this process towards publication of a new PNA (2025) by the statutory due date.</p> <p>ii) Publish Statement of Intent to complete new PNA 2025.</p> <p>iii) Establish a PNA 2025 Steering Group/ Working Groups with new Terms of Reference</p> <p>iv) Begin requests for/ updating information that does not require stakeholder engagement (e.g. from local/ national datasets and sources) and plan to maintain</p> <p>v) Forward Plan entry</p>	<p>i) To be provided by Dr P Walters (Pharmaceutical Lead)</p> <p>ii) Intent to be confirmed by HWB 8 July 2024 and statement of intent published on HBC website.</p> <p>iii) Steering Group to include (CB, JS, Healthwatch Hartlepool) with representatives on working groups tbc from:</p> <ul style="list-style-type: none"> – Planning – Housing – Public Health teams including Data Analyst – Consultation / Engagement – Communications – NENC ICB (via regional meetings with Pharmacy PH Leads) – Community Pharmacy Tees Valley (working group) – Additional membership to be reviewed <p>iv) Working collaboratively with the Pharmaceutical Public Health Leads for NENC and North Yorks via the established Network. Data requests submitted to the ICB and NECs. Work with NENC ICB around common requirements</p>
July – Aug 2024	<p>i) Agree engagement plan and develop tools for engagement.</p> <p>ii) Update review of services, background and potential need</p>	<p>v) Pre-engagement activity</p> <p>vi) Produce engagement documentation</p>
Sept-Oct 2024	<p><u>The Engagement Phase (Stage 1)</u></p> <p>(4 weeks - patients/members of the public, stakeholders and pharmacy contractors)</p>	<p>i) Circulate engagement activity (4 wks)</p> <p>ii) To gain an understanding of patient experiences, pharmacy contractor views and public views of pharmacy services.</p> <ul style="list-style-type: none"> - a patient survey - a parallel stakeholder questionnaire of clinical and other professionals on behalf of the 'client group' they represent. <p>Including (but not limited to) those included in the required Statutory Consultation, patients and the public, commissioners,</p>

Table 1. Outline Plan for Process to Publication of PNA 2025

4.3

		providers and their representatives to contribute to the revised Needs Assessment. See the list at Stage 2 with whom the Statutory Consultation must consult
October - Dec 2024	<ul style="list-style-type: none"> i) Produce a draft PNA 2025 interim recommendations to be considered at HWB November 2024 ii) Approval required by the HWB for release to formal consultation or use existing delegation to DPH/ Chair of HWB updated as agreed at Nov'24 iii) HWB iv) Update /create new Survey and processes for statutory consultation including circulation list 	<ul style="list-style-type: none"> i) PW with contributions from all Stakeholders/ Working group ii) HWB iii) JS iii) Steering/working group and comms/engagement teams
Jan-Feb 2025	Draft PNA – Stage 2 Formal 60 Day Consultation	<p>Statutory Consultation must consult:</p> <ul style="list-style-type: none"> (a) any Local Pharmaceutical Committee for its area; (b) any Local Medical Committee for its area; (c) any persons on the pharmaceutical lists and any dispensing doctors list for its area; (d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services; (e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area; and (f) any NHS trust or NHS foundation trust in its area; (g) the NHSCB; and (h) any neighbouring HWB. <p>Plus survey circulation (draft):-</p> <ul style="list-style-type: none"> i) Viewpoint - Citizen Panel or equivalent- ii) Varied Public / Stakeholders contact points including: <ul style="list-style-type: none"> All Stakeholder organisations All HBC Councillors All HBC Staff All members of the HWB Local health action groups All HWB partners also asked to publicise with their staff/contacts The Youth Council, education contacts, existing adult forums (e.g. the Learning Disability partnership Board and the Mental Health Forum) and other community groups (incl. access to less well-represented parts of the people or

Table 1. Outline Plan for Process to Publication of PNA 2025

4.3

		<p>organisations who might access pharmaceutical services in Hartlepool). Hartlepool VCS Organisations Hartlepool Care homes PCNs All pharmacies located Hartlepool or near neighbours for onward contact to their superintendents/ head offices</p> <p>iii) Neighbouring HWB's</p> <p>3) Other Consultation Promotion tbc to consider :- i) physical poster/ e-displays encouraging completion of surveys displayed in: - All Local Authority buildings (inc. sports facilities, community centres and HUBS) - The University Hospital of Hartlepool and the One Life Centre - GP surgeries (through the GP Federation) - Pharmacies iii) Press releases iv) Social media promotion</p> <p>4) Hard copies to be made available. 5) A&G (LA Scrutiny) to be included in the consultation.</p>
March/ April 2025		<p>Interim update report HWB March 2025 Revise and update draft PNA following consultation (allowing time for another 60 days if necessary)</p>
May June July 2025		<p>Revise and update following consultation and March HWB and submit final PNA to HWB for approval July/August 2025.</p>
Latest Sept 2025		<p>Publication before the due date of 30th September 2025</p>

HEALTH AND WELLBEING BOARD

8 July 2024



Report of: Executive Director of Adult and Community Based Services

Subject: Better Care Fund Update

1. PURPOSE OF REPORT

- 1.1 To update the Health and Wellbeing Board on 2023/24 performance against the Hartlepool Better Care Fund Plan.

2. BACKGROUND

- 2.1 The Better Care Fund has been in place since 2015/16 and provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets into a single pooled budget that is focused on integration.
- 2.2 The focus of the pooled budget continues is on integration of health and social care services for older people, delivering system wide improvements and better outcomes for local people.

3. PERFORMANCE UPDATE

- 3.1 BCF performance reports were submitted to NHS England on a quarterly basis for a number of years. Routine reporting was suspended in 2020/21 due to COVID19 and a single year-end return is now required. The year-end return for 2023/24 was submitted in May 2023 and confirms that all national conditions continue to be achieved, as well as confirming that BCF contributions were in line with national guidance.
- 3.3 The 2023/24 return required local systems to submit performance data against a revised set of metrics as follows:
- Avoidable Admissions - unplanned hospitalisation for chronic ambulatory care sensitive conditions

- Discharge to Normal Place of Residence - percentage of people discharged to their normal place of residence.
- Falls - emergency hospital admissions due to falls for people aged 65 or over.
- Residential Admissions - rate of permanent admissions to residential care per 100,000 population for people aged 65 and over.
- Reablement - proportion of older people who were still at home 91 days after discharge into reablement / rehabilitation services.

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

Indicator	Performance	Comment
Avoidable Admissions	On track	Admission avoidance is supported through a range of BCF related schemes as well as wider initiatives such as Ageing Well and Hospital @ Home.
Discharge	On track	Several schemes and initiatives are in place to support this metric with an emphasis on 'Home First', in particular the development of overnight homecare support to enable people to go directly home.
Falls	On track	Improved performance in relation to falls has resulted in a reduction in hospital admissions, as was intended.
Residential Admissions	Not on track	There have been 11 more admissions than planned due to increased activity in Q1 and Q2. Reducing residential and nursing admissions of over 65s continues to be a high priority and the pilot service providing overnight homecare is expected to support a return to 2022/23 performance.
Reablement	On track	Performance has been maintained at 82% despite increased pressures across health and social care over the year.

At the time of the submission, four of the five metrics were on track to achieve targets, which is a similar position to 2022/23 when there were four metrics and targets were achieved in three of those four.

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

- The overall delivery of the BCF has improved joint working between health and social care in our locality.

- Our BCF schemes were implemented as planned in 2023/24.
- The delivery of our BCF Plan in 2023/24 has had a positive impact on the integration of health and social care in our locality.

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

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

	Enabler	Comments
Success 1	Strong, system-wide governance and systems leadership	A partnership approach brings together health, social care and VCSE partners to improve outcomes for older people. A joint commissioning infrastructure has helped to keep a focus on hospital discharge, supporting the care market, workforce development, building community assets, development of the VCSE sectors and maximizing / developing the use of assistive technology to support older people to sustain their independence and reduce the likelihood of crisis.
Success 2	Joint commissioning of health and social care.	At both a commissioning and operational level, health and social care teams work closely and continually review current pathways and develop new improved ways of working.

	Enabler	Comments
Challenge 1	Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors).	Issues with workforce have caused pressures this year caused in part by sickness absences, and recruitment and retention has continued to be a challenge in some areas, despite additional funding and incentives.
Challenge 2	Good quality and sustainable provider market that can meet demand	Concerns regarding continued provision and choice of good quality care and support settings, particularly those with more complex needs.

4. BCF PLAN 2023 – 2025

- 4.1 The BCF Plan for 2023 -2025 was developed collaboratively between Hartlepool Borough Council, North Tees & Hartlepool NHS Foundation Trust and the North East & North Cumbria Integrated Care Board and approved by the Health & Wellbeing Board in July 2023.
- 4.2 The 2023-25 BCF Plan included indicative funding allocations for the 2024/25 ASC Discharge and Disabled Facilities Grants. These allocations have now been confirmed and Section 6 provides details of the final BCF funding allocations for 2024/25. The 2024/25 indicative budget submitted as part of the 2023-25 BCF Plan is also in the process of being updated to reflect these revised allocations and the details were submitted within the 2024/25 BCF Planning Template which was submitted to DHSC on 10 June 2024.

5. RISK IMPLICATIONS

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

6. FINANCIAL CONSIDERATIONS

- 6.1 The BCF Pooled Budget is made up of a number of elements, some of which have mandatory funding requirements, and the Hartlepool plan demonstrates that these minimum contributions are being maintained.
- 6.2 The Pooled Budget is hosted by Hartlepool Borough Council and governed through the BCF Pooled Budget Partnership Board.
- 6.3 The BCF Pooled Budget also includes the Adult Social Care Discharge Funding (paid as separate grants to the Local Authority and ICB) which is required to be 'pooled' within BCF. The allocations for Hartlepool for 2024/25 are shown below:

Funding	2024/25
BCF (Minimum NHS Contribution)	£9,481,741
Disabled Facilities Grant	£1,332,760
iBCF Allocation (Paid directly to HBC)	£5,358,232
Local Authority Discharge Funding	£1,252,026
ICB Discharge Funding	£964,818
TOTAL	£18,389,577

- 6.4 In addition to the funding shown in the table above, there has been a carry forward of £646,272 which relates to previous years BCF revenue underspends. This funding will be used to support BCF related initiatives in 2024/25 and future years.

- 6.5 The Disabled Facilities Grant allocation was also underspent at year end by £21,590. This underspend has been carried forward and will support relevant works in 2024/25.

7. LEGAL CONSIDERATIONS

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

8. EQUALITY AND DIVERSITY CONSIDERATIONS

- 8.1 None identified.

9. STAFF CONSIDERATIONS

- 9.1 No staff considerations have been identified.

10. ASSET MANAGEMENT CONSIDERATIONS

- 10.1 No asset management considerations have been identified.

11. RECOMMENDATION

- 11.1 It is recommended that the Health and Wellbeing Board retrospectively approves the Hartlepool Better Care Fund 2023/24 return which has been submitted in line with the national timescales.

12. REASON FOR RECOMMENDATION

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

13. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

8 July 2024



Report of: Director of Public Health

Subject: JOINT LOCAL HEALTH AND WELLBEING STRATEGY 2025-2030

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.
- that is sustainable, clean, safe and green.
- 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 provide and update on the proposed draft structure of the Health and Wellbeing Board (HWBB) Strategy refresh.

3. BACKGROUND

3.1 The Health and Care Act 2022 amends section 116A of the Local Government and Public Involvement in Health Act 2007 and renames 'joint

health and wellbeing strategies' to 'joint local health and wellbeing strategies' (JLHWSs)

- 3.2 Health and wellbeing boards continue to be responsible for the development of joint strategic needs assessments (JSNA) and JLHWS.
- 3.3 Health and wellbeing boards will need to decide for themselves when to update or refresh JLHWSs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time.
- 3.4 The decision was made by HWB on the 5 September 2022 for Public Health to lead the refresh of the current 2018-2025 strategy.
- 3.5 A stocktake of the previous strategy was undertaken in 2022/23.
- 3.6 Meetings between the DPH and HWBB representatives commenced 2023 setting out the approach to refreshing the strategy.
- 3.7 Consultation has been incorporated into the councils 'Big Conversation' consultation December 2023 - January 2024. This will help inform the priorities of the JLHWS and will be shared at a later date.

4. PROPOSALS

- 4.1 We are now in a position to develop a JLHWS setting out priorities for the next five years see Appendix 1 for a suggested structure. This will be reviewed annually
- 4.2 There is an expectation that members of the HWBB support and contribute to the development of the strategy and priorities collectively to ensure the strategy represents the contributions of partners to address the health and wellbeing of the Hartlepool population. A workshop with members of the HWBB will be established to draft the priorities.
- 4.3 The strategy will inform the development of a detailed action plan and outcome framework which will be the responsibility of the HWBB to oversee and monitor.

5. RISK IMPLICATIONS

- 5.1 The main risk is that the strategy is not refreshed within the timescales - it is a requirement of the HWBB to publish their Joint Health and Wellbeing Strategy setting out their priorities

6. FINANCIAL CONSIDERATIONS

- 6.1 None.

7. LEGAL CONSIDERATIONS

7.1 None.

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

8.1 This will be developed alongside the strategy.

9. STAFF CONSIDERATIONS

9.1 None.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 None.

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

11.1 None.

12. RECOMMENDATIONS

12.1 To agree the proposed structure of the strategy.

12.2 To support the joint development of the strategy and associated priorities.

13. REASONS FOR RECOMMENDATIONS

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

14. BACKGROUND PAPERS

Appendix 1 – Draft structure

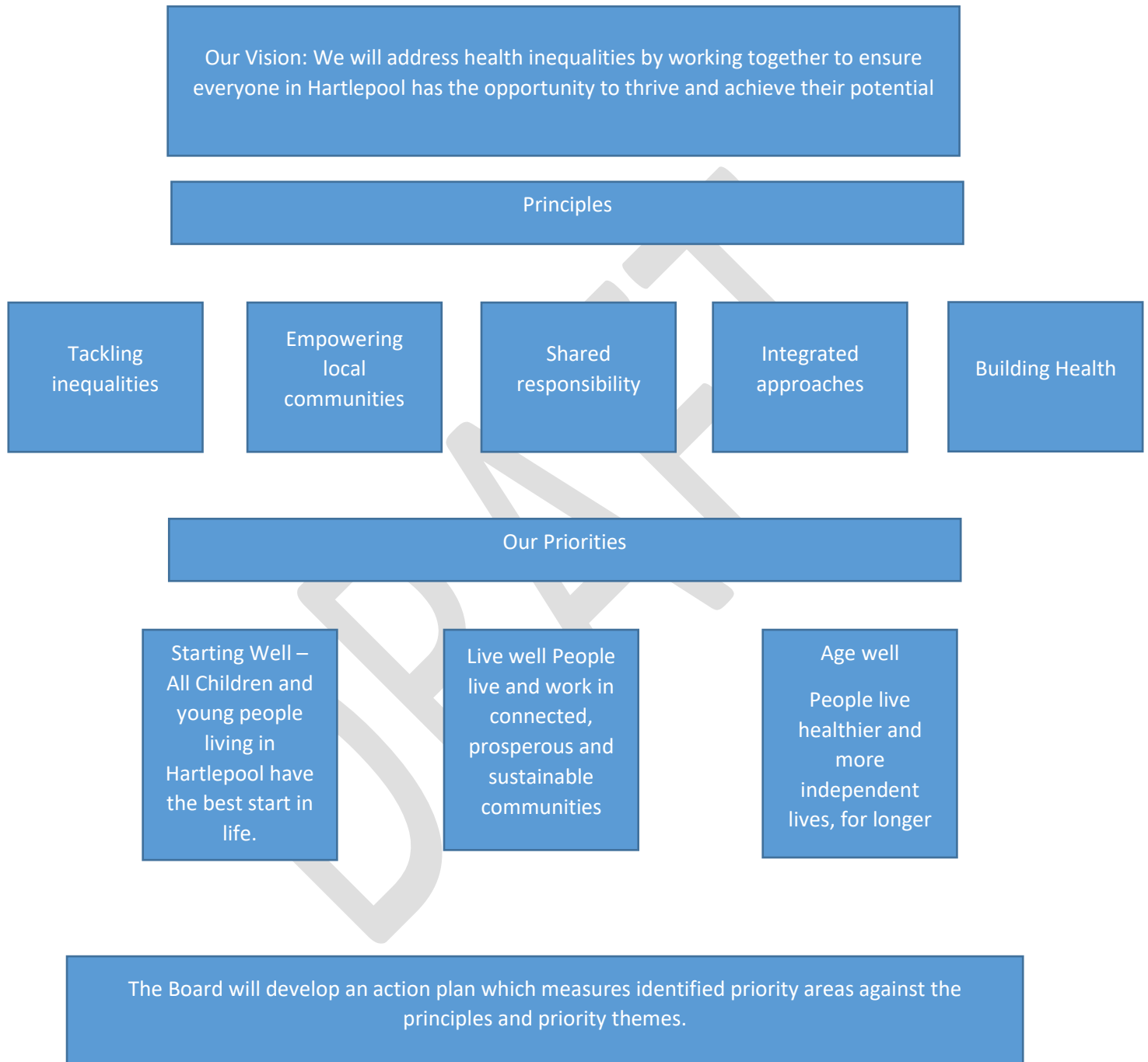
15. CONTACT OFFICERS

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Joint Health and Wellbeing Strategy

Joint Health and Wellbeing Strategy on a page



APPENDIX 1

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Welcome from the Chair

What makes us Healthy

Most people associate the word 'health' with hospitals and doctors. When considering 'good health' they tend to think simply of an absence of illness but this strategy looks at health in its broadest sense: a person's level of good physical and mental health, and the extent to which individuals in a society are enabled to live healthy and flourishing lives.

Links to local/national plans

The Joint Health and Wellbeing Strategy for Hartlepool links to wider strategies aimed at addressing the health and wellbeing needs including:

- Hartlepool Borough Council Plan
- The NHS long term plan - [NHS Long Term Plan v1.2 August 2019 \(england.nhs.uk\)](https://www.nhs.uk/longtermplan)
- Better health and wellbeing for all a strategy for the North East and North Cumbria <https://northeastnorthcumbria.nhs.uk/media/v2hchnti/final-nenc-integrated-care-strategy-16-december-2022.pdf>
-

What we know - Health in Hartlepool

Starting Well

The National Child Measurement Programme (NCMP) 2022-23

Overweight Reception

25.90%



Obese Reception

12.70%

Overweight Y6

42.10%

Obese Y6

27.50%

Low income Households

Children in relative low income families

26.80%



Children in absolute low income families

21.70%



Department for Work and Pensions HM Revenue and Customs

School readiness

Percentage of children achieving a good level of development at the end of Reception

64.50%

Percentage of children achieving the expected level in the phonics screening check in Year 1

79.20%

Department for Education (DfE), EYF5 Profile

SATOD/Breastfeeding

Breastfeeding prevalence at 6-8 weeks

26%

OHID



Live Well

Fuel Poverty

Households in fuel poverty

14.30%



Department for Business, Energy and Industrial Strategy

Unemployed

Percentage of the working age population claiming out of work benefit

6.80%

NOMIS, Official Census and Labour Market Statistics

Physically active adults

Percentage of physically active adults

59.50%



Percentage of physically inactive adults

28.60%



Active Lives Adult Survey, Sport England

Depression

Depression prevalence 18+

14.80%

QOF

Smoking

Current smokers 15+

18.80%

Current smokers 18+

17%

Age Well

Healthy life expectancy

Healthy life expectancy at birth - Male

57.60%

Healthy life expectancy at birth - Female

58.8%

Healthy life expectancy at 65 - Male

9.1%

Healthy life expectancy at 65 - Female

10.5%

Dementia

Estimated prevalence of dementia 65+

6.40%

Estimated dementia diagnosis rate

77.40%

NHS

Isolation

Percentage of adult carers 65+ who have as much social contact as they would like

39.50%

ASCOF

Reablement support

Percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services

80.10%



Our Principles

Tackling inequalities

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. These are sometimes referred to as wider determinants of health.

Empowering local communities - The voice of local communities is at the centre of our decision making.

Communities, both place-based and where people share a common identity have a vital contribution to make to health and wellbeing. Community life, social connections and having a voice in local decisions are all factors that underpin good health, however inequalities persist and too many people experience the effects of social exclusion or lack social supportⁱ.

Shared responsibility

The Joint Health and Wellbeing Board will ensure a shared responsibility with partners to collectively deliver a range of functions and services that protect, promote and improve the public's health. With a growing number of challenges facing the health and care system, it is more important than ever in order to improve health outcomes and reduce health inequalitiesⁱⁱ

Integrated approaches

The Joint Health and Wellbeing Board will work with partners as integrated care is essential to improving outcomes for people who use health and social care services - with a focus on prevention, better outcomes and reducing health inequalities.

Building Health

Where we live can shape our health, including how long we can expect to live, but inequalities between local areas restrict people's opportunities to live a healthy life. By improving things like access to good-quality jobs, homes and making healthy food more accessible we can make a difference to our communities.

APPENDIX 1



<https://www.health.org.uk/infographic-what-makes-us-healthy>

What people said

Consultation responses Appendix 1

APPENDIX 1

Our priorities

Starting Well – All Children and young people living in Hartlepool have the best start in life.

We Will:

APPENDIX 1

Live well People live and work in connected, prosperous and sustainable communities

We Will:

APPENDIX 1

Age well

People live healthier and more independent lives, for longer

We Will:

Measure of Success - Delivering the Strategy and Monitoring Impact

The Joint Health and Wellbeing Strategy will inform an action plan which will involve partners and stakeholders.

This will be monitored within the Joint Health and Wellbeing Board which meets quarterly. The board will also produce an annual report demonstrating progress against priority areas.

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

References

i

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768979/A_guide_to_community-centred_approaches_for_health_and_wellbeing_full_report.pdf#:~:text=There%20is%20extensive%20evidence%20that%20connected%20and%20empowered,a%20positive%20impact%20on%20people%E2%80%99s%20health%20and%20wellbeing.

ii

https://assets.publishing.service.gov.uk/media/5d0759f1e5274a0b82d62f2f/Quality_in_public_health_shared_responsibility_2019.pdf

HEALTH AND WELLBEING BOARD

8th July 2024



Report of: Craig Blundred, Director of Public Health

Subject: PUBLIC HEALTH PRIORITIES 2024/25

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.
- that is sustainable, clean, safe and green.
- that has an inclusive and growing economy.

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to outline Hartlepool Council's Public Health team priorities for 2024/25.

3. BACKGROUND

- 3.1 The council public team has a work programme for the team, a commissioning programme for public health activities and a programme of spend for other public health initiatives. In conversation with partners it has become apparent that summarizing this activity and our priorities in one document will support joint working and planning of future activities.

- 3.2 The attached document outlines public health team priorities, work programmes and current research interests. It also outlines ways of working and public health principles.

4. PROPOSALS

- 4.1 That the board note the contents of the report and use to inform partnership working with the public health team.

5. RISK IMPLICATIONS

- 5.1 None

6. FINANCIAL CONSIDERATIONS

- 6.1 None

7. LEGAL CONSIDERATIONS

- 7.1 None

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

- 8.1 None

9. STAFF CONSIDERATIONS

- 9.1 None

10. ASSET MANAGEMENT CONSIDERATIONS

- 10.1 None

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 11.1 None

12. RECOMMENDATIONS

- 12.1 That the board note the report and use to inform partnership working with the public health team.

13. REASONS FOR RECOMMENDATIONS

- 13.1 This document sets out priorities for the public health team and ways of working, this will make it easier for partners to identify synergies and areas of joint working where collaboration is possible.

14. BACKGROUND PAPERS

- 14.1 Public Health Overview and Planning 2024/25 document (**Appendix 1**).

15. CONTACT OFFICERS

- 15.1 Craig Blundred
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Public Health Overview and Planning 2024/25

**Craig Blundred
Director of Public Health
May 2024**

Introduction

In 2022 a review of the public health function in Hartlepool was carried out in order to identify key challenges that we faced coming out of the pandemic and provided an independent view of areas that needed to be addressed. As we enter 2024/25 there are a significant number of achievements to highlight.

The team has expanded and there has been an increase in capacity in key areas such as specialist input into all programmes. We also have an increased capacity to deliver strategically on our substance misuse priorities. Overall management of the substance misuse team has moved back into public health and this will provide significant opportunities for closer working. Increasing the size of the public health team has allowed us to raise the profile of public health work and challenges with in

There are, however, significant challenges still. The public health grant remains at a diminished level in relation to 2013 and there are no signs of any significant changes to investment in public health. We continue to see challenges associated with health inequalities and it is right that this continues to be the highest priority that underpins all of our work. The cost of living crisis has hit our residents particularly hard and we are supporting the poverty reduction agenda.

Whilst there have been increases in the team, we are still short of specialist

The purpose of this document is to highlight the public health priorities for 2024/25 and to outline key areas of work so that colleagues and partners are able to understand our focus this year.

Focus of our work

The health of our population in Hartlepool is generally worse than the England average. Many of our wards are in the most deprived in the country and this has an impact on people's health. Many of the causes of ill health are as a result of this. Fewer job opportunities, poor quality housing, increased childhood trauma and poor mental health are a few of the challenges we now face.

Health inequalities have a major impact on our residents. We have lower life expectancy, lower healthy life expectancy and more long term conditions than many other places in England. The COVID-19 pandemic has exacerbated these and the subsequent challenges that the post COVID world have presented us with are key factors in the need to change how we work to improve people's 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. Health is not simply a matter for the individual and their behaviours. It also isn't simply the provision of health care. The environment, structures and systems which impact on how people live all contribute to health outcomes – the wider determinants of health.

Our focus, therefore, needs to work to address the inequalities through working across the system with partners to improve those elements that impact most on people's health. We will do this, working in partnership with our communities, our system partners and other agencies, to address those determinants that cause our population to experience worse health outcomes.

But this isn't the only area we need to tackle. For many years we have addressed these through identifying those areas we are "worst" at and trying to address these. This has had some impact, however, the challenges we face are more serious and so we need to change how tackle the

problems. We will move away from the negative connotations of tackling problems and will change our focus to building good health. This salutogenic approach will see us working with our communities to build community resilience and to build good health from communities up. By changing our focus we will be able to tackle issues such as territorial stigma which prevent communities from developing their potential.

Public Health Priorities and Planning 2024/25

This section outlines our key overarching priorities, what the facilitators are to ensure this happens and the mechanisms we will use to implement our plans.

Overarching Public Health Priorities	Priority Facilitators	Intervention
<p>Reducing health inequalities</p> <p>Implementing a whole systems approach to obesity prevention</p> <p>Developing the substance misuse service and reducing drug and alcohol related deaths</p> <p>Health protection including increasing the uptake of immunisations</p> <p>Development of smoking cessation services</p> <p>Prevention agenda</p>	<p>Development and implementation of the Intelligence Hub</p> <p>Development of a Health in All Policies approach</p> <p>A health inequalities first approach to delivery</p> <p>Tactical application of the public health grant to reduce inequalities</p> <p>Community focused approach</p> <p>Focus on best start in life</p> <p>Refresh of Joint Health and Wellbeing Strategy</p>	<p>Policy – health in all policies approach</p> <p>Community / social approach</p> <p>Service development and delivery</p> <p>Effective focus of public health grant to maximise health outcomes and value for money</p> <p>Refreshed Health and Wellbeing Strategy which reflects community, council and partner priorities</p>

How will we work?

We will take a place based approach to developing our work programmes to reduce health inequalities. We will achieve this by using the Population Intervention Framework for place based action. Place based approaches are successful in delivering interventions to tackle health inequalities. We need to be able to work across systems to deliver what is needed at place and the Population Intervention Framework gives us a structure to be able to do this.

Components of the Population Intervention Triangle



Source: Place-based approaches for reducing health inequalities: main report (2021) Public Health England

This brings together the key components to achieve population level change in outcomes. The main segments are:

Segment	Examples
Civic level interventions	Policy and strategy development – Health in all Policies approach Legislation Economic development Social care Statutory public health responsibilities
Community centred interventions	Participatory methods in communities Building on local assets Increases people's control over their lives Address barriers to engagement Community resilience
Service level interventions e.g.	Ensuring local service effectiveness Service and user engagement Ensuring cost effectiveness

We will work with partners to develop a coordinated place based programme of work utilising the framework above. We are already working closely with the Integrated Care Board through the local place committee and developing programmes of work to support the prevention agenda.

We can utilise the framework to:

Identify where existing programmes sit and how they contribute to the system

Support cross-organisational working

Identify wider determinants for conditions / interventions

This tool will form the basis of our work with partners, the community and interested organisations going forward.

Public Health Plans

Public health programmes are delivered in two main ways. The public health team oversee the commissioning of services and contracted programmes as well as developing programmes of work with partners (both internal and external).

Appendix Two outlines the key public health plan elements. These reflect our team's key priority areas alongside ongoing work programmes and commissioned activities.

The plans are informed by the Joint Strategic Needs Assessment (JSNA) and the joint Health and Wellbeing Strategy. As we are in a refresh year for the strategy, we are also going to review programmes of work to ensure they are aligned and are linked to all strategic objectives.

Appendix Three outlines the main contracts we have with external providers. We will review these and other areas of spend to ensure that we are making the most of the public health grant and ensuring that we are commissioning programmes of work that align with our principles of working.

Public Health Principles

We will take an evidence based approach towards tackling public health issues in Hartlepool and across all of our work programmes. Health inequalities are our key focus and reducing inequalities across our population is a fundamental approach with all of our work programmes. Working with our population to enhance opportunities to improve health and to work with partners to support putting in place the opportunities to improve health in the population.

Our underpinning principle is that all of our work going forward will be predicated on the principle of "Building Good Health". For too long we have focused on poor health and ignored the impact that the discourse on this has on our population. We need to acknowledge that the indicators of health are poor, however ensuring the narrative for how we address this focuses on the positive aspects will help to reduce the stigma associated with negative descriptions. It is also a helpful way to engage our communities.

We will work with our communities to understand what their priorities are and to co-develop the work we need to implement. We will aim to build community resilience for health working with people and not "doing to".

We will align our local plans with the regional and place plans of the ICB ensuring that we continue to work in partnership with the ICB and other key partners. We will also continue to discharge our responsibilities to support the ICB with the core offer function.

Intelligence

Good data and intelligence underpins our public health practice. The JSNA informs ours and partners work and is a key document outlining the health needs of the population. However we can gain much better intelligence by working internally and with partners so that we can share appropriately data that we currently don't use for public health purposes but that can enhance our understanding of the health challenges in the borough.

We are engaging in work to develop an intelligence hub so that data across the council can be used to get a much richer picture of the needs of our residents. This will involve working through the legal, ethical and practical issues of sharing the data and will ensure we have a JSNA that better reflects the wider determinants of health.

We will also work with our partners in the NHS to develop better sharing of intelligence. We already have staff members working with North Tees and Hartlepool NHS trust to develop approaches to information sharing.

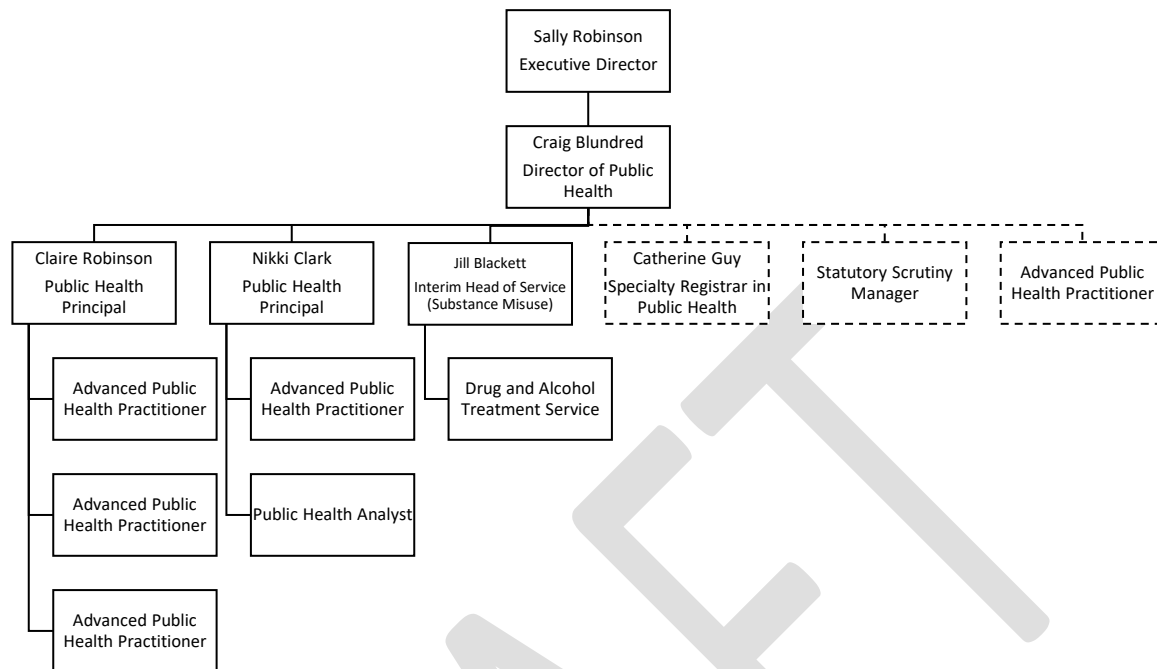
Research

Research is an important element of public health practice and the public health team is currently involved / has been involved in several research projects over the last two years. Research is important in developing learning that is relevant to our communities as well as contributing to the knowledge base in general. Appendix Four outlines the key research projects that have been carried out recently or are ongoing. We will complete a brief research strategy this year to guide and support our research programme.

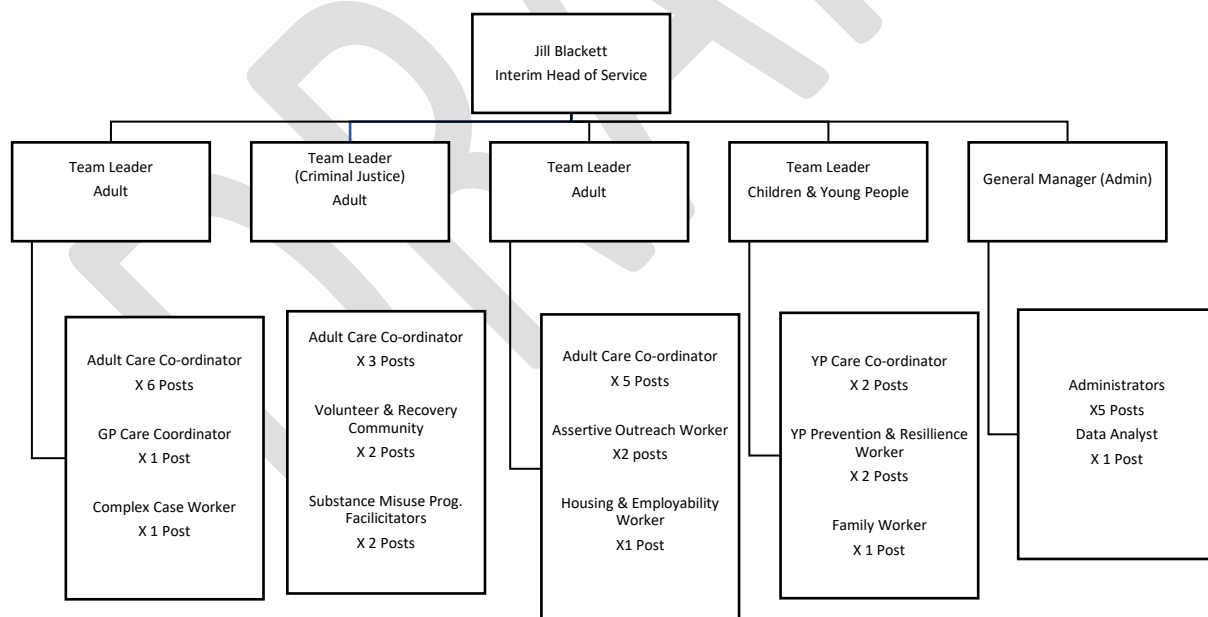
Conclusion

This document has outlined the ways of working, principles of working and current plans for public health for the next year. The key points are that we will tackle health inequalities as a priority by moving to a “building good health” framework for our work. Partnership working is key and we will use a place focus and framework to ensure we maximise opportunities across the local system to improve health.

Appendix One: Public Health Team



START/HBC Team



Appendix Two: Public Health Team Programmes

Topic/Theme areas	
Healthy Start Vitamins	Children and Young People
Falls RCT study	Falls Prevention
Adverse weather plan & cold related actions	General Public Health
Development of Community Champion Programme for Hartlepool	General Public Health
Health and Wellbeing Board	General Public Health
HWB Joint Strategy stocktake and refresh	General Public Health
MECC (Making Every Contact Count adults) & CONNECT 5	General Public Health
MPH students placements	General Public Health
Pharmaceutical Needs Assessment	General Public Health
PHD Student Placements	General Public Health
NHS Health Checks	Health Checks
Health Protection Board	Health Protection
NENC Care Sector Health Protection Group	Health Protection
Flu Vaccinations	Immunisation
Adolescent Immunisations	Immunisation
Childhood Immunisations	Immunisation
Behavioural Insight Work (Family Hubs)	Immunisation
Spring Booster campaign	Immunisation
Hartlepool JSNA	Intelligence
Power BI	Intelligence
Public Health Web Site	Intelligence
FIT FANS offer - AWM	Obesity Prevention
Food Partnership	Obesity Prevention
Holiday Activities and Food Programme	Obesity Prevention
Hartlepool Research Steering Group to develop community wellbeing indicators	Obesity Prevention
Healthy Weight Strategy (& Physical Activity Strategy)	Obesity Prevention
Physical Activity Assessment tool pilot - OHID North East Physical Activity service led improvement	Obesity Prevention
Addressing Poverty and effects on health (including housing, energy and food via food plan)	Poverty

Sexual Health - Syphilis Comms Plan	Sexual Health
Sexual Health Prevention contract monitoring	Sexual Health
Sexual Health re procurement	Sexual Health
Sexual Health Re-investment Plan	Sexual Health
Alcohol PCN project	Substance Misuse
Drug and Alcohol Related Death process	Substance Misuse
Health Inequalities Project	Substance Misuse
Implementation of drug and alcohol strategy	Substance Misuse
Inpatient Detox/change in detox across Tees	Substance Misuse
Intensive Supervision Courts	Substance Misuse
IPS - substance misuse	Substance Misuse
Naloxone Policy	Substance Misuse
Postvention support and DARD support	Substance Misuse
Supplemental Substance Misuse Treatment and Recovery Grant	Substance Misuse
Substance Misuse needs assessment	Substance Misuse
Substance Misuse Research projects	Substance Misuse
Tees Local Drug Information Service	Substance Misuse
Tees Suicide Action Plan refresh	Suicide Prevention
Implementation of the Tobacco action plan	Tobacco Control
Stop Smoking Nicotine Replacement Therapy offer	Tobacco Control
Vape national pathfinder project	Tobacco Control
Vape Pilot (Swap to stop)	Tobacco Control
Planning - PH input into planning applications and policy	Wider Determinants
Better Health at Work Award External Businesses / organisations	Workplace Health
Better Health at Work Award internal HBC (& Staff Flu Vaccines)	Workplace Health
Armed Forces Covenant	
Equality, Diversity and Inclusion (HBC)	

Appendix Three: Public Health Contracts

Substance Misuse
Sexual Health (Specialist)
Sexual Health Prevention - Training/Education & C-Card
Sexual Health Community Outreach
NHS Health Checks (Healthy Heart Checks)
Harm Reduction (inc Needle Exchange)
NECS Data Management Service
Suicide Prevention Post
Sexual Health (GUM)
Stay Safe and Warm
Purchases for Healthy Start Vitamins
HIV and Syphilis Testing

Healthy Living Pharmacy
Child Death Overview Panel
Pharma Outcomes
Better Health at Work Award
Pharmaceutical Support - PNA
Oral Health
Audiology
Project Manager managing Health inequalities for people with substance misuse issues
FRESH (Tobacco Control Support)
START Service Evaluation
Postvention Support - Counselling for people effected by Drug and Alcohol related deaths or suicide
Teesside University - Tees wide drug testing

Online 24hr Support for Individuals with Substance Misuse Issues
HBC Staff Flu Vaccines
Social Marketing Campaign for START
Dual Diagnosis Worker
Recovery Community - Supporting START
Trauma informed anxiety and depression counsellor
SSMTRG allocated funds for Tees Wide contribution to IPD
SSMTRG allocated funds for Stockton & Hartlepool IPS contribution
Smoking Cessation Service - Tender going out in May- Contract hopeful to commence 1st August
Systmone contributions (0-19) services hold contract for this
Drug Related Death Coordinator Post - HBC contribution

Appendix Four: Research Programme and register of bids made

Funder	Type of research study	Topic	Aims	Provider	Timescales
HBC	Behavioural Insights Study	To understand the complex health needs of people associated with drug/alcohol misuse	Better understand the complex health needs of people associated with drug/alcohol misuse and how best to meet this need. This will include: understanding factors affecting an individual service users health and wellbeing; including barriers and facilitators/interventions to meeting these needs and recommendation to inform service delivery	Newcastle University	April – 30th September 2023
HBC	Qualitative Study – service review	12 week service review	To understand the current 12 week review and its effectiveness in engaging clients	Teesside University	April 23 March 25 Delivered in 2023
HBC	Economic analysis	Buvidal cost effectiveness and efficacy	Cost effectiveness and efficacy of Buvidal	Teesside University	April 23 March 25 Delivered in 2023
HBC	Qualitative Study – service review	Health and Wellbeing Nurse role	Service review aimed at understanding the impact of the newly funded Health and Wellbeing Nurses in meeting the wider health needs of people who use substances	Teesside University	April 23 March 25
HBC	Service evaluation Quals/Quants	Service evaluation to inform commissioning	A review of the service model including the above research projects to inform the commissioning of substance misuse services that are both cost effective and achieve outcomes	Teesside University	April 23 March 25

Externally funded research bids

Funder	Type of research study	Topic	Aims	Provider	Timescales	Cost	Outcome
CRN Funding Call for Contingency Funding for Expansion & Growth	Survey and qualitative interviews	Developing the research role of local authorities	<p>Objective 1: Experts from Teesside University will work with Public Health in Stockton and Hartlepool to better understand the current research needs, priorities, capacity and governance (barriers and facilitators) within each local authority and identify opportunities to further embed public health and social care focused research; , using learning from the South Tees HDRC .</p> <p>Objective 2: To provide each local authority with key recommendations to develop a develop a research culture and governance that will enable them to become more research active in the areas of public health and social care. To develop a NIHR PHR funding bid for the next call for HDRCs.</p>	Teesside University/ Stockton LA	Jan – March 23	£27,153.06	Successful
NIHR PHR - Health Determinants Research Collaborations (HDRC) Programme	Mixed method	Developing the research role of local authorities	<p>Working with local communities to develop an active learning research ecosystem related to</p> <p>economic development in a coastal community in North East England</p>	Teesside University	01/12/2023 to: 30/11/2028 (60 months)	£4,900,000.00	Unsuccessful round 1
RfPB	RCT	Falls/Alcohol	Provisional work to look at submitting a bid to RFPB to reduce alcohol use in people know to falls services and ultimately lead to	Teesside University	1 st submission 8 th November	£248,750.00	Unsuccessful round 1

			<p>a reduction in subsequent falls – additional benefits are supporting the wider health needs of people who use alcohol</p> <p>This will work with Middlesbrough</p> <p>Hartlepool and Stockton falls services</p>		2 nd submission TBC		
CRN Funding Call for Contingency Funding for Expansion & Growth	Qualitative Interviews/Workshops and development of protocols	Developing the research role of local authorities	To further develop work we have previously carried out including a programme of work for the Memorandum of Understanding for Hartlepool Council to feed into the current South Tees HDRC and Teesside University. We will use the learning from a piece of work we have already carried out however this will use similar mechanisms as South Tees HDRC to develop research proposals and protocols across the council.	Teesside University	January-March 2024	£24,859.00	Successful
CRN Funding Call for Contingency Funding for Expansion & Growth	Survey and Qualitative interviews	An exploration of NHS Health Checks in Deprived Communities of Tees Valley	A study across Tees Valley to elicit barriers and facilitators of accessing NHS Health Check	Teesside University	April – July 24	16,333.23	Successful
CRN Funding Call for Contingency Funding for Expansion & Growth	Quantitative/Qualitative	Exploration of the need for a RCT of a brief alcohol intervention in reducing alcohol consumption and falls within falls services: The SAFE-PACE study.	<p>1. To carry out an audit of risky drinking in the fall's services in Hartlepool and Middlesbrough to ascertain patient's levels of risky drinking in the six months prior to a fall.</p> <p>2. To explore the feasibility and acceptability of alcohol brief interventions with staff and patients.</p>	Teesside University	July-Sept 24	37,196.03	Awaiting outcome

			3. To carry out a workshop with practitioners and policy makers to ascertain next steps and the development of a protocol for a future RCT with funding from NIHR PHR or RfPB to look at effectiveness and cost effectiveness of a brief alcohol intervention in reducing alcohol consumption and falls in this setting.				
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HEALTH AND WELLBEING BOARD

8th July 2024



Report of: Director of Public Health

Subject: BOARD FORWARD PLAN

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.
- that is sustainable, clean, safe and green.
- with a Council that is ambitious, fit for purpose and reflects the diversity of its community.

2. PURPOSE OF REPORT

- 2.1 This report outlines a proposed work programme for the Health and Wellbeing board. This gives the board a forward plan of items that are coming to the board. This has two purposes – a forward plan to facilitate report writing and an opportunity for the board to consider if there are any specific items for discussion they would like to include in the reports.

3. BACKGROUND

- 3.1 The board generally receives updates on a number of issues throughout the year. These may be statutory (e.g. the PNA updates), regular (e.g. annual

reports) or may vary through the year depending on issues that arise with partners. In order to potentially enhance the debate and feedback on these items, it is proposed to have a forward plan which gives advance notice to partners of when specific papers are due at the board. It also allows the board to request specific areas of detail they would like to explore further.

4. PROPOSALS

- 4.1 The paper attached lists the existing papers that will be coming to the board. The board is asked to consider what other reports should be brought to the board and add these to the forward plan. This will then be circulated to board members.

5. RISK IMPLICATIONS

- 5.1 No risk implications identified.

6. FINANCIAL CONSIDERATIONS

- 6.1 There have been no financial considerations identified with this process.

7. LEGAL CONSIDERATIONS

- 7.1 No legal considerations identified.

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

- 8.1 No equality and diversity issues have been identified.

9. STAFF CONSIDERATIONS

- 9.1 No staff considerations have been identified.

10. ASSET MANAGEMENT CONSIDERATIONS

- 10.1 No asset management considerations have been identified.

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 11.1 None identified.

12. RECOMMENDATIONS

- 12.1 That the board agrees the proposals on the plan and agree any further additions.

13. REASONS FOR RECOMMENDATIONS

- 13.1 This will provide a clear programme of board activities for the year ahead and will enable the board to consider and request key points of discussion they would like in the papers.

14. BACKGROUND PAPERS

- 14.1 Forward Plan (**Appendix 1**).

15. CONTACT OFFICERS

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Health and Wellbeing Board Work Plan 2024/2025

The Health and Wellbeing board work plan is a calendar of reports and updates that are due to be presented to the board for discussion / approval. This plan is for the purpose of forward planning and does not preclude items being added to the agenda at a later date.

Meeting Date	Reports
July 2024	Pharmaceutical Needs Assessment Updates Public Health Priorities and Facilitators H&WB Workplan H&W strategy update
September 2024	Pharmaceutical Needs Assessment Updates Drug and Alcohol Strategy Update Better Care Fund update Healthwatch work programme Healthwatch NE Dental Mystery shopping Trust Joint Working Update
December 2024	Pharmaceutical Needs Assessment Updates Pharmaceutical Needs Assessment Refresh Healthwatch Hartlepool Annual Report Tobacco Strategy Update Health Protection Board Annual Update Health and Wellbeing Strategy Update TSAB Annual report HSSCP Annual Report
March 2025	Pharmaceutical Needs Assessment Updates Director of Public Health Annual Report Trust Joint Working Update Work programme review