HEALTH AND WELLBEING BOARD

AGENDA

HARTLEPOOL BOROUGH COUNCIL

9th September 2024

At 10.00am

Committee Room B
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 for Early Intervention, Performance and Commissioning, Hartlepool Borough Council - Rebecca Stephenson
Representative of Hartlepool Voluntary and Community Sector – Christine Fewster and Carl Jorgeson
Representative of Tees, Esk and Wear Valley NHS Trust – Jamie Todd
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 8th July 2024

4. ITEMS FOR CONSIDERATION

4.1 South Tees Hospital NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust Group Model - Presentation - *Group Chief Executive Officer and Associate Director of Group Development, North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust*

4.2 Local Area Inclusion Plan for Children and Young People with SEND (Special Educational Needs and Disabilities. *Executive Director, Children's and Joint Commissioning*

4.3 'Community Transformation' of Adult Mental Health Services - *Co-Lead Officer, Hartlepower*

4.4 *Healthwatch Hartlepool Annual Report – Chief Executive - Healthwatch Hartlepool*

4.5 Drug and Alcohol Strategy Update – *Director of Public Health*

4.6 Draft Joint Local Health and Wellbeing Strategy (LJHWS) – Consultation Approval. *Director of Public Health*

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting

2nd December 2024
17th March 2025

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

8 July 2024

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

Present:

Councillor Harrison, Leader of Council (In the Chair)

Prescribed Members:-
Elected Members, Hartlepool Borough Council - Councillors Boddy, Darby and Roy
Representatives of NHS North East and North Cumbria Integrated Care Board - Karen Hawkins
Director of Public Health, Hartlepool Borough Council – Craig Blundred
Executive Director of Children's and Joint Commissioning Services, Hartlepool Borough Council - Sally Robinson
Executive Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison
Representatives of Healthwatch - Margaret Wrenn and Stephen Thomas (substitute for Christopher Akers-Belcher)

Other Members:-
Managing Director, Hartlepool Borough Council – Denise McGuckin
Representative of Hartlepool Voluntary and Community Sector – Carl Jorgeson
Representative of Tees, Esk and Wear Valley NHS Trust – Dominic Gardner (substitute for Brent Kilmurray)
Representative of North Tees and Hartlepool NHS Trust – Michael Houghton
Representative of Headteachers - Sonya Black
Observer – Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Jorgeson

Also in attendance:-
Julian Penton - Co-Lead Officer, Hartlepower Community Trust
Dr. Pamela Graham - Assistant Professor, Northumbria University
Katie McLeod - Commissioning Manager, NHS North East and North Cumbria Integrated Care Board
Philippa Walters, Pharmacy Lead

Officers:-
Joan Stevens - Statutory Scrutiny Manager

1. Apologies for Absence

Apologies for absence were received from Levi Buckley, Christopher Akers-Belcher, Tony Hanson, Danielle Swainston, Christine Fewster, Brent Kilmurray, Supt Martin Hopps, Fiona Adamson and Claire Robinson.

2. Declarations of interest by Members

None

3. Minutes of meetings

(i) The minutes of the meeting held on 11th March 2024 were confirmed.

(ii) The minutes of the Tees Valley Area Integrated Care Partnership meeting held on 2 February 2024 were received.

4. Hartlepool Food Partnership – Progress Update

(*Partnership Steering Group*)

The Board was updated on progress made by the Hartlepool Food Partnership (HFP) in bringing together the local authority, food-related businesses, the voluntary & community sector, NHS and educational institutions to address multiple aspects of the locality's food system.

Of the food partnerships across the UK, around 100 are members of the Sustainable Food Places (SFP) network. Becoming a member of the SFP required that food partnerships demonstrate a whole system approach to the local food system, based upon multi-sector collaboration, across 6 areas of work.

- Food governance and strategy;
- Good food movement;
- Healthy food for all;
- Sustainable food economy;
- Catering and procurement; and
- Food for the planet.

Details of how the HFP performs against each of the areas required to qualify for membership of the SFP were presented to the Board and attention drawn to the food-related drivers of ill health within Hartlepool. It was recognised that a considerable amount of work was being undertaken to address the issue of food poverty which included the conduct and oversight of partnership activities through an open, multi-sector steering group. The membership of which included the PFC Trust, Hartlepool Healthwatch, Hartlepool Foodbank, the Thirteen Group, Joseph Rowntree Foundation and some council departments.

The Board was impressed by the range of services provided, the level of involvement across all areas of the Council and activities to involve young people. In addition, attention was drawn to the importance of reflecting the needs of older people (e.g. the benefits of gardening to people with dementia), the distribution of excess allotment produce and addressing the issue of ultra-processed foods in the town.

Building on the work already undertaken, the Board was asked to consider the progression of three further actions:

- The conduct of a benchmarking exercise to explore how Hartlepool Borough Council's services align with the objectives of the Food Partnership objectives. The information obtained to be used to inform further cross-departmental working within the council;
- The exploration of opportunities to reintroduce the Hartlepool Show, in collaboration with the Food Partnership; and
- Discussions with the appropriate tier of the regional NHS infrastructure regarding NHS engagement with Hartlepool's Food Partnership.

The Board was supportive of the above actions and it was agreed by the ICB representative on the Board that an appropriate individual(s) would be identified to represent the NHS on the working group going forward.

Decision

1) The Board endorsed:

   i) Conduct of a benchmarking exercise to explore how Hartlepool Borough Council's services align with the objectives of the Food Partnership objectives;
   ii) Opportunities to reintroduce the Hartlepool Show, in collaboration with the Food Partnership; be explored with appropriate officers from the Adult and Community Based Services Department;

2) It was agreed that an appropriate individual(s) would be identified by the ICB to sit on the Hartlepool Food Partnership Working Group going forward.

5. 'Pathways to Brighter Hartlepool' – Residents' views about Hartlepool (*Northumbria University and Multi-Agency Project Group*)

The Board received an update on the outcome of the online survey and discussion-based focus-groups undertaken by Northumbria University to identify the perception of Hartlepool citizens' on the town's strengths and challenges.

Dr. Pamela Graham, Assistant Professor from Northumbria University, outlined the background to the piece of work, participants and findings in relation to:

- Local amenities
- Transport infrastructure
- Coast, history and green space
- Family and community support
- Healthcare services
- Crime, anti-social behaviour and drugs
- Cost of living and austerity
- Education, aspirations and opportunities

- Youth services
- Community
- Sport
- Public services
- Schools and education

The results of the piece of work reflected national concerns about hospital / health care, mental health, substance misuse and crime. It was noted that many of the findings of the children and young people's focus groups aligned with those expressed at the adults' focus groups. In relation to the provision of health services, support for access to local services was a strong theme. The Board was concerned that the lack of awareness of the services available in Hartlepool also applied to the provision of health services and it was agreed that details of services provided from the University Hospital of Hartlepool would be recirculated to the members of the Board.

Specific pastoral challenges were, however, raised via the children and young people's focus groups in relation to behaviour policies, mental health and restricted access to drinking water and restrooms. Emphasis was placed on the need to take in to consideration the limitations that schools face when exploring the issues raised by the Northumbria University work.

This also applied to the Mental Health Transformation Programme which is provided in some, but not all, schools with recognition of the need to consider how a consistent offer could be provided for all pupils. It was recognised that the differentiation between academies and maintained schools added to the complexity of providing a consistent offer and it was suggested that the potential of working with the Primary School Council be explored.

Emphasis was placed on the need to consider the Northumbria University's findings alongside the range of other pieces of work that have / are being undertaken, including the Big Conversation and the Hartlepool Healthwatch work programme. It was also important to consider the activities of existing groups alongside the findings and how they could contribute to the work that stems from Northumbria University's work.

Decision

The report was noted and approval given for the further exploration of the relationship between Northumbria University and the council, in respect of Hartlepool citizens' views and engagement.

6. 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 (PNA) 2022.

The Board noted the below applications, decisions and notices of change to pharmaceutical services, received since production of the last maintenance report (11th March 2024):

- Notice of changes to opening hours (and thereby availability of necessary pharmaceutical services) at Winterbottom Pharmacy and Tesco Pharmacy, Belle Vue. These changes did not require the issue of supplementary statements to the PNA and no change to the map.

- New distance selling pharmacy, opened in Hartlepool on the 22 April 2024, had been included in the Pharmaceutical List.

Hartlepool's Pharmaceutical Needs assessment (PNA) was published in 2022 and the deadline for publication of a revised PNA is the 30th September 2025. The Board approved the initiation of the process for the revision of the PNA, including the publication of a statement of intent to review on the Hartlepool Borough Council's web site.

Decision

The Health and Wellbeing Board:-

1) Noted:
   i) That no supplementary statements to the Hartlepool PNA 2022 had 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.

2) Authorised and acknowledged the initiation of the process towards publication of the next Pharmaceutical Needs Assessment by the statutory due date in 2025.

3) Approved publication of the below statement of intent on the Hartlepool Borough Council website to initiate the PNA review process.

   "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."

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

Board members were advised that performance reports were routinely submitted to NHS England on a quarterly basis however, reporting had been suspended in 2020/21 due to COVID19 and a single year end return was now required.

The year-end return for 2023/24 had been submitted in May 2023 and had confirmed that all national conditions continued to be achieved, as well as confirming that BCF contributions were in line with national guidance. The 2023/24 return had required local systems to submit performance data against a revised set of metrics and local areas had been asked to record their views regarding a number of statements and the responses provided for Hartlepool were set out in the report.

In relation to the metrics against which performance is measured, the Board agreed that an additional local metric in relation to mental health hospital discharges should be monitored going forward.

Decision

The Health and Wellbeing Board:

i) Retrospectively approved the Hartlepool Better Care Fund 2023/24 return, submitted in line with the national timescales.

ii) Agreed that an additional local metric in relation to mental health hospital discharges would be monitored going forward.

8. Joint Local Health and Wellbeing Board Strategy 2025-2030 *(Director of Public Health)*

The Board was updated on the proposed draft structure of the refreshed Health and Wellbeing Board (HWBB) Strategy.

The HWBB was responsible for the development of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (now known as the Joint local Health and Wellbeing Strategy 2018-25 (JLHWS)).

The point at which to review the JLHWS was at the discretion of the Board and at its meeting on the 5th September 2022, a refresh of the current 2018-2025 strategy was approved. Following this, a stocktake of the previous strategy was undertaken in 2022/23, consideration was given to the refresh process and questions were included in the council's 'Big Conversation' consultation (December 2023 - January 2024).

The Board was now in a position to develop a refreshed JLHWS and building on the results of the stocktake, and consultation results, a

workshop had been organised to further inform the identification of draft the priorities. The agreed priorities to be set out in the strategy for the next five years, with a detailed action plan and outcome framework which the HWBB was to oversee and monitor.

A suggested structure for the refreshed strategy was approved by the Board and support expressed for the provision of the 'plan on a page' format and opportunity for the HWBB to work with the ICB Place Based Committee. In response to queries about the data contained in the draft document, it was confirmed that indicative data had been included and would be updated in the finalised strategy. A number of suggestions were made in relation to potential data for inclusion in the final strategy:

- Clarification of unemployment rates (differentiation between those who can, and cannot, claim out of work benefits);
- Levels of underweight children (6 years and under); and
- Levels of absolute poverty as a measure of the challenge facing the Board.

Emphasis was placed on the importance of partner contributions to the development and implementation of the strategy, and its priorities.

Decision

The proposed structure of the strategy was approved and the joint development of the strategy and associated priorities supported.

9. Public Health Priorities 2024/25 – Director of Public Health Board Forward Plan *(Director of Public Health)*

The Board received an update on Hartlepool Council's, Public Health Team priorities, commissioning programmes, research interests and programme of spend on other public health initiatives for 2024/25. The aim of the document being to summarise activity and priorities, to support joint working and planning of future activities.

The Public Health Overview and Planning document for 2024/25 was welcomed by the Board. Its contents to be cross referenced with the ICB work plan.

Decision

The Board noted the report and supported its use to inform partnership working with the Public Health team.

10. Board Forward Plan *(Director of Public Health)*

The Board received a report outlining the proposed work programme for the Health and Wellbeing Board, which provided a forward plan of items to facilitate report writing and an opportunity to consider any additional items for discussion. The Board agreed the content of the forward plan

and was asked to consider what other reports should be add to the forward plan.

Decision

The Board agreed that the content of the forward plan with no further additions.

Meeting concluded at 12noon

CHAIR

NHS
University Hospitals Tees

Group Model Update

Hartlepool Health and Wellbeing Board

9 September 2024

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Background

- Partnership Agreement signed in February 2024 sets out the framework for working together as a Group - University Hospitals Tees (UHT)
- The purpose of the Group is to transform outcomes and experience for patients, staff and the wider population
- We are ambitious in what we want to achieve working within the Trusts and with partners
- Four workstreams:
  - Board Governance
  - Group Executive and Operating Model
  - Clinical Strategy
  - Enabling workstreams (joining up estates, digital, HR, finance, quality of services)

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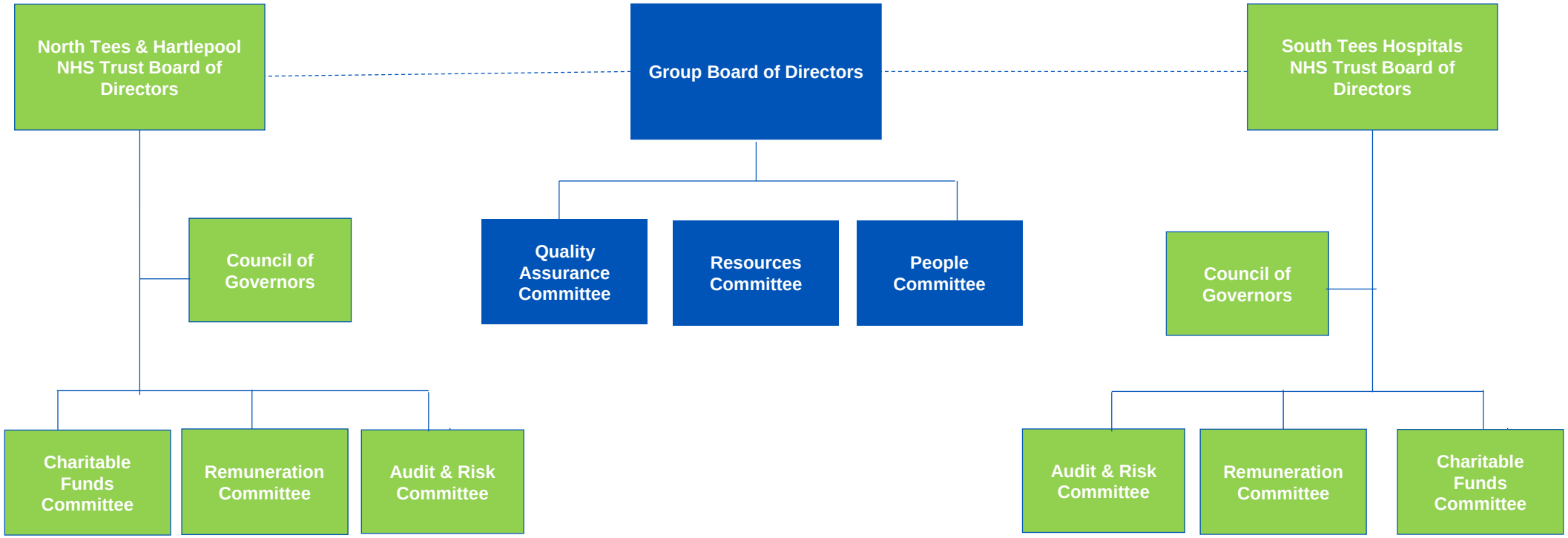
UHT Group Governance



Key

Denotes delegation from the Statutory Boards to the Group Board

Blue box – Group arrangements

Green box – statutory Board / CIC

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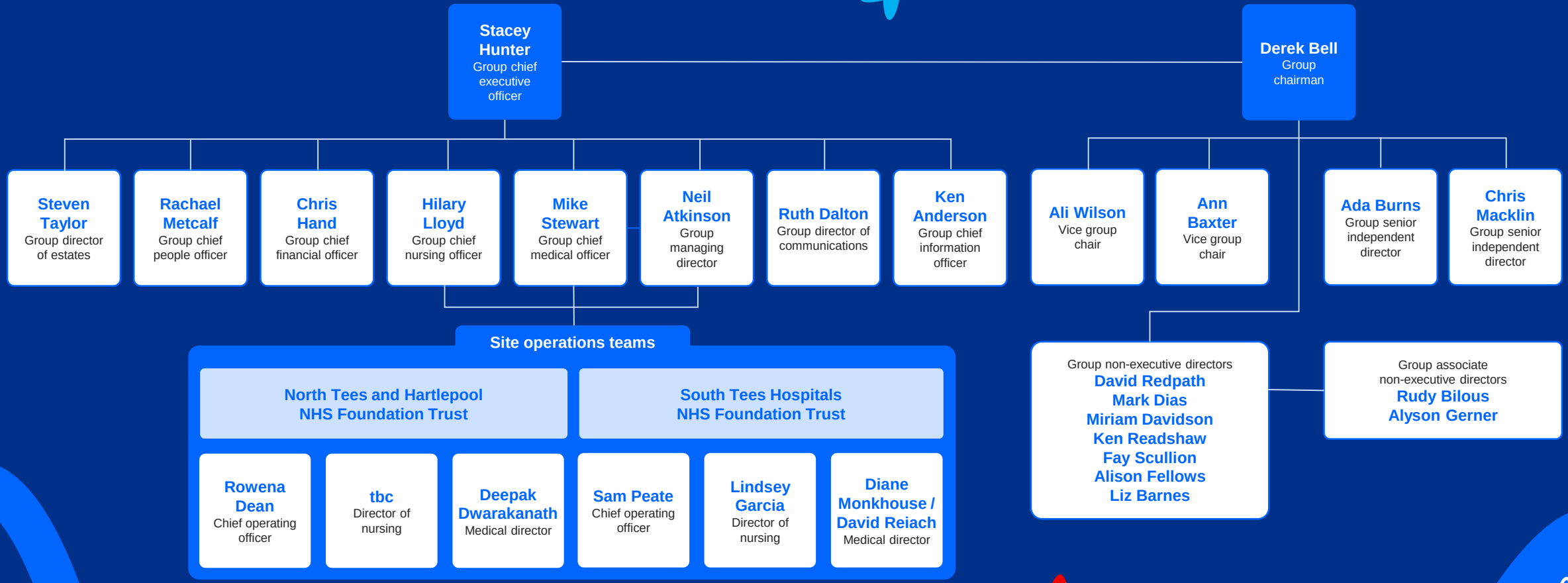
Group Executive and Non-Executive Structure



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Clinical Boards

- We have seconded senior clinicians and operational managers drawn from the two Trusts to work part time on transforming our clinical work for the benefit of patients:
  - Women and Children's
  - Medicine
  - Surgery and Anaesthetics
  - Community
  - Urgent and Emergency Care
- This is challenging work but is absolutely at the centre of our purpose as UHT
- We are looking for both quick wins and a clear longer term strategic direction
- The aim is to have a strategy in place for 2025/26 (but we won't wait for that to make changes)

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Working both at scale and with communities

- The operating model of the Group aims to build in benefits of scale as well as intensive local work
- As a Group we have a turnover of £1.3bn and 15,000 staff which means we can build excellent services which are also resilient
- It also means we can speak more loudly at a regional and national level and shape great careers for local people
- And working with local authorities and other partners is vital to delivering services differently
- We are working with Healthwatch Hartlepool (and other Healthwatch coordinators across the region) to understand the views of patients
- It is already clear that communications and travel options are key issues

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Looking forward…

- We will continue to be ambitious in our aims and urgent in our pace of change
- We are working hard on the best ways to engage patients and the wider population but there is more to do
- Our strategy needs to demonstrate how Group model can meet the challenges of our population now and in the future – we are working with public health colleagues on the way to do that
- Our community board (and others) are seeking to expand and accelerate our working with local communities and councils to deliver services as close as possible to our population
- We are committed to full engagement as our strategic direction becomes clear

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Questions?

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HEALTH AND WELLBEING BOARD

9th September 2024

Report of: Executive Director, Children's and Joint Commissioning

Subject: LOCAL AREA INCLUSION PLAN FOR CHILDREN AND YOUNG PEOPLE WITH SEND (SPECIAL EDUCATIONAL NEEDS AND DISABILITIES)

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1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people are enabled to live healthy, independent and prosperous lives.

2. PURPOSE OF REPORT

2.1 For members of the board to be sighted on the work being carried out by the wider partnership to support children and young people with SEND.

3. BACKGROUND

3.1 The Special Educational Needs and Disability (SEND) provisions in the Children and Families Act 2014 were introduced on 1 September 2014. This act sets out duties for all partners with a particular focus on the local authority, CCG (Clinical Commissioning Group) and education providers. From September 2014, children or young people who are newly referred to a local authority for assessment are considered under the new Education, Health and Care (EHC) plan assessment process.

3.2 The SEND code of practice: 0 to 25 gives detailed information on the reforms. The Code of Practice provides guidance to help the Local Authority, schools, health services and social care identify and support children with SEND.

3.3 The Health and Wellbeing Board have responsibility for the implementation and monitoring of progress for the outcomes of children with SEND. The Local Area Inclusion Plan which is attached (**Annex B**) sets out progress against the requirements within the Code of Practice and areas of development. It is a partnership evaluation as the Code of Practice places statutory duties on all partners.

4. SEND/AP (ALTERNATIVE PROVISION) CHANGE PROGRAMME

4.1 The previous government published a SEND Improvement Plan in March 2023 and following this they established the SEND/AP Change Programme. This programme is intended to test reforms to the SEND system in order to ensure children and young people's needs can be met appropriately.

4.2 Hartlepool Borough Council was chosen to lead the North East Change Programme. Stockton-On-Tees, Durham and Gateshead local authorities are also part of the partnership.

4.3 There are a number of areas that we have been asked to test as follows:

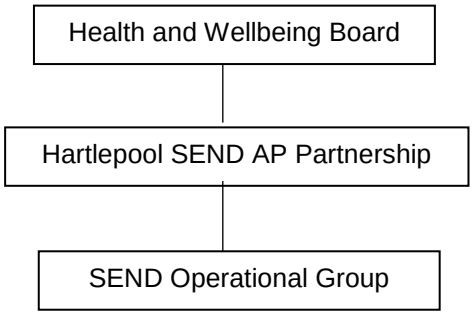
<u>Enablers</u> National and Local Dashboards Local SEND and AP Partnerships Local Area Inclusion Plan (LAIP) Improving transitions – Early Years and post 16	<u>Ordinarily Available Provision</u> Alternative Provision 3 Tier Model Early Language Support for Every Child (ELSEC)
<u>EHCP (Education, Health and Care Plan)</u> Standardised template and advice Multi Agency Panels Advisory Tailored Lists Strengthening Mediation	<u>Standards and Commissioning</u> National Standards Bands and Tariffs

4.4 The areas set out above were set by the previous government and ministers and DfE are reviewing the programme. It is likely further information about the direction of travel for the programme will be shared in autumn. In the meantime the partnership continues to implement as required.

4.5 A steering group has been established across the four local authorities to monitor to the progress of the change programme.

5. Area SEND AP Partnership

5.1 The reforms has required us to establish a local area partnership. This partnership has replaced our SEND Strategic Group and now includes wider representation. The Terms of Reference are attached as **Annex A**. The governance process for SEND across the partnership is as set out below:



6. LOCAL AREA INCLUSION PLAN (LAIP)

6.1 We have been asked to test a template for a Local Area Inclusion Plan (LAIP) as part of the reforms. Our local area partnership have worked collaboratively to draft the attached plan (**Annex B**). The plan sets out our position for how we deliver services to children and young people and how effective they are in meeting their needs. It also highlights the challenges that we all face in such a complex environment,

6.2 We have worked with the Department for Education (DfE) to review the template to test whether the template helps local area partnerships to improve outcomes for our children and young people.

7. OTHER CONSIDERATIONS

FINANCIAL CONSIDERATIONS	Grant funding has been received to support the implementation of the reforms as set out in section 4.
LEGAL CONSIDERATIONS	All partners needs to understand their duties under the SEND Code of Practice: 0-25
EQUALITY AND DIVERSITY CONSIDERATIONS	All children with special educational needs and /or disabilities are supported as required.
STAFF CONSIDERATIONS	None
ASSET MANAGEMENT CONSIDERATIONS	None
ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS	None

8. RECOMMENDATIONS

8.1 For members of the report to be sighted on the SEND and AP Change Programme.

8.2 For members to note the contents of the Local Area Inclusion Plan (LAIP) and consider how their organisation can contribute to meeting the needs of children and young people with SEND.

9. REASONS FOR RECOMMENDATIONS

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

10. BACKGROUND PAPERS

None

11. CONTACT OFFICERS

Sally Robinson
Executive Director for Children's Services and Commissioning Services
(01429) 523910
sally.robinson@hartlepool.gov.uk

Louise Allen
Head of SEND Development
(01429) 523209
louise.allen@hartlepool.gov.uk

Department for Education

Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Partnership Board Terms of Reference Template

Local Authority Name:	***Hartlepool***
Completed by:	***Danielle Swainston, Assistant Director, Joint Commissioning***
Contact Details:	***Judith.oliver@hartlepool.gov.uk***
Date Completed:	***14th February 2024***
To be reviewed before:	***January 2025***

Membership Responsibilities and Contribution

Member	Statutory Responsibilities	Funding contribution	Expertise
The LA Head of SEND and/or social care, Finance Director, and Director of Children's	• To develop, publish and review the SEND Local Offer (section 30 of the Children and Families Act 2014 and the Special Educational Needs and Disability Regulations 2014). • Keep educational and training provision and social care provision for CYP with SEN or disabilities under	• Dedicated Schools Grant (which includes High Needs Funding, Early Years National Funding Formula, funding for mainstream schools, Disability Access Fund and SEN Inclusion Fund (SENIF).	Appointed individuals with relevant skills and experience relating to statutory responsibilities.

Services.	review (Section 27 of the Children and Families Act 2014). • Secure sufficient schools for providing primary and secondary education are available for their area, and make arrangements for the provision of suitable education at school or otherwise for those children of compulsory school age who by reason of illness, exclusion from school or otherwise may not for any period receive suitable education unless such arrangements are made for them. (Sections 14 and 19 of the Education Act 1996). • Local authority must exercise its SEND functions with a view to ensuring integration between educational provision and training provision, health, and social care provision, where this would promote wellbeing of CYP with SEND in its area or improve the quality of special educational provision for CYP who have SEN (Section 25 of the Children and Families Act 2014). • Safeguard and promote the welfare of 'children in need' in their area, including disabled children, by providing appropriate services to them (Section 17 of the Children Act 1989).	• Capital funding for new specialist school places • Funding for core service functions e.g., home to school transport, SEND service administration etc.	
The ICB Executive Lead for SEND and/or other roles identified locally (such as Head of SEND, Designated Medical/Clinical Officer and other place directors)	• Local authorities and partner commissioning bodies[1] must have arrangements in place to plan and commission education, health, and social care provision jointly for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). • To take forward the joint commissioning arrangements for those with SEN or disabilities, partners could build on any existing structures established under the Children Act 2004 duties to integrate services.	• Each ICB delegates funding via ICB place-based funding allocation. • Under section 75 of the National Health Service Act 2006, local authorities and CCGs (now known as ICBs) can pool resources and delegate certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised. • ICBs must follow the NHS Mandate, which contains a specific objective	Experience and knowledge of the local health system, health and wellbeing strategy and joint strategic needs assessment.

[1] These are set out in section 26(8) of CFA 2014 and are (i) NHS England (to the extent that it's under a duty under s3B of NHS Act 2006 to arrange for the provision of services and facilities for those CYP with SEND the LA is responsible for) and (ii) each ICB that is under a duty in section 3 of NHS Act 2006 to arrange for the provision of services or facilities for such CYP.

		on supporting children and young people with SEN or disabilities, including through the offer of Personal Budgets.	
ICB Children's and Adult's Health commissioners and/or Local Authority and ICB Joint commissioners		• Delegated commissioning budgets (whilst working with LA to commission services to meet local need).	
Designated Social Care Officer and Designated Medical/Clinical Officer.		N/A	Coordinate health and social care input to the SEND system and statutory process and improve join-up between strategic and operational practice.
Representation from NHS Providers e.g. Heads of Service.		N/A	Experience of delivering local health and care services and seeing impact of decisions on the local population. Bring perspective of how well strategies are being delivered.
The Chair and Vice Chair of the Local PCF.	None. Parent Carer Forums are representative local groups of parents and carers of children and young people with disabilities who work alongside local authorities, education, health and other service providers to ensure the services they plan, commission, deliver and monitor meet the needs of children and families. Parent Carer Forums have been established in most local areas and local authorities are actively encouraged to work with them.	The DfE PCF Grant is given to LAs via the national charity Contact who administer the process. This grant of £17,500 per annum is given to PCFs to strengthen the participation of parent carers in the SEND System.	Expertise through lived experience of the local SEND system.
Schools and EY settings	• Mainstream schools, maintained nursery schools, 16-19 academies, AP academies, PRUs and institutions within the FE sector must use their best endeavours to secure the special educational provision that is called for by the pupil's or student's special	• Schools are responsible for meeting the costs of additional support for their pupils with SEND, up to £6,000 per pupil per annum. The relevant LA should meet costs in excess of	Schools are experts in providing inclusive education and can provide case studies and evidence of what works

	educational needs is made. (section 66 of the Children and Families Act 2014). • The same institutions are required under section 29 of the same Act to co-operate with the local authority in the exercise of its functions. • Mainstream schools and maintained nursery schools must (subject to certain conditions) ensure that children with special educational needs engage in the activities of the school together with children without SEN (section 35 of the Children and Families Act 2014). • In accordance with the Statutory Framework for the Early Years Foundation Stage, early years providers must have arrangements in place to support children with SEN or disabilities. Early years providers must also have regard to the SEND code of practice (issued under section 77 of the Children and Families Act 2014) when making these arrangements, which should include a clear approach to identifying and responding to SEN.	this threshold, but the discharge of a school's statutory duties is not limited by the budget notionally allocated for SEND. • Early years settings can access the Disability Access Fund and SEN Inclusion Fund (SENIF) to support children with SEND.	for individuals in different settings.
Post-16 Education and Training	• Institutions in the FE sector must have regard to the SEND Code of Practice (collectively referred to here as FE providers) (section 77 of the Children and Families Act 2014). • The same Act outlines how FE providers must use their best endeavours to secure the special educational provision called for by the student's special educational needs (SEN). FE providers also have duties and obligations under the Equality Act 2010 to ensure that they are acting inclusively and not discriminating against disabled students. They are obliged to make reasonable adjustments to prevent disabled students being placed at a substantial disadvantage.	• Like mainstream schools, FE providers are expected to provide appropriate, high quality SEND support using all available resources. • Disadvantage Funding - Colleges receive additional funding (over and above their core funding) for students with additional needs, including those with SEN, through Disadvantage Funding, allocated to providers through two elements (postcode and prior attainment). • 16-19 Bursary Fund – up to £1200 a year for students in defined vulnerable groups, including disabled young people • Learner Support Fund for apprenticeships - training Providers	Post-16 Education and Training providers are experts in providing inclusive education and can provide case studies and evidence of what works for individuals in different settings.

		can access learning support of £150 per month where a reasonable adjustment is delivered and evidenced. This can be increased to up to £19,000 per year in exceptional circumstances.	
Higher Education	• HE providers have duties and obligations under the Equality Act 2010 to ensure that they are acting inclusively and not discriminating against disabled students. They are obliged to make reasonable adjustments to prevent disabled students being placed at a substantial disadvantage.	• Disabled Students Allowance – available for students to access to fund reasonable adjustments.	Whilst not directly involved, higher education providers should be engaged with and fulfil a wider role, with expertise on transition support for people aged 18-25 who progress to higher education or employment

HARTLEPOOL SEND and AP Partnership Board Terms of Reference

This section is a template for the Partnership Board Terms of Reference. The boxes in orange provide guidance notes and should be deleted once the template has been completed.

Partnership Board Purpose

This partnership board will replace the SEND Strategic Group and reports to the Health and Wellbeing Board. The SEND Operational Group will continue and report to this Partnership Board.

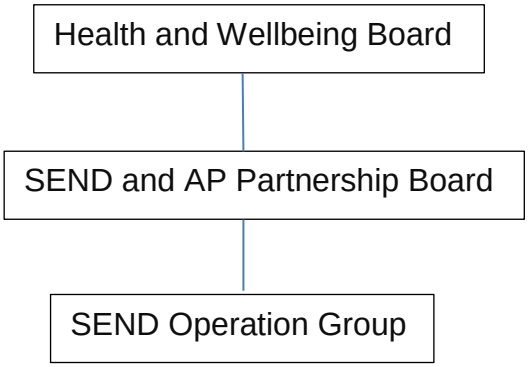
The purpose of the Board is to oversee the effectiveness of our multi agency response in meeting the needs of children and young people with SEND and those accessing Alternative Provision.

Aims and objectives of the Partnership Board

- Approve the Local Area Inclusion Plan and the priorities for children and young people with SEND
- Monitor the effectiveness of the multi agency response to meet the needs of children and young people with SEND and those needing to access AP
- Receive and scrutinise data and monitoring information and evaluate the impact of services on improving outcomes across Hartlepool for children with SEND
- Monitor the delivery of the SEND improvement plan against stipulated timescales and take remedial action where necessary
- Hold the operational group accountable for the implementation of the improvement plan
- Provide further challenge where necessary when seeking assurance, evidencing impact and improvement

Governance

*The Partnership Board should report into the **Health and Wellbeing Board.** Please detail below how this is being achieved by describing local governance arrangements (organogram structures can be shared where appropriate).*

Governance
 The board will meet bi monthly and will produce an annual report to the Health and Wellbeing Board.

Membership
As outlined in the above guidance notes, membership of the Partnership Board should be based on existing statutory responsibilities of key partners and be clear on their importance to its function. *We have prescribed some key roles across health, education and local government which should be present at SEND and AP Partnership Board meetings.* *Please complete the following membership table, confirming names of core roles and other members that the LA feels is vital to carry out its functions.*

Membership	
Name	**Role**
Sally Robinson	**Chair of Partnership Board**
Judith Oliver	**Clerk to Partnership Board (LA)**
Amanda Whitehead/Louise Allen	LA Head of SEND and/or social care
James Magog	LA Finance Director
Sally Robinson	LA Director of Children's Services
Laura Gough/ Hayley Wrigley	LA Designated Social Care Officer
Pending restructure	The ICB Executive Lead for SEND and/or other roles identified locally (such as Head of SEND, Designated Medical/Clinical Officer and other place directors)
Jo Heaney – pending	ICB Children's and Adult's Health commissioners and/or Local Authority and ICB Joint

restructure	commissioners.
Ruth Kimmins	ICB Designated Medical/Clinical Officer
Christine Fewster	Chair of the Local PCF
	Vice Chair of the Local PCF
Mark Tilling (HT High Tunstall)	Chair of Schools Forum
TBC – speaking to all PVIs	Early Years
Caroline Reed (HT Rossmere)	Mainstream education provision - Primary
Dean Cope (HT Dyke House)	Mainstream education provision – Secondary
Zoe Westley (HT Springwell)	Special School
HCFE – Sue Harris	FE
Emma Rutherford (HT Horizon)	AP
Leanne Boyd-Smith **James Graham**	Representation from NHS Providers e.g. heads of service

Local Arrangements

Each local SEND and AP Partnership board should determine its own terms of reference being mindful of local context and taking members views and preferences into account.

The LA should provide a central secretariat function to successfully administer board meetings and ensure meeting documents are available to all members in a timely fashion. A draft terms of reference document should be produced by the LA ahead of the first meeting to be tabled for discussion with all members required to be consulted on it and agree to it. The aims, objectives and guiding principles should be clearly set out and each member should be familiar with these.

At a minimum, Partnership Boards should:

- *Appoint a chair/co-chairs (e.g. LA Head of SEND and/or social care, Director of Children's Services or ICB Executive SEND Lead).*
- *Meet at least six times per year.*
- *Make meetings accessible to all members, this means considering holding meetings at different times of the day and holding virtual/hybrid meetings.*
- *Ensure meetings are a sufficient length to discuss every agenda item and provide details on how members can add agenda items.*
- *Allow members to nominate a relevant person if they are unable to attend.*

Local Arrangements

Chair – Sally Robinson DCS
Frequency of meetings – Bi monthly
Meetings to be held face to face – agreed by all members of the partnership
Length of meetings – 2 hours
Papers – to be circulated 5 days prior to the meeting

Reviewing Board Terms of Reference
We recommend that Partnership Board Terms of Reference are reviewed on an annual basis. It is important that co-production with parents/carers and CYP is at the heart of this process, and they are involved as the partnership evolves over time. *Please outline when the arrangements and terms of reference of the Partnership Board will be reviewed, whilst demonstrating the role co-production has played in this.*

Review *(including future meeting dates)*
Annual process – to be reviewed April 2025

Department for Education

Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Local Area Inclusion Plan

This LAIP details the needs of the local 0-25 population with SEND and who need AP, the provision, and services to be commissioned, and the intended strategic outcomes for improving the lives of those with SEND in the local area.

Local Authority (LA) Name:	**Hartlepool**
Name of Integrated Care Board (ICB):	**North East and North Cumbria**
ICB Lead:	
Completed by:	**Danielle Swainston, Assistant Director**
Date Completed:	**22nd May 2024**
To be reviewed before:	**July 2024/ Nov 2024/ April 2025 Regular review as still working through format**

Part A: Local Population with SEND

1. What are the needs of CYP people with SEND and those who need AP now and in the next 3 years? (max 750 words)

Population projections indicate that the population aged 0-25 in Hartlepool is set to reduce slightly (2% over the next 5 years). The only age bands projected to see an increase in population are those aged 16-23. Over recent years we have seen a decline in the 0-25 population yet despite this the number of children and young people with SEND has increased and the complexity of needs has increased.

Based on those for whom we are responsible for their EHCP (SEN2- Jan 24) the most prevalent needs overall are ASD (32%), SEMH (19%), MLD (14%) and SLCN (14%). The most prevalent by age group are:

Under 5 (25)	SLCN (48%)	ASD (24%)	PD (16%)
5-10 (206)	ASD (38%)	SLCN (21%)	MLD (14%)
11-15 (401)	ASD (34%)	SEMH (21%)	MLD (18%)
16-19 (192)	SEMH (33%)	ASD (23%)	PD (11%)
20-25 (34)	ASD (26%)	SLD (24%)	SLCN (18%)

In particular, between Jan 23 and Jan 24 there has been an increase in those identified with a primary need of ASD and SLCN. There was an 18% (42 CYP) increase in the number who have ASD identified and a 13% (13 CYP) increase in the number identified with SLCN. (The only other increases, in the overall cohort, are an increase of 1 with each of MLD, PD, OTH). For ASD, the majority of the increase is in the 11-15 cohort and for SLCN in the aged under-10 cohorts. *We would like to investigate this further to understand if this is as a result of later diagnosis, or impact of transition on the escalation of needs.(ACTION)* We are aware that significant waiting times on the neurodiversity pathway may impact on the age at which a formal diagnosis is received (up to

2 ½ years for under 5s, 4 years for over 5s and up to 5 months for a telephone triage appointment.

Based on those in our schools (R-Y11), between Jan 21 and Jan 24, there has been an overall increase of 371 (15%) with identified SEND either with an EHCP or at SEN Support, this is in comparison to an overall increase in the school population of 1%. There has been a larger percentage increase in the proportion of the cohort who have an EHCP. In particular there has been an increase in the number and proportion of the SEN cohort with ASD, in both SEN cohorts. Whilst there has been a percentage increase in the number identified with other needs the proportion of the whole cohort they make up has remained the same; this includes those identified with SLCN and MLD. The number with SLD identified has dropped by 34 (31%) and these pupils now make up 3% of the cohort a slight reduction year on year from 5% in Jan 21.

Early Years SEND Needs

Based on the needs of the children in state funded schools and non-maintained special schools[1], almost all children with an EHCP in Early Years (and all children in reception) have a primary need of SLCN or ASD. Bearing in mind that this is a small cohort (13 children in Hartlepool) the prevalence of these needs is in-line with national and regional data, though nationally and regionally a higher proportion have been identified as ASD. At SEN Support, SLCN is by far the highest prevalence need locally, regionally and nationally. This fits with the conversations that we are having with settings and schools. Settings are also indicating that there are emerging needs re: communication and interaction and potential ASD. Discussions are taking place within an newly established Early Years Panel to better understand needs particularly regarding SLCN linked to delay and C&I. *Need to review the data within the EYs panel to add this intelligence (ACTION)*

We know that there has been an increase in requests for EHCNAs for this cohort over recent academic years rising from 21 in the 20/21 academic year to 40 in the 22/23 academic year, almost double, and so far in 23/24 there have been 25. These do not necessarily result in a EHC needs assessment being carried out, or an EHCP being issued.
In terms of new plans issued, compared to previous years a higher proportion (13.8%) of the total plans issued in Jan 23 are for those in the 0-5 age band, this reduced slightly in Jan 24 to 13.5%. Whilst relatively small numbers, the increase in the under 5 cohort with an EHCP between Jan 23 and Jan 24 was 47% (17 to 25). Almost all of this increase is in those who have SLCN identified as their primary need.

We have concerns that the introduction of the childcare reform for just working parents means that those children within disadvantaged areas of town and with vulnerabilities linked to deprivation are likely to lose out. This is based on widening the gap between disadvantaged pupils and their peers as a result of availability of places, settings likely to want 30 hours places rather than the 15 hours, and ability to charge working parents for add-ons. We feel this is something that we need to review and agreed in order to mitigate this risk we ensure that families can attend sessions at the Family Hubs and we make sure their work is targeted to those in disadvantage.

[1] School census 22/23 (Jan 23) – children in state-funded schools and NMSS

Primary Phase SEND Needs

Based on the needs of the children in state funded schools and non-maintained special schools[1], across the primary phase, the highest prevalence need within the SEN Support cohort is SLCN. However, we can see that the focus of the needs changes as children move into KS2. Whilst nationally SLCN remains the most prevalent, regionally and locally the highest prevalence need is MLD.

It would be useful to review those that are MLD and whether the child's needs continue to be linked to language bearing in mind SLCN was main issue at KS. We need to understand what has changed (ACTION)

Whilst locally, regionally and nationally, in both primary key stages, the highest prevalence needs for the EHCP are ASD and SLCN the proportion of the primary EHCP cohort in Hartlepool schools who are recorded as having speech and language needs is significantly higher than regionally and nationally. Nationally and regionally, there is a growing prevalence of SEMH needs amongst the primary cohort. This is not reflected in the data for Hartlepool where only 5% of this cohort have SEMH, compared to 14% regionally and 13% nationally. We feel that this is linked to under identification of children with SEMH needs on the schools SEND register. Although not significantly higher than national, SLD is the third highest prevalence need in Hartlepool. We need to be clear about what is meant by a named primary need of SLD or ASD and focus on characteristics of need in terms of cognition and communication.

Between Jan 23 and Jan 24 there was just an increase of 4 children in the 5-10 age band with an EHCP. The increase is predominantly amongst those with SLCN or ASD identified as their primary need.

Data for the past four years shows us that the average proportion of all requests that are for primary aged children is 37%. In particular, and average of 19% are in year 5 and an average of 12% are in year 6.

	20/21	21/22	22/23	23/24 YTD
Year Group	**Number of Req**	**Number of Req**	**Number of Req**	**Number of Req**
R	2%	7%	10%	11%
1	5%	3%	7%	3%
2	13%	7%	5%	7%
3	3%	5%	4%	5%
4	7%	6%	5%	4%
5	15%	25%	18%	19%
6	15%	10%	11%	12%
	37%	42%	34%	35%

Secondary Phase SEND Needs

Based on the needs of the children in state funded schools and non-maintained special schools[1], the prevalence of need amongst the SEN Support cohort in Hartlepool is different from that seen nationally and regionally with a significantly higher proportion of the cohort having specific learning difficulties (SPLD) (27% compared to 20% nationally) and a significantly lower proportion have SEMH needs (18% compared to 25%). This is the same pattern across KS3 and KS4. MLD was identified at KS2 as the highest need at SEN support and this may have translated through to SpLD.

Amongst the EHCP cohort in state funded and non-maintained special schools, our prevalence of need compares differently to regional and national data. Across both KS3 and KS4 we have a significantly higher proportion of the cohort whose needs are MLD or SLD compared to national. Overall, we 33% of this cohort have MLD compared to 12% nationally. Conversely, we have a significantly lower proportion of this cohort who have SLCN (in-line in KS4) and SEMH (overall, 7% compared to 20% nationally). Whilst the proportion of this cohort with ASD is in-line with national at KS3 the proportion in KS4 is significantly lower (17% compared to 29%)

However, the above information does not truly reflect the needs of those with EHCPs which we are responsible for, or the "noise" in the system about concern relating to challenging behaviour linked to ASD and increasing SEMH needs. We know that the number of children (over5) on the waiting list for an autism full assessment has increased significantly over the past 3 years. If we consider the cohort for whom we maintain the EHCP we see that the most prevalent need overall, and specifically in the 11-15 age band are ASD and SEMH. 34% of 11-15 year olds with a Hartlepool EHCP have ASD identified as their primary need and 21% SEMH. MLD is the next need of highest prevalence at 18%. This suggests that pupils with these needs are educated in settings which are either independent, or located outside of Hartlepool. Overall, between Jan 23 and Jan 24, there are nearly three times as many pupils accessing placements outside of Hartlepool

Around half of the SEMH cohort are in the 11-15 age band. 29% of this cohort are educated in mainstream schools and 20% in special schools. In total, 40 pupils with SEMH identified as their primary need are educated in INMSS, of these 36 are in the 11-15 category and just 4 are in independent special schools within Hartlepool. Overall, 61% of the SEMH cohort who are educated out of borough are in INMSS. It may be that this proportion reduces once the new SEMH Free School is established in Sept 24 however will take time due to phasing. So, whilst these children's needs are being identified, we are not able to continue to educate them within the borough.

Amongst those with ASD, half are in the 11-15 age band, and 12% are educated outside of Hartlepool. Overall, 32 (25%) of the pupils educated outside of Hartlepool have ASD and 38% of these (12) are in KS3, an additional 16% are in KS4.

Some potential thoughts:

- We need to analyse information from the recently established Hartlepool Inclusion Partnership (HIP) Initial information indicates that schools are not putting children on SEN support for SEMH but highlighting them at HIP which may be masking the true level of need.
- Pastoral vs SEND (different systems within schools) seems to be a disconnect
- People are referring to neuro pathway because they feel stuck and don't know what else to do. There is a poor understanding of SEMH vs trauma vs focus on children with disruptive behaviour, a lack of understanding of learning needs and unidentified learning needs. We need to ensure the involvement of social care.
- Linked to the above, we need to understand demands on, and skills of, the workforce in relation to SEMH and challenging behaviour and link this to the 3-tier AP model.

- How do we meet the needs of the EHCP cohort with ASD and SEMH in borough without the need for independent specialist placements?

Post 16 SEND Needs

The school census data[1] indicates that locally EHC needs are predominantly MLD and SLD. This is in contrast to national and regional data where the most prevalent need in this cohort remains as ASD. We should bear in mind that this cohort is 45 pupils in Hartlepool and that this data will reflect the needs of young people in schools and not those accessing other post-16 provision e.g. colleges or traineeships. There are only six SEN Support pupils in this cohort in Hartlepool and so any comparisons of need, or trends in the data are difficult to assess.

Future needs

We have seen an increase in the number and rate of children and young people with an EHCP, although there has been some fluctuation over recent years. We believe that increase (16.4%) between Jan 20 and Jan 21 was the anomaly. Applying an annual percentage increase based on the changes between other recent years would suggest that by Jan 29 we would be responsible for maintaining around 1150 EHCPs. We are also aware that the complexity of the needs of children and young people coming through the system is also increasing.

General Characteristics which may indicate further needs

The proportion of the SEN cohort in schools who are also eligible for FSM (53% all SEN) is significantly higher than for those who have no SEN (school census data[1]) which reflects the situation nationally. Reflecting the national and regional picture, the proportion of pupils with an EHCP who are also eligible for FSM is higher for those with EHCPs compared to those with SEN Support (55.2% EHCP, 52.1% SEN Support)

Compared to the whole school population, a higher proportion of those with SEN are boys (65% compared to 51% of the total cohort, and 48% of the non-SEN cohort). Boys are also more likely to be overrepresented in some of the larger cohorts by specific need, For example, 72% of the cohort with SLCN are boys (84% for SEN Support with SLCN), 74% of the cohort with SEMH are boys, and 72% of the ASD cohort are boys. This may reflect a level of undiagnosed need amongst girls.

90% of the total school population are White British, this is significantly higher for the SEN population where 95% are White British. This is slightly skewed by the SEN Support cohort, 95% of whom are White British compared to 93% of the EHCP cohort.

Children in social care

Based on the cohort at the end of December 23, 5.1% of the EHCP cohort are also children looked after (CLA), 11.7% are a child in need (CiN) and 1.6% have a child protection plan. The equivalent percentages for the SEN Support cohort are 1.9%, 6.7% and 1%.

Elective Home Education

The overall number of pupils who are EHE has increased by 48% from 147 at Jan 23 to 217 at Jan 24, and currently just over a fifth of all those home educated have some level of SEN (either SEN support, or with an EHCP). There are four children and young people with EHCPs who are home educated (currently all of whom have ASD). There has been an increase of 10 children with SEN Support who are educated at home. There are particular increases of children and young

people identified with SEMH (+3) and SLCN (+6). Parents are saying there are a number of issues that have led them to home educate the main reason being a lack of choice and dissatisfaction with school. *Developing a better understanding of the reasons the decision to home educate is being taken would be useful (ACTION)*

Exclusions

Overall permanent exclusions have been increasing. In 20/21, there were just 5 permanent exclusions. By 22/23 this had risen to 37 and estimates suggest that by the end of 23/24 there will be 63; a further increase of 70%.

Whilst permanent exclusions for children and young people with EHCPs are very low (0-1) and for those with SEN Support, although increasing (1 in 20/21, 7 in 22/23) are also relatively low, the general increase in permanent exclusions is putting increasing pressure on the PRU in Hartlepool. The

The majority of those who are being permanently excluded do not have any identified SEN. However, these are the young people are those accessing Horizon school and are all now on the SEN register with a primary need of SEMH. Many of these pupils have learning needs, some significant, and all will undergo a speech and language assessment.

Suspensions were high in 2017/18 for EHCPs but had been reducing, however since COVID we have seen a return to previous rates (39 in 2020/21, 103 in 2021/22 and 108 in 2022/23)

This situation is mirrored for the overall cohort and for those with SEN support who had 364 suspensions in 2020/21, 613 in 2021/22 and 828 in 2022/23). Current information indicates that these numbers will have increased in 2023/24. 69% of suspensions are for those with no identified SEN.

Reflections:

- Need profile in our secondary schools is different from that seen nationally – those with ASD and SEMH needs make up most of those who are educated out of borough
- SEN support and EHCPs – 65% males and boys ‘over-represented’ on some cohorts based on need
- Need to regularly review attendance figures and need to include this is review meetings
- Low PEXs for SEN support – this does not feel right in the context of significant increase generally – children not being identified as SEND
- PEXs and suspensions are increasing and need to understand reasons and look at strategies with schools (link to 3 Tier AP model)
- There are differences between data reported by services, data held in systems and published data and systems of collating, monitoring and reporting data need to be developed

2. How are local partners supporting early intervention and inclusion in mainstream settings through ordinarily available provision? How effective is the special education provision that is made by our EY settings, mainstream schools, and colleges? (max 750 words)

Early Intervention and inclusion in mainstream settings is inconsistent, this is resulting in some schools significantly oversubscribed with parents with SEND wanting their children to attend. This

is causing an in balance in the system with a number of schools taking the large proportion of children with SEND.

EHCPs in primary mainstream schools are low. However there is a big difference in those attending secondary schools with EHCPs as below:

	Jan 2021	Jan 2022	Jan 2023	Jan 2024
Dyke House	4	5	8	9
Manor	28	37	31	30
St Hilds	9	14	9	8
High Tunstall	45	65	72	92
English Martyrs	13	15	18	23

This is not equitable and unsure on the reasons – need more evaluative work to understand the differences. This does include pupils in ARPs at Manor and High Tunstall (refer to section B)

Further information is to be added in relation to early intervention through health visitors, family hubs (ACTION)

The Hartlepool Psychology Team support Early Years settings to include children with additional and complex learning needs in their local community nursery/ school. We play a role in supporting children's transitions between settings - to ensure that strategies, knowledge and skills learned to support the child are shared in a timely manner to support smooth transitions from one setting to another. This includes close partnership with parents and other professionals who work with the child. As a team we work closely with Early Years stakeholders to ensure that advice and guidance provided to settings is joined up and coordinated. Other work we carry out to support early intervention and inclusion is listed below:

- Providing regular training to upskill the Early Years workforce.
- Provide regular licensed training as part of the AET (Autism Education Trust).
- Manage and supervise other practitioners who support EYs settings and families (e.g. Small Steps/ EY Inclusion Coordinator).
- Consider and evaluate workforce areas for development across the LA, and provide (or host) training, targeted on areas of need (e.g. Attention Autism, Sensory Processing).
- Systemic development across the LA, working with local stakeholders in planning – family hubs/ Health Visitors/ SAL etc.
- Supporting parents – this is an area I would like to further develop in future – through parent workshops and family intervention using principles of VIG etc.
- In our role in Early Years we often support the logistics of ensuring that Early Years settings know and understand the LA processes in place, to be able to access additional support for young children (knowledge of SEN systems), as often in our private EYs settings the practitioners holding the SENco role, are often new to the role, and there is a lot of movement of staff across EYs settings.
- Intensive family and settings support through our Small Steps Service. This provides settings, families and EYs children with regular contact from a consistent practitioner who can provide modelling of strategies, advice, guidance and direct intervention work with the child working towards Small Steps targets (as set and reviewed by the Educational Psychologist supervising the case).
- Advocating for children and families with additional needs, where a setting may not be giving inclusive messages – providing challenge for this.

- Ensuring that settings feel supported by the Local Authority when including children with additional needs in their school/ nursery.

The Hartlepool Inclusion Panel (HIP) runs on a monthly basis to discuss children who are at risk of permanent exclusion for schools to seek support. This is attended by primary cluster reps, all secondary head teachers, a wide range of local authority officers and external stakeholders from health, social care and community backgrounds. This 'team around the town' approach enables local partners to work together to support children and young people.

A 'team around the school' model has been set up for all secondary schools this allows mainstream schools to work together to consider additional support for transition between primary and secondary school. A cluster model ('team around a cluster' approach) across the town allows SENDCos to seek support from each other and to build upon best practice.

Things working well in the system:

- Ofsted inspection: The local area partnership's arrangements typically lead to positive experiences and outcomes for children and young people with SEND
- Large proportion of children are being supported early in mainstream settings
- Schools requesting support funding for cohorts is working well and allowing us to move away from only 1:1 support and rather supporting groups of children and young people
- Effective co-ordinated support plans
- Strength of decision making
- High quality settings supporting our children
- Those children with EHCPs are appropriate based on levels of need
- High commitment from staff to work with each other and learn

The issues that are emerging from our mainstream settings (from early years to KS5):

- Parents saying that the offer across mainstream settings is very different and that inclusion is not evident in some schools
- Early Years – more complex needs and feeling unable to meet needs unless 1:1 sometimes 2:1. Discussions have taken place to across the system about COVID impact however the needs that are emerging are not "developmental delay" but significant issues linked to communication and interaction often alongside sensory needs. *Ongoing analyse of the EYs panel information needs to be take place.(ACTION)*
- Early Years – concerns that children develop at different times and do not want to identify as SEND too early. However this may be delaying support and the early intervention required for children. Over recent academic years there have been an increasing proportion and number of requests for children in the early years. In 20/21 there were 21 requests (11% of all requests) this rose to 40 (21% of all requests) by 22/23 and currently in 23/24 they account for 25% of requests.
- Work undertaken within the HNB review has shown that (work undertaken with consultant) there is variety of identification of needs. There are cases presented to SEND panel that are within Year 6 and it is clear that needs should have been identified earlier (need to look at SEND Panel information) The year group with the highest number of requests is Yr5 followed by Yr6.

- Inconsistences in identification of needs – some schools high numbers of SEN support others very low which don't reflect demographics of the setting
- Schools saying that needs have increased and "SEND" looks different to what they are used to. Discussing more challenging behaviours re: SEMH and often linked to parenting
- Primary schools saying that they can support needs in smaller classes with consistent staff however secondary schools struggling to meet these needs due to nature of secondary provision with numerous teachers for individuals and larger spaces to navigate.
- Confusion about SEMH – being used as general term for challenging behaviour but now also have children with visible mental health needs (often not diagnosed as a mental health issues).
- Our SEN support information indicates we have the 2nd highest percentage, in the region, of pupils in mainstream settings with SEN support (13.96% in 2019/20 to 15.55% in 2022/23) however we also feel that some children are not being identified – majority of children being presented to HIP are not on school SEN register
- Children with anxiety resulting in school avoidance and the system struggling to know what to do about these children

Settings/ schools are asking for:

- Predominantly funding to increase staff ratios – some schools now asking for funding to support cohorts instead of individual pupil support
- Strategies to use to support children with SEND
- Additional EP support – all schools buy back to EP service
- Further support from other agencies to support wider issues re: parenting/ social environments

Reflections:

- Need to embed cluster work. Important that we work together (peer to peer support) with such challenges in the system. Learn from each other
- Need to work with workforce to understand what support is needed
- Embed OAP

3. What is the profile of CYP who have education, health, and care plans (EHCPs)? How effectively are their needs being met by local provision? (max 750 words)

The number of children and young people with an EHCP has increased year on year from 585 at Jan 19 to 858 at Jan 24, and as at the end of March 24 this has increased further to 892. The rate of increase has varied over the time with a peak increase of 16.4% between Jan 20 and Jan 21 when there was a net increase of 100 EHCPs. The percentage increase then returned to 4.2% before climbing to 7-8% in the subsequent two years. Although the rate of EHCPs remains below national and regional levels the rate of increase is becoming more in-line. In Jan 23 the rate of EHCPs per 10,000 population was 294 compared to 315 regionally and 311 nationally and we had the 4th lowest rate in the region. As at Jan 24, the rate has increased further to 314.85.

The ages of those who have an EHCP can be seen in the table below:

	Under 5	5-10	11-15	16-19	20-25
2021	11	164	296	186	53
2022	8	144	332	169	87
2023	17	204	365	179	36
2024	25	206	401	192	34

The largest numerical increase is in the 11-15 age band and the largest percentage increase in the cohort of those under 5.

The average number of requests for an EHCNA over the past five years is 161 and the average number where there is a decline to assess is 59. Based on Jan 24 SEN2 information there was an increase in the number and proportion of declines to assess. *We would like to better understand whether recommendations to schools are implemented and whether subsequent requests for assessment are made for these children and young people and think this would be best via a deep dive (ACTION)* During 2023 there were just two assessments carried out where the decision was then made not to issue. This will include some where an assessment decision not to assess was overturned and following tribunal the assessment carried out. During 2023, 166 requests for a needs assessment were made and 75 (45%) of requests for assessment were declined. Of the initial requests made, 12.7% were for those under 5, 49.4% for those aged 5-10, 35.5% for those aged 11-15 and 2.4% for those aged 16-19.

As well as those requests for assessment which have been made there have also been an increasing number of children and young people with existing EHCPs moving into Hartlepool, rising from 14 in 21/22 to 19 23/24 (as at March 24). The majority of these are primary school age, however this puts increased pressure on schools across the system. Of those moving into area during 2023 the main primary needs were SEMH, ASD and SLCN.

Information from the SEN multi-agency panel can be seen in the table below.

Term	Requested	Accepted	% accepted of those referred to SEND panel
Autumn 2021	57	33	58%
Spring 2022	36	21(plus 2 MIA and 2 tribunal orders)	58% 69%
Summer 2022	76	43 (plus 2 tribunal orders)	56% 59%
Autumn 2022	38	24 (2tribunal orders)	63% 68%
Spring 2023	62	37 (plus3 tribunal orders, 10 MIA)	60% 81%
Summer 2023	62	36 (plus 12 tribunal orders, 5MIA)	58% 85%
Autumn 2023	54	30 (0 Tribunals orders, 13 MIA)	56% 78%

During 2022, 61 EHCPs were ceased, this rose to 83 during 2023. In 2022, 17 (28%) were ceased as the child or young person moved out of Hartlepool, and in 2023 this reason accounted for 19 (23%). Comparing this with the panel information indicates that Hartlepool is receiving more moves into area than there are moves out of area.

What is driving the increase of EHCPs?

- Schools not able to meet need at SEN support level and feel may need specialist provision
- Some evidence of parents using EHC process to specify preference for certain schools.

- Settings indicating they are struggling with early years children's needs and increasing complexity of these.
- Varying quality of co-ordinated support plans- It may be that some are not robust enough and therefore needs are escalating as they are not being met. Ensuring the quality of these would give parents and carers more reassurance. *Could we do some cluster work on this? (ACTION)*
- Private settings need more support re: graduated response plans
- SEMH needs are not fully understood – analysis shows that there is a significant link to trauma and adverse childhood experiences but it does not appear that there is expertise in the system to deal with it (or identify it)
- Increase in tribunal directions – even with very robust panel decision making (driving this)

The needs of those with EHCPs are discussed in response to question 1 above.
Information in relation to managed moves and in-year transfers indicates that each term during the academic year 22/23 between 13% and 14% of SEN Support in primary schools moved school, and between 32% and 33% of those with EHCPs; these figures remain similar for the current academic year. Of those who are secondary aged, the percentage with a managed move each term of 22/23 was between 9% and 10% for those with SEN support and between 5% and 5% for those with EHCPs.

As at Jan 24, 39% of children and young people with Hartlepool EHCPs were educated within mainstream settings, 95% of which are in Hartlepool. There was 35% educated in special schools, of which 94% are in Hartlepool. 9% are in each of further education, and independent and non-maintained special schools. 86% of those in INMSS are educated outside of Hartlepool and the majority of these have SEMH or ASD as their identified need. This is discussed in more detail in response to question 1.

Some of this is affected by the fact that we currently only have two maintained special schools in Hartlepool (as at Jan 2024). One primary and one secondary, and Springwell is currently at capacity. This means the choice for parents is limited.

There are a number of factors which are influencing parental and young people's preferences with regard to provision:

- Other parents – word of mouth
- Responses from schools when they first make contact
- Professionals – telling families which schools they think are the best (this isn't helpful as often not got up to date information just basing on individual experiences and meaning certain schools are becoming pseudo specialist school)

Transport continues to be challenging. The Authority provide a range of travel support to eligible students attending schools in town and out of area. Currently we operate 38 routes to 23 schools out of town and 41 routes to 16 schools in town. We are currently transporting 313 SEND students at a cost of £1.9million. There is also the additional difficulty in recruiting support workers to escort children and with some children showing challenging behaviour it is proving more difficult to recruit.

Reflections

- Numbers of EHCPs are increasing (although still lower than the average rate for the region)
- Are there any patterns with Yr5/6 requests for feeder schools?
- Is the quality of SEN Support driving request for EHCNAs?
- SEMH and link to trauma/ ACEs

4. What are the outcomes for CYP with SEND and those in AP, and how well are they prepared for adulthood (PfA)? (max 750 words)

Attainment:

Although remaining in-line with national data, the percentage of pupils with SEN reaching a Good Level of Development at EYFS dropped from 19.7% to 16.4% between 2022 and 2023, this is in contrast to the non-SEN cohort whose performance improved from 70.8% to 72.2%, therefore widening the attainment gap between these groups. Data suggests a larger percentage point drop in those reaching the expected level in communication, language and literacy, from 23% to 16.4%, compared to a slight increase nationally. The increase in the overall number with SEN, and the decline in the performance of the SLCN cohort may account for some of this. Pupils with SLCN account for nearly two-thirds of the cohort.

Whilst the percentage of pupils with SEN reaching the phonics threshold by the end of Yr1 has increased to 44%, compared to 42% nationally, the proportion of those with no SEN meeting the threshold has reduced from 91% to 87% over the past 3 years. The gap between those with SEN and those with no SEN has reduced from 51% to 43%. By the end of Yr2, 57% of the SEN cohort and 97% of the non-SEN cohort have reached the threshold.

At KS2, there was a big improvement in the percentage of those with SEN meeting the expected standard in Reading, Writing and Maths between 2022 and 2023, from 18.8% to 31.1%. This improvement in performance is reflected in both the EHCP and SEN Support cohorts. Although performance of the non-SEN cohort has also improved, the percentage point increase has not been as great and therefore there has been a reducing of the gap between these two cohorts of 10 percentage points. The percentage point increase for the SEN cohort was particularly seen in Writing, increasing from 25% to 38.4% reaching the expected standard. However, the percentage of the SEN cohort meeting the expected standard in Writing still remains lower than for Reading and Maths, whereas, for the non-SEN cohort the percentage reaching the expected level in Writing is highest.

Overall Progress 8 scores are lower than national for both the SEN and the non-SEN cohorts. Whilst the gap between the two cohorts has remained the same nationally, it has reduced locally, as the score has declined for the non-SEN cohort and increased for the SEN cohort. This means that the gap remains smaller than national. Progress for the SEN cohort is better in Maths than in English and for the non-SEN cohort is better in English than in Maths, this reflects the pattern nationally. Whilst lower than for the overall cohorts, SEN pupils attending the PRU have progress 8 which is in-line with the overall SEN cohort in Hartlepool. Additionally, both SEND and non-SEN pupils at the PRU make better progress in maths than in English.

Destinations:
KS4 destinations data indicates a positive picture. Overall the percentage of the cohort with a sustained destination has been between 92% and 94% over the last five years. In 2021/22 the percentage of the KS4 cohort with a sustained destination was 93.1% compared to 92% across the region. Specifically looking at those in AP and those with identified SEND, there are a small number (between 12 and 18 over the past five years) leaving AP and between 50% and 73% had a sustained destination. In 2021/22, 66.7% had a sustained destination compared to 65.8% regionally. Amongst those identified with SEND, over the past five years, between 84% and 93% have had a sustained destination, in 2021/22 this was 90.8% compared to 86% regionally.
The number of young people in supported internships increased from 0 to 4 between Jan 23 and Jan 24. There are no young people accessing traineeships or apprenticeships.

NEET
As at the Jan 23 SEN2 there were 23 young people who were NEET and 37% of these were young people identified with SEMH needs, and 26% with MLD. By Jan 24 this had reduced to 10 pupils who were NEET, almost half of whom have SEMH needs. Much of this difference is accounted for by EHCPs being ceased when the young person no longer required the EHCP.

Published data in relation to 16-17 year olds indicates that 3.9% of the total cohort in 2023 are NEET, this compares to 4.7% regionally and 2.8% nationally. We should bear in mind that the proportion of unknowns nationally is higher nationally (2.4% compared to 0.04% locally). Locally, regionally and nationally the proportion of the EHCP cohort who are NEET has increased over the last five years. Locally, 10.4% of these cohort are NEET compared to 7.8% nationally and 12.4% regionally.

The Local Area Inspection highlighted a comprehensive support, with different agencies contributing to a tailored package of support, for post16 young people at risk of becoming NEET. Young people are positive about the support and opportunities that are available to them.

Plans ceased
Of the 144 EHCPs ceased during the last two years (2022 and 2023), 12% have ceased as the young person has moved into paid employment and 5% because they have entered higher education.

Preparation for adulthood
We feel that there is a lack of focus on PFA outcomes across the system – acknowledging that individual settings such as Catcote use as part of their planning with children and young people. Other questions which could be considered are:

- Any parent/YP views on how well prepared for adulthood they are
- Did previous audits reflect anything about how good PfA is?
- Are any transition outcomes clear about what successful transition looks like?

These will be considered by actions in relation to strategic outcome 5

Published data for 2022-23 indicates that 7.6% of adults with learning difficulties are in paid employment, this is 2nd highest in the North East region and within the top 20% of all local

authorities. Whilst regionally and nationally a higher proportion of males compared to females with LD are in paid employment, the difference is quite stark in Hartlepool (2.8% of females, compared to 10.7% of males).

Youth Justice

37 young people currently with an EHCP have committed an offence between April 21 and March 24 and 19 reoffended during this period. Comparing data over the past 3 financial years the number of offenders and re-offences have increased. 20% of those committing an offence in 23/24 had an EHCP and 39% of re-offences were made by young people with an EHCP; although higher, this is not statistically different.

5. How are local partners improving family experience? (max 750 words)

Our Local Area SEND Inspection (2023) stated "Children and young people with SEND are at the very centre of decision-making in Hartlepool. Local area partners work to a combined vision that 'these young people are our young people'. This vision shines through all collaboration and decision-making."

It also stated:
"Co-production (a way of working where children, families and those who provide the services work together to create a decision or a service that works for them all) with parents and carers is a golden thread which weaves through new initiatives and service redesign. Leaders listen to and value the views of parents, carers, children and young people."

Feedback from parents is on the whole positive however there continues to be some parents who are not happy with the provision their children attend. This has led to high number of in years transfers

Can we check any early annual reviews if setting not able to meet need or whether parents are saying they are not happy with the provision.(ACTION)

Schools getting better information than before re: transfers but needs to get better. Some schools having to be chased.

SEN support in area transfers are high and reasons are unknown. It could be implied that parents are concerned that settings are not meeting needs – however it could be that families are transient and moving for other reasons – *can we find out?(ACTION)*

	Primary	Secondary
2022/2023	40	7
2023/2024 to date	23	9

Local offer has been developed with parents but needs a review. Specific pieces of work have been carried out such as "Bubble of Support" for those on the neuro developmental pathway.

Part B: Commissioned SEND and AP Provision and Services

Timeliness of EHC needs assessments					
	2018	**2019**	**2020**	**2021**	**2022**
% of EHC plans excluding exceptions issued within 20 weeks - England (%)[2]	60.1	60.4	58.0	59.9	49.2
% of EHC plans excluding exceptions issued within 20 weeks - LA (%)	75.3	35.9	55.9	46.6	55.1
Projected % of EHC plans excluding exceptions issued within 20 weeks for 2023:			39%		
What improvements are needed? (bullet points max 150 words)					
• Number of EHC assessments resulting in EHC plans has significantly increased 710 (2021) to 892 (March 2024 which continues to place pressure on the team and professionals that contribute to EHC assessments. • Three additional SEND officers have been recruited temporally to support these pressures and the testing of the proposed EHCP template • We know that during 2023 7.4% of EHCPs issued missed the 20 week timescale by a week. Discussions are taking place to better understand this data and the reasons for timescales being missed. • Some LAs do not undertake face to face sessions which may help with timeliness however we feel this approach is the strengths of our process and feedback from schools and parents say they want this to continue. • All EHC assessments include attendance at two meetings by EPs – second meeting is specifically used for generating co-constructed outcomes with families and professionals. • Work will continue to track the timeliness to understand the position.					

Annual Reviews	
% of annual reviews completed within statutory timescales in 2022:	It is not yet possible to report on the timeliness of annual reviews from the system
What improvements are needed? (bullet points max 150 words)	
We currently struggle to track annual reviews as we are using a paper system. Ove the last 18 months there has been a focus on putting all info onto our EYES system. Once this is completed we will track our performance in relation to reviews. We know performance is not as we would want however some audits carried out within the Local Area SEND Inspection showed the lack of review paperwork did not prevent the sourcing of provision/ change of provision or intervention when required. However this does not negate the need for annual	

[2] https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans

reviews to be tracked and performance to improve and therefore this will be an area of improvement. (See Strategic Outcome 7)

Tribunal Appealable Rate					
	2018	**2019**	**2020**	**2021**	**2022**
Tribunal Appealable Rate - England (%)[3]	1.6	1.8	1.7	1.8	2.3
Tribunal Appealable Rate - LA (%)	0	0.6	0.1	1	1.4

What issues are there locally in relation to the rate of appeals to the Tribunal? (bullet points max 150 words)

	Calendar year 2021	**Calendar year 2022**	**Calendar year 2023**
EHCP requests (Number received)	176	160	178 (01.01.23-30.11.23) 194 full year 2023
EHCP completion rates (number that went ahead)	105 needs assessments	101 needs assessments	112 needs assessments 119 full year 2023
Tribunals Number lodged. Against Decision to Assess Against Provision/ Placement Non Issue of EHCP Number of appeals conceded Number of hearings attended	 6 4 (3 appeal dismissed) 0 2 0	 9 9 0 2 0	 17 full year 15 1 1 1 0
Mediations (inc certificates) Number held	8 2	9 2	20 6

We continue to have low numbers of tribunals when comparing with national figures. When reviewing our information the main reason for appeal is as a result of a decline to assess (although still relatively low). Discussions have taken place across the system and one of the main reasons for requests for EHCNA being declined is that the provision (school) have not sufficiently shown that they have put in place a graduated response to meet children's needs. However discussions with SENDIASS and parents indicate that they feel that this should not be a reason for declining an assessment because the child has needs. This is a challenging situation as it is right that as a system we try to meet needs as early as possible without the need for an EHCP and we should be challenging schools if they are not implementing a graduated response. Work is ongoing with schools to develop ordinarily available provision which should ensure that schools are supporting children with SEND appropriately.

The following is in place:

- Communication process is in place if child refused assessment

[3] https://www.gov.uk/government/statistics/tribunal-statistics-quarterly-january-to-march-2023

- The SEN Team work with parents prior to any mediation process as part of the assessment and plan process to listen to views to see if a shared outcome is possible
- Team work closely with SENDIASS when parents raise concerns – meetings held with SEND team with SENDIASS supporting parents
- SENDCO Forum – discussed low level dispute resolution

What improvements are needed to minimise the number of appeals? (bullet points max 150 words)

- Review of multi agency panel decision making
- Review of communication process when EHCNA refused
- Review of current practice against reform guidance
- Do parents know enough about mediation? Ensure that once new guidance is made available it is communicated effectively to them

Early Years

% of registered children	2019		2020		2021		2022		2023	
	15-hour	30-hour	15-hour	30-hour	15-hour	30-hour	15-hour	30-hour	15-hour	30-hour
SEN support (%) - England[4]	5.2	2.5	5.4	2.6	5.1	2.4	5.6	2.9	6.5	3.6
EHCPs – England[4]	0.8	0.3	0.9	0.4	1.0	0.4	1.0	0.4	1.2	0.6
SEN support - Region	6	2.9	6.4	3.2	6.1	3	6.9	3.7	8	4.7
EHCPs - Region	0.6	0.3	0.8	0.5	0.8	0.4	1.1	0.4	1.3	0.7
SEN support - LA	5.9	3	6.6	1.8	5.3	3.2	7.8	3.5	9.1	3.6
EHCPs - LA	0.2	0	0.4	0.4	0.4	0.2	0.4	0.2	0.4	0

Context (max 500 words)

The data shows that the proportion of children in early years provision with SEN Support is higher/in-line with national for the SEN Support cohort but lower for those with EHCPs.

A survey of wraparound childcare provision in Jan 24 highlighted that 8% of those responding stopped or had chosen not to use wraparound care stating the lack of appropriate, specific SEN provision for their child. 8% said that the ability to care for children with SEN would be a factor in helping them to choose wraparound provision in the future.

The needs of our early years cohort is discussed in greater detail in section A of the LAIP.

What do we know?

- Social/Communication still primary need with majority of children accessing SENIF and EY panel
- Most common primary need identified appears to be Communication and Interaction difficulties/Autism (63), children who are being referred to the MAAT pathway/paediatricians/speech and language therapists. Settings are requesting funding to cover 1:1 support

[4] https://explore-education-statistics.service.gov.uk/find-statistics/education-provision-children-under-5

- Identification of SEN in EY settings is inconsistent
- Applications for support / funding are inconsistent
- Staffing is a challenge - movement, recruitment, retention, experience
- Lack of sufficiency – availability of places
- Provision not always 'ready' to accept children. Consistency in what OAP looks like across the sector; support with transition; training, resource, space, funding and staffing
- Complicated accessibility to funding
- Variation of hours – depends on need and provision. We do hear of some children still accessing on a reduced timetable way beyond usual 'settling' period
- Individual criteria in schools/trusts for reporting of SEND
- Requests for EHCNAs are all from education

Settings are asking for:

- support to ensure the safety for the children and running additional interventions for speech and language needs. Settings request Small Steps for advice and guidance on managing behaviours and engaging young children.
- Training to support children with ASD and more specific needs
- EP service

What has been put in place?

- Funding from high needs block for early years inclusion co-ordinator – starting to see impact of EYs inclusion co-ordinator in terms of children being supported to access provision and transitions
- Early Years panel
- Support available to Early Years: SENDCO forum training sessions, EP webinars, small steps/assistant EP support/ Wellcomm/ Early Talk etc
- EYIC support for specialist need and send support
- Review of our EY SEND training offer in house and use of external support.
- Small Steps at the complex end.
- Support from (SCO) at universal and targeted level and SEND support
- We are part of the ELSEC pilot of the SEND and AP change programme

Future requirements (max 500 words)

- What additional support do EY settings need to meet a wider range of needs?
- What training is planned for professionals who work with young children on recognising early signs of SEND?

- Review funding process and rationalise
- Review EYs panel terms of reference
- Review training available and develop plan to meet needs as set out above
- Training to support ordinarily available expectations
- Ordinarily available provision toolkit - Guidance for OAP
- EYs Inclusion Co-ordinator - Improve transitions process

- Work with health colleagues to understand why EHCNAs are not requested via health for children with complex needs – waiting for children to attend education setting and expecting education to request
- Review impact of new childcare reforms

Mainstream Primary					
	2018/19	**2019/20**	**2020/21**	**2021/22**	**2022/23**
SEN Support - England (%)[5]	12.6	12.8	12.6	13.0	13.5
EHCPs - England (%)[5]	1.6	1.8	2.1	2.3	2.5
SEN Support - Region	13.7	13.9	13.7	14.4	15
EHCPs - Region	1.2	1.4	1.6	1.8	2.1
SEN Support - LA	14.1	14.8	14.4	15.4	16
EHCPs - LA	0.7	0.8	1	1.2	1.3

Context

EHCP in Mainstream Primary schools – primary needs. The numbers are low across individual schools therefore no identified trends.

	Jan 21	**Jan 2022**	**Jan 2023**	**Jan 2024**
ASD	26	31	29	36
HI	1	1	1	1
MLD	12	16	16	13
MSI	0	0	0	2
OTH	2	4	6	22
PD	5	8	6	6
PMLD	2	2	2	2
SEMH	15	2	4	9
SLCN	22	36	38	56
SLD	2	3	4	0
SpLD	3	4	5	1
VI	1	0	1	0

Compared to national picture the proportion of children in mainstream primary schools in Hartlepool with EHCP is less than England 2.5%, Regional 2.1%, Hartlepool 1.3% (2022/23); this is significantly lower than national.
As at Jan 24 there were 133 primary aged (including EY) pupils with EHCPs (we are responsible for) educated in mainstream schools; of these 95% are educated within Hartlepool.

Discussions across the system indicate that settings may be better at meeting need at an earlier stage without the need for an EHCP. It also needs noting that there are high number of Yr5 &6 requests for EHCNAs which may indicate that primary schools feel they can meet need but are

[5] https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england

concerned whether this will be the same in secondary. In 20/21 37% of all requests made were for pupils in R-Y6, this figure rose to 42% in 21/22, and then fell to 34% in 22/23, to date 35% of requests in 23/24 were for primary pupils. The table below shows the number, and percentage of all requests made for children in each year group.

	20/21		21/22		22/23		23/24 YTD	
Year Group	Requests		Requests		Requests		Requests	
R	3	2%	13	7%	19	10%	11	11%
1	9	5%	6	3%	14	7%	3	3%
2	24	13%	13	7%	9	5%	7	7%
3	6	3%	9	5%	7	4%	5	5%
4	13	7%	12	6%	9	5%	4	4%
5	29	15%	47	25%	33	18%	19	19%
6	28	15%	19	10%	21	11%	12	12%

In relation to the proportion of the primary school population who have SEN support comparisons are:
England 13.5%, 15% Regional, 16% Hartlepool – significantly higher than national.
This may strengthen the hypothesis that primary schools are supporting at SEN support level. However there is a need to do more analysis on Y6 and Y7 requests for EHCNA

Future requirements (max 500 words)

- Implement Ordinarily Available Offer
- Review data for children where Y7 provision breaks down – what are causes?
- Deep dive re: Co-ordinated Support Plan

Mainstream Secondary

	2018/19	2019/20	2020/21	2021/22	2022/23
SEN Support - England (%)[6]	10.8	11.1	11.5	11.9	12.4
EHCPs - England (%)[6]	1.7	1.8	2.0	2.2	2.4
SEN Support - Region	11.1	11.6	12.2	12.7	13.1
EHCPs - Region	1.5	1.6	1.7	1.9	2.1
SEN Support - LA	12.4	12.6	12.9	14.5	14.9
EHCPs - LA	1.7	1.8	1.7	2.3	2.4

Context (max 500 words)

Secondary mainstream EHCP – Primary Needs

	Jan 2021	Jan 2022	Jan 2023	Jan 2024
ASD	22	34	38	45

[6] https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england

HI	3	3	3	2
MLD	13	28	36	42
MSI	1	1	1	0
OTH	2	0	2	1
PD	8	8	9	9
SEMH	15	24	14	23
SLCN	26	27	28	29
SLD	5	5	2	3
SpLD	4	6	5	8

EHCPs in schools – Those in ARPs separated out

	Jan 2021	Jan 2022	Jan 2023	Jan 2024
Dyke House	4	5	8	9
Manor	12 (+16 ARP)	17 (+20 ARP)	15 (+16 ARP)	19 (+11 ARP)
St Hilds	9	14	9	8
High Tunstall	27 (+18 ARP)	45 (+25 ARP)	58 (+14 ARP)	47 (+45 ARP)
English Martyrs	13	15	18	23

National comparison mainstream secondary pupils with EHCPs is:
2.4% England, 2.1% Regional. 2.4% Hartlepool- in-line with national

Interestingly the proportion of children with EHCPs in secondary provision mirrors national picture and higher than regional picture. This is different to primary mainstream and may strengthen the proposal that primary schools hold children but these children are not able to access mainstream secondary provision. It may also indicate that the secondary curriculum is not able to meet the needs of children with additional needs. Does this information imply that we should have more EHCPs at primary or are we saying that secondary schools are not able to meet needs at SEN support?

National comparisons for those with SEN Support:
12.4% England, 13.1% Regional, 14.9% Hartlepool – significantly higher than national

Future requirements (max 500 words)

- Work with secondary cluster to understand how secondary curriculum can be accessed by children with SEND – are schools implementing reasonable adjustments
- Review/ audit of co-ordinated support plans
- Review EHCNAs Y5/Y6/Y7
- Work with clusters to understand workforce training/ development needs

SEN Units and Resourced Provision

	2018/19	2019/20	2020/21	2021/22	2022/23
SEN Units - England [7]	1,279	361	352	377	373
Resourced Provision (RP) - England [7]	1,715	1,028	1,066	1,125	1,125

[7] https://www.gov.uk/government/collections/statistics-special-educational-needs-sen

SEN Units - Region	68	20	19	19	19
RP - Region	101	70	69	71	70
SEN Units - LA	1*	0	0	0	0
RP - LA	5	5	6	6	5

Context (max 500 words)

As at Jan 24 there were the following number of children accessing places in ARPs.

	designation	Places (Sept 23)	Pupils (Jan 24)
Eskdale Primary	KS1 SLCN	10	1 K
Grange Primary	ASD/PD/med	21	20=13 E, 7 K
Kingsley Primary	ASD	25	51=17 E, 34 K
Kingsley Primary	High needs SEN	25	
Rosemere Primary	SEMH	6 short term- on roll home school	
St Helen's Primary	ASD	10 building to 20	
Springwell (special, primary)	SEMH	4 being decommissioned – special school places	-
Manor Secondary	ASD	20	11 E
High Tunstall Secondary	MLD	45	45 E
High Tunstall Secondary	ASD/PD/med	20	

Data (table above using census data) suggests that there is some capacity in the KS1 SLCN ARP, however we are aware that this is not the case and there is an increasing demand for provision for children with SLCN. However, there will be pupils accessing some of these places but remaining on the roll of their main school and we need to ensure that the data collected truly reflects the capacity available in the system.

Strategy (max 500 words)

- Regular review of needs of children in mainstream – schools submit information about needs of children (based on our banding document). This is reviewed and analysed to understand future need for provision.
- Commission additional places in primary phase
- Review secondary provision once Free School is open to understand impact of this across the system
- Review secondary provision re: capacity at Catcote due to the increased numbers in lower age bands moving through the system over the next couple of years
  (See Strategic Outcome 4)

State-funded Special Schools (Maintained special schools and special academies)					
	2018/19	**2019/20**	**2020/21**	**2021/22**	**2022/23**
% of all pupils with SEN support and EHC plans who are in Special Schools - England [8]	9.2	9.3	9.5	9.5	9.5
% of all pupils with SEN support and EHC plans who are in Special Schools - Region	11.7	11.7	12.1	12.2	12.3
% of all pupils with SEN support and EHC plans who are in Special Schools - LA	9.7	10	10.7	10.2	10.2

Context (max 500 words)

There are only two special schools in Hartlepool:

- Springwell School with 88 places 3-11 years old graded as outstanding (recently converted to academy therefore no grading for academy). It is caters for children with Education, Health and Care Plans covering all needs including profound and multiple learning disabilities.
- Catcote School with 200 places 11- 19 years old graded as good. It is caters for children with Education, Health and Care Plans covering all needs including profound and multiple learning disabilities, some SEMH is covered if linked to another diagnosis ie Autism.

Catcote has had significant capital investment to increase capactiy at their main site and established an ASD sixth form and employability hub.

Both schools are highly regarded by parents/ carers and professionals. They are both oversubscribed with out of area LAs wanting to name them in EHCPs. There is a need for more primary capacity and we have reviewed an additional site however this was not going to be financially viable. We are therefore working to increase accommodation on their main site (currently going through planning One Stop Shop).

Of all those with an EHCP who attend a maintained (or academy) special school 96% are able to attend a special school within Hartlepool.

There has been an ARP (SEMH) at Springwell and although has worked well we have recently made decision to decommission as we need the places for specialist places.

It is agreed that it would be good to be able to use the expertise of the staff across the system to support an improvement in SEND expertise however staffing capacity and ongoing financial challenges mean this has not taken place and continues to be difficult to Implement.

A financial review of funding for special schools has taken place and a cost model has been implemented to promote children being supported within our own communities. This was reviewed via our Schools Forum.

[8] https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england

It needs to be noted that there are a number of children in our mainstream schools that have been identified within their EHCPs that they should be in specialist provision – we are working with these schools to ensure they have the resources to meet need until specialist provision is available.

Strategy (max 500 words)

- Continue to work with both special schools to increase capacity
- Identify opportunities for the special schools to support the workforce in mainstream settings
  (See Strategic Outcome 4)

Special Schools

(Independent and non-maintained)

	2018/19	2019/20	2020/21	2021/22	2022/23
% of all pupils with SEN support and EHC plans who are in Independent Special Schools - England [9]	1.1	1.2	1.3	1.4	1.5
% of all pupils with SEN support and EHC plans who are in Non-Maintained Special Schools (NMSS) - England [9]	0.3	0.3	0.3	0.3	0.3
% of all pupils with SEN support and EHC plans who are in Independent Special Schools - Region	0.7	0.8	0.9	0.9	1
% of all pupils with SEN support and EHC plans who are in NMSS - Region	0.6	0.5	0.5	0.5	0.4
% of all pupils with SEN support and EHC plans who are in Independent Special Schools - LA	0.6	0.6	0.7	0.6	0.5
% of all pupils with SEN support and EHC plans who are in NMSS - LA	There is no non-maintained special school in Hartlepool				

Context (max 500 words)

Information collated for Schools Forum and HNB review indicates:

Row Labels	Non-Maintained Special School	Other independent special school	Grand Total
ASD	2	13	15
PD	2	1	3
SEMH	2	58	60
SLD		1	1
Grand Total	6	73	79

[9] https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england

Based on the SEN2 cohort, the percentage of children and young people attending independent or non-maintained special schools is higher in Hartlepool than it is regionally or nationally. Very few are in non-maintained special schools but an increasing number (and percentage) are in independent special schools; 37 in 2019 rising to 57 in 2023, this figure has continued to rise in 2024. This suggests that it is not possible to meet the needs of these children and young people within maintained provision within the borough, due to both capacity in the system and the complexity of needs of the children and young people.

The following numbers of pupils are in independent provision and costs are significant ranging from £10,771 to £53,511. These costs include the education element of residential provision.

Y7	Y8	Y9	Y10	Y11
13	12	10	18	9

Analysis of the information shows that the majority of the SEMH placements (over 80%) have been involved with social care.

An SEMH Free School is due to be opened from Sept 2024. Planning has already started and children are being identified for the school – a number of these are currently in high cost placements therefore it is hoped this will reduce the reliance on independent provision.

Strategy (max 500 words)

- Opening of the SEMH Free School
- Work with social care and health to identify a shared approach to supporting children with SEMH with ACE.

(See Strategic Outcome 3)

Post-16, FE, and training

	2018/19		2019/20		2020/21	
% of students identified with SEN/LDD continuing to education, apprenticeship or employment destinations in the year after completing 16 to 18 study in schools and colleges - England [10]	**SEN**	**LDD**	**SEN**	**LDD**	**SEN**	**LDD**
	81.8	71.4	82	70.8	80.8	71
% of students identified as SEN that have sustained at least 6 months of education, apprenticeship or employment activity in their third year after finishing key stage 4 - England [12]	68.8[13]		-		-	
	SEN	**LDD**	**SEN**	**LDD**	**SEN**	**LDD**

[10] https://explore-education-statistics.service.gov.uk/find-statistics/16-18-destination-measures

[12] https://explore-education-statistics.service.gov.uk/find-statistics/longer-term-destinations

[13] The figure refers to latest cohort (2015/16 KS4 leavers).

% of students identified with SEN/LDD continuing to education, apprenticeship or employment destinations in the year after completing 16 to 18 study in schools and colleges - Region	80	65.6	80.4	67.1	78.5	66.3
% of students identified as SEN that have sustained at least 6 months of education, apprenticeship or employment activity in their third year after finishing key stage 4 - Region	66.5		-		-	
% of students identified with SEN/LDD continuing to education, apprenticeship or employment destinations in the year after completing 16 to 18 study in schools and colleges - LA	**SEN**	**LDD**	**SEN**	**LDD**	**SEN**	**LDD**
	100	62.2	75	65.5	66.7	69.3
% of students identified as SEN that have sustained at least 6 months of education, apprenticeship or employment activity in their third year after finishing key stage 4 - LA	63.5		-		-	

Context (max 500 words)

For Post 16 in Hartlepool young people with SEND including those with EHCP's attend Catcote Academy (16-19), Hartlepool College of Further Education 16+ or Catcote Futures 19-24, a smaller number of young people also access Hartlepool Sixth Form College. There are very few young people who access their post 16 education outside of the town and those that do generally attend specialist colleges like ESPA for young people with Autism.

There is a wide curriculum offer which allows young people good access to a range of qualifications, young people attending HCFE have access to the same courses that are offered to all young people, this ranges from construction, hospitality, gaming, public sector. There are internships available via Health Education England and Catcote Academy. The FE college has grown considerably in size over the last 4/5 years to meet, in 2019 the college had 18 ESFA commissioned places, this has grown and now there are over 75 young people attending the college. The majority of young people who attend have SEMH, MLD or ASD.

Catcote Academy has 42 ESFA commissioned places which are full and whilst many young people to transition to the FE, those who require more support and enhanced life skills training stay at Catcote to access education. The young people have a variety of identified needs which on the whole includes ASD/LD/PMLD.

Hartlepool LA in collaboration with Catcote Academy recently developed a 16 place ASD Post 16 college for young people with high functioning ASD, this allows for better focus on life skills development, work experience and a bespoke curriculum.

Courses across the town start at Entry level 1 up to A- Level/BTEC, young people are able to access any level appropriate, they are well supported by dedicated additional learning support staff. There are excellent opportunities for work experience at HCFE and Catcote both of whom offer services to members of the public which are ran as businesses in hospitality, hair/beauty and reprographics. Further opportunities are available via well-established links with local employers and the internships programmes ran by Catcote and Health Education England.

Young people with PMLD are able to continue their studies post 19 at Catcote Futures with joint packages of education and social care based around life skills. They are access local clubs and community activities and a partnership was developed with Hartlepool Adult Services and Catcote Futures for young people to access their learning and social care support in various settings across the town.

Young people progress to internships and into paid or voluntary employment and where possible in to higher education, although this is an area for further development within the town.

The Post 16 sector is committed to working with the Hartlepool Local Authority, members of Schools Forum, inclusion/vulnerable panel, SEND Operational Group, they are also part of the 'ordinarily available' work which is currently being developed to improve SEND training, workforce development and inclusion.

Hartlepool do not fund post 16 transport.

Strategy (max 500 words)

The LA meet with post 16 providers throughout the year to plan transition to post 16, this starts as early as year 10. A gap was identified as part of this planning for post 16 high functioning ASD with associated learning difficulties, the LA worked with Catcote Academy to jointly commission this provision and gifted a building to Catcote to facilitate this.

The take up of the FE provision across the town is very good, young people rarely leave the town to access the education offer, this is demonstrated by the increase in numbers of the last 5 years at both HCFE and Catcote Academy/Futures. There are no key barriers to accessing provision, one area for ongoing improvement is transition with local schools. The FE regularly run summer schools for young people with SEND to promote inclusion.

The FE sector are well supported via good links with health services such as HI/VI for young people who require specialist input to access their education.

Supported Internships ran by Health Education England and Catcote Futures, are of a high quality and meet the standards identified in the QA framework.

Alternative Provision

Context (max 500 words)

We do not currently have an AP strategy however we have been undertaking a piece of work to develop a 3 Tier model. The current PRU – Horizon schools has previously offered in-reach placements however recent increases in permanent exclusions have made this impossible due to capacity. These increases have been significant. Evidence shows that when children/ young people attend Horizon they settle well and make progress. However this is often far too late with SEND needs being unidentified later into teenage years with many years of missing education.
A recent review of the provision shows that there is a reluctance for secondary schools to take children who have been permanently excluded – reintegration rates are low.

Information re: FTE/ PEX: Primary reason for exclusion secondary

	EHCP	SEN support
Persistence disruptive behaviour	62	500+
Verbal Abuse/ threatening behaviour against an adult	21	140
Physical assault against pupil/ adult	8	75

Strategy (max 500 words)

- Work with all partners to develop an AP strategy
- Work with all partners to develop and implement a sustainable 3 Tier model of AP

(See strategic outcome 5)

Health provision

Context (max 500 words)

Provision available

CYPMH and LDA

CAMHS
Single Point of Contact
24/7 Crisis Support
Early Intervention Programme
Positive Behaviour Support (I)
LD CAMHS
Getting Help Teams as a sub-set of CAMHS and delivered by both NHS and VCSE providers.
Mental Health- Support Teams in Schools
Kooth on Line - Advice Information and Guidance
DSR
Keyworker Programme
Baysdale Respite and Intermittent Support (complex needs)
Neurodevelopmental Support – Tees Valley Sleep Service

Physical

Wheelchair Services (All Age)

Tees Equipment Loan Services (All Age)
Musculoskeletal Services (18+)
Occupational Therapies
Physiotherapy
Speech and Language Therapies
Acute/Community Paediatrics (nursing and medics)
General Paediatrics
Speciality (inc. tertiary centres) Paediatrics
General Practice
Learning Disability Annual Health Checks
CYP Hospices – Zoe's Place and Butterwick
CHIPs
Continence
Dietetics
Orthotics
Community Dentistry
Down Syndrome Pathway

ICB Forward Plan

One of the 4 Goals of the Forward Plan is "Giving Children and Young People the Best Start in Life" The Best Start in Life includes Maternity and Neonatal and Children and Young People

Maternity and Neonatal - Our ambition is to be the safest place to be pregnant, give birth and transition into parenthood, bringing all partners together under a revised governance and through the Local Maternity and Neonatal System, with a focus on listening to women and families, promoting safer care, supporting workforce and developing skills within a culture of safety to support and includes work with partners in developing family hubs.

Children and Young People - Improving health outcomes for children and young people requires a high level of partnership working, particularly with local authorities, including for example education, safeguarding and social care. Our Child Health and Wellbeing Network plays a valued role in bringing together partners across the system to have a clear focus on children and young people's health and wellbeing. Key areas of focus are; mental health and well-being, long term conditions, vulnerable children and those with complex support needs (supported through the delivery of Core20plus5 to reduce health inequalities), to reduce waiting times for elective care and to meet the regulatory framework for SEND with partners, Best Start in Life, Pre-school and Peri-natal and a focus at place. Health Protection – improvement of vaccinations and immunisations. Children and young people are also part of a number of cross-cutting themes within the forward plan.
https://northeastnorthcumbria.nhs.uk/integrated-care-partnership/

Actions re: inspection

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

Leaders have ensured that The Tees Valley Places plan (2023/24) has targets for all priority areas including neurodevelopmental assessments and speech and language therapies.

Reduction in waiting times for Physiotherapy, Occupational Therapy and Speech and Language Therapy to 126 days by March 2024
Reduce waiting times for neurodevelopmental diagnostic assessment. 12-15 months by 2025

How are CYP with autism diagnosed and supported pre and post diagnosis across the providers?
A needs-led multi-agency approach is implemented so earlier support is offered based on need rather than waiting for a diagnosis and support is put in place both pre-and post.
Services have been commissioned jointly to provide a 'bubble of support' which includes dedicated family support with or without diagnosis and a multi-agency sleep support offer.

Needs Led Neurodevelopmental Pathway | North East and North Cumbria NHS (northeastnorthcumbria.nhs.uk)
A telephone consultation approach is in place for professionals to contact an ASD Coordinator to help identify support and referrals needs.
Referrals are through a dedicated Neurodevelopmental Team with ASD Coordinators.
A multi-agency triage panel helps to identify wider support needs and helps with decision making to progress to MAAT (multi-agency assessment)
Diagnosis are clinically led. Pathway can be found in link above.

A Dynamic Support Register has been established and updated to reflect the national DSR guidance. This includes those children without a diagnosis of autism and or learning disability (pre-DSR) local multi-agency meetings are held monthly to review the RAG rating and risk stratification of all children.

How are CYP with mental health needs supported? How are mainstream schools, colleges and settings supported by Children and Adolescent Mental Health Services and other specialist providers?
Mental Health Support Teams provide around 50% coverage of educational settings in Hartlepool and have done since 2019/20 as part of Wave 1 of the National roll-out. MHST's have a focus on developing a whole school approach to mental health and wellbeing, delivery of direct evidence-based interventions and support and developing CAMHS pathways. The implementation of I-Thrive and with a single point of contact, multi sector working helps to ensure children and young people are offered the most appropriate level of support at the earliest point.
Children, young people and families (alliancepsychology.com)

How are clinicians (in particular Speech and Language Therapists and Occupational Therapists) commissioned across the providers? How is demand for Speech and Language Therapists and Occupational Therapists support managed across education health and independent sector?

North Tees Foundation Trust are commissioned by the ICB to deliver speech and language therapy, occupation therapy and physiotherapy services, as part of a block contract arrangement, which is performance managed with KPI's and regular reviews built in. Particular initiatives to manage demand inc; Parents Sensory Support programmes (The Sunflower); An integrated model of delivery between physio and OT which supports more effective use of resource; Pilot programme underway through the Trust to test out earlier intervention initiatives for speech and

language support which includes pilot schools and a telephone advice line; Hartlepool Talks is a multi-agency group that meets and has developed, through a Theory of Change exercise, a graduated response to speech and language support; The ICB and Hartlepool LA, through the National AP Change Programme. jointly lead on the commissioning of ELSEC Programme as 1 of 9 national pathfinders' sites, DofH and DofE funding directly supports a multi-agency team to focus on Early Language Development and support through education with the intention of supporting families earlier (2023-2025)

What are the clinical intervention delegation arrangements for schools (nursery schools, mainstream and special and colleges) which support pupils with the most complex medical needs?

Commissioned Services provide training for Teaching Assistants, and support staff, to deliver physical health interventions in educational settings and care plans are developed with review and support from the commissioned services. For CYP who meet CCC eligibility through a PHB or commissioned services staff receive training through the personalisation routes ie tracheostomy care. The delivery of non-CC PHB's for CYP with Type 1 Diabetes and or complex needs and who require support in school to meet needs.

What are the arrangements for assessing how a child or young persons' medical needs might affect them on transport arranged by the LA, and putting proportionate arrangements in place to meet those needs?

This is considered on a case by case basis - From an education perspective this would be through the DCO route.

Strategy (max 500 words)

Is there sufficient capacity across multi-professional groups (Allied Health Professionals, Nursing and Medical) to put SEND health provision in place?

There are pressures across the system in terms of increase in demand, both nationally regionally and locally therefore capacity is insufficient across all professional groups. Shared posts, integrated models, integrated pathways and innovative ways of working are all ways in which we are trying to improve better ways of working and meet demand earlier through upskilling workforces, particularly through graduated responses and earlier/prevention approaches.

How do NHS providers review staffing levels according to SEND needs particularly in community services?

Workforce planning is a requirement across all providers and providers review needs through a number of ways i.e. caseload management/review, specific specialisms to meet need ie dysphagia. Data would be utilised with providers to understand any unmet need.

Are there children with health needs who could be more effectively supported in mainstream schools? What type of needs are they? What actions could be taken to provide the necessary support?

Children in Hartlepool are generally supported in mainstream schools and therefor this is not a significant area of concern. However, the following is in place to ensure children's needs can be met;
Commissioned Services provide training for Teaching Assistants, and support staff, to deliver physical health interventions in educational settings and care plans are developed with review and support from the commissioned services. For CYP who meet CCC eligibility through a PHB or commissioned services staff receive training through the personalisation routes ie tracheostomy care. The delivery of non-CC PHB's for CYP with Type 1 Diabetes and or complex needs and who require support in school to meet needs.

Social care provision and family support

	2018/19	2019/20	2020/21	2021/22	2022/23
% of Children in Need who (a) have an EHCP (b) are on SEN support	21.6 26.2	25.4 19.9	24.1 22.6	16.5 25.6	
Number of CIN for whom disability is their primary type of need (and as a % of the 0-18 population)	275 (1.32%)	265 (1.28%)	277 (1.33%)	187 (0.9%)	162 (0.78%)
Number of disabled children who accessed short breaks provision	Short breaks commissioned and don't capture the children. Check FFNE info and sport ability programme.				
Number of disabled children and their families supported via early help			No data	74	23
Number of disabled children and their families stepped down from (a) CiN (b) early help because their needs had been met.			98 (21)	75 (8) 2	60 (22) 3

Context (max 500 words)

78 children are supported through Child In Need solely for their disability and are supported by the Children with disabilities teams. The following feedback was given within our recent SEND Inspection:
"*Relationships between social workers and families are strong. Social workers speak passionately about children and young people and know them well. They demonstrate appropriate challenge and are not afraid to escalate their concerns when children are waiting for next steps from partners in health and education. Children and young people known to social care benefit from regular multi-agency meetings. Team around the child meetings, children in need meetings and looked after children reviews ensure that partners share information effectively. This means that children and young people's respective individual plans are progressed in a timely manner."*

There is a wide offer of support available for children with SEND. This is available on our local offer website and includes short breaks activities, commissioned services via a local provider, in house respite (Exmoor Grove) and direct payments. We have children with disabilities team who are highly experienced in supporting children with SEND and this includes CIN, CP and CIOC.

Our safeguarding and support teams also support children with disabilities however these tend to be related to Adverse Childhood Experiences, trauma and are largely within the SEMH cohort.

Inspections (SEND/ ILACS) have shown that assessments are detailed and lead to good plans for children.

We have a SEND Commissioned Placements/ CPP panel which meets every 3 weeks to consider requests for placements/ school placements/ DP/ respite.

Family Hubs are being developed and include access to SEND support, advice and guidance to families/CYP e.g PCF drop ins, SENDIASS, physio/ OT, speech and language/ ELSEC

Introduced SEND SW role to offer advice and guidance to families at the earliest stage. This role also supports workers within EH and social care teams re: quality of advice within EHCNAs and involvement of SWs in EHC ongoing process.

Strategy (max 500 words)

- Implementation of Family Support within Family Hubs
- Review of Short Break Services Statement

Part C: Strategic Outcomes and Delivery Plan

Strategic Vision (max 500 words)
Outline the strategic vision for SEND provision and services in the area. This section might include the co-produced outcomes that matter most to CYP and families. For example: being safe, growing towards independence etc.
The Hartlepool local area partnership works together to drive continuous improvement in the experiences and outcomes of children with SEND. Our partnerships are strong, built on mutual respect, collaboration and constructive challenge. Our priority focus is to ensure that the needs of Hartlepool children with SEND are met in Hartlepool wherever possible through the development of child centred and responsive services that can meet need and improve outcomes. Our approach to the delivery of local area SEND services is needs led and child centred. As a small unitary authority, we know our children well; we have strong working relationships with children and their families and listen to what tell us they want and need. We work hard to ensure that support for children and families makes a difference and is responsive, one that grows and adapts as our children grow and their needs change. Those with lived experience of the SEND system are recognised as experts in their own lives and we want their voice to shape, influence and guide everything we do, both at an individual child level and systemically as we strive for continuous improvement.

Strategic outcome 1:	**Development of Ordinarily Available Provision**
Why is this a priority? (Include data and evidence including parental views, expected outcomes, value for money etc.)	
• Children being identified too late • Children being found to have unmet SEND needs e.g at Horizon when PEX • Issues with primary schools saying can meet needs and when they start secondary provision their needs cannot be met • Parents saying they do not have confidence in all settings • Some schools oversubscribed with children with SEND • High levels of in year transfers – internally • Inconsistencies across schools in terms of what is considered ordinarily available/ warrant top up funding and where schools say they cannot meet need	
Actions to achieve this outcome:	**SEND Partnership Board member responsible:**
Sessions with schools/ multi agency partners to develop OA provision	

Create OA document that is shared with parents and partners	
Review to understand if mainstream practice is inclusive – involve parents to understand if parents are becoming more confident that mainstream provision is meeting their child's needs	
Implementation of Seeking Support cluster arrangements – review in Dec 2024	
Review workforce development needs and implement training/ development as appropriate	
SEF work with Fiona (peer review/support)	
Review SEND panel processes to ensure that decisions are transparent and understood by parents and schools	

How do the actions above deliver value for money and contribute towards financial sustainability?

Key data indicators to measure progress and success:	**2024/25**	**2025/26**	**2026/27**
Metric [XXX]:			
Add more rows as relevant			
Benchmark/forecast/goal:			
Actual figure achieved:			

Details of how progress will be monitored and reported (including timescales):
(250 words max)

Strategic outcome 2:	**Improve our understanding of children's needs when linked to trauma to ensure early identification of need**

Why is this a priority?
(Include data and evidence including parental views, expected outcomes, value for money etc.)

- HIP information is showing that children with challenging behaviour (often talked as SEMH) are not being identified with SEND needs – not on schools SEN register however children then going into crisis
- Appears we are working in silos re: SEMH without looking at root causes
- Blurred lines in behaviours associated with autism traits vs trauma
- Exclusions high for those with no identified SEN
- To develop understanding between stakeholders eg about SEND Panel decisions

- Early identification of needs – i.e. is SEMH the primary need or is there an unidentified need which then presents as a behavioural need

Actions to achieve this outcome:	**SEND Partnership Board member responsible:**
Implement HIP (Hartlepool Inclusion Partnership) arrangements for secondary and primary	
Undertake analysis of HIP cases re: identification of needs	
Review current position with for children with Emotionally Based Barriers to attending school	
Review of our trauma informed approach: Who is using this approach? Where is good practice? Is it been used to develop curriculum / provision?	
Review workforce skills to identify needs with particular focus on presentation for trauma/ ADHD/ ASD/FASD which can be similar – develop workforce development	
Review of current pilot commissioned support when trauma identified (ICB) and explore joint commissioning of support/intervention (link to AP)	

How do the actions above deliver value for money and contribute towards financial sustainability?

Key data indicators to measure progress and success:	**2024/25**	**2025/26**	**2026/27**
Metric [XXX]:			
Add more rows as relevant			
Benchmark/forecast/goal:			
Actual figure achieved:			

Details of how progress will be monitored and reported (including timescales):
(250 words max)

Strategic outcome 3:	**Improve our understanding of SEMH to ensure that needs are identified at the earliest opportunity**

Why is this a priority?

(Include data and evidence including parental views, expected outcomes, value for money etc.)
• Analysis of those children placed out of area are predominantly SEMH linked to ACEs • Need to support schools to support children and young people with SEMH to remain in their local mainstream school • To increase schools desire to develop inclusive practice for children and young people with SEMH as they would for those with Dyslexia, Autism etc

Actions to achieve this outcome:	**SEND Partnership Board member responsible:**
Improve workforce understanding that SEMH can be a mask for underlying issues e.g unable to access curriculum due to cognition/ speech, language and communication difficulties	
Implement Speech and Language pathway (including ELSEC) to ensure that any SLCN are identified as early as possible	
Within the development of Ordinarily Available Provision develop shared understanding of SEMH	
Work with the Free School to develop further expertise across the system – also wider specialist settings	

How do the actions above deliver value for money and contribute towards financial sustainability?

Key data indicators to measure progress and success:	**2024/25**	**2025/26**	**2026/27**
Metric [XXX]:			
Add more rows as relevant			
Benchmark/forecast/goal:			
Actual figure achieved:			

Details of how progress will be monitored and reported (including timescales):
(250 words max)

Strategic outcome 4:	**Review and ensure appropriate sufficiency of specialist places (ARPs and special schools)**

Why is this a priority?
(Include data and evidence including parental views, expected outcomes, value for money etc.)

- There are children accessing mainstream provision who have specialist provision identified within their EHCs
- Children with specialist needs should be able to access education in their community
- Financially need to reduce reliance on out of area placements (not always best quality and VFM)

Actions to achieve this outcome:	**SEND Partnership Board member responsible:**
Work with Springwell to undertake capital build to increase places	
Work with St Helen's Primary to increase ARP places as part of new school build	
Review current needs against current ARP places and commission accordingly	
Work in partnership to with schools/ academy trusts to look for opportunities to develop provision	
Review trajectory for 6th form pupils at Catcote 2025/26 to understand need for provision and work with other provision to widen offer e.g FE college	

How do the actions above deliver value for money and contribute towards financial sustainability?

Key data indicators to measure progress and success:	**2024/25**	**2025/26**	**2026/27**
Metric [XXX]:			
Add more rows as relevant			
Benchmark/forecast/goal:			
Actual figure achieved:			

Details of how progress will be monitored and reported (including timescales):
(250 words max)

Strategic outcome 5:	**Development and implementation of AP strategy**
Why is this a priority? (Include data and evidence including parental views, expected outcomes, value for money etc.)	
• Not supporting children early enough – children coming to the systems attention when in crisis (being seen through PEX) • No current strategy/ shared approach – everyone working in isolation • Could be economies of scale if we commission collectively • Inconsistencies in the use / quality of AP • A number of children in part time provision which is not appropriate • Children not being reintegrated into provision following PEX	

Actions to achieve this outcome:	**SEND Partnership Board member responsible:**
Development of 3-tier model and establish review process to understand what works	
Develop practice in mainstream setting to avoid use of external AP providers – link to OAP (Outcome 1)	
Develop, share and implement an AP strategy to ensure good quality, consistent AP	
Establish an AP commissioning framework to meet expectations within the strategy	
Multi agency deep dive for children where Y7 provision breaks down/ PEX (link to transition – are we not getting transition right?)	

How do the actions above deliver value for money and contribute towards financial sustainability?

Key data indicators to measure progress and success:	**2024/25**	**2025/26**	**2026/27**
Metric [XXX]:			
Add more rows as relevant			

Benchmark/forecast/goal:			
Actual figure achieved:			

Details of how progress will be monitored and reported (including timescales):
(250 words max)

Strategic outcome 6:	**Improve transitions for children with SEND**

Why is this a priority?
(Include data and evidence including parental views, expected outcomes, value for money etc.)

- In area transfers are high for SEN support and we better need to understand the reasons why
- EYs children being identified as having complex needs and settings saying cannot meet need – some of these children not allowed to access full entitlement
- High numbers of PEX at Year 7
- Develop understanding of transitions post 16
- Information sharing between schools needs to improve
- STEPs transitions –planning is taking place from Yr5 but next steps are not necessarily carried out as the child moves schools and there is a lack of consistency in Yr7

Actions to achieve this outcome:	**SEND Partnership Board member responsible:**
Review current position for what is in place for transitions across all ages	
EYs development of pathways (to ensure children's needs are known to identify the right provision to meet needs) – including the embedding of the EYs panel	
Review of in area transfers to understand the history of these cases/ understand reasons – workers to be employed for 18 months to support does this link with multi-agency deep dive in previous outcome?	
Secondary school headteachers development work – particularly related to movement across schools - HIP discussion before transfers	
STEPS process (ASD) – in place Yr 5 but is it robust into KS3	

How do the actions above deliver value for money and contribute towards financial sustainability?

Key data indicators to measure progress and success:	**2024/25**	**2025/26**	**2026/27**
Metric [XXX]:			
Add more rows as relevant			
Benchmark/forecast/goal:			
Actual figure achieved:			

Details of how progress will be monitored and reported (including timescales):
(250 words max)

Strategic outcome 7:	**Establish Quality Assurance Framework that allows the system to know what works and what needs improving**

Why is this a priority?
(Include data and evidence including parental views, expected outcomes, value for money etc.)

- Lack of consistency between service held and system held data
- Need to ensure a "single version of the truth"
- Need to ensure all partners are aware of what the data is telling us in terms of needs
- Will enable us to measure success of strategic outcomes

Actions to achieve this outcome:	**SEND Partnership Board member responsible:**
Develop QA framework which includes qualitative and quantitative information • Agree that we want to achieve and how we will measure this • Develop a collective data set • Establish recording mechanisms which enable data extraction • Establish regular reporting mechanisms • ICB data project QA nationally (consistency across health) • Establish an audit cycle (including EHCP quality and multi-agency effectiveness/ quality of Co-ordinated support plans)	

How do the actions above deliver value for money and contribute towards

financial sustainability?			
Key data indicators to measure progress and success:	**2024/25**	**2025/26**	**2026/27**
Metric [XXX]:			
Add more rows as relevant			
Benchmark/forecast/goal:			
Actual figure achieved:			
Details of how progress will be monitored and reported (including timescales): (250 words max)			

Annex A - Summary of Strategic Objectives and Actions

Delivering a vision for system change is likely to involve a wide range of plans and strategies from across the local partners. The strategic priorities for each area will be unique to each partnership and should be focused on the highest priority areas. It is likely these will not be completely comprehensive and there may be some common themes that appear across the work of the partnership.

This annex can be used alongside Part C by local partners to add some additional detail to actions that might not be covered elsewhere, or to link to other more detailed strategies or policies. You do not need to duplicate any of the other content in the LAIP, but there may be some topics where you want to highlight additional activity being done by the partnership.

We have set out five themes, but you may identify others:

- promoting an inclusive mainstream system
- building a confident workforce
- managing specialist capacity
- commissioning arrangements
- supporting transition

How is the local partnership ensuring mainstream schools and settings are as inclusive as possible?

- How will mainstream schools, colleges and settings be supported to meet as wide a range of needs as possible?
- What improvements are needed in relation to the provision of LA support services for mainstream schools?
- What resources, specialist support, workforce development etc will be put in place?
- How will the three-tier AP model ensure pupils at risk of exclusion can have their needs met in mainstream?
- What development needs are there in relation to the provision of Special School Outreach to Mainstream Schools?
- How will support be made as accessible as possible so that families and professionals can get the information, advice, and services they need quickly?
- What training is planned for professionals on recognising early signs of SEND?
- How will CYP be fully included in the mainstream community, preventing isolation, and promoting their wellbeing and social development?

Any additional actions, strategies, or links to detailed policies that you wish to capture:

How are local partners developing a skilled workforce to support CYP with SEND and in AP? • What are the workforce requirements to ensure the needs of CYP with SEND are met in mainstream education? • What are the training requirements to ensure mainstream education providers (including EY and FE) feel equipped and are confident in meeting the needs of CYP with SEND? • What specialist services are required to support education in mainstream schools and colleges now and in future? E.g., speech and language services, educational psychologists etc. • What are the future workforce requirements to ensure the needs of CYP requiring specialist provision are met? How will type of need be prioritised if necessary? • What improvements are needed in relation to the offer of support for local SENCOs? • What are the workforce requirements and training needs to ensure there is sufficient suitable transport for children who are eligible to have their travel arranged by the LA?
Any additional actions, strategies, or links to detailed policies that you wish to capture:
How is the local partnership managing the capacity of specialist placements in

the local area?

- What are the local area's plans for managing and developing the predicted placement needs, both in terms of numbers and types of needs, in local provision over the next 3 years? What plans are in place to increase the physical capacity of post-16 provision (particularly in general FE) to meet demographic growth?
- What plans are in place to improve the accessibility of schools, colleges, and settings to ensure that they are inclusive for CYP with disabilities?
- Is it clear what provision should be offered by the specialist providers in the area? How can tailored lists be used to help CYP get the most efficient and effective provision to meet their needs?
- Where demand for particular types of specialist provision exceeds supply, how do local partners ensure the right balance between meeting needs in different ways and expanding specialist capacity?
- How many CYP have been identified as requiring specialist provision but do not currently have a suitable place? How can their needs be met more effectively?
- How are travel arrangements considered when making decisions about the commissioning and location of specialist and mainstream provision in the area?

Any additional actions, strategies, or links to detailed policies that you wish to capture:

How will commissioning arrangements be changed to improve the Local Offer of SEND services and provision?

- How do education, health and social care services work together to meet the needs of CYP who present challenging behaviour – and support their families or carers – holistically? How can this cohort be identified (for example through Dynamic Support Registers)?
- How do education and health service work together to ensure the needs of children are met on transport arranged by local authorities?
- What short-term “crisis” provision is required to keep CYP safe? What medium/long-term provision is required to transition them from residential provision into the community?

- How will neighbouring LAs work together to share information on their CYP with low incidence needs, and those who use regional provision (including FE and post-16).
- How will school transport arrangements be improved to ensure more pupils can attend school locally?
- How will neighbouring LAs work together to make effective use of regional provision, for example in independent and non-maintained special schools?

Any additional actions, strategies, or links to detailed policies that you wish to capture:

How will transition arrangements be improved?

- How will you improve support to children and their families for transition from EY provision into primary school?
- How will you improve support to children and their families for transition from primary school into secondary?
- How will you improve support to pupils and their families for transition from alternative provision back into school?
- How will you improve support to young people and their families to understand the range of post-16 provision available and to transition into it?
- How will you improve support to young people and their families for transition from children into adult health services, including adult social care?
- How will you improve the focus on Preparation for Adulthood from the earliest stages to support effective transitions, including (but not limited to) EHC plan reviews from Year 9 onwards?
- How will you improve the transition for children, young people, and their families when their EHC plan ends?

Any additional actions, strategies, or links to detailed policies that you wish to capture:

In addition, partnerships may wish to record specific changes, improvements, or interventions they are planning, which they believe will have a significant impact on improving the services and provision for CYP with SEND or requiring AP. The template below may be useful in capturing key information about such improvement programmes.

Specific changes and interventions							
Action, change or intervention:	Briefly outline the proposals (max 250 words)						
Impact:	How will the action, change or intervention improve outcomes for CYP and their families and/or improve the SEND system (max 250 words)						
Implications for other sectors, LAs and agencies?	Briefly outline any possible consequences (positive and negative) for other agencies and parts of the sector, both within the LA and outside it (max 250 words)						
Resources required:	Summarise the resources required and their sources: - Revenue - Capital - Workforce / specialist expertise						
What are the risks and mitigations?	Briefly outline the key risks and your mitigation plans (max 250 words)						
Impact metrics	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**
No. CYP using the provision:							
Forecast unmitigated:	-	-	-	-			
Forecast with intervention:	-	-	-	-			
Cost of provision (£):							
Forecast unmitigated:	-	-	-	-			
Forecast with intervention:	-	-	-	-			
Outcome measure(s)							
Forecast unmitigated:	-	-	-	-			

Forecast with intervention:	-	-	-	-			

Annex B: Approach to co-production

Local Areas must involve CYP, families, and carers in developing and reviewing this document. As end users of the system, it is vital their needs and experiences are considered when developing the LAIP. You should use a variety of methods to engage young people, parents and carers. These could include surveys and social media or young people's forums, and making existing consultation groups, such as a local youth council, accessible to young people with SEND. Young people should also have opportunities to be engaged independently of their parent. Effective parent participation can lead to a better fit between families' needs and the services provided, higher satisfaction with services, reduced costs (as long-term benefits emerge), better value for money and better relationships between those providing services and those using them. LAs and parents should work together to establish the aims of parent participation, to mark progress and build trust. This section should set out how you have involved a wide range of parents/carers and CYP with SEND and who need AP, by what means, and to what effect. This could also include some reflection on your plans to reach a wider audience (including seldom heard groups) to better inform future reviews of this document.

With reference to the benchmarking tool for SEND and AP Partnerships, how has this inclusion plan been co-produced with parents, carers and CYP with SEND and those who need AP? (500 words max)
You may wish to draw upon the stakeholder section of your latest DSG management plan when completing this. PCF representatives should contribute to completing this section.

Report of: **Hartlepool Community Transformation Co-ordinators –** Julian Penton & Juli Simons (Hartlepower Community Trust, VCS Development Team)

Subject: **Community Transformation of adult mental health services in Hartlepool** – progress update

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1. PURPOSE OF REPORT

1.1 To update Health & Wellbeing Board members on progress towards changing how support is provided to adults in Hartlepool with mental health issues.

2. BACKGROUND

2.1 Community Transformation is driven by NHS England's long-term plan – in which more integrated and preventative services are increasingly prioritised. The North East & North Cumbria Integrated Care Board has provided additional investment for place-based partnerships to deliver Community Transformation – which aims for adults experiencing severe emotional distress to have better access to integrated primary and community mental health care.

2.2 The mental health trust that covers Hartlepool – the Tees, Esk & Wear Valleys Mental Health Trust (TEWV) – has driven Community Transformation in Hartlepool, both administratively and financially, from its outset more than two years ago. Alongside the many Hartlepool-specific changes described below, TEWV is completely refreshing its approach to service delivery across all of its services.

2.3 Community Transformation aims to:

- **Involve people with experience of mental ill-health & using mental health services** – so their perspectives and involvement can constructively critique existing services and inform the evolution of new, more user-led, approaches.
- **End the fragmentation of services** that share the same mission of enabling people experiencing severe emotional distress to lead more fulfilling and thriving lives – and instead enable more "joined up" working.
- **End "silo working"** – organisational practices that don't facilitate systematic communication between different agencies with overlapping aims militate against collaborative working. NB Effective practitioners are already communicating across the wider system (and have always done so), evidenced not only by individual practice but also by various inter-agency huddles and joint working practices.

2.4 Community Transformation also shifts away from a medical model of emotional distress – in which emotional distress is conceived of as biological illness, treatment of which requires pharmaceutical interventions to correct neurological "imbalances". Instead, emotional distress:

- in all but cases of the most severe emotional distress, is largely a consequence of social issues and recovery therefrom requires solutions to problems associated with toxic and stressful environments, including accommodation problems, under-occupation and financial hardship;
- is often the result of historic trauma;
- is exacerbated by missing skills – required to successfully get needs met in an increasingly technological and complex social world.

Thus, it is acknowledged that:

- Healthy social networks, accommodation, occupation, learning opportunities and personal financial position are crucial to healthy emotional functioning.
- People's lives are embedded in particular localities & cultures, which provide an essential context for successful interventions by mental health practitioners.
- Given the two points above, it follows that adult mental health services are best governed at the level of local place – in our case, Hartlepool.
- Opportunities provided by voluntary & community sector organisations have an important role to play. By offering constructive activities, social and emotional support (including peer support), advice and advocacy – voluntary providers contribute to restoring healthy social networks, encouraging learning and personal development and help address accommodation and financial problems.

3. PROGRESS – INVOLVEMENT OF PEOPLE WITH LIVED EXPERIENCE

3.1 The involvement of people with experience of people with severe emotional distress is a foundational goal of Community Transformation. To which end, there is a **Hartlepool Lived Experience Forum** – co-facilitated by two charities – Starfish Health & Wellbeing and Red Balloons. The Forum is attended by people with current/recent past experience of severe emotional distress or of caring for someone with severe emotional distress. The Forum meets c. 6-weekly, currently at the Centre for Independent Living.

3.2 The Forum's work to date has included:

- A **survey** of around 40 Forum members to establish **what a good mental health service looks like** from the perspective of people who use/have used adult mental health services. **See Appendix 1** for a summary of the survey's findings. NB The importance to service users of the personal qualities of staff.
- Presentations from various mental health-related agencies. Principal among these have been the TEWV Crisis Service. A **consideration of crisis services is the foremost priority** of the Lived Experience Forum.
- Arising from the prioritisation of crisis services, the Forum – in partnership with similar forums across the Tees Valley – is now soliciting views on expectations of the current crisis service and what a good crisis service looks like. The intention is to move to **co-**

designing a crisis support service that meets the aspirations of current crisis service users. This will inevitably be a staged process and will also involve TEWV colleagues.

3.1 Good progress has been made and a connection established between the Lived Experience Forum and the Community Transformation programme. This includes **representation on the Community Transformation steering group**. The Community Transformation Co-ordinators attend meetings of the Forum.

4. PROGRESS – GOVERNANCE

4.1 **Governance arrangements**: Decision making in respect of Community Transformation is made through:

4.2 A **Hartlepool steering group**, which manages local strategy. Membership of the steering group includes representatives from:

- The **Hartlepool Lived Experience Forum** (of people with experience of mental ill-health & using mental health services)
- **TEWV** – including both local clinical teams and Trust management.
- The other main mental health service providers in Hartlepool – the Hartlepool charity, **Let's Connect**, and Teesside & Hartlepool psychological therapies and Recovery College contract holder, **Impact on Teesside**
- **Hartlepool Borough Council** – Adult Social Care and Public Health
- **Hartlepool's voluntary & community sector** – currently Natalie Frankland (of New Perspective Wellness Walks) and Scott Hughes (Belle Vue Centre)
- **Primary Care** – usually a social prescribing lead
- The **PFC Trust** – which manages the additional investment in the voluntary & community sector
- The **North East & North Cumbria Integrated Care Board's "North East Commissioning Support Unit"** (NECS) – which oversees Community Transformation spend and alignment with NHS strategy
- **Hartlepower Community Trust** – which employs the Community Transformation Co-ordinators

4.3 A "**delivery group**", consisting of representatives from each of Hartlepool's main mental health service providers together with the Community Transformation Co-ordinators. The delivery group considers how the steering group's strategy can be implemented – and is facilitated by the Community Transformation Co-ordinators. Members include representatives of:

- TEWV
- Let's Connect
- Impact on Teesside
- Hartlepool Borough Council – Adult Social Care
- Hartlepool Borough Council – Community Services

4.4 The **Hartlepool Lived Experience Forum**. Lived experience of mental health issues and the use of mental health support services is an

underpinning component of the approach to transforming services. Therefore, governance considerations require the input of people with such lived experience.

4.5 **Summary**: A good start has been made to reimagining place-based governance. Future work will aspire to joint working arrangements in respect of:

- Measuring impact
- Data sharing and management
- Commissioning of mental health support services

5. PROGRESS – ENDING FRAGMENTATION OF SERVICES: JOINT WORKING ARRANGEMENTS

5.1 Reducing silo thinking and practice is a further foundational aim of Community Transformation. To this end, workshops have been held for the purpose of:

- **Raising awareness** among all service providers, statutory and voluntary, **of every service available** in Hartlepool for people experiencing emotional distress. A common issue, not only in the field of mental health support, is patchy knowledge of everything available for citizens. Without such knowledge, the potential for joint working will be limited to the degree of lack of awareness.
- **Team building** among the main service providers, together with two members of the Lived Experience Forum.
- **Exploring co-production** – the process of ensuring equality of input in service design between providers and people with experience of emotional distress.
- A workshop scheduled for October will consider **the impact of various services** – informed by the work of a local videographer who is collating into a short film informal interviews with local service users about re. what has made a difference in respect of reducing emotional distress.

5.2 In addition to the joint working described in the Governance section above, the most significant addition to joint working practices are:

- A **weekly, in-person "huddle"** (of mental health and related staff) at the Council's Central Hub building – where representatives from the main mental health service providers, plus some voluntary organisations, meet for no more than an hour to share information and exchange ideas to more effectively assist the people with whom they work. One consequence of agencies coming together weekly has been vastly **improved & trusting working relationships between staff** working in the various agencies – leading to a non-bureaucratic, more efficient connectivity between organisations.
- A joint, **experimental project involving Hartlepool charity Let's Connect and TEWV** – in which Let's Connect work with longstanding TEWV patients who have been dependent on various TEWV staff for regular support, often over decades.
- Production of a leaflet "**Know someone who's worrying, anxious, low?**" – in hard copy, online (for now, uploaded to the Hartlepower Community Trust website) and as a poster with QR code directing

readers to the website. The leaflet lists every organisation in Hartlepool that offers mental health-related support in the town. This will be updated six-monthly.

6. PROGRESS – INVESTMENT IN VOLUNTARY ORGANISATIONS

6.1 **Grant funding of c. £120K per annum** for Hartlepool is being invested by the North East & North Cumbria Integrated Care Board. Spending decisions are vested in the steering group and through the PFC Trust, which manages an application-based grants scheme for Hartlepool-based voluntary organisations – which are invited to submit costed proposals for work that aligns with the goals of Community Transformation.

6.2 Awards from the PFC Trust managed fund have been made to:

- **The Artrium**: for out of hours creative arts activities, including for younger people aged 18-25; for which age group it is recognised that more age appropriate activities and environs are particularly important. Priority places are provided for TEWV patients.
- **New Perspectives Wellness Walks**: to organise weekend walks. Priority places are provided for TEWV patients.
- **Hartlepool Carers in partnership with Eating Distress North East**: to provide training re. eating disorders and their treatment.
- **Women's Wellbeing Hub**: free-to-access activities and workshops to support local women and girls of all ages; help to find the correct support or service. The Women's Wellbeing Hub notes that mental health concerns often occur alongside other health differences or issues, including neurodivergence, menopause and more.
- **Let's Connect**: See 5.2 above.

6.3 The Integrated Care Board funding also funds the joint Community Transformation Co-ordinators (Juli Simons & Julian Penton) and will soon fund the system platform, training and support for Hartlepool voluntary organisations associated with data collection for NHS purposes.

7. PROGRESS – TOWARDS A SHARED LANGUAGE AND UNDERSTANDING OF MENTAL HEALTH & WELLBEING

7.1 A vision for a truly integrated, user-informed system of support for people experiencing emotional distress – in which every agency, statutory or voluntary, collaborates seamlessly to ensure timely, effective support is directed by the sole consideration of any given individual's needs and unique social circumstances – will include the following:

- **Shared systems** for referral, "assessment" (understanding what's happening to a person), recording, data collection and impact measurement.
- **Pooling of resources** of the major commissioners – particularly, TEWV, the local authority and the Integrated Care Board.
- **Unified communications** – in formats and using platforms that reflect the requirements of the general population

- **A shared language** and accompanying **shared understanding of mental health** – so that all practitioners (and people using services) were able to converse straightforwardly and without misunderstanding or friction.

7.2 Each one of the above three components presents huge challenges. This is not least because of the several different professional training regimes and regulatory requirements, e.g. between nursing, social work, occupational therapy, counselling, psychology, psychiatry, advice & guidance. Yet each sub-discipline – and people working in voluntary organisations – share the identical goal of enabling people to lead thriving lives free of debilitating emotional distress: so there is a compelling case to move towards a more unified approach.

8. PROPOSALS

8.1 That the Health and Wellbeing Board receive periodic updates on the progress of Community Transformation.

9. RISK IMPLICATIONS

9.1 None.

10. FINANCIAL CONSIDERATIONS

6.1 In the short to medium term there are no financial considerations. However, in the event of possible joint commissioning arrangements gaining traction, the allocation of Hartlepool Borough Council funds may be reviewed.

11. LEGAL CONSIDERATIONS

11.1 There are no legal considerations at this time.

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

12.1 A formal impact assessment is currently not required.

13. STAFF CONSIDERATIONS

13.1 There are no staffing considerations.

14. ASSET MANAGEMENT CONSIDERATIONS

14.1 None.

15. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

15.1 None.

16. RECOMMENDATIONS

16.1 That the Health and Wellbeing Board receive periodic updates on the progress of Community Transformation.

Hartlepool Lived Experience Forum; summary of questionnaire responses

What does a good mental health service look like?

1 The best mental health support staff have these personal qualities

1 Reliability

This means that **they do what they say they're going to do**. However, circumstances can and do change – but if this happens then the new circumstances should be explained to the person affected. It also means that **they keep promises**. Promises are sacrosanct – if they can't be kept then they shouldn't be made at all.

2 Treat people like a fellow human being – not as a data point, a number, a problem or a "case"

This means that they are kind, friendly, heartfelt & compassionate – these qualities can be *felt* when you are with someone who is truly kind & compassionate.

3 They are good listeners

In the presence of good listeners, people *feel* understood. Important for good listening are the use of accessible, comprehensible, unscripted language. Every person is unique, every encounter of listening should be approached afresh.

4 Awareness of the multiple, non-clinical, local services available

There are multiple ways in which emotional distress can be alleviated & overcome. Every individual's pathway towards a thriving life is unique to them. Therefore, good staff recognise that the pathway to a thriving life involves much more than any single mental health agency can provide on its own – and make it their business to discover what else is out there.

5 Adaptability

A good service will be different for every person – because every individual is unique; with a unique history, experiences, strengths & interests.

2 Good mental health services:

1 **Are non-stigmatising**

2 **Are trusted by the people who need to use it**
NB Some people need support to trust many statutory services – because through a succession of poor experiences, sometimes over many years, they have lost faith in the possibility of benefiting from engaging with these services

3 **Consider the whole person/works holistically**
Good services address not only people's historic traumas, symptoms & emotional distress but also assist with any pressing life circumstances and practicalities – such as housing, finances & employment. Life circumstances and the way people feel are closely related. So being "person-centred" and working holistically means establishing each person's goals and the changes that are most important to them. This means that listening to people's stories and working alongside them to work out mutually agreed plans is crucial. And doing so will mean that "treatment" – the service provided – is likely to involve multiple possibilities, many of which will be non-clinical.

4 **Are flexible – by offering choices & options**
Good services adapt their service to each individual helped. A best fit is found between the person and support provided that is right for any particular individual. Most people prefer face to face contact, some online. Some prefer phone catch ups, others text. And because there are multiple ways in which emotional distress can be alleviated & overcome, every individual's pathway towards a thriving life is unique to them. A good mental health service recognises that overcoming emotional distress involves more than any single mental health agency can provide on its own.

5 **Joins up and blends with other services**
Any one service can't be expected to provide specialist support & advice in every area in which someone may need help – such as housing, finances & employment – but what they can do is to join up as seamlessly as possible with services that do provide such help. This ensures that people in mental health services can easily access the services they need with a minimum of additional paperwork and re-telling of their story.

Examples of other services
Physical health services, peer support, walking groups and other exercise-based activities, holistic therapies, creative activities, advice agencies, colleges & educational/training providers, employment support, volunteer bureaux

6 **Works with and acknowledge people's strengths & interests** (as well as their challenges)
People are much more than their emotional distress – they also have life experience, capacities, skills and interests. A thriving life always involves the use of these positive aspects of a person. Therefore good mental health services support people to access their strengths & resources. This is part of any recovery journey.

7 **Provides consistency of key worker – throughout a person's involvement and beyond**
People don't want to be passed from pillar to post. Good services quickly find the right staff member to help someone – ideally at first contact. That person then continuing to act as an anchor of support throughout the whole time required until a mental health service is no longer needed. However, setbacks can and do occur – so good services also provide "aftercare" to ensure that plans for maintaining positive mental health remain intact. Good services also keep open the door once people have left the service, so that in the event of a setback, further support can rapidly be provided, ideally with the same staff member.

8 **Deals with paperwork sensitively & minimally**
Of course, some paperwork will be needed – but the minimum possible please. Form filling distracts from the essential compassionate, human connection. Forms etc. should be couched in accessible language and people's reading ability (if any) carefully respected.

9 Communicate with people clearly & consistently
People receiving help as well as those in need of help should be able to understand clearly from organisations' publicity – such as on websites, as well as in written communications – any criteria and timescales that apply for receiving support. Timeframes for call backs should be adhered to. Information about the help available to people experiencing emotional distress should be widespread & accessible.

10 Provide an environment that is accessible, relaxing & friendly
Where people receive help is important – places that are relaxing, homely, reassuring and non-clinical environment are best. "Waiting areas" should be warm, welcoming & friendly? Office settings can feel cold and off-putting.

11 Offers good medication management

HEALTH AND WELLBEING BOARD

9th September 2024

Report of: Healthwatch Hartlepool CIO

Subject: Healthwatch Hartlepool Annual Report

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1. PURPOSE OF REPORT

1.1 Present and provide the Health & Wellbeing Board with a copy of Healthwatch Hartlepool's published Annual Report for 2023 – 24.

2. BACKGROUND

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

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

3. PROPOSALS

3.1 Each and every year Healthwatch Hartlepool must publish an Annual Report by 30th June. This is a requirement under the Health & Social Care Act 2012. We articulate how we have been able to champion what matters to people and work with others to find ideas that work. We are independent and we do not represent ourselves, we publish our report as the voice of people. We aim to show we are committed to making the biggest difference to our communities. People's views always come first - especially those who find it hardest to be heard. As the only non-statutory body to have statutory responsibilities both nationally and locally, we have the power to make sure that those in charge of health and care services hear people's voices. As well as seeking the public's views ourselves, we also encourage health and care services to involve people in decisions that affect them.

4. RECOMMENDATIONS

4.1 Members of the Health & Wellbeing Board are asked to comment on and note the Healthwatch Hartlepool Annual Report 2023 – 2024 (Attached – Appendix 1).

5. REASONS FOR RECOMMENDATIONS

5.1 Local authorities must make provision for the following statutory activities and ensure their local Healthwatch publish an annual report:

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

6. BACKGROUND PAPERS

6.1 None

7. CONTACT OFFICER

Mr Christopher Akers-Belcher
Chief Executive - Healthwatch Hartlepool
Regional Coordinator – North East & North Cumbria (NENC) Healthwatch Network

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The value of listening

Healthwatch Hartlepool
Annual Report 2023-2024

healthwatch

Contents

"Over the last year, local Healthwatch have shown what happens when people speak up about their care, and services listen. They are helping the NHS unlock the power of people's views and experiences, especially those facing the most serious health inequalities."

Louise Ansari, Chief Executive at Healthwatch England

Message from our Chairman

Hello everyone,

Here we are again, and another year passed since I last wrote about Healthwatch Hartlepool.

It has been an extremely busy year for us all at Healthwatch Hartlepool. I firmly believe we have successfully delivered our statutory duties as well as building on our work with the North East & North Cumbria (NENC) Integrated Care Board (ICB). We have undertaken some very meaningful work across the Integrated Care System and this has been recognised regionally as of great benefit.

Once again, we have continued to engage with residents and our volunteer steering group digitally. Learning throughout the year has confirmed our belief that communication is key and this has been confirmed when we published our reviewed 'Discharge' report in respect of North Tees & Hartlepool NHS Foundation Trust.

We conducted more work covering Enter & View activity across a number of Nursing & Residential care homes and held a town wide awareness raising events promoting access to Acute Care, Primary Care and Ambulance services. Once again our sincere thanks to North Tees & Hartlepool NHS Foundation Trust, Hartlepool & Stockton Health (HASH) and Hartlepool Council's Public Health team for working collaboratively with us in informing residents what services are available across the town.

We again actively celebrated 'World Mental Health' day by collaborating with a host of partners through some very successful engagements. March 24 also saw us launch our new Healthwatch Hartlepool resource for G.P. Access, which has been very well received by both our partners and the wider public. This is a great source of information for sign posting residents to relevant services.

The Volunteer Steering Group remained active utilising monthly face to face meetings in addition to on-line meetings to carry out prodigious amounts of work and increase their own learning by welcoming guest speakers across the spectrum of Health & Social Care.

I must thank all the Board members who give their time unstintingly and are always there to help when needed. My sincere thanks also go to our Chief Executive Christopher and staff team whose roles have had to adapt to the new way of working in respect of the Integrated Care Board, but they have certainly risen to the challenge.

I am hoping it will be onwards and upwards in the next year and look forward to seeing you all at our next AGM.

"Healthwatch Hartlepool would be nothing without our volunteers. We couldn`t carry out the much-needed work without them, thank you. Their task over the next year will be to monitor our new work programme that is currently out to consultation."

Jane Tilly - Healthwatch Hartlepool Chairman

About us

Healthwatch Hartlepool is your local health and social care champion.

We make sure NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Our vision

A world where we can all get the health and care we need.

Our mission

To make sure people's experiences help make health and care better.

Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Year in review

Reaching out:

273 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

309 people

came to us for clear advice and information about topics such as G.P. Access and Dentistry.

Making a difference to care:

We published

8 reports

about the improvements people would like to see in health and social care services.

Our most popular report was

Discharge from Hospital

Which highlighted the struggles people face upon being discharged when living alone or living in a care setting.

Health and social care that works for you:

We're lucky to have

30

outstanding volunteers who give up a huge amount of their time to make care better for our community.

We're funded by our local authority. In 2023 - 24 we received

£121,958

We currently employ

4 staff

None of whom are full-time who help us carry out our work.

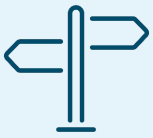
How we have made a difference this year

Spring

We shared our work programme with the Integrated Care Board Place sub-committee for Hartlepool.

We visited Clifton House Residential Care Home to examine the quality of care and dignity afforded to residents.

Summer



We organised a range of focus groups with the Learning Disability community as part of project 'Growing Older Planning Ahead'.

We published our Tees Valley Youthwatch report following a collaborative piece of work with Youth Focus North East.

Autumn

We hosted an information & signposting event covering 'Accessing Care'. Information was provided to 82 attendees on GP's, Pharmacy, NHS 111, Urgent Care, A & E and Self Care.

We celebrated World Mental Health Day by hosting an event with the Mental Health Forum & Hartlepool Borough Council at the Town Hall.

Winter

We worked alongside the new Integrated Care Board to collate the public's views in respect of access to dentistry.

We published our new resource to the public and our partners detailing 'Top Tips for Accessing Your GP'.

Your voice heard at a wider level

We collaborated with other Healthwatch's to ensure the experiences of people in Hartlepool can influence decisions made about services at North East and North Cumbria (NENC) Integrated Care System (ICS) level.

This year we've worked with Healthwatch's across the Tees Valley & wider region to achieve:

Improved Planning Processes for families who care for an adult with learning disabilities:

The Tees Valley Healthwatch Network provided insight to the NENC ICB, to give them a greater understanding of the needs of people with a learning disability, aged 40+, so they can improve the planning process when families can no longer support their family member to stay at home. We asked professionals, carers and those they care for what is important to them, and what support they need to live a happy and healthy life.

Improved access to dentistry services by carrying out 3 standalone activities:

- Sought people's feedback about their experience after accessing treatment funded through the ICB's additional investment for additional sessions at some dental practices to improve access.
- Contacted all dental practices in the region to understand what people were being told when trying to access NHS treatments through a 'mystery shopper' exercise.
- Survey of the general population across the North East and North Cumbria to gather their experiences of dentistry in 2023. Over 3500 responses were received.

An understanding of health-literacy related barriers to research

We held a focus group locally to discuss if participants had previously been involved in research, what their preferred channels for accessing healthcare information were, and identify barriers to future research opportunities.

- Participants' responses varied, with some showing keen interest in future research engagement and others highlighting barriers like limited awareness or understanding.
- Preferred methods for disseminating future research opportunities were both email and face-to-face interactions.

Worked across the North East & North Cumbria to review the ICB's Involvement Strategy

The Healthwatch Network asked local Healthwatch to come forward from all 4 Integrated Care Partnership (ICP) areas to attempt to achieve a rural and urban geographical spread. They were asked to speak to community volunteers, staff, and Board Members and/or to deliver a focus group from one of the following seldom heard communities – Young people, Deaf/deafened, LGBTQ+ and Asian/ethnic minorities.

Listening to your experiences

Services can't make improvements without hearing your views. That's why, over the last year, we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

Improving Discharge from Hospital

Last year, we published findings of the experiences the public shared with us about Discharge from hospital. Thanks to this insight, the North Tees & Hartlepool NHS Foundation Trust has responded favourably and produced a detailed action plan based on our recommendations following our report being shared and discussed more widely with internal staff and external stakeholders within Hartlepool Borough Council. At this point we must thank Stephen Thomas, our Development Officer, for his hard work collating and delivering the information in this particular project.

64%

of patients said that they were discharged from the ward on which they were staying rather than the Discharge Hub or Transport Hub. As with previous findings, it was again reported that some wards were reluctant to send patients to the Discharge Hub due to the possibility they may face a long wait there before going home.

What difference did this make?

- Progress has been made by the Trust against the recommendations in the previous report we published and there has been a positive impact on many aspects of the patient discharge experience and subsequent care and support.
- The Trust is addressing the ongoing concerns identified in the recommendation review table contained within the Executive Summary of our latest report available on our website www.healtwatchhartlepool.co.uk

"Thank you for giving us the opportunity to comment on the discharge report findings. North Tees and Hartlepool NHS Foundation Trust strives to provide excellent care and services to patients. We recognise that supportive and appropriate hospital discharge services are vital and we are committed to ensuring that patients' experiences and subsequent recuperation opportunities are maximised.

We are very pleased that you have observed the progress made by the Trust against the recommendations in the 2023 report and that this has had a positive impact on many aspects of the patient discharge experience and subsequent care and support. We are committed to progressing/building on the recommendations from March 2023 report and this current report and will ensure that an agreed action plan is formulated/shared widely across the Trust. Progress against it will be monitored through the appropriate governance structures and system forums.

We would like HealthWatch to consider the enclosed response on behalf of the Trust. A more detailed action plan will follow once shared and discussed more widely with internal staff and as appropriate with external stakeholders within Hartlepool Borough Council On behalf of myself and the clinical teams can I thank you for bringing forward the patients voice and supporting the developments of services to patients through their discharge process. We look forward to continuing to work closely with you in the future."

Mr N Atkinson – Managing Director

Three ways we have made a difference in the community

Creating empathy...

Healthwatch Hartlepool continues to support the 'Lived Experience' Forum. The meetings capture a group of individuals with lived-experience and organisations that are deemed integral to shaping the future of services in Hartlepool. The Forum has championed the co-production & the active involvement of people with lived experience of mental illness (including carers/families) in the transformation of Community Based Mental Health services across Hartlepool and the wider Tees Valley. It is widely accepted that such involvement in the design of services has been shown to empower service users, increase the quality and efficiency of services and improve clinical outcome.

Getting Services to involve the public...

Healthwatch Hartlepool is represented on the Governing Body of North Tees & Hartlepool Foundation Trust. Through our work representing the views of the public the Trust has approached Healthwatch Hartlepool to undertake further consultation in the community, particularly with the seldom heard, around the Hospital Group partnership agreement between North Tees & Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust.

Our consultation will be collaborative with all Tees Valley Healthwatch, Healthwatch County Durham & Healthwatch North Yorkshire. We will proactively seek feedback & involve people in the development of the clinical boards within the two Trusts i.e. (Surgery & anaesthetics), Urgent & Emergency Care, Medicine, Women's/Children & Young People's Services and Community Services.

Improving Care over time...

Over the years Healthwatch Hartlepool has been raising the issue of GP Access and highlighting the problems some residents experience. Healthwatch Hartlepool published a GP Access report in March 2022, outlining key headline areas for improvement which was shared and formally acknowledged by the ICB in June 2022. Whilst many of the key themes were already identified by the ICB and nationally by NHS England, the ICB valued the report from Healthwatch and has used the recommendations to ensure a continued focus on the work to deliver improved access for our community.

More recently Healthwatch Hartlepool published a resource for the public showcasing our 'Top Tips' for accessing your GP Practice. This resource is available to download from our website www.healthwatchhartlepool.co.uk.

The following is an example of the useful information you will find within our free resource:

Use the Right Service

Self Care

Care for yourself at home

Minor cuts & grazes | Minor bruises
Minor sprains | Coughs and colds

Pharmacy

Local expert advice

Sinusitis | Sore throat | Earache | Infected insect bite | Impetigo
Shingles | Uncomplicated urinary tract infections in women

NHS 111

Non-emergency help

Feeling unwell? | Unsure? | Anxious?
Need help?

GP Advice

Out of hours call 111

Persistent symptoms | Chronic pain
Long term conditions | New prescriptions

UTCs

Urgent Treatment Centres

Breaks & sprains | X-rays
Cuts & grazes | Fever & rashes

A&E or 999

For emergencies only

Choking | Chest pain | Blacking out
Serious blood loss

Learning through lived experience

NHS community cardiac team and local gym team up after man's heart attack

In 2023 our Chief Executive attended North Tees & Hartlepool NHS Foundation Trusts board meeting to share his lived experience of the cardiac pathway after suffering a heart attack. He also expressed his sincere thanks to the NHS rehab team – after staff went above and beyond to ensure he could continue the CrossFit exercise classes he did before falling ill.

Our Chief Executive had a cardiac arrest in January, after waking in the middle of the night with chest pains. Christopher, who is the Chief Executive and lives in the town, was rushed into the University Hospital of North Tees and, following various tests, it was confirmed he had had a heart attack.

After being transferred to the James Cook University Hospital and following a period of treatment, Christopher was discharged back to his home and offered the opportunity to attend special cardio-rehabilitation classes.

The sessions are run by the cardiac rehabilitation service at North Tees and Hartlepool NHS Foundation Trust in community buildings across Stockton and Hartlepool.

Christopher found the classes "incredibly beneficial" – but it is the help he had off the team to enable him to continue his weekly sessions at Exortus CrossFit in Hartlepool he was equally grateful for.

Christopher said: "I have found the classes to be absolutely fantastic in my recovery.

"On my third week our normal instructor was on holiday and the class was taken by a lady called Nikki Lilley.

"Nikki, as with all the instructors, was really great but I feel she went the extra mile.

"My own heart nurse Michelle told Nikki I previously did CrossFit classes prior to my heart attack and I was keen to return as soon as possible.

"It turned out Nikki attends the same gym and – though she is in a different class – she asked my permission to speak with my coach to aid my rehabilitation and return to CrossFit when I could.

"I agreed to this and Nikki spoke with my coach but also agreed to do a training and awareness session with all the gym's coaches. This was so they could learn what to expect from heart patients and how best to help them to return to a full and active life.

"I think these kind of gestures need recognising as it really is going up and beyond and I really appreciate their care and support."

Learning through lived experience

Thanks to Nikki's support, Christopher has now been back doing the CrossFit classes and continues to improve.

Nikki said: "Christopher wanted to know if there was any way he could return to it as he was feeling cautious about going back.

"I go to the same gym and said I would be happy to speak to the team there about tailoring these classes for people who have had a heart issue.

"CrossFit is really about getting your heartbeat consistently high. I have explained to the team what we as a cardio rehab team do in our classes and the protocols we follow."

The rehab team runs five levels of classes, several times a week, from community locations in Hartlepool, Thornaby, Ingleby Barwick, Stockton and Billingham.

Patients are referred into the service, who offer advice and support in areas including angina management, stent or valve theory support, emotional and physical risk factors (such as smoking or alcohol), a look at medication levels and so on.

The team run walking programmes and rehab classes, which Christopher attended and completed at Community Hub South in Hartlepool.

Michelle Peevor, community cardiac rehabilitation nurse, said: "Uptake nationally for these classes isn't high – but when people do come they realise how fun and rewarding it is.

"We ask patients to attend the classes twice a week, following a series of levels. Christopher has just completed the fifth and final level that involves exercises with weights.

"The sessions involve a 15 minute warm-up, a 24 minute circuit, followed by a 10 minute cool-down and heartrate measure after exercise.

"It is normally a huge confidence booster for people – they know they can exercise somewhere in a controlled environment where they know they are safe."

Christopher added: "Thanks to the expertise of all of this team, I now have the confidence to return to the life I had before I had a heart attack and I can't thank them enough for that."

Husband and wife Ashley and Natalie McFee set up Exortus CrossFit two and a half years ago. Ashley said: "Nikki visited us and has been really helpful in terms of providing information and support around how we can help Christopher and people like him who have had similar health issues.

"I have invited Nikki back in to talk to all of our staff in more depth around how to tailor our sessions and over different issues that might occur and how we should respond in these scenarios.

"We pride ourselves on offering that personalised support to people who come here and putting the focus on this being a positive and supportive environment to be in."

When Christopher shared his story with the Trust it was agreed that the shared learning would be built into a review of the cardiac pathway to see what further improvements could be made.

Hearing from all communities

Over the past year, we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently to gather their feedback and make sure their voice is heard, and services meet their needs.

This year we have reached different communities by:

- Undertaking a focused piece of work with those aged over 40 who have a learning disability
- Held workshops to examine peoples understanding of Health Literacy and Research.
- Worked with the LGBTQ+ community across the whole of the Tees Valley as part of our regional review of the Integrated Care Board's Involvement Strategy
- Produced reports of our findings and provided them to both the North East & North Cumbria (NENC) Integrated Care Board and the North East Commissioning Support Unit (NECS)

Growing Older Planning Ahead – Over 40's with a Learning Disability

Healthwatch Hartlepool as part of the Tees Valley Healthwatch Network worked in partnership with the North East Commissioning Support unit (NECS) on behalf of the North East and North Cumbria (NENC) Integrated Care Board (ICB) with the aim of delivering a local review in response to the national requirement to improve the planning process when families can no longer support their family member who has a Learning Disability to stay at home. Without adequate planning and preparation, when families can no longer support their family member to stay at home, there could be an increase in crisis placements.

There is limited information available regarding experiences of family carers who are anxious and afraid about the future for their son or daughter and how this will affect a person with a learning disability. There is little research regarding the lives of older people with learning disabilities, such as health issues, the illness or death of a family member and how this can affect a person with a learning disability and impact on their behaviour. The particular focus of this project was to improve support for families, carers, and older people with learning disability (aged 40+ to reflect the early onset of chronic health conditions such as dementia) by producing effective recommendations.

Our project focused on the key societal challenges of:

• meeting the needs of people (and their carers) with learning disabilities aged 40 and over with increasing life expectancy.

• transition planning for people with learning disabilities as their carers age.

• the health and social care system's response to ageing carer breakdown / crisis arrangements.

• service planning to ensure sufficiency and adequacy of provision to meet complex needs.

• support and guidance for ageing carers.

• effective navigation of appropriate pathways for the cohort of older people with learning disabilities.

• assessment of risk of social isolation and loneliness for older people with learning disabilities.

• identification of inequities in the mental health and physical needs of this cohort.

We asked carers, those they care for, and professionals who support them, to tell us what is important to them, and what support they need to live a happy and healthy life. All three groups of cared for, carers and professionals agreed the best outcomes occurred when appropriately trained support staff were available to help individuals live an independent life and there was help in maintaining a good social network of friends and family, including suitable transport and good community facilities to meet people with similar interests and needs. In total we received 462 responses to our work and 82 responses from professionals.

Growing Older Planning Ahead – Over 40's with a Learning Disability

"I personally feel that people with a Learning Disability should be encouraged when they become a young adult to start thinking about and exploring the idea of living away from their parents / carers to promote their own independence more and I don't feel like they always get the opportunity to, and then it comes to a crisis point of the parents becoming elderly and unable to look after them anymore or worse and then the process is harrowing for all involved." - Cared for Individual.

To help the NENC ICB achieve the best outcomes, we offered seven recommendations based on our insight, in the following areas:

1. Adhering to NICE guidelines.
2. Good communication.
3. The importance of location.
4. Timely, clear, and phased transition planning.
5. Regular person-centred reviews.
6. Building on the good practice current services offer now.
7. Focused training and support packages.

We look forward to discussing this report with representatives of the NENC ICB and individual local authorities, to ensure the voice of those who are impacted by this service continues to be listened to.

Response from North East and North Cumbria Integrated Care Board

"The North East and North Cumbria ICB would like to thank Healthwatch for producing the Growing Older Planning Ahead report and everyone who took the time to provide feedback. The report gives a valuable insight into what is important to people and their carers as they plan for their future and helps highlight the journey we need to continue in partnership with those people at the heart of our work.

The ICB is committed to improving lives for everyone with a learning disability and their carers and we welcome the report, with its recommendations when planning for people and their future needs. The report will help steer decision making and we will continue to reflect on the recommendations when developing plans with stakeholders. The case studies also resonate with us with continued listening, hearing people's views and their experiences will support in our learning, to achieve better outcomes for people and their families".

Liz Whitehead - Commissioning Delivery Manager

County Durham and Tees Valley Mental Health and Learning Disability Partnership

Accessibility of Council Services in Hartlepool for those with disabilities and long term conditions

Healthwatch Hartlepool participated in Hartlepool Borough Council's Audit and Governance Committee investigation into the 'Accessibility of Council Services for those with Disabilities and long term Conditions in Hartlepool'.

Healthwatch Hartlepool is a member of Hartlepool's Community Led Inclusion Partnership (CLIP) and they provided evidence to the committee around three models of disability (charity, medical and social) and provided a first-hand / lived experience perspective on each.

The Charity Model – This can depict disabled people as victims of circumstance, deserving of pity, unable to look after themselves or manage their own affairs and need charity in order to survive.

The Medical Model – This can assume that the first step solution is to find a cure or to use terminology to make disabled people more "normal".

The Social Model – This depicts the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical or social barriers. Barriers can be physical, like buildings not having accessible toilets. Or they can be caused by people's attitudes to difference, like assuming disabled people can't do certain things.

In addition Healthwatch Hartlepool offered to utilise their volunteers to carry out 'Mystery Shopping' as part of the investigation. The below scenarios were designed, and chosen by volunteers, for a range of frontline Council services and guidance was provided on how to carry out the mystery shopper events and submit relevant feedback.

I. Apply for / renew a bus pass
II. Visit Hartlepool Art Gallery
III. Visit a leisure centre
IV. Carry out a task on the HBC website x 2
V. Reablement or occupational therapy
VI. Visit a Community Hub or library
VII. Make an enquiry at the Civic Centre reception

All of the above was considered by the Council alongside the results of the extensive town-wide survey and associated workshops. Ultimately the Council agreed a number of recommendations for improvement at their Finance & Policy committee May 2023. Some of the key recommendations were:

Develop a communications campaign to:

- Highlight the various support schemes and reasonable adjustments that are already in place;
- Promote 'One-Stop-Shop' touch points such as the Civic Centre reception and Community Hubs where people can get assistance with everything in one place. Making those who find accessing the Civic Centre aware that the same service can be accessed elsewhere; and
- Promote the role of Community Hubs and Community Navigators to increase the understanding of the services they offer.
- Provide access to a video / telephone translation service (for BSL and other languages) in the Civic Centre, and a private room for the discussion of confidential issues. This facility to be promoted (e.g. via signs on glass partitions in a similar way to how pharmacies tell customers they can use a private consultation room).

Improvements to the HBC website be explored to ensure that it is EDI compliant going forward.

Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, making a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people by:

- Providing up-to-date information people can trust
- Helping people access the services they need
- Helping people access NHS dentistry

Your Health. Your Voice.

It's essential that people have clear, accurate communication about their care.

Healthwatch Hartlepool works collaboratively with People First Advocacy service. This is an NHS Independent Complaints Advocacy service. We signpost residents if they feel they have not had the service they expect from the NHS and want to complain. Over the last year the majority of referrals into this service came from Healthwatch Hartlepool. These NHS complaints cover care and treatment in respect of hospitals, GP's, dentists, pharmacies, opticians and NHS funded care homes.

> We at People First Advocacy have had the pleasure of working with Hartlepool Healthwatch on several occasions, and each experience has been incredibly collaborative and rewarding. Their team is consistently informative, helpful, and committed to making a positive impact. Partnering with Hartlepool Healthwatch has always been a pleasure, as their dedication and professionalism enhance our mutual efforts to support the community. We highly value our partnership and look forward to continuing to work together."
>
> **Sue Ewington NHS Complaints Advocate – People First**

Helping residents with the best advice

Healthwatch Hartlepool partnered with the G.P. Federation Hartlepool & Stockton Health (HASH) , the North East Ambulance Service, the Community Pharmacy Tees Valley Hartlepool Foundation Trust and Hartlepool Borough Council to showcase a number of topics identified within our work Programme.

The first event was a follow-on to our work surrounding Primary Care Access and was led by Fiona Adamson Chief Executive of Hartlepool & Stockton Health (HASH). We had guest speakers too from the North East Ambulance Service and the Community Pharmacy, Tees Valley. Over 70 people attended our event and received the most up to date information surrounding the circumstances where access should be via self-care, your GP. , pharmacy, NHS 111, Urgent Care and Accident & Emergency. The event was complemented by a multitude of stall holders all providing attendees with the advice & guidance they provide from their service areas.

As well as supporting other services over the year such as 'Dementia' we again held our annual celebration of World Mental Health day in October. Throughout the year we also held our weekly surgeries for Advice & Guidance at the Central Hub and now also collaborate on a monthly basis with Hartlepool Carers by providing a similar service at North Tees Hospital.

"Community Pharmacy Tees Valley has been welcomed to join the Healthwatch Hartlepool team to distribute useful information about local pharmacy services throughout the year in the form of conferences and coffee mornings. We have found this a very positive experience and a great opportunity to offer guidance and support to those who need healthcare access in Hartlepool along with allowing us to receive 'on the ground' feedback from those who use pharmacy services in the hope we can give the optimal patient experience and best healthcare outcome.

The 'What to do When You Feel Unwell' event was an excellent production of primary care services showcasing what is available locally and nationally in supporting a healthcare journey but also gave explanations into why there are sometimes delays in accessing a service and the many pressures arising.

We hope to continue to join Healthwatch Hartlepool and thank you for invites we have received so far."

Jane Harvey
Service Implementation
& Peer Support Manager
Community Pharmacy, Tees Valley

Our virtual coffee mornings continue to be successful and really help with those suffering with anxiety attending face-to-face meetings. Our 2023/24 guest speakers at virtual coffee mornings were varied and included:

April – **John Blenkinsopp** - North Tees and Hartlepool Hospital Trust - Patient Engagement Activity

May – **Claire Robinson** – Hartlepool Borough Council – Public Health Update

June – **Jane Harvey** – Community Pharmacy Tees Valley – Local Pharmacy Update

July – **Hannah Robertson** (The Bridge) and Jannette McGuire (North Tees and Hartlepool Hospital Trust) – Dementia Services in Hartlepool

September – **Jan Hollis** – Hartlepool Carers – Carer update

October- **Julie Sinclair** – North Tees and Hartlepool Hospital Trust – Cancer Services and Support

November - **Sue Ewington** – People First – Local Advocacy Service Update

December – **Gary Greenman** – North Tees and Hartlepool Trust – Hospital Podiatry Services

January – **Julian Penton** – Hartlepower – VCS and community Transformation updates

February – **Kelly Thomson** – North Tees and Hartlepool Hospital Trust – Domestic Violence Project

March – **Jane Harvey** – Community Pharmacy Tees Valley – Local Pharmacy – changes and service developments

Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Supported our Patient & Public Engagement activity
- Promoted Healthwatch Hartlepool in the community and what we have to offer
- Collected experiences and supported the population to share their views
- Carried out 'enter and view' visits to Residential Care Homes to help them improve
- Undertook training on Safeguarding & supported the induction of new volunteers

It has been another busy year for Healthwatch Hartlepool. We are continuing to listen to the views and concerns of the people of the town and we are reacting accordingly.

Our training has been updated to ensure we stay in line with the guidance for volunteers to work effectively. I have enjoyed taking part in the induction of new volunteers and in particular, sharing my experiences of undertaking 'Enter and View' visits at a number of health and care settings.

We have also continued with our monthly on-line development meetings, as they have proved more beneficial from the point of view of being able to access speakers, who are much more willing and able to speak to us from their places of work.

We have continued our programme of 'Enter and View' visits this year and also worked with North Tees & Hartlepool NHS Foundation Trust by participating in their place-based quality assessments. This was specifically at the request of the Hospital Trust.

Listening to patient experiences of accessing dentist appointments was another large piece of work undertaken this year. We heard about the problems patients faced accessing NHS dentistry services, a problem unfortunately felt by many people, not only in Hartlepool but also Nationally. We are at present awaiting the outcome of recommendations made to the Integrated Care Board regarding this work.

Our thanks as usual, to our amazing staff team, who have worked tirelessly as always to keep everything up to date and running, thereby allowing the volunteers to continue with the important work of Healthwatch on behalf of the people of the Town."

Margaret Wrenn

Chair of the Volunteer Steering Group & Board member

This has been a year of progress and change. Healthwatch Hartlepool is incredibly lucky to have Zoe Sherry as our Mental Health Lead. Zoe not only undertakes this role with passion but is also Chair of Hartlepool's Mental Health Forum and a Governor at Tees, Esk & Wear Valley Mental Health Trust. Zoe brings an unmeasurable amount of skill, expertise, intelligence and knowledge to her role and Healthwatch Hartlepool is most certainly the beneficiary.

"Once again Healthwatch Hartlepool played an active role in the development and delivery of a successful celebration event marking World Mental Health Day which was held at Hartlepool Town Hall. Please support us again this year, on 10th October at the Centre for Independent Living.

Healthwatch monitors local mental health services and possible changes that may give rise to concern and attends meetings and forums to represent public opinion. We worked closely with partners from Hartlepool Borough Council and the Community and Voluntary sector and despite some last minute changes the day went well with few hitches. As usual, we had music, social dancing, free refreshments, school art competition, mindfulness classes and a variety of stalls with lots of information. For the first time, art classes were included in our schedule. The sessions were well received and will be repeated next year.

Finally, a big thank you to our volunteers without whose hard work and support the day would not have been possible."

Zoe Sherry

Mental Health Lead

Hi, my name is Bernie Hays and I am a volunteer with Healthwatch Hartlepool. As a volunteer we help people to have their say on Health & Social Care. As a team we support each other and share our knowledge, skills and experience hoping to make a difference within our community.

We have what we call monthly 'Coffee Morning', which takes place online. We have a guest speaker each month for e.g., someone from Safeguarding, Carers, local council and outside agencies.

I am a volunteer of the Dementia Steering Group. This involves meeting people with the early onset of dementia, as well as other Health Professional and volunteers.

I have attended the 'Early onset Dementia' weekly coffee mornings, participating in a quiz, memory boxes, arts & crafts and other activities.

I have been part of the team doing 'Enter and View' visits to Residential Care Homes. This involves meet & greet, communicating with staff, residents their families and carers. We discuss their experience of hospital discharge to a care home for either short-term rehabilitation, with the aim of returning back to their own home or to remain as a permeant resident within a long-term care setting.

Most recently I have been involved with the Healthwatch Discharge Project with other members of the team.

Before visiting the discharge lounge, meetings take place to discuss the discharge process. This enables the volunteers to have a clear understanding, from the patient's admission to discharge and the five key stages of the discharge triage process.

On arrival when visiting the Discharge lounge, we were greeted by the clinical lead. We were introduced to the nurse in charge and Health Care Assistant (HCA). We had a tour of the discharge lounge, brief overview of patients present in the discharge lounge, awaiting to either return back to their own home, residential home or for rehabilitation. Patients can be transported either by ambulance, family/carers own transport or volunteer drivers.

When speaking with the patient, family members or carers present. We introduce ourselves and the reason for the visit. We listen to the patient's views, their journey from hospital admission to discharge.

We take notes and gather information to enable to have a clear overview of their experience. We listen to the positive and sometimes negative views of their stay in hospital. Some of the views shared include:

1. Patients informed us that there would be transport present when going to the discharge lounge. However, on arrival transport had been delayed and the patients stay was longer than expected.
2. Patients, medication not available for discharge.
3. We observed staff in the discharge lounge listening to patients, keeping them informed of developments and doing their utmost to make the patients stay as comfortable as possible.

Finally, our report has been positively received by the Hospital Trust and an action plan has been agreed."

Bernie Hays
Volunteer Steering Group member

I have been a member of Healthwatch Hartlepool and previously Hartlepool LINk since 2009. I have spent many years trying to improve the experience of care provision and health outcomes for the people of Hartlepool.

I am a member of the Volunteer Steering Group of Healthwatch Hartlepool and also a Board Member. I find the work extremely rewarding and have made lifelong friends who share the same goals as I do.

In 2023/24 we undertook a review of how discharge from local hospitals had progressed since our previous investigation, which was undertaken some years ago.

We found many improvements and some areas in which further development was still required. Our work led to an excellent report which has been acted upon by North Tees and Hartlepool NHS Hospital Foundation Trust.

I was also involved in the planning and delivery of an annual celebration event to mark World Mental Health Day on October 10th. The event was well supported and enjoyed by all those who attended.

'Enter and View' is always an important part of our work programme and last year I was part of a team of Enter and View volunteers who visited a recently opened care home, Merlin Manor, for the first time.

I attend our monthly virtual coffee mornings, which are an opportunity to catch up with other volunteers and also hear from health professionals and service providers about their work and recent developments.

Finally, I am looking forward to being part of the project group who will be looking at domiciliary and reablement care services as part of our forthcoming work programme.

Volunteering with your local Healthwatch really does make a difference!"

Carol Sherwood
Volunteer Steering Group & Board member

Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

www.healthwatchhartlepool.co.uk
0800 2545552
Email tony@healthwatchhartlepool.co.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		**Expenditure**	
Annual grant from Local Authority	£121,958	Expenditure on pay	£101,648
Additional income	£46,583	Accommodation	£8,040
		Other Expenditure	£46,159
Total income	**£168,541**	**Total expenditure**	**£155,847**

Additional income is broken down by:

- £15,000 received from the North East Commissioning Support unit for work on our project 'Growing Older Planning Ahead'
- £7,780 received from the North East & North Cumbria (NENC) Integrated Care Board (ICB) for projects and intelligence gathering for 'Patient Voice' committee
- £23,069 received from the ICB to host the NENC Healthwatch Network Regional Coordinator
- £734 received from bank reserves account

ICS funding

Healthwatch Hartlepool across the North east & North Cumbria receives funding from our Integrated Care Board per above to support areas of collaborative project work at a system level, including:

Purpose of ICS funding	Amount
Core intelligence gathering	£4,500
Waiting Well Campaign	£250
Review of ICB Involvement Strategy	£1,200
Health Literacy	£1,440
Dentistry	£390
Total	£7,780

Next steps

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year are:

1. A focus on the quality and effectiveness of care provided through domiciliary care and reablement.
2. Work collaboratively with the ICB Place sub-committee in respect of Cardio Vascular Disease & associated health checks.
3. Expand our work of 'Enter & View' covering both Health and Care settings.

Statutory statements

Healthwatch England, 2 Redman Place, Stratford, E20 1JQ

Healthwatch Hartlepool CIO uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of 5 members who work on a voluntary basis to provide direction, oversight and scrutiny of our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2023/24, the Board met 7 times and made decisions on matters such as our volunteer handbook and our Governance Framework review.

We ensure wider public involvement in deciding our work priorities and our work programme is monitored on a monthly basis by our Volunteer Steering Group.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services. During 2023/24, we have been available by phone, and email, provided a web form on our website and through social media, as well as attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website www.healthwatchhartlepool.co.uk and host an open day at our accessible premises to showcase our work.

Responses to recommendations

We had 14 providers (G.P. Practices) who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences that have been shared with us.

In our local authority area, for example, we take information to the Council's Audit & Governance Committee, which has the Health Scrutiny function and also attend the Council's Adult & Community Based Services committee.

We also take insight and experiences to decision-makers within the North East & North Cumbria (NENC) Integrated Care Board (ICB). We hold a place on the ICB Place sub-committee and share our work on a quarterly basis. Our Chief Executive is also a member of the Integrated Care Board and also a member of the Strategic Integrated Care Partnership in his role as Regional Coordinator for the NENC Healthwatch Network.

We also share our data and published reports with Healthwatch England to help address health and care issues at a national level.

Enter and view

This year, we made 2 Enter and View visits. We made 9 recommendations as a result of this activity.

Location	Reason for visit	What you did as a result
Clifton House Residential Care Home	To gather feedback from residents and family members of their impressions of care provision and how this has evolved since the Covid pandemic To gain insight into the day-to-day provision of care and the specific support for residents living with dementia	Wrote a report with recommendations – the service was found to be very good albeit the home decoration should be improved.
Merlin Manor Care Centre	To gather feedback from residents and family members of their impressions of care provided since opening in 2022	Wrote a report with a range of recommendations retailed on our website: www.healthwatchhartlepool.co.uk These included the commending of staff for the overall standard of care & dementia training is promoted at a more advanced level.

Healthwatch representatives

Healthwatch Hartlepool is represented on the Hartlepool Health and Wellbeing Board by Christopher Akers-Belcher – Chief Executive and Margaret Wrenn – Chair Volunteer steering Group. During 2023/24 our representative has effectively carried out this role by presenting our reports & findings, participating in the review of the town's pharmaceutical needs assessment, assisting with the review of the Health & Wellbeing Strategy, promoting the need for ambitious targets around the health checks and health plans required by residents living with Autism or a Learning Disability.

Healthwatch Hartlepool is represented on the Hartlepool Integrated Care Board (ICB) Place sub-committee by Christopher Akers-Belcher - Chief Executive. Our Chief executive also holds a place on the ICB Patient Voice committee, Quality & Safety committee & System Quality Group.

healthwatch

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HEALTH AND WELLBEING BOARD

9 September 2024

HARTLEPOOL BOROUGH COUNCIL

Report of: Craig Blundred, Director of Public Health

Subject: DRUG AND ALCOHOL STRATEGY – UPDATE

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1. COUNCIL PLAN PRIORITY

Hartlepool will be a place:
- where people are enabled to live healthy, independent and prosperous lives.
- where people will be safe and protected from harm.

2. PURPOSE OF REPORT

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

3. BACKGROUND

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

4. PROPOSALS

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

Priority 1: Prevention and Early Intervention
Prevention: Early identification and prevention targeting specific higher risk groups, such as younger people and ex-offenders

- START are working into secondary schools within Hartlepool. They have designated days and times for Manor, High Tunstall and Dyke House schools. START are facilitating a 2 hour slot in each of them, first hour is used as a focussed group session, where pupils identified by the school as having used substances are attending, the second hour is going to be a drop in session. Hopefully by having a set day and time it will provide consistency for both the staff and pupils and help build relationships within the schools.

- Work on going regarding substance use support within custody and increasing numbers of referrals into treatment. Police to be provided with signposting information for community services that they can carry on their person when on duty.

- Work ongoing with educational psychology and our CYP team within START regarding training for schools and our CYP team.

- Behavioural insights report written by Youth Voices regarding barriers and facilitators for young people accessing treatment now complete. Action plan formed from the recommendations.

- Family worker post and substance use specifically health visitor now appointed to work more closely with families impacted by substance use.

- Robust Local Drug Information System now set up to issue any drug alerts to wider partners and communities.

Priority 2: Reducing Alcohol and Drug Related Harms
Treatment: Use data, evidence, research and behavioural insight studies to better understand the needs of service users and their families

- Social marketing campaign co-produced with Magpie to address stigma. The campaign set out to reduce stigma within the local authority and raise awareness of the START service and support the offer, we have relaunched of the START service and brand which has involved the service users voice.

- Behavioural insights work with Teesside University over a 2 year period conducting several pieces of research to understand the START Drug and Alcohol service further and improve service delivery. This research so far has reviewed the 12 week reviews to understand barriers and facilitators, plus strategies related to attendance rates for these reviews within substance misuse suggesting recommendations to improve these reviews moving forward. The next pieces of research have now commenced in the form of the START health offer and their Near Fatal Overdose Team to review best practice.

- Hartlepool police officers in process of being trained in the administration of Naloxone.

- START have now appointed two assertive outreach workers to support increasing numbers in treatment.

- Hartlepool have commissioned a Lived Experience Recovery Organisation (LERO) to support the recovery Agenda (Recovery Connections) as per the recommendations within the Dame Carol Black report.

Priority 3: Supporting Wider Health Needs
Wider Health Needs: Consider our long term strategic goals to improve drug and alcohol related physical and mental health conditions across all health provisions, not just treatment services.

- Research complete in partnership with Newcastle University regarding the health needs of those who use substances. Recommendations taken from this.

    - Swainston, K., Robinson, C., Pinder, M., Wetherell, B., Joyes, E., Reay, A., Pankhurst, G. and Johnson, D., 2024. Understanding the complex health needs of people with problematic drug/alcohol use: a qualitative enquiry. Journal of Substance Use, pp.1-7 https://www.tandfonline.com/doi/full/10.1080/14659891.2024.2365168

- Improved partnership working with sexual health services. Sexual health team now attend START weekly since April 2024 to provide a clinic for screening, smears and contraception. Any individuals who would prefer to be seen outside of START can also be offered this.

- Respiratory offer mirroring the front end of primary care offer in collaboration with the ICB. The offer was implemented to address the wider health inequalities amongst the drug and alcohol population. This was based on the recommendations from the Behavioural Insights Study completed with Newcastle University which recommended addressing key priority physical health issues such as respiratory. The offer went live April 2nd 2024.

- Specific Recovery Coordinator to work into GP Surgeries now appointed with a view to bridging the gap between primary care and substance use services. This gives the option for patients to be seen in the GP surgeries rather than Whitby Street.

- A dual diagnosis worker is now based within community drug and alcohol services. The team is made up of a worker from TEWV and a worker from Alliance. This has resulted in improved access to mental health services for individuals open to START.

- START now use SystmONE, the same system all GPs across Hartlepool use to better improve joint working and data sharing regarding primary care and substance use services.

- Cruse now operating in Hartlepool to support individuals bereaved by drug and/or alcohol related deaths

Priority 4: Reducing Drug and Alcohol Related Crime and Disorder
Enforcement, Crime and Disorder: To work collaboratively with Tees Combatting Drugs Partnerships to reduce drug related crime

- Public health report into the Combatting Drugs Partnership chaired by the police crime commissioner aimed at reducing drug and alcohol harms, improving recovery and treatment and reducing drug related crime.

- Police support the Local Drug Information System (LDIS) to reduce drug related harms.

- Improved partnership working between public health and licencing.

- STARTs criminal justice team has increased from 2 to 4 workers to support those involved in the criminal justice system and using substances.

- Work on going to look at how custody can support those using substances/arrested for crimes relating to drugs and/or alcohol.

5. RISK IMPLICATIONS

Following the national strategy the service has received additional supplementary grant funding since 2022. This funding is due to end in March 25. This will impact on posts/services funded through this grant.

6. FINANCIAL CONSIDERATIONS

As above.

7. LEGAL CONSIDERATIONS

None to note.

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

Included in the development of the strategy.

9. STAFF CONSIDERATIONS

See section 5.

10. ASSET MANAGEMENT CONSIDERATIONS

None to note.

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

11.1 None to note.

12. RECOMMENDATIONS

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

13. REASONS FOR RECOMMENDATIONS

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

14. BACKGROUND PAPERS

Hartlepool Drug and Alcohol Strategy Action Plan.

15. CONTACT OFFICERS

Craig Blundred
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Craig.Blundred@hartlepool.gov.uk

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

Drug and Alcohol Strategy Action Plan 2023 – 2028 – Reviewed Annually						
Priority 1: Prevention and Early Intervention					Updated July 24	
	How	**Who**	**Regional/Local**	**Outcomes**	**Completed**	**Ongoing**
Develop further insight into the changing trends in drug use and the role of recreational drug use in the population of Hartlepool and consider emerging evidence of ways to tackle this.	Connecting with partners within Cleveland police and other local authorities across the country to understand changes in drug trends and drug use/Look at research opportunities to understand and quantify issues in relation to recreational drug use and appropriate support for people who use recreational drugs	Local Drug Information System (LDIS)/Public Health/Start/Cleveland Police/OHID	Regional and Local	Quantify the issues in recreational Drug use/Raise Awareness of recreational drug use/reduction in recreational drug use	Teesside Local Drug information system (LDIS) up and running with partners across Tees	Increase awareness of recreational drug use. Work to begin with licensed premises in Hartlepool regarding recreational drug use/drug alerts etc.
Proactively influence the current curriculum in schools in regard to drug and alcohol education.	CYP resilience teams approaching secondary schools across Hartlepool to look at strengthen the role of the CYP team in school settings	Start - CYP Team/Schools/Educational Psychology/Alliance	Local	Increased numbers of young people accessing support/Increase numbers of schools engaged	Start now working with High Tunstall, English Martrys, Mannor, Dyke House and colleges/ CYP Behavioural insights report complete and circulated/Start CYP team working with youth clubs and services	St Hilds to be approached/Further work on going with the educational psychology team
Continue to improve collaborative working between treatment services and schools and colleges, and criminal justice services (including Prisons and Probation) in attempt to provide resources, education and harm minimisation advice to high risk individuals.	START CYP team to increase numbers of young people accessing support/treatment specifically working with SCHOOLS AND COLLEGES AND YOUTH SETTINGS/START to look at opportunities of collaborative work with youth service and youth voice in understanding the unmet needs and barriers/enablers for young people to access services /PRISONS AND PROBATION: continue to work and ensure appropriate pathways into treatment specifically continuity of care	Start - CYP Team/Schools/Educational Psychology/Alliance/Youth Services	Local	Increased numbers of young people accessing support/Increase numbers of schools engaged/Increased understanding of barriers and enablers to increase young people into treatment/Continuity of care data	CYP Behavioural insight report complete/Start working into youth clubs/services	Start and PH exploring pathways for CYP within Secondary Care (those admitted to hospital with substance use issues)/Three posts within North Tees currently out to advert to work a long side alcohol care team specifically for substances/Drug test on arrest currently being explored with leads across Tees and Custody

Challenge social 'norms' around high levels of alcohol consumption	Look at communication opportunities through regional groups and locally to raise awareness of alcohol risks and support available	Public Health/Start/HBC	Regional/Local	Increased number of people accessing support for alcohol use/Communication strategy targeted at alcohol consumption	Magpie social marketing commissioned to rebrand and relaunch the Start service with three main aims; increase treatment numbers, reduce stigma and increase awareness of the service./Work with adult social care regarding alcohol related falls, on going work with licensing to challenge and promote responsible drinking	Communications work ongoing across Tees
Provide interventions to support those with adverse childhood experiences	START to work with partners to ensure approaches and joint work focus on trauma and ACES.	Start - CYP Team/Schools/Educational Psychology/Alliance	Local	Increased number of people supported including CYP/Increase numbers of families supported/Increased partnership working	Family worker now recruited. CYP mental health needs assessment complete. Substance use specific health visitor now in post	Further work with the educational psychology team.
Work with START to ensure approaches are targeted towards high risk groups, such as youth services to ensure services are reaching out to those who require support.	START to increase approaches to engage people including people not known to services. This will include outreach	Start	Local	Increased numbers in treatment/Increased successful completions/Decrease in unmet need/Increase of Start services with partners and public	GP Care-coordinator now in post for in reach support into GP surgeries/Two outreach workers now in post	Poverty proofing work ongoing within health inequalities work stream/Work on going regarding accommodation for high risk alcohol users/Work on going with Secondary care regarding Alcohol Related Brain Damage
Work with police colleagues in reducing drug related crimes with a focus on rehabilitation	START to increase opportunities to work with police/probation and court initiatives to support people with their substance misuse	Start/Police/Probation/Court	Local	Maintain/increase continuity of care data/Increased numbers of people in treatment/ATR/DRR numbers	public health contribute to the Tees Combatting Drugs Partnership chaired by OPCC/Start continue to delivery ATR/DRR/ISC	Pilot exploring digital increase to prison services on going/DTOA within custody currently being explored/Police provided with signposting information for Community services.

Collaborative working with Social Care Teams to support those who experience substance misuse, including family support.	START developing new family worker post to work with families linked to safeguarding/New investment into a specialist HV role looking at working with parental substance misuse/safeguarding/ Development work linked to wider inequalities in particular reference to unmet health needs and falls/alcohol misuse to including evidenced based interventions/research	Start/Public Health/HBC	Local	Increased numbers of people in treatment/Increased numbers of referrals to Start for alcohol use/Increased numbers of people who fall being assessed for alcohol misuse/Decrease in safeguarding concerns	Family worker and health visitor now appointed. Bid submitted for RCT regarding alcohol and falls however unsuccessful/Audit complete regarding number of people who access falls service with HBC/Start now have joint huddles with Adult social care regarding high risk individuals	Continue to monitor cases that are open to both Start and Adult social care./on going work to include alcohol questions with ASC assessments aimed at reducing DARDs
Focus on diversionary activities for high risk groups	START and Public Health to look at improving access to diversionary activities and also link to the Recovery Communities approach supporting people to access a range of opportunities including activities and volunteering/employment opportunities	Start/Public Health	Local	Increase in successful completions/Increase in numbers volunteering roles/Increase in paid employment/Increase in numbers accessing activities	Established recovery and community team within Start working along side Recovery Connections (Lived experience recovery organisation)/Start offer Gym access for those in treatment/recovery/IPS team supporting individuals in treatment into employment	Work to continue with making recovery visible and growing volunteers - lead by HBC and Recovery connections
Continue to support the harm minimisation agenda and support a reduction in drug related deaths	Public Health will continue to lead the DARD process which will identify opportunities for learning/training and service developments with partners/Harm minimisation team to look at further opportunities to support people in the community/Staff Naloxone Policy will be implemented across HBC	Public Health/Start/DARD Partners	Local	Reduction in DARDs/Increase in Staff training re: naloxone/Increase in provision of harm minimisation support	Robust DARD process now in place overseen by the Tees DARD prevention coordinator. DARD reviews take place each month were trends and learning are shared/HBC front line staff now trained/have access to Naloxone training	Hartlepool Police officers to be trained in Naloxone

Drug and Alcohol Strategy Action Plan 2023 – 2028 – Reviewed Annually						
Priority 2: Reducing Alcohol and Drug Related Harms					Updated July 24	
	How	**Who**	**Regional/Local**	**Outcomes**	**Completed**	**Ongoing**
Reduce the number of deaths caused by alcohol and drugs	Local DARD case review meetings/Tees preventing DARD forum/Trends and data currently analysed/Partnership working with social care, Cleveland police, NEAS, community drug and alcohol services, NHS trust to work collaboratively in attempt to reduce DARDs./Part of the tees DARD action plan	PH/Start	Local/Tees	Reductions in DARD		ongoing case reviews and surveillance Contract with Teesside University to test drugs seized and support intelligence and LDIS process
Advise commissioning and treatment services of potential gaps within service provision, data collection and quality	Use qualitative and quantitative data to understand the needs of service users, partners and the wider community in addressing the harms related to drug/alcohol misuse	Public Health/START/Newcastle University/Teesside University	Local	Increase effectiveness of interventions/Economic analysis for interventions/Increase numbers into treatment/Increase successful completions/Reduce DARDs	Newcastle University report regarding health needs complete and shared with partners. Recommendations taken. Needs assessment please. Drug and alcohol strategy complete.	Evaluation and research on going with Teesside University.
Ensure appropriate, effective and timely access to treatment and support	START to look at opportunities to continually improve access, effective treatment and support	Public Health/START/Newcastle University/Teesside University	Local	Increase effectiveness of interventions/Economic analysis for interventions/Increase numbers into treatment/Increase successful completions/Reduce DARDs	Start currently offer same day prescribing.	Social marketing campaign to increase awareness of Start service offer
Continue to monitor performance of our treatment services	Public health, commissioning and START hold performance management meetings quarterly to review data also quarterly governance meetings are held to understand service needs /New Key Performance Indicators have been put in place from Q1 23-24 to understand new roles funded by SSMTRG.	Public Health/Commissioning /OHID/START	Local/Regional	NDTMS data sets/SSMTRG data sets/Contract data	Quarterly Key Performance Indicator meetings take place to monitor performance of the service. This includes both Qualitative and Quantitative data	Meetings continue to take place
Develop outreach support within our treatment services to ensure we meet the needs of those most vulnerable	START to work with Public Health and commissioners to develop outreach provision which meets the needs of the community and enhances engagement with service users and increases partnership working	START/Public Health/Commissioning	Local	Increase in the numbers into treatment/Increase in new presentations into treatment/Increase in numbers for alcohol	Outreach workers now appointed and working within Start	Continuous monitoring of posts to evaluate what is working well/not working well

Increase the number of staff within treatment services to reduce caseload sizes in line with Dame Carol Black's recommendations	START will use the additional SSMTRG grant to increase capacity and retention within the team	START/Public Health/Commissioners	Local	NDTMS data/SSMTRG data	Additional investment used to increase both clinician and non-clinical staff across both teams within Start	Recruitment of staff currently on going
Increase In reach support for those in custody, hospital or other care facilities	START will work with services to ensure joint management of cases and access to appropriate support	Start	Local	Continuity of care data/Increase in referrals /Increase in numbers in treatment	Criminal justice team increased from 2 staff to 4 (plus team leader)	Pilot on going for in reach into prisons regarding Continuity of care. Specific roles in process of being commissioned for North Tees. Work on going to look at support for those in Custody
Coproduction and service user voice will be integrated into all areas of this strategy	Public Health will work with all providers of services as part of this strategy to ensure we incorporate service user voices in the development of services	Public Health/START	Local	Increase in numbers of people engaged in service design/Increase in awareness of START services with partners and service users/Surveys show increased satisfaction from service users	Monthly service user forums. LERO (Recovery Connections) now commissioned. Co-production used throughout Magpie Social Marketing Campaign and service re-launch	Lived experience voice within all research reports. All reports due in 2024
Build a recovery community across the town to increase 'visible recovery' and make use of peer support	START will work with partners to further develop the recovery community approach	START/Public Health/Commissioners	Local	Increased numbers of people accessing support in the community/More sustainable groups delivering recovery communities activities across Hartlepool/Increased investment from SSMTRG into recovery	Start working a long side recovery connections.	Start and Recovery Connections continue to grow lived experience community and increase visible recovery. Currently planning Recovery Month in September

Address the impact of drug and alcohol use on our most vulnerable people, including those with multiple needs and co-existing drug, alcohol, housing and mental health problems by working collaboratively with additional services to support those in treatment/referrals into treatment, such as Domestic Violence services, Housing support, Probation, Primary and Secondary care, Mental health services, Education, Department of Work and Pensions, adult and children's social care	Public Health and START will work with partners to address the unmet needs of people who use substances with a particular focus on those with multiple complex needs./Public Health will work with colleagues to further understand joint priorities across Safer Hartlepool Partnership and Housing Strategy and DV strategy priorities to ensure there is a joint approach to addressing the needs of people with complex needs	START/Public Health/Partners /HBC	Local	Continuity of care data/Increase in referrals /Increase in numbers in treatment/Increase in numbers of young people in treatment	GP Care-coordinator now in post. Health inequalities respiratory offer up and running as of April 24. Health Inequalities lead appointment to lead on this till March 25.	ongoing work with accommodation for high risk alcohol users, alcohol related brain damage, supporting women who have had children removed at birth and CYP who are admitted to hospital following substance related issues. Looking at a model/ways of working with housing/ASC/START to understand and support complex cases into housing
Targeted specific areas of need based on the data for young people, such as De Bruce Ward and Foggy Furze	START to work with partners to engage young people who live in areas with high unmet need	Start	Local	Increased numbers of young people in treatment	Start now working into children's homes within Hartlepool	further work needed to understand the need in each area of Hartlepool and what targeted work may look like
Ensure effective evidence based provision of services	Develop further opportunities to inform research building on the current work with Newcastle and Teesside universities	Public Health	Local	NDTMS	Newcastle university health needs report complete	Teesside University research due 2024 which will support services moving forward
Invest in research and behavioural insights work to ensure we can effectively support people who use drugs and alcohol	Develop further opportunities to inform research building on the current work with Newcastle and Teesside universities	Public Health	Local	NDTMS	Newcastle university health needs report complete	Embedded research role in START in partnership with Teesside University delivering a range of research projects to inform delivery and evaluate the effectiveness of services
Embedded researcher within the drug and alcohol service to inform areas of service delivery and best practice with this patient group	To work with Teeside University and focus on specific areas of work that will help and support the development of the drug and alcohol service, these include near fatal overdoses and their health offer	Public Health	Local	NDTMS/Reduction of DARD	Teeside University have completed their 12 week review report	Ongoing reports to complete by Teeside University which will support service development

Drug and Alcohol Strategy Action Plan 2023 – 2028 – Reviewed Annually						
Priority 3: Supporting Wider Health Needs					Updated July 24	
	How	**Who**	**Regional/Local**	**Outcomes**	**Completed**	**Ongoing**
Continuously work to improve support and treatment for those with co-occurring mental health and substance misuse problems by working with partners across Tees, Esk and Wear Valley, the voluntary and community sector (VCS), NHS and Community Drug and Alcohol Support services.	Joint roles funded from additional SMMTRG investment	Start	Local	Increased support for people who have a dual diagnosis need/Increased support for people experiencing trauma/low level anxiety	Mental Health workers now working within Start from both TEWV and Alliance Psychological therapies. Needs assessment completed for CYP and Adults	work ongoing to improve mental health pathways for CYP
Develop the work within the community hubs and with partners to reemphasise 'Making Every Contact Count' so that people with co-existing physical and mental health conditions can access support, advice and information services easily.	START to look at opportunities to work with partners to support people who have a substance misuse need/To look at staff using AUDIT C tools to assess people's needs for support in relation to alcohol misuse/START to offer training and support to staff working on front line/Develop a communication strategy to target messages at partners and wider community	Public health, START, Commissioning and System Development and performance officer (SW)	Local	NDTMS/SSMTRG	2024-2025	To look at training offer
Ensure there is closer multidisciplinary working and the further development of case management systems that communicates effectively to reduce barriers to communication further.	New case management system to be developed	Start	Local	New system implemented	Start now using SystmONE	Work ongoing to improve communications between Secondary Care (North Tees) and Start
Ensure robust pathways into primary and secondary health care, working closely with local hospitals and primary care networks.	Development of a Health Liaison role commissioned to specifically look at pathways between START and health care work	Public Health/Start	Local	Increased referrals/Increased numbers into treatment/Increased practice engagement	GP Care-coordinator now in place/ Health Liaison worker in place	three new posts to be commissioned within North Tees to work with alcohol care teams with a focus on drug use and ensuring joint coordination between the Trust and treatment services to reduce DARDs
Increase the awareness of the risks associated with drinking alcohol and promote positive behaviour change targeting known at risk groups.	Develop a communication strategy	START/Public Health/HBC	Local	Communication strategy in place/Increased awareness/Increased numbers into treatment	Increased communications via Magpie social media campaign./Annual public health campaign	Stigma Kills campaign to be supported by HBC and partners. Work with Licencing and night time economy

Ensure an up to date understanding of the needs of children whose health and wellbeing has been impacted by parental substance or alcohol use	START developing new family worker post to work with families linked to safeguarding/New investment into a specialist HV role looking at working with parental substance misuse/safeguarding	START/Public Health/HBC	Local	Increased numbers of people supported including C&YP/Increased numbers of families supported/Increased partnership working	CYP Needs assessment complete. BI work for CYP Complete	Ongoing CYP action plan to increase numbers into treatment
Provide appropriate and robust support to children at risk of Adverse Childhood Experiences (ACEs)	START to work with partners to ensure approaches and joint work focus on trauma and ACES.	Public Health	Local	Increased numbers of people supported including C&YP/Increased numbers of families supported/Increased partnership working	2024-2025	Ongoing conversations with educational psychology
Increase support for those bereaved by drug and/or alcohol related deaths	Commission postvention support	Public health	Local	Referrals/Numbers supported	Public Health Commissioned Cruse to support those effected by DARD	ongoing KPI managed to monitor referrals
Efforts are required to improve responses to persons within this cohort who are higher risk due to homelessness, lack of access to health care and abuse.	Public Health will work with colleagues to further understand joint priorities across Safer Hartlepool Partnership and Housing Strategy and DV strategy priorities to ensure there is a joint approach to addressing the needs of people with complex needs/Poverty Proofing work with START	Public Health/Start	Local	Joint approaches	2024-25	Work has commenced regarding high risk alcohol users and accommodation led by Alcohol Change UK. Looking at a model/ways of working with housing/ASC/START to understand and support complex cases into housing
Work to improve and identify key priority physical health issues for those in treatment by working in partnership with the Integrated care board and primary care to address respiratory health.	Development of a respiratory offer as a 12 month pilot mirroring the front end of primary care wthin the START service offering spirometry testing to START patients.	START	Local	Earlier dentification of respiratory issues	2024-2025	Work continues with primary care to improve this offer
Build on partnership working with wider agencies to improve screening and sexual health offer available to START individuals	Sexual health outreach services to attend START on a weekly basis to provide an improved offer to START and increase screening within the START service	START/Sexual Health	Local	Increased screening/earlier identification	2024-2025	Sexual health attend Start on a weekly basis and work ongoing tim improve screening rates

Drug and Alcohol Strategy Action Plan 2023 – 2028 – Reviewed Annually						
Priority 4: Reducing Drug and Alcohol Related Crime and Disorder					Updated July 24	
	How	**Who**	**Regional/Local**	**Outcomes**	**Completed**	**Ongoing**
Review the current criminal justice pathways into substance misuse service with partners to ensure efficacy of treatment and support.	START to develop joint working and approaches locally and with colleagues across Tees	START/Criminal Justice	Local/Tees wide	NDTMS	2024-25	work ongoing to review ways criminal justice services can increase signposting into community services such as DTOA/out in and around communities in Hartlepool
Work collaboratively with criminal justice services regarding rehabilitation for those involved in drug related crimes, including probation, police and courts.	START are supporting the delivery of Drug Rehabilitation Requirements (DRR), Alcohol Treatment Requirements (ATR) and Intensive Supervision Courts (ISC)	START	Local/Tees wide	DRRs/ATRs/Increased referrals for alcohol /Increased referrals into treatment	Start continue to deliver ATR/DRR/ISC	As above, continue work around DTOA and support for those in custody
Ensure treatment and criminal justice support services are based on an up to date and robust understanding of the links between drug and alcohol related harms and crime rates	Data/evidence to be shared with colleagues/Regular updates against action plan delivered to the Safer Hartlepool Partnership and other forums/START to identify training needs for partners	Public Health/Start/Partners	Local		OPPC office regularly attends substance misuse partnership. Public health are represented at the CDP main group and subgroups for each priority	ongoing regular contact also enhanceing joint prioritiy working with safer Hartlepool Partnership
Report into the Tees Joint Combatting Drugs Unit (JCDU) regarding updates on current priorities and ongoing work in Hartlepool	Representation at JCDU includes tees PH representative, Hartlepool CEO and Hartlepool Data Analyst	Public Health	Tees wide	PCC reports to national team	PH represented at both CDP and each subgroup	ongoing attendance and updates required
Strengthen the role of Public Health as a Responsible Authority through the alcohol licensing Standard Operating Procedure (SOP)	Public health have developed a Standard Operating Procedure in regard to alcohol licencing	Public Health	Local	Numbers of reps made to license applications	SOP in place Lead identified in the team Meetings established with other licencing leads	ongoing attendance and updates required and representations made

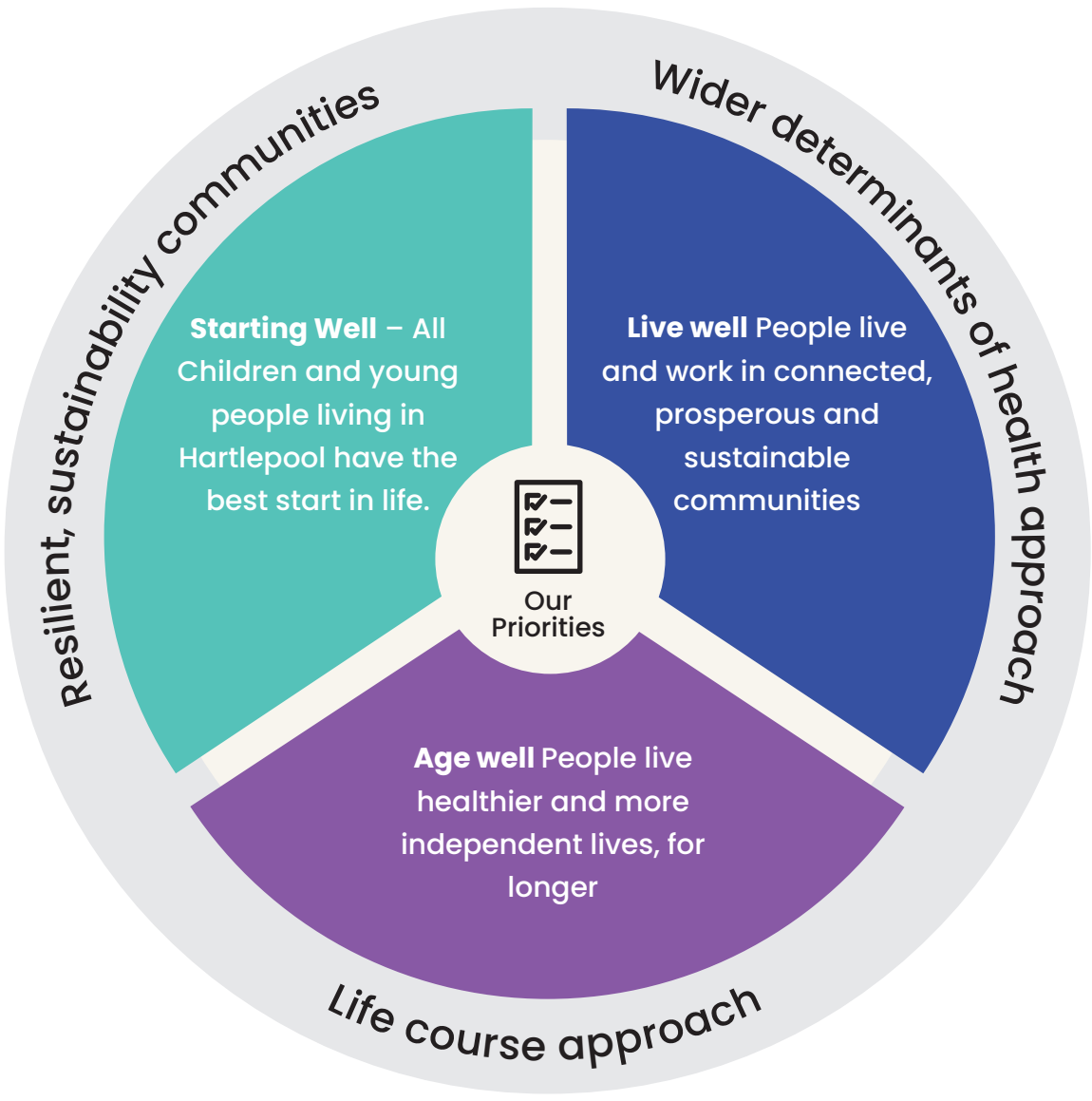
Work with community safety & the Police to identify the nature of ASB complaints linked to substance misuse.	To develop joint intelligence and actions in relation to links between ASB and substance use	Police/Community Safety/Public Health	Local	Numbers of reps made to license applications Numbers of incidences/Numbers of joint interventions	2024-25	Meetings to be established between Start, Public health and community safety to ensure joint working
Work with Community Safety and Police to identify a joint approach to disruption of supply	To identify a joint approach and intelligence sharing	Police/Community Safety/Public Health	Local	Shared intelligence/Joint approaches	2024-25	Meetings to be established between Start, Public health and community safety to ensure joint working

Joint Health and Wellbeing Strategy on a page

Our Vision: We will address health inequalities by working together to ensure everyone in Hartlepool has the opportunity to thrive and achieve their potential

Principles

- Tackling inequalities
- Empowering local communities
- Shared responsibility
- Integrated approaches
- Building Health



The Board will develop an action plan which measures identified priority areas against the principles and priority themes.